NOW YOU HAVE A CHOICE!

HURRICANE ONE

Unit Dose Non-Aerosol Spray
20% Benzocaine Oral Anesthetic
0.5 mL each

ORIGINAL WILD CHERRY FLAVOR

UNIT DOSE – PATIENT SAFETY

An Innovative Non-Aerosol Unit Dose Topical Anesthetic Spray

- Meets Joint Commission Standard for the most ready-to-administer form available
- Fast onset • Short duration
- Virtually no systemic absorption
- Utilizes bar code medication administration (BCMA) to accommodate point-of-care scanning
- Virtually eliminates adverse events resulting from preventable medication errors, ensuring the “5 Rights” are met:
  ✓ Right Drug ✓ Right Patient ✓ Right Dose
  ✓ Right Route ✓ Right Time
- Single unit-of-use packaging eliminates the potential for cross-contamination
- Increases billing accuracy and improves supply chain costs
- Recyclable

ORDERING INFORMATION

<table>
<thead>
<tr>
<th>NDC</th>
<th>AMER SOURCE BERGER</th>
<th>CARDINAL HEALTH</th>
<th>McKesson</th>
<th>MORRIS &amp; DICKSON</th>
<th>PRODUCT</th>
</tr>
</thead>
<tbody>
<tr>
<td>0283-0610-11</td>
<td>048-855</td>
<td>43362547</td>
<td>1410125</td>
<td>086611</td>
<td>HURRICANE ONE® Unit Dose Non-Aerosol Spray (2, 0.0178 oz, 0.5 mL each)</td>
</tr>
<tr>
<td>0283-0610-16</td>
<td>048-868</td>
<td>4363370</td>
<td>1411925</td>
<td>086601</td>
<td>HURRICANE ONE® Unit Dose Non-Aerosol Spray (Box of 25, 0.0178 oz, 0.5 mL each)</td>
</tr>
</tbody>
</table>

If Hurricaine ONE is not yet available through your wholesaler, request it by name and NDC Number.

*Joint Commission Standard: MM03.01.01, EP 10

To request a free sample or for more information, call us at 1-800-238-8542 or 1-844-473-1100, M-F 8:00 a.m. – 4:30 p.m. CST. www.beutlich.com
HURRICANE ONE and Hurricaine® are registered trademarks of Beutlich Pharmaceuticals, LLC. • HOSV 666 1112

HURRICANE

Topical Anesthetic

1/2 SECOND SPRAY
is all it takes!

SPRAY KIT – MULTIPLE USE

20% Benzocaine Oral Anesthetic

- Eliminates pain and discomfort
- Fast onset (20 seconds)
- Short duration (15 minutes)
- Safe – available over the counter
- Best value among topical anesthetic sprays
- Great Wild Cherry flavor!

ORDERING INFORMATION

Spray – 2 oz, spray can and 1 disposable extension tube …………. NDC 0283-0679 02
Spray Kit – 2 oz, spray can and 200 disposable extension tubes …………. NDC 0283-0679 60
Extension tubes – Box of 200 disposable extension tubes ………… Product number 2083-1185 20
Self-assessment exam
to complete the exams, go to www.HealthSystemCE.org
You will be asked to log in and enter your password. Choose Journal CE and proceed with the exam. Once you complete the exam, you will be able to download/print your statement of credit for your records. HealthSystemCE.org is available to CSHP members.

Perspective
Finding Your Internal Leader

Continuing Pharmacy Education
Pharmacy Leadership in Three Voices

Call for Posters

PIC Survival Guide
Migrating from Survival to A State of Constant Readiness
CSHP MISSION
To Promote Wellness, Patient Safety and Optimal Use of Medications

CSHP VISION
The Leader in Wellness, Patient Safety and the Optimal Use of Medications

Peer Review
The California Journal of Health-System Pharmacy is now a Peer Reviewed Publication!
The CSHP Editorial Advisory Board is pleased to announce that the California Journal of Health-System Pharmacy has completed the transition to Peer Review.
Peer Reviewed, or Refereed publications utilize an editorial process to ensure that the articles published are as scholarly as possible. From this point forward, when an article is submitted to CJHP, the editors will send it out to other (peer) pharmacists and clinicians in the same field to obtain their opinion as to the appropriateness of the manuscript for publication, the relevance to the field of study, and the quality of the research.

Instructions for Authors
The California Journal of Health-System Pharmacy welcomes article submissions in any field pertinent to the practice of Health-System Pharmacy. All manuscripts submitted are subject to peer review. To submit a manuscript for publication, please visit http://cshpjournals.msubmit.net. Authors without access to the internet may send a printed copy of their manuscript along with a CD, DVD or USB drive to: CJHP, attn: Managing Editor, 1314 H Street, Suite 200, Sacramento, CA 95814.
For more information on article submission, Peer Review, or CJHP, please contact Rebecca Brover, Director of Development at rebecca@cshp.org or 916.447.1033.

CJHP (ISSN 1097-6337) is published bimonthly by the California Society of Health-System Pharmacists, 1314 H Street, Suite 200, Sacramento, CA 95814, under the guidance of the Editorial Advisory Board. The CJHP is distributed as a regular membership service, paid through allocation of membership dues. Subscription rate for non-members is $75 per year; single copies are $15. Periodicals postage paid at Sacramento, CA. Postmaster: Send address change to California Society of Health-System Pharmacists, 1314 H Street, Suite 200, Sacramento, CA 95814 (email: cshp@cshp.org).
The views expressed by authors of contributions in the California Journal of Health-System Pharmacy do not necessarily reflect the policy of CSHP or the institution with which the author is affiliated, unless this is clearly specified. Policy statements and official positions of CSHP are clearly labeled as such. The editor and publisher assume no responsibility for material contained in articles and advertisements published, nor does publication necessarily constitute endorsement by them. Letters to the editor are encouraged. Publisher reserves the right to edit, reject or publish whole or part of manuscripts submitted. No portion of this magazine may be reproduced, in whole or in part, without written consent of CSHP. © 2013 by the California Society of Health-System Pharmacists. Payments to CSHP are not deductible as charitable contributions for federal income tax purposes; however, they may be deductible under other provisions of the Internal Revenue Code.
For display and employment advertising, please contact Kim Kaplan, CSHP Director of Advertising at kim@cshp.org or (916) 447-1033.
Cover image: analog dial

Peer Review
The California Journal of Health-System Pharmacy is now a Peer Reviewed Publication!
The CSHP Editorial Advisory Board is pleased to announce that the California Journal of Health-System Pharmacy has completed the transition to Peer Review.
Peer Reviewed, or Refereed publications utilize an editorial process to ensure that the articles published are as scholarly as possible. From this point forward, when an article is submitted to CJHP, the editors will send it out to other (peer) pharmacists and clinicians in the same field to obtain their opinion as to the appropriateness of the manuscript for publication, the relevance to the field of study, and the quality of the research.

Instructions for Authors
The California Journal of Health-System Pharmacy welcomes article submissions in any field pertinent to the practice of Health-System Pharmacy. All manuscripts submitted are subject to peer review. To submit a manuscript for publication, please visit http://cshpjournals.msubmit.net. Authors without access to the internet may send a printed copy of their manuscript along with a CD, DVD or USB drive to: CJHP, attn: Managing Editor, 1314 H Street, Suite 200, Sacramento, CA 95814.
For more information on article submission, Peer Review, or CJHP, please contact Rebecca Brover, Director of Development at rebecca@cshp.org or 916.447.1033.

CJHP (ISSN 1097-6337) is published bimonthly by the California Society of Health-System Pharmacists, 1314 H Street, Suite 200, Sacramento, CA 95814, under the guidance of the Editorial Advisory Board. The CJHP is distributed as a regular membership service, paid through allocation of membership dues. Subscription rate for non-members is $75 per year; single copies are $15. Periodicals postage paid at Sacramento, CA. Postmaster: Send address change to California Society of Health-System Pharmacists, 1314 H Street, Suite 200, Sacramento, CA 95814 (email: cshp@cshp.org).
The views expressed by authors of contributions in the California Journal of Health-System Pharmacy do not necessarily reflect the policy of CSHP or the institution with which the author is affiliated, unless this is clearly specified. Policy statements and official positions of CSHP are clearly labeled as such. The editor and publisher assume no responsibility for material contained in articles and advertisements published, nor does publication necessarily constitute endorsement by them. Letters to the editor are encouraged. Publisher reserves the right to edit, reject or publish whole or part of manuscripts submitted. No portion of this magazine may be reproduced, in whole or in part, without written consent of CSHP. © 2013 by the California Society of Health-System Pharmacists. Payments to CSHP are not deductible as charitable contributions for federal income tax purposes; however, they may be deductible under other provisions of the Internal Revenue Code.
For display and employment advertising, please contact Kim Kaplan, CSHP Director of Advertising at kim@cshp.org or (916) 447-1033.
Cover image: analog dial

Editor
Dawn Benton, MBA

Managing Editor
Rebecca Brover, MBA

Contributing Editor
Jeanne Winnick Brennan

Design Consultant
HareLine Graphics, Inc.

Editorial Advisory Board
Marta Millares, Chair
Gary Besinque, Chair-Elect
Ron Floyd
Henry Ho
Sarah McBane

California Society of Health-System Pharmacists

Officers
Steven Gray
President
Julie Lenhart
President-Elect
Christine Antczak
Chair, Board of Directors
Vicky Ferraresi
Chair, House of Delegates
Kenn Horowitz
Treasurer
Dawn Benton
Executive Vice President/CEO

Directors
Kathy Daly
Paulin Heng
Martin Iyoya
Betty Jue
Brian Kawahara
Teni Miller
Stacey Raff
Victoria Serrano Adams
Steven Thompson
Anne Tran-Pugh

Student Section Executive Committee
Rika Burk (Northern California)
Lydia Noh (Southern California)
Ever notice when you are in the presence of a true leader, you can feel it. You look at the individual and hear his or her thoughts, and you realize they possess a great depth and more. The credibility, passion and motivation are tangible. But what if that leader is within you, and you are just becoming aware of your skills and the energy you possess that can benefit others? This issue of CJHP is designed to explore leadership in the profession of health-system pharmacy at a time when changes in our industry are rapidly underway. Will you be a facilitator of this change?

I think you will enjoy reading the peer interviews with three impressive CSHP colleagues who are true leaders. Rita Shane, PharmD; Paul Lofholm, PharmD; and Diana Hendel, PharmD, discuss their individual paths to leadership and their thoughts on the future of pharmacy practice. Not surprisingly, their views on leadership demonstrate similar values and themes. They share practical advice about finding strong mentors and taking initiative when you are not satisfied with the way things are, staying positive, utilizing critical thinking skills, being passionate, seeing possibilities not barriers, and developing an ability to communicate and influence others and influence change.

There are leaders all around us, and we are fortunate to be working with many inspirational individuals this year as we prepare to meet the changes in our industry as the federal Affordable Care Act is about to be implemented. Senator Ed Hernandez, OD, (D-West Covina) is a respected leader who chairs the Senate Health Committee. He has blended his passion and profession of medicine with his government career to create solutions to meet the increased demand for more primary care providers. We are pleased to be a part of the coalition he has created to put Senate Bill 493 (Pharmacy Practice) forward, which would empower pharmacists like yourselves to practice at the top of your license and strengthen your authority to provide basic healthcare services. This wouldn’t be possible without the major work of pharmacist leaders in CSHP and CPhA who created the Joint Provider Status Task Force to draft the language for this bill. Their initiative will permanently change the field of pharmacy as we know it today with better understanding of pharmacists’ education and skills to create enhanced flexibility to improve patient care. This is where you come in. If you have thought about the future of your profession, now is an exceptional time to get involved, find your internal leader, and join with others who are changing pharmacy today. This is the year to make your voice known.

