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

Communication Aid to Capacity Evaluation (CACE)

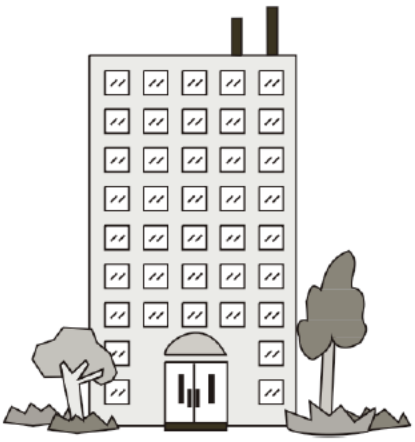
Introduction and Explanation

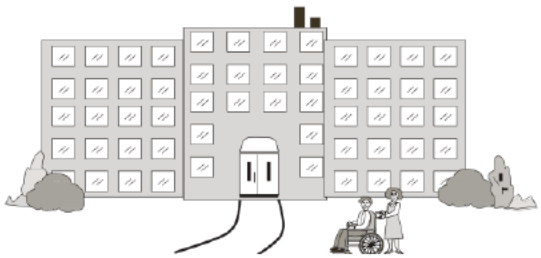
Hello, my **name** is _____

I am a _____

We are here today to **talk** about where **you** are going to **live**.

where?





_____ 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:

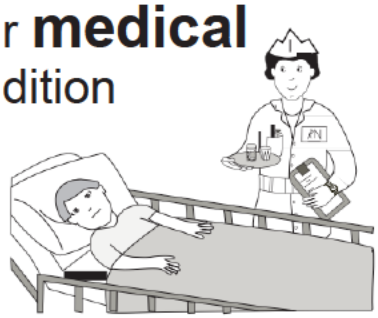
The questions will help us to **evaluate** your **"Capacity to make Admission Decisions"**.

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

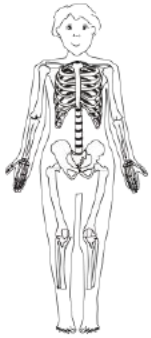
So, what does **capacity** mean?
What are we talking about?

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

your **medical** condition



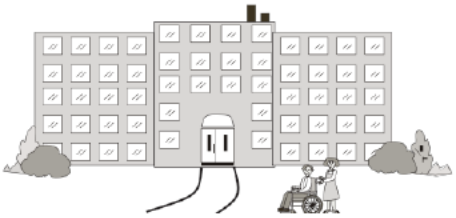
your **health**



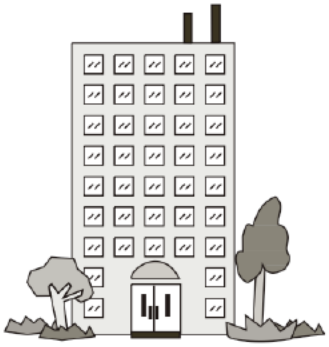
what **you** can do **yourself**

when you need **help**

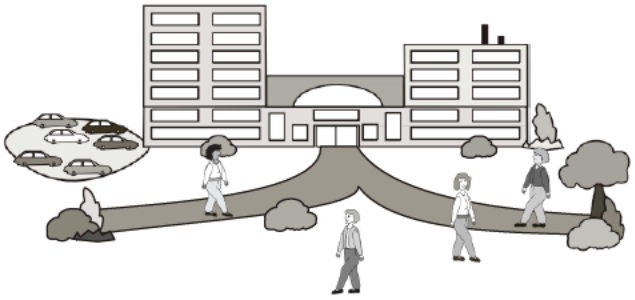
and how it affects **where** you **live**.



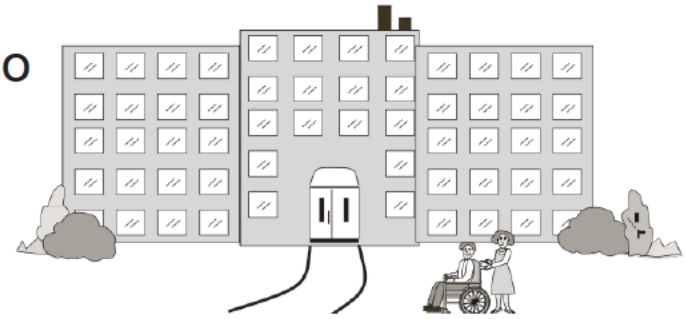
There are different **places** to **live**:



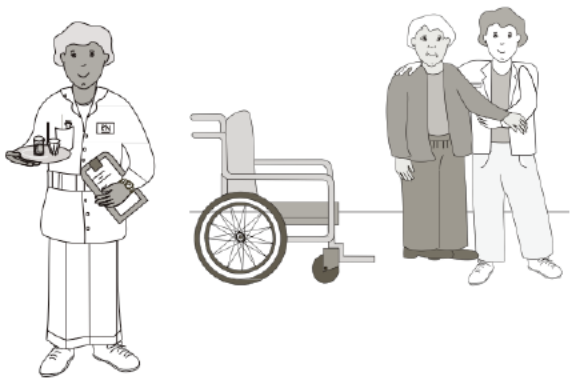
A **retirement home** or **supportive housing**



