

[Official Institution Logo]

Adult Congenital Heart Association

Policy to Ensure Care is Provided in the Pediatric or Adult Hospital Appropriate for the Patient's Medical Issues, Regardless of Age

Date Effective: MM/DD/YYYY

Type of Policy: Please indicate if this document is hospital policy or ACHD program policy/clinical guideline.

Purpose

Indicate why this policy is in place and the population that it benefits.

Policy Statement

State the actual policy to ensure care is provided in the pediatric or adult hospital appropriate for the patient's medical issues, regardless of age.

Procedures

Describe the specific procedures to ensure that care is provided in the pediatric or adult hospital appropriate for the patient's medical issues, regardless of age. Please include details about:

- The procedures in place for both the pediatric and adult hospital (if applicable)
- The location ACHD patients typically receive care (pediatric hospital, adult hospital, or both) and transfer processes if applicable
- ACHD team involvement in any inpatient setting an ACHD patient can receive care (pediatric hospital, adult hospital, or both)
- Specific personnel involved in these procedures

References

If applicable, please list any articles or other resources utilized to develop your institution's policy to ensure that appropriate care is provided based on the patient's medical issues, regardless of age.

Required Signatures

This document requires signatures from specific personnel. Please note that we require signatures from **ALL** of the individuals listed below in order for the document to be valid:

- Medical Program Director of ACHD

Helpful Tips

If you would like, please upload any additional documentation regarding this policy to I Inpatient services. It is not a requirement. Please save the document with I3 in the title so that we know which policy/procedure the uploaded document references.