

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