STATEMENT OF DR. MARGARET M. McCARRON, F.A.C.P., ASSOCIATE CLINICAL PROFESSOR OF MEDICINE, UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF MEDICINE; ASSISTANT MEDICAL DIRECTOR AND CHAIRMAN OF THERAPEUTIC COMMITTEE, LOS ANGELES COUNTY GENERAL HOSPITAL, LOS ANGELES, CALIF.

Dr. McCarron. I would prefer to read it. The first paragraph is an explanation of the size of the hospital and the type of staff we have.

The Los Angeles County General Hospital is a 3,000-bed acute medical and surgical hospital with a physician staff composed of the teaching faculty of two medical schools—the University of Southern California School of Medicine and the California College of Medicine of the University of California.

This hospital serves as the primary clinical facility for 311 medical students. It also has an intern staff of 225 and 336 resident physicians in training. There are 213 hospital-based physicians and 2,444 attending physicians; these physicians are all in private practice, supervising the care of the patients and instructing the students, interns, and residents. The hospital also has a school of nursing with an enrollment of 389 students. One of the primary purposes of this hospital is to train physicians and nurses.

A drug formulary system has been in effect at the Los Angeles County General Hospital since July 1964, and has had enthusiastic acceptance by the medical, nursing, and pharmacy staffs.

The formulary system depends on a competent, well-informed therapeutics committee. The committee, serving in an advisory capacity to the medical director, formulates all policies and procedures relating to drug use in the hospital. The therapeutics committee at the Los Angeles County General Hospital consists of physicians from medical administration and the departments of medicine, surgery, outpatient services, and clinical pharmacology; a pharmacologist, the chief hospital chemist, the chief hospital pharmacist, and the director of nursing.

I. Reasons for Adopting Formulary System

A. Need for "standard" familiar medications

Before the formulary system was adopted, more than 1,500 different drugs were stocked in the Los Angeles County General Hospital pharmacy. These were dispensed either by generic name or by brand name, depending upon the physician's order.

Because of the similarity of the names of some drugs with widely different activity—for example: disodium edathamil, used to lower blood calcium levels; and calcium disodium edathamil, used as an antidote for lead poisoning—and the confusion resulting from having the same drug ordered by generic name or by one of its several brand name—for example: generic name, tetracycline; brand names, Achromycin, Panmycin, Polycycline, Steclin, and Tetracyn—an accurate ready reference was needed by the hospital nursing staff to prevent errors in drug administration.