

ASHP Foundation

DISCOVERIES

An ASHP Foundation publication following our journey to foster safe and effective medication use

Critical Elements of Clinical Leadership

By special contributor Michael Sanborn, M.S., R.Ph., FASHP



A primary tenet of patient-centered pharmacy practice is that our foremost responsibility is to our patients. Through clinical pharmacy services, pharmacists across the country are monitoring medication use, enhancing patient outcomes, and improving patient safety. The depth and breadth of clinical services, however, can vary widely from one health system to another.

Ask yourself these questions: Are your clinical pharmacy services comprehensive in your organization? Are there effective systems in place to make sure that all patients receive the best medication therapy possible? Is the pharmacist an essen-

tial member of every health care team? Do you have a formal plan in place to meet all of the goals and objectives of ASHP's 2015 Initiative? Recent surveys suggest that the majority of health-system pharmacies across the country still have significant opportunities for clinical service expansion and improvement. Strong clinical leadership is a prerequisite in each of our health systems to facilitate affirmative answers to these queries.

There are two important yet distinct aspects of clinical leadership to consider, and both must be in place for an effective clinical program to flourish. The first element requires effective pharmacy department leadership serving as a champion for clinical pharmacy programs and services. The second requirement is consistent, patient-focused leadership on behalf of each pharmacist within the organization.

Department Leadership

Successful clinical leadership must start with proficient pharmacy department leadership. It is quite remarkable for a health-system pharmacy to have a strong clinical program without the steadfast support and advocacy of the pharmacy director and other managers responsible for the department's clinical direction. Skillful leaders have a clear mission and vision for pharmacy services that are communicated regularly throughout the organization. Short- and long-term strategies have been developed and are executed in an effort to make the vision a reality.

Every pharmacy department should have a formal strategic plan in place to strengthen existing services and to cultivate new programs. Oftentimes, new clinical services require additional human or capital resources, and a business plan with a calculated return on investment is essential to successful justification. Strong leaders realize, however, that a lack of new resources should not be a deterrent to clinical program development. It is often possible to measurably improve services by moving pharmacists closer to patients and the health care team through decentralization. Pilot or "proof of concept" programs

Critical Elements of Clinical Leadership continued on page 4



Leading on Behalf of Patients

All too often, when the word “leader” or “leadership” is mentioned, individuals conjure up thoughts of a manager or administrator who has a position and title in the hierarchy of the organization. There also may be an impression that

leaders are working with middle managers and supervisors and are far removed from patient contact. While this is true in some cases, the perspectives shared by Sanborn and Ramsey in this issue of *Discoveries* accurately convey that health-system pharmacy leadership must (1) be patient-centric and based upon achieving desired clinical outcomes, (2) focus on optimal methods for facilitating teamwork and communication, and (3) draw upon individual practitioners’ knowledge and abilities to lead on behalf of the patient. We all must face the fact that every pharmacist must be a leader and each of us must determine how to optimally lead on behalf of patients within the proper context of our position in the organization.

Having devoted my career to clinical practice, I lead on behalf of patients every day. I work with many other health care practitioners and understand that I have an imperative to be knowledgeable, communicate effectively and make an important contribution to the quality of care for every patient. As the Chair of the ASHP Foundation Board of Directors, I work with a talented

team of a dozen individuals who see themselves as leaders working on behalf of patients. The ASHP Foundation’s organizational vision is that our programs will positively influence medication outcomes for patients in hospitals and health systems. Leading on behalf of patients is a shared responsibility of health-system pharmacists and the ASHP Foundation. We are partners in this important mission. We must help and support one another if we are to succeed.

The Foundation’s work in establishing the Center for Health-System Pharmacy Leadership is one example of a bold and important step in helping pharmacists enhance their leadership skills and abilities. Watch closely as the Center’s portfolio of programs evolves, and consider participating in a program that will help you be an effective patient care leader. As you recognize the importance of the Center’s work and benefit from its programs, consider supporting the Foundation. The ASHP Foundation is here for you, and we will continue to provide programs that benefit you and your patients.

