

Al Loeb – Durant Speech

Thank you very much. This is indeed a very humbling moment. To have my name on this award along with true leaders and visionaries of our profession is quite an honor, especially because I have not taken the same path.

We have heard from Dave and Tom what Win Durant did for pharmacy and what his hopes were for the residency program. It's easy to look back and see where we have been. But it's very hard to look forward and imagine what should be. I am not a very creative person and I am not a visionary. I am wired differently. I am a process person. So once I understand the vision, I am very good at helping you successfully get there. Few things in life are accomplished as sole achievements. Most are completed thru teamwork. When I have led, it's been more often based on a previously learned model – UW's decentralized model, the residency program. I am better at advising and planning. Trying to be the burr under the saddle, asking the what if, and how or what will you do if you encounter this situation.

We all have our individual talents that we bring to the table and help our team be successful. It's important for you to periodically do some self-searching to recognize both your strengths and your weaknesses. If you don't, there is a good chance you will falter, sometimes badly. You should capitalize on your strengths and determine from your weaknesses if it is better to dedicate the effort to significantly strengthen them or how to minimize exposure. Often this is identifying others who have this as a strength and work from their ideas or ask them for help in further developing an idea or program.

I have to say that pharmacy has been very, very good to me. Ever since 7th grade I wanted to be a pharmacist. I don't know why. Architecture seemed interesting and I would have liked the detail, but as previously stated, I'm not creative and I have no artistic bone in my body. I'm also the person who has to hold the map the same way I am facing to understand if I need to turn left or right. I was born and raised in Milwaukee, but I went out of state to college. Back in the early 70s when I was getting out of high school, the Vietnam war was in full force and Madison was a hot bed of anti-war activity. The bombing of the physics building which was next to the pharmacy building was enough for my parents to suggest that I go someplace else.

Purdue had a brand new pharmacy school, and being in the middle of nowhere seemed like a good place. This was good for me. I had to meet new friends, and seeing that there was only one bar on campus and the drinking age was 21, it was a better environment for me compared to the peer pressure that I would have had in Madison. This is not to say that I stayed out of the bar. I studied, a lot, but still had time to play rugby and work at Harry's. Most of you have been to the Chocolate Shop via the Great Lakes conference. It's not quite the same as when I worked there and the hardest drink I had to make was a screwdriver.

I met this wonderful person there, Karen, who has been my lovely bride for 34 years. If you have not met her, you should. She certainly shares in this award. When we told our daughter of this award, she said to make sure that the family gets recognized. So, as not to exclude them, we are fortunate to have three great children, all successful in their own right, and good upstanding individuals.

Somewhere in my last year of pharmacy school I learned about residency programs. I was intrigued about learning more about hospital pharmacy, and the idea of going to school vs working was also a very attractive option. After graduating from Purdue, I went home for a month to study for the Indiana state board's. As soon as I completed my last test, I drove to Madison to start my residency. I was already three days behind and I don't know if I have caught back up yet. I met for the first time my BFFs or at least for the next two years. Larry Boh, Rick Onson, Mike Rubino, Cindy Patella. Larry and Rick had been student techs at UW. Mike was on his 2nd residency, I think he wanted to avoid work more than I did, and I'm sure Cindy had more pharmacy experience than I did. I was the greenest of the lot. Pam had to remind me that coumadin was the trade name, and warfarin was the generic.

In what I will refer to as the "old hospital", I was placed on the 5W/6W medical units, tutored by Mike Madalon and Jan Baetke. The world of pharmacy just opened up before me. Here I was applying the science to patient care. Here I could go on patient rounds with renowned physician's like Dennis Maki. I remember one day I was rounding with Dr Maki and his team, visiting with a very senior patient, Anna. She had an ulcer that had gone all the way thru to her external skin. He swapped and cultured the wound and gave it to medical student to process - I made it to the doorway before I passed out!. 4W was the kidney unit along with a 4-6 bed transplant

ICU. Dr. Belzer's kidney transplant patients would come back there to recover. It would have been nice if during my orientation to the unit someone would have mentioned whether or not ampicillin was metabolized by the kidney. I didn't know, but quickly hauled out the 5 pound ASHP drug information reference and looked it up. (yes, you should adjust the dose).

Was this visionary pharmacy – you bet. I worked in a decentralized setting. All doses were unit dosed. We did two a day cart checks. Technicians passed medications and counted narcotics. Never a call for a missing medication. They entered orders into the pharmacy computer system and the pharmacists double checked the computer entry against the MAR. The computer print-out was used for cart filling. I did medication histories on new admissions, and consulted with patients on their discharge prescriptions. I ordered IVs and did drip rounds, and ran the svps. That's right, the pharmacists, were responsible for starting and stopping the intermittent drugs. On weekends our team coverage expanded. 4W, 4W ICU, 5W and the heme/oncology unit. Gary Vanderpool was kind enough to give me a 20 minute orientation on Friday afternoon of how to push doxorubicin prior to the patient's 1000 dose the next day. I became a whiz at making IVs and TPNs the summer between my 1st and 2nd year. The technicians were out on strike with other hospital and state workers. We had two hoods in the PIT – the right side for TPNs, glass bottles with additives. The left side we reconstituted antibiotics, right next to the chemo. Our automation was an electric typewriter. We had one computer workstation that we used to make IV labels for our batch preparations. We had to crawl under a table to change the labels on our one label printer. The other printer was for the green bar paper for the cartfill lists.

