COMMENTARY

Leadership skills for a high-performance pharmacy practice

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As current and former directors of pharmacy with a combined total of over 140 years of experience in key pharmacy administrative roles, we have over the years shared many hours of informal discussions about the pharmacy profession. We have networked and traded stories about our hospital pharmacy departments, celebrating large and small initiatives that succeeded and learning from those that failed or fell short of our goals. We have shared our visions for hospital pharmacy practice and brainstormed pathways for getting there. We have evaluated trends, dreamed about the future, and philosophized about the leadership necessary for success.

This article attempts to capture the essence of those discussions—the practical tips and nuances learned over the years as hospital pharmacy directors—about what it takes to develop and be part of the leadership team in a high-performance hospital pharmacy department. This article covers what we see as the critical components of leadership and provides a framework for ensuring consistency and credibility, setting a plan of action, using the budgetary process as a communication tool, being an opportunist, and maintaining excellence through continual improvement. This article should be of interest not only to aspiring and experienced pharmacy leaders who

want to improve their leadership skills, but also to pharmacists who serve in leadership positions without formal supervisory responsibilities, such as clinical coordinators, and to pharmacists who serve as informal leaders, responsible for functions such as targeted drug-use-evaluation projects, accreditation teams, and specific practice areas like oncology and sterile products. We hope that sharing these ideas will help others to deal effectively with the many challenges and opportunities we all face in our important journey to improve health care.

Synergy between leadership and high-performance pharmacy practice

A high-performance pharmacy department is one that aspires to maximize its contributions to the clinical outcomes of patients and financial position of its health system by functioning at the highest levels of effectiveness and efficiency. Achieving a high-performance pharmacy practice requires leaders committed to a clear vision for excellent practice. These pharmacy leaders must continuously enhance their team's commitment to that vision, using recognized benchmarks of best practice to extend pharmacy's influence across the continuum of care.

While general business literature and educational programs provide a framework for improving leadership skills, those sources often lack the practical examples and insight pharmacy leaders need to create a vision for a high-performance pharmacy department and an environment in which that vision can be sustained.[1-4] Too often we have noticed that the influence of a pharmacy department within a health system ebbs and flows, varying with changes in departmental or organizational leadership and economic conditions. Other pharmacy departments, however, are effective, efficient, and able to

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The Health Systems Pharmacy Executive Alliance is convened semiannually by McKesson to address professional issues facing pharmacy. Its vision is to be broadly recognized as a body that advances the profession's contributions to patient safety, clinical quality, and financial performance through increased effectiveness and efficiency. While only four members directly participated in writing this article, all Executive Alliance members contributed by discussing the article's outline, providing examples, and reviewing an early draft.

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progress despite leadership changes and environmental pressures.

What distinguishes pharmacy departments from one another? We believe that a sustained synergy exists between leadership and high-performance pharmacy practice. The effectiveness of a high-performance pharmacy should not be totally dependent on one person, yet a strong person must be involved in all facets of the operation. Besides possessing personal and general leadership qualities, leaders must develop specific attitudes and practices related to pharmacy's place in the health sys-

tem. In particular, a leader needs pharmacy-specific knowledge and skills for ensuring consistency and credibility within and outside the department, recruiting and retaining the right team members, establishing the pharmacy team's value beyond a traditional role, becoming a more influential player within the health system, identifying challenges as opportunities, creating passion for change, and thoughtfully making difficult decisions.

Having better pharmacy leaders results in better patient care, improved medication safety, and enhanced pharmacy productivity, all of which usually lead to better medication use within health systems.

What is a pharmacy leader?

A leader in a high-performance pharmacy must be more than a manager.[5] A leader is one who can create an idea or vision and motivate others to share and act on that vision. A leader is a person who continually makes constructive differences. A leader is mission driven without being egocentric.[6]

An effective leader has an innate intellectual curiosity that drives a continuous learning cycle and provides the energy to learn many different things. For example, he or she is eager to learn about new drug therapies and automated dispensing systems, run an anticoagulation clinic, establish an employee prescription benefit plan, calculate return on investment, and implement new management techniques. Almost always feeding that intellectual curiosity are optimism and hope. These qualities, together with a sense of humor and the pursuit of a balanced personal and professional life, can stave off the cynicism and overload that often come with numerous job responsibilities and competing priorities. Good leaders are organized, flexible, good at listening, able to deal with ambiguity, and able to handle multiple responsibilities simultaneously. They can move from one style of

leadership to another as environmental and organizational challenges shift and their stage in their leadership journey advances.[7,8]

Critical components of leadership

Core self. The most critical component of leadership is each individual's core self, which Woodward[9] describes as having two layers: (1) a personal center rooted in childhood that includes values and beliefs covering all areas of human experience and (2) a professional outer layer intricately linked to the center that encompasses "our calling to a higher purpose, our commitment to patients and to humanity, and our professional ethics, honesty, and integrity."

We believe that this core self is the basis of consistency in values and professional judgment, providing a stable base for all relationships and decisions. If leaders communicate openly about their values, people will know where they stand and value their integrity and consistency, thereby establishing credibility and trust. This fundamental core helps leaders see the many sides of complex issues in today's health care environment and identify issues that fit within their core values. The ability to see the "big picture" allows a leader to consider new ways of thinking or approaches yet remain stable on fundamental issues. The stability in the core also helps keep a leader grounded amid the daily work pressures, allowing him or her "to practice with an uncommon assurance, joy, and peace of mind."[9] The core self helps generate simple yet powerful credos, such as the Golden Rule.

To further one's leadership potential and aid in mentoring other young leaders, we recommend using Woodward's article[9] as a foundation for understanding the importance of core values and identifying one's own. From there, one can study heroes in pharmacy, perhaps starting with the lectures of Harvey A. K. Whitney Award recipients or John Webb Visiting Professors in Hospital

Pharmacy, most of which are published in the *American Journal of Health-System Pharmacy*.[10] Doing this on a regular basis, perhaps within a mentoring relationship, facilitates understanding of the core self and allow leaders' values and beliefs to guide their everyday and professional lives.

