|  |
| --- |
| **Step 1: Perform Patient Investigation for those with no presurgical patient education** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Patient 1** | **Patient 2** | **Patient 3** | **Patient 4** | **Patient 5** | **Patient 6** | **Patient 7** | **Patient 8** | **Patient 9** | **Patient 10** |
| Patient Name |  |  |  |  |  |  |  |  |  |  |
| Surgery Date |  |  |  |  |  |  |  |  |  |  |
| Type of surgery |  |  |  |  |  |  |  |  |  |  |
| Surgeon |  |  |  |  |  |  |  |  |  |  |
| Did the patient refuse/not follow through? |  |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Step 2: Summarize any trends noted in the patient investigation** |  |
| **Step 3: Evaluate Process** |  |
| Format of pre-surgical education? Check all that apply | |  |  | | --- | --- | | Virtual – Prerecorded – watch at home |  | | Virtual—Prerecorded—watch in office |  | | Virtual/phone call – live |  | | In person |  | | In person only (consider root cause) |  | |
| Is the virtual platform utilized (you tube, hospital website, etc.) functionally *reliable*? | Yes No (consider root cause) |
| If your site has a designated person who completes live classes—is there back up coverage for vacations, vacancies etc.? | Yes No (consider root cause) |
| Does surgeon/mid-levels emphasize importance of completing spine class with patient? | Yes No (consider root cause) |
| Do surgeons **require** spine class to be completed prior to scheduled surgeries? | Yes No (consider root cause) |
| Does your pre-op holding area have tablets available for patients to watch virtual spine class if not yet completed? | Yes No (consider root cause) |
| Is presurgical patient education compliance concurrently monitored? | Yes No (consider root cause)  If yes, who completes and how frequently? |
| Is presurgical patient education data regularly provided to applicable stakeholders? (Nursing, quality, physician leadership etc.). | Yes No (consider root cause)  If yes, how often and who is it sent to? |
| **Step 4: Evaluate Staff Competence** |  |
| Has staff received education on required presurgical patient education? | |  |  |  |  | | --- | --- | --- | --- | |  | Yes—Verbal | Yes Written | No (consider root cause | | On hire/Orientation |  |  |  | | Annually |  |  |  | | PRN “Just in Time” |  |  |  | |
| If presurgical patient education status is not documented, is coaching provided to the involved staff? | Yes No (consider root cause)  Who provides coaching/counseling? |
| Does site discuss pre-surgical patient education at staff meetings? | Yes No (consider root cause)  Date last discussed: |
| **Step 5: Action Plan** |  |
| PLAN:  GOAL: |  |
| PLAN  GOAL: |  |
| PLAN  GOAL |  |