

[Official Institution Logo]



Guideline to Ensure Collaboration with Pediatric Cardiology Providers to Support Ongoing Discussion Regarding the Patients and Referrals

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 describing the collaboration between pediatric cardiology providers in the care of adolescent and adult CHD patients. This statement can be a brief overview of the policy.

Procedures

Describe in more detail the relationship between pediatric cardiologists and ACHD cardiologists. Describe how this relationship is utilized to treat CHD patients in all stages of their care. These details should include:

- Methods of communication between ACHD and pediatric cardiology providers.
- Instances when this collaboration occurs (i.e., when a patient has a complex condition that is beyond a specific provider's knowledge)
- Educational materials about ACHD
- Specific ACHD resources that are available to pediatric providers

References

If applicable, please list any articles or other resources utilized to develop your institution's policy for planned patient transfer from pediatric to ACHD care.

Required Signatures

N/A

Helpful Tips

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

Section K: Transitional Services. These documents should be labeled with "**K3**" only in the title so that each policy/plan can be easily identified.