

**HC6 FAST TRACKED CHC REVIEW MEETING**

Date	
Time	
Location	
Chair person	
Minute taker	

<b>Attendees</b>			
Name	Role	Agency	Contact Information

<b>Apologies</b>			
Name	Role	Agency	Contact Information

**Agenda**

1. Welcome and Introductions
2. Confirm understanding of confidentiality, recording and data sharing
3. Overview of the Fast Tracked CHC process
4. Summary from provider
5. Input from the person or their representative
6. Input from Health and Social Care professionals
7. Review of CHC assessment domains
  - a) Breathing
  - b) Nutrition
  - c) Continence
  - d) Skin Integrity
  - e) Mobility
  - f) Communication
  - g) Psychological and Emotional needs
  - h) Cognition
  - i) Behaviour
  - j) Drug Therapies and Medication
  - k) Altered state of consciousness
  - l) Other significant Needs
8. Scoring and Eligibility Decision
9. Actions and Responsibilities
10. Closing remarks from Chairperson



Minutes	
1	
2	
3	
4	
5	
6	
7	
8	

Actions			
No.	Description	Who is responsible	Due date
1			
2			
3			
4			
5			