Jill Martin, Pharm.D., Chair,
ASHP Foundation Board of Directors

INFUSIONS

BREAKING NEWS AND KEY RESOURCES

Interested in reading more about the pharmacy leadership crisis and possible solutions? Refer to the following articles:

- Proceedings of a leadership retreat conducted by the ASHP Foundation and the John W. Webb Visiting Professor Program. *Am J Health-Syst Pharm*, 2005; 62:856-63.
- 2003 ASHP Leadership Conference on Pharmacy Practice Management Executive Summary Looking to the future: Leading and managing change. *Am J Health-Syst Pharm*, 2004; 61:1052-8.
- Berwick, D.M. Graham Prize Address: The William B. Graham Prize for Health Services Research Acceptance Speech. Delivered June 2, 2007. *The Journal of Health Administration Education*, Winter 2007.
- Goffee, R., Jones, G. Why should anyone be led by you? *Harv Bus Rev*, 2000; 78 (3)63-70.
- Kvancz, D.A. A Distinctive Competency. *Am J Health-Syst Pharm*, 2006; 63:819-828.
- Meadows, A.B., Maine, L.L., Keyes, E.K., Pearson, K., Finstuen, K. Pharmacy executive leadership issues and associated skills, knowledge, and abilities. *JAPhA*, 2005; 45:55-62.
- White, S.J. Will there be a pharmacy leadership crisis? An ASHP Foundation Scholar-in-Residence report. *Am J Health-Syst Pharm*, 2005; 62:845-55.
- White, S.J. Leadership: Successful alchemy. *Am J Health-Syst Pharm*, 2006; 63:1497-1503.
- Wollenberg, K.G. Leadership with conscience, compassion and commitment. *Am J Health-Syst Pharm*, 2004; 61:1779-84.
- Zellmer, W.A. Reason and history as guides for hospital practice leaders. *Am J Health-Syst Pharm*, 2005; 62:838-44.
- Zilz, D.A., Woodward, B.W., Thielke, T.S., Shane, R.R., Scott, B. Leadership skills for a high-performance pharmacy practice. *Am J Health-Syst Pharm*, 2004; 61:2562-74.

***Sherri Ramsey, D.Ph., BCPS, Director of Pharmacy,
University of Tennessee Medical Center, Knoxville, TN***

The University of Tennessee Medical Center's Pharmacy Services employs close to 100 individuals – 1 director of pharmacy, 1 associate director, 1 medication safety specialist, 4 residency program directors, 37 full-time pharmacists, 10 full-time pharmacy residents, 44 pharmacy technicians, 3 administrative support staff, 1 registered nurse, and 1 registered dietitian – but no middle management positions. That is because Sherri Ramsey, the director of pharmacy, pulled the residency program directors together to form a patient-centered leadership team to oversee various management responsibilities. She took some time recently to share with Discoveries how the concept came about and how it works for their department.

As you know, the profession is faced with a potential shortage of pharmacists who are prepared to take over director positions. We thought that our readers would be very interested to learn about what you are doing with your pharmacy staff – you've created a patient-centered leadership team. Could you explain how this functions?

Right now our leadership team consists of our residency program directors, the associate director of pharmacy, and myself. We have four program directors, one each for pharmacy practice, internal medicine, critical care, and ambulatory care. Our medication safety specialist and drug information specialist play important roles as well. For the most part, our associate director oversees the daily operations of the department with respect to workflow, technology, inventory management, etc. Our program directors (with support from our drug information center) fill what would normally be considered a clinical coordinator role. They oversee drug policy and staff development for their particular areas of expertise. They are also responsible for helping design workflow for the decentralized and specialist staff. Our medication safety specialist coordinates safety and compliance issues for the group.

How did you come up with the idea for a patient-centered leadership team, as opposed to assigning one person to function in this role?

I wish I could say that one day, the idea just popped into my head, but that wasn't how it happened at all! It evolved over time, out of necessity. We started down this path several years ago when this hospital — and many hospitals — were undergoing serious cutbacks. Many of those cutbacks were occurring at the mid-manager level. Without these positions, we had to turn to the clinicians in the department to help fill the leadership gaps. As it turned out, we learned that they often provided better input into the decision process because they had a much broader perspective. After all, they were the ones “out there doing it.”

At about the same time, we noticed that our strongest

applicants for positions were those with strong clinical interests as opposed to managerial interests. This phenomenon, coupled with the fact that

managerial positions were more vulnerable, led us down the path of developing a leadership team consisting primarily of clinicians rather than traditional managers. This approach enabled us to hire the strongest applicants because we could offer them an opportunity to spend most of their time engaged in the clinical activities that they loved and at the same time provide leadership in their areas of expertise.

