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| **Appendix A: Collaborative Discharge Planning Meeting Outline** | | | | |
| Name of patient and their chosen representatives (e.g., family members, friends, guardian): | | | | |
| **Why meet?** | | | | |
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| **What do we want to cover at the meeting?** | | | | |
| **Agenda Item** | | **Information** | **Discussion** | **Decision** |
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| **Who needs to be included?** | | **What are their roles?** | | |
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| **What are the primary concerns of the patient?** | | | | |
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| **When can we meet, for how long, and where?** | | | | |
| Meeting Date | Meeting Time | | Location | |
|  |  | |  | |

Acknowledgments: Queensland Health 2019, *Work Instruction: Family meeting within 72 hours,* Clinical Excellence Queensland, Queensland Health, viewed 5 May 2022, <http://staging.clinicalexcellence.qld.gov.au/sites/default/files/docs/resources/dementia-discharge/dementia-discharge-family-meeting-wi.pdf>