

[Official Institution Logo]



24/7 CHD Surgical Expertise and Consultation

Date Effective: MM/DD/YYYY

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

Purpose of Policy

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

Policy Statement

State the actual policy to ensure that there is 24/7 CHD surgical consultation and coverage in your ACHD program. This statement can be a brief overview of how different teams or departments work together to provide 24/7 surgical consultation coverage for ACHD patients.

Procedures

Provide a more detailed description of the procedures and staffing resources you utilize to ensure that there is 24/7 CHD surgical consultation and coverage is available for ACHD patients.

References

If applicable, please list any articles or other resources utilized in developing your institution's policies on CHD surgical consultation.

Required Signatures

N/A

Helpful Tips

We recommend that you upload a copy of your surgical call schedule in the additional files section of E Cardiothoracic Surgery and Cardiothoracic Intensive Care Unit. Please save the document with E4 in the title so that we know which policy/procedure the uploaded document references.