



ACHA ACHD PROGRAM CRITERIA Comprehensive Care Center

- A. ACHD Cardiologist
- B. ACHD Medical Program Director
- C. Advanced Practice Nurse/Physician Assistant
- D. Registered Nurse
- E. Cardiothoracic Surgery and Cardiothoracic Intensive Care Unit
- F. Heart Failure, Heart Transplant, Heart/Lung Transplantation
- G. Interventional Cardiac Catheterization
- H. Interventional Electrophysiology
- I. Inpatient Services
- J. Outpatient Services
- K. Transitional Services
- L. Patient-Centered Care
- M. Echocardiography
- N. Cardiac Magnetic Resonance Imaging
- O. Cardiac Computed Tomography
- P. Pulmonary Arterial Hypertension
- Q. Exercise Testing and Cardiac Rehabilitation
- R. Reproductive Services
- S. Psychology and Social Work
- T. Cardiac Anesthesia

Key:

Must have documentation at the time of official application for the ACHA ACHD Accreditation Program.

Up to 2.5 years to establish, planning in place at the time of official application for the ACHA ACHD Accreditation Program.

Document requires signature.

ACHA ACHD Comprehensive Care Center

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A	ACHD Cardiologist(s)
A1	Minimum two ACHD Cardiologists (including ACHD Medical Program Director).
A2	Must be board certified or board eligible in pediatric or internal medicine cardiology.
A3	<p>Must meet one of the following:</p> <p>1) ABIM ACHD Board Eligible or Certified</p> <p>2) ACHD board certified by an international board certification process recognized by the country's governing body (documentation required)</p> <p>3) Those who are not eligible by traditional ABIM ACHD Certification pathway (international cardiology training) are required to:</p> <p style="padding-left: 20px;">a) Contact the ABIM and determine if they are eligible to sit for the ABIM ACHD Board Certification. If they are eligible, they should pursue ABIM ACHD Board Certification pathway. This may include completing general cardiovascular and ACHD board certification exams.</p> <p style="padding-left: 20px;">b) If they are not eligible (documentation from ABIM required) then the cardiologist will be accepted as an ACHD cardiologist for Program Accreditation if they meet the ABIM Practice Pathway requirements (click here). After 2019 when the practice pathway ends, only options 1, 2, 3a are available.</p>
A4	Requires Advanced Cardiovascular Life Support certification.
A5	<p>An ACHD Cardiologist should demonstrate active and ongoing involvement as an ACHD professional in some meaningful combination (more than one element) of:</p> <p>1) [1] education of professionals interested in learning more about the ACHD field;</p> <p>2) [2] the publication of substantive scientific manuscripts on CHD topics that adds to the value of the ACHD program and the ACHD community;</p> <p>3) [3] participation in CME ACHD education (per ABIM ACHD certification requirements);</p> <p>4) [4] time spent in the service of CHD/ACHD organizations.</p>

ACHA ACHD Comprehensive Care Center

B	ACHD Medical Program Director	
B1	An ACHD Medical Program Director must fulfill the requirements of the ACHD Cardiologist.	
B2	An ACHD Medical Program Director must be recognized as the medical leader of his/her ACHD program (i.e. letter from Division Chief that supports/confirms their position as the leader of the ACHD program).	
B3	An ACHD Medical Program Director is required to attend at least one ACHA National Conference and/or Regional Conference/Legislative Conference at least once every six years. If the Director is unable to attend, a dedicated ACHD team member must attend.	
C	Advanced Practice Nurse/Physician Assistant	
C1	At least 1 FTE dedicated to a board-certified Advanced Practice Nurse or Physician Assistant. If a program does not have APPs, must meet the following: 1) The ACHD program would need to demonstrate the hospital and, in particular the heart center, does not hire APPs as part of their care team (e.g. the heart failure, EP, CT surgical programs). 2) The ACHD program would be required to have an additional ACHD cardiologist (3 ACHD cardiologists). 3) The ACHD Program would need to assume the role and work of the APP and demonstrate how this is appropriately covered.	
C2	Requires Advanced Cardiovascular Life Support certification.	
C3	Advance Practice Nurse or Physician Assistant should demonstrate active and ongoing involvement as an ACHD professional in some meaningful combination (more than one element) of: 1) [1] education of professionals interested in learning more about the ACHD field; 2) [2] the publication of scientific manuscripts on CHD topics; 3) [3] participation in CME ACHD education; 4) [4] time spent in the service of CHD/ACHD organizations.	
D	Registered Nurse	
D1	1 FTE dedicated Registered Nurse	
D2	Requires Advanced Cardiovascular Life Support certification.	

