Performance and Quality Review Meeting between CT Program and ACHD Program

**Date Effective:** MM/DD/YYYY

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

**Purpose**
To establish regular Quality Assessment/Quality Improvement (QA/QI) meetings between the Computed Tomography (CT) program and ACHD program.

**Policy Statement**
State that the CT program meets with the ACHD program at least once per year to review performance and quality.

**Procedures**
Include the frequency, structure, and typical attendees of these meetings. Please note in order to meet the criteria, the CT program must meet with the ACHD program at least once per year to review performance and quality.

**References**
N/A

**Required Signatures**
N/A

**Helpful Tips**
Please upload any documentation or examples of the above policy to the “additional files” section of your application.

**Section O: Cardiac Computed Tomography.** These documents should be labeled with “O3” only in the title so that each policy/plan can be easily identified.