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 **<u>appreciate</u>** the consequences when. . .

you **make** a decision

OR

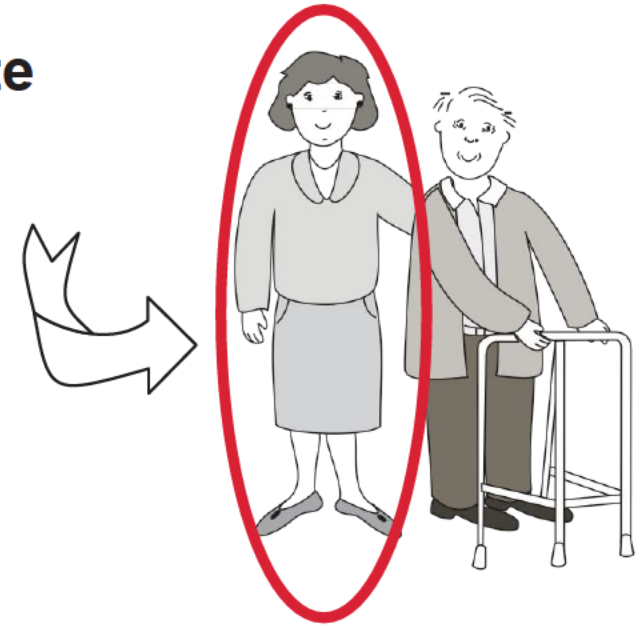
do **not make** a decision.

After the evaluation:

if you are **capable**, **<u>you</u>** make the decision about where to live.

If you are **<u>not</u> capable** to make a decision about where to live

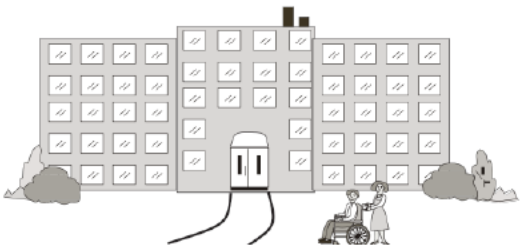
we will talk to your **Substitute Decision Maker**



_____ will **decide** where **you** are going to live.

Or

Or



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.

Yes

No

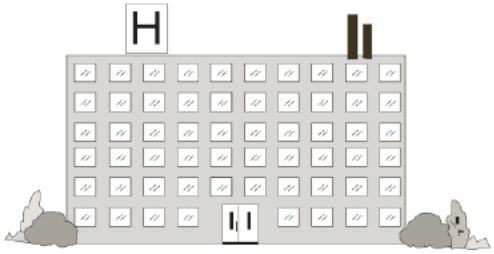
ORIENTATION - This section is optional

1) Tell me your **full name**?

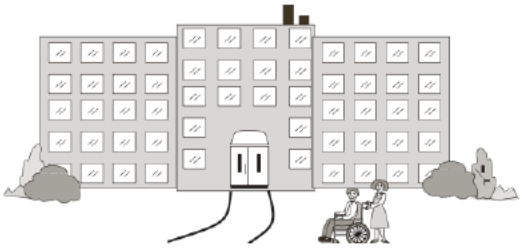
1b) Is **your name** _____ **or** _____?

2) **Where** are you right **now**?

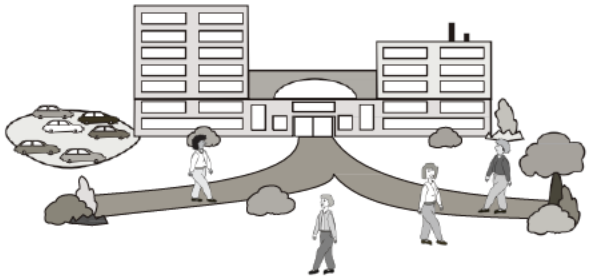
Home



Hospital



Long Term Care Home

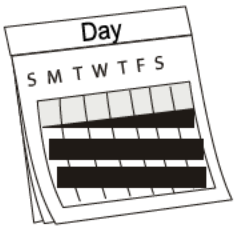


Retirement Home

Somewhere else?

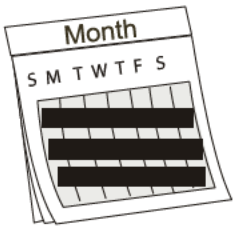
Do not know

3) What **day** is it today? _____



Monday	Tuesday	Wednesday	Thursday
Friday	Saturday	Sunday	

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

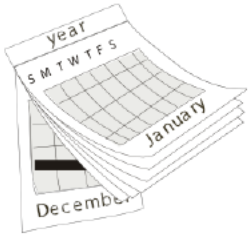


January	May	September
February	June	October
March	July	November
April	August	December

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

			
Spring	Summer	Autumn	Winter

6) What **year** is it?

