

[Official Institution Logo]



Proposal for the ACHD PFAC

Date Effective: MM/DD/YYYY

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

If you have submitted a proposal to your institution for an ACHD PFAC, please upload a copy of the proposal. We understand that each institution has a slightly different format for their proposals. Instead of outlining the exact format like we have in previous templates, we will include some general topics the proposal should include:

- Reasons PFACs will benefit ACHD patients (i.e. patient engagement and improving quality of care)
- Size of proposed PFAC
- Term length for PFAC members
- Frequency of meetings
- Overall guidelines or principles of the PFAC
- References utilized to help develop your PFAC's mission and structure
- Timeline of PFAC implementation

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 L5 in the title so that we know which policy/plan the uploaded document references.