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**Adult  
Congenital  
Heart   
Association**

## Policy/Plan for Planned Patient Transfer from Pediatric to ACHD Care

**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 it benefits.

### Policy Statement

State the actual policy for planned patient transfer from the pediatric to ACHD Care. This statement can be a brief overview of the policy, but please reference the age or age range at which this transition occurs.

### Procedures

Describe the specific process and steps that occur throughout the transition process. Include details such as:

- Detailed timelines of the transition process from pediatric to ACHD care
- The name of the facility to which these patients are transferred
- ACHD team members involved in transition process
- Transition readiness assessment tools utilized by your institution
- Methods to manage ACHD patients after initial transition

### References

If applicable, please list any articles or other resources utilized to develop your institution's policy for planned patient transfer from pediatric to ACHD care.

### 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
- Transition Nurse Coordinator
- Chief of Pediatric Cardiology

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### Helpful Tips

If you would like, please upload any additional documentation or examples of the above policy to the additional files section of K Transitional Services. It is not a requirement. Please save the document with K2 in the title so that we know which policy/procedure the uploaded document references.