

[Official Institution Letterhead]

**Adult
Congenital
Heart 
Association**

***Please provide policy for ACHD consultation within 24 hours of admission to the hospital for all ACHD patients for both the pediatric and adult facilities if applicable.*

Date Effective: MM/DD/YYYY

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

Misty Sharpe
Accreditation Manager
Adult Congenital Heart Association

ACHD Consultation within 24 Hours of Admission to the Hospital for all ACHD Patients

Dear Ms. Sharpe,

Please let this letter serve as formal documentation of our institution's policy about ACHD Consultation within 24 hours of admission to the hospital for all ACHD patients.

Please include any other relevant details about your inpatient consultation policy including:

- Personnel involved in the consultation
- Timeline of the consultation
- Structure of the consultation
- Any other important details

[Medical Program Director of ACHD's Signature]
[Name of ACHD Medical Program Director]
[ACHD Medical Program Director of (Institution)]
[Hospital Name]

[Chief of Pediatric Cardiology's Signature]
[Name of Chief of Pediatric Cardiology]
[Chief of Pediatric Cardiology of (Institution)]
[Hospital Name]

[Chief of Cardiology's Signature]
[Name of Chief of Cardiology]
[Chief of Cardiology of (Institution)]
[Hospital Name]