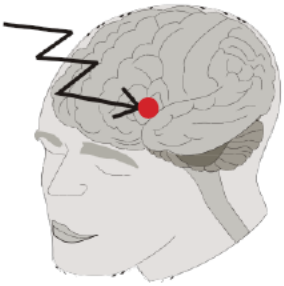


Is it: ----------

1. Able to understand care needs

Do you have any **health** problems?

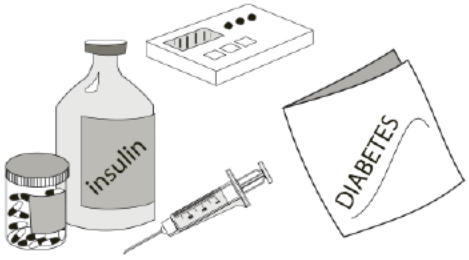
Do you have any of these **health** problems?



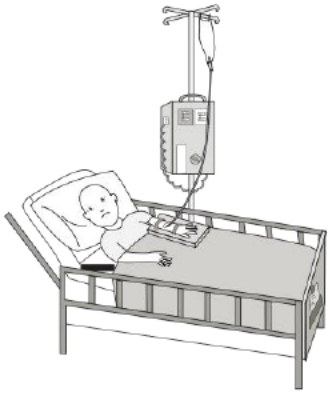
Stroke

Head Injury

Heart



Diabetes



Cancer

Breathing

Depression or **anxiety**

or

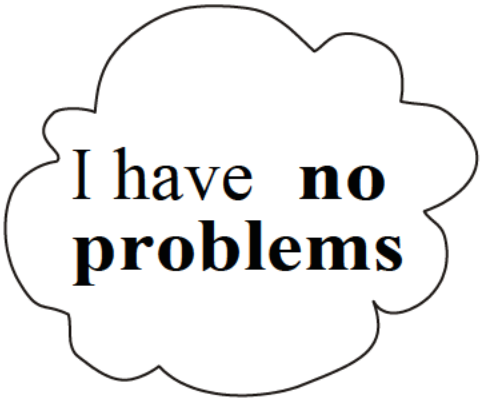
emotional problems.

Do you have any of **these**?

_____

_____

_____



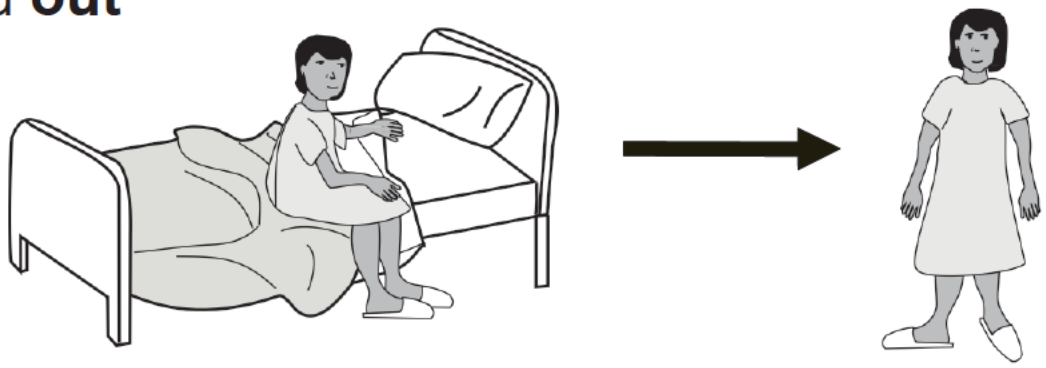
or

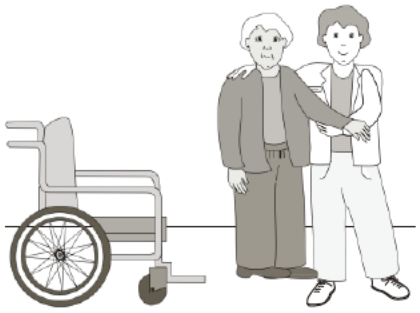
Something else

_____

Do you need help with . . . ?

Getting **in** and **out** of **bed**

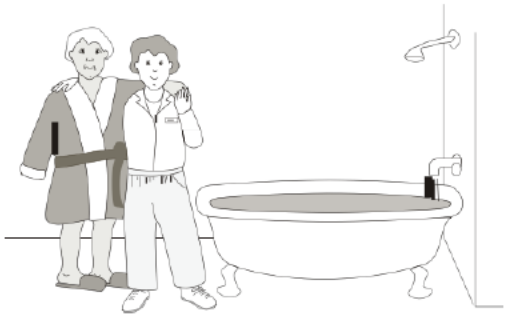




Walking or getting around

Getting **dressed**

Going to the **bathroom**



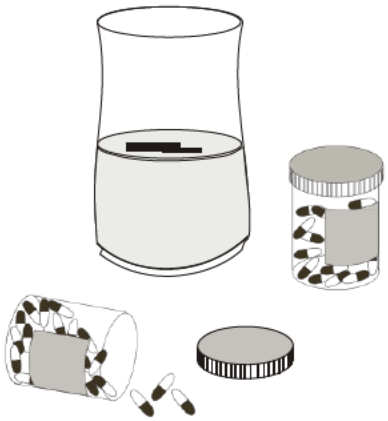
Having a **shower** or **bath**

Do you need **help** with . . . ?

