

AHRQ Safety Program for Long-Term Care: HAIs/CAUTI Learning Session Evaluation

Most smart phones have applications (e.g. “QR Reader” for Apple devices or “QR Droid” for Android devices) that can scan codes like the one below. If you do not have this application on your device, you can go to your iTunes or Google Play store and download the application.



Scan to open the evaluation on your mobile device.

Mobile web link: <http://www.cvent.com/d/rrqgim?dvce=2>

Desktop web link: <http://www.cvent.com/d/rrqgim>

The purpose of this evaluation is to gather information about your experience at this learning session. We want you to know it is important to us that you are satisfied and feel we achieved our stated objectives. We greatly appreciate your feedback and will use this information in planning future events.

Please answer the questions to the best of your ability. This should take about 3 - 5 minutes.

1. Date of event: (Required)

____/____/____

2. Select the type of event: (Required)

- Learning Session 1 (Kickoff)
- Learning Session 2 (Mid-Course)
- Learning Session 3 (Final)

3. State: (Required)

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4. Select your lead organization: (Required)

- | | |
|--|--|
| <input type="radio"/> Advancing Excellence | <input type="radio"/> North Dakota Quality Health Care Association |
| <input type="radio"/> Alabama Quality Assurance Foundation | <input type="radio"/> Oregon Patient Safety Commission |
| <input type="radio"/> Arizona Health and Hospital Association | <input type="radio"/> Pennsylvania Patient Safety Authority |
| <input type="radio"/> CAHF (California Association of Health Facilities) | <input type="radio"/> Presbyterian Manors of Mid-America (KS & MO) |
| <input type="radio"/> Foundation for Healthy Communities (NH) | <input type="radio"/> Professional Nursing Solutions, LLC (AR) |
| <input type="radio"/> Grace Living Centers (OK) | <input type="radio"/> Qualidigm (CT) |
| <input type="radio"/> Healthcare Association of New York State | <input type="radio"/> South Carolina Hospital Association |
| <input type="radio"/> Healthcentric Advisors (RI) | <input type="radio"/> South Dakota Association of Healthcare Organizations |
| <input type="radio"/> HealthInsight (NV, NM, UT) | <input type="radio"/> South Florida Hospital & Healthcare Association |
| <input type="radio"/> Information & Quality Healthcare (MS) | <input type="radio"/> Spectrum Health (MI) |
| <input type="radio"/> The Joint Commission | <input type="radio"/> Telligen (IL & IA) |
| <input type="radio"/> Louisiana eQHealth Solutions, Inc. | <input type="radio"/> Tennessee Healthcare Association |
| <input type="radio"/> Massachusetts Senior Care Association | <input type="radio"/> Veteran's Health Administration |
| <input type="radio"/> Minnesota Hospital Association | <input type="radio"/> N/A - Health Research & Educational Trust Staff (skip to question 8) |
| <input type="radio"/> Missouri Hospital Association | <input type="radio"/> N/A – National Project Team Faculty (skip to question 8) |
| <input type="radio"/> New Jersey Hospital Association | |

5. Facility Name: (Required) _____

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6. Please select your primary role in your facility/CLC: (Required)

- | | |
|--|---|
| <input type="radio"/> Administrator | <input type="radio"/> Infection Preventionist/Quality Control |
| <input type="radio"/> Medical Director | <input type="radio"/> Advanced Practice Nurse |
| <input type="radio"/> Director of Nursing (DON) | <input type="radio"/> Nurse |
| <input type="radio"/> Assistant Director of Nursing (ADON) | <input type="radio"/> MDS Coordinator |
| <input type="radio"/> Physician | <input type="radio"/> Other (Specify) |
-

7. Please select your primary role in the CAUTI-LTC project: (Required)

- | | |
|---|---|
| <input type="radio"/> Administrative Champion | <input type="radio"/> Survey Coordinator |
| <input type="radio"/> Physician Champion | <input type="radio"/> Organizational Lead |
| <input type="radio"/> Nurse Champion | <input type="radio"/> Other (Specify) |
| <input type="radio"/> Facility Team Lead | |
| <input type="radio"/> Data Coordinator | |
-

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CAUTI-LTC Program Feedback – Learning Session 1 respondents, please skip to #10.

8. Please rate the following statements: (Required for Learning Sessions 2 & 3)

Select one per row.

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>
Overall, I am satisfied with the AHRQ Safety Program for Long-Term Care: HAIs/CAUTI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would recommend the AHRQ Safety Program for Long-Term Care HAIs/CAUTI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Please rate the following statements related to the AHRQ Safety Program for Long Term Care: HAIs/CAUTI on both overall satisfaction and importance: (Required for Learning Sessions 2 & 3)

Select one per row.

	<u>Satisfaction</u>			
	<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Excellent</i>
Clear and understandable program purpose/goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Easy implementation of program tools and resources (e.g. data collection tools, checklists, infographics)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sufficient/adequate time for program implementation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accessibility of online resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	<u>Importance</u>			
	<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Excellent</i>
Clear and understandable project purpose/goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Easy implementation of program tools and resources (e.g. data collection tools, checklists, infographics)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sufficient/adequate time for project implementation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accessibility of online resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Presentation Feedback

10. Please provide your feedback of today's presentation: (Required)

Select one per row.

Please rate the:

Poor Fair Good Excellent

Amount of useful information and ideas provided:

Comments:

Usefulness of the information and ideas provided to my facility/CLC:

Comments:

Chance that the information and ideas provided will improve my facility/CLC's effectiveness and results:

Comments:

Learning environment and circumstances (e.g. venue, time for questions and discussion) for this event:

Comments:

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11. Please write the name of the presenter and rate their ability to present their topic effectively:

Select one per row.

	<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Excellent</i>	<i>N/A</i>
10a. Presenter 1: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10b. Presenter 2: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10c. Presenter 3: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10d. Presenter 4: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10e. Presenter 5: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10f. Presenter 6: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. I will use the information from today's learning session to: (Required)

Select all that apply.

- Create/revise protocols, policies and/or procedures (Answer 12.1)
- Change management and/or treatment of my residents/facilities (Answer 12.1)
- I will not make any changes to my practice
- Other changes(s) (Please specify) _____

12.1 Please describe what you plan to do:

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13. The thing(s) about this event that I would most like to see improved: (Required)

Select all that apply.

- Access to presentation materials (e.g. PowerPoint slides, worksheets, tools)
- Quality of materials provided
- Quality of information provided
- Amount of information provided
- Presenters
- Audience engagement
- Opportunities for discussion
- Venue (e.g. in-person meeting space or virtual platform)
- Date and time of event
- Timing (e.g. staying on schedule, allowing for breaks)
- Technical components (i.e. audio and/or visual)
- Other (Please specify) _____
- Nothing at this time

14. The thing(s) about this event that I liked most: (*Required)

Select all that apply.

- Access to presentation materials (e.g. PowerPoint slides, worksheets, tools)
- Quality of materials provided
- Quality of information provided
- Amount of information provided
- Presenters
- Audience engagement
- Opportunities for discussion
- Venue (e.g. in-person meeting space or virtual platform)
- Date and time of event
- Timing (e.g. staying on schedule, allowing for breaks)
- Technical components (i.e. audio and/or visual)
- Other (Please specify) _____
- Nothing at this time

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15. Any additional comments or suggestions about this event are welcome:

16. Please help us plan for future events. What content or topics would you like to have presented in an educational session or training in the future?

**Thank you for completing the evaluation!
We value your feedback and appreciate your time.
A summary of today's responses will be made available to your Lead Organization**