population of 30 pharmacists filled the questionnaires and tested validity. 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 3–4 based on a 5-point Likert scale- was considered as high job satisfaction. Generally lower scores of exogenous and endogenous job satisfaction were concluded among pharmacists while most of them were highly satisfied with being pharmacists. Male pharmacists were more satisfied than their female colleagues and a positive relationship between age and work experience with exogenous job satisfaction was found. CONCLUSIONS: To decrease 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 TEAM SET UP BY TAINAN CITY GOVERNMENT INVOLVED IN THE HOSPITAL ATTACHED HOME CARE PATIENTS Su HC1, Shen HC2, Hu MH2, Lin SC2, Wang HY1 1Chi-Mei Medical Center, Tainan, Taiwan, 2Tainan City Government, Tainan, Taiwan

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 which 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 their visit, and then reviewed their drugs about their drug usage in case there were inappropriate 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 number of drugs prescribed to one patient was 5.93. There were 50.48% (209/414) and 24.88% (103/414) of patients included in this study, the average number of drugs prescribed to one patient was NT 2,245,300 per year (0.079 vs 0.063). Medication reconciliation model in CPOE system intervention reduced average drug cost about NT 861.16 per medication. Moreover, the estimated cost avoidance will reach NT 1,110 million per day based on a 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 medication 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. 

PHP62 MODIFY CHANGE ORDER SYSTEM TO REDUCE DRUG RETURN RATE IN INPATIENT PHARMACY Huang WC1, Lee WJ2, Lin YM2, Huang YC1 1Shih Jh Tzu hospital, Taichung Medical University, New Taipei City, Taiwan

OBJECTIVES: Unit-dose drug distribution system allows to provide patient individually packed 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 approaches. METHODS: During January through August 2011, drug return rate was noted in 2474 drug return events (approximately 50,000 medications) were return. Therefore, in September 2011, we add a calculation function to the system that allows to identify how many needed drugs pharmacy should dispensed when dosage change by minusing the amount of drugs left on wards. RESULTS: The intervention suggests approximately 60 % reduction in drug return rate 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 will reach NT 1,110 million per day based on 60% reduction in drug return rate was noted in the modified system. Via the modified system, the numbers of daily return. CONCLUSIONS: Pharmacists provided patient’s education. on drug administration, drug interaction, duplicated drug use, adverse drug reaction etc. 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 system according physicians choose assist prescribing. Pharmacists provided patient's education. on drug administration, drug interaction, duplicated drug use, adverse drug reaction etc. 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 system according physicians choose assist prescribing. Pharmacists provided patient’s education. on drug administration, drug interaction, duplicated drug use, adverse drug reaction etc. 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 system according physicians choose assist prescribing. Pharmacists provided patient’s education. on drug administration, drug interaction, duplicated drug use, adverse drug reaction etc. 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 system according physicians choose assist prescribing. Pharmacists provided patient’s education. on drug administration, drug interaction, duplicated drug use, adverse drug reaction etc. 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 system according physicians choose assist prescribing. Pharmacists provided patient’s education. on drug administration, drug interaction, duplicated drug use, adverse drug reaction etc. 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 system according physicians choose assist prescribing. Pharmacists provided patient’s education. On the average cost of NT 861.16 per medication. The project was achieved to reach NT 1,110 million per day based on a 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 medication 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.

PHP64 ANALYZING THE ANNUAL ADVERSE DRUG REACTIONS AT A REGIONAL TEACHING HOSPITAL OF SOUTHERN TAIWAN Lin CL1, Ho CT2, Tsai CY1, Lin CP1, Chen KY1, Lin YL1, Chi CH1, Lin YM2, Huang WC1, Leu WJ1, Lin YM2, Huang YC1 1Department of Pharmacy, Chiayi Chang Gung Memorial Hospital of the C.G.M.F., Chiayi, Taiwan

OBJECTIVES: The safety issue is an important part of medicines using besides efficacy. Once patients suffered from adverse drug reactions (ADRs), they may need for intensive care and increase the financial burden. Construction of Reporting System of Adverse Drug Reaction that let all medical care givers could report drug related adverse events, can collect the regional information and declare the analyzed ADRs to health care related professionals to prevent the unwanted events and protect patients from harms. METHODS: The data was claimed form Reporting System of Adverse Drug Reaction of a regional teaching hospital from January 2011 to December 2011. RESULTS: A total of 293 ADRs had been reported, 36.5% were female and the others were male. Analyzing by the age level, this was stratified by every 10 years, the top three were 70–79 (22.9%), 50–59 (20.1%), 60–69 (18.8%). Antimicrobial agents (28.6%) were mainly responsible for the reported medication adverse reactions. Cardiovascular related symptoms (10.5%) and dermatological related symptoms (29.3%) were major part of the adverse reactions and followed by nervous system related symptoms (11%) and liver related symptoms (10.4%). 5.3% are classified to type A reaction and others are type B. The causal relationships of definite, probable, possible and doubtful, sorted by Naranjo score, were 1.7%, 56.9%, 40.6%, and 1.7% separately. Assayling severity of ADRs, mild was 47.1%, moderate was 52.9%. Stopping the offending medicine was the most strategies to management the ADRs, following the stopping and giving the relief medicine* and shifting to others. CONCLUSIONS: The most offending medicines were antimicrobials agents, but health-care related professionals should observe patients' conditions closely after taking any medicines. Building up the monitoring system is worthy to provide safety information to professionals and have the positive impact on patients. We should keep monitor that.