Vision. A second critical component of leadership is vision, or a mental picture of a better way of accomplishing a goal that pushes beyond the norm yet is grounded in reality. Vision involves identifying opportunities for pharmacy within the health care environment and knowing how and when to adapt those to an organization. The importance of medications in people's health and in the financial well-being of health care organizations, coupled with the Institute of Medicine (IOM) report on the safety of medicines,[11] identifies multiple new opportunities for pharmacy to influence safe systems for medication management and cost-effective processes in health systems. But a strong vision is needed for pharmacy's leaders to fully capitalize on these opportunities.

Relationships. Being able to articulate one's vision through relationships with the pharmacy leadership team, the pharmacy staff, health-system administrators, the medical and nursing staffs, peers in other departments, and the community is the third critical component of leadership. This point cannot be overemphasized; getting others to share the vision is always necessary for success.[12] These effective relationships should elicit cooperation, teamwork, and compliance.[13]

Learning. A fourth critical component of leadership is continuous learning. The continuous learning process, which is a four-step cycle of learning, analyzing, questioning, and acting, supports a practice environment that can adapt and remain flexible while strengthening skills and developing new capabilities.[9] Developing a habit early in one's career of

scanning and reading 8–10 journals and newspapers on a regular basis, including some in the business and health administration literature, and scanning listservs, program announcements, and other publications will keep one abreast of new drugs, technologies, and practice trends (Appendix A). Maintaining clinical competency and being a clinical leader (although not necessarily as an actively practicing clinician) is a prerequisite for credibility with the medical staff. Local, state, and national pharmacy meetings also provide a means of learning. Meetings offer an opportunity for networking, which can result in subtle peer pressure nudging one to explore ideas and take them to the next level of thought and action. Methods of establishing a network of peers are listed in Table 1.

Mentoring. The fifth critical component of leadership is mentoring future leaders.[14-16] One cannot be part of a meaningful mentoring relationship without having a hunger for knowledge and innovative solutions. Mentoring future leaders not only benefits the profession but energizes current leaders and ensures that what they have achieved will not be lost.[7] Mentoring can lead to a succession plan that enables a pharmacy to maintain its level of service and influence within an organization beyond a leader's retirement or matriculation.

Just as important as being a mentor is having one, regardless of the stage of a pharmacist's career. Unlike a coach who tells players how to reach a specific goal, a mentor uses a holistic approach, based on knowing the mentee's core self, to provide guidance about what should be considered in certain situations and in self-discovery. Mentors care enough to tell mentees what they need to hear, not necessarily what they want to hear. For example, a leader may consult a mentor when considering a career move. According to Bennis,[7] the best mentors are usually recruited during a leader's "infant execu-

tive" stage, akin to residency or early management experiences, and may provide support throughout one's career.

These critical components of leadership—core self, vision, relationships, continuous learning, and mentoring—are the foundation of practical approaches needed to achieve a sustainable high-performance pharmacy department.

Assessing a pharmacy leader's influence

Spheres of influence. Relationships, influence, and credibility are intertwined elements of leadership that are necessary for a high-performance pharmacy practice. It is necessary first to develop and maintain good relationships in the different spheres affecting pharmacy within and outside the health system because these relationships define a leader's influence and effectiveness and serve as the basis of credibility.[17] In general, three attributes—all going back to a person's core self—allow a leader to have influence: competence, caring, and commitment. Leaders must demonstrate that they are competent and show that they care about patients, co-workers, and the profession in the way they approach their work. People must believe that a leader is fully committed to the organization's goals, even if they disagree with the leader about operations or details.

The first step in becoming a better leader is assessing where one is now and what must be improved. The leader should look closely at his or her relationships and levels of influence and credibility in those areas. For pharmacists in health systems, there are several distinct yet overlapping spheres of influence: the pharmacy staff and the pharmacy leadership team, peers, the medical staff, the nursing staff, health-system administrators, and the pharmaceutical industry.

Pharmacy staff and pharmacy leadership team. With the pharmacy

Table 1.
Methods of Establishing an External Network of Pharmacist Peers

Method	Example
Participation in meetings and committees of local, regional, and state societies of health-system pharmacists	Offering to host a meeting of the local pharmacy organization
Getting to know people within the GPO[a]	Volunteering to be on a committee
Participation in activities of the hospital group	Attending local meetings and sharing pharmacy practice issues
Maintaining contact with former teachers, preceptors, residents, classmates, and coworkers	Planning a get-together at a state or national pharmacy meeting
Becoming involved in pharmacy education and mentoring	Volunteering to be a preceptor for a college of pharmacy
Meeting pharmacy decision-makers within the state	Offering to host a meeting of the state board of pharmacy
Finding a small group of pharmacy leaders on a national level with similar interests	Becoming involved in a pharmacy practice management group
Finding opportunities to meet well-recognized leaders in health-system pharmacy	Attending pharmacy leadership conferences
Becoming involved in national pharmacy organizations	Volunteering to be a reviewer for a pharmacy journal or submitting a paper for a meeting
Following a progression toward establishing a national network	Attending a small meeting of a pharmacy organization before going to a major meeting
Fostering peer networks already established	Attending annual meetings of state and national pharmacy organizations

[a]GPO = group purchasing organization.

staff, the leader is always on stage. The staff looks to see if what the leader says is what the leader does. The leader's credibility plummets if he or she is not sure and steady and unwavering in protection of the staff.

A good leader is visible, and realizes direct contact is necessary for building relationships. While e-mail may be efficient, it is no substitute for visiting each area of practice daily (or at least on a regular basis). Being present in work areas also enables the leader to get to know staff members—their strengths, their weaknesses, and their passions—for this will enable one to match an initiative with the person best able to coordinate it. In addition, the staff gets to know the leader as a person, especially that human and caring side.

To have influence with the staff, the leader must follow through on issues that are important to pharmacists and technicians while balancing clinical initiatives and financial realities. When compromises with issues

occur, therefore, one must be upfront and honest with the staff.[4] If things do not go well, the leader should acknowledge what has occurred clearly and succinctly.[18] If the hospital reported a loss for the quarter, for example, the leader should share the information with staff and indicate that some programs will have to be placed on the back burner for a while; at the same time, one's optimism that the pharmacy and its purpose will be sustained should be conveyed. Honesty engenders trust, which is essential for an effective team.

