**Date:**

**Next Meeting Information**

**Date:**

**Time:**

**Location:**

**Time:**

**Location:**

**Meeting Leaders:**

**Recorder:**

**ATTENDANCE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NAME** | **DEPARTMENT/ROLE** | **Present?** | **NAME** | **DEPARTMENT/ROLE** | **Present?** |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
| **Guest:** |  |  | **Guest:** |  |  |

**SUMMARY OF DISCUSSION**

| **Start Time** | **Topic (Lead)** | **Outcome** | **Process** | **Notes** |
| --- | --- | --- | --- | --- |
| 8:00am(5 min) | 1. Welcome to the Implementation Planning Meeting
 | Clarify purpose of today’s meeting | Review AgendaInvite questions |  |
| 8:05 am(10 min) | 1. Brief Review of Action Items
 | Update reflecting work completed | Owners report on changed statuses |  |
| 8:15 am(25 min) | 1. Review & Draft Implementation Checklist
 | Have a plan for implementing the process changes  | 1. Use Checklist tool
2. Discussion
3. Test for Agreement
 |  |
| 8:40 am(5 min) | 1. Nursing Council presentation
 | Determine who will present implementation plan/A3 | Discussion |  |
| 8:45 am | 1. Document/Assign Action Items
 | Identify what we need to know, or do before the next meeting | Action item owners report out and state target dates |  |

**ACTION ITEMS**

|  |  |  |  |
| --- | --- | --- | --- |
| **ITEM**  | **OWNER** | **TARGET DATE** | **STATUS** |
|  |  |  |  |
|  |  |  |  |
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**PARKING LOT**

|  |  |  |
| --- | --- | --- |
| **ITEM & OWNER** | **DATE ADDED** | **ACTION** |
|  |  |  |
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