Cleaning the house

Preparing **meals**

Shopping



Taking **medication**

Managing **money**

Something else?

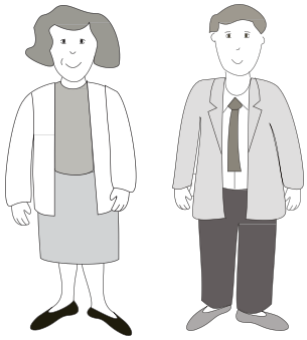
I do **not** need help

Who helps you at home?

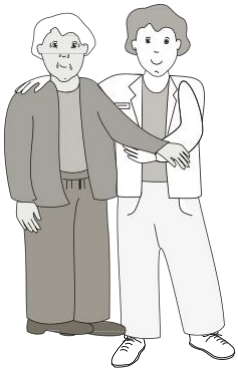
Partner/spouse

Children

Friends



Family, brother or **sister**



Nurse or **care giver**

Neighbour

_____

_____

_____

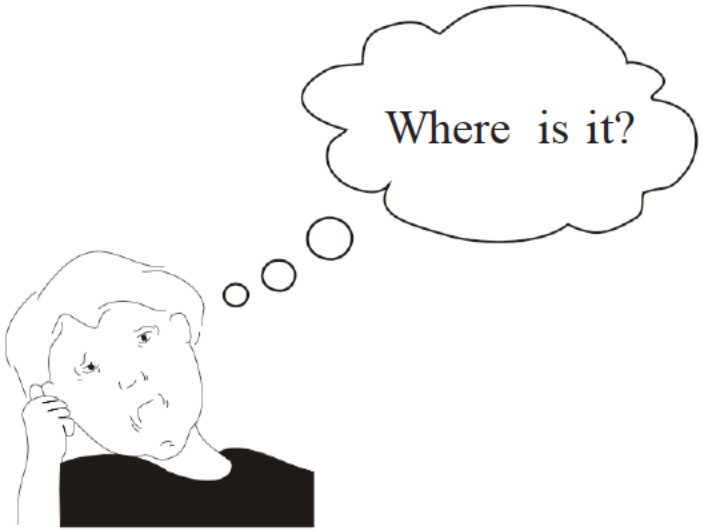
Someone else?

How **often** do they help you?

everyday OR ___times a **week**.

1	2	3	4	5	6	7

Are you **forgetful**?

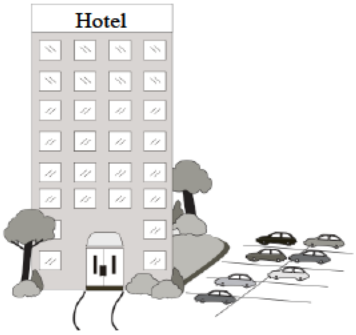


Do you get **confused**?

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

2. Able to understand proposed care placement

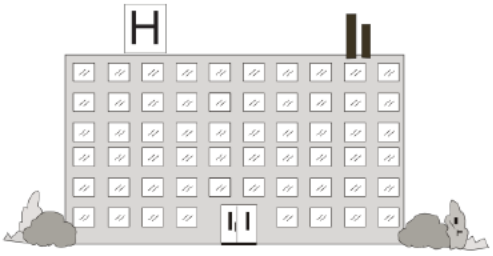
What is a **Long Term Care home**?



