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## **Leadership Does Makes a Difference**

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- Paul Schmidt, RPH, MS – paid employee of Hospiscript/a Catamaran company
- Paul Schmidt has no direct financial interest in the companies or their products mentioned in this presentation.
- Any discussion of off-label usage of medications will be announced

## **Brian Tracy**

“Leaders think and talk about the solutions.  
Followers think and talk about the  
problems.”

### **Goals and Objectives - Understanding**

- Describe which types of leadership are effective
- Recognize which leadership traits matter most
- Understand the sources of leadership power
- Appreciate the difference between leadership and management

## **Goals and Objectives - Applications**

- Identify the leadership skills of co-workers
- Appraise the Needs of Our Patients and Match These to Available Resources
- Incorporate All Stakeholders' Concerns When Completing a Plan of Care
- Measure the Impact of Cultural Factors
- Predict the Effect of Environmental Factors on End of Life Symptoms

## **Dwight Eisenhower**

“Leadership is the art of getting someone else to do something you want done because (s)he wants to do it.”

## Types of Leadership

- Directing Leadership
- Coaching Leadership
- Supporting Leadership
- Delegating Leadership

## Types of Leadership

Supporting – High Supportive and Low Directive behavior

Coaching – High Directive and High Supportive Behavior

Leadership

Delegating – Low Supportive and Low Directive behavior

Directing – High Directive and Low Supportive behavior

Northouse, P.G. (2010). *Leadership Theory and Practice* (5<sup>th</sup> ed.). California: Sage

## Jim Rohn

“The challenge of leadership is to be strong, but not rude; be kind, but not weak; be bold, but not bully; be thoughtful, but not lazy; be humble, but not timid; be proud, but not arrogant; have humor, but without folly.”

## Five Bases of Power

- Position Power
- Personal Power
- Legitimate
- Referent
- Reward
- Expert
- Coercive

French, J.R. & Raven, B. 1962. *Group Dynamics: Research and Theory* (pp. 259-269). New York: Harper & Row

## **Position Power**

- Legitimate – Formal title or position such as Judge in a courtroom.
- Reward – Ability to provide rewards such as a Supervisor who recognizes work well done with a bonus.
- Coercive - Ability to punish such as a parent who can take away a child's privileges.

## **Anonymous**

“You don't need a title to be a leader.”

## Personal Power

- Referent – Based on followers' adoration of a leader, such as a charismatic religious figure or a teacher.
- Expert – Based on followers' recognition of a leader's thorough knowledge, such as an experienced surgeon describing a procedure.

## Peter F. Drucker

“Management is doing things right; leadership is doing the right things”

## Leadership vs. Management

### Leadership

- Moves forward focusing on a goal
- Articulates a vision
- Looks for innovative and creative solutions to problems

### Management

- Does things correctly in the present
- Insures smooth operation
- Applies prescriptive solutions to problems

Yoder-Wise, P. S. (2003). *Leading and Managing in Nursing*. (pp. 20-21). St. Louis: Mosby.

## Peter Drucker

“So much of what we call management consists in making it difficult for people to work.”



## Leadership Qualities in Coworkers

- Leaders are good followers
- Leaders emerge in times of crisis
- Leaders are concerned with the self-esteem of their followers
- Leaders adapt to the situation
- Leaders influence others by serving others
- Leaders design and nurture shared visions

Bass, B.M. (1990). *Bass & Stogdill's Handbook of Leadership: Theory, Research, and Managerial Applications*, (3<sup>rd</sup> ed.). New York: The Free Press.

## Benjamin Disraeli

“I must follow the people. Am I not their leader?”

## Nelson Mandela

“It is better to lead from behind and to put others in front, especially when you celebrate victory when nice things occur. You take the front line when there is danger. Then people will appreciate your leadership.”

## Appraising Needs and Matching to Resources

- Uncontrolled Symptoms
- Anticipated Symptoms
- Rationed Health Care Services
- Dealing with Formularies
- Two Birds with One Stone – Addressing QAPI mandates
- Incorporating Nonprofessional care givers

Tecca, M. A. (2007). *QAPI: A New Way to Manage Hospice Quality*. Retrieved from [http://www.ocshomecare.com/OCSHomeCare/media/OCSHomeCare/White%20papers/WP\\_QAPI07-001.pdf](http://www.ocshomecare.com/OCSHomeCare/media/OCSHomeCare/White%20papers/WP_QAPI07-001.pdf)

## **Stakeholders – Those Affected by Change**

- Patients
- Families
- Professional care givers and providers
- Non-professional care givers
- The next patient we see

## **Cultural Factors**

- Human
- Organizational
- Legal
- Economic

## **Environmental Factors – The Patient Has Rights**

- Right Drug
- Right Patient
- Right Dose and Dosage Form
- Right Time of Administration
- Right Route of Administration
- Right Reason
- Right Documentation

Hudson, K. (2009). *Safe Medication Administration*. Dynamic Nursing Education  
Retrieved from [http://dynamicnursingeducation.com/class.php?class\\_id=38&pid=15](http://dynamicnursingeducation.com/class.php?class_id=38&pid=15)

## **Being a Leader from a Care Giver's Perspective**

- When do we Discontinue Medications?
- When do we Shift from Aggressive Therapy?
- How do we communicate with and involve those who are most affected?

