

Frontline Provider to Frontline Leader: Leveraging Clinical Skills to be a Clinical Leader

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Disclosure

I do not have any conflicts of interest to disclose related to the content of this presentation.

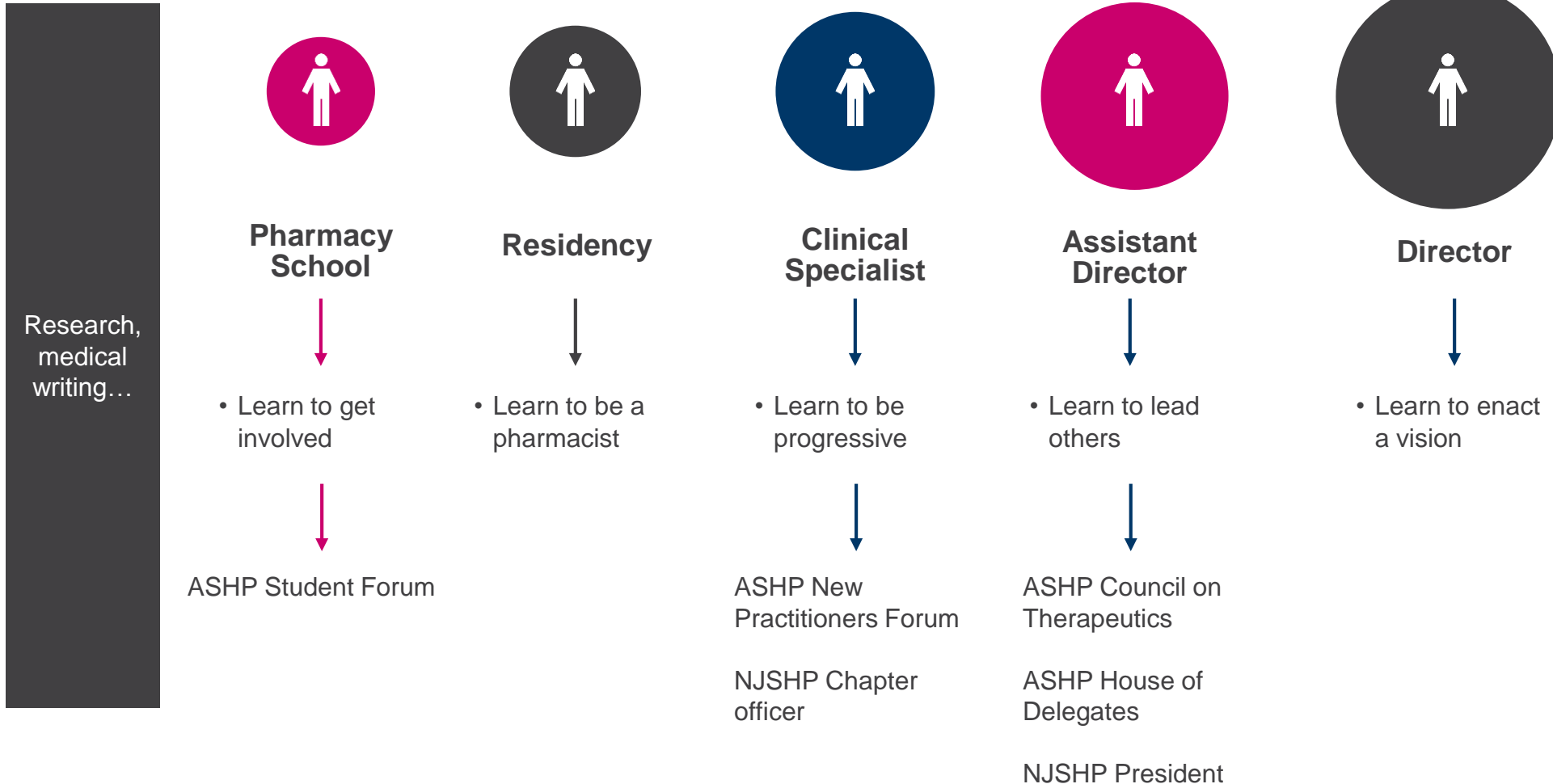


Objectives

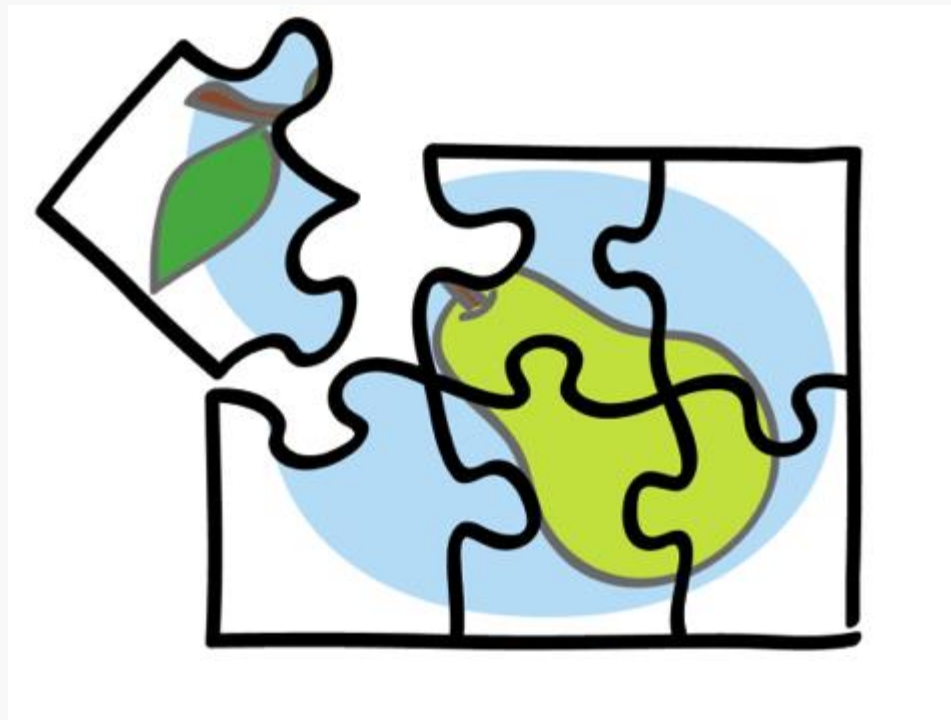
- Identify skills that make a clinician successful that are transferrable to an administrative leadership position
- Describe the spectrum of product-focused to patient-focused practice models



INTRODUCTION – My resume



Residency, ASHP Committees... What pharmacists can do



Learn new skills to become the best at what I was doing

What is the bigger picture for pharmacists...