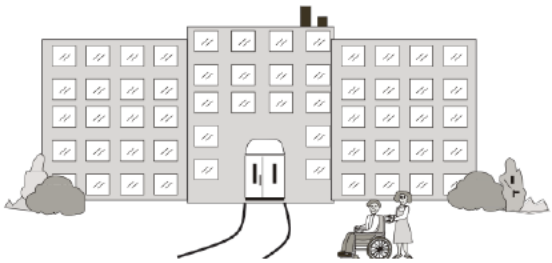
Hotel

House

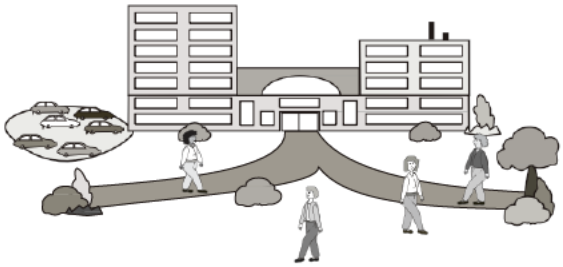
Flat



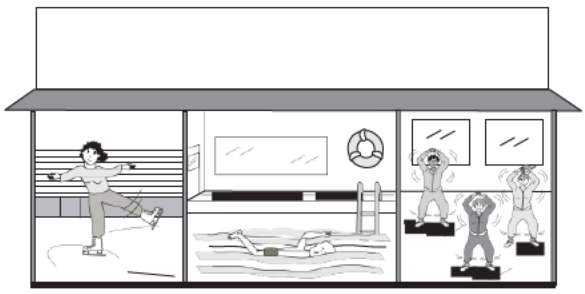
Hospital



Nursing Home



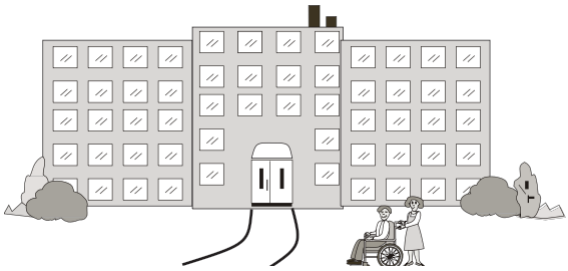
Residential home



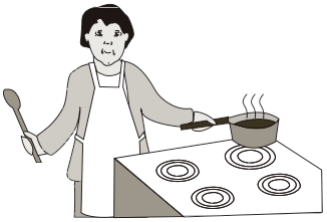
Something else

Do not know

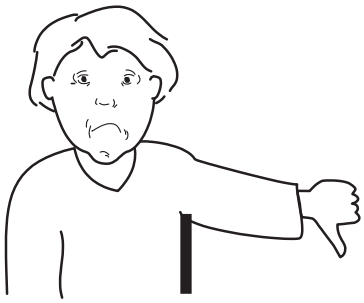
Who lives in a **Long Term Care Home**?



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

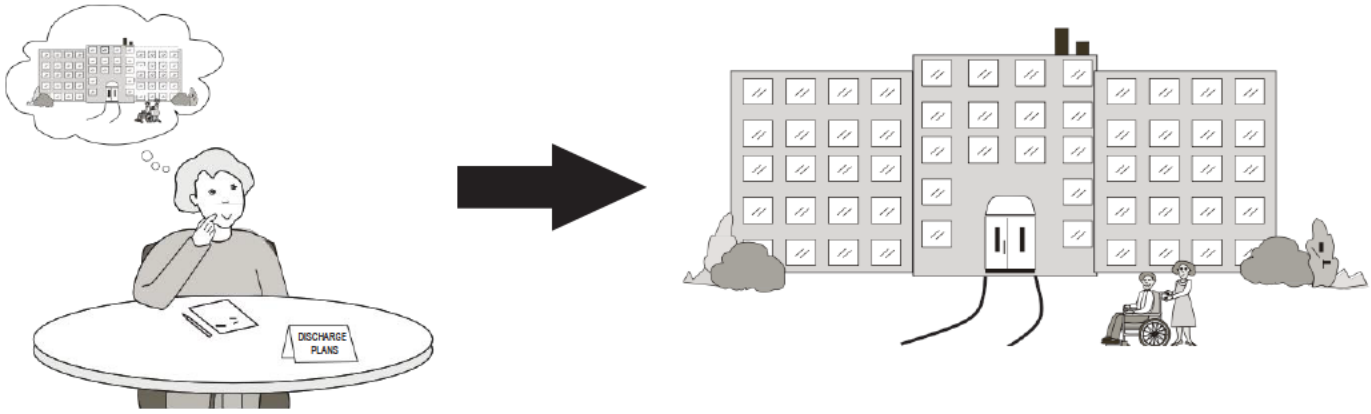


People who, **do not** have enough **help**, who **cannot** manage at **home**?