In addition, this is leadership season. Congratulations are in order for Alan Endo, PharmD, FCSHP who will be honored this year as CSHP’s Distinguished Service Award recipient. CSHP will also award the Student Leadership Award, which recognizes CSHP student members for their involvement and contributions to the profession of pharmacy. There are so many opportunities to serve your profession, and there is no better time to do so.

continued on page 38
Diana Hendel, PharmD will be honored at Seminar this fall as our Pharmacist of the Year for 2013. I’d like to close here with her comments on pharmacy’s future because I think she speaks for many of us. In her interview, Diana states, “I would like us to continue to optimize and maximize our impact on patient care and make our voices heard to patients and other healthcare providers. We are and must continue to be leaders of change. The profession has a remarkable legacy and a wonderful vision for the future – and I don’t think it takes a crystal ball to see that we have a terrific future ahead!”

Errata

In the January/February 2013 issue of CJHP, the author information was inadvertently omitted from the article entitled Update to Commentary on Opening New Schools of Pharmacy in California. The author information is as follows:

Douglas Barcon, PharmD
Barcon & Associates

Requests for Information may be sent to Douglas Barcon, PharmD at dougbarcon@gmail.com.

The editorial staff of CJHP regrets this omission.
What Makes an Effective Leader?
By Glenn Yokoyama, PharmD, FCSHP, FAPhA

Introduction & Background

Why am I writing this article? I’d like to see if I can INSPIRE you to be the most effective leader you can be. What drives me is the satisfaction I get when I’m able to help people be successful. Warren Bennis, in his book On Becoming a Leader, says “Becoming a leader isn’t easy, just as becoming a doctor or a poet isn’t easy, and those who claim otherwise are fooling themselves. But learning to lead is a lot easier than most of us think it is, because each of us contains the capacity for leadership.”¹ Peter Drucker, in his book, The Effective Executive, says that in over his 45 years of experience he has not come across a single “natural” or born effective executive.² He goes on to say “All the effective ones have had to learn to be effective. And all of them then had to practice effectiveness until it became habit.” All of us take a leadership role day in and day out whether we have a title or not or whether we realize it or not. For example, if you are a parent, you are taking a leadership role. I am a teacher. Some might not consider that a leadership title, but is part of a teacher’s role to lead? In the book, Learning Journeys, the editors’ note, “the best teachers are those that never stop learning.”³ The book also goes on to comment “Great leaders are great learners.”³ What I’m saying is that this article is for everyone – if you can understand and apply some of the concepts in this article, you can become a more effective leader, and maybe more importantly, a more effective person.

Why would you want to read what I have to say? Throughout over thirty years as a Director of Pharmacy and in my current role in academia (social administrative sciences), I continue to observe and study the relationships and factors that drive both effective and ineffective leadership. I have noticed that the common autocratic leadership style of the past is not nearly as effective as the modern participative/collaborative leadership style. Over time, the topic of effective leadership has been studied, researched, taught, discussed, and written about extensively. There are literally thousands of case studies, books, articles, seminars and movies related to the topic.

Sarah White in her 2005 article “Will there be a pharmacy leadership crisis?” concluded that “A significant gap in pharmacy leadership in the next 5–10 years is expected, as well as a shift in work force composition and attitude.”⁴ Mentoring and residencies are important methods of fostering new leaders in the profession.”⁴ From my perspective, I believe we currently have, and will in the future continue to have, a crisis in “effective” pharmacy leadership – we have pharmacists with the title who are not effective leaders. I believe that
more effective leaders in hospitals, health care systems, and pharmacies would be reflected in measurable data such as patient and caregiver satisfaction surveys, medication error and adverse drug event reduction, reduced health care costs, and improved health care outcomes.

A frequent question about leadership pertains to what educational background is needed or desired? For pharmacists, is another degree beyond the Pharm.D, such as a Master’s in Business Administration (MBA) or Master’s in Public Health (MPH), desired or needed? What about residency and fellowship programs, will these lead to better leadership skills? Generally, having more experience, education and knowledge is helpful, however, it does not automatically make you an effective leader. Leadership is NOT a function of degrees or education – you can be trained extensively in leadership science… and be a terrible leader.

I learned that if you do your job well, you often get tapped for leadership positions. In my case I jumped from staff pharmacist, to Assistant Director, to Director within 6 months and that was 4 years after graduation from pharmacy school. Without any preparation, experience, and a lack of knowledge and skill sets, I was faced with a great challenge in my career. I’ve learned leadership the old fashioned way, in the school of “hard knocks”, on the job. I took an active role in watching others, learning and being mentored by others, reading, researching the topic, asking questions, listening, and networking and talking with others. Then it was a matter of trying some of the things that I had observed or read about and applying them to different projects, practices and services.

I learned working with technicians, clerks, and students that how I treated them often had a positive effect on how well we worked together, how well they did their work, and how much more they wanted to do. Productive and motivated staff and students ultimately gave me the ability to do more. Taking the time to talk with them about the medications they dealt with including indications for use, doses, dosage forms, directions for use – things we as pharmacists may take for granted but may be new to them – goes a long way towards a positive relationship.

There is no one path to leadership that fits all. The real question is if you see an opportunity, will you go for it? If you’re asked to step up to lead a committee, be a supervisor, manager, pharmacist in charge, or similar role, and, you’re currently in a “staff” position, do you take it or not? Good questions, with no simple answer. However, it’s up to you to make an assessment of the positives and negatives, whether you’re ready or not, and, if you’re not ready what you need to do to make it happen. There’s not necessarily a “right” time, and certainly not one that fits all. Your path to leadership should be individualized to accommodate your skills, personality, and goals.

I hope to present a practical path to becoming a more effective leader and illustrate how being more effective can translate into tangible and measurable positive outcomes. My perceptions and the leadership interviews that follow may shorten your path and give you the inspiration needed to improve your leadership skills and become a great leader.

Defining Leadership
Northouse’s defines leadership as “…a process whereby an individual influences a group of individuals to achieve a common goal.” A leader influences others to accomplish an objective and directs the organization in a way that makes it more cohesive and coherent. Being an effective leader begins with you. At whatever stage in your career, whether student, staff pharmacist, supervisor,
manager, and other role, the starting point is self-reflection (mirror test) – what do you know about yourself? This self-reflection should be a continuous process and occur more frequently especially if you’re not satisfied with where you are or what you are doing.

The following are questions I’ve come up over time which you should be asking yourself periodically and at least annually:

- What’s your MO (modus operandi)?
- How do others view you?
- How do you take on accountability?
- How do you contribute to a conversation?
- Do you routinely volunteer?
- What is your vision?
- Are you able to share the vision with others?
- How do you work with others?
- Do others enjoy working with you?
- How successful have you been?

Thus, your path to effective leadership starts by reflecting internally, then externally. The external reflection is a continuous process of observing how others supervise, manage, and lead a project, a team, a department, a hospital and similar. Are they effective and why are they effective or not effective?

**The Art and Science of Leadership**

The art of leadership is reflected in how a person applying the science is viewed by others. How is their message and vision articulated? What is their communication style – do others listen, take heed, and are they moved? What is their perception of the person’s “look and feel”? How does the person respond to questions, suggestions, thoughts, and comments? How good does the person listen? How do you contribute to a conversation? How do you take on accountability? Are you able to share the vision with others? Do they move others to action causing significant damage to the British cause versus the other. Paul Revere, was much more successful in rallying the local militia and people into action causing significant damage to the British cause versus the other. Paul Revere had telling traits whereas William Dawes did not. Paul Revere was well known by the community, politically connected, and trustworthy.

Transformational leaders can be best described as those who change the framework or culture for the better by their actions and decisions. We can use two US Presidents to illustrate two different leadership styles which led to different results. President Buchanan decided to do nothing while the union fell apart, whereas President Lincoln stepped in, took action, and, made decisions.

---

**Leadership**

- **Love**
- **Unity and cooperation**

Does the person (leader) display the “powers” described by Rovira and deliver the “powers” in a fashion that is believable and embraced by others?

The second “art” is the visionary factor – having a vision; visualizing how you would lead and the resulting product and services; and having the ability to articulate your vision to others so they can see the same outcome you see. The art of leadership is about what others see, hear, and feel from the “leader.” This “art of leadership” starts with you – your self-awareness and how you deal with others.

Finally, it is critical for all leaders to have exceptionally strong interpersonal skills in order to successfully interact with and persuade and motivate others. These interpersonal skills are both an art and science, and include:

- **Understanding you.** As mentioned before you need to know yourself first.
- **Understanding others.** In order to influence others, it is necessary to understand them. You need to understand what drives others desires, fears, needs, wants and why they react the way they do in a variety of situations. You need to be able to see a situation from perspectives other than your own. Understanding is created through conversation.
- **Motivating others.** The easiest way to get anybody to do anything is to make them want to do it. The key to motivating others is to understand their needs and wants. Communicate how this task will benefit them – i.e., “what’s in it for them.” Also, never order someone to do anything. Coercion is not leadership.
- **Empowering others.** This is why people will follow some leaders to the ends of the earth. Encourage your followers to reach for their highest potential and to believe in themselves (by you believing in them first). If you are able to show someone their full potential and help them get there, I guarantee that person will be with you for a long time.

**The Bass theory of leadership says there are three basic ways to explain how people become leaders:**

- **Great Event or Great Man Theory** – a crisis or important event may cause a person to rise to the occasion, which brings out extraordinary leadership qualities in an ordinary person.
- **Trait Theory** – some personality traits may lead people naturally into leadership roles.
- **Transformational or Process Leadership Theory** – people can choose to become leaders and can learn leadership skills, and, can certainly apply skills which will make them a more effective leader. This is the most widely accepted theory.

The **Great Event** can be exemplified with the British invasion of America in the Boston area causing two individuals, according to Malcolm Gladwell in *The Tipping Point*, to take action. The two individuals were Paul Revere and William Dawes. History has told us that one, Paul Revere, was much more successful in rallying the local militia and people into action causing significant damage to the British cause versus the other. Paul Revere had telling traits whereas William Dawes did not. Paul Revere was well known by the community, politically connected, and trustworthy.

---

March/April 2013 California Journal of Health-System Pharmacy qhp 41
Change is not easy, and, not always very popular. Leading change often takes experience, skills and knowledge which can be learned.

Warren Bennis described some of the differences between managers and leaders in his book On Becoming a Leader – this is not intended as a prescriptive model of leadership, but as a descriptive model of how real, successful leaders act.1

<table>
<thead>
<tr>
<th>Manager</th>
<th>Leader</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administers</td>
<td>Innovates</td>
</tr>
<tr>
<td>Focuses on Systems</td>
<td>Focuses on People</td>
</tr>
<tr>
<td>Relies on Control</td>
<td>Inspires Trust</td>
</tr>
<tr>
<td>Short Range</td>
<td>Long Range</td>
</tr>
<tr>
<td>Maintains</td>
<td>Develops</td>
</tr>
<tr>
<td>Is Comfortable</td>
<td>Takes Chances</td>
</tr>
<tr>
<td>Does Things Right</td>
<td>Does the Right Thing</td>
</tr>
</tbody>
</table>

A leader without management ability is an ineffective leader. A manager without leadership ability is an ineffective manager – a manager performs at the leader level and vice versa as the need arises.

Bennis says in his book that all leaders have four essential competencies (1) creating a shared meaning (vision), (2) distinctive voice (purpose, self-confidence, sense of self), (3) integrity (moral compass), (4) adaptive capacity (respond to change).1

While excellence in leadership is learned, the skills and knowledge processed by the leader can be influenced by his or hers attributes or traits, such as beliefs, values, ethics, and character.9 Knowledge, skills, and experience contribute to the process of leadership, while the other attributes give the leader certain characteristics that make him or her unique.10

Characteristics of Great Leaders

Peter Drucker documented that effective leaders displayed the following characteristics:2

- They asked, “What needs to be done?”
- They asked, “What is right for the Enterprise?”
- They developed action plans
- They took responsibility for decisions
- They were focused on opportunities rather than problems
- They ran productive meetings
- They thought and said “we” rather than “I”

My own personal list of characteristics displayed by great leaders include:

- They believe in themselves
- They believe in and inspire others
- They establish effective teams
- They take calculated risks
- They know their area (i.e. pharmacy) and the field they’re in (i.e. health care)
- They’re movers and shakers

How do you motivate your employees?
As mentioned previously, motivating and empowering others is key to successful leadership.

