Leading for Medication Safety

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See end of article for CE details.

Target Audience: Pharmacists 
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Goal: After completing this continuing education article the reader will be able to: 
understand the importance of ensuring appropriate leadership support and operational infrastructure are dedicated to the improvement of safe medication use, describe the importance of proper alignment between medication safety principles and front-line practice, and develop an initial plan for improving medication safety in their practice.

Objectives: At the conclusion of this lesson, successful participants should be able to: 
1. Review the importance of developing a work environment that emphasizes safe practices. 
2. Evaluate the role of the leadership in advancing safe practices and how it aligns with your professional career. 
3. Discuss keys to ensuring organizational leadership is aligned with a culture of safety. 
4. Develop a plan for you to improve the safety of the care you provide.

INTRODUCTION

Medication safety continues to be a priority in healthcare. In hospitals alone, over 770,000 people are injured or die each year from adverse drug events (ADEs). 1-3 This results in a financial impact of up to $5.6 million each year per hospital depending on hospital size. 
4,5 This estimate does not include costs associated with re-admissions, malpractice and litigation, or other injuries to patients as the result of ADEs. Further, this does not account for the impact ADEs have in the community setting where data is even more difficult to quantify. Every year hospitals spend an estimated $1.56 to $5.6 billion to treat patients who suffered as the result of ADEs during hospitalization in the United States alone. 
4,7

Even though research on the cost and causes of ADEs have been reported for years in the literature, the problem was brought to the attention of a larger audience in 2000 by a series of reports released by the Institute of Medicine (IOM): “To Err is Human”, “Crossing the Quality Chasm” and “Preventing Medication Errors.” These IOM reports seek to outline, highlight, and address the medication error epidemic, the barriers preventing improvement, and the strategies that need to be implemented to make medication use safer. 
8-10

Arguably, one of the most important factors needed to establish systems that promote safer medication use is establishing a leadership framework that supports patient safety and healthcare improvement. Having leadership support and an administrative structure that encourages error reporting, root cause analysis, and continuous quality improvement is only the beginning. In order to make long-lasting sustainable improvements in medication safety an organization needs full commitment to improving the lives of their patients through action. Only then can an organization be positioned to truly lead for safety.

Now, more than ever, we must have strong support for healthcare improvement, medication safety, and quality measurement to help address and eliminate the negative impact medication errors have on human life.

LEADERSHIP vs. MANAGEMENT

Before discussing the impact of leadership on creating an organization that can be best positioned to improve medication safety, it is important to briefly review the differences in “leadership” and “management.” Fundamentally, the difference between leadership and management is that, “Management works in the system; leadership works on the system.”

As you will note in Table 1 below, leaders are generally focused on the vision of an organization or initiative. They innovate, create, and are always asking what and why? They seek to create a new path rather than walk on one that is well worn. Further, leaders are always ensuring that the people they are leading are supported in their endeavors; these individuals are the dreamers.

On the other hand, managers are operations focused, maintaining the status quo. They work within systems and ensure structure and continuity. They are concerned with the how and when, while keeping an eye on the bottom line; these people are the doers.

An important point, however, is that although leadership and management are different, both are crucial to the success of any medication safety project or program. For medication safety to become a priority, you need both leaders and managers to be committed to the
mission. Fortunately, many times a leader and a manager are the same individual. One person can play both roles, but it depends on the setting and need. Whatever the case, when discussing “leading safety” we are really addressing both of these important roles.

In any healthcare setting, leadership and management sets the tone for the level of emphasis placed on safety and quality. Administrators can make it a priority to encourage open and honest feedback, ensuring that errors and issues are reported or, conversely, leadership can set a tone of punishment and penalty. The highest performing organizations choose to focus on continuous quality improvement rather than the “blame-game” where employees are encouraged to identify and address systems issues rather than cover and hide any shortcomings. And, although, leadership sets the culture, it certainly requires all employees to be engaged in making medication safety a priority. So, how do we get to this “Culture of Safety?” If we are in an organization that does not necessarily set an expectation of error-reporting or keep the patient at the center of all efforts, what can we do? In the next section we will examine the principles of Followership and how they can be directly applied to the pharmacy profession and patient safety.

