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## Process/Plan for Evaluation of Advanced Heart Failure in ACHD Patients by ACHD Team

**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 evaluation of advanced heart failure in ACHD patients. This statement can be a brief overview of the policy. Please reference:

- Definition of advanced heart failure for an ACHD patient
- Personnel who perform the evaluation
- Timeframe during which patients are evaluated
- Description of ACHD team involvement

### Procedures

Provide a more detailed description of the processes for evaluating advanced heart failure in ACHD patients, including specific steps and guidelines and how the ACHD team is involved in the process. Also, describe the follow-up and referral procedures.

### References

If applicable, please list any articles or other resources utilized to develop your institution's policy on the evaluation of advanced heart failure patients.

### Required Signatures

This document requires signatures from specific personnel. Please note that we require signatures from **ALL** individuals listed below in order for the document to be valid:

- 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

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### Helpful Tips

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

**Section F: Heart Failure, Heart Transplant, Heart/Lung Transplantation.** These documents should be labeled with “**F2**” only in the title so that each policy/plan can be easily identified.