The final question then became, which of our clinical staff would best fit into these roles? It was at that point that we looked to our residency program directors because this group had already exhibited strong leadership skills. Also, because we have program directors for critical care, internal medicine, ambulatory care, and pharmacy practice, this group would be able to provide leadership for virtually all areas of the department.

What are the advantages to having a team functioning in a leadership role as opposed to an individual?

I feel as a department head that I'm getting much better information and much better input because I do have this collaboration. It provides me with a broader perspective, and I have people giving me ideas who truly understand the impact of those ideas and how things are going to roll out. I've found that it's easier to make any type of significant change because you have more people leading the change effort and carrying the message to the rest of the staff. It also gives us more flexibility as a department because the amount of time spent in direct patient care versus administrative activities can shift, depending on the needs at any given time.

What are the challenges to using a patient-centered leadership team?

It's not always as efficient on the front end. It's harder to schedule meetings. Achieving consensus can be time consuming. At times, it's harder to establish priorities because every-



Seated left to right: Kim Mason, Medication Safety Specialist, Sherri Ramsey, Director of Pharmacy, Jim Hinkle, Associated Director of Pharmacy. Standing are the program directors/coordinators left to right: Holly Allum, Ambulatory Care, Shaun Rowe, Pharmacy Practice, Ed Varnadoe, Critical Care, and Jennifer Garrett, Internal Medicine.

Conversation Piece continued on page 4

one has different practice obligations. But I've found that it saves time in the long run because the group as a whole is better able to identify and avoid potential barriers.

Did you have the support of your hospital administration to create this team?

We didn't need it initially since we were utilizing current resources. I do believe they have come to appreciate the effectiveness of this approach.

Is this a model that can be replicated in other hospitals and health systems?

I certainly think it's possible. One of the advantages I have

is a very team-oriented group of people who work well together. Trying to pull together a team of independent personalities with different practice philosophies would, of course, be problematic.

What is the most important thing or things to keep in mind when attempting to create a patient-centered leadership team within a pharmacy department?

The personalities and team spirit of those involved – they have to work well together!

Are you interested in learning more about setting up a leadership team in your pharmacy department? Dr. Ramsey is happy to answer your questions! You may contact her at sramsey@utmck.edu. *

Critical Elements of Clinical Leadership continued from page 1

can also be a very effective means by which to measure or demonstrate the value of a proposed service.

It is vital for pharmacy leaders to frequently reinforce the benefits of existing services. The effective presentation of data (such as patient outcome information, pharmacist interventions, patient safety enhancements and specific financial endpoints) is essential to regularly demonstrate the pharmacist's contribution to patient care. When articles are published that support the pharmacist's role in a particular area, they should be tactfully distributed to hospital leadership with a brief explanation of how current pharmacy services compare to those in the published trial. Such internal advocacy not only buttresses existing clinical efforts, but also fosters support for the development of new programs.

Another highly effective strategy employed by seasoned clinical leaders is the recruitment of physician champions. For example, most critical care physicians are familiar with the preponderance of clinical evidence supporting progressive pharmacy services in the intensive care unit. Partnering with these physicians to promote a new service or to expand an existing program can often provide the needed leverage to garner necessary administrative endorsement.

Individual Pharmacist Leadership

The second critical element needed for a strong clinical program involves leadership at the front-line practitioner level. It is often said that pharmacy practice is inherently clinical; therefore all pharmacists in the department should work to enhance their visibility as well as their day-to-day contributions to patient care. Ultimately, it is every pharmacist's responsibility to promote collaboration with other health care professionals to ensure that patients receive optimal therapy.

There are a variety of ways to accomplish this obligation. Pharmacists must take advantage of opportunities to actively participate on patient care teams, even if the time available each day is somewhat limited. Therapy recommendations and general communications with other health care professionals should always be handled directly by the pharmacist rather

than delegating the task to supportive personnel. Active involvement in protocol and order-set development is another way to increase visibility. Contributions in research, participation in drug-use evaluations and the education of other health care professionals through in-services are additional methods to successfully demonstrate a pharmacist's impact.

Strong pharmacist leaders make such tasks a priority every day. They understand that pharmacists — as drug-use experts — fulfill a distinctive role on the health care team. Consequently, they work directly with department leadership to incrementally execute the department's clinical plan. They have a clear understanding of short- and long-term clinical goals and assist in identifying new ways to achieve them. It is the pharmacist's individual contributions that can make the department's clinical vision a reality.