The same approach applies to personnel matters.[19,20] For instance, demonstrating empathy with a staff member who is having difficulties can convey a caring attitude while still making it clear that professional expectations must be met. Similarly, putting together a good pharmacy team means that the leader will fairly, yet effectively, weed out those who do not meet reasonable expectations. How does one know when it is neces-

sary to do that? Usually it is by seeing that a staff member is not living up to expectations in moving projects ahead at a reasonable pace, not being accountable, or not achieving defined goals. By the time the leader validates that these issues are not being resolved, everyone—including the staff member in question—often knows that reassignment or termination is the right course of action. If, in these difficult situations, leaders trust their instincts and treat people honestly, humanely, and thoughtfully, they will usually respond and perform admirably.

Health-system administrators, medical staff, nursing staff, and departmental peers. Pharmacy leaders have a unique position in health systems because they head a clinical department—one of only a few in the hospital without a physician as chair—and typically manage a multimillion-dollar business and operating budget. The multiplicity of administrative demands, including legal, financial, regulatory, human resources, and asset management, requires pharmacy leaders to wear many hats and juggle divergent ideas concurrently because a problem in any one of these areas can result in medication-related problems at the bedside.[21]

Pharmacy leaders' pharmacy education and training allow them to bring a scientific perspective to the analysis and solving of problems, an ability usually highly valued by administrators and peers. Being able to analyze the literature about new therapies and technology often places pharmacists in the position of teaching others. For example, pharmacists may serve as leaders in planning and implementing computerized prescriber order-entry systems because they know how to chart processes, they understand the clinical environment and patient care processes, and they are knowledgeable about therapeutics. Similarly, pharmacists have the foundation for understanding the innovation and ther-

apeutics of pharmacogenomics and the drug delivery mechanisms required for the preparation and administration of these gene therapy products.

For pharmacy to have influence within the health system, team leaders must be visible and must relentlessly sell pharmacy's vision to administration. Members of the pharmacy leadership team should participate actively in an institution's committees, as well as medical staff committees, and provide recommendations that are consistent with organizational goals, to administrators. Make yourself available to decision-makers, make sure they understand what pharmacy is doing, be available to answer questions, establish relationships with support staff, or maybe just say hello. While this may seem unrealistic for a pharmacy director in a smaller hospital who may have distributive functions, time must be carved out for interacting with administrators, as well as the nursing and medical staffs, on a regular basis if there is any chance of advancing pharmacy in the institution. Contrary to common beliefs, some of the most influential leaders can be found in smaller hospitals, where personal relationships are fostered more easily.

Developing a peer relationship with the medical staff and directors of other professional departments is key to being a good pharmacy leader. Some institutions have formalized the pharmacist–physician relationship by organizing the pharmacy department as a clinical division reporting to the same vice president as the medical division, but that is not necessary.[10] Instead, the pharmacist should approach the relationship as a peer who is not subservient but respectful and focus on pharmacy's unique role and its contribution to patient care. The relationship must be continuously fortified by demonstrating pharmacy's competency and commitment to patient care. Most physicians recognize that they need help with drug information and

therapeutics, and many welcome—some even demand—pharmacists' contributions.

Having influence with peers who lead other departments is generally easy if one takes time to develop the necessary relationships. Pharmacy is usually considered a strong player within the health system, and pharmacy leaders are valued among departmental directors because they are well educated and demonstrate analytical, evidence-based thinking skills; personal effectiveness; and professional competency. This credibility often stems from seeing that the pharmacy team accepts responsibility, meets deadlines, prepares well-written reports, understands the health care environment and the budgetary process, articulates ideas clearly, and has a positive influence on patient care. In fact, because of this, peers often seek pharmacists' advice or assistance. But to have influence, the pharmacy team and peers must go beyond that and gain a mutual understanding of what other departments do.

Furthermore, there are many common challenges across professional service departments and they can be used to create a synergistic practice. For instance, pharmacy leaders have translated concepts like medication-use review into resource-use review and thereby provided direction for the laboratory and radiology departments to implement systems for reducing the use of unnecessary tests and procedures.

Assessing influence. One way to gain the mutual understanding of different departments and to identify potential areas of influence is to meet formally with other departmental leaders at least annually. The pharmacy director should meet with the director of respiratory therapy, for example, and the assistant director of pharmacy should meet with the assistant director of respiratory therapy at least annually and informally on an ongoing basis. Other departments are often unaware of what pharmacy

does; an informal meeting allows one to explain the pharmacy's role and share the pharmacy's plans for the future. Likewise, the meeting offers an opportunity to learn what the other department is doing, how medication use or drug information affects it, whether there are any perceived weaknesses in pharmacy services, and what plans are on the other department's drawing board. Not only can pharmacy's vision be shared, but potential problems can be identified before they become a crisis. Involving junior members of the leadership team in such meetings serves as a powerful mentoring opportunity.

Similarly, the director or another pharmacy leader should establish ongoing communication with medical leadership and medical staff. Examples include meeting annually with the medical leadership, such as the chiefs of medicine, surgery, and pediatrics. The pharmacy leader could assign the appropriate clinical staff person to meet regularly with the medical directors of specialty areas. When a new attending physician is hired, a member of the leadership team and residents could schedule an appointment in the first few weeks to discuss the philosophy of drug use in the institution and to learn about the physician's perceived needs for research and patient care, especially those related to new procedures, therapeutic regimens, and technology. Ideally, the goal should be to establish a relationship with every key physician in the organization.

