

taken to complete the computerised profile is 21 minutes. When calculating the cost of medications for the 42 discharged patients, the average cost of medications used per patient per day turned out to be €3.99, with the lowest cost being €0 and the highest cost being €25.12 daily. The average costs of medications used on a daily basis for each patient according to ward are €3.66 (M3); €3.62 (M4) and €4.66 (M8). The cost of medications used per day for males is higher than that for females (€4.29 and €3.80 respectively).

**Conclusions:** The pharmacists are taking longer to fill in the computerised profile when compared to the paper profile. However this extra time taken at entry will make it easier to retrieve information later. When the profiles are computerised they will be readily available to different health professionals at the same time from different locations.

## PHA 8

### Pharmacy services in emergency management

A. Anastasi, L.M. Azzopardi, M. Zarb-Adami, A. Serracino-Inglott

Department of Pharmacy, Faculty of Medicine and Surgery, University of Malta

**Aims:** The aims were to enhance the local emergency management through the input of the hospital pharmacist by developing and validating pharmacy services, in the form of procedural flowcharts and checklists, designed to meet the identified pharmaceutical needs in a group of defined emergencies.

**Methods:** Since the research focused on an area which is still evolving, qualitative research was adopted. A focus group including pharmacists was convened basing selection on their experience and background in the field. The group was used to formulate the study key issues. Together with the investigator the focus group managed to:

- Identify the four emergency themes: civil unrest, natural disasters, man-made disasters and pandemic.
- Compile and validate the scenario analysis-needs assessment.
- Develop and validate the thirteen flowcharts: cardiac arrest, bradycardia, anaphylaxis, acute severe asthma, endotracheal intubation, opioid overdose, pain relief, status epilepticus, hypoglycaemia, minor injuries, burns, nerve agents and cyanide intoxication
- Develop the four pharmacy emergency checklists from the scenario analysis-needs assessment: mitigation, preparedness, response and recovery.

**Results:** Face and content validity of the flowcharts were found to be strong. The themes and items were a well-balanced sample of the content domain. The flowcharts were described as excellent, useful in assisting work decision taking, easy to follow, a good indicator to be used during panic, a memory aid, well-detailed and reliable. The four checklists' academic merit was up to standard, being classified as comprehensive, clear, direct, concrete, fair, understandable, concise, easy to use, and efficient with well-structured categories. The flowcharts and the checklists were found to be applicable to emergency management, to regulate and enhance pharmacy preparedness.

**Conclusions:** The study contributed both a framework and a process for the local scenario to the understanding of how to assess existing processes in this field and at the same time developed

methodologies through international comparative analysis to ultimately improve existing plans and launch new alternatives.

## PHA 9

### Pharmaceutical care of patients undergoing heart surgery

N. Zerafa<sup>1</sup>, M. Zarb-Adami<sup>1</sup>, J. Galea<sup>2</sup>, A. Serracino-Inglott<sup>1</sup>

<sup>1</sup>Department of Pharmacy, Faculty of Medicine and Surgery, University of Malta, <sup>2</sup>Department of Cardiac Surgery, Mater Dei Hospital, Malta

**Aims:** To evaluate impact of pharmacist intervention on patient compliance with medication and lifestyle modifications in patients who underwent open heart surgery including coronary artery bypass and heart valve surgery.

**Methods:** Fifty patients undergoing open heart surgery were interviewed using the 'Past Medical History' Questionnaire on their day of discharge. Subsequently, pharmacist intervention was carried out on twenty-five patients chosen according to the last digit of their identity card number. This intervention mainly focused on offering advice in simple language about the dosage regimens of the medications prescribed. A chart giving a pictorial explanation of the time of day together with a colorful photograph of each tablet prescribed was used. As part of the intervention, the patient was counselled to comply to paracetamol and exercise training post-cardiac surgery and also on the avoidance of alcohol and smoking during the recovery period. All patients were re-interviewed eight weeks after discharge using the 'Assessing patient compliance after pharmacist intervention' Questionnaire.

**Results:** Out of the fifty patients, there were 13 females and 37 males. The mean age was 62 years and the age range was between 42 and 81 years. The mean percentage compliance scores differ significantly ( $p=0.000$ ) between the control and experimental group patients. Patients in the experimental group had a higher mean percentage compliance score (88%) compared to patients in the control group (55%). The mean percentage compliance scores differ significantly ( $p=0.033$ ) between patients of different education levels. Patients with tertiary education had a higher mean percentage compliance score (98%) compared to patients with secondary (82%) and primary education (68%).

**Conclusions:** Pharmacist intervention led to an overall improvement in the patients' compliance with their medication regimens. The intervention provides patients with sufficient information to help them to achieve optimal patient care from the recommendations and medications prescribed.

## PHA 10

### Pharmaceutical care issues of patients with systemic lupus erythematosus attending the Rheumatology Out-Patient Clinic

L. Azzopardi<sup>1</sup>, K. Cassar<sup>2</sup>, C. Mallia<sup>3</sup>, B. Coleiro<sup>2</sup>, F. Camilleri<sup>2</sup>, P.J. Cassar<sup>2</sup>, D. Aquilina<sup>4</sup>, A. Serracino-Inglott<sup>5</sup>,

L.M. Azzopardi<sup>5</sup>, L. Conti<sup>5</sup>

<sup>1</sup>Clinical Pharmacy, Pharmacy Department, Mater Dei Hospital, Malta,

<sup>2</sup>Rheumatology Division, Department of Medicine, Mater Dei Hospital

, Malta <sup>3</sup>Department of Medicine, Faculty of Medicine & Surgery,

University of Malta, <sup>4</sup>Rheumatology Nurse Specialist, Mater Dei

Hospital, <sup>5</sup>Department of Pharmacy, Faculty of Medicine & Surgery,

University of Malta

**Aims:** To provide pharmaceutical care sessions to patients with systemic lupus erythematosus attending the Rheumatology Out-Patient Clinic.