**Articles and Books in My Leadership Tool Kit**

**Books**
- Jim Collins, Good to Great (Harper Collins Publishers 2001)
- Dale Carnegie, How to Win Friends and Influence Others (Simon and Schuster 1936)
- Steven R. Covey, Seven Habits of Highly Successful People (Simon and Schuster 2004)
- Kenneth Blanchard & Spencer Johnson, The One Minute Manager (Penguin Group 1993)
- Malcolm Gladwell, The Tipping Point (Little Brown 2000)
- Peter Drucker, The Effective Executive (Harper Business Essentials 2002)
- Marcus Buckingham, First Break all the Rules, What the World’s Greatest Managers do Differently (Simon and Schuster 2005)

**Articles**
leadership. Frederick Herzberg in the *Harvard Business Review* article, "One More Time: How do you Motivate Employees?" discussed factors affecting job attitudes as reported in 12 investigations. The following factors, in order of importance, led to "extreme satisfaction":

1. Achievement
2. Recognition
3. Work itself
4. Responsibility
5. Advancement
6. Growth

This article is probably the leadership reference I refer to the most because if you’re able to establish and lead a work place culture that provides these factors for employees then they are likely to have great job satisfaction which results in motivation to do whatever it takes to make the department, project, area, or business successful. Herzberg also discusses the de-motivators, which he titles "Hygiene" factors, in order of importance as:

1. Company policy/Administration
2. Supervision
3. Relationship with supervisor
4. Work conditions
5. Salary
6. Relationship with peers
7. Personal life
8. Relationship with subordinates

As mentioned before, anyone can be in a leadership role, but an EFFECTIVE leader must be able to motivate and engage others within and outside the organization, and be a leader that others can rally around, and support to ultimately make the organization a force to be reckoned with. In a study by the Hay Group, a global management consultant organization, they identified 75 key components of employee satisfaction (Lamb, McKee 2004). The following summarizes their key findings:

- Trust and confidence in top leadership was the single most reliable predictor of employee satisfaction in an organization.
- Effective communication by leadership in three critical areas was the key to winning organizational trust and confidence:
  1. Helping employees understand the company’s overall business strategy.
  2. Helping employees understand how they contribute to achieving key business objectives.
  3. Sharing information with employees on both how the company is doing and how an employee’s own division is doing – relative to strategic business objective.

In conclusion, you must be trustworthy and you must be able to communicate a vision of where the organization needs to go to be an effective leader.

### Being an Effective Pharmacy Leader – What’s Unique or Different?

What is different in being an effective pharmacy leader is the additional technical expertise in health care, and more specifically, pharmaceutical care that is needed. Having an understanding of the health care systems and how pharmacy fits in is very important. A must read article for all pharmacists appeared recently in *AJHP* by Rita Shane, titled “Translating Health Care Imperatives and Evidence into Practice”. The article discusses health care trends which have implications for pharmacy. The challenge is to develop models of practice which address the gaps in care, is responsive to health care reform, and serve the health care system of the future. Pharmacy leaders must focus on how pharmacists can help improve patient outcomes by identifying programs and services that will make a difference, justifying implementation, developing methods for measuring success, and ultimately implementing these services.

Are there unique opportunities in the current health care system that pharmacists can capitalize on for improving health care outcomes? What we know in general is that care is too expensive, fractionated, not available to all, and is inefficient. It lacks integration, and for the most part, is a broken system. There are some current models of care that are leading effective change such as Geisinger Health System, Kaiser Permanente, Mayo Clinic, and others. The primary responsibility of the pharmacy leader is to stay abreast of the health care system, understanding what’s working and what areas need improvement. Leaders need to identify ways that pharmacists can lead to improve outcomes.

There are two pharmacy leadership and two health professionals books that may be helpful:


The following are articles which I’ve found to be particularly useful to pharmacy leaders on the more global area of interest, Health Care:

- Clayton M. Christensen, Richard Böhmer, and John Kenagy, “Will Disruptive Innovations Cure Health..."
Leadership


William A. Zellmer. “Reason and History as Guides for Hospital

Case Studies


In addition, there are several health care leadership programs available for those interested in accelerating their knowledge of the topic:

- Boston College through the American Society of Health System Pharmacists, and annual Leadership Institute Seminar over one year http://www.ashpfoundation.org/MainMenuCategories/CenterforPharmacyLeadership/PharmacyLeadershipAcademy.aspx (accessed March, 2013)

- University of California San Francisco, Centers for the Health Professions, conducts Leadership seminars for professionals on a variety of different topics, including one similar to the ASHP model which goes over one year as well. www.futurehealth.ucsf.edu

Recently, Sarah White, as a follow up to her article in 2004, “Will there be a pharmacy leadership crisis?”, commented that ASHP has subsequently developed new leadership programs including the Pharmacy Leadership Academy, Pharmacy Leadership Institute, “leadership conversations” video, Leadership Resource Center, as well as the ongoing ASHP Leadership Conference.14

One of my favorite organizations that promotes collaborative health professional projects focusing on quality and safety, and ultimately improved health outcomes is the Institute of Health Improvement (http://www.ihi.org ). This non-profit organization was founded by Donald Berwick, MD, former Administrator of the Centers for Medicare and Medicaid Services a number of years ago. They offer seminars and excellent information available through their web site.

Tools in a leadership kit as suggested by ASHP in the Leadership Resource Center (http://www.ashpfoundation.org/leadershiptooolkit/toolboxelix ) include:

- SWOT Analysis
- Strategic Resourcing
- Assessing Organizational Culture
- Stakeholder Mapping
- Force Field Analysis
- Six Thinking Hats
- Mind Mapping
- Brainstorming
- Reframing

When I am developing the concept for a potential project, research study, or service, my favorite tool is one that is familiar to CSHP members and that is the STP (Situation-Target-Process/Plan) method (http://www.cshp.org/sites/main/files/file-attachments/decision_making_for_effective_action.pdf).

Going to the national and state pharmacy meetings is a great way to see what is happening and who is doing what. There are often keynote speakers, presentations, and posters that are important to your learning about opportunities in the health care system and pharmacy. Make a point of going to the poster sessions especially at ASHP, APhA, and CSHP. Here you can gather ideas to help you implement or propose new services or programs.

**Discussion**

Being an effective leader doesn't just happen. You need to consciously review where you are, where you want to be, and what you need to do to get there. The ball is in your court; you can make it happen if you want it to happen. Any of us can have a title, but it's what you do with the title that makes you an effective leader. Remember, you do not need a title to be an effective leader. In its broadest sense, a pharmacy leader is one who assures and produces optimal health care outcomes for patients. However, the purpose of this article is to encourage you to act as an agent of change to make a difference, and to move your organization to excellence. We do have a choice of doing something or not. We can stay comfortable or be constructively uncomfortable. We can stay put or change. Once you’ve taken stock, and you’ve decided a change is in order, think about “leaders” with whom you’re familiar and think of them as mentors. Ask yourself what makes them effective leaders? Also, think of those whom you would not consider effective leaders and ask yourself why? We all learn from observing others. Then read about the art and science of leadership. Effective leaders have the intellectual curiosity that drives a continuous learning cycle which provides the impetus to learning many different things. Effective leadership is about providing a learning culture where employees feel engaged, appreciated, involved, developing, and where they enjoy the work and want to do more. There is a tremendous amount of personal and professional satisfaction that can be achieved by being successful at what you do: having your department, business, or operation considered the best; having employees recognized for their performance, attitude, and work; having employees engaged, wanting to come to work, wanting to do better, and taking pride in what they and others achieve (results). The pharmacy profession is a great platform for developing into a great leader. As mentioned in the beginning, great pharmacy leadership will be reflected in measurable data such as patient and caregiver satisfaction, medication error and adverse drug event reduction, reduced health care costs, and improved health care outcomes. The ultimate beneficiaries will be those receiving health care in our society.

I can’t think of a better way to learn more about effective leadership than to present the following interviews with three acknowledged pharmacy leaders from our CSHP membership. These interviews were conducted by three current PGY-2 Pharmacy Administration Residents completing their residencies in 2013. The leaders are (1) Diana Hendel, PharmD (CEO Long Beach Memorial Hospital) interviewed by Caroline Nguyen, PharmD (Cedars Sinai), (2) Paul Lofholm, PharmD (Owner, Ross Valley Pharmacy) interviewed by Joe Nguyen (VA San Diego), and (3) Rita Shane, PharmD (Director of Pharmacy, Cedars Sinai) interviewed by Megan Besinque, PharmD (Kaiser Permanente), so please continue to read and enjoy their discussion.
Leadership

Interview with Diana Hendel, PharmD, conducted by Caroline Nguyen, PharmD

CAROLINE NGUYEN, PHARMD
PGY-2 MANAGEMENT AND LEADERSHIP
CEDARS-SINAI MEDICAL CENTER

Caroline Nguyen is from Orange County, California and comes from a family of pharmacists. Dr. Nguyen received a Bachelor of Science degree in Biological Sciences from the University of California, Irvine and Doctor of Pharmacy degree from Loma Linda University. During pharmacy school, Dr. Nguyen interned at her parents’ independent pharmacies, Walgreens, and Redlands Community Hospital and was active in student chapters of APhA/CPhA, ASHP/CSHP, Rho Chi, and Phi Lambda Sigma. After graduating pharmacy school, Dr. Nguyen completed a PGY-1 acute care pharmacy residency at Montefiore Medical Center in Bronx, New York. Professional interests include specialty pharmacy, transitions of care, financial management, quality/performance improvement, leadership, and management.

Leadership interview – Reflections from Dr. Caroline Nguyen:
I would like to thank Dr. Rita Shane, Dr. Glenn Yokoyama and Dr. Mirta Millares for giving me the opportunity to contribute to this publication and Dr. Diana Hendel for taking the time to participate in the interview, as well as share her experience and knowledge with me. I found the guiding principles, authentic values, and purpose behind Dr. Hendel’s leadership style to be inspiring, refreshing and motivating. I hope this interview will serve to inspire other practitioners, new and seasoned, who also strive to be effective leaders and advance our profession with the changing of the times.

An Interview with Diana Hendel, PharmD

1. What is the difference between being a leader and a manager?
   As Peter Drucker once said, “Management is doing things right, whereas leadership is doing the right things.” We all manage many aspects of our lives at home and at work – processes, tactics, tasks necessary to accomplish specific goals. Leadership is, essentially, a way of being and interacting in the world. It’s an ability. It’s an art and a science. It is about being able to inspire and motivate others to contribute toward a unified purpose, vision, or mission. It is not dictated by role or title, nor is it about being in charge or in control – everyone can be a leader and optimally-performing organizations foster an environment which encourages all to see themselves as leaders.

2. How would you describe your Leadership Style?
I deeply believe that all of us want to be part of something greater than ourselves. The common thread that runs between us is our desire to connect to each other, contribute to a greater cause, and make a difference. I believe that effective leaders know that the whole is greater than the sum of its parts and that everyone is unique and important. I believe that having a genuine interest in others, authentically connecting with them, and helping people reach their maximum
potential are key attributes of leadership. Our organization is a team. It's not I, it's we.

My leadership style is a reflection of these beliefs, of my experience and personality type. I aspire to be authentic to myself and others, interact with compassion and honesty, practice self-awareness, actively listen, demonstrate integrity in my actions, face challenges with resiliency, and be a catalyst for transformation.

3. Describe your path to Leadership?
I graduated from the University of California, Irvine with a biology degree and pursued pharmacy as a profession because it offered a substantial amount of variety, was focused on therapy and outcome (preventing, healing, and curing), utilized analytical and critical thinking skills, and is very people-oriented. I graduated from UCSF School of Pharmacy and completed a PGY1 clinical residency at Long Beach Memorial. While I loved clinical practice, I was also interested in administration so chose to do a PGY2 administration residency at Long Beach Memorial. My PGY2 administration residency resonated strongly with me as it introduced a robust environment of new and various opportunities to learn and grow, intricate processes and structures to analyze, and individuals and departments with whom to interact. Over the past 22 years, I’ve had the opportunity to grow and advance within the organization through a number of progressively-challenging administrative roles. Currently, I serve as the CEO of Long Beach Memorial, Miller Children’s Hospital and Community Hospital Long Beach.

