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Advance Care Plan Policy for ACHD Patients

Please provide advanced care plan policies for both the adult and pediatric facilities if applicable

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. Please make sure to reference ACHD patients specifically and not simply restate your institution's general advance care plan policy.

Policy Statement

State the actual policy for advance care planning for ACHD patients. This statement can be a brief overview of the policy and be similar to your institution's advance care planning policies. Again, please make sure to explicitly mention ACHD patients.

Procedures

Please describe the procedures and exact details of the advance care planning with ACHD patients. These details should include:

- Timeframe of advanced care planning and discussion with ACHD patients
- Personnel and other staff members involved in the advanced care planning discussion
- Structure of this discussion
- Required forms
- Relationship to institution's general advance care plan policy

References

If applicable, please list any articles or other resources utilized to develop your institution's advance care plan policy for ACHD patients.

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

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Helpful Tips

We understand that most hospitals already have an advance care policy in place for their institution. For the purpose of this application, we want a separate document focused on the advance care plan and discussion as it relates to ACHD patients. It is acceptable to say that the advance care plan for ACHD patients aligns with your institutions' standard policies and procedures. If this is the case, please provide those details in your ACHD advance care plan policy document.

Please upload any documentation or examples of the above policy to the "additional files" section of your application.

Section J: Outpatient Services. These documents should be labeled with "**J10**" only in the title so that each policy/plan can be easily identified.