Each step was another piece of a greater puzzle

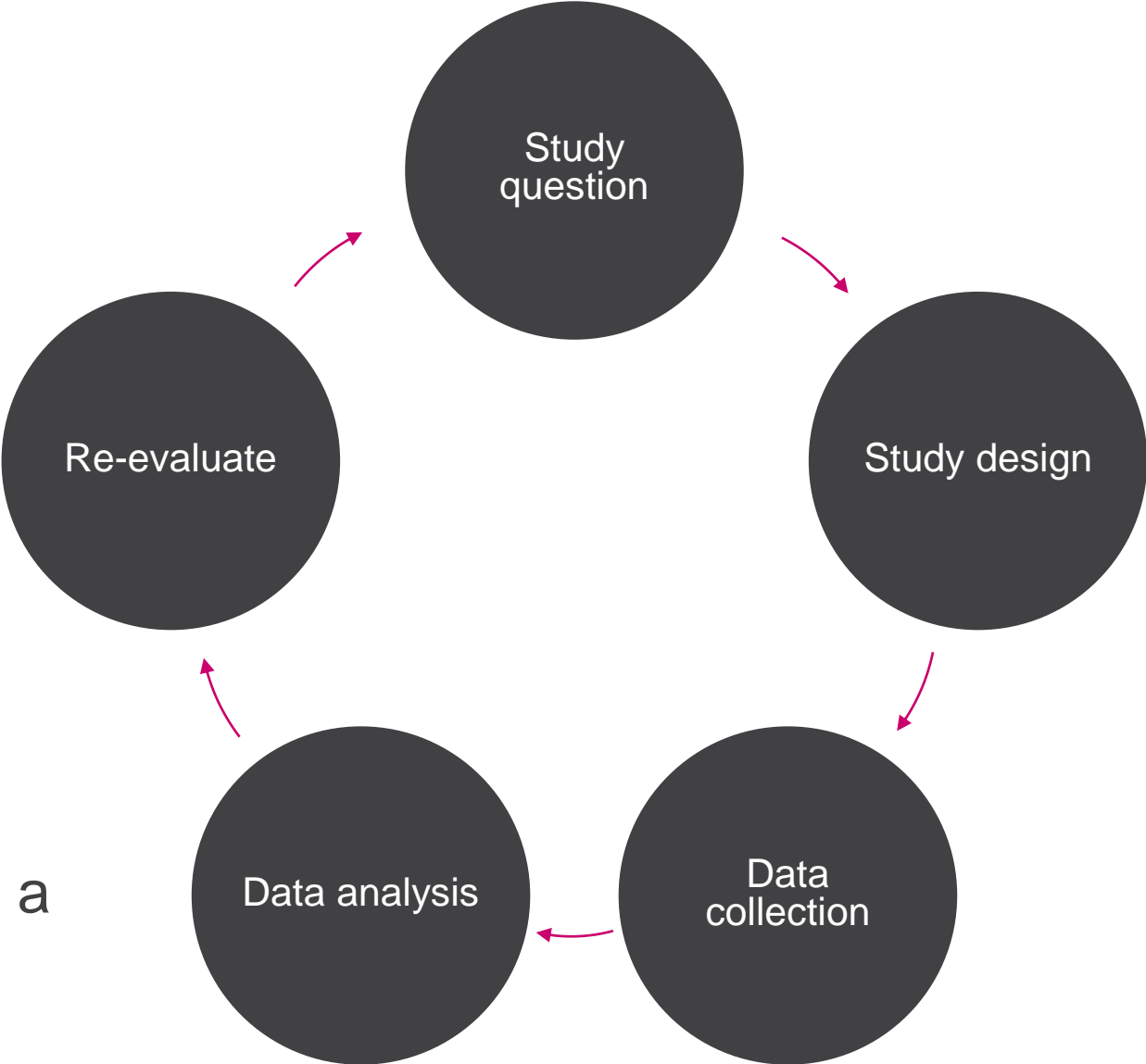
What role the Pharmacy Department plays in the hospital



Transferrable Skills

Clinical Pharmacy Specialist

MEDICATION USE EVALUATION PROCESS



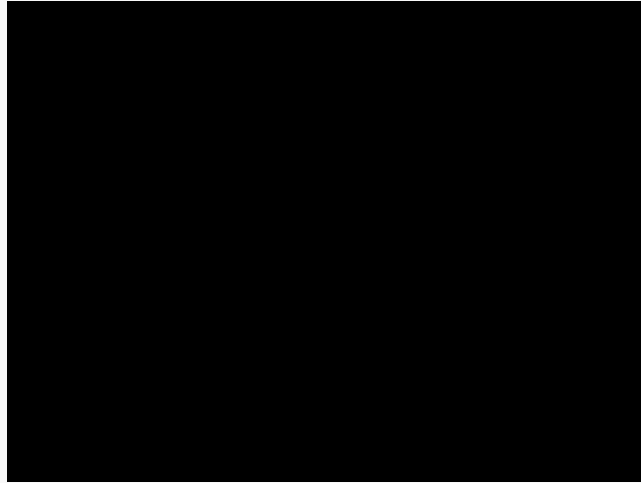
Analyze data in a structured way

FLEXIBILITY – FIND OPPORTUNITIES, GET THINGS DONE



Infectious Disease residency → Burn Unit specialization

Teamwork



The best clinical intervention is only as good as the ability to get the drug to the patient

Career Progression

Lessons learned

Clinician to Manager transition was difficult

PETER PRINCIPLE

Highest level of incompetence

CLINICAL SKILL SET

Therapeutics
Kinetics
Drug Info

People don't care how much you know until they know how much you care.