4. What would you recommend to new pharmacists who are looking for a leadership position: residency and/or fellowship in administration vs. working their way up in an institution? What about additional degrees/education such as MBA, MPH, ... are they necessary/beneficial?
There are many different paths to take to attain a leadership position, and certainly no single or right one for all. From my experience, an administration residency offers a great opportunity to have practical “hands on” experience and to see “behind the curtain,” if you will. But as with anything, the amount of effort put into it, influences the results. Having an additional degree (MPH, MBA) can be a competitive supplement in one’s career, but it does not replace experience and is often more beneficial after one has some work experience to draw on. My recommendation is to find ways to be a “leader” in your current role (volunteer for committees, say yes to projects above and beyond the requirements of your job), join CSHP and become active in local chapters, seek out mentor(s) – yes, having more than one can be very helpful and balancing, write your own personal mission statement, and “bloom where planted!”

5. How and why did you decide to become a leader or take on a leadership position?
Early on, I didn’t consciously seek to become a leader or assume a leadership position. That is how my life has unfolded. Now, I can’t imagine not being a leader in life – it’s my way of being in the world and has nothing to do with a title or a position. Looking back, it was my desire to learn and grow, to continually challenge myself, and to immerse myself in new things that influenced the leadership path that I consistently chose.

6. For those you yourself identify as great leaders, do you see a common skill or characteristic among them? To me, people who have exhibited greatness in leadership are those that are genuinely interested in moving groups to be and do more than what they think they can. They do not shine the spotlight on themselves and their accomplishments. Humility and the eagerness to see others succeed correlate well to development of groups that flourish.

7. Follow-Up: What are other skills or characteristics you think a great leader has?
A great leader is able to establish and communicate vision, inspire others, create organized decision making structures, and foster the development of teams, organizations, individuals, and themselves. A leader has the ability to identify and manage fear, take risks that have potential to advance the organization but that can’t sink the organization, be adaptable and flexible, and, importantly, have a sense of humor.

8. What critical skills do you wish you had developed earlier to help you throughout your career? Or less personal question: What critical skills do you recommend leaders learn earlier to help them throughout their career?
It’s difficult to say because every challenge, mistake, misstep, or success is an opportunity to gain and grow more skills. I’m fond of the saying, “When the student is ready, the teacher arrives.” We learn when we’re capable of doing so and broadening our self-awareness allows us to be more capable, more often. We can continue to learn many lessons from each situation as time passes. For instance, abilities that I’ve cultivated throughout my career, such as creating a vision (I didn’t appreciate the value of that early on), public speaking (was scared to death!), learning to ask questions (early on, I was more focused on having the answers), grew stronger and deeper over time and with more experience. A great foundation of
9. Were there particular courses that you took, articles you read, books you read, or similar resources that helped you develop your leadership skills?

One of the most influential and meaningful experiences I had early in my career was being actively involved in CSHP. I participated on the local level and also on the Board of CSHP, and the guidance and mentoring I received, as well as the formal structure, were invaluable. I think of the mid-90s, when I was most heavily involved, as a significant juncture and critically important to my career. Additionally, I had the opportunity to be a member of the California Health Leadership College and of the Memorial Academy, both of which are year-long educational programs that identifies leaders and focuses on healthcare finance, governance, strategy, decision-making, and group behavior. I am also an avid reader, I enjoy hearing presentations on leadership and I frequently work with an executive coach.

10. Many new pharmacists are trying to look for mentors. What suggestions would you make to them to help them find the mentor that is "right" for them?

I have generally had multiple mentors at once, some more involved than others, and some formal and some informal. It seems early on, we tend to gravitate toward mentors who are more like us, who are further down the road and can show us a bit of the path. Later on, it is important to find people who are different and have unique perspectives, as they will open your views and challenge your thoughts. If you would like someone to be your mentor, sometimes all it takes is to ask. Many leaders will recognize that they themselves benefited from people mentoring them and enjoy reaching back to help others along their path. And, as a mentor, I can assure you, I frequently learn as much from the relationship as does the mentee.

11. How do you identify pharmacists that have the potential to be a leader?

A few characteristics that I believe are signs of a potential leader are those who enjoy working with others and helping them develop, who like to develop themselves and alongside other people, have a vision, are curious about the future, like to learn, have good communication skills, can follow up well, and who volunteer and work extra to benefit the team.

12. What are the biggest benefits you have received from being in a pharmacy leadership position?

One of the greatest enjoyments and rewards of leadership I have found is being a part of group accomplishments at Memorial Care Health System. I feel privileged and honored to continue to enhance and develop an organization which benefits the community, and I feel strongly that it is my duty to leave it better, when handed to the next generation of leaders.

13. What are the biggest challenges you have faced in being in a pharmacy leadership position?

The biggest challenge I’ve learned is acknowledging and accepting that I can’t calculate or control everything. In fact, I have realized there is very little that I can actually control (parts of myself at most), and the best I can do is to accept situations and become flexible as they change. A second challenge would be remaining authentic and true to me. As a leader, your integrity, ethics, morals, and philosophies will be tested frequently, and is important to remain resilient in your beliefs. As a leader, it is important not to avoid uncomfortable situations or seek approval but to have the strength to stand and face any issue as it arises. As Robert Frost once said, “The best way out is through.”

14. How do you manage work-life balance?

With experience, I have found a work-life balance that works well for me. Like us all, I struggled with finding balance earlier in my career and life (and it’s an ongoing process). With age and experience, I have learned the importance of establishing boundaries and communicating trust in order to have a fulfilling life – whether at home or at work. I think of life as having many, indivisible parts, including work, home, family, friends. All aspects influence the others and can’t truly be separated, even if I’m momentarily focusing on one area. Overall, I practice eating well, getting enough rest, regularly moving and stretching my body, daily meditation, taking frequent (without electronic devices!) vacations, and laughter. I attempt to remain in the present (easier said than done) and regularly convey gratitude and thankfulness.

15. What advice would you give new practitioners who might be interested in being a future leader?

Regardless of role or responsibility, we are all capable of being leaders. Allow yourself to be a leader. I have learned that sometimes we hold ourselves back from our true potential from our own fear of failure. It is important for leaders to be self-aware and honest with themselves, have the courage to rise to the occasion and their potential, have the resilience to follow through, and the compassion to themselves to accept their own shortcomings, their own humanness. As an example, throughout the years, I have tried to eliminate the word “should” from my vocabulary and replace it.
with “could.” Amazing the impact it has on your perspective. Another piece of advice is to “Bloom where you are planted.” Do well where you are, and maximize your opportunities. Say yes to the opportunities that arise because it may lead you to the opportunity you want or are meant to take. Remember that growth and development are continuous and constant.

16. What are the biggest opportunities (and challenges) you see in the near future for pharmacy leaders?
I believe the greatest opportunity and challenge for everyone in healthcare will be to accept and embrace change. It’s becoming adept at the proverbial “having one foot on the boat and one foot on the dock” condition – which is our reality in healthcare. Change will be an ongoing constant for the rest of our careers, and we need to adapt to the fluctuations. We must have a strong foundation but also be able to take risks and flow with the changes that will inevitably come our way.

17. What is the driving force or inspiration that motivates you every day to perform the demands of the job?
I am deeply connected to my own purpose and meaning – which for me is to be an agent of service and compassion in everything I do and with everyone with whom I interact. This is what motivates me every single day, in every situation, and in every encounter. Furthermore, I remind myself daily that the patients we are caring for are often in their most vulnerable state. Sometimes it’s the happiest time in their lives – during a birth of a new baby, and sometimes it’s at the lowest times of their life – with the passing of a loved one. We are blessed to be there to share in their joy or help ease their suffering. My job is my calling.

18. What is one thing about you that most people don’t know and you are willing to share?
Something that most people don’t know about me is that my secret desire is to be singer/songwriter. Of course, I’m afraid of being on stage and have no musical talent, but it would be fun and exhilarating nonetheless!

19. If you had a crystal ball, what would you like to see for the profession of pharmacy in the future?
I would like us to continue to optimize and maximize our impact on patient care and make our voices heard to patients and other healthcare providers. We are and must continue to be leaders of change. The profession has a remarkable legacy and wonderful vision for the future – and I don’t think it takes a crystal ball to see that we have a terrific future ahead!

continued on page 52
**Poster Topics**
Topics can cover all pharmacy practice areas (acute care, ambulatory care, academia), and all topics including, but not limited to: pharmacotherapeutics, administrative practice, pharmacoeconomics, and medication quality and safety.

CSHP is particularly interested in posters which address the following:
- Outcomes of multidisciplinary activities or technological systems on patient outcomes or medication safety.
- Clinical, humanistic, or economic evaluations of pharmacotherapy-related outcomes.
- The roles of pharmacists and technicians in their efforts to optimize patient outcomes across the continuum of care.
- Public relations activities by institutions, regional chapters, students, and technicians promoting American Pharmacists Month and the role of health-system pharmacists and technicians.
- Unique practice dilemmas and solutions (case presentations).
- Pharmacy residency and fellowship completed research projects.

**Encore Presentations**
CSHP both accepts encore presentations and allows authors to present their posters at other association meetings (ASHP, Western States, etc.).

**Poster Presentation Categories**
CSHP will consider submissions of poster presentation abstracts in the following three categories:

- **Evaluative studies:** Completed original research, including reports on drug therapy safety or efficacy, pharmacoeconomics and outcomes studies. Poster presentations should include a summary of the following: rationale for the study, objectives, methods, analyses, results, and conclusions. CSHP will not accept statements such as, “Results to be presented or discussed.”
- **Descriptive reports:** Descriptions of new, improved, or innovative roles or services in pharmacy practice. Poster presentations should include the following: rationale for the study, description of the key objectives for the role or service and an explanation of the report's importance to current or future practice.
- **Research-in-progress:** Reports of incomplete evaluative studies that are currently in progress at the time of Seminar 2013. Research-in-progress reports allow investigators to benefit from peer review during the research process. Poster presentations should include the following: rationale for the study, objectives and a proposed plan for analysis.

**Driving the Future of Healthcare**

**SEMINAR 2013**

**CSHP**

**DISNEYLAND**

**OCT 31 – NOV 3, 2013**
**Sample Abstract**

**CLINICAL OUTCOMES OF CARVEDILOL VS. BISOPROLOL IN CHRONIC HEART FAILURE**

Widjaja M and Laghaei F. Clinical Pharmacy Operations, Kaiser Permanente, Vallejo, CA 94589; Email: 

**INTRODUCTION:** The ACC/AHA guidelines for managing chronic heart failure (CHF) recommend the use of beta-blockers (extended release metoprolol succinate, bisoprolol, or carvedilol) in all patients with stable disease unless they have a contraindication. However, whether one beta-blocker improves hospitalization and emergency department (ED) visits, in CHF patients, better than the others is still unknown.

**PURPOSE:** To compare the effects of carvedilol vs. bisoprolol on clinical outcomes in adult patients with CHF.

**METHODOLOGY:** Retrospective chart review of 574 adult CHF patients who were taking either bisoprolol or carvedilol between July 1, 2004 to June 30, 2005 at the Kaiser Vallejo Medical Center was conducted. Patients were required to be 18-80 years old with CHF New York Heart Association (NYHA) class II-IV, left ventricular ejection fraction (LVEF) <40% and appropriate CHF medications. Major exclusion criteria were class I anti-arrhythmic drugs, amiodarone>200mg/day, disease that may complicate management or poor compliance with treatment. Primary endpoint was combined hospitalization/ED visits. Secondary endpoints were changes in BP, HR, LVEF and symptoms improvement. Measures of symptom improvement include edema, shortness of breath, dyspnea on exertion, fatigue, orthopnea, and paroxysmal nocturnal dyspnea. First year outcomes after beta-blocker initiation were documented at baseline and quarterly thereafter. To detect a difference of 0.2 in hospital/ED visits with \( \alpha = 0.05 \) and \( \beta = 0.2 \), \( N=110 \) per treatment group was needed. For outcome analysis, the last observation was not carried forward.

