

[Official Institution Logo]



## Policy/Plan or Short Narrative for Access to General Internal Medicine and Adult Sub-Specialists Either by In-House Consultation or Transfer to an Adult Facility

**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 describing how ACHD patients have access to general Internal Medicine and adult sub-specialists while hospitalized. This statement should include what services are available at each facility (adult/pediatric) and how the transfer process works should the patient need to be moved between facilities.

### Procedures

Provide a detailed account of the services available to ACHD patients at each facility. Please describe what would cause a patient to be transferred between facilities and how the ACHD provider is able to monitor/administer care between the facilities.

### References

If applicable, please list any articles or other resources utilized to develop your institution's policy on ensuring that every ACHD surgical patient is pre-reviewed by a multidisciplinary conference.

### 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 "**16**" only in the title so that each policy/plan can be easily identified.