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| **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** |
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| 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>