**RESULTS:** 574 charts were reviewed; 221 subjects were included. Due to incomplete data, analysis was done at 6 month \( (N=183) \). The mean age was 67.3 vs. 59.6 years old and the mean LVEF was 25.5 vs. 24.6% for bisoprolol and carvedilol, respectively. The mean combined hospital/ED visits at 6 month was similar. Changes in BP and HR, symptoms improvement and LVEF at 6 month were also similar.

**CONCLUSION:** This study was limited by not being able to reach power for statistical significance. However, we observed that there is no difference in clinical outcomes between CHF patients using bisoprolol vs. carvedilol. Future prospective randomized clinical trials would be helpful in determining the impact of different beta-blockers on hospital/ED visits for CHF patients.

---

**Preparation of Abstracts**

The entire abstract must be limited to no more than 500 words, excluding title (120 characters) and author information. Abstracts should be prepared single spaced, with Arial font style and 10 point font. Type the title using all UPPER CASE. Authors’ names should be listed last name and first name; do not include titles or degrees.

**Submitting Poster Abstracts**

Poster abstracts may be submitted online by visiting http://cshp.org/seminar and selecting the “Posters” tab. If you require assistance, please contact:

Emily Han PharmD, FCSHP
2013 Seminar Management Team
Poster Session Chair
Email: seminarposters@gmail.com

**Poster Deadline**

The deadline for poster abstract submission is July 19, 2013. CSHP cannot accept poster abstracts submitted after this date. CSHP will send acceptance notices to authors in September. If CSHP accepts a poster presentation, it is understood that the person indicated as the presenting author will attend the poster session to present the work.

**Seminar Registration**

The presenting author(s) must be registered for Seminar. The poster submission will be withdrawn if Seminar registration or CSHP membership cannot be verified. Seminar registration is not complimentary.
Leadership

Interview with Paul Lofholm, PharmD conducted by Joseph Nguyen, PharmD

JOSEPH NGUYEN, PHARM.D
PGY-2 PHARMACY ADMINISTRATION
VETERANS AFFAIRS SAN DIEGO HEALTHCARE SYSTEM

Joseph Nguyen received a Bachelor of Science degree in Psychology from Arizona State University and a Doctor of Pharmacy degree from University of Illinois-Chicago. Dr. Nguyen completed his PGY-1 Pharmacy Practice residency training at the Jesse Brown Veterans Affairs Medical Center in Chicago, Illinois. Dr. Nguyen’s professional interests include management, pharmacoconomics, medication safety, leadership development, and strategic workforce development.

Leadership interview – Reflections from Dr Joseph Nguyen:
Dr. Lofholm’s career has taken a path throughout multiple facets of the pharmacy world, and it is by his fearless approach to accept new challenges for the betterment of the profession that many pharmacists have the increased roles and responsibilities that exist today. It is helpful to be in the right place at the right time, but more importantly, it is the initiative of the individual to take advantage of the opportunities, to be proactive, and to be an instrument of change.

An Interview with Paul Lofholm
1. What is the difference between being a leader and a manager?
   Leaders generally have vision in terms of where things are going and how to get there. Managers have responsibility for the day to day operations, but the leader really has the visionary perspective.

2. Describe your path to Leadership.
   If one is to become a leader, there is a common goal, organization or team which requires that someone provides direction or leadership. In order to begin this path, one must join (commit to) the group, participate and at least in Professional Organizations, be selected to its governing board. From those experiences I learned about current ideas, then how to effectively articulate those ideas so that others (peers) would be convinced as to their merit. Leaders are statesmen who can bring together diverse ideas into a common theme for the good of the organization.

   Soon after graduation I joined my local, state and national associations participating on the Board at the local association level and on a policy committee level at the national level. I became active as a practitioner, editor, and educator (UCSF). I implemented new ideas in practice such as patient medication records and taught the first Clinical Pharmacy Course at UCSF. I carried that concept to the Ross Valley Medical Clinic, a Group Practice of Medicine. My goal was to integrate clinical pharmacy practice with a medical group. I was also mentored by Dr. Don Brodie at the Pharmacy Branch, HEW, where I was a Core Consultant to his Branch.
I served on the CPhA Board of Trustees for eight years and was ultimately selected as its president; likewise I served on the American College of Apothecaries Board and was President in 1984. In my community I was selected as President of the Central Marin Rotary Club and a Commissioner for The Ross Valley Little League. Basically I joined the organizations, worked my way up the organization, learning more about their culture and then I was in a position to better lead the various groups. Good leaders are like a team's coach: organization, motivation, direction in who is to play, implementation, performance metrics and evaluation criteria. Leadership is the ability to make the most of what resources you have at your disposal.

3. What would you recommend to new pharmacists who are looking for a management or leadership position: residency and/or fellowship in administration vs. working their way up in an institution? What about additional degrees/education such as MBA, MPH; Are they necessary/beneficial? What we try to do in a residency is try to take 10 years of experience and condense it into one year. People are fast tracking to learn how to function, whether administratively or clinically. In hospital practice, if one wants to rise up in the ranks, then a residency is a mandatory issue. The negative is that we don't have enough residencies in this state or this country to train recent graduates. A lot of pharmacy students can't find work so one of the things they might attempt to do is go into a residency, but once the residency is done, we have to be able to do something with it. Why do we need a pharmacist as an administrator? Wouldn't it be better to have someone who is trained in business or other such things as that? In the 1990s, we had a lot of pharmacy chiefs lose their jobs because hospital administration decided they were paid too much and allegedly they did not have the necessary skill set and they didn't make a significant administrative contribution. If you're going to overcome that problem, then you've got to have an MBA in order to compete at the level of administration as we now know it. It could be a degree in hospital administration or an MBA, but whatever it's going to be, it's probably going to take that kind of education and experience to at least be offered a leadership position. I think that it's difficult unless you're an outstanding person or you take educational courses along the way to rise from a staff pharmacist to a hospital administrator or chief pharmacist. I've been disappointed that hospital administration has downgraded pharmacy services and said all we need is a good administrator. I think that the profession and the residency choices have allowed us to provide better trained people with pharmacy backgrounds to become administrators.

4. How and why did you decide to become a leader or take on a management or leadership position? I put myself in a position to be asked to do those kinds of things, and I don't think it's anything to be afraid of. If you do decide to take that role, there probably will be extra responsibilities placed on you, and you're going to have to spend more time in that particular activity. In order to decide what you're going to do, you need to think more deeply about where the organization is, what they want to do and where they are going. Sometimes your peers will select you, and if you want to do it, it means that you're willing to put in the time and effort in the organization to make it happen and be the leader.

5. For those you yourself identify as great leaders, do you see a common skill or characteristic among them? There are those leaders again that just want to maintain where they are. I tend to be more forward thinking for a new role, opportunity, or activity. When I joined Ross Valley Medical Group, the question was how I was going to integrate pharmacists with this particular group. I had to pick my battles and figure out how to move ahead and represent the role of the pharmacist, so it was common for me to leave the pharmacy, walk the halls, and develop a relationship with physicians and nurses. I would share a few pearls that I thought were appropriate in their specialty and to offer the expertise of the pharmacist.

6. What critical skills do you recommend leaders learn earlier to help them throughout their career? [Looking back, what would you have wanted to know earlier in your career path?] In terms of their clinical skills, they need to know at least enough to get the job done. You don't have to be a physician to understand it, but you need to understand the diagnosis and having understood that, how does the pharmacist apply that knowledge to better patient care. You have to have enough knowledge to deal with that subject. You need to be able to articulate what you know and integrate that with the team, offer a sound recommendation.

7. Were there particular courses that you took, articles you read, books you read, or similar resources that helped as you developed your management and leadership skills? I've taken various courses and lectures that dealt with the leadership side. I attended two Northwestern University's courses in business, and had an opportunity to see how corporations might think versus how I might think as an individual. I have taken a course...
in problem solving by mapping and studied the Deming Approach to improving quality. The associations provided leadership courses as well as the Rotary Club. All of that training brings together a picture of what leaders need to do and what they need to understand. Depending on what your answer, do you need to understand budgets, people, drugs, patients, clinicians…what is it that you need to do? You need to study those intensely to rise in that particular area.

8. Many new pharmacists are trying to look for mentors. What suggestions would you make to them to help them find the mentor that is “right” for them? A mentor can help the resident refine the issues at hand and offer options how to solve those problems. Mentors need the time and willingness to meet with the Resident. Residents need to bring issues or curiosities to the discussion to seek advice, solutions, and the development of a critical path and understanding of the problem at hand. Foremost there must be great communication with an open mind to end up with a successful discourse.

9. How do you identify pharmacists that have the potential to be a leader? Sometimes by their actions, they will show leadership ability. Particularly for pharmacists, they tend to be shy; they tend not to step out there so if you can line up 100 pharmacists and review briefly what they’ve done, someone has stepped out there and are likely to be a leader. One of my students asked, “I have 4 different people to write a letter for me. Who ought I have write for me?” I said it doesn’t matter who they are or what their specialty is, they’re going to talk about you as a person. The real issue is can this person communicate, get along with others, knowledge of subject-matter, etc. While writers of recommendations are appropriate, if you select someone, it’s really a discussion of you as a person. In that discussion and by your CV, if you have leadership roles, they jump off the page. So you’re looking for those kinds of activities and how broad based they are. You would like them to cover a different spectrum of ideas and can communicate. We need to be able to demonstrate that as part of our skill set. And ideally, not only talk to people but lead in an organization, that’s even better (critical thinking skills).

10. What are two of the biggest benefits you have received from being in a pharmacy leadership position? From the benefits side, it’s an awareness of things going on beyond my community. So, it’s one thing to have knowledge about pharmacy in the county or Bay Area, it’s another thing to have knowledge of what’s going on at the state and/or federal level. In order to see what the problems are from a visionary point of view, you need to have a little bit of broader perspective than what your practice is like. In terms of the challenges to make those things happen, there are a lot of things in this world that you want to tackle, but there’s not enough time or energy, so you have to pick your battles to move the profession along. Part of the vision or leadership, is what can I do or what will the team let me do, and how far out there do I want to be, and be successful. You can have a lot of futuristic ideas, but if you’re so far out in front that no one gets it, then you have a problem.

11. What are two of the biggest challenges you have faced in being in a pharmacy leadership position? Reimbursement is a problem, provider status is a problem. What to do about the amount of students that we’re turning out, the jobs for them and what’re we going to do about that situation. The need for some chain stores to expand their professional
services beyond putting the right drug in the bottle. The need for hospitals to develop transitional care programs with services offered in the community. So there are plenty of challenges in terms of how to work, get along, and do things. I've been fortunate enough to be with a medical group, so I had not only the pharmacist perspective but how the physicians dealt with patients and the problems they faced, to be associated with them, and again to have a little bit of broader perspective than you might normally have. There is a community pharmacy attitude that we're going to drive wages down by having more technicians and fewer pharmacists, so not everyone can find a job. And that has sort of happened over time. So it'll be interesting to see how pharmacists end up 10 years from now. If you're only in it for the money, that's one thing. If you're in it for other things, you'll always find your place. You might not be the richest person, but you'll at least be satisfied.

12. How do you manage work-life balance?
First of all, you have to recognize that you have to do it. In my early years, I worked 5½ days/week working all day, eat dinner, and working 4 hours more. On one hand, I come from a family of 18 pharmacists, including my wife and 2 daughters, so it is somewhat integrated. On the other hand, we try not to talk about "shop" when we're together. The other thing I personally did was to take advantage of our relative youth, versus waiting until retirement age to do stuff. We took trips and had a family experience together. You need to have some sort of balance. I never took a day off during the week to play golf or stuff like that. I was pretty much working during the week and I had support from my family to take on leadership roles and travel some. One of the questions is how much is a resident supposed to work? Is it ok to work, 40 hours a week, or 50, 60, 70, or 80? The bottom line is you will be much more productive and creative if I give you 40 hours a week and 40 hours to do what you wish to do.