ACHA ACHD Comprehensive Care Center

D3	Registered Nurse should demonstrate active and ongoing involvement as an ACHD professional in some meaningful combination (more than one element) of:	
1)	[1] education of professionals interested in learning more about the ACHD field;	
2)	[2] the publication of scientific manuscripts on CHD topics;	
3)	[3] participation in CME ACHD education;	
4)	[4] time spent in the service of CHD/ACHD organizations.	
E	Cardiothoracic Surgery and Cardiothoracic Intensive Care Unit	
E1	ACHD Surgical Director must be board certified as a congenital heart surgeon by American Board of Thoracic Surgery.	
E2	Requires Advanced Cardiovascular Life Support certification.	
E3	Pre-/peri-/post-operative consultation, care and diagnostics should involve CHD trained/experienced personnel*	
E4	A minimum of two CHD Surgeons. If only 1 CHD Surgeon, clear policy/plan that 24/7 CHD surgical expertise for care and consultation is available. Must meet one of the following: 1) Board certified in CHD CT Surgery, or 2) Board Certified in Cardiothoracic Surgery and have extensive experience and expertise in ACHD cardiothoracic surgery. This statement must be documented and provided by a Board-Certified CHD Surgeon, the director of CT surgery or if it is the same surgeon, this should be provided by the Chair of Surgery (or equivalent). 3) CHD surgeons are required to have Advanced Cardiovascular Life Support certification.	
E5	Designated ACHD Surgeon responsible for quality assessment/improvement.	
E6	Every ACHD surgical patient should be pre-reviewed by a multidisciplinary conference including ACHD physicians, ACHD surgeon, cardiac anesthesia with expertise in hemodynamics and physiology of ACHD patients, cardiac ICU, and preferably interventional catheterization, EP,	

ACHA ACHD Comprehensive Care Center

	and imaging specialists unless acuity precludes conference and thus, less formal discussion is held. Documentation stating the discussion and conclusions/recommendations placed in the patient chart.	
E7	On-site mechanical circulatory support policy/plan in place for transfer to transplant facility that is also an ACHA-accredited program. Process must involve consultation with ACHD surgeon and ACHD provider team.	
E8	CHD Surgery includes, but is not limited to: a) a. Congenital cardiac disease diagnosed, operated or intervened in childhood or adulthood. b) b. Heart surgery for the natural history or sequelae of congenital cardiac disease.	
*CTICU staff, including physicians and nurses, should undergo ongoing ACHD education. Please see Inpatient Criteria #4		
F	Heart Failure, Heart Transplant, Heart/Lung Transplant	
F1	At least one designated board certified or board eligible Heart failure cardiologist to collaborate with the ACHD team.	
F2	Process/plan for evaluation of advanced heart failure in ACHD patient must involve consultation with ACHD team. This uploaded policy/procedure document requires signatures from all individuals listed. For the specific signatures required, please reference the table of addendums at the end of this document.	
F3	On-site mechanical circulatory or policy/plan, heart and heart/lung transplantation or policy/plan for transfer to a transplant facility that is also an ACHD accredited program. Process must involve consultation with ACHD surgeon and ACHD provider team.	
F4	ACHD patients with advanced heart failure should have access to the same ancillary services that are available to adult acquired heart failure patients.	
G	Interventional Cardiac Catheterization	
G1	Diagnostic and interventional ACHD procedures should only be performed by pediatric or adult (IM) invasive cardiologist who: a) a. Have experience in the evaluation and treatment of ACHD patients, and b) b. Collaborates with the ACHD physician and team for pre-procedure evaluation and peri-procedure consultation.	

