

[Official Institution Logo]



## Policy to Integrate Patient-Centered Care into the ACHD Program Mission Statement

**Date Effective:** MM/DD/YYYY

**Type of Policy:** Please indicate if this document is hospital policy or ACHD program policy/clinical guideline.

Please provide the mission statement of your institution's ACHD program. We will review the mission statement to ensure that it references key aspects of patient-centered care including but not limited to:

- Patient engagement
- Access to care
- ACHD education for patients and providers

\*It is important that the patient/patient and family perspective is featured in the program's mission statement.

### Required Signatures

N/A

### Helpful Tips

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

**Section L: Patient-Centered Care.** These documents should be labeled with "**L1**" only in the title so that each policy/plan can be easily identified.