

Have We Fulfilled the Opportunity Crafted by Our Governance Task Force?

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When you consider the question of governance and all the processes and policies that go with that word, you might well wonder if the topic is important at all. A few years ago, our Society's leadership saw the need to make substantial changes in governance by moving to a far clearer and more accountable operational model. This shift was made at the National level, but by virtue of the relationship between the Society's different organizational levels, the Branches have also reaped benefits, and today we are all enjoying the fruits of this effort. However, this summary of recent developments does not answer my question!

For part of the answer, one might look at the broader list of factors that go into effective organizational governance, which includes mentoring, succession planning, accountability, and actively engaging members, among many others. However, each of these elements could, on its own, be a topic of not just one of these reports but a full conference presentation. I won't attempt that here. What I will do is reflect on a recent meeting, sponsored by the American Society of Association Executives (ASAE), that I attended with CSHP Executive Director Myrella Roy.

The program focused on key priorities and metrics for achieving a high-performing board (or Council, in CSHP's case) within a nonprofit organization. CSHP's governance structure does reflect the very visible priority we have chosen for our profession (direct clinical care) and the importance we place on advancing our profession (to the virtual exclusion of any of the infrastructure necessary to support this professional development); nonetheless, at the Society level, attention to governance is critical to ensure the long-term viability and relevance of the organization and of the profession as a whole. Through the ASAE program, we learned about several essential dimensions that, when implemented, will help us to achieve a high-performing

Council that will remain relevant for many years: customer service culture, alignment of products and services with mission, data-driven strategies, dialogue and engagement, the CEO as a broker of ideas, organizational adaptability, and alliance-building. In more clinical

terms, these elements might be called patient centricity, alignment of medication therapy with outcome plans, use of evidence in clinical decisions, inclusion of the patient in the clinical team's discussions, clinical leaders as the sources of ideas to achieve desired outcomes, adaptability to best meet the patient's needs, and, finally, alliance-building, including the clinical elements and infrastructure needed to ensure desired patient outcomes.

My suggested alignment of the administrative elements of a successful board with the more familiar clinical services delivery model of pharmaceutical care may be somewhat loose. However, these two layers of activity are critically important not just to the evolution of the practice of pharmacy, but also to our Society's efforts to represent the collective interests of pharmacists during the revolution of our place in the interprofessional care of patients.

The CSHP Council now has this additional set of lenses through which to view its continuous growth, and the members who follow in our footsteps in the years ahead will be better able to achieve in full our Society's mission.



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