USING FOLLOWERSHIP TO LEAD IN SAFETY

The term followership is not new. In an article entitled “In Praise of Followers,” Robert Kelley described how, more often than not, corporate success is due to practicing good followership rather than good leadership. Translating good followership principles to the practice of pharmacy and medication safety by empowering ourselves, and our colleagues, to lead change can build a foundation for safer care.

Before learning to apply followership principles to daily pharmacy practice, it is important to first understand what makes an effective follower. Since our childhood days, we have been taught not to be followers. In general, as a child we probably thought someone deemed a follower was a mindless sheep that would, if given the opportunity, jump off a bridge if his or her friends were doing it. Instead, we must alter our opinions and think of a follower as someone who supports the leader. A leader cannot achieve tasks alone. It is said that a follower-less leader isn’t leading at all, but instead is just going for a walk. Kelley described the essential qualities of effective followers:11

- They manage themselves well
- They are committed to the organization and to a purpose, principle, or person outside of themselves
- They build their competence and focus their efforts for maximum impact
- They are courageous, honest, and credible

These principles of Followership did not originate in healthcare. Instead, this concept matured in Fortune 500 companies. The organizations that most widely adopted these principles would argue that Followership is actually more important than leadership in their organizations. This was based on the observation that high-performing teams that had lost their leader still did better than those groups who were not practicing followership, yet still have their leader in place. Like many good principles, followership can be adapted to other industries, including healthcare to empower all members of the healthcare team to participate in safer practices for patients.

How can pharmacists exhibit these qualities in furtherance of medication safety? If you look closely at the qualities of an effective Follower outlined in table 2 you will note that these are not significantly different from those of a traditional leader. Due to the nature of our work, pharmacists first need to engage in self-management. Often, we work with little direct supervision to accomplish a very important mission: protect and improve the lives of the patients we treat. This leads to the second characteristic. The best followers are those who believe in a cause greater than themselves. The most successful pharmacy practitioners are those who make every decision with the patient in mind. The patient is the purpose, principle, and person we are committed to as practicing members of a multidisciplinary care team. Thirdly, we must continue our commitment to lifelong learning. Good followers are dedicated to continuing education, always seeking better ways to achieve outcomes more quickly, less costly, and more effectively than ever before. Finally, the best followers are those who hold themselves to the highest of expectations. We strive to always act professionally through the honest and ethical decisions and recommendations we make.

There are various types of followers; most likely, you encounter these colleagues daily. Importantly, some followers are more effective at leading safety and change than others. The figure at the end of the article (Figure 1), describes the different types of followers, as described by Kelly11.

- **Sheep**: Passive, uncritical, lacking in initiative and sense of responsibility, strictly perform tasks assigned
- **Yes People**: more lively than sheep but un-enterprising, depend on leader for inspiration, submissive, servile
- **Alienated Followers**: critical and independent in thinking but passive in carrying out their role, often cynical
- **Survivors**: live by the slogan “better safe than sorry”, adept at surviving change
- **Effective Followers**: think for themselves, carry out duties and assignments with energy and assertiveness, risk-takers, self-starters, independent problem solvers

The key is moving towards becoming a more effective follower in the upper right quadrant by exhibiting some of the characteristics noted in the table. In reviewing these qualities you may note that they are intimately similar to those
same characteristics that are typically associated with being a leader. This commonality is no accident, but instead is designed to highlight the true related nature of both the leader and follower role. These two terms are not exclusive, but instead we need to strive to exhibit these common qualities whether we are assuming a leader or follower role. Both are incredibly important in healthcare and our patients benefit from those who can play either role in the appropriate situation.

The quote by Kelly says it best, “Followership is not a person but a role, and what distinguishes followers from leaders is not intelligence or character but the role they play.”

To maximize the value of Followership in promoting safer use of medicines, there are 7 steps we can use:

1. **Redefine followership and leadership**

   The terms followership and leadership are not mutually exclusive. Throughout the course of a day, week, or year, you play the roles of both follower and leader. One of the greatest skills you can employ is seamlessly transitioning from one role to the other.

2. **Maximize your strengths and improve on your weaknesses**

   Too often we forget to continue to improve our existing strengths for the benefit of our patients. Learn to leverage your existing strengths, while also continuing to challenge yourself to improve identified weaknesses. Knowing oneself is paramount to knowing what roles you play best and will complement any safety team.

