**Hospital Name**

**Post-Acute Care Collaborative Improvement Meeting**

Date • Time

Meeting Location

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| **Objectives** |
| * Examine readmission data to identify trends and opportunities for improvement and evaluate progress.
* Review strengths and weaknesses of interventions and identify one to implement.
* Formulate action plan to implement the selected intervention and determine next steps.
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|  | **Agenda** |  |
| 10:00 a.m. | Welcome and Introductions | Name*Organization* |
| 10:10 a.m. | Data Review* Hospital readmission data
* Nursing home readmission data
 | Name*Organization* |
| 10:30 a.m. | Share Key Findings From Care Transition Assessment* Select one intervention for the group to implement
* Develop an implementation plan
 | All |
| 11:15 a.m. | Meeting Summary and Next Steps* Agenda items for next meeting
* Complete actions identified in the implementation plan.
 | All |
| 11:30 a.m. | Adjourn |  |

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