Nurse and physician satisfaction surveys are another way to obtain feedback about the pharmacy's influence in an institution. E-mail simplifies survey distribution and collection. Too often, pharmacy departments conduct surveys only when there are problems. A better approach is surveying nurses annually, especially if new technology or services have been implemented. Included should be items assessing satisfaction with specific clinical and distributive pharmacy services, such

as the availability of routine and stat medications, the availability and helpfulness of pharmacists, and the quality of various dispensing systems. Medical staff surveys conducted at least every two years should focus on impressions of the importance of and satisfaction with specific inpatient, ambulatory care, and drug policy issues. The results of annual surveys can be tracked and presented to administration. In addition, the pharmacy and therapeutics (P&T) committee can use the results to guide changes in drug policy.

Self-assessments can be used by pharmacy leaders to determine their influence on key players within a health system and within a pharmacy department. A leader should start by listing all the stakeholders in the health system. The leader should honestly indicate his or her level of influence with these individuals. Do they view information provided by the leader as accurate? Do they trust the leader's judgment? The views of a colleague in a comparable role, preferably outside one's institution, can be invaluable during this exercise. Not only will it provide one with a baseline assessment of one's spheres of influence, it will alert one to gaps that could create problems later.

The second part of the assessment should focus on leadership skills within the pharmacy department. Members of the pharmacy leadership team should be asked to complete a survey evaluating the leader's skills (Appendix B). Pharmacy leadership team members should be encouraged to do the same with themselves. These assessments should be repeated every year or two.

Spheres of influence outside the institution. Relationships outside the institution that can have an impact on a leader's success include those with pharmacy organizations, colleges of pharmacy, group purchasing organizations (GPOs), and the pharmaceutical industry. These relationships are critically important for recruiting, training, curriculum

development, contracting, formulary management, communication, and career advancement.

In developing such relationships, it is important to understand the goals, vision, and mission of each external sphere of influence, as well as its role in supporting the pharmacy department's activities. These relationships can be fostered by listening carefully and becoming aware of the wider pharmacy world. One should communicate values and desired outcomes openly, avoiding any hidden agendas. The end result will be partnerships for providing better pharmacy services. The Office of Inspector General compliance program for pharmaceutical manufacturers should be used to help develop an organization's specific guidelines for relationships with the pharmaceutical industry.[22]

Developing a plan of action

The basics. Consistency in values and professional judgment is necessary in establishing credibility; equally important is how the pharmacy performs on a daily basis. A pharmacy must have its financial, regulatory, operational, and clinical fundamentals in order. For example, if the pharmacy is financially sound but has problems related to medication safety, all other initiatives must stop until those problems are rectified. If the department has a top-notch clinical program and a superior drug distribution system but is not financially sound, its professional services and programs will not be sustainable. Similarly, problems with the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or the state board of pharmacy or health may put the department in jeopardy.

To ensure that the department is compliant with regulatory standards and national norms, a benchmarking strategy should be used that incorporates JCAHO standards[23] and guidelines and goals of the American Society of Health-System Pharmacists

(ASHP).[24-26] Meeting JCAHO standards is required, and meeting ASHP standards is highly advisable. For example, ASHP's "Goals and Objectives for Pharmacy Practice in Health Systems to be Achieved by 2015" can serve not only as a benchmark but also as a catalyst for developing a long-range plan for the pharmacy.[25]

Other organizations that provide benchmarks, guidelines, and other resources for continuous quality improvement include the American Hospital Association, the Institute for Safe Medication Practices, GPOs, pharmacy practice management entities, health-system networks, and health-system alliances.

Expanding the vision. A long-range plan for the department should be based on the leader's shared vision for pharmacy.[6] How do pharmacy leaders state their vision? Here are three typical statements of vision:

1. Wherever there are drugs or wherever information about drugs is used or needed, we will provide pharmacy services.
2. Wherever there are patients, there will be a demand for pharmacy services.
3. Patients will pick providers or a health plan depending on whether pharmacists are available to ensure that medications are managed appropriately.

Sometimes a vision encompasses more directly a larger goal, such as becoming more involved in ambulatory care practice or managed care, expanding practice to include a pharmacy benefit management program, or establishing an ASHP-accredited residency program.

Long-range planning is best done annually and should be integrated with the health system's strategic planning. If the health system does not have a formal planning process, then it is especially crucial that the pharmacy department establish its own. Ideally, the leadership team, as well as other staff members in strate-

gic roles, should hold an offsite retreat, preferably for a day or two and possibly with the assistance of an outside facilitator. The change in environment and the focused mindset allow participants to go beyond the everyday view of departmental objectives and look at the bigger picture for pharmacy within the health system. Ideas can be explored without restriction; reality is then factored in, with time committed for following up later in onsite meetings to work out details. Ideas generated can be brought to the entire pharmacy staff in subsequent meetings for acceptance and practical impact.

Successful long-range planning requires tedious, disciplined work. It must be a dynamic process of integrating the pharmacy's vision with the health system's strategic plan. The implementation of initiatives will sometimes depend on timing to take best advantage of opportunities.

One result of this process should be an annual plan with key objectives for different aspects of practice, such as medication safety, clinical services, the budget, regulations, and human resources; the plan can then be used as the basis of annual reports. Elements of the plan can be incorporated into goals for the leadership team, along with specific accountability measures for the year. For example, at Scott and White Health System, clear goals and accountability measures tied to a pay incentive served as a tremendous motivator for the outpatient and community pharmacy leadership teams and resulted in a major financial dividend for the organization.

The organizational structure of the pharmacy department should be reviewed as part of the annual update of the strategic plan to ensure the department's organizational structure remains consistent with the needs of the program. Careful changes in organizational structure can address personnel, policy, and financial issues. As a general rule, the organizational structure of the department

should be carefully evaluated at least every two or three years to stay contemporary with its mission within the health system. When new programs are begun, critical relationships should be formed with other programs within the department, as well as with other departments.

The budget

Too often, the budget is seen as an annual disciplinary exercise. Rather, it should be considered part of the pharmacy department's strategic plan, and high-performance pharmacy leaders should view it as a tool for communicating the department's objectives. Now that many institutions are using flexible budgets, pharmacy leaders have the opportunity and challenge to adjust the budget continuously during the year to secure new positions and resources as programs are implemented for the organization's betterment.

