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| **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 facilitatorPatient & 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>