Director's Forum

Profiles in Leadership: Clifton J. Latiolais, MSc, DSc

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The *Director's Forum* series is designed to guide pharmacy leaders in establishing patient-centered services in hospitals and health systems. August 2013 marks the 50th anniversary of the publication of the *Mirror to Hospital Pharmacy*, which was a comprehensive study of pharmacy services in the United States. The late Clifton J. Latiolais, MS, DSc, served as the assistant program director for the study and was a co-author of the *Mirror*. The late Don E. Francke, MS, DSc, was the lead author of the *Mirror* and the principal investigator of the federally funded study that reviewed hospital pharmacy services across the United States. The next 2 articles in *Director's Forum* profile the leadership of Drs. Latiolais and Francke. This article highlights Dr. Latiolais ("Clif") by briefly reviewing his biography and key career accomplishments, describing his leadership philosophy, and translating that philosophy to today's health care challenges. Clif's influence on health system pharmacy serves as an example of effective leadership. This historical perspective on Clif's leadership, as seen through the eyes of those who knew him, provides directors of pharmacy a valuable leadership viewpoint as they develop strategies to enhance patient-centered pharmacy services.

August 2013 marks the 50th anniversary of the publication of the *Mirror to Hospital Pharmacy*.¹ This iconic text is a report of a study that audited hospital pharmacy services in the United States. Don E. Francke, Clifton J. Latiolais, Gloria Francke, and Norman Ho published the *Mirror* after analyzing the results of their research study titled Audit of Pharmaceutical Services in Hospitals. This study was conducted under grant W-45 from the US Public Health Service, and it recommended sweeping changes to hospital pharmacy in the following areas: direct professional functions; advisory and teaching functions; space, equipment, and manpower; administrative services; and the role of professional societies. The *Mirror* had a strong message for hospital pharmacy in 1964: Both the physical practice and philosophy of hospital pharmacy needed to change.² In addition, there needed to be unity among hospital pharmacists as to the long-term vision of hospital pharmacy practice.

Dr. Clifton J. Latiolais ("Clif") took to heart the recommendations of the *Mirror* as the grant's assistant director from 1956 to 1958. In 1958, he became the director of pharmacy at The Ohio State University (OSU) Hospitals in Columbus, Ohio, and he determined

to build a nationally ranked hospital pharmacy department. This was nearly 2 years after OSU pharmacy college dean, Lloyd M. Parks, PhD, had established a separate hospital department for the pharmacy (it was at the time part of the laboratory stores area). Clif began a 25-year career at OSU that saw incredible local and national growth and change in the practice of hospital pharmacy. A survey by Dr. Neil Davis in 1979 showed that Clif was primarily responsible for the success of most pharmacy directors of academic medical centers.³

The historic anniversary of the *Mirror* reminds today's pharmacy leaders of the time-honored philosophies described in its contents. These include control of drug storage by hospital pharmacists to prevent adulterated, deteriorated, or expired medications; the pharmacists' professional ideal to serve the public's interest and to prevent harm; the rigors of a pharmacy education; and the importance of the Doctor of Pharmacy degree in promoting a patient-centered approach to pharmaceutical services. This anniversary is also a reminder of the contributions that Clifton J. Latiolais made to health-system pharmacy. During his career at OSU, Clif trained 129 residents and established advanced training (MSc

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degree and specialty residency) in health-system pharmacy administration as a "must" for success of hospital pharmacy. His enthusiasm for excellence is embedded in the hearts and minds of all who were fortunate to be trained or mentored by him.

The goal of this article is to profile the leadership of Dr. Clifton J. Latiolais by reviewing his biography and key career accomplishments, describing his leadership philosophy, and translating that philosophy to today's health care challenges. We had the privilege of training under Clif. This historical perspective on Clif's leadership, as seen through the eyes of those who knew him, provides directors of pharmacy a valuable leadership viewpoint as they develop strategies to enhance patient-centered pharmacy services.

