

BURNING QUESTIONS

An Exploration of the Impact of the 2012/2013
Tasmanian Bushfires on Community Pharmacies

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BACKGROUND

The impacts of climate change contributed to the extreme heatwaves and catastrophic bushfire conditions experienced in Australia during the summer of 2012/13 – termed the 'Angry Summer' by the Australian Climate Commission. On and following the 3rd of January 2013, Tasmania experienced three major bushfires at Lake Repulse, Bicheno and Forcett. The Forcett fire was the most severe of the three, and led to the evacuation of several communities, the loss of many properties, and a financial cost of approximately \$80 million, affecting both local residents and visiting tourists. Natural disasters such as bushfires impact on patients' continuum of care, and subsequently impact on population health.

OBJECTIVE

To explore the impacts of the 2012/13 Tasmanian bushfires on community pharmacy operations and medication continuance in the affected population.

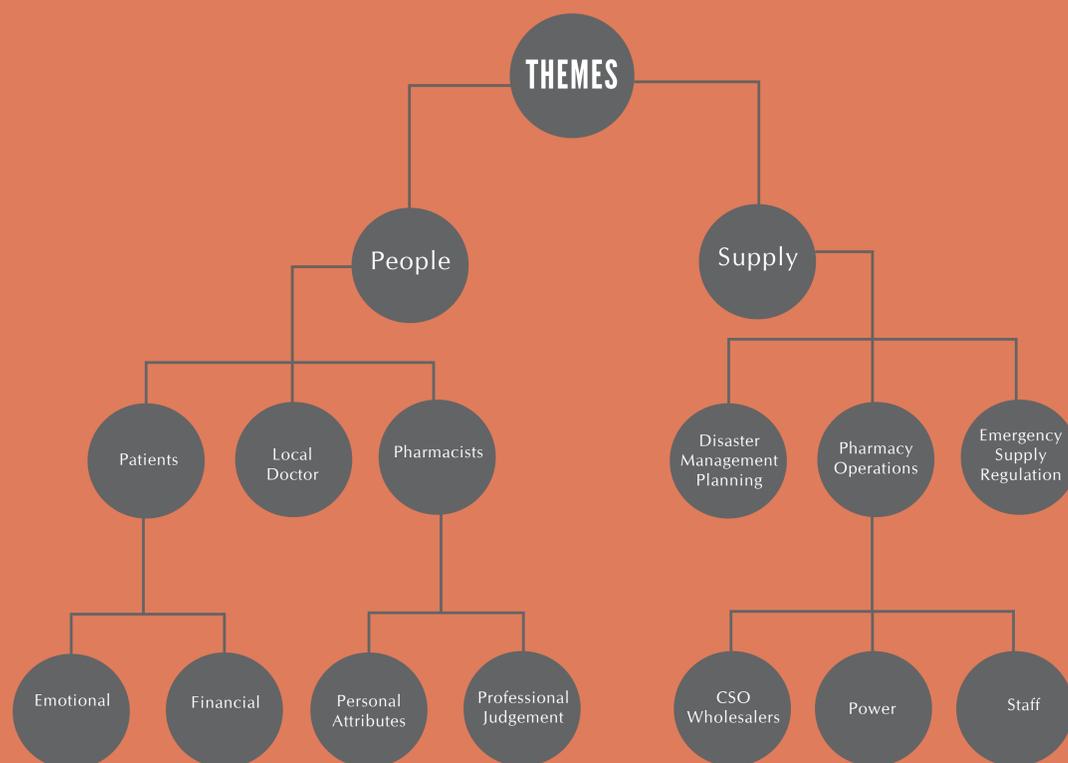
METHODS

- Qualitative research methods
- Semi-structured interviews with community pharmacists
- Data collection March 2014
- Two methods for data analysis (thematic content analysis) - triangulation of methods
 - Leximancer® (text analytics software)
 - Manual coding following Corbin & Strauss Methodology for grounded theory

RESULTS

The two main themes (concepts that Leximancer® contextually clusters together) identified in the discourse were 'people' and 'supply'. Several concepts were identified under the theme 'people', including 'community', 'pharmacists', and 'need'. The second major theme that emerged was 'supply', which covered three main topics of discussion in the discourse, namely, continuity of supply of medications, provision of a 3-day emergency supply of medications, and other issues surrounding supply to patients who have lost all their belongings. The next three most important themes identified in the discourse were 'power', 'doctor' and 'staff'. 'Power' is a reference to electricity supply - the interviewed pharmacists identified power outage as a significant problem for community pharmacy operations and medication supply during these bushfires. This theme included concepts such as electronic patient records, the dispensing system and Medicare access. 'Doctor' refers to the interviewed pharmacists' emphasis on the importance of communicating and working with the local doctor to ensure continuity of patient care. 'Staff' refers to interviewed pharmacists' concerns about pharmacy staff not receiving any information from authorities on the bushfire status or on how to deal with the emergency situation. It also included comments regarding staff members' ability to get to or from work during the bushfires.

The two main themes identified using open and axial coding methods were 'people' and 'supply'. These results are consistent with the findings of Phase I. From each of these two themes, three main concepts were extracted, with a further seven sub-concepts derived.



DISCUSSION



No money to pay for medication and basic necessities

No Medicare identification and no record of Med Hx (power outage - pharmacist can't access)

Emotionally fragile patients

Three day emergency supply restriction suggesting patients and pharmacy staff go through this ordeal every three days until community services re-established

Pharmacists and Pharmacy Assistants:

- Provided psychological support for affected customers
- Supplied essential medications and basic necessities at the pharmacy owners' expense
- Triage patients requiring medical attention.

CONCLUSION

This research identified the challenges faced as well as the psychosocial impacts of the 2013 Tasmania bushfires on pharmacies and their local communities. It highlights the need for State and Federal governments and their agencies to recognise the important primary care role that community pharmacists play during disasters. With the predicted increase in the frequency and severity of these extreme weather events, the authors recommend the inclusion of community pharmacists in disaster management planning.