Presenting a budget. Instead of just submitting a written budget, the pharmacy department at the University of Wisconsin Hospital and Clinics (UWHC) prepares a presentation using the budget as a "storyboard" for the department's success: Here is what we said we would do last year, this is what we did, here is the budget, here are our goals for the coming year, here are the metrics for measuring our progress, and here is the pharmacy team responsible for doing it. The process is so successful that it has been expanded to all revenue-generating departments. Aimed at the administrative officers, the presentation is often attended by other departmental directors and some medical staff, offering yet another opportunity for the pharmacy to lead and influence the health system.

The chief executive officer of UWHC often asks the pharmacy to make a similar but shorter presentation to the health system's board of directors so that board members get the right information at the right time and in the right format to perform their duties, which in this case

means looking beyond the line-by-line drug budget to understand the trends and programs that had a positive or negative effect on the bottom line.[27] The full presentation is later given to the entire pharmacy staff during an evening celebration as a way of instilling pride, sharing the leadership team's vision and passion for pharmacy, and acknowledging the contributions of every staff member.

Reports. As part of the budgetary process, pharmacy leaders should negotiate with the finance department or financial officer to determine which metrics to report on a monthly basis and which to include in the hospital's "dashboard"—a set of graphs comparing actual numbers with goals for performance metrics throughout the health system. It is also necessary to determine what information the chief executive officer and chief financial officer need on a regular basis; this usually involves drug costs separated for the inpatient, outpatient, and clinic areas. At UWHC, where 70 drugs make up 80% of the drug cost for inpatients, the pharmacy department prepares a monthly report showing each of these 70 drugs as a line item, along with an explanation for any increase or decrease; the other 2000 or so drugs are lumped into one line item. This report helps administration—even board members—become conversant in drug names and aware of trends so that there are no surprises.

Benchmarking. Financial analyses should include comparisons with similar institutions, drawing from data generated by national companies and GPOs. If the cost by a certain measure is substantially higher than that at similar institutions, the pharmacy directors at the best-performing institutions should be contacted to find out why. One should not be lulled into accepting financial benchmarks on the surface, however; it takes time and patience to dig deep into the data to obtain valid comparisons. Some large phar-

macy departments employ a full-time data manager to manage the clinical, financial, and other databases used in benchmarking and to interface with hospital information systems and the finance office.

Many pharmacies lack a data manager. Mining the data is no less crucial, however, and is often the responsibility of the pharmacy director. The finance staff is a potential source of support. In addition, the director can work with a designated data manager in the health system who has specific job responsibilities related to the pharmacy department. Some technicians can be trained to retrieve such data and prepare standard reports.

Benchmarking against drug cost per diagnosis-related group will be the norm in the future. In doing this, care must be exercised to benchmark against like processes and institutions and with meaningful metrics. For example, benchmarking for drug cost per diagnosis-related group for kidney transplantation would show UWHC to be an outlier, but drug cost per patient day for those same patients would be right in line. That is because drug costs are driven by length of stay, and UWHC has longer stays than average among transplantation programs; at the same time, however, its rehospitalization and organ-rejection rates are among the lowest in the country. It is important to consider the big picture and understand the cost savings achieved by having better outcomes.

Following up. Other reports should reflect drug costs grouped by type of patient and by service line, such as oncology, cardiovascular, or transplantation service. Each service should receive a monthly report showing how drug costs compare with the budget and, if they are over budget, should be given suggestions on how to reduce the use of certain drugs. Pharmacy leaders should work with the medical staff to identify agents that may be therapeutically equivalent, verify what is learned

through P&T committee evaluations, and then seek competitive pricing for the therapeutically equivalent products. Constant repetition of the message with health-system administrators and the medical staff, backed up with a strong formulary and policies developed by a credible P&T committee, will eventually result in long-term support of the pharmacy's efforts. Constructive one-on-one follow-up with medical directors and specific physicians can also be effective.

This proactive approach will not only save money, it can also be used to justify the presence of necessary clinical pharmacy staff on units. Having policies and guidelines in place is important, but they will not have maximum impact in terms of cost savings or credibility without ongoing enforcement of guidelines and documentation of the value of pharmacists' interventions. All projected savings based on published studies of drug costs, total hospitalization costs, or reduced use of resources should be credible for the institution.[28-31] The salary budget, which represents a stable and much smaller percentage of the total pharmacy budget than the drug budget, can be maintained by making sure that the health system's administrators understand why the pharmacist resources are needed to implement and enforce guidelines.

Small hospitals. Pharmacy leaders in small hospitals who face financial pressures with fewer resources should seek out and take advantage of opportunities to adapt drug evaluations, policies, and therapeutic-interchange guidelines developed by colleagues in larger institutions. They should present these resources to the P&T committee, solicit suggestions for changes, and, once the changes are approved, devote resources to implementing the policies. Leaders in small hospitals should also get involved in a GPO that offers pricing based on a percentage of market share so that a large volume is not needed to take advantage of price

tiers. Because real savings derive from policy-level decisions that are translated into specific purchasing actions, one should maintain involvement in the purchasing function and not assume that a purchasing clerk is getting maximum effect. A well-maintained, up-to-date formulary is a good indicator of the diligence and discipline that a department uses in integrating purchasing and data management functions.

The budget as an instrument of change. While pharmacy leaders are fairly adept at managing operating costs, they have less experience managing a capital budget than directors of other departments with high-cost equipment, such as surgery, radiology, and respiratory medicine. New automated pharmacy systems often cost in excess of $1 million. Even though this is less than the multi-million-dollar investments in capital equipment made in other departments to improve patient safety, approval cannot be expected on the basis of improvements in patient safety alone. A proposal for capital equipment should include a return-on-investment analysis. One should be sure to budget adequately both for implementation and for ongoing support of the technology system. To understand the subtleties of these and other financial initiatives, the pharmacy leader should take every opportunity to participate in business and finance courses sponsored by the health system, local community colleges, or pharmacy organizations; the finance department can also be queried to show its preferred format.

Pharmacy leaders as opportunists and risk takers

Pharmacy leaders, as opportunity seekers, seem to have the ability to envision the potential when new opportunities arise. They see trends and take advantage of them. They are willing to fail, challenge the status quo, and stretch their capacity and that of their staff.

