1ISG-040 EMERGENCY AND DISASTER SITUATIONS: HOW ARE HOSPITAL PHARMACIES PREPARED IN EUROPE?

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Background Hospital pharmacy preparedness to support activities overload in case of emergency and disaster situations is increasingly needed even in relatively safe developed countries. In 2016, the International Pharmaceutical Federation (FIP) published guidelines to help pharmacists to prepare and respond to natural disasters.[1]

Purpose To review how European hospital pharmacies are prepared for disasters in compliance with the FIP guidelines.

Material and methods An electronic survey (SurveyMonkey) based on the FIP guidelines was conducted with the support of the European Association of Hospital Pharmacists in European hospital pharmacies. Some additional questions were added to improve the general knowledge on disaster preparedness in our continent. Descriptive statistics were used to analyse the results.

Results Three-hundred and seven surveys were completed in 28 countries. France (20%) and Spain (19%) were the countries with the highest numbers of answers. Half of the responders analysed their regional disaster's risk but 65% of responders never practised emergency drills. Fifteen per cent of pharmacies have experienced at least one major event in the past 5 years. Fifty-six per cent of those pharmacies created and promoted internal guidelines for impending emergency versus 23% for those who have not experienced disasters. Among pharmacies having experienced disaster, 70% judged their emergency procedures appropriate for the needs of such situations and 40% organised post-disaster debriefing to improve their future response.

Conclusion These results highlight that most European hospital pharmacies are not fully compliant with the FIP guidelines. However, the pharmacies having experienced disaster are more likely to create and promote internal disaster standard operating procedures. Further analysis and benchmarking are warranted worldwide, as well as promotion of the FIP guidelines.

REFERENCE AND/OR ACKNOWLEDGEMENTS

1. International Pharmaceutical Federation (FIP). *Responding to Disaster: Guidelines for Pharmacy* 2016. The Hague: International Pharmaceutical Federation. 2016.

No conflict of interest.

Section 2: Selection, Procurement and Distribution

2SPD-001 DESCRIBING A THICKENER HOME DELIVERY PROTOCOL AND THE BENEFITS OF ITS IMPLEMENTATION

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Background In our hospital catchment area, thickeners for patients suffering from dysphagia are delivered via hospital pharmacy services (HPS). Given the increasing number of patients, we decided to design a new delivery system.

Purpose Our main aim was to design a thickener home delivery system (HDS). Our second objective was to evaluate patients' acceptance, together with the time saved by this pathway.

Material and methods We registered demographic variables, the number of patients using thickeners and consultations per patient before changing the pathway. Two months after implementation, the number of calls and data referring to patients who either revoked or accepted HDS were registered. Electronic medical records (Silicon) were consulted to obtain variables. For evaluation of the time saved by the pathway, we estimated 15 min for consultations and 10 min for HDS coordination.

Results A bimonthly thickener HDS was proposed to patients attending the outpatients' clinic and a brochure containing contact information provided. To ensure any necessary HDS, patients were advised to mail or call the pharmacy 5–10 days before finishing their thickener supply so that the provider could be contacted, indicating the units of thickeners to deliver to each patient.

A one-year observational study (September 2017 to September 2018) was carried out. Six-hundred and eighty three patients were prescribed with thickeners, 388 females (56.8%) with a median age of 86 (range 26–109). Two-thousand three-hundred and seventy-two in-person visits took place (on average 3.5 visits/patient and 198 visits monthly) and 14 600 thickeners were delivered. The new pathway commenced on July 2018: 321/683 patients (47%) attended the outpatient clinic during the first two months and 319 accepted the new system and two patients revoked HDS. In August, 144 patient calls requesting new deliveries were registered. This pathway implies a saving of 198 consultation hours/year, i.e. approximately 26 days for one worker/year.

Conclusion The implementation of the new pathway was well accepted by patients and carried out in a short period of time. Therefore, two months from now all patients will have the opportunity to request HDS. For HPS staff a considerable amount of time can thus be saved.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

2SPD-002 COMPARATIVE EFFICACY OF DIMETHYLFUMARATE AND OTHER TREATMENTS FOR MODERATE-TO-SEVERE CHRONIC PLAQUE PSORIASIS

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Background In clinical practice, dimethylfumarate is considered an alternative at the level of conventional systemic drugs in the first line (cyclosporine, methotrexate, acitretin) for moderate-to-severe plaque psoriasis (PP).

Purpose To establish whether dimethylfumarate, methotrexate, cyclosporine and acitretin can be considered equivalent therapeutic alternatives (ATE) in efficacy in PP.

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