

# Your Plan of Care Meeting

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Your Plan of Care (PoC) meeting brings together the people who determine the kind of care you will receive and how it will be delivered to you; it is a vital part of ensuring you receive the best and most appropriate care possible for *you*. Since you are the most important member of your care team, we want to know if your PoC meeting is “meeting” your needs and expectations. Please respond to the statements below and return responses to a staff member.



**1. I understand the purpose of my  30-day (initial)  90-day PoC (follow-up) meeting.**

Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree

Comments:

**2. I find my PoC and PoC meeting to be beneficial to my care.**

Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree

Comments:

**3. I feel included as a valued member of the decision-making team.**

Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree

Comments:

**4. Throughout my PoC process, my questions and concerns were addressed by various staff members.**

Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree

Comments:

**5. I am comfortable bringing my questions and concerns to any staff member during my PoC meeting.**

Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree

Comments:

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**6. The weekly PoC questions presented prepared me for the meeting.**

Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree

Comments:

**7. The PoC process was effective in assisting with my transition to dialysis.**

Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree

Comments:

**8. The interdisciplinary team respects my cultural preferences during my PoC meeting.**

Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree

Comments:

**9. I am better prepared to make decisions about my dialysis journey.**

Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree

Comments:

**10. I am confident that I will be engaged with the facility and my healthcare.**

Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree

Comments:

**Please use the area below to comment or address any other concerns not mentioned above.**