John Maxwell

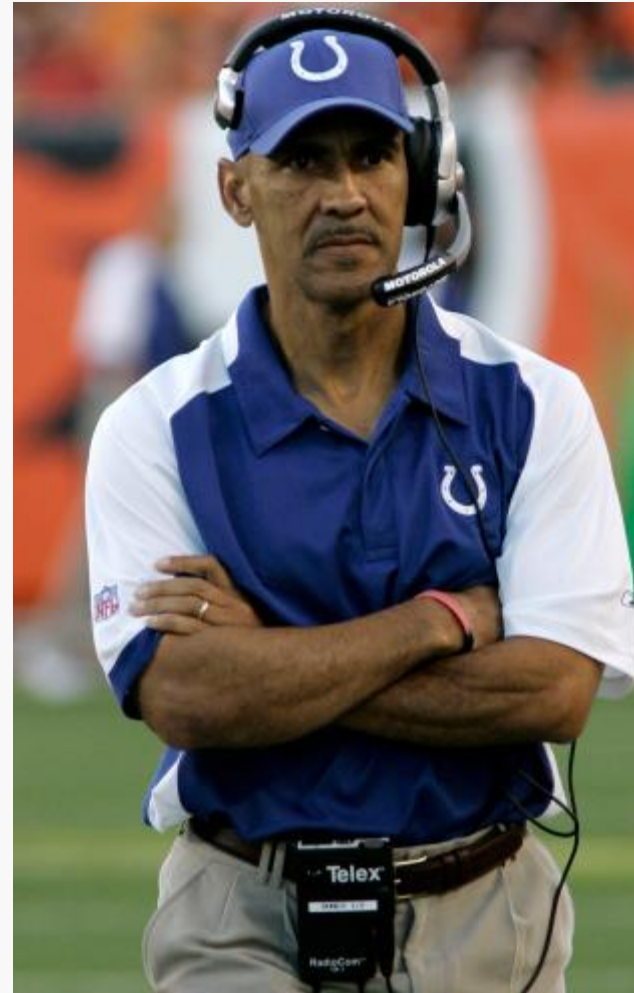
LEADER SKILLS

Motivation
Teamwork

Vision

The first step
towards creating
an improved future
is developing the
ability to envision
it...

Tony Dungy



Manager



Those who truly lead are able to create a following of people who act not because they were swayed, but because they were inspired.

Simon Sinek

Leader



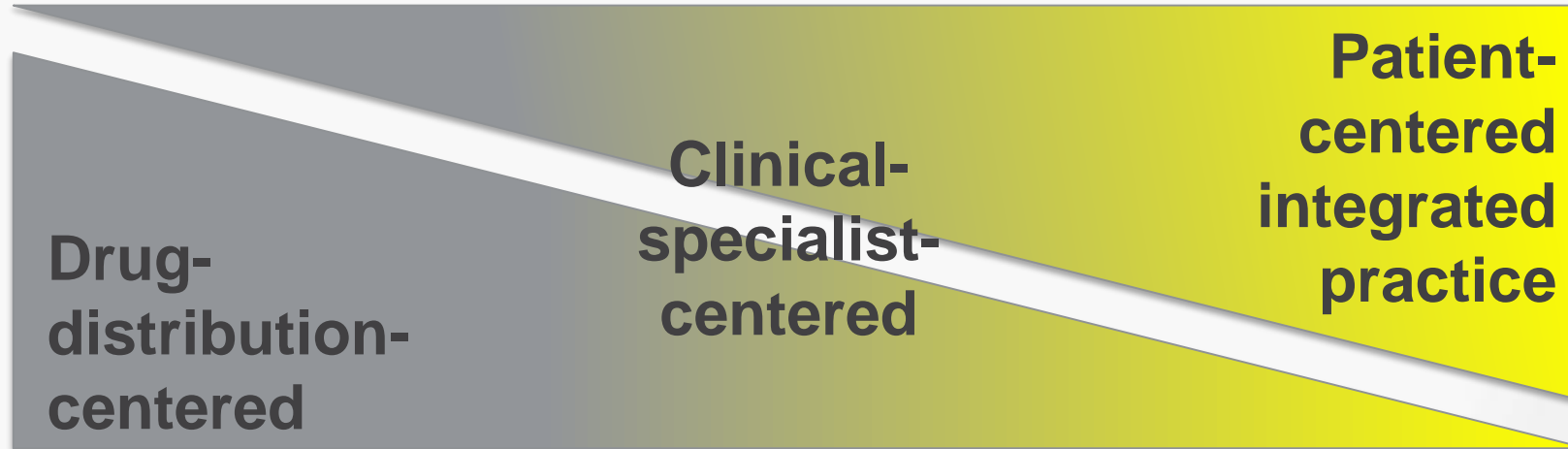
Strategic thinking is the bridge that links where you are today to where you want to be tomorrow.

