**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)   |  |  |  |  | | --- | --- | --- | --- | | **Navn** | **Titel** | **Ansættelsessted** | **Mailadresse** | |  |  |  |  | |  |  |  |  | |

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| **B: Regional psykiatri:**   |  |  |  |  | | --- | --- | --- | --- | | **Navn** | **Titel** | **Ansættelsessted** | **Mailadresse** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   **Nærmeste leder eller sponsor i forhold til projektet**   |  |  |  |  | | --- | --- | --- | --- | | **Navn** | **Titel** | **Ansættelsessted** | **Mailadresse** | |  |  |  |  | |  |  |  |  | |

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| **C: Kommune/kommuner:**   |  |  |  |  | | --- | --- | --- | --- | | **Navn** | **Titel** | **Ansættelsessted** | **Mailadresse** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   **Nærmeste leder eller sponsor i forhold til projektet**   |  |  |  |  | | --- | --- | --- | --- | | **Navn** | **Titel** | **Ansættelsessted** | **Mailadresse** | |  |  |  |  | |  |  |  |  | |

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| **D: Patient- og pårørenderepræsentanter**   |  |  |  | | --- | --- | --- | | **Navn** | **Evt. organisation** | **Mailadresse** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |

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| **E: Andre relevante aktører**   |  |  |  |  | | --- | --- | --- | --- | | **Navn** | **Titel** | **Ansættelsessted** | **Mailadresse** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   **Nærmeste leder eller sponsor i forhold til projektet**   |  |  |  |  | | --- | --- | --- | --- | | **Navn** | **Titel** | **Ansættelsessted** | **Mailadresse** | |  |  |  |  | |  |  |  |  | |