c)	<p>c. These invasive cardiologists are required to have Advanced Cardiovascular Life Support certification.</p>	
<p>This uploaded policy/procedure document requires signatures from all individuals listed. For the specific signatures required, please reference the table of addendums at the end of this document.</p>		
G2	<p>24/7 coverage of invasive cardiologist (defined above) in collaboration with ACHD team.</p>	
G3	<p>24/7 surgical availability (see CT surgery criteria)</p>	
G4	<p>24/7 emergency access to operating room.</p>	
G5	<p>Access and availability CT surgery, open chest resuscitation, ECMO.</p>	
H	<p>Interventional Electrophysiology</p>	
H1	<p>An electrophysiologist (pediatric or internal medicine/adult) who cares for ACHD patients should have experience and expertise in implantable device evaluation, programming, arrhythmia management and the identification and management of device complications and malfunction.</p> <p>Interventional Electrophysiology (EP) procedures (EPS, ablations, devices) should be performed by an electrophysiologist (pediatric or internal medicine/adult) specialist who:</p> <ul style="list-style-type: none"> a. Demonstrates competency in the evaluation and treatment of ACHD patients, and b. Collaborates with the ACHD team for pre-procedure evaluation and peri-procedure consultation. c. These electrophysiologists are required to have Advanced Cardiovascular Life Support certification. <p>This uploaded policy/procedure document requires signatures from all individuals listed. For the specific signatures required, please reference the table of addendums at the end of this document.</p>	
H2	<p>A plan for 24/7 ACHD EP coverage in collaboration with the ACHD team.</p>	
H3	<p>24/7 ACHD surgical availability including Mechanical Circulatory Support.</p>	
H4	<p>24/7 emergency access to operating room.</p>	
H5	<p>Availability and access to ACHD CT surgery, open chest resuscitation, ECMO, IABP.</p>	
I	<p>Inpatient Services</p>	
I1	<p>Policy/plan for ACHD consultation within 24 hours of admission to the hospital for all ACHD patients (≥18 years of age).</p>	

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	This uploaded policy/procedure document requires signatures from all individuals listed. For the specific signatures required, please reference the table of addendums at the end of this document.	
I2	Access to ACHD imaging, invasive cardiac procedures, CT surgery while inpatient.	
I3	Policy/plan should be available to ensure care is provided in the pediatric or adult hospital appropriate for the patient’s medical issues, regardless of age.	
	This uploaded policy/procedure document requires signatures from all individuals listed. For the specific signatures required, please reference the table of addendums at the end of this document.	
I4	Policy/plan for ongoing ACHD education of inpatient nursing staff.	
	This uploaded policy/procedure document requires signatures from all individuals listed. For the specific signatures required, please reference the table of addendums at the end of this document.	
I5	Emergency procedures, protocols and staff education in place to treat critically ill ACHD patients and/or transfer to adult facility when appropriate.	
I6	Policy/plan for 24/7 access to general internal medicine and adult subspecialists either by in-house consultation or transfer to adult facility. Subspecialists including, but not limited to: IM consult, intensivist, pulmonologist, nephrologist, hematologist, neurologist, gastroenterologist, OB/GYN, Infectious disease, and general surgery.	
	This uploaded policy/procedure document requires signatures from all individuals listed. For the specific signatures required, please reference the table of addendums at the end of this document.	
I7	24/7 ACHD call schedule.	
I8	Designated ACHD team member responsible for quality assessment/improvement.	
J	Outpatient Services	
J1	Outpatient care provided by ACHD cardiologists or APN/PA.	
J2	Outpatient clinic has documentation of policy/plan for cardiopulmonary resuscitation of adults including Advanced Cardiovascular Life Support trained code teams.	
	This uploaded policy/procedure document requires signatures from all individuals listed. For the specific signatures required, please reference the table of addendums at the end of this document.	
J3	Contact information for patient referral on clinic listing in ACHA directory and institutional ACHD program website.	

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J4	Availability of initial appointment within 4 weeks for new patients.	
J5	Urgent patients evaluated by the ACHD team within 48 hours.	
J6	Documentation of communication with patient's physicians and providers.	
J7	Established relationships with adult subspecialty providers as needed.	
J8	Policy/plan to promote establishment of medical home for ACHD patients.	
	This uploaded policy/procedure document requires signatures from all individuals listed. For the specific signatures required, please reference the table of addendums at the end of this document.	
J9	ACHD team meets regularly for patient case conference and review.	
J10	Policy/plan for advance care planning*	
	This uploaded policy/procedure document requires signatures from all individuals listed. For the specific signatures required, please reference the table of addendums at the end of this document.	
J11	A process to provide ongoing patient education and patient education material.	
	This uploaded policy/procedure document requires signatures from all individuals listed. For the specific signatures required, please reference the table of addendums at the end of this document.	
J12	A verifiable database (e.g. method of documentation) of ACHD patients and services.	
J13	Appropriate physical facilities and equipment for adult patients.	
J14	Policy/Plan for ongoing ACHD education of nursing staff in outpatient clinic.	
	This uploaded policy/procedure document requires signatures from all individuals listed. For the specific signatures required, please reference the table of addendums at the end of this document.	
J15	Designated ACHD team member responsible for quality assessment/improvement.	
*Advance care planning: Documentation of preference for any future medical care in the event that the patient is unable to speak for themselves and identification of a substitute decision maker.		
K	Transitional Services	
K1	Policy/plan to provide transition education for patients and providers.	
	This uploaded policy/procedure document requires signatures from all individuals listed. For the specific signatures required, please reference the table of addendums at the end of this document.	