CLIFTON J. LATIOLAIS BIOGRAPHY

Clifton J. Latiolais was born in January 1926 to Overne and Ida Latiolais. Being 1 of 10 children instilled teamwork, collaboration, and cooperation in Clif at a very young age. He always had a story or 2 to tell about his Louisiana upbringing, and he was very proud of his Bayou heritage. He graduated from high school in 1943 and joined the Army Air Corps during World War II. He was honorably discharged in 1945 and began college at Loyola University. He completed the 4-year pharmacy curriculum in 1949. After a brief career in community pharmacy, he enrolled at the University of Michigan, earning his master's of science degree in hospital pharmacy. The degree was accompanied by a 2-year internship; this internship would serve as a precursor to today's specialty pharmacy residency in health-system pharmacy administration.

Clif served in several key leadership capacities prior to his career at OSU. He served as the assistant chief pharmacist at University of Chicago Hospitals, chief pharmacist at University of Rochester Strong Memorial Hospital, and as the assistant director of the American Society of Health-System Pharmacists (ASHP) and the American Pharmacists Association (APhA) audit of pharmaceutical services in hospitals. His position with ASHP and his association with Dr. Donald Francke placed him as a national leader with the ability to change the practice of hospital pharmacy in a very real and practical way. The *Mirror to Hospital Pharmacy* provided a practical guide to pharmacy directors in changing the hospital pharmacy physical practice and its philosophy. Clif served as director of pharmacy and professor of pharmacy at OSU until his retirement in 1983. After his retirement and until his death in 1995 from prostate cancer, Clif

served as a consultant to the intravenous infusion manufacturers and applied his operations skills to the area of pharmacy benefits management.

Clif had a very successful career at OSU and as consultant, mentor, and teacher in the years after his retirement. His major professional accomplishments included the following:

- Developed innovative pharmacy service programs to include intravenous admixtures, a pharmacy-coordinated medication administration program, nuclear pharmacy, clinical services, and pharmacy computerization. The nuclear pharmacy service at OSU (now called The Ohio State University Wexner Medical Center) is still operational and is a leader in radiopharmaceutical drug use management.
- Presented more than 200 education sessions across the country for pharmacy directors on establishing intravenous admixture systems. These sessions (affectionately called "bag shows" by former OSU residents and pharmacy administrators) were the catalyst for the growth of pharmacy sterile products areas and improved safety in the preparation of sterile products for adult and pediatric patients. These efforts moved the responsibility for compounding intravenous admixtures from the nursing profession to the pharmacy profession. That standard exists today.
- Provided oversight for the training of 129 pharmacy residents of the combined master's of science degree (Clinical Hospital Pharmacy) and 2-year pharmacy residency programs administered through participating Columbus, Ohio, hospitals (Ohio State, Grant, Riverside, Mt. Carmel, and Children's). Clif's collaboration with other hospitals in education was one of the first of its kind and served as a model for collaboration among competitive hospitals by many of the OSU graduates.
- Developed a close association with the College of Pharmacy at OSU and was responsible for incorporating hospital pharmacy student experiences into the curriculum.
- Was a primary leader in managed care pharmacy services, particularly mail order pharmacy services. After his retirement from OSU, Clif spent almost 12 years as consultant and served as the first president of the American Managed Care Association. The Pharmaceutical Care Management Association awards a periodic special tribute, called the Latiolais Honor Medal, to an individual who displays excellence in the area of pharmacy benefits management.

- Served as the president of both ASHP and APhA.
- Received the highest honor in health-system pharmacy, the Harvey A.K. Whitney Award, in addition to many other awards. An award established in his name through the OSU College of Pharmacy, according to Clif, was his greatest achievement. This award is given yearly (at the Midyear Clinical Meeting) to a graduate of the OSU program who displays the “enthusiasm for excellence” that Clif sought to develop in his residents. Twenty-seven OSU health-system graduate pharmacy alumni have received this award, including 8 past ASHP presidents and 6 Harvey A.K. Whitney Award recipients.

CLIF'S LEADERSHIP PHILOSOPHY

Table 1 shows some of Clif's success characteristics and leadership principles and examples of these in action. Most of Clif's residents and those who worked for him, when faced with a leadership challenge, will ask themselves, “What would Clif do?” Clif was a man of principled integrity and always encouraged his residents to follow their “moral compass.” He simply demanded respect – and treated others with the respect he demanded.

