
CAPTA COURSE

APPLICATION FORM

Please complete this application in order for your nursing home to be considered for enrollment in the CAPTA course. We also ask that the administrator or director of nurses review and sign the course's consent form. Completed application and consent forms should be scanned and emailed, or alternatively faxed **no later than (date)** to:

Anna Rahman (rahma@usc.edu)

Telephone: 513-258-4421

FAX:

Questions about enrollment should be directed to Dr. Rahman.

Contact Information for Individual Completing this Form

Name: _____

Position: _____

Telephone: _____

Email address: _____

Nursing Home Name: _____

Address: _____

A. CAPTA Champion(s)

Improving care practices in nursing homes is a team effort that requires staff members to spend extra time on the new practices, at least initially, until they become routine. With this in mind, we ask participating nursing homes to assign a champion and co-champion to assume responsibility for the staff’s participation in the CAPTA course. Specifically, they are expected to:

- champion use of evidence-based toileting trials for incontinent residents;
- attend all teleconferences;
- participate in brief coaching calls with project staff between teleconferences;
- oversee completion of the implementation assignments;
- submit a sample of completed assignments to the project team;
- oversee completion of course evaluations by all participants in the nursing home.

We recommend that individuals designated as the champion and co-champion be experienced and respected clinical nursing staff with leadership qualities. Preferably the DON or the ADON will serve as the champion, and the facility’s staff development coordinator will be directly involved with the program (and may serve as co-champion). Please complete the following information for the staff member(s) who will serve as champion and co-champion.

Champion’s Name: _____

Position: _____

Telephone: _____

Email address: _____

Signature Required: I understand my responsibilities as champion of CAPTA and will commit the time needed to meet these responsibilities.

Co-Champion’s Name: _____

Position: _____

Telephone: _____

Email address: _____

Signature Required: I understand my responsibilities as co-champion of CAPTA and will commit the time needed to meet these responsibilities.

B. Other Participating Staff Members

Unlimited staff members may attend the teleconferences. In past courses, MDS coordinators, staff developers, and certified nurse aides (CNAs) have participated. We especially recommend that 1 or 2

CNAs who can act as role models for other direct care workers participate. Please identify the staff members (other than the champion and co-champion) who you expect will regularly attend the teleconferences. Attach a separate sheet if necessary.

Name: _____ Name: _____
Position: _____ Position: _____
Email Address: _____ Email Address: _____

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Position: _____ Position: _____
Email Address: _____ Email Address: _____

C. Administration

As in other types of quality improvement programs, CAPTA requires the full support of administration. This includes the allocation of staff for participation in teleconferences, program coordination, and implementation of new care practices.

Administrator's Name: _____
Telephone: _____
Email address: _____

Signature Required: I understand the necessary commitment for the nursing home's full participation in the CAPTA course. I will commit the staff time and resources necessary to fulfill this commitment.

Director of Nursing's Name: _____
Telephone: _____
Email address: _____

Signature Required: I understand the necessary commitment for the nursing home's full participation in the CAPTA course. I will commit the staff time and resources necessary to fulfill this commitment

In-Service Training Considerations

If your nursing home decides to adopt the toileting trial procedure recommended in the CAPTA course, you will likely need to provide in-service instruction to other staff members, especially CNAs. To help, we will provide online access to the course's Webinar recordings. We recommend that one staff member (e.g., the champion, co-champion or staff developer) be assigned to oversee and coordinate in-service training related to CAPTA. This person should regularly attend all CAPTA teleconferences.

Who at your nursing home will oversee any in-service trainings related to CAPTA?

Name: _____ Position: _____

Telephone: _____ Email address: _____

Thank you for your time and interest in CAPTA!