

SPEAKER EVALUATION FORM

WORKSHOP: Excellence in OASIS-C

SPEAKER(S): Joan Usher, BS, RHIA, COS-C, ACE

DATE: 2/26, 3/12, 3/19, 3/26, 4/2, 4/9, 4/16

Please complete and return this form to the your supervisor

Did the program meet the following objectives?	Yes	No		
1. Examine correct completion of M Questions				
2. Understand HHRG items				
3. Enhance knowledge of Case Mix Diagnoses				
4. Understand the different Diagnosis M items				
5. Review items from SOC, Recertification, Transfer, and Discharge OASIS				
6. Understand OASIS Timepoints requirement				
7. Explore Questions & Answers from CMS and review the various nuisances and how they impact the correct response				
8. Review OASIS situations which may not frequently be utilized in home health to prepare participants for COS-C examination				
Would you participate in another program on a similar topic by this speaker in the future?				
Please rate the following:	Excellent	Good	Fair	Poor
What is your overall rating of this workshop?				
Program content				
Ease of use				
Handout materials received were useful				
Speaker was easy to follow and clear				
Quality of technology				
Delivery				

Did you have a question you did not submit? Yes_____ No_____

Why?

Length of webinar: Too Long_____ Just Right_____ Needed More Time_____

How can we improve this webinar?

Comments on speaker and presentation

What topics would you like to see covered at future conferences?