Comprehensive clinical pharmacy services are essential to patient-centered practice. Genuine clinical leadership, however, is seldom accomplished solely through the efforts of one individual. Sound clinical programs thrive on the synergy between effective department leadership and proactive pharmacist contributions to patient care. *



Michael Sanborn

Michael D. Sanborn, M.S., R.Ph., FASHP, is the Corporate Director of Pharmacy for the Baylor Health Care System in Dallas, Texas. His current responsibilities include management of pharmacy operations, finances, technology and clinical services at 13 hospitals in the Dallas-Fort Worth area, representing nearly 3,000 licensed beds and employing more than 400 pharmacists and technicians. Sanborn is currently serving as a member of the Medication Safety Technical Advisory Panel for the National Quality Forum and is Vice Chair of the Patient Safety and Quality Committee for the Dallas-Fort Worth Hospital Council. He was recently elected to serve as President of the Texas Society of Health-System Pharmacists and has served as Chair of the Council on Pharmacy Practice for ASHP.

PRESCRIPTION FOR SUCCESS

THE LATEST NEWS ABOUT FOUNDATION FUNDING

2007 ASHP Foundation Literature Awards

2007 Award for Sustained Contribution to the Literature of Pharmacy Practice

John G. Kuhn, B.S., Pharm.D., FCCP, BCOP
Professor of Pharmacy
College of Pharmacy, The University of Texas at Austin and
University of Texas Health Science Center at San Antonio, Texas

2007 Award for Innovation in Pharmacy Practice

"Development and Clinical Outcomes of Pharmacist-Managed Diabetes Care Clinics."
Candis M. Morello, Pharm.D. CDE, Emily B. Zadvorny, Pharm.D. BCPS, Margaret A. Cording, Pharm.D. BCPS, Ryan T. Suemoto Pharm.D., CDM, Jillian Skog Pharm.D., and Amir Harari, MD.
Am J Health-Syst Pharm 2006;63:1325-31.
Naval Medical Center San Diego, San Diego, California

2007 Drug Therapy Research Award

"Time Until Initiation of Fluconazole Therapy Impacts Mortality in Patients with Candidemia: A Multi-Institutional Study."
Kevin W. Garey, Pharm.D., M.S., Milind Rege, MS, Manjunath P. Pai, Pharm.D., Dana E. Mingo, Pharm.D., Katie J. Suda, Pharm.D., Robin S. Turpin, Ph.D., and David T. Bearden, Pharm.D.
Clinical Infectious Diseases 2006;43(July1):25-31.
University of Houston College of Pharmacy and St. Luke's Episcopal Hospital
Houston, Texas

2007 Pharmacy Practice Research Award

"Effect of a Pharmacy Care Program on Medication Adherence and Persistence, Blood Pressure, and Low-Density Lipoprotein Cholesterol."
Jeannie K. Lee, Pharm.D., Karen A. Grace, Pharm.D., Allen J. Taylor, MD.
Journal of the American Medical Association 2006;296:2563-2571.
Walter Reed Army Medical Center, Washington, D.C.

2007 Student Research Award

"Complementary and Alternative Medicine Use Among Individuals Participating in Research: Implications for Research and Practice."
Gregory J. Welder, Timothy R. Wessel, M.D., Christopher B. Arant, M.D., Richard S. Schofield, M.D., and Issam Zineh, Pharm.D.
Pharmacotherapy 2006;26(12):1794-801.
University of Florida, Gainesville, Florida

2007 Medication Safety Team Grant: Optimizing Bedside Technology Solutions Sponsored by Omnicell, Inc.

"Critical Differences in Critical Care"
Pharmacist Investigator: Philip C. Williams, B.S., Pharm.D., M.B.A.

Co-Principal Investigator: Lynn Wagner, B.S., M.S.
Edward Hospital
Naperville, IL

Study objectives: To describe the process of bedside medication verification (BMV) implementation from a pharmacy, nursing and information systems perspective; compare and contrast the ease of use and staff satisfaction with two different BMV methodologies (bedside vs. portable computers); analyze the safety aspects of BMV technology, including near-misses, errors and errors causing injury; and conduct and compare time studies for medication administration, including non-BMV, BMV using portable computer and BMV using bedside computer.