Translating trends. Pharmacy leaders are highly observant and can translate trends occurring outside their health system to the team inside. For instance, some pharmacy departments have worked with human resources to develop a pharmacy benefit program for employees through which their prescriptions are filled at the outpatient pharmacy, resulting in tremendous savings to the health system. Similarly, the IOM report on drug safety provided the pharmacy department at Cedars-Sinai Medical Center with a springboard for showcasing a metric for the number of potential adverse drug events prevented by pharmacists per 100 admissions.[11] In presentations to health-system administrators and the medical staff, the pharmacy department used this metric to quantify pharmacists' role in preventing prescribing errors and compared data from the institution with the IOM data on preventable adverse drug events.

Transferring knowledge. In addition to being able to take advantage of external trends, effective pharmacy leaders can transfer what they know to other aspects of a health system. For example, when UWHC purchased a group of physician-run clinics within a 60-mile radius of Madison, the pharmacy department helped develop a plan for pharmacy services in the clinics, even though the group was not considered part of the hospital system for JCAHO accreditation. As a first step, the network gained affiliation status with the pharmacy's GPO so that it could take advantage of group prices for drug products used in the clinics. In addition, physicians were linked with the drug information center for accessing drug information via the Web or telephone. Another example of knowledge transfer is applying the process used by the P&T committee for evaluating new drugs to evaluations of new technology by the technology assessment committee.

Taking advantage of timing. Being able to take advantage of oppor-

tunities at the right time is the mark of a good leader and comes from experience and intuition. Some opportunities are serendipitous. At a social event, the UWHC pharmacy director met the program director of a senior center with 4000 seniors. The program director mentioned that drugs were voted the number one topic of interest to seniors. This chance meeting led to the development of a "senior meds" program at the center featuring monthly educational programs on medication-related topics and the distribution of cards that seniors can carry showing their complete medication history. The senior meds program has been so successful that other senior centers are now pursuing a similar program with the pharmacy department. In addition, a plan has been developed to provide outpatient pharmacy services to seniors through the department's mail-order program.

Filing ideas. A good way to ensure acceptance of projects is to use some form of the "front-burner, back-burner" approach. Pharmacy leaders can keep a file of ideas, possibly stemming from things read and discussed at a pharmacy meeting, or talked about, and encourage the leadership team to do the same. After a copy has been made for the file, select ideas should be forwarded to relevant staff members with a message stating interest in following this trend. Rather than trusting one's memory, one should note people in the organization who could serve as advocates of specific projects, such as a physician who expressed a strong opinion about a related idea at a meeting. At planning time, ideas in the file can be prioritized on the basis of how well they fit in with the departmental vision and with the goals of the institution and whether the department has the human, financial, and system resources to pursue them in a given year. Ideas can be kept simmering on the back burner until the time is right to pursue them.

This approach is contrary to the intuition of some pharmacists, who want to focus on a single goal that they think is most important and pursue it until it is accomplished. When trying to make major improvements in the department, the leadership team should sell the idea to the health-system administrators and medical staff at every opportunity; usually the timing will fall into place. Most major pharmacy initiatives should have at least one physician advocate to ensure medical staff support and ultimate success.

The development of ambulatory care clinics at Scott and White Health System illustrates the usefulness of the front-burner, back-burner approach. The pharmacy department had a goal of developing clinical pharmacy services in ambulatory care clinics and had about six related ideas "simmering." Establishing an anticoagulation clinic was fourth on the department's list of ambulatory care priorities, but serious concerns associated with warfarin therapy in an outpatient prompted the leadership team to make the anticoagulation clinic a major priority. The anticoagulation clinic was well accepted by patients and physicians, and it demonstrated that pharmacists were competent to perform the patient care services unrelated to dispensing medications and that they cared about the patients and their coworkers. That influence soon enabled the Scott and White Health System to assign greater priority to other ambulatory care clinics, like the women's health clinic, the diabetes clinic, and the lipids clinic, all with built-in credibility from the successful anticoagulation initiative.

In the case of Cedars-Sinai, participation in chronic disease management during the patient's admission was made a higher priority, thanks to a research project conducted by the medical center aiming to improve the facility's compliance with JCAHO core measures. Laying the groundwork for an idea—which in

this case prompted the principal investigator to consider the pharmacist as a study participant, waiting for the right timing, and being ready to take advantage of the opportunity—is the sign of a good leader.

Being an opportunist. Being an opportunist means identifying ways throughout the health system where one can gain leverage by expanding the continuum of care for patients. Anything that can be considered a fringe area—affiliated nursing homes and physician clinics, internal departments like human resources and the laboratory, transitional care areas like the emergency department and the operating room—can be brought into the leader's concept of pharmacy's core function, and, subsequently, ways to enhance patient-centric care sought. The formal and informal annual meetings of the leadership team with departmental directors, medical leaders, and health-system administrators are a good first step. Another way is to place pharmacists on every committee in the hospital; at routine meetings of the pharmacy leadership team, the first few minutes should be devoted to sharing information learned at these committee meetings that is relevant to pharmacy. For example, information from the technology assessment committee can be used to identify potential opportunities for pharmacy related to cutting-edge technology being introduced. In addition, any areas of the drug distribution system that may operate separately, such as research protocols, should be integrated into the totality of the distributive system so that these initiatives operate seamlessly for the medical and nursing staffs and, more importantly, the patient.

Being an opportunist means taking advantage not only of one's own skills, but also of the skills of the staff. Pharmacy leaders should spend time with the staff to learn firsthand their talents and passions. This enables better matching of responsibility for a specific project or position with the right staff member. That may mean putting a pharmacist who is very disciplined and persistent in charge of managing GPO and distributive interfaces; another pharmacist, who is creative yet detail oriented and understands systems, can effectively implement new systems. A leader must find a way to put the right person in a position rather than the most senior pharmacist who expressed interest in it. The pharmacist in charge of the operating-room satellite pharmacy, for instance, must have communication and negotiation skills, as well as clinical competence; if not adept at serving two masters, that pharmacist may get caught being partial to the needs of the surgical department to the detriment of the pharmacy or vice versa. Either bias could jeopardize the long-term success of the entire program.