ACHA ACHD Comprehensive Care Center

K2	Policy/plan for planned patient transfer from pediatric to ACHD care.	
	This uploaded policy/procedure document requires signatures from all individuals listed. For the specific signatures required, please reference the table of addendums at the end of this document.	
K3	Collaboration with pediatric cardiology providers to support, as needed, for ongoing discussion regarding the patients and referrals.	
L	Patient-Centered Care	
L1	Integrate patient-centered care (PCC)* into the program mission statement.	
L2	Have policies and procedures to promote PCC.	
	This uploaded policy/procedure document requires signatures from all individuals listed. For the specific signatures required, please reference the table of addendums at the end of this document.	
L3	Designate one ACHD team member responsible for PCC assessment, improvement and sustainment.	
L4	Have team members participate in training programs/educational sessions designed to promote PCC.	
L5	Demonstrate ongoing liaison with patients and their families by establishing a Patient and Family Advisory Council (PFAC) or having a written strategy to create a PFAC.	
L6	Use a structured tool to collect patient feedback on their experience and satisfaction and include a strategy for incorporating this feedback for improving quality care.	
L7	Have a written strategy for healthcare providers to partner with, educate and engage patients/families in all stages of care delivery.	
*Care that is respectful and responsive with the needs of the patient.		
M	Echocardiography	
M1	Access to 24/7 echocardiography (echo).	
M2	At least 1 CHD sonographer * on staff to establish protocols and oversee quality of imaging.	
M3	At least one echocardiographer on staff experienced in CHD, who is responsible for written protocols.**	
M4	Echo program meets with ACHD program at least once a year to review performance and quality.	
M5	Designated ACHD team member responsible for quality assessment/improvement.	
<p>*Sonographer – Meet the following:</p> <p>1) Certification as required by the hospital and echo lab. Either American Registry of Radiologic Technologists (ARRT), American Registry for Diagnostic Medical Sonography (ARDMS) which includes registered diagnostic cardiac sonographer (RDCS), or CCI (Cardiovascular Credentialing International).</p> <p>2) At least 1 sonographer in the adult echo lab certified in pediatrics/CHD.</p> <p>** May include education relating to acquired heart disease/ongoing training.</p>		

ACHA ACHD Comprehensive Care Center

N	Cardiac Magnetic Resonance Imaging		
N1	Access to Cardiac Magnetic Resonance Imaging (MRI).		
N2	Designated radiologist(s) and/or cardiologist(s) experienced in CHD that meets the qualifications of the American College of Radiology (ACR) Practice Guideline for Performing and Interpreting Cardiac Magnetic Resonance Imaging (MRI) (Level 3 certified).		
N3	MRI Program meets with ACHD program at least once a year to review performance and quality.		
N4	Designated ACHD team member responsible for quality assessment/improvement.		
O	Cardiac Computed Tomography		
O1	Access to cardiac Computer Tomography (CT) Scan.		
O2	Designated radiologist and/or cardiologist(s) experienced in CHD that meet the qualifications of the American College of Radiology (ACR) Practice Guideline for Performing and Interpreting Cardiac CT (Level 2 certified).		
O3	CT program meets with ACHD program at least once a year to review performance and quality.		
O4	Designated ACHD team member responsible for quality assessment/improvement.		
P	Pulmonary Arterial Hypertension		
P1	Onsite availability of PAH consultation for ACHD patients.		
P2	Designated ACHD team member responsible for quality assessment/improvement, including at least once a year meeting to review performance and quality.		
Q	Exercise Testing and Cardiac Rehabilitation		
Q1	Access and onsite availability to the following equipment and testing: <ul style="list-style-type: none"> a) a. Exercise test b) b. Metabolic cardio-pulmonary testing c) c. Stress imaging (nuclear, MRI, echo) d) d. Standardized Six-minute walk test 		
Q2	Access and availability to cardiopulmonary rehabilitation programs.		
Q3	ACHD team available for collaboration with medical staff performing and interpreting exercise testing and cardiopulmonary rehab.		
Q4	*Requires Advanced Cardiovascular Life Support certification for supervision provider.		
Q5	Designated ACHD team member responsible for quality assessment/improvement.		

