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.