Empowering team leaders and staff to make decisions is likely to create an environment in which they, too, can be opportunists.[32] In addition, by fostering leadership skills among the staff, the department can continue to flourish in the leader's absence. Knowing that there are opportunities for advancement based on competency and leadership skills rather than on seniority can be a powerful motivator for staff members at all levels.

Taking risks. Effective pharmacy leaders are willing to take risks. Leaders recognize that, as pharmacists, they have been trained to use a very analytical and methodical thought pattern that makes them less vulnerable to failure. The same need to be correct when evaluating and dispensing a patient's medications is an asset in many management situations. When applied to vision-related and management decisions across the board, however, being too analytical and methodical often means that some pharmacy leaders are not willing to convey good ideas to the health-system's administrators until they have a detailed plan and are 80–90% sure it will work; by that time,

valuable opportunities may have been missed. Furthermore, pharmacists often undersell what they can deliver, possibly because of fear of having a program approved but not fully funded. Failure to act may actually lead to the worst kind of failure—neglect to address a patient-care problem or issue.

To advance pharmacy both in health systems and as a profession, we believe that pharmacy leaders must be willing to take risks so that institutions can seize opportunities in the competitive health care environment.[3,21] Pharmacy leaders must learn to be comfortable with less information before bringing ideas forward, go outside the norm in terms of usual actions and relationships, be willing to make mistakes (but never the same one twice), and delegate to others the responsibility for the details of planning and implementing projects.

Risks should be assessed within the framework of one's core values. An almost instinctive sense of timing is needed to assess when to take risks. The leader must be able to stop the buck on a bad deal or know when to draw the line in any situation. Battles should be chosen judiciously and critical capital, such as credibility, time, and financial resources, should not be wasted on projects with little chance of success.

Putting it all together

Making the transition from pharmacist or pharmacy manager to leader is almost a transformation for it involves having wisdom about oneself, others, and many situations, all in the context of personal and professional relationships. While experience helps, some pharmacists exhibit or develop leadership qualities early in their careers. Employers should encourage such pharmacists to seek leadership opportunities in their jobs and in pharmacy professional organizations. In addition, ASHP-accredited pharmacy residency programs serve as good training for lead-

ership, both for the residents and the mentors.

To be successful over the long term, we believe that pharmacy leaders must have a lifestyle that incorporates three elements. The first is meaningful relationships with peers who can stimulate, challenge, and be supportive. A leader's passion and vision for pharmacy can be stimulated by working with people who share that vision and passion, including not only the leadership team but a local, regional, and national network of colleagues and friends. Regular contact can be maintained by telephone and e-mail, but meetings offer a time to renew with ideas and energy that can sustain one for months.

The second key to success in terms of lifestyle is having a supportive spouse or partner. A leader's life partner must have a high level of respect for his or her career (and vice versa). Successful leaders' partners recognize and understand the passion for and commitment to pharmacy and patient care. Decisions regarding promotions and professional commitments should be weighed jointly, recognizing not only the importance of long-term career aspirations but also the potential impact on family life. Recognizing that saying "no" if the timing is not right is better than getting in over one's head, which can turn the entire family away from accepting future opportunities. If one has a family, "making it work" will involve ensuring dependable help with child care and household chores, making conscientious decisions about the level of participation in outside professional activities, and accepting a certain amount of guilt, for example about not being the one volunteering weekly to help out in a child's classroom or not having a spotless home. The flip side is being able to do what one loves and believes in and carrying that energy through in one's personal life.

Finally, pharmacy leaders should play as hard as they work. Bennis[33] refers to play as a "joyous rediscovery

of childhood" and notes its adaptive capacity. Leaders should rejuvenate themselves by doing things outside of work that they enjoy, and that can be as simple as relishing a piano recital or reading a good novel or as exciting as scuba diving or mountain climbing. Finding balance between work and play is critical for long-term professional success. Pharmacy leaders can keep energized by mentoring young pharmacists and absorbing their hunger for knowledge and their eagerness and enthusiasm. Leaders should avoid the temptation to let younger colleagues take one's place at resident and staff social functions.[15,17] Leaders should bring their optimism and joy into the workplace, acknowledging each person's uniqueness and making the pharmacy department a fun place to work. An environment that combines the wisdom of age and experience with the energy and enthusiasm of youth can be most effective.

Many books and articles are available on how to improve leadership skills, none of which can we recommend as the one and only primer. Pharmacy leaders should read as much as they can and think carefully about how they can apply the concepts to their practices. They should not expect instant results, for, as Foster[34] noted, "Our tendency is to overestimate what we can do in a year and underestimate what we can accomplish in 10 years."

Effective public speaking and writing skills are critical. To practice public speaking, one should take advantage of opportunities to make podium presentations at professional meetings and perhaps join a local Toastmasters International club. Social skills can be honed by volunteering to organize the pharmacy department picnic or other events where there is an opportunity to meet and greet guests. The continuous learning process should be applied to one's self-development by tackling new challenges, such as speaking with nurses about drug distribution

services or with clinical dieticians about medications that support dietary initiatives. Leaders should ask themselves how they perform in such interactions and what they could improve the next time; feedback from colleagues can be priceless.

Activities like these will foster the development of the intangible qualities of a good leader. The competency definitions for leaders in Table 2 can further guide self-assessment and help identify areas needing improvement.

Conclusion

The pharmacy profession has more believers than ever, from inside and outside its ranks, in the value of its services. Effective pharmacy leaders are experts in demonstrating and articulating that value and creating high-performance pharmacy practices characterized by high-quality patient care, improved medication safety, and maximum productivity.

