|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Appendix C: Collaborative Discharge Planning Meeting Action Plan** | | | | | | |
| Meeting date: | | Meeting time: | | [Patient sticker including name, DOB, address] | | |
| Facilitator: | | Discipline: | |
| Facilitator’s contact details: | | | |
| **Goal/item to be worked on** | **Action required** | | **By whom** | | **Due date** | **Notes** |
|  |  | |  | |  |  |
|  |  | |  | |  |  |
|  |  | |  | |  |  |
|  |  | |  | |  |  |
|  |  | |  | |  |  |
|  |  | |  | |  |  |
|  |  | |  | |  |  |
| Meeting facilitator signature: | | | | Patient or family representation signature: | | |
|  | | | | Name: | | |
| Date: | | | | Date: | | |

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>