



## Feedback on the Family Meeting Program

- HealthCare Proxy/DPOA**
- Caregiver**
- Family**
- Patient**

<b>For Staff:</b> Date of Meeting: _____
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***You are a key part of this team. We want our ICU Family Meeting Program to be the best it can be for our patients and families. Please tell us what you think about the family meeting. This will help us learn how we can make it better. Thank you!***

Please rate the ICU Family Meeting you attended	No	Not Really	I Don't Know	Sort Of	Yes
1. I feel that it was right to move <u>the patient</u> to the ICU. 2. The team went over the main needs I identified through the touch screen. 3. The doctor(s) gave me <u>timely</u> updates about the patient's health. 4. The doctor(s) gave me <u>clear</u> updates about the patient's health. 5. Each person on my medical team said the same thing about how the patient is doing and what will happen next. 6. I was pleased with care from the nurses. 7. The social worker helped me work with the health care team during my stay in the ICU. 8. The social worker gave support and help during my time in the ICU.					
9. The purpose of each Family Meeting was clearly defined. 10. The Family Meeting(s) were well planned and helpful. 11. The right medical team were at the Family Meeting(s). 12. The Family Meeting(s) gave a clear idea about how the patient is doing after getting care in the ICU and what will be done next.					
13. The patient's values and wishes were acknowledged and respected during the Family Meeting(s).					
14. I felt that there was enough time to answer my questions during the Family Meeting(s).					
15. The things I learned about the patients care in the ICU were helpful. 16. The Family Meeting Summary Form given to me after Family Meeting(s) was helpful. 17. The educational sheets given to me were helpful					