

[Official Institution Logo]



## 24/7 CHD Surgical Expertise and Consultation

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

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

### Purpose of Policy

Indicate why this policy is in place and the population it benefits.

### Policy Statement

State the actual policy to ensure that there is 24/7 CHD surgical consultation and coverage in your ACHD program. This statement can be a brief overview of how different teams or departments work together to provide 24/7 surgical consultation coverage for ACHD patients.

### Procedures

Provide a more detailed description of the procedures and staffing resources you utilize to ensure that there is 24/7 CHD surgical consultation and coverage is available for ACHD patients.

### References

If applicable, please list any articles or other resources utilized in developing your institution's policies on CHD surgical consultation.

### Required Signatures

N/A

### Helpful Tips

We recommend that you upload a copy of your surgical call schedule in the additional files section of your application.

**Section E: Cardiothoracic Surgery and Cardiothoracic Intensive Care Unit.** Please save the document with "**E4**" only in the title so that we know which policy/procedure the uploaded document references.