**Tværsektorielt forbedringsteam i LKT Tvang - Medlemsoversigt**

* **A, B, C og D skal udfyldes med navne og mailadresser**

**Medlemmer af forbedringsteamet**

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| **A: Tovholdere:** Tovholder, regional psykiatri (fx kvalitetsmedarbejder)Tovholder, kommunal sektor (fx kvalitetsmedarbejder)

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| **B: Regional psykiatri:**

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**Nærmeste leder eller sponsor i forhold til projektet**

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| **C: Kommune/kommuner:**

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**Nærmeste leder eller sponsor i forhold til projektet**

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| **D: Patient- og pårørenderepræsentanter**

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| **E: Andre relevante aktører**

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