ACHA ACHD Comprehensive Care Center

R	Reproductive Services	
R1	Policy/plan that encourages all female ACHD patients to have gynecological care.	
	This uploaded policy/procedure document requires signatures from all individuals listed. For the specific signatures required, please reference the table of addendums at the end of this document.	
R2	Policy/plan for discussion with patients of appropriate birth control methods and sexual function as it relates to CHD.	
	This uploaded policy/procedure document requires signatures from all individuals listed. For the specific signatures required, please reference the table of addendums at the end of this document.	
R3	Policy/plan for discussion with all female CHD patients to provide pre-pregnancy counseling and family planning.	
R4	Policy/plan for discussion of sexual counseling regarding sexual dysfunction.	
	This uploaded policy/procedure document requires signatures from all individuals listed. For the specific signatures required, please reference the table of addendums at the end of this document.	
R5	Documented availability of high-risk obstetric care: a) ACHD providers articulate and document a plan for delivery in collaboration with maternal/fetal medicine and anesthesiology. b) ACHD providers must have consulting privileges in the ACHD program's OB unit.	
R6	Access to genetic counseling.	
R7	Designated ACHD team member responsible for quality assessment/improvement.	
R8	Women with ACHD AP classification IB-D, IIA-D, and IIIA-D** should be managed collaboratively during pregnancy by ACHD cardiologists, MFM obstetricians, and OB anesthesiologists and in consultation with cardiac anesthesiologists for AP classification I-D, and IIC-D and IIIC-D. This multi-specialty team should meet on a regular basis to discuss and develop a peripartum care plan and document the plan for each individual patient in the EMR.	
**ACC AHA ACHD Care Guidelines 2018.		
http://www.onlinejacc.org/content/73/12/e81?_ga=2.221077210.337251669.1580341426-1910747381.1580341426		
S	Psychology and Social Work	
S1	.5 FTE dedicated to Licensed Social Worker. If .5 FTE not present, a policy/plan for providing coverage by a provider with ACHD experience.	

ACHA ACHD Comprehensive Care Center

S2	Policy/plan for referral to mental health services.	
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T	Cardiac Anesthesia	
T1	Perioperative anesthesia support should be provided by or in consultation with a cardiac anesthesiologist either trained, and/or with experience* in CHD for adult congenital patients with AP classification IC-D, and IIA-D and IIIA-D undergoing cardiac intervention (CT surgery, interventional cardiac catheterization, electrophysiologic procedure) or non-cardiac procedure.	
This uploaded policy/procedure document requires signatures from all individuals listed. For the specific signatures required, please reference the table of addendums at the end of this document.		
T2	Perioperative anesthesia support should be provided by a cardiac anesthesiologist either trained, and/or with experience* in CHD for adult congenital patients with AP classification I-D, and IIC-D and IIIC-D undergoing elective cardiac interventions (CT surgery, interventional cardiac catheterization, electrophysiologic procedure) or non-cardiac procedure.	
This uploaded policy/procedure document requires signatures from all individuals listed. For the specific signatures required, please reference the table of addendums at the end of this document.		
<p>*There is no specific certification for cardiac anesthesia with expertise in congenital heart disease.</p> <p>**ACC AHA ACHD Care Guidelines 2018.</p> <p>http://www.onlinejacc.org/content/73/12/e81?_ga=2.221077210.337251669.1580341426-1910747381.1580341426</p>		

ACHA ACHD Comprehensive Care Center

Table of Addendums

<p>Signatures – F2 (Comprehensive Care Center)</p>	<p>Signatures Required:</p> <ul style="list-style-type: none"> • Chief of Cardiology • Chief of Pediatric Cardiology • Director of Heart Failure/Txpl (Internal Medicine) • Director of Heart Failure/Txpl (Pediatrics) • Medical Program Director of ACHD
<p>Signatures – G1 (Comprehensive Care Center)</p>	<p>Signatures Required:</p> <ul style="list-style-type: none"> • Director of Pediatric Cardiology • Director of Cardiology • Director Cardiac Catheterization Lab (Pediatric Cardiology) • Director of Cardiac Catheterization (Internal Medicine) • Medical Program Director of ACHD
<p>Signatures – H1 (Comprehensive Care)</p>	<p>Signatures Required:</p> <ul style="list-style-type: none"> • Director of Pediatric Cardiology • Director of EP (pediatric cardiology) • Director of EP (adult cardiology) • Director of Cardiology • Medical Program Director of ACHD
<p>Signatures – I1 (Comprehensive Care Center)</p>	<p>Signatures Required:</p> <ul style="list-style-type: none"> • Medical Program Director of ACHD • Chief of Cardiology • Chief of Pediatric Cardiology
<p>Signatures – I3 (Comprehensive Care Center)</p>	<p>Signatures Required:</p> <ul style="list-style-type: none"> • Medical Program Director of ACHD