The Clifton J. Latiolais Award from the OSU College of Pharmacy named Clif as its first recipient. During the inaugural award reception in 1985, Clif's philosophy was best summed up by his concluding acceptance remarks:

In conclusion, may I thank you for establishing this award because in great measure it is the collective contribution that all of you have made which has enhanced my reputation – and for that I shall always be grateful. I salute you.

CLIF'S HYPOTHETICAL PERSPECTIVE IN 2013

Clif was widely read and loved the information he could find on the Internet (relatively new at the time of his death). Clif would have responded to today's challenges in health care by being inquisitive, seeking out the opinions of the leaders of the day, and offering his own opinions as well.

Clif would have followed very carefully the Affordable Care Act (ACA) and what his colleagues and residents were doing with their practice models. He would have been constantly thinking about where the opportunities were for pharmacy. He would have been actively involved with pharmacy professional organizations to influence their policies and advance the profession. Clif would have been an early adopter of the available technology, pushing companies to continue to improve system integration and interoperability. He

would not have just automated the current systems, but would have designed new systems to continue to free up the pharmacist for patient care and to ensure a fail-safe medication use process.

In a previous article of the *Director's Forum*,⁴ the 5 issues facing pharmacy leaders were reviewed. This article tries to imagine how Clif would have viewed and handled these issues, including the ACA, ASHP's Pharmacy Practice Model Initiative (PPMI), health care workforce changes, patients' perceptions of pharmacists, and the changing landscape of pharmacy education and student training.

Affordable Care Act

- Clif would have demanded pharmacy involvement, and even active leadership, in developing accountable care organizations, patient-centered medical homes (PCMH), and the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), because medication issues are at the center of many of these programs (cost, quality, availability). There are many questions about pharmacy's role in these programs, and Clif would have insisted on increased pharmacy advocacy. Clif would have provided excellent direction on inter-professional and collaborative practice among the health care team.
- In transitions of care, Clif would have pharmacists managing the discharge medication process and utilizing adherence packaging to ensure that patients had their doses set up to take at home. Clif would have encouraged the packaging companies to use technology to wirelessly communicate with the pharmacists when each package was opened. In addition, Clif would have engendered the philosophy that patients should know their community pharmacist and have ongoing communication to prevent medication problems. He would have been a strong advocate for a portable electronic health record, which is shared by all health care providers. This would improve the safety of medication use significantly in all patients during transitions of care.
- Clif would have been speaking publicly and publishing in the peer-reviewed literature, challenging pharmacists to see their practices not just as acute care or ambulatory care but as a continuum of care.
- Clif would have agreed strongly in pharmacy being responsible for all steps in the medication use process. He developed OSU Hospitals' pharmacy-coordinated medication administration program whereby pharmacy was responsible for drug administration in this acute care environment.

Table 1. Clifton J. Latiolais's characteristics, principles, and examples of leadership

Success characteristic	Principle	Example(s)
Dedicated to leadership	Viewed leadership as a calling not just a job	Worked hard to improve pharmacy services for patients; reached deep down and gave his best effort
	Demonstrated an authentic zeal and passion for pharmacy practice	Tempered his passion by picking his battles
	Placed the profession above personal interests	Always used "we" versus "I" when discussing OSU accomplishments
	Never tried to impress others or be like anyone else	Only competed with himself not others; was comfortable with himself and was always his own person; led by example
	Had a vision of the ideal pharmacy services and always pursued excellence	Was practical in how to achieve his vision; knew that not every improvement would work but used each as a learning situation
	Held himself responsible and accountable	Never saw himself as a victim nor blamed others when challenges or obstacles occurred
	Appreciated the hospital pharmacy service evolution	Understood the past but constantly innovated, thinking boldly and creatively
	Read widely inside and outside of pharmacy and health care to stimulate his strategic thinking	Constantly asked how changes could be applied; had a "why not" attitude; was never bound by the conventional thinking
	Gave back to the profession in local, state, national, and international arenas	Spoke, taught, and gave of his personal time to be a leader in professional organizations
Sincerely cared about his people	Balanced the need for results with care for the staff as individuals	Knew it was the staff that implemented his vision; recognized that leadership was a team sport; knew all the staff by name and what was going on in the department
	Realized his success came from growing and developing staff	Saw the untapped potential in people; never took the credit for himself; developed and conducted an MS residency in administration that has produced many of the current health-system pharmacy leaders
	Never tried to clone himself but challenged people to do their best	Developed each person's competencies to sustain them throughout their career
	Was an ongoing mentor	Always asked, "What are you doing about. . ."
	Trusted people with responsibility	Assisted people in growing their confidence; had high expectations of himself and others; inspired people to give their best by doing so himself
	Allowed people to make mistakes and saw these as learning experiences	Provided guidance, constructive criticism, and professional insights

