



HEALTHCARE QUALITY IMPROVEMENT PROGRAM SEPSIS EDUCATIONAL SESSION Date: Training Evaluation Form

Please complete the following by checking the box that best describes your rating. Return the completed form to the program presenter prior to leaving the program. 1 Agree No Disagree Strongly Strongly Opinion Agree Disagree Physical facilities were conducive to the learning environment. The pace of the program was appropriate. Was this educational activity fair, unbiased and free of commercial influence? Program Objectives: Please rate each session for the extent to which program objectives were met: The objectives met the overall purpose of the program. After attending this program, I am now able to: Discuss the signs and symptoms of sepsis and the key assessment factors for early identification of sepsis in the community. Identify high-risk patient populations and contributing factors Discuss the Impact of early recognition and treatment on morbidity and mortality. Discuss preventative measures to reduce sepsis. The speakers were knowledgeable, organized and effective in presentation Please share any comments or recommendations you have to improve the Sepsis Training Program.

Thank you!

This material was prepared by the IPRO QIN-QIO, a collaboration of Healthcentric Advisors, Qlarant and IPRO, serving as the Medicare Quality Innovation Network-Quality Improvement Organization for the New England states, NY, NJ, OH, DE, MD, and the District of Columbia, under contract with the Centers for Medicare & Medicard Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents do not necessarily reflect CMS policy. 12SOW-IPRO-QIN-TA-A4-21-302