## Aristotle

“He who has never learned to obey cannot be a good commander.”

## Discontinuing Medications

- Is there an indication?
- Is the medication effective?
- Are the directions practical?
- Are there any significant drug/drug or drug/disease interactions?
- Are there any unnecessary duplications?
- Is this the least expensive alternative?

Holly M. Holmes, Reconsidering Medication Appropriateness  
for Patients Late in Life. ARCH INTERN MED. 2006; VOL 166, MAR 27; 605-609.

## Shifting from Aggressive Therapy

- What is the Time to Benefit of a Medication Protocol?
- What are the Goals of Care?
- What are the Treatment Targets?
- What is the Remaining Life Expectancy?

Holly M. Holmes, Reconsidering Medication Appropriateness for Patients Late in Life. ARCH INTERN MED. 2006; VOL 166, MAR 27; 605-609.

**So lets look at  
an example!**



## Dementia Medications

- Acetylcholinesterase inhibitors and Namenda®
  - What do you mean Dementia Medications aren't appropriate to continue?
  - They are indicated for SEVERE dementia- isn't hospice severe dementia?

## Eleanor Roosevelt

“Do what you feel in your heart to be right—for you'll be criticized anyway.”

## Dementia Medications

- There are many studies addressing this, but lets take a look at one!
- Bengt Winblad, et al. Donepezil in patients with severe Alzheimer's disease: double-blind, parallel-group, placebo-controlled study. *Lancet* 2006; 367: 1057–65.

## Dementia Medications

- Enrolled 128 into Aricept Group
- Enrolled 120 in Placebo Group
- Only 19 patients/128 in the Aricept Group had a FAST > 7B
- 22% drop out rate
- Indicates that 80% of final study number had FAST > 6C
- Where did the rest go? If they were in the 19/128 then we have smaller numbers then we think!



## Dementia Medications

- Background
  - Enrolled 128 into Aricept Group
  - Enrolled 120 in Placebo Group
  - Only 19 patients/128 in the Aricept Group had a FAST > 7B
- Results
  - 22% drop out rate
  - Indicates that 80% of final study number had FAST > 6C
  - Where did the rest go? If they were in the 19/128 then we have smaller numbers then we think!

## Dementia Medications

- Statistical significance was seen in mean score change from baseline for the following test:
  - » SIB & ADCS-ADL
  - » Within the domain- statistical significance was seen for the following types of measures:
    - Language; Visuospatial
    - Bowel and bladder; Getting Dressed; Turning off the water

## Dwight Eisenhower

“You don’t lead by hitting people over the head  
– that’s assault, not leadership.”

## References

- Northouse, P.G. (2010). *Leadership Theory and Practice* (5<sup>th</sup> ed.). California: Sage Publications, Inc.
- French, J.R. & Raven, B. (1962). *Group Dynamics: Research and Theory* (pp. 259-269). New York: Harper & Row.
- Yoder-Wise, P. S. (2003). *Leading and Managing in Nursing*. (pp. 20-21). St. Louis: Mosby.
- Bass, B.M. (1990). *Bass & Stogdill’s Handbook of Leadership: Theory, Research, and Managerial Applications*, (3<sup>rd</sup> ed.). New York: The Free Press.
- Tecca, M. A. (2007). *QAPI: A New Way to Manage Hospice Quality*. Retrieved from [http://www.ocshomecare.com/OCSHomeCare/media/OCSHomeCare/White%20papers/WP\\_QAPI07-001.pdf](http://www.ocshomecare.com/OCSHomeCare/media/OCSHomeCare/White%20papers/WP_QAPI07-001.pdf)

## References

- Hudson, K. (2009). *Safe Medication Administration*. Dynamic Nursing Education. Retrieved from [http://dynamicnursingeducation.com/class.php?class\\_id=38&pid=15](http://dynamicnursingeducation.com/class.php?class_id=38&pid=15)
- Holly M. Holmes, Reconsidering Medication Appropriateness for Patients Late in Life. ARCH INTERN MED. 2006: VOL 166, MAR 27; 605-609

## Groucho Marx

“Only one man in a thousand is a leader of men – the other 999 follow women.”

## Questions?

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