"Impact of the FDA Barcode Ruling on BCMA at a Large Academic Medical Center"
Pharmacist Investigator: Ashley J. Dalton, Pharm.D.
Co-Principal Investigator: Gordon S. McGuire, B.S., Pharm.D.
University of California San Diego

Medical Center
San Diego, CA

Study objectives: To describe the impact of the FDA ruling requiring certain human drug and biological drug product labels to have barcodes at a large academic medical center implementing barcode medication administration (BCMA) and the feasibility of maximizing use of manufacturer unit-dose barcode products for BCMA.



SINGLE DOSE

The vacancy rate of directors and assistant directors of pharmacy is increasing, from 27% in 2003 to 36% in 2004. Of the directors of pharmacy surveyed in 2005, 80% planned to retire within 10 years, and 36% planned to retire in less than 5 years.

—White, SJ. Will there be a pharmacy leadership crisis? An ASHP Foundation Scholar-in-Residence report. *Am J Hosp Pharm*, 2005; 62:845-855.

BUILDING A SOLID FOUNDATION

RECOGNIZING OUR NEWEST DONORS

The following list represents contributions received by the ASHP Foundation from June 1, 2007, through September 19, 2007. We regret that, due to limited space, we are unable to publish honorary or memorial donations lists. Heartfelt thanks goes to the generous individuals, organizations and corporations listed below:

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2007 Walter Jones Golf Classic Raises \$30,000!

The 12th Annual Walter Jones Golf Classic raised more than \$30,000 for the ASHP Foundation's Walter Jones Memorial Pharmacy Student Financial Aid Fund! The tournament, held on September 23rd at Hampshire Greens Golf Course in Silver Spring, Maryland, was attended by 80 players.

The golf tournament and financial aid fund were established to honor the life of Walter Jones, a long-time ASHP employee and to support the ASHP Student Leadership Awards, which gives \$2,500 to each of the top 12 pharmacy students in the nation.

2007 Walter Jones Classic Results

As a result of a tie in the score, second place was decided by the best score on the most difficult hole.

Championship Team (with a score of -13)

Dean Manke, Patricia Manke, Jean Otter and Nick Stanisic (pictured at right)



Second Place Team (with a score of -11)
Bill Morris, George Mercier, Ross Auville and Craig Waters

Third Place Team (with a score of -11)

Clint Jones, Dave Arendes, Gene Thomas and Mike O'Neil

Contest Hole Winners

Longest Drive (Men's): Gene Thomas
Longest Drive (Women's): Jean Otter
Closest to the Pin: Nick Stanisic
Longest Putt: Meg Gilmer

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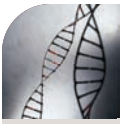
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INTERACTIONS

THE ASHP FOUNDATION CALENDAR OF EVENTS

Currently Available Applications

- Demonstrating Pharmacists' Value: A Systematic Review of the Literature
- Federal Services Junior Investigator Research Grant
- Hospital Pharmacist-Hospitalist Research Grant
- Junior Investigator Research Grant
- Pain Management Traineeship
- Pharmacy Resident Practice-Based Research Grant
- Pharmacy Leadership Academy
- Research Boot Camp

October 31

- Deadline for Pharmacy Leadership Academy applications

November 1

- Applications available for Medication Safety Team Grant
- Deadline for Pharmacy Resident Practice-Based Research Grant applications

November 26

- Deadline for Pain Management Traineeship applications

December 3

- Deadline for Federal Services Junior Investigator Research Grant
- Applications available for Critical Care Traineeship

2008

January 4

- Applications available for Pain Management Traineeship
- Deadline for Research Boot Camp applications

January 11

- Deadline for Demonstrating Pharmacists' Value: A Systematic Review of the Literature applications

February 1

- Deadline for Junior Investigator Research Grant applications

February 15

- Applications available for Award for Excellence in Medication-Use Safety

February 29

- Deadline for Critical Care Traineeship applications

March 1

- Deadline for Hospital Pharmacist-Hospitalist Team Grant applications

March 15

- Applications available for Pharmacy Residency Excellence Awards

***Please note that all applications, nomination forms and instructions are available to download from the ASHP Foundation's Web site at www.ashpfoundation.org.**

INSIDE THIS ISSUE

- Michael Sanborn weighs in on the importance of clinical leadership.
 - Director of Pharmacy Sherri Ramsey reveals how she created a leadership team for UT Medical Center.
- Discovers is published three times a year by the American Society of Health-System Pharmacists Research and Education Foundation.*

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