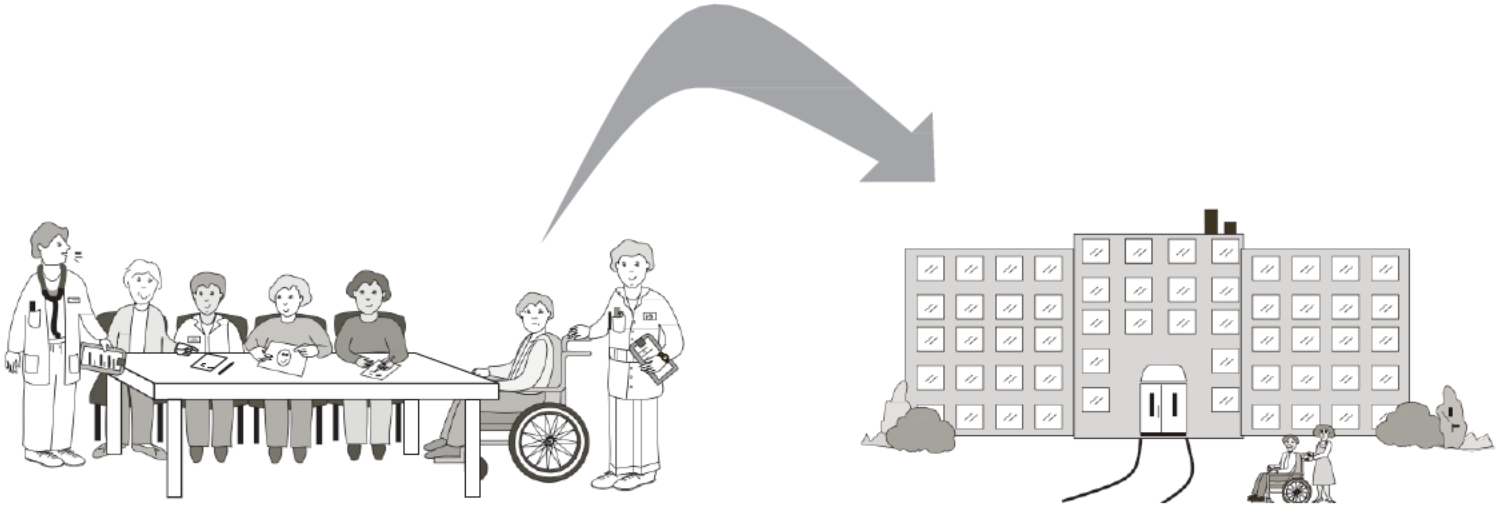


2. Able to appreciate proposed care placement

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



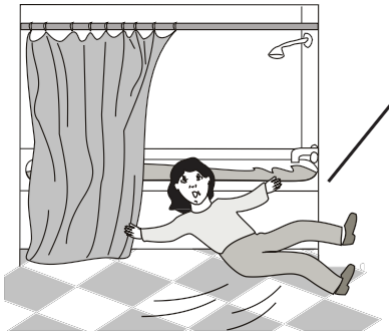
_____ think/s that you **should** live in a Long Term Care Home **now**.



Do you **agree**?

3. Able to understand present condition

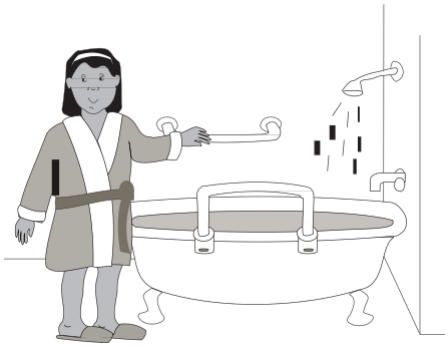
What would you **do**:
If you **fell** in the **bathroom**?



Do **nothing**

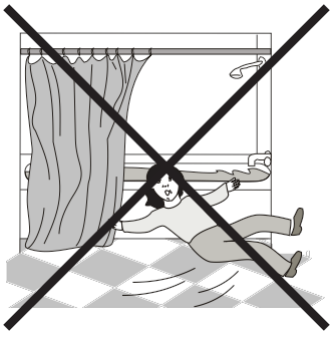
Call out for help

Phone 999

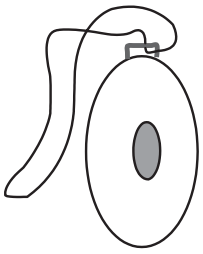


Have a **bath**

Wait for help



I will not fall



Press **lifeline**

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

Phone 999

Wait for help

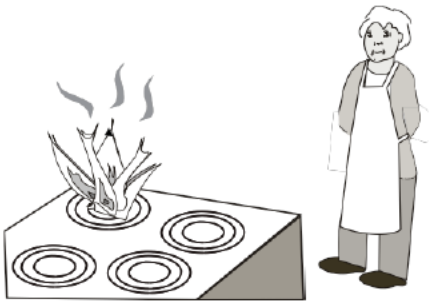
Leave your home

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**

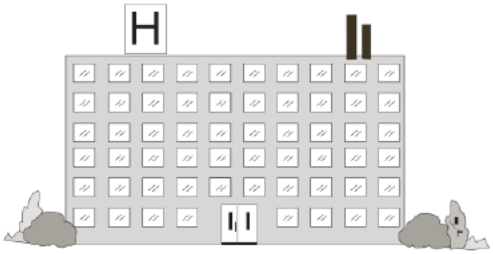
I **will not** get sick

Phone someone

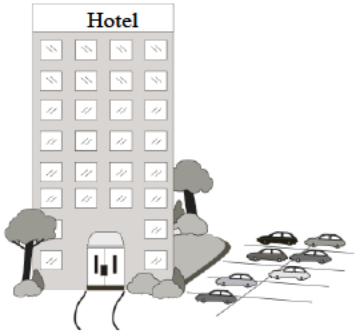
4. Able to appreciate consequences of REFUSING proposed placement

