



**SEPSIS AWARENESS TRAINING
COMPILED RESPONSES**

FACILITY: _____ TRAINING DATE: _____

PRE AND POST ASSESSMENT

CLINICAL STAFF

**PLEASE TALLY RESPONSES TO THE FOLLOWING QUESTIONS. USE A SEPARATE FORM FOR EACH TRAINING SESSION AND FAX TO:
EVE BANKERT (518-426-3418) THANK YOU!**

Please answer the questions in the green section <u>PRIOR TO</u> the start of the session			Please answer the questions in the blue section <u>AT THE END</u> of the session and hand in		
Pre-Training Assessment	Yes	No	Post Training Assessment	Yes	No
I know what sepsis is			I know what sepsis is		
I can identify high risk groups for developing sepsis			I can identify high risk groups for developing sepsis		
I am familiar with the early signs and symptoms of sepsis			I am familiar with the early signs and symptoms of sepsis		
I am aware of the risk factors and early signs and symptoms of sepsis associated with the elderly			I am aware of the risk factors and early signs and symptoms of sepsis associated with the elderly		
I am aware of time sensitive interventions with regards to initial diagnosis and treatment of early sepsis			I am aware of time sensitive interventions with regards to initial diagnosis and treatment of early sepsis		
I know the appropriate diagnostic tests for patients exhibiting the early signs of sepsis			I know the appropriate diagnostic tests for patients exhibiting the early signs of sepsis		
I am familiar with Post Sepsis Syndrome			I am familiar with Post Sepsis Syndrome		

I had the opportunity to have all my questions answered. Yes ___ No ___

Was this presentation informative? Yes ___ No ___

Additional questions related to sepsis? _____

Comments: _____

Do you know someone who has had sepsis? Yes ___ No ___

Are you a Sepsis Survivor? *Yes ___ No ___

*If "Yes", would you be willing to share your story to help increase sepsis awareness? Yes ___ No ___

If you are willing to share your story please contact: Eve Bankert at: eve.bankert@area-i.hcqis.org

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