

[Official Institution Logo]



Plan for 24/7 ACHD EP Coverage in Collaboration with the 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/plan for ensuring 24/7 ACHD EP coverage in collaboration with the ACHD team.

Procedures

Describe the specific guidelines in place to ensure 24/7 ACHD EP coverage in collaboration with the ACHD team. Please include details about:

- Specific personnel involved
- Plans for back-up coverage
- Methods of collaboration between the EP team and ACHD team and details about how the ACHD team and EP team work together to care for ACHD patients.

References

If applicable, please list any articles or other resources utilized to develop your institution's policy to ensure 24/7 EP coverage in collaboration with the ACHD team.

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 H: Interventional Electrophysiology. These documents should be labeled with "**H2**" only in the title so that each policy/plan can be easily identified.

Please upload any documentation or examples of the above policy to the "additional files" section of **Part H: Interventional Electrophysiology.** These documents should be labeled with "**H2**" in the title so that each policy/plan can be easily identified.