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## Performance and Quality Review Meeting between Echo Program and ACHD Program

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

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

### Purpose

To establish regular Quality Assessment/Quality Improvement (QA/QI) meetings between the echocardiography (echo) program and ACHD program.

### Policy Statement

State that the echo program meets with the ACHD program at least once per year to review performance and quality.

### Procedures

Include the frequency, structure, and typical attendees of these meetings. Please note in order to meet the criteria, the echo program must meet with the ACHD program at least once per year to review performance and quality.

### References

N/A

### 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 M: Echocardiography.** These documents should be labeled with "**M4**" only in the title so that each policy/plan can be easily identified.