Interim action should be just that. “It’s important to recognize,” ASHP’s Thompson said, “that the goal of prospective review of medication orders is to prevent patient harm or . . . optimize drug therapy outcomes. The goal of retrospective review isn’t to prevent” harm to the patient for whom the drug was ordered.

Quality improvement could be the goal, Thompson said of retrospective review.

Scaletta said retrospective review of an ED’s medications orders could be beneficial if the pharmacy department performed the review like a periodic audit.

“We do honestly think that it’s kind of a waste of pharmacy resources to do the retrospective review” of all ED medication orders day in and day out, Scaletta said.

The American College of Emergency Physicians, said W. Richard Bukata, who represented the organization during conference calls with the Joint Commission and is medical director of the ED at San Gabriel Valley Medical Center in southern California, does not think data on medication errors in EDs support the need for pharmacists’ first-dose review of all nonurgent orders.

As for the retrospective review of all orders, that requirement actually encompasses pharmacists, he said.

“My personal opinion is that organized emergency medicine would be more than happy and willing to support the pharmacists in giving them more flexibility in terms of how this retrospective review is done so that it would be less onerous and higher yield,” he said.

Thompson said that interim action is appropriate, given the discussions he heard regarding Joint Commission’s field review of the proposed medication management standard.

The proposed standard explicitly stated that a pharmacist performs the prospective review of all prescriptions or medication orders. Certain exceptions would be allowed.

ASHP, Thompson said, would like the finalized standard to result in the majority of medication orders in the ED being prospectively reviewed by a pharmacist.

“It’s really a matter of pharmacy departments and emergency departments working together on a process that they both agree on that works best for their patients and their organization,” he said.

“There’s probably no one approach or one way in which to go about ensuring medication use is safe in the ED in all hospitals and all health systems.”

—Cheryl A. Thompson

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VA’s 10-year journey to one formulary concludes

The Department of Veterans Affairs (VA) is on the tail end of completing a decade-long project of consolidating its formularies from 172 medical centers and 22 Veterans Integrated Service Networks (VISNs) into one national formulary, said VA Pharmacy Director Michael A. Valentino.

“It’s really been an evolutionary process,” he said.

The VA has used formularies since the 1950s, Valentino noted.

Each medical center individually determined what drugs should be listed. However, Valentino said, in the mid-1990s, VA determined it was not cost-effective to have nearly 200 individual formularies with numerous variations of drugs in one health care system and began plans to move to one national formulary.

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Joseph H. Beckerman, former director of pharmacy at the University of California at Los Angeles (UCLA) Medical Center and a past president of ASHP, died January 29 at the age of 91 years.

Beckerman was born in Brooklyn, New York, on May 31, 1915. A son of Austrian immigrants, he was the only one of his parents’ four sons to be educated beyond high school.

As a child, Beckerman spotted a jar of leeches at a neighborhood drugstore and was told of their medicinal properties by the pharmacist—an encounter that sparked Beckerman’s interest in the pharmacy profession, according to an oral history Beckerman provided ASHP in 1998.

After finishing high school, he attended a three-year program at Long Island University’s Brooklyn College of Pharmacy and then obtained a certificate in clinical microbiology and parasitology at Fordham University. Beckerman earned a bachelor’s degree from St. John’s University in 1939 and worked in community pharmacies in the New York area until 1944, when he was drafted into the Army.

During World War II, Beckerman served as a pharmacist in field hospitals in India, Burma, and China—work that he found exciting despite the rough living conditions. His duties required Beckerman to develop a good rapport with physicians, and he continued to promote harmonious relations between the professions throughout his career.

On his return to the United States, Beckerman spent nearly a decade working for the Winthrop Chemical Company, initially in New York but later as a hospital sales representative in Southern California. He then switched...