The conditions for coverage (cfc’s) lay out facilities requirements for patient’s plan of care meetings.

**The cfc’s state:**

- The patient services are coordinated using an interdisciplinary **team** approach. The interdisciplinary team shall consist of the **patient**, the patient’s primary dialysis physician, registered nurse, social worker, and dietitian.

- The interdisciplinary team shall **engage** in an interactive conference in order to develop a written, individualized, comprehensive patient plan of care that specifies the services necessary to address the patient’s medical, psychological, social, and functional needs, and includes treatment goals.

The conditions for coverage further outline the frequency of plan of care meetings, revisions, monitoring plan of care and the inclusion of measure and expected outcomes.

Plan of care meetings are a win for both patients and staff members! The patient’s are treated as part of the team and engaged in determining their treatment plans. Echoing Don Berwick, former administrator of the Centers for Medicare and Medicaid Services (CMS) mantra on behalf of the patients: **Nothing about me without me**, how can you have a plan of care meeting that does not include the patients? In the cfc’s the patient is listed as the first member of the interdisciplinary team!

Many facilities experience barriers to conducting plan of care meetings. Barriers include time and patients not showing up for their plan of care meetings.

**How can you overcome these barriers?**

Here are some tips shared by a best practice facility in Texas!

- The patient’s nephrologist communicates with the patient the expectation of their participation in the interdisciplinary team and their plan of care meetings.

- The plan of care meeting is presented to patient’s as an appointment, just as important as showing up for treatment!

- The plan of care meetings are scheduled at convenient times for the patient!
  - Plan of care meetings should be scheduled before or after the patient’s dialysis shift to prevent the patient from having to come back to the facility on a non-treatment day unless the patient prefers a non-treatment day.
Plan of Care Meetings

Just as important as treatments!

Tips continued

- Give the patient reminders!
  - Give the patient a schedule card the week before the plan of care meeting.
  - Remind the patient of the plan of care meeting the treatment before.
- Encourage questions!
  - Encourage the patient to write down questions to prepare for the plan of care meeting.
- Convey the message clinic wide that it is an expectation for patient’s to attend their plan of care meetings.
  - Ensure that the clinic culture is one of inclusion and that patients are a part of the team.
- Let patient’s know they can invite family members, loved ones or care givers to attend their plan of care meetings.
- Ensure that the plan of care meetings are conducted in the patient’s desired language.
- Let the patient know that they can request plan of care meetings any time in between their scheduled meetings.
- Chair side meetings do not create the same environment as private team meetings. Patients should always be offered a private meeting.

Why plan of care?

Patients that actively participate in their plan of care meetings will feel more engaged and empowered. Participation in plan of care meetings will also improve patient’s and their family’s understanding of their disease and how to better manage their condition. Plan of care meetings can improve patient adherence and outcomes. Patients and family will take a more active role in their health care and will feel more supported. This will lead to higher patient and staff satisfaction, higher quality care, and a safer facility. Patient’s quality of life will improve!

Facilities should determine the percentage of patients and/or family members/caregivers who participate in plan of care meetings and assess the need for improvements.

Have best practices to share on plan of care meetings? Let us know! Email us at info@nw14.esrd.net