13. What advice would you give new practitioners who might be interested in being a future manager/leader?
There are a couple of different levels. For associations, one of the limits is, will the boss let me take the day off to do that? I encourage my own employees to take advantage of association activities and pursue further education. The main issue in management is that most people who just graduated are never put into management positions. How do they get there? By working, doing extra things so they get noticed by those in a position to promote them, and therefore be able to rise to that occasion. It's your personal motivation and willingness to go the extra mile. The question is where you will be 10 years from now. Is this the right path to get me there? The question is are you going to be a manager of a pharmacy or a manager of multiple departments in a hospital or a store manager, and what are the risks and benefits of doing that. Those who are willing to become managers volunteer but they may not totally understand what they will have to do. If you want to be manager, you have to have people skills to maximize productivity and be able to give the employees the tools needed, or to figure out how to get the tools to maximize their productivity. In my practice, if I'm dealing with a management problem or trying to encourage a manager, I may delegate a patient or business issue to the person. You have to have an overall understanding of what's around you to be an effective manager. Management is an awareness
Leadership

of all the important things that need to happen. For a younger person, you have to teach them about awareness about how to make adjustments. It's always a learning experience, even in management. It doesn't have to be the right decision every time but you have to have that experience, so that when your time comes, you can do the best job you can. The issue is, we can all do things, but if we don't have somebody to talk with us or even reflect on our own, then we may not grow as fast as we could.

14. What are the biggest opportunities (and challenges) you see in the near future for pharmacy leaders and managers?
From the outpatient point of view, the question is how we can deliver services that are effective. The current hot button is transitional care services, if for no other reason, to prevent readmissions. Part of the reason is the economics. Do they have enough to meet the demands of a patient coming out of the hospital today and how are we going to accomplish that?
Then the question is who pays for it. So one of our challenges is to make that happen and from a hospital point of view, there is an economic penalty if readmissions occur. The provider status is a problem, so how do we get pharmacists paid to be providers because otherwise we are pretty much regulated to dispensing type functions for economic purposes. Forty years ago I would not have imagined that a chain store was a destination but today that is different; society has changed, has pharmacy?

15. What is the driving force or inspiration that motivates you every day to perform the demands of the job?
It is the response of the patients. I try to interact with people as much as I can, not that I can do it all the time. How are you feeling, how is your medicine working, any problems with it, etc. That's what drives me on. I've done a pretty good job of addressing questions in my community so I get a lot of questions thrown at me. The stuff we're talking about here in terms of management, what it really amounts to, are the relationships that are developed. I volunteered at a free rotary clinic, so I developed a relationship with those folks and maybe someday I will need a grant and they'll fund it. Looking down the road, you don't have to hit a home run today but hopefully 10 years from now it will pay off.

16. What is one thing about you that most people don't know and you are willing to share?
In my past, I have been a musician, starting with the trumpet then switching to sousaphone. After that, I wanted to play in a dance band, so I taught myself to play string bass. So I am a string bass, tuba, sousaphone musician and someday I will get back to that. I have a tuba at home right now but I haven't gotten it out in a while. Even that teaches you a certain amount of discipline, rhythm, music, etc. and I think overall helps ones growth.

17. If you had a crystal ball and could look at pharmacy practice 30 years from now, what would you see?
I see pharmacists as practitioners. I see them as at least short run medication managers between physician visits to make sure that they are meeting goals and also to make sure they aren't having any major effects to the medication and to make sure they aren't having any effects from one drug interacting either positively or negatively with another. The model says that pharmacists interact with patients more frequently than any other health professional. I'm also interested in pharmacogenomics and have studied a little bit about that and exploring the role of the pharmacist to assess genetics with respect to drug metabolism. When physicians can't figure out why a patient doesn't respond, is there a genetic basis for it; what does the pharmacist think?
Interview with Rita Shane, PharmD, FASHP, FCSHP
conducted by Megan M. Besinque, PharmD

MEGAN MARIE BESINQUE, PHARM.D
PGY2 RESIDENT – PHARMACY ADMINISTRATION
KAISER PERMANENTE DOWNEY MEDICAL CENTER

Megan Besinque earned her Bachelor of Arts degree in Psychology from the University of Southern California in 2006 and her Doctor of Pharmacy degree from the University of the Pacific in 2011. During pharmacy school, she worked as an Intern Pharmacist for Rite Aid where she gained familiarity and appreciation for pharmacy in the retail setting. In 2011, Megan completed her PGY1 Pharmacy Practice Residency with an emphasis in Ambulatory Care at the University of Southern California - School of Pharmacy. Megan has elected to do a second year specialty residency in Pharmacy Administration to further develop herself as both a pharmacist and a manager. Her professional interests include pharmacy management, drug use management, and transitions of care.

Leadership interview – Reflections from Dr. Megan Besinque:
As a resident specializing in pharmacy administration and management, I have had the pleasure of working with many extraordinary pharmacy leaders. Being a part of this leadership article has afforded me the opportunity to again, work with great pharmacy leaders, including Dr. Rita Shane, Dr. Glenn Yokoyama, and Dr. Mirta Millares. I’d like to thank Dr. Rita Shane for her many words of wisdom and for taking the time to participate in this interview. Dr. Shane is an outstanding example of a true leader in the pharmacy profession and I know there is so much that I can learn from her experience and knowledge, and to be able to share that with others through this article is really an honor and a privilege. It was such a pleasure and a wonderful experience to interview Dr. Shane and I believe the responses she provided are very inspirational and will give future generations of pharmacists a good foundation of what it means to be a leader and how to pursue that journey!

An Interview with Rita Shane

1. What is the difference between being a leader and a manager?
   A manager is someone who is responsible for ensuring the specific organizational and departmental initiatives are implemented and effectively working with staff and other disciplines and following up to make sure what was intended to be implemented was indeed implemented. Dealing with issues around operations (clinical, financial, technology and HR) also become part of the scope of a manager.
   
   A leader sets a vision for the department and works with the team both internally and externally to influence change in practice and to elevate the level of professional roles within the organization. They have responsibility for ensuring the management is effective from a safety, quality, cost perspective, but also to set the stage for the next steps, looking ahead instead of reacting. Managers take on this role as well but the leader really sets the stage for how to move the profession of pharmacy forward.
I have worked with managers who also have vision but their scope may not be as big picture. Managers do have vision but the scope may not be as broad depending on their areas of responsibility and their engagement in the profession.

I believe one is more professionally involved as a leader, and that intellectual curiosity is one of the attributes of people who are leaders.

Sarah White described the concept of big L little l. Little “l” leaders exist within every component or aspect of pharmacy practice. They may not be leaders by title but they have a vision for what needs to be done in the areas in which they work and take ownership of their area of responsibility whether they are clinical specialists, sterile compounding pharmacists or pharmacists working in community pharmacies.

2. Describe your path to leadership?
I have had leadership roles throughout my education including pharmacy school. My primary motivation has been to change the way things are in order to move the profession forward. I started as an intern pharmacist and worked in pediatrics after graduation. At the last minute, I decided not to do a residency because there was a shortage of hospital pharmacy positions and an opportunity existed at Cedars-Sinai. A residency, while desirable, would have meant that a position would not be available the following year. I decided to make a commitment to learning as if I was in a residency to develop as much knowledge and skills as I could in the area of pediatrics. I was inspired by a mentor who was a pediatric specialist during one of her clerkships in school. I dedicated a great deal of time to acquiring knowledge – reading textbooks and journals in pediatrics, spending many hours of my own time in the medical center library (pre-internet days) and reading in the evenings and on weekends. My next position was as clinical coordinator for two years then assistant director for six years and then I became director ten years after graduation. I decided on pharmacy as a profession at the age of 16 after evaluating all of the health professions. I felt that I would be able to complete my education by the age of 23 and have the option of working part time once I had a family…but that part time part never happened.

3. What would you recommend to new pharmacists who are looking for a management or leadership position: residency and/or fellowship in administration vs. working their way up in an institution? What about additional degrees/education such as MBA, MPH? Are they necessary/beneficial?
Residency is really important for a number of reasons, not just for acquisition of knowledge and skills but also to develop communication skills which are critical in management and to be a leader. Possessing clinical knowledge and communication skills are prerequisites to being credible and effective when interacting with different stakeholders – especially physicians.

One recommendation would be commitment to life learning and keeping abreast of current scientific literature including clinical guidelines. Generally PGY1 training provides the foundation for learning and exposure to different elements of pharmacy practice that one cannot possibly get in three or four years of pharmacy schooling.

Residency training and experience supports the development of confidence. Developing confidence in one’s ability to communicate is important. PGY2 training definitely helps with this because it provides so many opportunities for growth and development…how to improve yourself and
communication skills and gaining exposure to the context of the healthcare environment.

With respect to earning a Master of Public Health (MPH) or Master of Business Administration (MBA), waiting until one has a few years of experience may be of value. It's something that you can acquire after some level of a supervisor or manager role. A lot of people elect to go back to get these degrees in order to acquire the skills or to ascend higher into an organization. They may have more value that way. I elected not to do that because I love pharmacy too much. Experience managing other departments (home care and physical therapy and vascular imaging, nutrition and dialysis) is valuable, but people who want to ascend seem to go through the advanced trainings. It is an individual decision, not essential. One can commit to learning without getting the degree. The MPH gives global perspective and interesting dimension. The MBA is more business and they are both value added but it really depends how much one wants to learn and develop without those degrees. It is a question of how one wants to spend their time. These degrees may be important for individual who wants to move up in traditional healthcare settings or moving into another sector of healthcare may help getting those degrees (managed care or industry).

4. For those you yourself identify as great leaders, do you see a common skill or characteristic among them?
   - Individuals who have a lot of initiative, tend to go into leadership roles.
   - Those who want change or who aren’t satisfied with the way things are.
   - Those who possess critical thinking skills. People who can look at a situation and identify what’s wrong with the picture or identify opportunities, optimists.
   - They must love pharmacy.
   - Positive people (negative people don’t go into leadership roles).
   - Passionate, possibilities instead of barriers.
   - Follow through – figure out who you can depend on.
   - Establish and nurture lifelong friends.
   - Initiative and follow through.
   - Communication skills, both written and verbal; definitely affected by residency experience – residencies push individuals to develop verbal and written communication skills.
   - People who have the ability to influence others, influence change.

5. What critical skills do you recommend leaders learn earlier to help them throughout their career? [Looking back, what would you have wanted to know earlier in your career path?]
   - Project management skills to effectively think through the many steps in implementing programs, technology, and essentially anything new in an organization including identifying all of the various stakeholders and impact on each individual discipline’s workflows.
   - Basic software skills (PowerPoint, Excel, Word).
   - Effective presentation skills and packaging content to be communicated – learning how to succinctly and effectively communicate information to various audiences is important whether they are decision-makers, staff or other health care professionals. Learning how to think and communicate via PowerPoint is very useful. Strategies include clearly stating background and goals, using objective data and providing the rationale for recommendations. Credibility is established based on one’s knowledge of the subject matter and anticipating questions. The actual presentation is generally more effective if it is to the point.
   - Were there particular courses that you took, articles you read, books you read, or similar resources that helped as you developed your management and leadership skills?
   - Courses in dealing with people and how to address motivational vs. ability problems with staff. Skills in working with people (Human Resource Management) are essential since the success of a program or department is based on the performance of each individual.
   - Favorite books include: Built to Last (Collins and Porras) and Good to Great (Collins). Built to Last describes companies that have withstood the test of time (50 years or more) and how they evolved to meet the needs to their clients and stakeholders. Good to Great describes key attributes of successful companies.
   - One of the essential attributes of successful companies is “getting the right people on the bus!” Individuals whose values and goals are aligned with an organization play a critical factor in its success.
   - Creating a vision involves having “big hairy audacious goals” (BHAGs) – metaphorically this means having a stretch goal and sharing the vision to get traction and inspire people to rally around it in order to achieve the vision. Shane’s BHAG is that wherever patients access the healthcare system, they know to ask for a pharmacist to go over their medications with them.

