**Care Pathways Subcommittee Charter**

**A Subcommittee of ACPC**

**Mission Statement**

The mission of the Care Pathways Subcommittee is to provide a governance structure for review of the clinical content of proposed care pathways for the adult enterprise. This subcommittee will assure review and approval of clinical content by qualified subject matter experts. After the subcommittee reviews are complete, the subcommittee will present recommendations to the Adult Clinical Practice Committee (ACPC).

**Care Pathways: Definition**

A care pathway is a standardized, evidenced based set of recommendations for managing a medical condition. The condition may be acute or chronic. While electronic health record tools such as smart sets, express lanes, or best practice advisories may be used to implement the care pathways, not all of these tools will fit the definition. Plans meeting the definition of care pathways may reach this committee by referral from population health development teams, the ACPC, or the Adult Clinician Task force.

**Authority**

This subcommittee will make recommendations to the ACPC. After ACPC review and approval, final authority lies with the Vanderbilt Medical Group Board.

**Executive Sponsors**

Paul Sternberg, MD

C.J. Stimson, MD

Cindy Powell, MD

**Responsibilities of the committee:**

1. Review clinical content of newly proposed care pathways
   1. Identify appropriate subject matter experts relevant to the condition under study
   2. Create timelines to ensure expeditious reviews
2. Organize recommendation for ACPC
   1. Support of at least 75% of the committee will be required to give the ACPC a recommendation to proceed
   2. Unresolved discrepancies will be brought back to ACPC for discussion and recommendations
3. Review broad implementation plans (can be a subsequent step after approval if needed)
   1. Where will the pathway be implemented?
   2. Measures/metrics to be followed
   3. Who are key stakeholders in implementation?
   4. Identify potential obstacles for implementation and suggest ways to overcome these challenges

4. Provide input on readiness for additional care pathways/triage of clinical topics as needed

**Out of scope of this committee:** Clinical content development, implementation actions, resourcing for implementation

**Composition of the committee:**

**Standing membership:**

1. Chair

2. QSRP representation

3. one member of Adult Clinician Task Force for review of care pathways (individual can rotate)

4. IT representation

5. Project manager support

**Ad hoc involvement:**

6. For each specific care pathway, we will involve 3 or more clinicians with related subject matter expertise, who were not directly involved in content development. For example, experts to review a pathway related to management of hypertension could include cardiologists, nephrologists, internists, hospital medicine specialists. In some cases nursing and operations leaders may also be appropriate SMEs.

**Meeting frequency:**

Once monthly, with additional meetings up to every two weeks if needed to expedite reviews

**Requirements for minutes:**

Project Manager will record and distribute the minutes after each meeting