

Official Institution Logo



## Policy to Provide Transition Education for Patients and Providers

**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 reference how transition education assists in self-care management for ACHD patients.

### Policy Statement

State the actual policy in place to provide transition education for patients and providers. This statement can be a brief overview of the policy, but please reference when this transitional education begins for ACHD patients (i.e., adolescence or earlier).

### Procedures

Describe the transition education policy in detail. Please include information related to:

- The exact age that transition education begins for ACHD patients.
- Any transition readiness assessment tools that your institution utilizes
- Process for initiating transition education
- Personnel involved in the transition education process
- Specific topics and materials included in the transition education and how the education is distributed (hand-outs vs. online)
- Methods to track transition progress for ACHD patients

### References

If applicable, please list any articles or other resources utilized to develop your institution's policy to provide transition education for patients and providers.

### 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
- Transition Nurse Coordinator
- Chief of Pediatric Cardiology

### Helpful Tips

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

**Section K: Transitional Services.** These documents should be labeled with "**K1**" only in the title so that each policy/plan can be easily identified.