Post-op Qual Parent Questions

Post-op Date:

Date of Surgery:

|  |  |
| --- | --- |
| **Question** | **Response** |
| How have things been for you and your family since you came home after the surgery? |  |
| Did you like the Get to Know Me and Pain Scale forms? |  |
| Did you see any nurse read or utilize the form? |  |
| Do you have any recommendations on how we can improve the forms, or your experience inpatient? |  |
| Is this something you could see yourself using in other places? |  |
| Do you recall filling out the Shared Plan of Care with \_\_\_\_ during your pre-op clearance visit? |  |
| Did you find it helpful? Do you have any suggestions on improvements? |  |
| Is there anything about the pre-op process that you would like to mention? |  |

Post Op visit responses /week Date:

|  |  |  |  |
| --- | --- | --- | --- |
| THEMES | Yes | No | Unsure |
|  |  |  |  |
| Liked the GTKM |  |  |  |
| Saw Nurse look at GTKM |  |  |  |
| Said it “helped with” … |  |  |  |
| Showed it to a care provider during the hospital stayUse of forms after ENGAGELiked the SPOCRemembered completing the SPOC |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
| TotalTotal Post Op visits/Week= |  |  |  |

\*Check off during each visit when a theme is mentioned by family/caregiver, Tally end of week

Themes Assessed During Post Op Visit. Week of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Themes | Monday | Tuesday | Wednesday | Thursday | Friday |
| Satisfaction voiced |  |  |  |  |  |
| Discussed staff looking & using GTKM |  |  |  |  |  |
| Lost GTKM sometime during hosp stay |  |  |  |  |  |
| Mentioned or asked about using it with other care providers |  |  |  |  |  |
| Had suggestions for the form |  |  |  |  |  |
| TOTALS: |  |  |  |  |  |
| OTHER: |  |