Policy to Promote Patient Centered 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. Please include a general statement about why patient-centered care is important to ACHD patients specifically.

Policy Statement
State the actual policy to promote patient-centered care in your institution’s ACHD program. This statement can be a brief overview of the strategies utilized. Please reference the ACHD team’s involvement in patient-centered care and ACHD team personnel coverage (i.e. 24/7 coverage). Mentioning additional patient-centered care criteria (i.e. presence of PFAC, patient feedback tool, etc.) is acceptable for this section of the policy.

Procedures
Describe the specific procedures implemented to promote patient-centered care for ACHD patients. Please include information about:

- Your institution’s definition of patient-centered care
- ACHD team member coverage to ensure patient-centered care throughout the care process
- Relationship between ACHD team and other specialist providers
- Patient/family involvement and engagement
- Educational efforts for patients, families, and providers
- Any tools utilized to help empower the patient (i.e. health passport, EMRs, checklist documents etc.)
- Quality review meetings (frequency of these meetings and attending personnel)

References
If applicable, please list any articles or other resources utilized to develop your institution’s policy to promote patient-centered care in your ACHD program.

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 documentation or examples of the above policy to the additional files section of L Patient-Centered Care. It is not a requirement. Please save the document with L2 in the title so that we know which policy/plan the uploaded document references.