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## 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

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### 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.