

[Official Institution Logo]



## Plan for EP Procedures

**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/plan for electrophysiology procedures in your institution. Confirm that the electrophysiologist (pediatric/adult hospital) who cares for ACHD patients has experience and expertise in implantable device evaluation, programming, arrhythmia management and the identification and management of device complications and malfunction.

### Procedures

Describe the specific guidelines for EP procedures in your institution. This includes:

- Details about the electrophysiologist (i.e., demonstrates competency in the evaluation and treatment of ACHD patients and collaborates with the ACHD team for pre procedure evaluation and per-procedure consultation)

### References

If applicable, please list any articles or other resources utilized to develop your institution's plan for EP procedures.

### 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:

- Director of Pediatric Cardiology
- Director of EP (pediatric cardiology)
- Director of EP (adult cardiology)
- Director of Cardiology
- Medical Program Director of ACHD

### Helpful Tips

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

**Section H: Interventional Electrophysiology.** These documents should be labeled with "**H1**" only in the title so that each policy/plan can be easily identified.