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Table 2.
Competencies for Leaders[a]

Competency	Key Actions
Accurate self-insight: demonstrating an awareness of own strengths and development needs, as well as the impact of own behavior on others	Inviting feedback, performing self-assessment, understanding impact
Building business relationships: using appropriate interpersonal styles and communication methods to work effectively with business partners, such as peers and external vendors, to meet mutual goals; building networks to obtain cooperation without relying on authority	Establishing shared goals, collaboratively developing solutions, influencing action, confirming agreement, facilitating, acknowledging contributions, establishing communication systems
Building organizational talent: attracting, developing, and retaining talented individuals; creating a learning environment that ensures associates realize their highest potential, allowing the organization as a whole to meet future challenges; creating and maintaining an environment that naturally enables all participants to contribute to their full potential in the pursuit of organizational objectives	Diagnosing capability and developmental needs, scanning environment for developmental assignments, demonstrating advocacy for talent, creating a learning culture, ensuring differential reward systems and processes, emphasizing retention, demonstrating inclusive behavior, demonstrating advocacy for diversity
Business acumen: understanding and using economic, financial, and industry data to accurately diagnose business strengths and weaknesses; identifying key issues; and developing strategies and plans	Analyzing, integrating, and understanding the application of financial strategies and systems
Change leadership: continuously seeking (or encouraging others to seek) opportunities for innovative approaches to organizational problems and opportunities	Recognizing opportunities; valuing sound approaches; encouraging boundary breaking; addressing resistance to change; managing complexity, contradictions, and paradoxes; driving toward improvement
Communicating with impact: expressing thoughts, feelings, and ideas in a clear, succinct, and compelling manner in both individual and group situations; adjusting language to capture the attention of the audience	Delivering clear messages, presenting with impact, creating clear written communications, adjusting to the audience, ensuring understanding
Customer focus: cultivating strategic customer relationships and ensuring that the customer perspective is the driving force behind all value-added business activities	Seeking to understand customers, educating customers, maintaining trust, acting to meet customer needs and concerns, developing partnerships, recognizing customer service issues, creating win–win solutions
Driving for results: setting high goals for personal and group accomplishment, measuring progress toward goals, working tenaciously to meet or exceed goals while deriving satisfaction from goal achievement and continuous improvement	Targeting opportunities, establishing and reaching for goals, staying focused, evaluating performance
Establishing strategic direction: establishing and committing to a long-range course of action to achieve a strategic goal or vision after analyzing factual information and assumptions and considering resources, constraints, and organizational values	Gathering and organizing information, analyzing data, evaluating and selecting strategies, developing timelines, executing plans
Executive presence: conveying an image that is consistent with the organization's values; demonstrating the qualities, traits, and demeanor (excluding intelligence, competency, or special talents) that command leadership respect	Advocating for the organization, managing stress, creating an impact, exhibiting flexibility and adaptability
Leading through vision and values: Keeping the organization's vision at the forefront of decision-making and action	Communicating the importance of vision and values, moving others to action, modeling vision and values, rewarding others who display vision and values
Managing diversity: creating and maintaining an environment that naturally enables all participants to contribute to their full potential in pursuit of organizational objectives	Creating an equitable work environment, ensuring inclusivity of policies, recognizing diversity as an organizational asset, promoting the use of diverse resources, promoting increased diversity among the staff, setting standards of behavior based on respect and dignity
Operational decision-making: relating and comparing data on operational effectiveness from different sources; establishing goals and requirements that reflect organizational objectives and values, including the importance of continuous improvement; securing relevant information and identifying key issues, key people, and cause-and-effect relationships from a base of information; committing to an action after exploring alternative courses of action	Seeking and organizing information, analyzing data, developing and considering alternatives, gaining commitments, demonstrating decisiveness and action
Process improvement: acting to improve existing conditions and processes	Assessing opportunities, determining causes, targeting and implementing improvements
Professional or industry knowledge: having a satisfactory level of technical and professional skill or knowledge in position-related areas, keeping up with current developments and trends in areas of expertise	Engaging in continuous learning, applying state-of-the-art technology and concepts, developing and maintaining industry awareness

[a]Scott B, McKesson Medication Management. Personal communication. 2004 Jun 3.

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Appendix A—Sources of new information on pharmacy and health care

Journals and newsletters to read on a regular basis
American Journal of Health-System Pharmacy
Annals of Internal Medicine
Annals of Pharmacotherapy
Harvard Business Review
Hospital Pharmacy
Hospitals and Health Networks
JAMA
FDC Reports—"The Green Sheet" and "The Pink Sheet"
Managed Health Care
Medical Interface
Modern Healthcare
New England Journal of Medicine
Pharmacotherapy
Material to scan for health-related and pharmacy-related trends
The Advisory Board Company (www.advisoryboardcompany.com/public/inbrief/asp)
ASHP Section of Pharmacy Practice Managers (http://ashp.org/practicemanager/)
Biomedical Market Newsletter (www.biomedical-market-news.com)
Express Scripts
Harvard Business School Working Knowledge (http://hbswk.hbs.edu/)
Meeting programs
Modern Healthcare daily and weekly listservs
Novartis
UHC listserve
Wall Street Journal
Annual reports to review
American Hospital Association reports
Forbes reports
Healthcare Information and Management Systems Society reports
Wall Street Journal reports

Appendix B—Survey of a leader's leadership skills to be completed by pharmacy leadership team[a]

Indicate whether each of the following statements is true, more true than false, more false than true, or false.

1. Our leader articulates our goals in such a way as to inspire commitment.
2. Our leader avoids compromising the team's objectives with political issues.
3. Our leader exhibits personal commitment to our team's goals.
4. Our leader stands behind our team and supports us.
5. Our leader is fair and impartial toward all team members.
6. Our leader exhibits trust by giving us meaningful levels of responsibility.
7. Our leader provides us with the autonomy necessary to achieve results.
8. Our leader is willing to confront and resolve issues associated with inadequate performance by team members.
9. Our leader presents challenging opportunities that stretch our individual abilities.
10. Our leader recognizes and rewards superior performance.
11. Our leader is open to new ideas and information from team members.
12. Our leader is influential in getting outside constituencies—industry, the board, the media, the next level of management—to support our team's effort.

[a]Adapted, with permission, from a survey used by the University of Wisconsin Hospital and Clinics.