population of 30 pharmacists filled the questionnaire and valid data was test. A sample of 700 pharmacists was selected among ten leading provinces of the country and questionnaires were distributed at the continuing pharmacy education conferences at which pharmacists all over the country have to participate.

RESULTS: Three essential factors named “Endogenous Satisfaction”, “Exogenous Satisfaction” and “Current Sense of Being Pharmacists” were considered as the main satisfaction factors and a mean score of 0.3—based on a 5-point Likert scale—was considered as high job satisfaction. Generally low scores of exogenous and endogenous job satisfaction were concluded among pharmacists while most of them were highly satisfied with being pharmacist. Male pharmacists were more satisfied than their female colleagues and a positive relationship between age and work experience with exogenous job satisfaction was found. Office provided levels of job satisfaction which were found among Iranian pharmacists could be considered as a deficiency of health system in Iran. Fortunately, inherent interest in the pharmacy profession found among Iranian pharmacists is an optimistic point at which policy makers can develop their modifying policies. Health policy makers must endeavor to take other steps to issue solutions for this current problem.

PHP61 TO EVALUATE THE EFFECTIVENESS AND COST OF PHARMACEUTICAL CARE VOLUNTEER SET UP BY TAINAN CITY GOVERNMENT INVOLVED IN THE HOSPITAL ATTACHED HOME CARE PATIENTS Su HC1, Shen HC2, Hu MH1, Lin SC2, Wang HY1
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OBJECTIVES: To evaluate the effectiveness and cost of pharmaceutical care volunteer team set up by Tainan City Government involved in the hospital attached home care patients.

METHODS: Tainan City Government set up a pharmaceutical care volunteer team that includes six hospitals and fourteen pharmacists. Pharmacists visited their home once a month to give them education on drug administration, drug interaction, duplicated drug use, adverse drug reaction etc. Pharmacists were created drug profile for each patient and recorded the items of education during the counseling with their visiting pharmacists about their drug therapy in case there were inappropriately drug usage. The outcome measures included the decrease of items and quantities of drugs prescribed in one prescription, patients’ knowledge of drug safety, and the decrease of drug cost and the estimated cost of preventing potential adverse drug effect or drug interactions.

RESULTS: Total 583 patients were included in the study, the average drug prescribed to patient was 5.93. There were 50.48% (209/414) and 24.88% (103/414) of patients treated with poly-pharmacy and used drugs inappropriately, respectively. The most common medication-related problems were the use of medication without precise indication (31%), inappropriate administration route (24/414), repeat medication (24/414), incorrect administration route 8.21% (34/414), poor compliance 47.83% (198/414), the potential adverse drug reactions and drug interactions appeared in 6 patients (1.45%) and 26 patients (6.28%), respectively. The effectiveness of pharmaceutical care volunteer team intervention included the physicians prescribing medications appropriately and reduced the items of average 5.46 medications(>0.05). Pharmacists intervention reduced average drug cost about NT 2,245,300 per year(>0.05).

CONCLUSIONS: Through pharmaceutical care volunteer team interventions in hospital attached home care patients system may provide appropriate pharmaceutical advice, reconciling medications, and patient discharge counseling and follow-up, which are resulting in improved patients outcome and quality of life.

PHP62 MODIFY CHANGE ORDER SYSTEM TO REDUCE DRUG RETURN RATE IN INPATIENT PHARMACY Huang WC, Leu WJ, Lin YM, Huang YC
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OBJECTIVES: Unit-dose drug distribution system allows to provide patient individually packaged medications in our inpatient setting. When the doctor solely changed order of dosage, however, the system indicated the pharmacy to provide an identical package of medication with only different amounts, which produced unused drugs being stock on wards that require to return. The difficulty of managing drug return is labor-consuming and not cost-effective. The objective of this study is to modify change order system to minimize drug return rate, and to evaluate the financial impact of this approach.

METHODS: During January through August 2011, 10000 dispensation was noted in the modified system. Via the modified system, the numbers of daily drug return were dramatically dropped form 2176 previously to 1143 in October 2011, and gradually reduced to 887 in November. Moreover, the estimated cost avoidance would reach NT 1,110 million per day based on the data in August 2011, approximately 16,166, 293 NT is saved per month. This study demonstrated that modifying change order system were able to prevent drugs being stock on wards, reduce drug return rate and drug wasting as well.

PHP63 INTEGRATED MEDICATION RECONCILIATION MODEL IN COMPUTERIZED PHYSICIAN ORDER ENTRY (CPOE) SYSTEM Chu LC1, Su HC2, Wang HY3, Chou CW2, Huang TY2, Chang CT2, Wang CH2
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OBJECTIVES: To assess the effects of medication reconciliation model in computerized physician order entry (CPOE) system for integrated patients.

METHODS: Build a medication reconciliation model in computerized physician order entry (CPOE) system Pharmacists search integrated patients return information from system, and evaluate patient’s drugs and laboratory data before patient return to visit the doctor. Medication suggestion was showed in CPOE immediately, include adjust dosage, discontinue and change drug. The system according physicians choose assist prescribing. Pharmacists provided patient’s education. on drug administration, drug interaction, duplicated drug use, adverse drug reaction etc. The outcome measures included the decrease of items and quantities of drug prescribed, patients’ knowledge of drug safety, and the decrease of drug cost.

RESULTS: Total number of 1415 integrated patients include in this study. There were 378 drugs related recommendation through medication reconciliation model showed in CPOE, 81.5% (308/378) medication reconciliation were accepted by the physicians. The average number of drugs prescribed to one patient was from 5.29 reduced to 4.5(14.85%), each month emerge department visit reduced 21.7% (0.079 vs 0.063). Medication reconciliation model in CPOE system intervention reduced average drug cost about NT 107,430 per month.

CONCLUSIONS: By mediation reconciliation model in computerized physician order entry (CPOE) system, physicians can receive the medical suggestion from pharmacists immediately, and correct prescription rapid and easy. At the same time this system can improve patient outcome and live quality.