Communication Aid to Capacity Evaluation - CACE

A Communicatively Accessible Capacity Evaluation to Make Admissions Decisions

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Communication Aid to Capacity Evaluation (CACE)

Evaluator’s Version

This Evaluator’s version of CACE has boxed suggestions and prompts for your use.

Before you start, make sure:
1) The individual has his or her reading glasses
2) The individual is wearing a working hearing aid
3) You know the individual’s best side visually and place CACE on that side
4) The individual is as comfortable as possible
5) Distractions are minimized

You will need the following:
1) CACE form for the individual being evaluated
2) A copy of CACE addendums (Appendix)
3) The ‘Yes/No/Don’t Know’ card
4) The ‘STOP I have a Question’ card
5) Paper and a marker
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.

*This is an introduction to the process. You will go into more detail later.*
Give an example of who is worried: partner, spouse, friend, family, health care team etc.

__________________________ 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\textit{difficult} decision. There is a lot to think about.

\textit{Presumption of Capacity} \\
I think you can make the decision, but I have to check.
I am going to use these **pictures** to **help** you.

*Point to some of the pictures.*

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

__________________________________________

**Add the individual’s communication barrier: aphasia, dysarthria, another language, hearing etc.**

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

That is, can **you** decide where **you** live?

**Introduce the ‘Yes/No/Don’t Know’ card, and the ‘STOP I have a Question’ card. Explain that he or she can ask a question anytime during the evaluation, and that the Yes/No card is to help both of you.**
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*

**Give an example of a Long-Term Care home in your area**

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**

---

*Give the name of the individual’s SDM*
If the individual appears unhappy or unsure about his or her SDM, go to the CACE addendum for more detailed information.

________________________ 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**

*If the individual wants more information on the Public Guardian, go to the CACE addendum.*

and they will decide where you will live.

Or

Or
If you **do not** agree with the capacity decision,

Explain who will help the individual: a social worker, case manager, speech language pathologist etc.

__________________________________________ 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**? *Use the Yes/No card*

? ? ? ?

**Consent to evaluate**

Can I ask **you** the **questions** now? **Tell** me, or **show** me.

If the individual points to “No”, rephrase the question and ask again. If the answer is still “No” stop the evaluation and ask to come back another time.
ORIENTATION - This section is optional

1) Tell me your full name?

If the individual can’t say his/her name, give a choice that includes the individual’s name and a similar sounding name, for example, “Is your name Mr. Kumar or Mr. Kahn?”

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>Day</th>
<th></th>
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<tbody>
<tr>
<td>Monday</td>
<td>Tuesday</td>
<td>Wednesday</td>
<td>Thursday</td>
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<tr>
<td>Friday</td>
<td>Saturday</td>
<td>Sunday</td>
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</tr>
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</table>

4) What **month** is it now? ____________________________

<table>
<thead>
<tr>
<th>Month</th>
<th></th>
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<th></th>
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</thead>
<tbody>
<tr>
<td>January</td>
<td>May</td>
<td>September</td>
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<td>February</td>
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<tr>
<td>April</td>
<td>August</td>
<td>December</td>
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</table>

5) What **season** is it now? ____________________________

- Spring
- Summer
- Fall
- Winter

6) What **year** is it?

*If the individual cannot give the year, provide a choice of three years. Write the real year on the last line.*

Is it: ____________________________
1. Able to understand care needs
Do you have any **health** problems?

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

*If you are unsure of the individual’s response, use the “Yes/No/Don’t Know” card*

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

Only ask the following questions if the individual has a diagnosis not already discussed. Otherwise go to page 16.

Do you have any of these?

Write a confounding diagnosis on the first line, the individual’s diagnosis on the second line, and a confounding diagnosis on the third line.

Examples of confounding diagnoses: Parkinson’s disease, Lou Gehrig’s disease, Multiple Sclerosis etc.

Something else
Do you need help with . . . ?

*Ask the individual to tell you or point to any activities requiring help. If it is too difficult, go over each activity and use the “Yes/No/Don’t Know” card.*

**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
Use the ‘Yes/No/Don’t Know’ card

Are you **forgetful**?

Do you get **confused**?

Would you feel **safe** living at home?

*Change the wording to ‘DO you feel safe...’ if you are evaluating the individual in his or her home.*
2. Able to understand proposed care placement

The selection of Retirement Home is an acceptable response. Explain the difference between a retirement and nursing home.

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?

Use the ‘Yes/No/Don’t Know’ card

Give the names of those who are concerned: spouse, partner, family, healthcare team, etc.

__________________________________________________________________________

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

Use the ‘Yes/No/Don’t Know’ card

Do you agree?
3. Able to understand present condition

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

Different answers are acceptable according to the individual’s circumstances. There is no one right answer.

- Do **nothing**
- Call out for help
- Phone 911
- Have a bath
- Wait for help
- I will not fall
- Press lifeline
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**

**Exclamation:** There will **not** be a fire

**Exclamation:** 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**
- **with family**
- **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 ___________________________?

*Give examples that relate to the individual: bathing, shopping, cooking etc.*

<table>
<thead>
<tr>
<th></th>
<th>Partner/spouse</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Friends</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Family, brother or sister</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Nurse or care giver</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Neighbour</strong></td>
<td>![Image showing a house and a person]</td>
<td>![Image showing two people]</td>
</tr>
</tbody>
</table>

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?

Use the ‘Yes/No/Don’t Know’ card