John Maxwell

Strategic Leader

Practice Model Vision

Spectrum of Pharmacy Practice Models

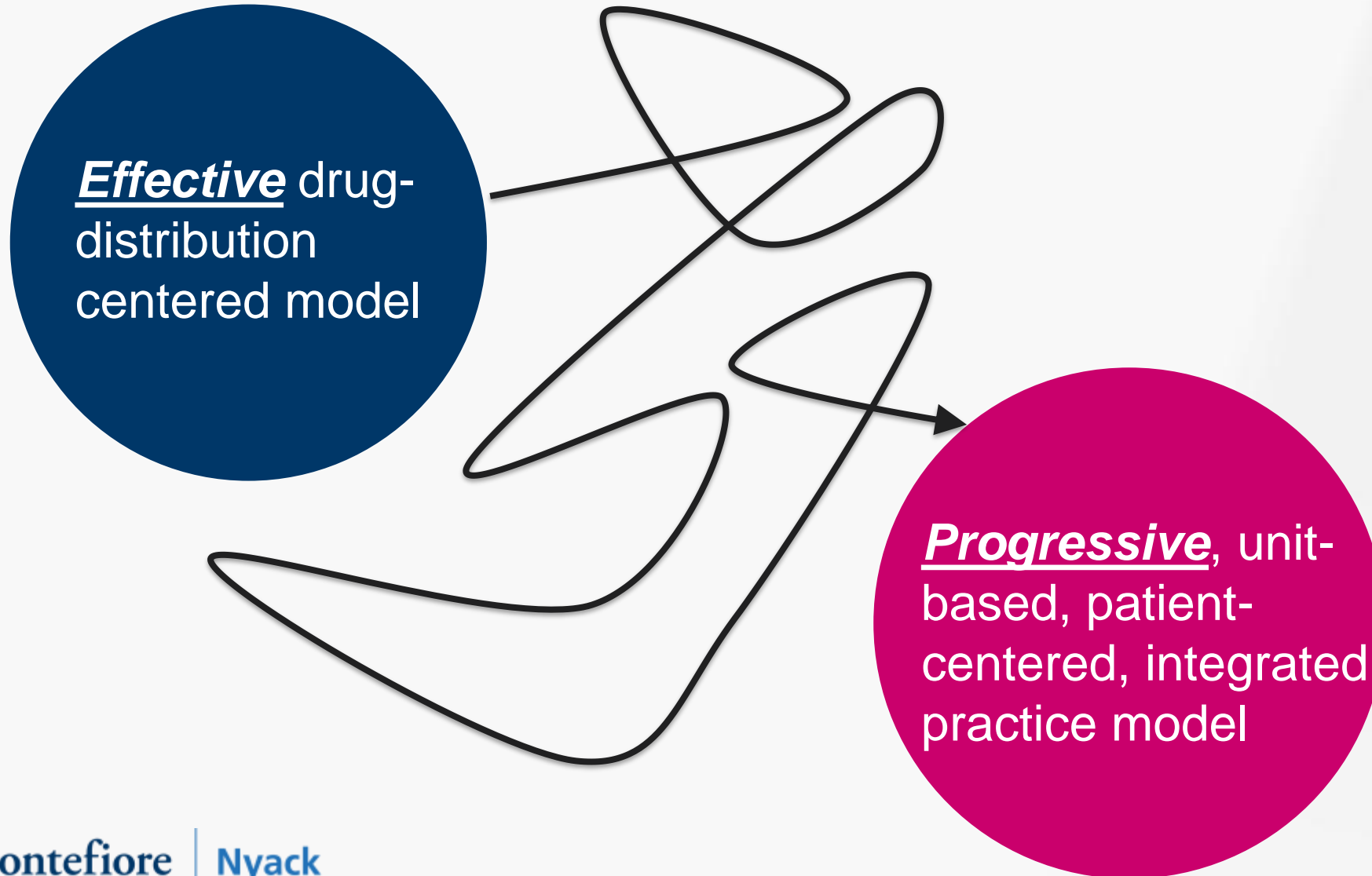


One of the significant trends in hospital pharmacy today – and one which will become even more firmly established in the future – is the active role played by the hospital pharmacist in the evaluation and selection of drugs used in the hospital.

Donald E. Francke – 1953 Harvey Whitney Award speech

Woods TM, et al. *Am J Health-Syst Pharm.* 2011; 68: 259.

Roadmap



Roadmap

Effective drug-
distribution
centered model

1. Develop Clinical Pharmacy Service
2. Establish Pharmacy Residency program
