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 “I6” only in the title so that each policy/plan can be easily identified.