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

Home

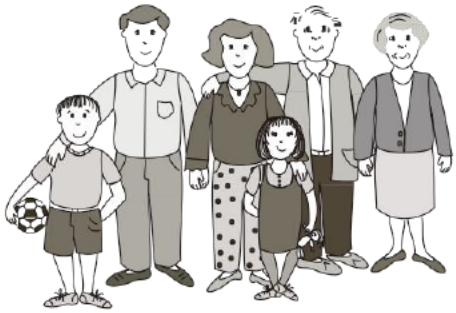


Hospital

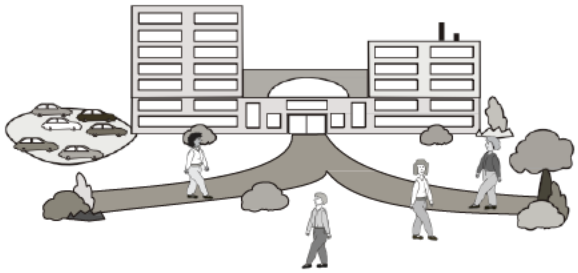


Hotel

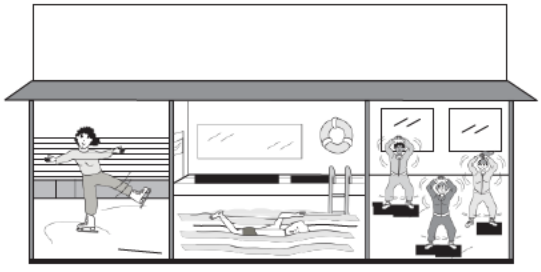
Friends' house



with **family**



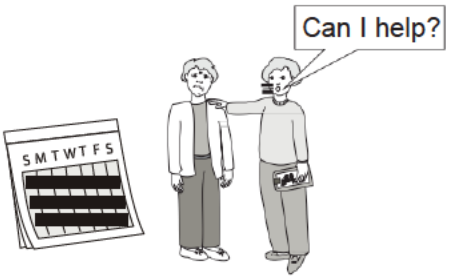
Supportive housing or a **Residential home**



Somewhere else

Do not know

If you live at **home**

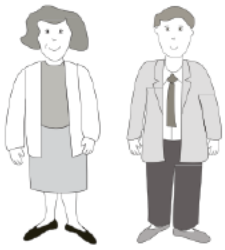


who would **help** you on a **daily** basis with _____?

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**

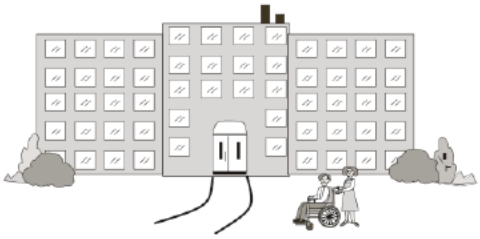
What will you do?

Pay someone to **help me**

I have **money**

I have no **money**

I do not know

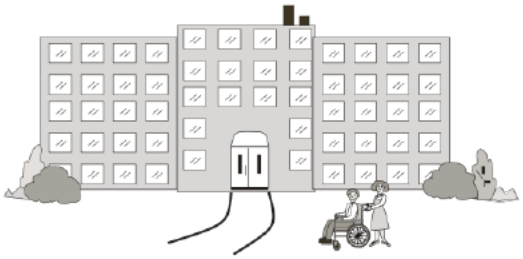


Move to a Long Term Care Home

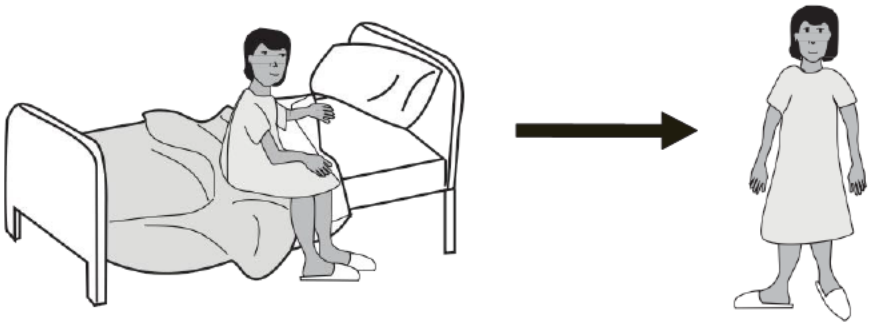
Something else?

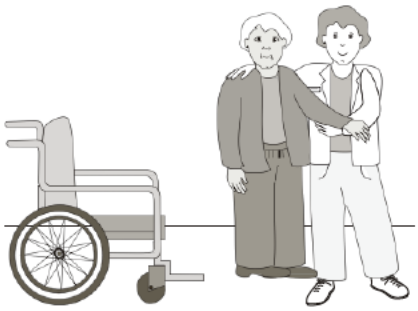
5. Able to appreciate consequences of ACCEPTING proposed placement

