

[Official Institution Logo]



Policy to Ensure Care Provided in the Pediatric or Adult Hospital is Appropriate for the Patient's Medical Issues Regardless of Age

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 care provided in the pediatric or adult hospital is appropriate for the patient's medical issues, regardless of age.

Procedures

Describe the specific procedures used to ensure care provided in the pediatric or adult hospital is appropriate for the patient's medical issues, regardless of age. Please include details about:

- The procedures in place for both the pediatric and adult hospital (if applicable)
- The location ACHD patients typically receive care (pediatric hospital, adult hospital, or both) and transfer processes if applicable
- ACHD team involvement in any inpatient setting an ACHD patient can receive care (pediatric hospital, adult hospital, or both)
- Specific personnel involved in these procedures

References

If applicable, please list any articles or other resources utilized to develop your institution's policy to ensure that appropriate care is provided based on the patient's medical issues, regardless of age.

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:

- 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 I: Inpatient Services. These documents should be labeled with "**13**" only in the title so that each policy/plan can be easily identified.