

Clinical Practice Committee Charter Document

Purpose	<p>The Clinical Practice Committee is dedicated to enhancing the quality of life and wellbeing 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.</p>
Ongoing Committee Activities / Committee Charges & Strategies	<p>The Clinical Practice Committee undertakes the following activities:</p> <ul style="list-style-type: none"> • Serve as the clinical experts on behalf of the Association, providing guidance and recommendations to the Board and others as appropriate regarding clinical guidance, collaborative opportunities, and policy positions to improve the quality of care delivered to patients and residents in PALTC settings. • Contribute to the development and review of evidence-based educational resources for PALTC professionals and help identify clinical areas where additional educational resources are needed. • Promote and help disseminate guidance, tools and resources developed by the Clinical Affairs Committee and other PALTmed committees and working groups. • Oversee the development of PALTmed’s Choosing Wisely program
Roles and Responsibilities	<p>Chair</p> <ul style="list-style-type: none"> • Help structure agenda for meetings. • Run an effective meeting to ensure involvement of committee members and the advancement of activities and charges. • Communicate with the BOD 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. • Identify and mentor the next Chair of the subcommittee. • Assist with structure and selection of committee members. <p>Vice Chair</p> <ul style="list-style-type: none"> • Support the Committee Chair to ensure responsibilities are met in a timely manner. • Serve as interim Committee Chair in the absence of the Chair. • Recommend to the Governance Committee individuals to serve as the next Vice Chair. • Ascend to the position of Chair. <p>Members</p> <ul style="list-style-type: none"> • Be prepared and actively participate in all conference calls and meetings. • Work on projects as delegated by the Chair.

Workgroups and Other Committee Relationships	The Clinical Practice Committee collaborates with the Infection Prevention & Control (IPC) Committee, Ethics Committee, Publications Committee, Education Committee, Public Policy Committee, and others as appropriate.
Expected Commitment	The Clinical Practice Committee meets monthly via conference call. Committee members are expected to review all agenda/materials prior to each meeting and attend the conference calls as scheduled. Participate in review of publications as needed. Note, work may be time sensitive and require short-turnaround timeframes. The estimated monthly time commitment is 2-5 hours.

Committee Composition	The Clinical Practice Committee is comprised of a Chair, Vice Chair, and 8-10 members who represent various roles, clinical expertise, disciplines and settings within the PALTC continuum of care.
Committee Terms	Committee members serve a term of two years, renewable for up to three terms (six years). The Committee Chair and Vice Chair each serve a two-year term and can be renewed for one additional term. Terms run May to April.
Selection/Appointment	Members are appointed by the President with input from the Committee Chair. The Committee Chair is selected by the President. Committee member selections are approved by the President.
Committee Requirements	<p>Committee Members:</p> <ul style="list-style-type: none"> • Express desire to serve with a special interest in publications and education. • Desire to advance the mission of PALTmed. • Ability to make the necessary time commitment. • Must be an Association member in good standing. • Must disclose all financial relationships on an annual basis. • Ability to attend and actively participate in conference calls. <p>Committee Chair:</p> <ul style="list-style-type: none"> • In addition to the above requirements, when possible, the Chair should have previously served as the Subcommittee Vice Chair. <p>Committee Vice Chair:</p> <ul style="list-style-type: none"> • In addition to the above requirements, when possible, the Vice Chair should have previously served as a committee member.

Committee Members	<p>Chair: Sing T. Palat, MD, CMD</p> <p>Vice Chair: Katja Elbert-Avila, MD, MHS</p> <p>Members:</p> <p>Muhammad Salman Ashraf, MBBS</p> <p>H. Edward Davidson, PharmD, MPH (Advisory)</p> <p>Nicole M. Orr, MD, FACC (Advisory)</p> <p>Lisa Lind, PhD, ABPP</p> <p>Michael Nash, MD, CMD</p> <p>Mark Toles, PhD, RN</p> <p>Tana Whitt RN, MSN, APRN, PMHNP-BC</p> <p>Rani Rao, MD</p> <p>Nicole Osevala, MD, FACP</p> <p>Brandon Verdoorn, MD, CMD</p>
Staff Liaison(s)	Erin O’Brien, MA, RN, Director of Clinical Affairs & Education
Board Liaison	TBD
Version	2/26/25