

Perinatal Quality Collaborative of North Carolina

Patients and Families as Partners – Post Meeting Feedback



Post Meeting Feedback

1. Facility name:
2. Initiative:
 - a. CMOP
 - b. NAS
3. Which of the following best describes your primary role on the improvement team:
 - a. Provider
 - b. Patient/family member
4. Did your PQIT have a team meeting this month?
 - a. Yes
 - b. No (If no, stop)
 - c. I don't know (If I don't know, stop)
5. Did you attend your PQIT's meeting this month?
 - a. Yes
 - b. No (If no, stop)
6. Did any patients/family members participate in the meeting?
 - a. Yes, in-person
 - b. Yes, by phone
 - c. Yes, by reviewing meeting materials through email
 - d. No (If no, stop)
7. How many patients/family members participated in the meeting?

Each of the below questions should be answered on a 7-point likert scale:

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Somewhat disagree
- 4 – Neither agree or disagree
- 5 – Somewhat agree
- 6 – Agree
- 7 – Strongly agree

During the meeting:

8. The patient/family perspective was respected.
9. Patients/family members appeared properly prepared to participate.
10. Patients/family members appeared comfortable asking questions.
11. Patient/family engagement was supported and encouraged by the team.
12. A plan was developed including next steps and action items to be completed by team members.
13. A plan was developed that was, in part, a product of patient/family feedback.
14. A plan was developed that included tasks to be completed by patients/family members.