(continued)

Table 1. Clifton J. Latiolais's characteristics, principles, and examples of leadership (CONT.)

Success characteristic	Principle	Example(s)
Never satisfied with the status quo	Kept innovating no matter how many improvements he made	Had a vision for the continual service evolution and utilization of the pharmacist's expertise
	First determined what was the right thing to do	Then figured out how to get the resources and support needed
	Was not only strategic but was also tactical	Thought about ideas from all perspectives, including how it would affect others; knew where his support was before presenting the proposal
	Did his homework	Always had a Plan B, C, and even D
	Knew when to use a backup plan as opposed to holding out for the complete plan	When advocating for pharmacy to administer medications, left the responsibility for intravenous administration with nursing
Implemented his vision		Always found a way to accomplish his goals

- Clif would have championed the privileges and responsibilities of pharmacists to act independently and manage drug therapy as a result of the Centers for Medicare & Medicaid Services (CMS) including pharmacists as part of the medical staff.

Pharmacy Practice Model Initiative

- Clif would have been concerned about the ASHP PPMI recommendations that were not prioritized. He knew it is easy to have too many priorities and rarely get anything accomplished.
- Clif would have given pharmacy the full responsibility for medication reconciliation, as an accurate medication history is key to appropriate prescribing decisions and transition to ambulatory care.
- Clif would have advocated for the development of qualified pharmacy technicians, their formal training, their certification, and their assumption of greater responsibility in the drug distribution process. This partnership has the potential to accelerate the clinical practice contributions by the profession.
- Clif would have been supportive of the concept of accreditation by a multiple pharmacy organization (Center for Pharmacy Practice Accreditation [CPPA]). He was a proponent of and pioneer for the development of universal high practice standards that prompt consistent pharmacy practice for the profession.
- He would have made sure that his pharmacists were utilizing to the fullest the Board of Phar-

macy collaborative practice rules/regulations and would have continued to push nationally for pharmacist prescribing rights and provider status.

Health Care Workforce Changes

- Clif would have continued to expand residency programs and implemented new residencies in informatics and medication safety. He would have fully supported residencies in managed care pharmacy.
- He would have made sure OSU was the employer of choice through the practice model integrated with teaching.

Patients' Perceptions of Pharmacists

- Clif would have ensured that every time a patient entered the health system, he or she would have personal contact with the pharmacist who would give them a business card with contact information.
- To the patients, Clif would continue to champion the concept that they need a personal pharmacist and that these pharmacists collaborate together to best manage the patients' drug therapy.

Pharmacy Education's Changing Role in Student Training

- Clif would ensure through the introductory and advances pharmacy practice experiences (IPPEs

and APPEs) that pharmacist clinicians/educators offered hands-on experiences and not just observations as are appropriate.

- He would have supported and promoted board certification as the next logical career step for residency graduates in order to demonstrate their practice excellence with this credential.
- He would advocate changing the curriculum to offer new courses and revise current ones to include use of technology, informatics, medication safety, and gene therapy.
- He would be pleased that the profession has adopted one standard pharmacy practice degree (PharmD) and would be pleased, but never satisfied, with the growth of residency training programs and board-certified pharmacist specialists.

CONCLUSION

This historical perspective on Clif's leadership, as seen through the eyes of those who knew him, provides directors of pharmacy with a valuable leadership

viewpoint. Clif's philosophy can be used in solving today's problems. His dedication to leadership ideals and practices, his care for his people, and his dissatisfaction with the status quo defined Dr. Clifton J. Latiolais. Applying Clif's leadership philosophy to today's health care environment will make us all successful in developing patient-centered pharmacy services.

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