

## Clinical Practice Steering Committee Charter Document

Purpose	The Clinical Practice Steering Committee is dedicated to enhancing the quality of life and well-being of residents in the various post-acute and long-term care (PALTC) settings. We advocate for the PALTC community through collaborative efforts and educational initiatives and strive to create inclusive living spaces where patients and residents receive the highest-quality, compassionate care.
Ongoing	The committee undertakes the following activities:
Committee	Oversee and contribute to the development of evidence-based educational
Activities /	sessions for PALTC professionals.
Committee	Oversee and contribute to AMDA's Choosing Wisely initiative.
Charges &	Contribute guidance and expertise to advance the PALTC profession and to
Strategies	improve the quality of care delivered to patients and residents in post-acute
Strategies	and long-term care settings.
	Promote and raise awareness of guidance, tools, and resources developed by
	the Clinical Practice Steering Committee and Clinical Affairs subcommittees.
Roles and	Chair
Responsibilities	Help structure agenda for meetings.
	Run an effective meeting to ensure involvement of committee members
	and the advancement of activities and charges.
	Communication with the Board liaison before and after each Board meeting to
	share updates from the Committee and to hear about new Board initiatives.
	Report back to the full committee on each discussion with the Board liaison.
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	Identify, mentor, and groom the next Chair of the Committee.
	Assist with structure and selection of committee members.
	Vice Chair
	Support the Committee Chair to ensure responsibilities are met in a timely
	manner.
	Serve as interim Committee Chair in the absence of the Chair.
	Ascend to the position of Chair.
	Members
	Be prepared and actively participate in all conference calls and meetings.
	Work on projects as delegated by the Chair.
Workgroups	• Ensure that all Clinical Affairs subcommittees present at AMDA's PALTC
and Other	annual conference.
Committee	Receive updates from all subcommittee Chairs (or subcommittee
Relationships	representative) on projects, activities, etc. to ensure they are meeting the
•	term objectives.
	term objectives.

Expected Commitment  Committee Composition	The committee meets quarterly via conference call. Committee members are expected to review all agenda/materials prior to each meeting, attend the conference calls as scheduled.  The estimated monthly time commitment is 1-5 hours.  The Clinical Practice Steering Committee is comprised of medical directors, physicians, pharmacists, nurses, psychologists, academicians, and clinical specialists.
Committee Terms	All committee members serve a two (2) year term and are eligible for reappointment once. Terms run May to April. The Committee Chair and Vice Chair each serve a two-year term.
Selection/ Appointment	Members are appointed by the President with input from the Chair. The Committee Chair and/or Vice Chair is recommended by the outgoing Chair and appointed by the President.
Committee Requirements	<ul> <li>Express desire to serve with a special interest in advising the Society's Board of Directors about issues and best practices concerning the quality of care delivered to patients in post-acute and long-term care settings.</li> <li>Desire to advance the mission of AMDA.</li> <li>Ability to make the necessary time commitment.</li> <li>Must be a Society member in good standing.</li> <li>Must disclose all financial relationships on an annual basis.</li> <li>Ability to attend and actively participate in conference calls.</li> </ul> Committee Chair: <ul> <li>In addition to the above requirements, when possible, the Chair should have previously served as the Committee Vice Chair.</li> </ul> Vice Chair: <ul> <li>In addition to the above requirements, when possible, the Vice Chair should have previously served as a committee member.</li> </ul>
Committee Members	Chair - Sing T. Palat, MD, CMD Vice Chair - Katja Elbert-Avila, MD, MHS
	<ul> <li>Members</li> <li>Muhammad Salman Ashraf, MBBS</li> <li>H. Edward Davidson, PharmD, MPH (Advisory)</li> </ul>

	Nicole M. Orr, MD, FACC (Advisory)
	• Lisa Lind, PhD, ABPP
	Michael Nash, MD, CMD
	Mark Toles, PhD, RN
	• Tana Whitt RN, MSN, APRN, PMHNP-BC
	• Rani Rao, MD
	Nicole Osevala, MD, FACP
	Brandon Verdoorn, MD, CMD
Staff Liaison(s)	Erin O'Brien, RN, MA - Director, Clinical Affairs & Education Ellen Cook - Administrative Assistance Specialist Alicia Graf, MEd, CHES - Special Project Manager, Clinical Affairs
Board Liaison	Lea Watson, MD