**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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