



Connecting you with care
Votre lien aux soins

CCAC CASC

Community
Care Access
Centre

Centre d'accès
aux soins
communautaires

Consent, Capacity and Placement

Patient Toolkit

January, 2014

North Simcoe Muskoka



North Simcoe Muskoka

Communication Aid to Capacity Evaluation - CACE

A Communicatively Accessible Capacity
Evaluation to Make Admissions
Decisions



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University of Toronto

Communication Aid to Capacity Evaluation (CACE)

Introduction and Explanation

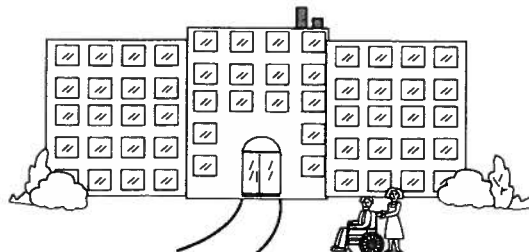
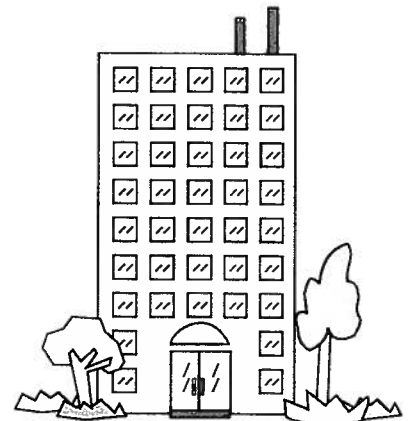
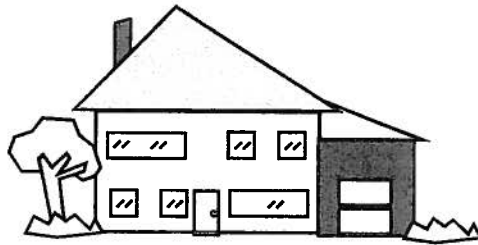
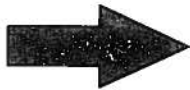
Hello, my **name** is _____

I am a _____

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



where?

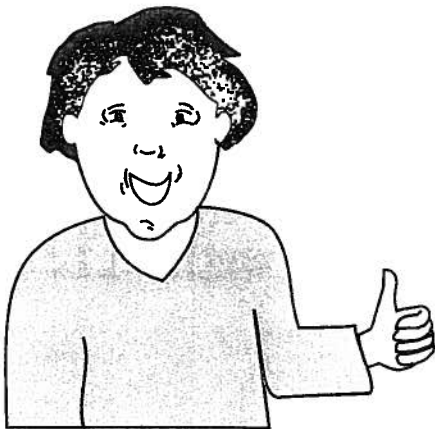


_____ is worried about **you** living at **home**

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**.

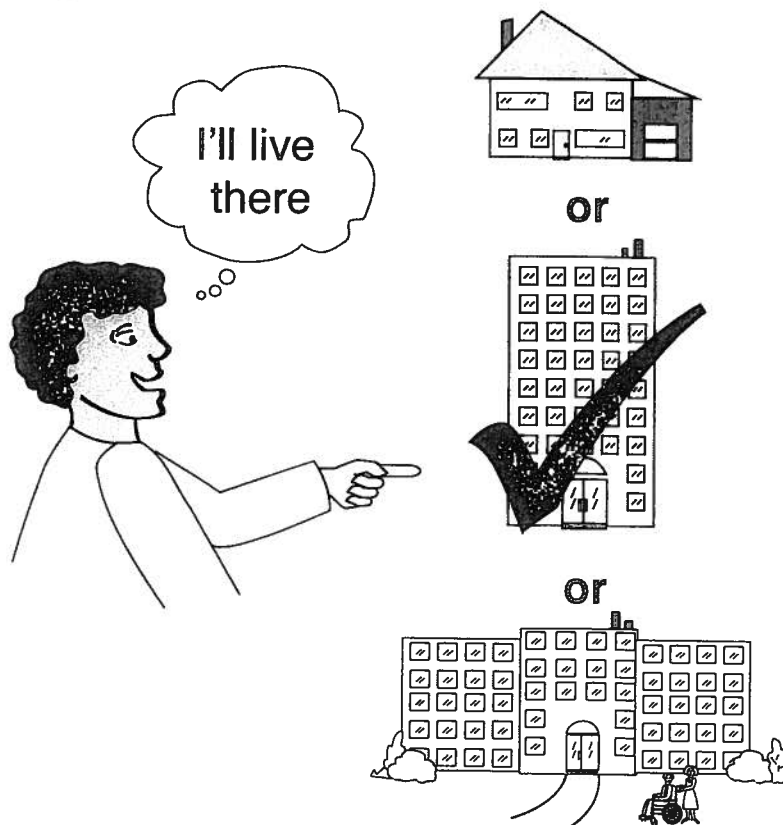
I am going to use these **pictures** to **help** you.

