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.