Attestation of Sepsis Training Completion – DUE 1/26/2018

As a CCN Provider _____ (Organization Name), I hereby attest that staff in our organization have completed all the necessary elements in the sepsis education to support the CHI Franciscan Sepsis Program. The sepsis tools have been placed in appropriate clinical locations so they are readily available for use by nursing staff.

Education	Provider	RN	LPN	Therapy	Social Work	Dietician	CNA
Pre-Test	optional	X	X	X	X	X	x
Educational Power Point	optional	X	X	X	X	X	x
Tools Review: • Algorithm • SBAR – Medical Provider • SBAR – 911 Transport • Brochure	optional	X	X	X	X	X	X
Post-Test	optional	X	X	X	X	X	X

What % of your organization (employees and contracted staff) has completed training and education on Sepsis as designed: (Goal is 90-100% for each category with an expectation for all new employees to review)

Provider's _____ % RN _____ % LPN _____ % CNA _____ %

Therapist _____ % Social Work _____ % Dietician _____ %

Numerator (# number staff completed program)
Denominator (# number staff in category)

= (#staff divided by total completion)_____%

By signing below, you attest that your organization will furnish training logs including new employee training upon request to CCN-Clinical Leadership to validate that training was completed.

_____ _____

Print name of organization representative Organization

_____ _____

Signature Date Signed

(Please sign and return via e-mail to laureentomich@chifranciscan.org