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Leading through Listening

Pharmacy Purchasing & Products: How long have you been with Central Admixture Pharmacy Services (CAPS) and B. Braun?

Eric Steen: I started with CAPS in 1992, as branch manager of the first location in Los Angeles. In 1997, the year B. Braun acquired CAPS, I became general manager, and in 2001 I became president. At B. Braun, I became the senior vice president of sales in 2004 and moved to marketing in 2009 as the chief marketing officer.

PP&P: In managing such a large organization, what leadership skills do you find to be key drivers of success?

ES: Empowering staff is the first skill that comes to mind, especially with our business model at CAPS. We operate 365 days a year in 23 different cities, often delivering IV admixtures within three hours from receipt of order. It is impossible for me to micro-manage every possible scenario. To overcome such obstacles as making an on-time delivery during a hurricane, it is vital to have trustworthy people in decision-making positions. It is important to empower your staff to make the right decisions to ensure safety and good patient care.

I also believe in hiring people who are different from me, as they bring alternative opinions and approaches. The goal is for the team to be freethinking—to be able to tell me when I might be wrong and to know I will listen without overreacting. One of my mentors once told me to “listen till it hurts.” This is especially hard for a talker like me, but listening till it hurts can work miracles, both professionally and personally.

PP&P: Can you share an excellent management skill you have seen in pharmacy?

ES: One technique I learned from a pharmacy mentor is MWA, or management by walking around. Observing the real-world activities of staff is good practice, and particularly important in this era of ubiquitous e-mail.

Walk around your organization, watch your staff, listen to their discussions, and observe their routines, especially when they are not expecting you. You will often gain insights and ideas for improvement that you would never get from reading an e-mail.

PP&P: What are your thoughts on measuring the value of technology acquisitions for hospital pharmacies?

ES: When forecasting and evaluating any process upgrade, it is important to measure how quality and efficiency will improve and how those improvements will impact total cost. New technology often exposes existing errors in a process or system, and thus may initially appear to decrease quality or efficiency.

I prefer the return-on-invested-capital model to assess the payback and internal rate of return for an investment. By performing a retrospective review, after about one year, we can determine the actual return from the new product or service. Often, it does not live up to expectations. However, by knowing the actual return and truly understanding how the process unfolded, we can improve the process the next time.

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PP&P: Smart pump implementations are projected to increase rapidly over the next few years. Is the technology sufficiently developed to provide the levels of safety health care facilities are seeking?

ES: The technology is capable. With proper selection and support, clinicians can achieve major enhancements to patient safety with today’s smart pumps. However, the necessary clinical and pharmacy support is not always available. Creating a drug library is much more complex than copying the formulary. The pharmacy needs to work with clinicians to determine real-world bedside practices, then build the library accordingly. At B. Braun Medical, we have learned that organizations also need supplier support to map the clinical workflow and optimize the data that are key to continuous quality improvement if they are to realize the full value of smart pump technology.

Some hospitals have concluded that big drug libraries, advanced networks, and substantial ongoing fees are necessary for smart pumps to be effective, but this is not the case. As the ECRI Institute reported, deploying even a modest library with limits on critical medications represents progress. Rather than wait for the ideal solution, organizations can take proactive safety measures and benefit from smart pump technology now.

PP&P: The news is rife with tragic accounts of mix-ups and missteps resulting in neonate and pediatric deaths. Is a completely new approach needed to ensure medication safety for these fragile patients?

ES: The pediatric population is a high-risk group for a number of reasons. Among them is a lack of commercially available dosage forms and concentrations for neonates. Compounded admixtures often require staff to calculate individualized doses based on age, weight, surface area, and clinical condition, which is a time-consuming, high-risk process.

Since CAPS produces so many neonatal and pediatric parenteral nutrition formulations, I have reviewed many good pediatric hospitals’ operations. The best include a highly redundant system of double checks, from ordering and preparation to dispensing and administration. In addition, these hospitals minimize floor stock, offer 24-hour pharmacy services, have automated dispensing, and use ready-to-administer doses. They also provide tools, such as enhanced calculating software and standardized forms, which enable clinicians to focus on a single task, thus minimizing the risks posed by distractions and interruptions.

PP&P: What universal change would you like to see enacted in US health systems?

ES: All controlled substances and cytotoxic drugs should be read by a bar-code scanner before they are administered to patients. If even a small grocery store can scan every item that passes through its doors, all potentially dangerous substances in a hospital should be read and double-checked by a scanning system prior to administration. ■

To read more of PP&P’s interview with Eric Steen, go to www.pppmag.com/EricSteen