3. Redefine job title to Clinical Staff Pharmacist
4. Standardize expectations in ICUs
5. Develop plan for med/surg units
6. Redesign RPh and CPhT workqueues and responsibilities
7. Standardize scheduling

Progressive, unit-
based, patient-
centered, integrated
practice model

Data Analysis: MUE on workflow

Question: What is an equitable distribution of work?

Data collection: Obtain admissions by nursing station

Data analysis: Calculate patient-to-pharmacist ratios for various permutations

RESULTS:

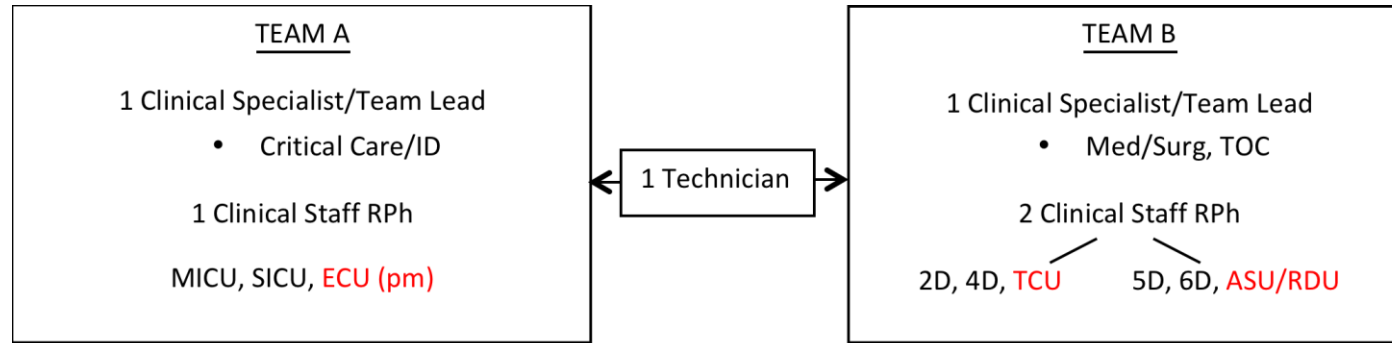
ICU	Main	Med/Surg satellite		Med/Surg decentral 1	Med/Surg decentral 2	Main	ICU
32.13	75.53	72.17		46.32	43.86	57.52	32.13

