

**SEPSIS AWARENESS TRAINING
COMPILED RESPONSES**

FACILITY: _____ TRAINING DATE: _____

PRE AND POST ASSESSMENT

NON-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 know what some of the signs and symptoms of sepsis are			I know what some of the signs and symptoms of sepsis are		
I know what groups of people are at high risk for developing sepsis			I know what groups of people are at high risk for developing sepsis		
I know that sepsis is a medical emergency			I know that sepsis is a medical emergency		
I know what actions to take if a person has the signs and symptoms of sepsis (who to call and what to do)			I know what actions to take if a person has the signs and symptoms of sepsis (who to call and what to do)		
I know things I can do to help prevent sepsis			I know things I can do to help prevent sepsis		

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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