Communication Aid to Capacity Evaluation - CACE

A Communicatively Accessible Capacity Evaluation to Make Admissions Decisions

Alexandra Carling-Rowland Ph.D.
Institute of Medical Science
University of Toronto

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Communication Aid to Capacity Evaluation (CACE)

Introduction and Explanation

Hello, my name is ______________________
I am a __________________________

We are here today to talk about where you are going to live.
__________________ is worried about you living at home,

so I am going to ask you questions. I want to hear, or see your ideas about where you are going to live.

It is a difficult decision. There is a lot to think about.

I think you can make the decision, but I have to check.
I am going to use these **pictures** to **help** you.

I understand that you have **difficulty communicating** because of:

I’ll live there

The questions will help us to **evaluate** your “**Capacity to make Admission Decisions**”.

That is, can **you** decide where **you live**?
So, what does *capacity* mean? What are we talking about?

**Capacity** means that you have the ability to **understand**

- your *medical condition*
- your *health*
- what you *can do yourself*
- when you need **help**

and how it affects *where* you **live**.
There are different places to live:

- A retirement home or supportive housing
- A Long-Term Care home, also called a nursing home

Long-term care homes are for people who need nursing care and supervision.
Also, **capacity** means you **understand** what **might happen**.

You have the ability to **appreciate** the consequences when. . .

you **make** a decision

OR

**do not make** a decision.
After the evaluation:

if you are **capable**, **you** make the decision about where to live.

If you are **not capable** to make a decision about where to live

we will talk to your **Substitute Decision Maker**
will **decide** where **you** are going to live.
If you do not know who is your Substitute Decision Maker

I will contact the

Public Guardian and Trustee

and they will decide where you will live.
If you **do not** agree with the capacity decision,

______________________________ will **help** you

to **contact** the
Consent and Capacity Board.

They will **review** the capacity decision.
You have the right to **refuse** to **answer** my questions.

Do **you** have any **questions**?

Can I ask **you** the **questions** now? **Tell** me, or **show** me.
ORIENTATION - This section is optional

1) Tell me your full name?

1b) Is your name __________________ or __________________?

2) Where are you right now?

- Home
- Hospital
- Long Term Care Home
- Retirement Home
- Somewhere else?
- Do not know
3) **What day** is it today? ____________________________

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
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<tbody>
<tr>
<td>Friday</td>
<td>Saturday</td>
<td>Sunday</td>
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4) **What month** is it now? ________________________________

<table>
<thead>
<tr>
<th>January</th>
<th>May</th>
<th>September</th>
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<tbody>
<tr>
<td>February</td>
<td>June</td>
<td>October</td>
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<td>March</td>
<td>July</td>
<td>November</td>
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<td>April</td>
<td>August</td>
<td>December</td>
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5) **What season** is it now? ________________________________

<table>
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<tr>
<th>Spring</th>
<th>Summer</th>
<th>Fall</th>
<th>Winter</th>
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6) **What year** is it?  
Is it: ________________ _____________________________
1. Able to understand care needs

Do you have any **health** problems?

Do you have any of these **health** problems?

- Stroke
- Head Injury
- Heart
- Diabetes
- Cancer
- Breathing
Depression or anxiety or emotional problems.

Do you have any of these?

I have no problems

or

Something else
Do you need help with . . . ?

**Getting in and out of bed**

**Walking or getting around**

**Getting dressed**

**Going to the bathroom**

**Having a shower or bath**
Do you need **help** with . . . ?

- **Cleaning** the house
- **Preparing** meals
- **Shopping**
- **Taking** medication

Managing **money**

**Something else?**

I do **not** need help
Who helps you at home?

Partner/spouse

Children

Friends

Family, brother or sister

Nurse or care giver

Neighbour

Someone else?

How **often** do they help you?

everyday  OR  ____ times a week.

1 2 3 4 5 6 7
Are you forgetful?

Where is it?

Do you get confused?

Would you feel safe living at home?
2. Able to understand proposed care placement

What is a Long Term Care home?

Hotel | House
--- | ---
Apartment | Hospital
Nursing Home | Retirement home
Community Centre | ?
Something else | Do not know
Who lives in a Long Term Care Home?

People who **can** look after **themselves**?

People who, **do not** have enough **help**, who **cannot** manage at **home**?
2. Able to appreciate proposed care placement

Do you need to live in a Long Term Care Home now?

Do you agree?

think/s that you should live in a Long Term Care Home now.

Do you agree?
3. Able to understand present condition

What would you do:
If you fell in the bathroom?

Do nothing

Call out for help

Phone 911

Have a bath

Wait for help

I will not fall

Press lifeline

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What would you do:
If there was a fire at your home?

Phone 911

Wait for help

Leave your home

Call out for help

Put out the fire yourself

Press lifeline

There will not be a fire

Do nothing
What would you **do**:

If you were **sick**?

- **Take medication**
- **Go shopping**
- **Call out** for help
- **Press lifeline**
- **Do nothing**
- I **will not** get sick
- **Phone someone**
4. Able to appreciate consequences of REFUSING proposed placement

If you **do not** go to a Long Term Care Home, **where** will you **live**?

- **Home**
- **Hospital**
- **Hotel**
- **Friends’ house**
- **Supportive housing or a retirement home**
- **Somewhere else**
- **Do not know**

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If you live at home

**who would help you on a daily basis**

with ___________________________ ?

- Partner/spouse
- Children
- Friends
- Family, brother or sister
- Nurse or care giver
- Neighbour

I do **not know**

**Someone else?**

I do **not need help**
If you can **not** look after yourself and you **do not** have enough help at home

**What will you do?**

**Pay** someone to **help me**

I have **money**

I have **private insurance**

I do not know

**Move** to a Long Term Care Home

**Something else?**
5. Able to appreciate consequences of ACCEPTING proposed placement

What would a Long Term Care Home help you with . . . ?

Getting in and out of bed

Walking or getting around

Getting dressed

Going to the bathroom

Having a shower or bath
What will a Long Term Care Home help you with . . . ?

Taking medication

Preparing and eating meals

Nothing, I do not need help.

So do you think you should move to a Long Term Care Home now?