

Abstracts of Oral Presentations-WADEM Congress on Disaster and Emergency Medicine 2019

PHARMACY

Pharmacists Transcend Disaster Health "Silos"

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Introduction: Weather-related natural disasters are increasing in frequency and intensity, severely impacting communities. The patient demographic requiring assistance in a disaster is changing from acute traumas to chronic disease exacerbations. Adequate management requires a multidisciplinary healthcare approach. Pharmacists have been recorded in various disaster roles in literature. However, their roles within these disaster health teams are not well-established and do not fully utilize their skill sets.

Aim: To identify where pharmacists roles are within the four phases of a disaster – prevention, preparedness, response, and recovery (PPRR), and to determine the barriers to pharmacists being better integrated into disaster teams.

Methods: Semi-structured interviews were conducted with 28 international key stakeholders and pharmacists. Interviews were transcribed and analyzed using both open and axial manual coding, as well as the text-analytics software Leximancer®. The use of these two methods provided triangulation of methods for reliability of results. This research project was covered by QUT ethics approval number 1700000106.

Results: The themes identified were community, government, "disaster management," "pharmacy," and "barriers and facilitators." The Leximancer® analysis compared the different disaster perspective and experience levels of the participants. The more experienced disaster health professionals who had worked closely with pharmacists believed they were capable of undertaking more roles in a disaster.

Discussion: Pharmacists have been placed in the logistics "silo" for their role in disaster management supply chain operations. However, pharmacists have the expertise, knowledge, and skills which transcend this "silo" to work across the multiple health roles in disasters. Pharmacists are identified as a critical piece to the puzzle in the disaster management throughout the PPRR cycle. They are capable of undertaking more roles in disasters in addition to the established logistics role. The barriers identified need to be addressed for the better integration of pharmacists into disaster teams.

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Primary Care Pharmacist Interventions in Risk Reduction for the Zika Virus Epidemic: A Study in Campa Grande, Mato Grosso do Sul, Brazil

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Introduction: Pharmaceutical services for public health emergencies, such as the Zika virus (ZIKV) epidemic, are relevant for service effectiveness in the Brazilian health system. Pharmacists can act strategically in risk reduction. However, official guidelines do not consider pharmaceutical services when approaching health emergencies.

Aim: To identify and understand primary healthcare pharmacist interventions in risk reduction for the recent ZIKV epidemic in Brazil.

Methods: The study took place in Campo Grande, Mato Grosso do Sul, in November 2017. A semi-structured questionnaire was developed, including general issues related to knowledge of Zika, risk communication, and the pharmacist's role in patient care for ZIKV disease. The instrument was pre-tested. Primary healthcare center (PHC) pharmacists were subsequently interviewed. Aspects related to knowledge, risk reduction measures, and role were categorized and analyzed. The project received approval from the Institutional Review Board (IRB) at the Sergio Arouca National School of Public Health.

Results: Forty-two of the 48 PHC pharmacists in Campo Grande were interviewed. Risk reduction measures were cited by most interviewees. Among these strategies, 92% were collective measures, such as making information available for the population (30%) and for the health workers (8%), and vector control strategies (43%). Use of mosquito nets was the most cited individual risk-reduction strategy. Only one pharmacist cited risk for pregnant women and suggested birth control as a strategy. Another pharmacist pointed to ZIKV "treatment." No interviewee mentioned measures related to preparedness of pharmaceutical services.

Discussion: PHC pharmacists do not place themselves at the frontline of risk reduction for the ZIKV epidemic. In the face of potential hazards and consequences of this disease, action by pharmacists is deemed critical. This study highlights

pharmacist's misconceptions and lack of focused knowledge, pointing to the need for training and capacity-building in order to increase quality of care and positive management of future epidemics.

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The Verdict is In: Pharmacists Do Have a Role in Disasters and It is Not Just Logistics

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Introduction: The pharmacist's role in disasters is just as important as in everyday practice. Lack of access to health care services and interruptions to continuity of medication care are the major concerns for chronic disease patients during disasters. Pharmacists' responsibilities during crises is undefined and their skills and knowledge are underutilized.

Aim: To convene an expert panel to discuss the role of pharmacists in disasters and the specific roles they could be undertaking in a disaster, prioritizing the roles in order of importance.

Methods: There were 15 key opinion leaders identified as experts in their knowledge of pharmacists' roles and the disaster health management field who agreed to participate in the three rounds of surveys. The first round provided the panelists with a list of 46 roles identified from previous research conducted and the literature. The panelists were asked to rank their opinion of pharmacist's capability of undertaking each role on a 5-point Likert scale and consensus was set at 80%. There were three rounds of surveys with the final round presenting the results for the panel to provide qualitative comments on the results and roles. The roles were broken up into the four phases of disaster management – prevention, preparedness, response, and recovery (PPRR).

Results: Out of the 46 roles provided to the panelists, consensus was reached on 43 roles with 80% of panelists being in agreement. The experts identified pharmacists had roles across the entire PPRR cycle. The roles included pharmacists being further integrated into disaster teams and managing low-acuity patients requiring chronic disease medications.

Discussion: This Delphi study begins the process of defining roles for pharmacists in disasters. It can assist policymakers in providing changes to legislative frameworks to allow pharmacists to undertake the roles identified as being beneficial to a community in a disaster.

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