

The Separation of Prescriptions and Dispensing (Bunup) in Korea was started at July 1, 2000. After Bunup, about 80% of prescriptions for outpatients were dispensed in community pharmacy, and about 20% of those were dispensed in hospital pharmacy which are exceptional cases to Bunup. In most of hospitals, the prescriptions for outpatients who go to community pharmacy were delivered to patients directly after checking to prevent medication error. And some hospitals use computerized prescription delivery systems to community pharmacy. There are mainly classified by three types of computerized system, such as direct-network mailing system, EDI-network checking system, Smart-Card system. But those systems all were not permitted by law until now. Thus most of community pharmacies input prescription to their computer system to print the labels and account fees. And among outpatient-prescriptions delivered community pharmacy, 40% of them is dispensed at community pharmacy located in front of hospital, and last of them at other community pharmacy. The patients oriented pharmaceutical services, such as medication teaching and education, are lack in community pharmacies. And to give good pharmaceutical services, it is very important to have good relationships between hospital and community pharmacy.

[PF1-8] [10/19/2001 (Fri) 14:00 – 17:00 / Hall D]

The Changes of Pharmaceutical Services in the Department of Pharmacy of the Hospital after the Separation of Prescriptions and Dispensing in Korea

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The separation of prescriptions and dispensing (EuyakBunup) in Korea was started at July 1, 2000. After EuyakBunup, about 85% of prescriptions for outpatients were dispensed in community pharmacy, and about 15% of those were dispensed in hospital pharmacy which are exceptional cases to EuyakBunup. A remodeling of hospital pharmacy was conducted in aspect to organization of pharmacy and pharmaceutical services to cope with the changes of human-health policy. The hospital pharmacists focused on the improvement of pharmaceutical services for inpatients, such as Unit Dose System (UDS), Drug Therapy Monitoring (DUE, ADR monitoring), satellite pharmacy, IV-admixture, TPN admixture, clinical pharmaceutical services (ACS, medication education and counselling for patients with special diseases, TDM, TPN consultation etc.), and for outpatients, such as screening of prescriptions, medication education and counselling. It is very difficult to achieve the goal of hospital pharmacists. The Korean Society of Health-System Pharmacists (KSHP) is trying to overcome the barriers of clinical pharmacy to give high quality services to patients, to make fees of pharmaceutical services.

[PF1-9] [10/19/2001 (Fri) 14:00 – 17:00 / Hall D]

The Development of a Standard Guideline for Drug Information Center

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Background : Drug Information Centers (DICs) are responsible for providing updated and relevant drug information on the efficacy, safety and quality of drugs to health-care practitioners and finally to patients. After the establishment of "Drug Prescription and Dispensing Law (Bunup)" on August 2000, the standard guideline for DIC is strongly needed to provide specified, appropriate and rapid information to health-care practitioners and patients.

Method : This project was undertaken to provide the standard guideline for DICs based on the analysis

of Q&A sheets that were conducted from February 2000 to January 2001 at Drug Information Research Institute (DIRI) of Sookmyung University. The Q&A worksheets were analyzed to determine the trend and changes in DI centers' needs and the roles before and after the "Bunup." From April 2001 we have been collecting feedback sheets from the users of DIRI to evaluate the satisfaction scores on the response, and will continue to collect the feedback until June, 2001. To develop a standard guideline of DIC, we collected the data from other DI centers of general hospitals. The collected data will be analyzed to develop the optimal standard guideline of DIC that's needed under the current "Bunup" health-care environment.

Result : The data analysis indicates that number of inquiries increased from 94 to 286 in the evaluative period. The inquiry method is changing from telephone calls to E-mailing system (65% to 72% via e-mail, 31% to 26% via telephone). The most frequently asked question was on the "pharmacology" category both before and after the Bunup (21%, 16% respectively). The final result of the analysis and optimal guideline for DIC will be presented at the meeting.

Conclusion : It is the objective of this study to develop a standard guideline for DIC.

[PF1-10] [10/19/2001 (Fri) 14:00 – 17:00 / Hall D]

The Effect on Pharmacist Intervention Program of Dosage Adjustment for Renal Function and Conversion of Intravenous for H₂-Receptor Antagonists

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Pharmacist intervention program designed to identify and correct incorrectly adjusted dosage in renally impaired patients for histamine H₂-receptor antagonist and promote timely conversion of i.v. to oral therapy is described. The study population consisted of patients who received H₂-receptor antagonist therapy, from April 9 to May 8, 2001 at HLMC. Each morning the staff pharmacist uses laboratory data to identify patients with serum creatinine concentrations greater than 1.2 mg/dl or age greater than 65 years. The pharmacist screens the pharmacy profiles of identified patients and calculates creatinine clearance for patients receiving H₂-receptor antagonist using Cockcroft & Gault equation. After reviewing the patient's medical record, pharmacist determined the proper dosage interval based on the creatinine clearance and the oral dosage that would be appropriate whom i.v. therapy was no longer indicated. A total of 149 cases (101 patients) were monitored during the study period. The dosage interval was inappropriate in 61 of 149 cases (41%), and pharmacist made recommendations for those 58 cases that were inappropriately used and 33 cases (57%) were accepted. The administration route was inappropriate in 22 of 53 cases (42%), and pharmacist made recommendations for those 22 cases that were inappropriately used and 15 cases (68%) were accepted. Based on this study, we suggest that dosing modification should be evaluated by pharmacist in renally impaired patients.

[PF1-11] [10/19/2001 (Fri) 14:00 – 17:00 / Hall D]

Cyber Education Programs for Pharmacists in Korea

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Background : Cyber education program of Drug Information Research Institute Sookmyung Women's University in Korea is a Pharmaceutical Care Specialist Program (PCSP) for pharmacists to provide updated information in pharmacotherapy and pharmacy practice. PCSP was established initially as an on-site module in 1996, and then transformed into a cyber