

**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 section below <u>PRIOR TO</u> the start of the session			Please answer the questions in the section below <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? _____

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 ____

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