

**SEPSIS AWARENESS TRAINING
PRE AND POST ASSESSMENT
CLINICAL STAFF**

PLEASE COMPLETE THE FOLLOWING QUESTIONS AS DIRECTED.

YOU DO NOT NEED TO PUT YOUR NAME ON THIS...IT IS COMPLETELY ANONYMOUS. THIS INFORMATION WILL BE USED TO ASSESS PARTICIPANT LEVEL OF UNDERSTANDING AND LEARNING PRE AND POST SESSION. 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 ___

Do you have any additional questions related to sepsis? _____

My provider setting is: Hospital SNF Home Health Hospice Assisted Living Community Agency Other (please describe) _____

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: (518) 320-3552 or eve.bankert@area-i.hcqis.org

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