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Disaster management in hospital pharmacies is poorly studied and trained.

This study assesses the benefit of full-scale simulations to improve hospitals pharmacists' disaster preparedness.

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This study highlights the value of fullscale disaster simulations for hospital pharmacies. The number of correct actions increased significantly. Globally, full-scale simulations have improved the preparedness of the hospital pharmacies involved and promoted staff awareness.



Multicenter full-scale simulations in hospital pharmacies to improve disaster preparedness

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METHOD

SCENARIOS

Multidisciplinary working gro validation of scenarios: 1 =2 = terrorist attack

DRILL 1

Full-Scale simulation : scer surprise; 4 multidisciplinary 2 coordinators

IMPROVEMENT

Hot and cold debriefing; creation of a disaster plan if not present and training of employees on it

DRILL 2

Full-Scale simulation : scenario 2; 1:1; ¹/₂ day; surprise; 4 multidisciplinary evaluators; 2 coordinators

| Q | uanti | ty: done / not | done Qu | ality : 1 | to 5 |
|--|---------------|----------------------------------|---|-----------|------|
| Details | Expec | cted Results | Real ResultsAppreciations | Sector | Co |
| Time: 1:15 p.m. Situation: Exercise Introduction Role: Hospital management, calm Public: Head of Pharmacy Type of communication: By telephone 31074 | □ Yes □ No | The leaders must take command | 1 2 3 4 5 1= Unsatisfactory 3= Good 5=Excellent | Direction | Time |
| Message : <u>As for the exercise</u> : The crisis staff is triggered following the activation of a pre-HOCA catamaran | □ Yes □ No | Informs the team | 12345 | Direction | Time |

EVALUATION Harvard model with evaluation grid used to list the expected actions with on a quantitative basis and to judge their quality



RESULTS

| | Pharmacies results | | | | | | | | | | | |
|--|--------------------------------|------|---------|------------|-----|-----|-----|-----|-----|----------|-------------|--------------------|
| roup: creation + = major road accident, enario 1; 1:1; ½ day; y evaluators; | | Hosp | oital A | Hospital B | | | | | | Averages | | |
| | | | | - | | | | | | | Ex 2 | p _{value} |
| | Rate of action | | | | | | | | | | | |
| | performed [%] | 62 | 75 | 66 | 83 | 76 | 91 | 71 | 85 | 69 | 84 | <0.001 |
| | Global quality of | 2.9 | 0.5 | 07 | 3.6 | 0.0 | 07 | 0.0 | 07 | 20 | 26 | -0.001 |
| | all actions | 2.9 | 3.5 | 2.1 | 3.0 | 3.3 | 3.7 | 3.3 | 3.7 | 3.0 | 3.0 | <0.001 |
| | Quality of | | | | | | | | | | | |
| | actions | 4.0 | 4.3 | 3.6 | 4.1 | 4.0 | 4.1 | 4.0 | 4.1 | 3.9 | 4.1 | <0.001 |
| | performed | | | | | | | | | | | |
| | Time to gather | | | | | | | | | | | |
| | command group | 50 | 5 | No | 5 | 15 | 5 | 5 | 5 | | | |
| | [min] | | | | | | | | | | | |
| | Disaster plan | No | Yes | No | Yes | No | Yes | Yes | Yes | | | |
| | Ex 1 = drill 1: Ex 2 = drill 2 | | | | | | | | | | | |

CHALLENGES

Communication :

→ Structure transmission (reformulation)

→ Setting-up of a management rhythm

Acknowledgments : This study was funded by the Swiss Federal Department of Defence, Civil Protection and Sport (Centre of Competence for Military and Disaster Medicine)

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IMPROVEMENTS

Full-scale simulation resulted in the creation of a plan in every pharmacy that did not have one

 \rightarrow Improvement of crisis management