6. Many new pharmacists are trying to look for mentors. What suggestions would you make to them to help them find the mentor that is “right” for them?
   - You need more than one mentor; ‘mentworking’: finding multiple mentors throughout their career or simultaneously.
   - Look at people in leadership roles in pharmacy, national and C.A.
   - Read a lot to see who is publishing, who is presenting at meetings and try to meet them if you’re interested in those topics.
In general, I have always gone after people who are leaders in areas in which I am interested.

It is valuable to have mentors throughout your career and across different areas of the profession and even outside the profession.

As you develop in your career you transition from mentee to mentor. Eventually it becomes a two-way interface.

8. What are the biggest benefits you have received from being in a pharmacy leadership position?

• Working with excellent people – both within the department (hired managers or residents) and externally in the organization and professionally.

• Life-long friendships because of being in a leadership role; reaching out to meet people doing great things for health system practice. It’s been really amazing. ASHP is friends and family week: “her Disneyland” according to her daughter. Satisfaction in working with people professionally and personally.

• Mentoring people – the opportunity to work with people and watch them grow. Watching what the residents do with the skills they learn.

• Watching my managers develop. Going to managers with an idea and looking to them for their input and direction is rewarding and fun for her.

9. What are some of the biggest challenges you have faced in being in a pharmacy leadership position?

• Working with individuals who don’t understand the scope of pharmacy – pharmacy is complex and consists of multiple dimensions and there are some people that just don’t understand all of the many aspects of pharmacy.

• Physicians are the most important advocates because if they have positive experiences interacting with pharmacists, they will request having pharmacists working with them as part of the healthcare team.

• Getting the “right people on the bus”.

10. What are the biggest opportunities (and challenges) you see in the near future for pharmacy leaders and managers?

• Financial challenges, changes in reimbursement will affect pharmacy practice very directly. We will have to demonstrate value based on our impact on quality, safety and cost of patient care.

• Competition with Nurse Practitioners, Physician Assistants and other physician extenders. These clinicians may be less expensive from a salary standpoint and have a broader scope of practice with prescriptive authority. Both short and long term.

• Specialty areas of pharmacy will continue to provide opportunities based on the complexity of medications for high risk populations and recognition of the value pharmacists provide to patient care.

• Transitions-of-Care provides new opportunities for pharmacists to ensure accurate medication handoffs as patients move from one setting to another.

• Future economic constraints may result in centralization of pharmacy services and downsizing of staff.

11. If you had a crystal ball and could look at pharmacy practice 30 years from now, what would you see?

• Pharmacists in key specialty areas such as oncology, pediatrics, cardiology, infectious disease, critical care and transplantation serving as a key member of healthcare teams in acute care settings. A number of these will also see patients in the ambulatory care setting.

• Pharmacists serving as case managers across the continuum of care ensuring that high risk patients have routine follow-up whether in the ambulatory setting, (e.g. medical homes) or via technology enabled communication to ensure medication adherence and literacy. These case managers will also include pharmacy specialists who are responsible for populations of patients on high cost targeted disease specific therapies and immunomodulators to ensure safe, effective and rationale use.

References:

A PIC Survival Guide:
Migrating from Survival to A State of Constant Readiness

BLAIR ELLIOT FRATER, BSPHARM

ABSTRACT: Developing holistic strategies to deal with regulatory compliance, staff development, and staff/patient/nursing/physician satisfaction, can present the modern California Pharmacist in Charge (PIC) with many challenges. In this article, a framework of strategies and tactics is shared that will assist the aspiring PIC to migrate from a stance of survival and reactivity to a positive, progressive attitude of constant readiness: ready to move in any direction and respond to any need.

Developing a Best Practice Environment

A most important consideration for a Pharmacist In Charge (PIC) is not how regulatory challenges are addressed or what strategies need to be developed and implemented to successfully provide safe medication use within their organization, but rather how her or his team is assembled and mentored into providing a best practice patient care model. The mandate for the State Board of Pharmacy is derived from the premise that the citizens and patients who are admitted to our hospitals are well taken care of in the safest manner possible. Best practice patient care is what our regulatory providers strive to put into practice across our state; pursuing that model is the essence of what our collective efforts should be geared towards. The process of navigating towards best practice patient care and the tactical mentoring of your staff to embrace and work towards that goal will contribute to improvement in staff satisfaction, move physician and nursing support from good to great, and will positively contribute to superior patient outcomes.

There are many articles, books and examples of how to succeed as a pharmacy leader. Succeeding as a pharmacy leader is not the driving force behind this paper, but it is an important functional requirement for you to help your staff migrate from a stance of survival and reactivity to a positive, progressive attitude of constant readiness. What do I mean by constant readiness? When the hospital overhead paging system announces: “The hospital welcomes The Joint Commission”, or you receive a page from an Administrative Secretary that California Department of Public Health (CDPH) pharmacists are in the Chief Executive’s Office and are there to perform a Medication Error Reduction Plan (MERP) survey, your blood pressure should not be affected. Instead you calmly and confidently assemble your team for a quick huddle, validate assignments that have been practiced through repetition, perform sweeps of all pharmacy areas to assist nursing with final preparations, and report to the CEO’s ready room knowing that all bases have been covered.

Staff Development

Foundational and fundamental tactics for PIC success relate to staff development. Hire the best people you can recruit for your operation. Ascertain their best individual aptitudes and skills. Provide pathways for competency development and the honing of their abilities. Mentor and support them to fulfill their potential and as that potential is realized, provide positive and supportive feedback. Leadership can manifest in many ways. Some of the foremost characteristics for success includes the realization that you need to be a facilitator before being a leader, and a mentor before being a tactician. Providing

Author Information:
Blair Elliot Frater, BPharm
Sharp Healthcare
Clinical Effectiveness
8695 Health Center Drive
San Diego, California 92123
United States
760-484-8653
760-484-8653 (fax)
blair.frater@sharp.com
an environment for practitioners to flourish and develop will add exponentially to your ability to provide a holistic approach of progressive development where the best patient care and safe medication practice can thrive. Support the ability for your colleagues to apply their skills and turn them loose to perform their best. Provide them constant and positive feedback about their successes and what improvements might lead to better care. Educate and strive towards developing a shared need for continuous improvement and for the achievement of a state of constant readiness, ready to move in any direction and respond to any need. Pave the way for them and they will surprise you with how creative they become while attaining the goals of what will become their overall strategy.

Self Development
While your staff continuously improves, it is also necessary for you to continuously hone your own set of tools. To be an effective leader, manager and PIC requires a different skill set than what needs to be developed to perform clinical or distributive pharmacy work. Take full advantage of leadership training opportunities. Challenge yourself to meet new people at meetings or activities. Ask the people you meet open-ended questions and remember to listen and learn the pearls that are presented to you. Provide your new colleagues with your contact information and make a point of fostering relationships after your initial encounter. Reach out to them when you need information or someone to bounce ideas off. Respond to them in a timely manner if they reach out to you. Developing your professional network provides you with resources to help you when you have a question or problem, and friendship when you feel the need to connect with individuals who are experiencing the same challenges that you face.

It is important to recognize the difference between management and leadership. This has been stated in many different illustrative ways, but Peter F. Drucker states it best in “Essential Drucker: Management, the Individual and Society”: “Management is doing things right; leadership is doing the right things.” As a PIC you will be required to acknowledge the importance of both and to assure that both equations within the formula are being satisfied.

Mission, Vision, Strategy, Tactics
There are many strategies and tactics for success that make up an overall strategic plan that can help to define and guide a leader’s approach. An old quote, attributed to Sun Tzu, a Chinese military general who lived more than two millennia ago, states it in a remarkably topical manner: “Strategy without tactics is the slowest route to victory. Tactics without strategy is the noise before defeat.” The relevance of Sun Tzu’s ancient perspective to modern pharmacy strategic planning bears some scrutiny.

Before tactics comes strategy. Before strategy comes vision. Before vision comes the development of a mission. How you define the goals of your mission should have a significant impact on the components of your personal vision and how you bring that vision to life within your department and how your department meshes into the framework of the organizational mission, vision, strategy and goals. The components of your vision become the tenets of your overall strategy, and the tactics you employ will break your strategy into meaningful, attainable, and measureable tactical goals. The tactics you use to accomplish your strategy form the basis of your daily action planning and work.

Developing a meaningful strategic plan should be based on clearly defined “SMART” goals – Specific, Measurable, Attainable, Realistic, Timely. It is key to update the plan annually or more frequently if necessary. It should clearly align with your hospital or health system goals and should contain shared metrics. It is very important to involve your pharmacy staff, nursing leadership, medical staff, and administration when creating and revising the plan. This is not a place for silo mentality. It is very important to track your progress and to report your ongoing results to all stakeholders. Presenting your data in dashboard format can be very effective and can allow for the presentation of progress in a chronological manner.

A Few Words About Accountability
As a Pharmacist In Charge, you are accountable to the California State Board of Pharmacy. You are accountable to your organization, the California Department of Public Health (CDPH), The Joint Commission (TJC) and above all the public you serve. To serve all of your constituents well: patients, caregivers, physicians, nurses, ancillary care workers, regulatory agents, your leadership team and others, it is essential to spread the workload. This can be accomplished by weaving smart goals that address organizational and regulatory issues into the job descriptions of your staff. There may be someone on your staff who has a knack for teasing out the subtleties of regulations, statutes and standards. A personal goal woven into that person’s annual evaluation will help to formalize that knack into a meaningful metric for that individual’s performance. If you do not have the luxury of having a dedicated Safe Medication Practice Pharmacist, then another individual who has an interest in Medication Error Reduction Plan (MERP) development might have an annual goal in their evaluation that addresses the MERP survey process. Of course the time to perform work associated with Safe Medication Practice, the MERP, attaining compliance with The Joint Commission standards, work associated with Antibiotic Stewardship etc. needs to be made available so that individual goals are attainable. Achieving this requires working closely with nursing leadership, and the education of...
your Chief Financial and Chief Medical Officers and others who can influence budgetary and productivity decisions.

**Other Foundational Tactics: The Nursing, Physician and Mentorship Connection:**

No less important than pharmacy staff development is engagement with the nursing leadership team and nursing staff, physician leadership and key physicians, and the support and encouragement that mentors can provide to your development and success. A quick review of the MERPs eleven medication use processes defined by CDPH (prescribing, prescription communication, product labeling, packaging/nomenclature, compounding, dispensing, distribution, administration, education, monitoring, and use) reveals that physicians and nurses share the many components of the plan and survey process. The successful PIC should always be in a mode of proactive engagement with nursing and physician leaders throughout the organization. Direct ongoing engagement, well placed education efforts, and securing a place at the decision-making table will help to assure that the shared components of the MERP and the Joint Commission and CMS’s Conditions of Participation are deliberated, and addressed.

**About Mentorship and Networking**

Mentors will find you. Pay attention when they appear. It can be a Director or Manager from another organization or within your hospital or from another department, service or field of expertise. It can be a pharmacy student under your tutelage that asks the right question at the right time that stimulates you to find the right answer, thus continuing your own education. Being an active, learning leader and manager is all about listening and learning from those who surround you and who assist with your ongoing education. Your mentors will want you to succeed as much as you want to succeed.

**The Nuts and Bolts of Regulatory Compliance**

Information originating from the California Department of Health Services, The Joint Commission and other entities that assist with the development, implementation and measurement of patient centered quality initiatives should be an area of constant attention for a PIC.

Think of regulatory compliance in terms of several basic steps you need to follow when preparing for surveyors: Be sure to read and study the laws, regulations, and standards that apply to the hospital environment. Perform a gap analysis to determine areas of weakness. Don’t do this in a silo. Include nursing personnel during the analysis. Design and implement resolutions to fill the gaps. Make sure the policies of your organization address compliance with the laws, regulations, and standards. Through audits and observation, make certain that practice and policy match.