3. **Engage in continuous performance evaluation and honest feedback**

   How can we improve if we never know how we are doing? Using safety-related dashboards, scorecards, and metrics can help us identify, create, and improve our systems that support safe medication use. A good follower will see every opportunity as a means to improve systems.

4. **Seek opportunities; be your own advocate**

   No one will advance your practice but you! Continually seek opportunities to begin grass-roots improvement projects. Your hard work will lead to key systems improvements that benefit patients!

5. **Find a mentor and be a mentor**

   Mentorship is a “two-way street” As a mentee, you are a true follower; as a mentor, you are a leader. Both roles are critical to professional and personal development. Help a colleague embrace a culture of safety.

6. **Ask why?**

   Determining the root cause of any medication error is one of the first steps to developing a plan for improvement. “Because we’ve always done it this way” is never the right answer. Instead, try to examine problems in a nontraditional manner. Encourage people to redefine leadership positions by breaking apart a long-standing position to give responsibility originally reserved for one individual to many. This will enable your colleagues to experience the roles and responsibilities of followers and leaders.

7. **Always present solutions to problems**

   Identifying a problem is only the first part of a two-part process. One of the best traits a leader or follower can learn is to identify problems but also to develop and suggest solutions. Never approach a situation with only problems. We would certainly never approach patients with just problems, so use that same concept when it comes to safety and quality-related issues.

I would like to share a story first referenced in *Home Office Computing* in 1994 to conclude this section on Followership and how it can be used to help create a framework for leading medication safety. As this true story goes, a man walked into the former Nordstrom department store with two snow tires. He walked up to the tie counter, put the tires down, and asked for his money back. The clerk, who’d been working there for two weeks, saw the price on the side of the fires, reached into the cash register, and handed the man $145.

For those not familiar with Nordstrom department stores, let me be the first to inform you that they do not carry snow tires. For that matter, they don’t carry automotive supplies, let alone tires. The message of this story is the customer service model created by the leaders and managers of Nordstrom dictated that the customer was always correct, even when it’s abundantly clear that he or she is not. Further, and arguably more important, Nordstrom empowered employees at every level of service to carry out this model. Nordstrom leaders built a culture and a framework that promoted customer service and then they positioned all of their employees to “sell” it. This clerk, who had been working for only two weeks, was empowered to make that refund, thus pleasing the customer and creating a loyal frequent visitor of their store. The management at Nordstrom had figured out that by delegating responsibility to all levels of employees they were creating effective followers who had the authority to make positive impacts on their customers. Now, think about pharmacy and healthcare. How can we ensure that we set a service
model that emphasizes safe medication use and, then, support all levels of staff in carrying out that model of improvement and quality? Only by doing this, by empowering all levels of our colleagues and staff, can we hope to lead for medication safety.

Not everyone can hold traditional leadership positions; however, pharmacists can take charge of their own practice and become effective pharmacy followers, exhibiting key leadership characteristics while assuming a supporting role. Incorporating good followership into daily practice has great potential to advance the pharmacy profession and improve patient care. Using these same principles of followership will encourage error-reporting, identify increased opportunity for healthcare improvement, and sets the tone that an organization or institution is committed to safer medication use.

TRANSFORMATIONAL CHANGE

Understanding the principles of Followership and the need to create an environment that supports furthering medication safety work lays the foundation for any medication safety program. The critical next phase is managing the change that will take an organization from their current state to an improved safety-focused future. In many instances these changes can be dramatic; managing these changes effectively can be the difference between becoming a higher performing organization, and one stuck in the “because we have always done it” way of thinking. With that said, there are three types of change that occur most frequently in organizations:

- Developmental
- Transitional
- Transformational

Each of these different types of change necessitates different strategies and plans to effectively gain employee engagement. Specifically, transformational change is often needed to create safer systems quickly, yet requires effective leadership and followership to be successful.

Transformational change is the result of a tangible shift in the business culture of an organization resulting from a change in the underlying strategy and processes that the organization has used in the past. This type of change is not subtle and is designed to be organization-wide. For this reason, this type of change is enacted over a defined period of time. As the name implies, an organization at the end of the change will be markedly different than it was prior to the change. Undergoing this type of change calls for a new level of fearlessness, of innovation, and collaboration amongst all those people involved in the organizational change. It excites the people of the organization, and unleashes their passion and creativity; after the fact, you will say that we have more than a large improvement; we have a different organization, a significant change, a transformation!

