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**POSTER ABSTRACT****A collaboration between the hospital, the patient and the pharmacist for more securing medication in the transmural context**

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PACT is one of the 12 Belgian pilot projects « integrated care for a better health » that aims to improve the care environment for the chronically ill.

Numerous studies have highlighted the problem of medication surveillance during hospitalization, at admission or discharge. The errors can lead to harm and even cause or increase length of hospitalization.

Currently, it is the patient's duty to report the complete medication list during hospitalization. In complex cases, the patient is often not able to do this. On the other hand, the community pharmacist does not receive the medication schedule at discharge and cannot support the patient due to lack of information.

Pact's process offer to reinforce communication between the primary care and the second line of care workers.

**Description Of Policy Context And Objective:** Since 2017, the health authority has defined the role of the reference pharmacist for patients with chronic diseases. Via the shared pharmaceutical record (DPP) between pharmacies, the updated medication schedule includes prescriptions from all practitioners, and also all OTC- over the counter drugs. Currently, there is no digital solution in Belgium that can facilitate transmural communication. PACT created a process that organize the communication between patient, hospital and pharmacist by using an envelope system to secure the medication flow at admission and discharge from the hospital.

The full process was designed and completed by working groups between the hospital and pharmacists and supported by a change coordinator enrolled by the pilot project PACT. The working group decided to use an existing process for discharge from hospital and completed the process at admission.

The objective is that the paper envelope system supports the patient to get complete and correct information and to installs a dialogue with his pharmacist.

**Target Population:** Chronically ill patients. Hospitalized patients.

**Highlights (Innovation, Impact, Outcomes):** The evaluation showed (n= 545) that educating the patient is an added value to involve the patient more in their treatment. The medication follow-up by pharmacist and the communication with the physician is smoother. There is a reduction of medication errors and a better patient empowerment. The improvement of pharmacist's satisfaction, patient's education and caregiver's education is significant.

The envelope system made possible to sensitize caregivers about the patient's involvement. Moreover, the process allowed to meet the objectives of the quality cell of the hospital charged of patient security processes.

The working group experience enabled the exchange among the stakeholders, revealed each other's expectations and arose different possibilities to work together.

**Comments On Transferability And Conclusion:** The working group experience enabled the exchange among the stakeholders, revealed each other's expectations and arose different possibilities to work together. This process is feasible to implement, is accessible for patients and caregivers and it offers a self-management possibility for the patient.

The bottom-up implementation of the process has identified a dynamic that involves the patient and shows, for the future digital solutions, the importance of engaging the patient while relaying medication information among caregivers.