ACHA ACHD Comprehensive Care Center

Signatures – I4 (Comprehensive Care Center)	Signatures Required: <ul style="list-style-type: none"> • Medical Program Director of ACHD • Director of Nursing (or equivalent)
Signatures – I6 (Comprehensive Care Center)	Signatures Required: <ul style="list-style-type: none"> • Medical Program Director of ACHD
Signatures – J2 (Comprehensive Care Center)	Signatures Required: <ul style="list-style-type: none"> • Medical Program Director of ACHD
Signatures – J8 (Comprehensive Care Center)	Signatures Required: <ul style="list-style-type: none"> • Medical Program Director of ACHD
Signatures – J10 (Comprehensive Care Center)	Signatures Required: <ul style="list-style-type: none"> • Medical Program Director of ACHD
Signatures – J11 (Comprehensive Care Center)	Signatures Required: <ul style="list-style-type: none"> • Medical Program Director of ACHD
Signatures – J14 (Comprehensive Care Center)	Signatures Required: <ul style="list-style-type: none"> • Medical Program Director of ACHD
Signatures – K1 (Comprehensive Care Center)	Signatures Required: <ul style="list-style-type: none"> • Medical Program Director of ACHD • Transition Nurse Coordinator • Chief of Pediatric Cardiology
Signatures – K2 (Comprehensive Care Center)	Signatures Required: <ul style="list-style-type: none"> • Medical Program Director of ACHD • Transition Nurse Coordinator • Chief of Pediatric Cardiology

ACHA ACHD Comprehensive Care Center

Signatures – L2 (Comprehensive Care Center)	Signatures Required: <ul style="list-style-type: none"> • Medical Program Director of ACHD
Signatures – R1 (Comprehensive Care Center)	Signatures Required: <ul style="list-style-type: none"> • Medical Program Director of ACHD • Head of Maternal Fetal Medicine (MFM)
Signatures – R2 (Comprehensive Care Center)	Signatures Required: <ul style="list-style-type: none"> • Medical Program Director of ACHD • Head of Maternal Fetal Medicine (MFM)
Signatures – R3 (Comprehensive Care Center)	Signatures Required: <ul style="list-style-type: none"> • Medical Program Director of ACHD • Head of Maternal Fetal Medicine (MFM)
Signatures – R4 (Comprehensive Care Center)	Signatures Required: <ul style="list-style-type: none"> • Medical Program Director of ACHD • Head of Maternal Fetal Medicine (MFM)
Signatures – S2 (Comprehensive Care Center)	Signatures Required: <ul style="list-style-type: none"> • Medical Program Director of ACHD
Signatures – T1 (Comprehensive Care Center)	Signatures Required: <ul style="list-style-type: none"> • Chief of Cardiac Anesthesia • Chief of Congenital Cardiac Anesthesia
Signatures – T2 (Comprehensive Care Center)	Signatures Required: <ul style="list-style-type: none"> • Chief of Cardiac Anesthesia • Chief of Congenital Cardiac Anesthesia

ACHA ACHD Comprehensive Care Center

List of Acronyms

In alphabetical order

ABIM	American Board of Internal Medicine
ACHA	Adult Congenital Heart Association
ACHD	Adult Congenital Heart Disease
ACR	American College of Radiology
APN	Advanced Practice Nurse
CHD	Congenital Heart Disease/Congenital Heart Defect
CME	Continuing Medical Education
CT	Cardiothoracic/Computer Tomography Scan
CTICU	Cardiothoracic Intensive Care Unit
Echo	Echocardiogram
ECMO	Extracorporeal Membrane Oxygenation
EP	Electrophysiologist
EPS	Electrophysiology Study
FTE	Full Time Employee
HF	Heart Failure
IABP	Intra-Aortic Balloon Pump
IM	Internal Medicine
MRI	Magnetic Resonance Imaging
OB/GYN	Obstetrics and Gynecology
PA	Physician's Assistant
PCC	Patient Centered Care
PFAC	Patient Family Advisory Council