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



Getting **in** and **out** of **bed**

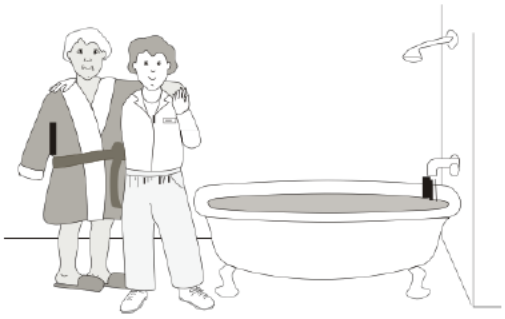




Walking or getting around

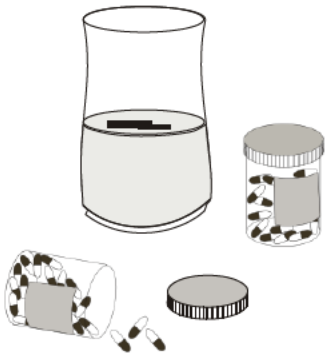
Getting **dressed**

Going to the **bathroom**



Having a **shower** or **bath**

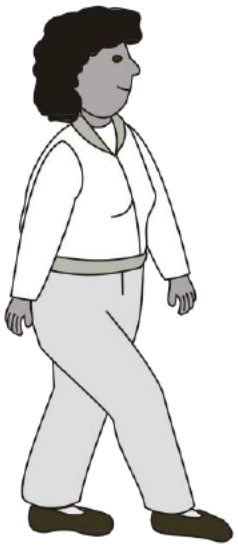
What will a Long Term Care Home **help** you with . . . ?



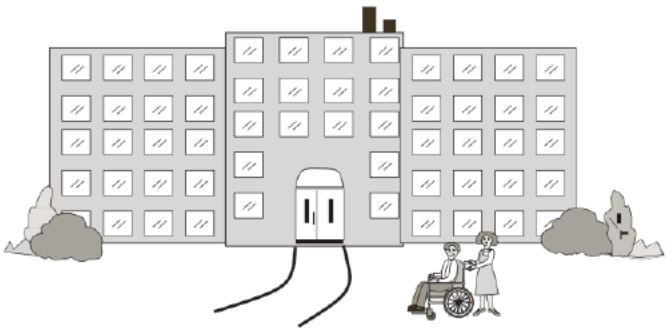
Taking **medication**

Preparing and eating **meals**

Nothing,
I **do not** need help.



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

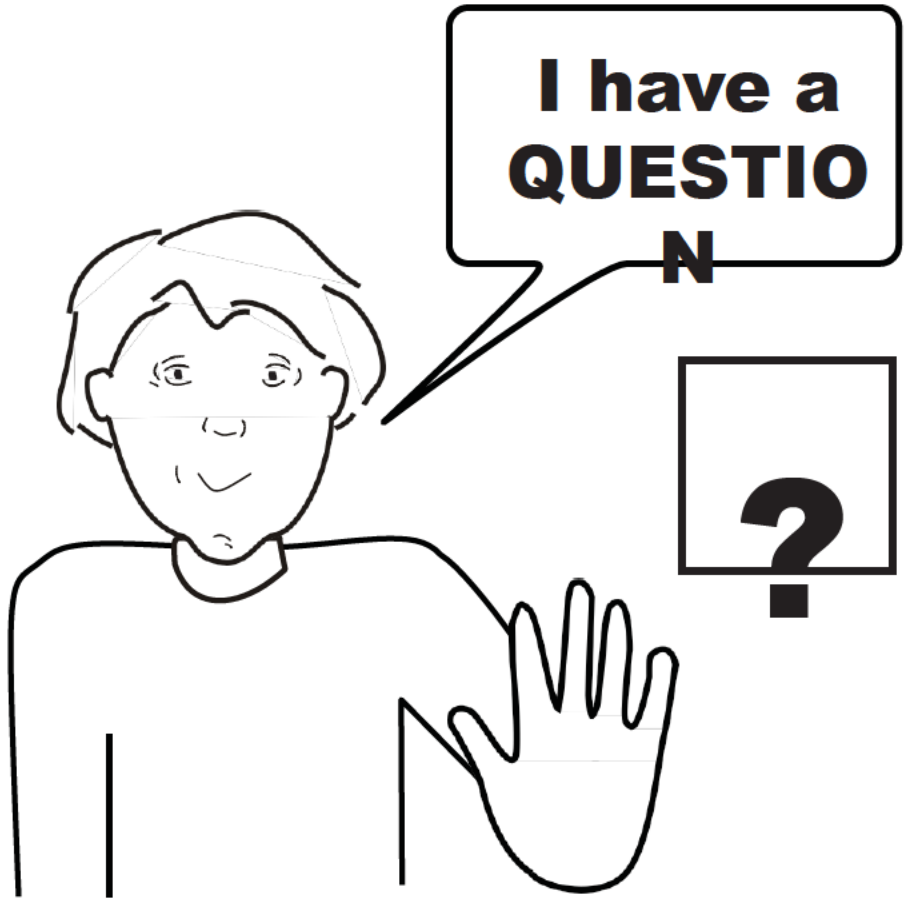


YES

NO

DON'T KNOW

STOP!



MORE

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