

Official Institution Logo



## Policy to Ensure that ACHD Patients with Advanced Heart Failure Have Access to the Same Ancillary Services

**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 to ensure that ACHD Patients with advanced heart failure have access to the same ancillary services that are available to adult acquired heart failure patients. This statement can be a brief overview of this policy. Please ensure that it includes access to cardiac rehab, nutrition/dietary, exercise, etc.

### Procedures

Describe the specific procedures and guidelines to make sure that ACHD patients with advanced heart failure receive the same ancillary services that are available to adult acquired heart failure patients.

Please include information about:

- Definition of advanced heart failure for ACHD patients utilized by your institution
- Specific services provided, location of these services, and how they are provided to the ACHD patients with advanced heart failure
- Personnel and staff involved (including third-party groups)

### References

If applicable, please list any articles or other resources utilized to develop your institution's policy on ensuring that ACHD patients with advanced heart failure receive the same ancillary services that are available to adult acquired heart failure patients.

### 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 F: Heart Failure, Heart Transplant, Heart/Lung Transplantation.** These documents should be labeled with "**F4**" only in the title so that each policy/plan can be easily identified.