There are five key areas of regulatory focus for hospital pharmacy:

- California Board of Pharmacy Laws and Regulations
- Title 22, Division 5, Chapter 1 (Acute Care Hospitals)
- TJC The Joint Commission (Medication Management Standards)
- Medication Error Reduction Plan, CA HSC 1339.63 (MERP Law)
- Centers for Medicare and Medicaid Services (CMS) Conditions of Participation (COP), (42 CFR Part 482.25Pharmacy Chapter and 482.23(c) Nursing Chapter – Preparation and administration of medications).

Let’s look at each of these.

**California Board of Pharmacy Laws and Regulations**

The website for the California state Board of Pharmacy is well designed and easy
Being an active, learning leader and manager is all about listening and learning from those who surround you and who assist with your ongoing education.

to navigate. Spend time reviewing its contents so you become familiar with what is offered. Among the useful links that you should have stored in your favorites, include the one that gives you access to the 2013 Lawbook for Pharmacy: http://www.pharmacy.ca.gov/laws_regs/lawbook.pdf.

If you have just become a PIC, or have just had a new pharmacy permit issued for your hospital pharmacy, you must remember to perform a Hospital Pharmacy Self Assessment. The assessment also needs to be completed before July 1st of every odd-numbered year. Add it to your calendar so you don’t forget. The primary purpose of the self-assessment is to promote compliance through self-examination and education. As such, you don’t have to mail it in, but must have the completed form available for inspection. The other assessment that needs to be completed is the Compounding Self Assessment. The same requirements for completion apply for a new PIC and for the biannual review. Be sure to study and implement the requirements of the Sterile Injectable Compounding sections. In particular, review the Sterile Injectable Compounding Quality Assurance and Process Validation (CCR 1751.7) section and be prepared to demonstrate your compliance with all of its inclusions. The assessment forms are available on the Board’s website or at:

Hospital Pharmacy Self Assessment:
http://www.pharmacy.ca.gov/forms/17m_14.pdf

Compounding Self Assessment:
http://www.pharmacy.ca.gov/forms/17m_39.pdf

One very helpful aid is to create a State Board of Pharmacy Binder with inclusions such as: past inspection reports, pharmacy self-assessments, copies of employee licenses with renewal dates, master list of pharmacist and technician initials, PIC power of attorney, DEA inventory (bi-annual), inpatient pharmacy license, DEA license, contracts with other pharmacies that provide services, job descriptions, competency program, and any other inclusions you think a PIC surrogate might need in your absence. My binder contains essential reference documents that can be referred to during a Board inspection, and it has been a valuable tool for others to use when inspectors have scheduled a visit without checking my vacation calendar.

**Title 22, Division 5, Chapter 1 (Acute Care Hospitals)**

Title 22, primarily section 70263, is enforced by the California Department of Public Health. There are many parallels between Title 22 and the CMS Conditions of Participation. Common citations are given for several of the sections on a fairly consistent basis, so it behooves the aspirant PIC to pay close attention to the details of Title 22.

Surveyors will review Pharmacy and Therapeutic Committee minutes to determine if policies have been appropriately approved by the governing body, including administration and the medical staff. The surveyor will spend time in the nursing units to evaluate whether practice adheres to policy. There should be no surprises because the ongoing state of constant readiness regulatory audits within your organization will demonstrate that your organization is in compliance. If you don’t have ongoing, robust auditing processes in place, work with nursing, your Quality Director and other services to implement them.

Many organizations have ongoing issues with some very basic drug storage issues:

- Security of the emergency drug supply stored in crash carts and emergency kits (70263 (f)(2)),
- Drugs shall be stored at appropriate temperatures (70263 (q)(6)),
- Drugs shall not be kept in stock after the expiration date (70263 (q)(9)).

Enlist the help of nursing staff to address these and audit, audit, audit. The contents
of the crash cart or emergency kit must be listed on the outside cover of the kit. Make sure the list matches exactly with what is actually in the kit. Shortages can affect this and further or ongoing list revision may be necessary. As required, list only the earliest expiration date of the drug that is expiring first. Listing the expiration date of all of the drugs in the kit is not necessary and can spell trouble if they don’t match during inspection.

Medication Error Reduction Plan (MERP)
The stated MERP program mission is to promote safe and effective medication use in hospitals through the reduction of preventable medication-related errors and adverse events. The metric for determining if you have studied the program requirements and successfully implemented programs that address the aims of MERP is the survey process administered by CDPH personnel.

You should be very familiar with the eleven medication use standards described in Health and Safety Code (HSC) 1339.63(d) described above. What programs you’ve implemented, how effective the programs have been in attaining the goals you defined, and how they’ve been modified over time to increase their effectiveness comprise what will be assessed during your MERP survey. You should also download the “MERP Entrance Conference Documents Request” from http://www.cdph.ca.gov/programs/LnC/Documents/MERPEntrConfDocReq-AttachA-01312012.pdf and the “MERP Survey Facility Questionnaire” from http://www.cdph.ca.gov/programs/LnC/Documents/MERPSurveyFacilityQuestionnaire-AttachmentB.pdf. Become familiar with both of these documents which will be requested at the start of the survey, as well as your expected answers to the questions most likely to be asked by the surveyors. Similar to the binder prepared for the Board of Pharmacy, a MERP binder that contains the required policies and documentation should be prepared and kept up to date, especially if your triennial survey is coming up. This is where your ongoing networking will really pay off. There have been many MERP surveys and one of your colleagues will certainly be willing to share his or her experience with a recent MERP survey.

According to CDPH sources, an average of three deficiencies is uncovered during survey. Common findings include the following process and system failures:

- Developing and implementing adequate appropriate policies and procedures for the safe use of medications
- Conducting an annual review to assess the effectiveness of the implementation of MERP
- Failure to identify weaknesses or deficiencies that could contribute to errors
- Failure to include a multidisciplinary process to regularly analyze all errors
- The Management of High Risk Medications, including specifically, fentanyl transdermal patches
- Failure to describe the provision of emergency medications, including adequate supplies to treat malignant hyperthermia
- Staff competency
- Safe storage of medications, refrigerated medications, crash carts, concentrated electrolytes
- Documentation of activities. If you didn’t document it, you didn’t do it.

CMS Conditions of Participation (COP)
Your education should start with Appendix A, which is essentially a 422 page manual designed for surveyors. It is openly available at: http://www.cms.gov/manuals/Downloads/som107ap_a_hospitals.pdf. It is an overview of the survey process, a description of applicable regulations, and interpretive guidelines that may help to remove most of the mystery about surveys that you may have been wondering about. Section 482.25, Pharmaceutical Services starting on page 242 and ending on page 270 should be your main focus, but a simple search on the word “medication” and a quick breeze through the manual, using that key word, will provide some insight into why medication use has become so highly visible during survey.

The Joint Commission
Generally, The Joint Commission (TJC) prefers to apply a more consultative approach during their visits than their surveying brethren who perform inspections against regulations, not standards. Recently, the TJC standards have been revised to be more in alignment with line with CMS’s Conditions of Participation, so you will notice distinct similarities between the two. Spend some quality time perusing the TJC website at (http://www.jointcommission.org/). It contains much useful information with which you you should become familiar. Perform a gap analysis of the medication management standards to tease out your hospitals areas of strength and suspected vulnerabilities. Schedule more time with your Quality Director and regulatory staff to discuss your findings. Discuss it, analyze it, and determine tactics to attain compliance and metrics to ascertain how close you are to constant readiness. Develop interdisciplinary audits, schedule them and then perform debriefing sessions after each audit to determine what actions should to be taken to increase readiness for survey.

Common topics for survey findings include: medication storage and security, refrigerator temperature logs when out of range that do not contain documentation of remedial actions bringing them back into range, medication carts not secure, and policies addressing the workflow...
between removal of medications from storage and administration. The use of
range orders could take up the rest of this article, but suffice it to say that if they are
allowed in your institution, there needs to be a clear and consistent pharmacy
and nursing interpretation of how they are to be implemented. High alert and
hazardous medications will be discussed. How pharmacists review the appropriate-
ness of all medication orders including those that originate in the emergency
department, the labor and delivery, and triage areas, and the procedural areas will
be medication use issues that you should be ready to discuss.

In most cases, surveyors will read your policies and determine on multiple levels
whether they match actual practice. Your auditing process should already
have determined the answers to those lines of enquiry and your policies should
have been revised so that there is a match between the policy and practice.
Mismatches can and will lead to unneces-
sary and lengthy discussions.

**Survey Preparation and
Constant Readiness**

Read the laws, regulations, and standards. Write, revise and implement policies that
lead to compliance with them. Make sure practice and policy match through audits.
Network with your colleagues to find out what surveyors are zeroing in on. Review
the use of adult and pediatric emergency medications and concentrate on appro-
priate storage and labeling. Know how orders for fentanyl patches are evaluated
for appropriateness, stored, dispensed and monitored. Be able to clearly discuss how
black box warning and REMS medica-
tions are evaluated for use and dispensed. Make sure that the common findings are
taken care of: crash cart logs, refrigerator logs, security, overrides etc.

If there is a finding during the survey,
clarify exactly what standard or regula-
tion is being cited and why the surveyor
believes that you are out of compliance.
Be prepared to provide any evidence
that you have that counters the finding
while the surveyor is still on site. You
should already be familiar with most of
the standards or regulations that they will
evaluate. Your work is to make sure all
is in order. Above all, always be honest.
There is no greater setback to your cred-
ibility than being caught in a half truth or
lie. On the other hand, be careful to resist
providing more information than what
you are being asked for.

Constant readiness is not an unattain-
able flight of the imagination. It is a
strategic course of action brought to
 fruition by combining many tactics: A
study of laws, regulations, and standards,
gap analysis, creation of “SMART” goals,
audits, designing metrics for success,
interdepartmental and interdisciplinary
collaboration, developing a shared need,
and solid, shared work. Attaining it
cannot be thought of as a last minute
sprint, but more like the deliberate
thought and work that goes into the plan-
ning of an epic voyage. More like what
our patients expect from us.

---

**Acknowledgements:**

Sharp Mary Birch Hospital for Women and Newborns
hospital leadership and pharmacy team for developing
and sharing information on how to attain and maintain a
State of Constant Regulatory Readiness

Loriann De Martini, Pharm.D., Chief Pharmaceutical
Consultant, Center for Healthcare Quality, California
Department of Public Health for information addressing
the MERP process.

Dan Ross, PharmD [mailto:dross@drossconsulting.com] for
providing several slide presentations that assisted
with the construction of this paper, and Dan Ross and Ron
Floyd, PharmD for their skillful review and constructive
editorial suggestions.
CJHP: Now Featuring Your Research!
Submit your article to CJHP and share your research.
Not ready to submit your article yet? Register to review for a colleague.
To register as a reviewer or submit an article for consideration, please visit cshpjournal.msubmit.net.
Management Programs:
Sessions geared towards the current and aspiring department Crew Chiefs
- Pharmacy Directors Roundtable
- Exhibit Hall
- Administrative and management educational sessions on legislative & regulatory updates, pharmacy law, PPMI and leadership

Residents and New Practitioners
Programs for the newly minted license-holders!
- Poster Session
- Management of your personal finances
- Career awareness and roundtable professional development sessions: Statistics, internal relationships, responsible use of social media and practice-life balance.

Student Programs
Your personal racetrack to the profession
- Quiz Bowl
- Residency Showcase
- Management of your personal finances
- Poster Session
- Clinical Skills Competition
- NAPLEX Review
- Career Roundtable
- Tips for Residency applicants

Additional Educational Tracks
Clinical programs and topics that you have asked for to fine-tune your ability to drive the future of healthcare
- Cardiovascular disease
- Endocrinology
- Infectious diseases
- Oncology
- Technology

This is where the rubber meets the road! You'll find high-octane programs that will enrich your pharmacy practice experience. The CPE Committee has taken your recommendations into consideration to build programs to increase your knowledge of pharmacy's role in the emerging healthcare model.

Please check the Seminar website for updates:
cshp.org/seminar