I am most proud of staying overnight, sleeping off and on in the cardiac ICU. We had a 40 year old mother who was waiting for a heart and who kept coding during my shift. I offered to stay the night to help the nurses – it seemed like the right thing to do for the patient and the nurses.

Unfortunately she did not make it. And finally, it never failed that when you were turning your pager and keys in at the end of your shift, that there was a stat overhead page for the pharmacist for 2B – the psych unit. Down to the pharmacy to grab a haldol syringe, over to 2B, review the order, consult with the nurse and security guard as you were expected to help hold the patient down.

I was fortunate to stay on for another year as a project specialist (something about my project not being done). I learned/enhanced my detailed planning skills. The vision was to have a successful move and transition to a new department and some new processes. With this and other large scale implementations, I have learned over the years, - to think about all of the details needed to fill in the gap between today and the go-live day. I learned the importance of walking the entire process from A-Z, from multiple perspectives, and to listen and truly understand what people are saying and asking. Listening is a good skill to have. I learned that it is better to over-communicate. I learned to never assume, best to ask/inquire. I learned the need to train, that people learn in different ways, and to assess the training- are they really prepared. I learned that variation is usually undesirable and standardization is of great value.

In my three plus decades of work, I have only worked at three hospitals/health systems, and I have been very fortunate to have bosses that have let me do my thing, none were micro-managers. I am currently a member of the pharmacy management team at Aurora Health Care in Milwaukee. I am extremely fortunate to be able to work to with so many talented people – true visionaries and leaders on the national, state and organizational level.

My first post –residency experience was at Oakwood Hospital in Dearborn, MI - a 600 bed hospital, where the census was often 610, in a town that bordered Detroit. This was truly a unique experience. I was hired by Pat Paulson, a former resident who graduated 2-3 years ahead of me. He was a vice president overseeing pharmacy, purchasing, central service – not uncommon at that time for a person with a pharmacy background. Pat hired Doris as the asst director for clinical and myself as the asst director of operations. Thank god for Doris! Mature and wise beyond her years. It was certainly good to have someone to talk to who understood what you were trying to do, and who very subtly would question what you were doing. She was a true mentor.

Pat was kind enough to fire the then current director on the 2nd day of my job. He really helped me to become endeared with my new staff, almost all who had worked with George for at least a decade. This is not a method that I would recommend. We did many great things at Oakwood, implementing the Wisconsin model of decentralized pharmacy services. It is here that I learned the why behind the what. As a resident, I was taught to work within

the system. At Oakwood, I had to educate the pharmacists and technicians, nursing and medical staff leadership why these changes were better. This is really no different than being clinically proficient. You have to have your rationale locked down to be able to sell it to others. You have to be prepared for the 3rd and 4th line of questions, if you can do this, you will generally be successful.

I left Oakwood a few years later, leaving them with considerably higher level of pharmacy services, and myself as a better and more informed leader/manager. I came to St. Joseph's in Milwaukee, but I was not their first choice. Paul Abramowitz was. Lucky for me he decided going to Minnesota was a better fit for him. But I was hurt that I was not their first choice. So I vowed to work harder and make sure that they never regretted hiring me when they could not land Paul. I worked at St. Jos for 25 years in various capacities as Pharmacy Director, quality coach and V.P. of quality services.

At St. Jos' I also made a 2nd vow, that was to be the best boss that my employees ever had. I figured if I could accomplish this, my turnover would be less even in the wake of not being able to always having a pay level at a comparable rate as peer hospitals, or patient to staff ratios that were often higher than most areas providers. This is not about applying the golden rule, it is trying to get to truly know your employees, and understanding who they are and what they need from you in order for them to do their job to the best of their ability. I learned that coaching and mentoring is a much less stressful way to manage with considerably better results, than simply trying to hold people accountable to your policies and focusing more on the negative. When you coach, you are innately providing regular feedback and encouragement, you are trying to make the person successful, which will ultimately benefit the organization – it's a win-win. You change your focus from spending 80% of your time with the problem 20%, to 80% of your time with the 20% that need some direction/development at that point in time.

This is not to say that you should not hold people accountable. You need to do that. You can be nice and expect accountability at the same time, you should not think that being nice/lenient will ever replace the need for folks to be responsible. As I matured, I came to understand that there are times when you simply need to have a crucial conversation with someone. If you avoid it, you will continue to have problems and they will inevitably grow bigger/worse. At a minimum you will know that you made a good faith effort to address a problem. Most often, behaviors change or the temperature

of the issue is lowered considerably, and the organization is in a better place. For most people, this is a learning. It's an important skill and one that every exceptional leader does well.

In summary, some life learnings in no particular order of importance:

Honesty is the best/only policy

Hold yourself accountable, then others – walk the walk and the talk

Everyone is important – treat them with equal respect and as much attention as possible

Get to know your employees

Become a good listener- seek to understand

Learn who you are – what are your strengths and weaknesses

Never stop learning

We're going to Dubuque – have a vision/picture, then build the bridge between today and the future

Walk the entire process

Ask yourself/prepare for the 2nd and 3rd, 4th level question

Communicate, communicate, communicate

Understand and expect that there are two sides to every story – see thru the fluff/bluff

Take time for yourself and your family (**do as a say not as I do**)

Variation is usually less than optimal

Always have an elevator speech – when asked what's new – be ready to respond with detail

The worst thing you can do is avoid a crucial conversation

You can be nice and hold people accountable, avoid being nice and not holding people accountable

Be true to yourself

Thank you very much - On Wisconsin!