Appendix

VAD Hospital Discharge Survey

Direction: Please provide as much as responses you would like on the following questions.

1. Which of the following methods used by the VAD care team during your LVAD care education and training? (circle all that applies)
   a. Asked to watch videos
   b. Asked to attend lectures
   c. Hands-on: Showed how the LVAD work in the body, how to care for the LVAD such as a controller, changing batteries, reading LVAD flows, changing sterile dressings, etc.

2. Which of the following tests were you required to pass before leaving the hospital? (circle all that applies)
   a. Quiz/Exam
   b. Hands-on (example: checking controller, changing batteries, doing dressing changes, etc.)

3. Which of the following materials given to you after leaving the hospital? (circle all that applies)
   a. Videos about LVAD system components and personal care
   b. Discharge booklet/LVAD care handbook
   c. Binder to record daily weights, blood pressure, LVAD flow, power, etc.
   d. Other, please specify: _____________________________

4. While in the hospital, what is the total number of hours you have spent in learning the LVAD? This included attending classes, watching videos, and being “checked” off for discharge by the VAD coordinator.

   Total hours: _____________________________
5. Were you satisfied with the information provided to you, before the operation, about what to expect for people living with an LVAD?
   a. Yes
   b. No. If the answer above is NO, please explain your response
      ______________________________________________________________________
      ______________________________________________________________________

6. Were you adequately prepared to care for yourself before leaving the hospital?
   a. Yes
   b. No. If the answer above is NO, please explain your response
      ______________________________________________________________________
      ______________________________________________________________________

7. Please comment about the process employed in discharging VAD patients in your hospital:
   ______________________________________________________________________
   ______________________________________________________________________

8. Please comment about your overall experience with the hospital discharge:
   ______________________________________________________________________
   ______________________________________________________________________