This type of change tends to be a little more dramatic and uncomfortable; it requires strategic planning, solid leadership, and unwavering support. Instead of methodically implementing new processes, the system may be forced to drastically transform, which requires altering and expanding the limiting mindset in which the individual or organization operates. When discussing a mindset we are referring to: attitudes, perspectives, rationales, and logic. An impetus to transform is also required. In other words, if no one thinks the ship is sinking, it’s difficult to get people to abandon it. If there’s no obvious reason, or impetus, to change then it’s very difficult to change their behavior. Alignment to achieve consistency of organization goals with resource allocation and a plan for integration to bridge traditional intra-organizational boundaries among individual components should also be discussed and implemented as part of any successful transformation change.

To illustrate an example of transformation change, let’s review a non-healthcare example set forth by the International Business Machines Corporation (IBM). If you go back to the founding of IBM 50 years ago, they made all kinds of office machines. Then, the computer-age launched and they transformed into a company focused on mainframes, followed another 10-year revolution resulting in IBM making the personal computer (PC) a fixture in most offices and homes. Following their success with the PC, 20 years ago they realized that the mainframe was a dying business venture, so they undertook yet another transformation change to align themselves with the next best thing: service-oriented strategic computing support. Now, “Are you and IBMer?” Clearly, IBM is a great example of the adapt-to-survive mentality that serves as a cornerstone of the transformational change concept. This example of transformational change is one that we can use as a healthcare profession and as pharmacists. We must continue to envision change and then articulate the reasons for change to help alleviate some resistance. In general, we resist change, yet are much more likely to accept change if we are kept informed. We always will look for a rationale for the implementation of this major change. Thus, a good leader and manager should be prepared to involve employees in all phases of the transition to ensure success. Through all types of change, and specifically transformational change, we can create those environments that are best positioned to support safer use of medicines.

CONCLUSION

To conclude, leading healthcare towards safer systems is everyone’s responsibility. And, although not everyone can hold traditional leadership positions, we can all practice good Followership to help accelerate the pace of transformational change in hopes of successfully improving medication safety. Now, more than ever, leadership support is critical as medication safety continues to be a strong priority in response to the increasing need to ensure we never hurt those patients we treat.
order to impact and improve our healthcare processes we need to ensure we have the appropriate leadership support and management infrastructure in place that, when coupled with followership and transformational change principles, can truly enable organizations to lead for safety.

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References

Table 1

<table>
<thead>
<tr>
<th>Leaders</th>
<th>Managers</th>
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<tbody>
<tr>
<td>Vision</td>
<td>Operations</td>
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<tr>
<td>Innovation</td>
<td>Administration</td>
</tr>
<tr>
<td>Develops</td>
<td>Maintains</td>
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<tr>
<td>People</td>
<td>Systems and structure</td>
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<tr>
<td>Long-term</td>
<td>Short-range</td>
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<tr>
<td>What and Why?</td>
<td>How and when?</td>
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<tr>
<td>On the horizon</td>
<td>Bottom line</td>
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<tr>
<td>Originate</td>
<td>Replicate</td>
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<tr>
<td>Does the right thing</td>
<td>Does things right</td>
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Table 2

<table>
<thead>
<tr>
<th>Qualities of an Effective Follower</th>
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<tbody>
<tr>
<td>Ambitious</td>
<td>Critical Thinker</td>
</tr>
<tr>
<td>Assertive</td>
<td>Enthusiastic</td>
</tr>
<tr>
<td>Candid</td>
<td>Fearless</td>
</tr>
<tr>
<td>Committed</td>
<td>Honest</td>
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<tr>
<td>Competent</td>
<td>Insightful</td>
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<tr>
<td>Courageous</td>
<td>Intelligent</td>
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<tr>
<td>Credible</td>
<td>Responsible</td>
</tr>
<tr>
<td>Independent</td>
<td>Risk-taker/self-starter</td>
</tr>
<tr>
<td>Team-player</td>
<td>Trusted</td>
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Figure 1

[Graph depicting some followers are more effective]