

**Supplemental Table 1: HVAD<sup>®</sup> Competency Validation Form**

| HeartWare <sup>®</sup> Patient and Caregiver Education   |                         |               |                        |          |                |
|--|-------------------------|---------------|------------------------|----------|----------------|
| Caregiver Name:  |                         |               |                        |          |                |
| Competency   | Discussion and Practice |               | Evaluation             |          | RN<br>initials |
| HeartWare <sup>®</sup> Controller and Equipment  | Date/Initials           | Demo/Practice | Needs<br>Reinforcement | Complete |                |
| Review of components   |                         |               |                        |          |                |
| HVAD <sup>®</sup> functionality <ul style="list-style-type: none"> <li>Describe how HVAD<sup>®</sup> assists with circulation</li> <li>Define pump speed, flow, power</li> </ul>                     |                         | N/A           |                        |          |                |
| Care and maintenance of the HVAD <sup>®</sup> <ul style="list-style-type: none"> <li>Correctly place controller and batteries into the patient pack</li> <li>Contraindications for use</li> </ul>    |                         |               |                        |          |                |
| Power and Batteries <ul style="list-style-type: none"> <li>Describe how controller receives power</li> <li>State 3 combinations of power sources</li> <li>Complete power source exchanges</li> </ul> |                         |               |                        |          |                |

|  |  |                                  |  |  |  |
|--|--|----------------------------------|--|--|--|
| (battery to AC/DC, AC/DC to battery)<br><br><ul style="list-style-type: none"> <li>Charging batteries (status lights, power indicator light)</li> <li>Identifies remaining power on a battery</li> </ul>   |  |                                  |  |  |  |
| <b>HVAD<sup>®</sup> Controller</b><br><br><ul style="list-style-type: none"> <li>Describe controller icons</li> <li>Describe function keys (▲ and bell)</li> <li>Review alarms and visual and audible indicators (low, medium, high)</li> <li>Identify how to silence alarms</li> <li>States alarm situations that warrants a controller change</li> <li>Changing the system controller</li> </ul> |  | NA<br><br>NA<br><br>NA<br><br>NA |  |  |  |
| <b>Patient Care</b>  |  |                                  |  |  |  |
| Signs of infection   |  | NA                               |  |  |  |
| <b>Wound Assessment and Care</b><br><br><ul style="list-style-type: none"> <li>Mid-sternal incision</li> <li>Drain sites</li> <li>Driveline exit site</li> </ul>   |  |                                  |  |  |  |

|   |          |    |           |  |          |
|---|----------|----|-----------|--|----------|
| HVAD® dressing change   |          |    |           |  |          |
| States anticoagulation regimen  |          | NA |           |  |          |
| Static Discharge Precautions  |          |    |           |  |          |
| Activity precautions  |          | NA |           |  |          |
| Sleeping and bathing precautions  |          | NA |           |  |          |
| Activity precautions  |          | NA |           |  |          |
| Sleeping and bathing precautions  |          | NA |           |  |          |
| Nutrition recommendations   |          | NA |           |  |          |
| Emergency Procedures  |          |    |           |  |          |
| Describe examples of emergency procedures   |          |    |           |  |          |
| Steps to take in an emergency <ul style="list-style-type: none"><li>• Check the patient</li><li>• Check all connections</li><li>• Change power source/cables</li><li>• Change system driver</li></ul> |          |    |           |  |          |
| Developing an emergency plan  |          | NA |           |  |          |
| Emergency telephone contacts  |          | NA |           |  |          |
| Emergency transportation plan   |          | NA |           |  |          |
| Validation  |          |    |           |  |          |
| Signature   | Initials |    | Signature |  | Initials |
|   |          |    |           |  |          |