Choice and Preference Toileting Assistance (CAPTA) Course Project Liaison's Evaluation

Please help us evaluate the CAPTA course by completing this survey. Please fax the completed survey to Principal Investigator Anna Rahman at (513) 529-1476 or mail it to her at 519 Stassi Lane, Santa Monica, CA 90402. If you have any questions, please contact Ms. Rahman at <u>rahmanan@muohio.edu</u> or (513) 258-4421. Thank you for your feedback.

Participation:

1. Counting yourself, how many staff members would you say typically attended the teleconferences?

Number: _____

2. Please indicate the positions of the staff members (including yourself) who attended *any one or more* of the teleconferences. Check all that apply:

- _____ Director of Nursing and/or Assistant Director of Nursing
- ____ Other nursing staff
- _____ Certified nurse aides
- ____ Medical director
- _____ Facility administrator
- ____Other staff; please specify:______

Standardized Forms:

3. For each standardized form below, please indicate whether your facility: 1) used the form as we provided it; 2) modified it to better suit your facility's needs or adopted items from it; or 3) did not use the form in any fashion. Please circle the best answer for each form.

| Residents Toileting Motivation and Preference Survey | Used as is | Modified the form or adopted items from it | Did not use the form in any fashion | Don't know/no response |
|--|------------|--|---|---------------------------|
| Prompted Voiding Trial Pocket Cards | Used as is | Modified the form or adopted items from it | Did not use the form in any fashion | Don't know/no response |
| Wet Check Form for Program Monitoring | Used as is | Modified the form or adopted items from it | Did not use the form in any fashion | Don't know/no response |

Please rate the usefulness of each form (as we provided it to you) and the helpfulness of the coaching calls:

4. Residents' Toileting Preference and Motivation Survey

| Not at all Useful 1 | 2 | 3 | 4 | Very Useful 5 | Didn't Use 6 |
|------------------------|--------------|---------|---|------------------|-----------------|
| 5. Prompted Voiding | g Trial Pock | et Card | | | |
| Not at all Useful 1 | 2 | 3 | 4 | Very Useful 5 | Didn't Use 6 |

6. Wet Check Form

| Not at all Useful | | | | Very Useful | Didn't Use |
|-------------------|---|---|---|-------------|------------|
| 1 | 2 | 3 | 4 | 5 | 6 |

Coaching Calls:

7. Please rate the helpfulness of the between-teleconference coaching calls:

| Not at all Helpful | | | | Very Helpful |
|--------------------|---|---|---|--------------|
| 1 | 2 | 3 | 4 | 5 |

Project Outcomes:

8. In your opinion, on average, are the residents in your facility who continue to receive prompted voiding drier now than they were before they entered the program?

_____ On average, they are drier now

_____ Their continence status is about the same

_____ On average, they have more wet episodes now

____ Don't know/no response

9. In your opinion, do more of your incontinent residents have individualized toileting plans as a result of your facility's participation in this project?

_____ More incontinent residents have individualized toileting plans

_____ There has been no change in the number of incontinent residents with toileting plans

_____ Fewer incontinent residents have individualized toileting plans

____ Don't know/no response

10. What are your facility's plans regarding the prompted voiding program?

_____ Plan to expand the program to include more residents

_____ Plan to maintain the program at its present level

_____ Plan to terminate the program

____ Don't know/no response

Training Issues:

11. In your opinion, throughout this course, how willing was the staff at your nursing home to change daily care routines to improve incontinence management?

Not at all willing Very willing 1 2 3 4 5

12. If we had asked your nursing home to pay \$95 to enroll in this course, would your nursing home have enrolled?

____Yes ____No ____Don't know; no reply

13a. Did you or your staff encounter problems that made it difficult to implement the care practices recommended in the CAPTA course?

___Yes ___No—Skip to 14 ___Don't know—Skip to 14

13b. If yes, what problems did you and/or your staff encounter? (Check all that apply.)

- ___ Problems with staff turnover
- ____ Problems with staff absenteeism
- ____Direct care staff resisted adopting the new routines
- ____Administrative staff did not support adoption of the new routines
- ____ The level of training provided in the course was too advanced; staff did not understand the instructions
- ____ Residents resisted or expressed dislike for the new practice routines
- ___Other problems; please specify:___

14a. Did your nursing home undergo a visit from surveyors at some point during the CAPTA course (Jan.-July, 2010)?

- ___Yes
- ___No—Skip to 15
- ____Don't know—Skip to 15

14b. If yes, in your opinion, did your nursing home's participation in the CAPTA course help or hurt you with the survey?

- ___Our participation helped our survey results
- ____ Our participation hurt our survey results
- ____ Our participation had no effect on our survey results
- Don't know; can't evaluate

Training Needs:

15. Are there other topics on which you and your staff would like additional training? Please check all that apply.

- ____ Pressure sore prevention and management
- ____ Falls prevention
- ____ Pain assessment and management
- ____ Unintentional weight loss prevention
- ____ Delirium assessment and management
- ____ Preventing hospitalizations
- ____ End of life care
- ____ Other; please specify:______

16. Is there anything we didn't ask about that you would like to share with us or that you think we should know?

Please tell a little about yourself:

17. What is your position?

- _____ Director of Nursing or Assistant Director of Nursing
- ____ Other nursing staff member; please specify your title:______
- ____ Certified nurse aide
- ____ Medical director
- ____ Facility administrator
- ____Other staff member; please specify:______

18. What is the name of your nursing home?______

Thank you for your feedback. We sincerely appreciate your time.