

# Conférence laurentienne de rhumatologie

## Laurentian Conference of Rheumatology

---

Abstract #: 19

Arielle Mendel, Evelyne Vinet, Christian Pineau, Fares Kalache, Louis-Pierre Grenier, Sasha Bernatsky.

McGill University, McGill University Health Centre.

### Potential communication failures at hospital discharge may compromise SLE care

**Objective(s):** Patients hospitalized with complex systemic autoimmune rheumatic diseases, including systemic lupus erythematosus (SLE), require prompt rheumatology outpatient follow-up with adequate handover regarding the course in hospital. Our objective was to determine if SLE patients admitted at our tertiary care centre have discharge summaries that clearly document 1) drugs received in hospital 2) drugs at discharge 3) rheumatology follow-up visit date. A second objective was to assess, for “SLE-relevant” admissions, the timeliness of post-discharge follow-up in our lupus clinic.

**Method(s):** Patients participating in the McGill University Health Centre (MUHC) Lupus Cohort were assessed for MUHC admissions between January 2015-December 2017. Discharge summaries were reviewed. Admissions relevant to SLE (flare or complication) were audited in detail and the follow-up interval (discharge date to first clinic visit) was determined.

**Result(s):** 45 SLE cohort patients (93% female) were discharged from the MUHC during the study period. At discharge the mean age was 38.9 years (standard deviation, SD, 14.1) and mean disease duration was 12.6 years (SD 10.0). Mean hospitalization length was 6 days (SD 7.4). We found 24 ‘SLE relevant’ admissions among 20 patients; these included 11 SLE flares/new diagnoses, 7 infections, 5 adverse drug events, 1 pulmonary embolism, and 1 postpartum hypertension. Among these 24 admissions, 11 (46%) had a follow-up interval of  $\leq 2$  weeks and 17 (71%) were seen within 1 month of discharge. In all cases, the SLE diagnosis was mentioned in the discharge summary, but the rheumatology follow-up date was mentioned in only 11 (46%). In the 18 cases where changes to immunosuppression were made in hospital, details were complete in only half of the summaries. Cyclophosphamide was given in one instance, and the dose and date of infusion were not indicated in the summary. Details of discharge immunosuppression were complete in 11/17 (61%) relevant discharge summaries, although in 5/7 of those that were incomplete, an accurate reconciliation list was available elsewhere in the medical record. Pneumocystis pneumonia prophylaxis was mentioned in 6/10 summaries where it was prescribed.

**Conclusion(s):** Potential communication failures at hospital discharge may compromise SLE care. Improvements may include 1) systemically providing prompt follow-up after admissions for lupus flares or complications, 2) ensuring that discharge summaries include details of medications given in hospital and at discharge, and 3) including the follow-up date in the discharge summary.

---