Conclusion: Identify groupings that achieve the goal

How do we get there? Current Coverage

- Day
 - 5 Pharm, clin staff (BC, MI, 5D, IV, Narc)
 - 2 Pharm, clin spec (ID, ToC)
 - 4 CPhTs (Main, cart fill, IV, delivery techs)
 - *IT RPh, Automation CPhT, OpMgr, ClinMgr, DoP, Purchaser, 340B RPh*
- DAY NEEDS
 - 6 Pharm, clin staff
 - 2 Pharm, clin spec
 - 5 CPhTs
- SHORTAGE
 - 1 Pharm, clin staff
 - 1 CPhT

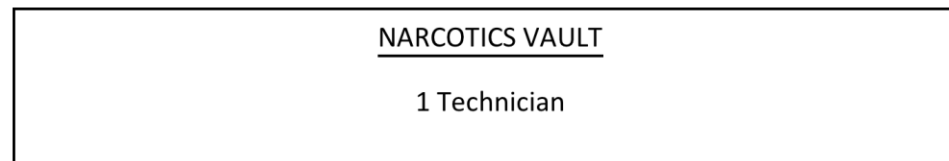
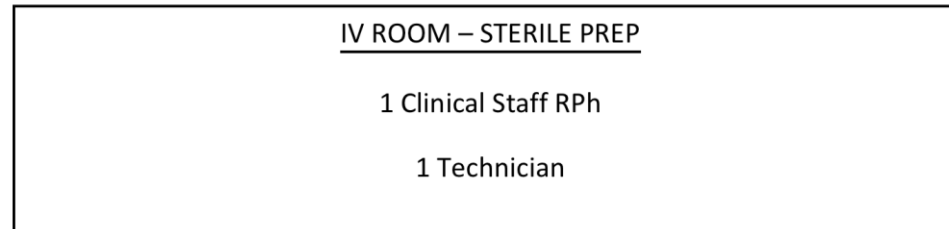
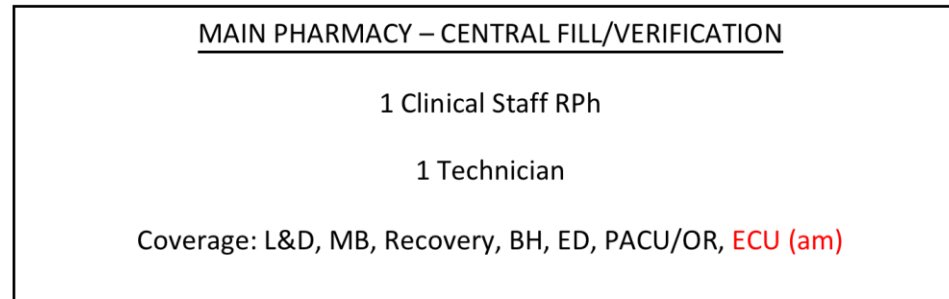
Reality - FLEXIBILITY



1. Limitations due to staffing numbers

2. Repurposing positions and responsibilities

3. Modification based on staff recommendations



Narcotics Technician
also helps Teams A & B
if necessary

Potential Dashboard Data

- CPOE time to verification
- Total number of orders per unit, per shift
- Relative value units per shift
- Surveys
- Problem order time to resolution, number of problem orders
- Interventions
- Others?

OPERATIONS

- Efficiency (knowing when a patient will be discharged)
- Decrease missing medications
- Decrease delays in order clarification

WHY?

People don't buy what you do, they buy why you do it.

Simon Sinek

PATIENT CARE

- Proactive, not reactive involvement in patient care
- Better management of transitions of care

COMMUNICATION

- Build relationships
- Increase Pharmacy visibility in hospital
- Streamline RN-RPh, RPh-RPh, RPh-MD communication

Conclusion

Transferrable skills

- ① MUE design and analysis
- ② Flexibility
- ③ Teamwork

(obtained from good mentors, training, practice, etc)



Combined with:
Vision, motivation,
and persistence

(obtained from
engagement and
participation in
professional societies)



**STRATEGIC
CLINICAL
LEADER**

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