small ltqa rgb (2)

Long-Term Quality Alliance 2nd Annual Meeting: Improving the Quality of Life and Care for Persons Receiving Long-Term Services and Supports

Participant evaluation is important for maintaining the quality and value of the Long-Term Quality Alliance annual meetings. Please complete the evaluation form.

**Please rate the following on a scale of 1 to 5 (1=Poor; 2=Less than Satisfactory; 3=Satisfactory; 4=More than Satisfactory; 5=Outstanding)**

1. **Overall evaluation of the meeting:**

1 2 3 4 5

1. **Overall effectiveness of the sessions:**

1 2 3 4 5

**Please rate each individual session on a scale of 1 to 5 (1=Poor; 2=Less than Satisfactory; 3=Satisfactory; 4=More than Satisfactory; 5=Outstanding)**

1. **Quality Improvement/Best Practices Workgroup Session:**

1 2 3 4 5

Comment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Quality Measurement/Key Indicators Workgroup Session:**

1 2 3 4 5

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1. **Promoting Effective Transitions Among Long-Term Care Recipients – Maximizing on Health Reform Implementation Session:**

1 2 3 4 5

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1. **Nursing Homes and Care Transitions Session:**

1 2 3 4 5

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1. **Community-Based Settings and Care Transitions Session:**

1 2 3 4 5

Comment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Workforce Education on Care Transitions Session:**

1 2 3 4 5

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1. **Implementation of Transitional Care Models Session:**

1 2 3 4 5

Comment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What sessions were of most value to you? Why?**

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1. **What sessions were of least value to you? Why?**

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1. **What did you like BEST about the meeting***?*

Comment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Please describe one or two ways you will use the information learned at this meeting to improve care transitions.**

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1. **Please list suggestions for future LTQA meetings?**

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**Thank You!**

**\*Please drop off your completed evaluation at the Registration Table\***