

[Official Institution Logo]



## Documentation of Multi-Disciplinary Conference Recommendations

**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.

### Policy Statement

State the actual policy for the multi-disciplinary conference for ACHD surgical patients. This statement can be a brief overview of when in the care process this multi-disciplinary conference will occur and what personnel attend these conferences. Please reference how this information is documented and where this documentation is stored.

### Procedures

Provide a detailed account of the multidisciplinary conference process such as exact steps that occur prior to the surgical conference, at the conference, and after the conference, what is decided at the conference (i.e., where the patient will have their surgery) as well as the personnel involved (i.e. ACHD physicians, ACHD surgeon, interventional catheterization, EP etc.). Include exactly what information about the ACHD surgical patient is reviewed such as:

- Demographics
- Current state of health
- Medication history
- Prior surgeries and procedures etc.

Also include information about the frequency of the conferences [weekly, bi-weekly etc.] and the methods of communicating the conference recommendations to the patient.

### References

If applicable, please list any articles or other resources utilized to develop your institution's policy on ensuring that every ACHD surgical patient is pre-reviewed by a multidisciplinary conference.

### 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 E: Cardiothoracic Surgery and Cardiothoracic Intensive Care Unit.** These documents should be labeled with "**E6**" only in the title so that each policy/plan can be easily identified.