|  |  |  |
| --- | --- | --- |
| **Appendix B: Collaborative Discharge Planning Meeting Summary** | | |
| Meeting date: | Meeting time: | [Patient sticker including name, DOB, address] |
| Facilitator: | Discipline: |
| Facilitator’s contact details: | |
| **Item** | **Lead person** | **Notes** |
| **Welcome and introductions** | Meeting facilitator |  |
| **Clarify expectations & the purpose of the meeting** | Meeting facilitator  Patient & family |  |
| **Progress report** | MDT Members |  |
| **Future Planning** | All | *Refer to Collaborative Discharge Planning Meeting Action Plan (Appendix C)* |
| **Attendee** | **Name, contact details, recommendations or comments** | |
| Patient |  | |
| Family members or friends |  | |
| Social worker |  | |
| NDIS Support Coordinator |  | |
| Medical |  | |
| Nursing |  | |
| Physiotherapy |  | |
| Occupational therapy |  | |
| Speech Pathology |  | |
| Dietetics |  | |
| Pharmacist |  | |
| Other |  | |
| Other |  | |

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>