

Children and Youth with Special Health Care Needs (CYSHCN) and Care Transitions in the Medical Home

Implementation Planning Sample Agenda

Agenda for Care Transition Program

Date: _____

Time: _____

Participant's Name	Discipline	Initials ^a

^a Initials or signatures are only necessary if requested by State Survey Agency staff.



Agenda Topic	Amount of Time	Action Items	Person Responsible
1. Overview of purpose of a Care Transition Program	5 minutes		
2. Overview of toolkit/tools to be implemented	10 minutes		
3. Discussion of changes to workflow (a) Step-by-step discussion of what toolkit use would look like in a medical home (e.g., where blank forms are kept, how they will be handled in the workflow, where will completed forms be kept, etc.) (b) Determine individuals responsible for specific processes and steps (c) Identify potential barriers and how to address them	20 minutes		
4. Start-up activities: Identify activities to be carried out to use the tools (e.g., creation of new forms, data collection, meetings or letters for communication, trainings, etc.)	10 minutes		
5. What is a realistic timeline for starting the program? This estimate should consider time for training, developing policies, and informing others (such as the prescribing clinicians and labs).	5 minutes		
6. Schedule monthly team meeting to review progress and address questions/problems	5 minutes		
7. Identify the next steps and agenda for next meeting	5 minutes		

