

AHRQ Safety Program for Long-Term Care: CAUTI Event 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/x4q23s?dvce=2>

Desktop web link: <http://www.cvent.com/d/x4q23s>

The purpose of this evaluation is to gather information about your experience at this event. 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)

 9 / 18 / 2014

2. Select the type of event: (*Required)

- | | |
|---|--|
| <input type="radio"/> CAUTI-LTC Facility Informational Webinar | <input type="radio"/> Onboarding Webinar #4a: Surveillance, Epidemiology, Reporting – Licensed Caregivers |
| <input type="radio"/> Pre-Training Call #1 for Organizational Leads | <input type="radio"/> Onboarding Webinar #4b: Surveillance, Epidemiology, Reporting – CNAs, Techs and other care providers |
| <input type="radio"/> Pre-Training Call #2 for Organizational Leads | <input type="radio"/> Onboarding Webinar #5: Enhancing Resident Safety Culture |
| <input type="radio"/> In-person training for Organizational Leads | <input type="radio"/> Training Module #1: Hand Hygiene |
| <input checked="" type="radio"/> Learning Session 1 (Kickoff) | <input type="radio"/> Training Module #2: Equipment and Environment |
| <input type="radio"/> Learning Session 2 (Mid-Course) | <input type="radio"/> Training Module #3: Isolation Precautions |
| <input type="radio"/> Learning Session 3 (Final) | <input type="radio"/> Training Module #4: Antibiotic Stewardship |
| <input type="radio"/> Onboarding Webinar #1: Building Your Team | <input type="radio"/> Monthly National Content Call |
| <input type="radio"/> Onboarding Webinar #2: Understanding Definitions and Surveillance for LTC CAUTI | <input type="radio"/> Other (Please Specify) _____ |
| <input type="radio"/> Onboarding Webinar #3: Data Collection Training | |

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3. **State: (Required):** Missouri

4. **Select your lead organization:**

- | | |
|--|--|
| <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"/> Massachusetts Senior Care Association | <input type="radio"/> South Florida Hospital & Healthcare Association |
| <input checked="" type="radio"/> Missouri Hospital Association | <input type="radio"/> Spectrum Health (MI) |
| <input type="radio"/> Oregon Patient Safety Commission | <input type="radio"/> Tennessee Healthcare Association |
| <input type="radio"/> Pennsylvania Patient Safety Authority | <input type="radio"/> Other (Please Specify)
_____ |

5. **Facility Name: (Required)** _____

6. **Please identify your role in the event:**

- Attendee
- Presenter

7. **Please select the option that best describes you: (*Required)**

- I am part of a Healthcare Association/QIO (Answer question number 7.1, 7.2.)
- I am part of a long-term care organization/business (Answer question number 7.1, 7.2.)
- I am with HRET
- I am part of the NPT/Faculty
- Other (Please specify): (Answer question number 7.1, 7.2.)

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7.1 Please select the title that best describes you: (Required)

- | | |
|---|--|
| <input type="radio"/> Administrator | <input type="radio"/> Infection control/prevention |
| <input type="radio"/> Medical Director | <input type="radio"/> Other care provider |
| <input type="radio"/> Director of Nursing (DON) | <input type="radio"/> Other
(Specify) _____ |
| <input type="radio"/> Assistant Director of Nursing
(ADON) | |

7.2 Please select the role that best describes you: (Required)

- | | |
|--|--|
| <input type="radio"/> Administrative Leader | <input type="radio"/> Licensed Practical Nurse (LPN) |
| <input type="radio"/> Physician | <input type="radio"/> Certified Nursing Assistant
(CNA) |
| <input type="radio"/> Advanced Registered Nurse
Practitioner (ARNP) | <input type="radio"/> Other
(Specify) _____ |
| <input type="radio"/> Registered Nurse (RN) | |

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Program Feedback					
8. Please rate the following statements:					
<i>Select one per row.</i>					
	<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Excellent</i>	<i>N/A</i>
Overall, I am satisfied with the AHRQ Safety Program for Long-Term Care: 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 CAUTI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Please rate the following statements both on overall satisfaction and importance:					
<i>Select one per row.</i>					
<u>Satisfaction</u>					
	<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Excellent</i>	<i>N/A</i>
I understand the purpose of the AHRQ Safety Program for Long-Term Care: CAUTI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tools provided for the program are easy to use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Realistic timeline implementation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accessible online resources	<input type="radio"/>	<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>	<i>N/A</i>
I understand the purpose of the AHRQ Safety Program for Long-Term Care: CAUTI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tools provided for the program are easy to use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Realistic timeline implementation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accessible online resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Presentation Feedback					
10. Please write the name of the presenter and rate their ability to present their topic effectively:					
<i>Select one per row.</i>					
	<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"/>
11. Your comments and suggestions are welcome:					

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*12. Please provide your feedback of today's presentation(*Required)					
<i>Select one per row.</i>					
Please rate the:	<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Excellent</i>	<i>N/A</i>
*Amount of useful information and ideas provided:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments: _____					

*Usefulness of the information and ideas provided to my facility:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments: _____					

*Chance that the information and ideas provided will improve my facility's effectiveness and results:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments: _____					

*Learning environment and circumstances (e.g. slide accessibility, dial-in procedure, time for questions/discussion) for this event:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments: _____					

*13. I will use the information from today's event to: (*Required)	
<i>Select all that apply.</i>	
<input type="checkbox"/> Create/revise protocols, policies and/or procedures	(Answer 13.1)
<input type="checkbox"/> Change management and/or treatment of my residents/facilities	(Answer 13.1)
<input type="checkbox"/> I will not make any changes to my practice	
<input type="checkbox"/> Other changes(s) (Please specify)_____	
13.1 Please describe what you plan to do: _____	

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Additional Feedback

***14. The one thing about this event that I would like to see improved is: (*Required)**

***15. The one thing about this event that I liked most is: (*Required)**

16. If you are participating in another national project, in what ways can we integrate across the projects to increase efficiency and effectiveness?

17. 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? If possible, please also provide the name of suggested faculty to teach or lead the exploration of the topic.

**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**