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**?

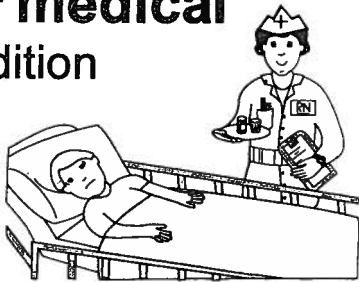


So, what does **capacity** mean?
What are we talking about?

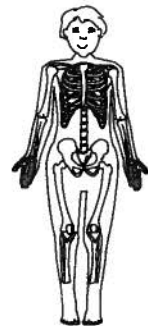


Capacity means that you have the ability to **understand**

your **medical**
condition



your **health**



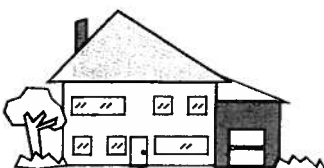
what **you** can
do **yourself**



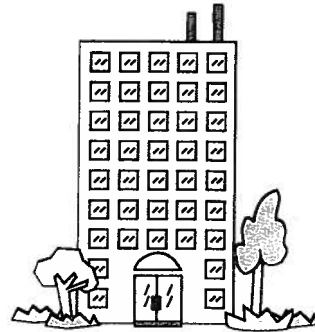
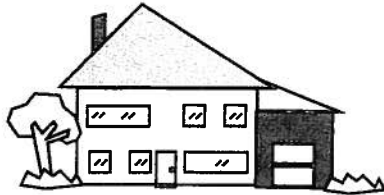
when you need **help**



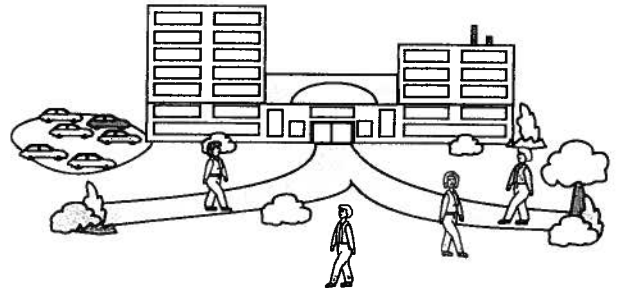
and how it affects **where** you **live**.



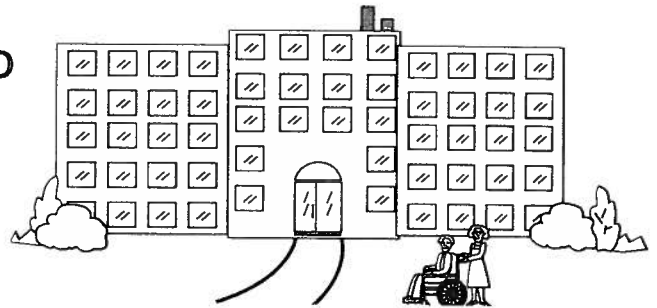
There are different **places** to **live**:



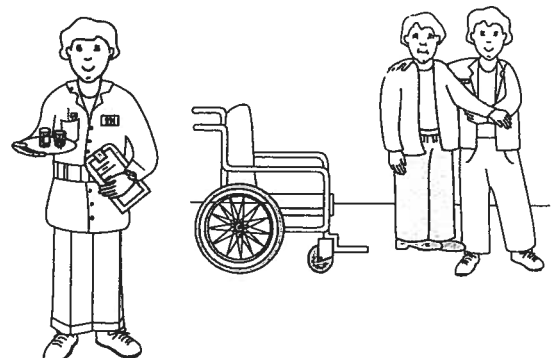
A **retirement home** or
supportive housing



A **Long-Term Care home**, also
called a **nursing home**

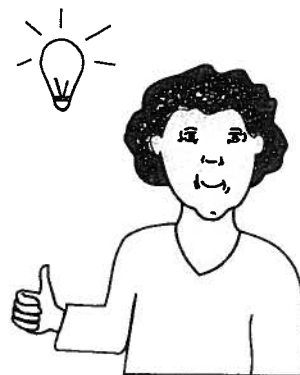


Long-term care homes are for
people who need **nursing care**
and **supervision**.



Also, **capacity** means you **understand** what might happen

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



you **make** a decision

OR



do **not make** a decision.



After the evaluation:

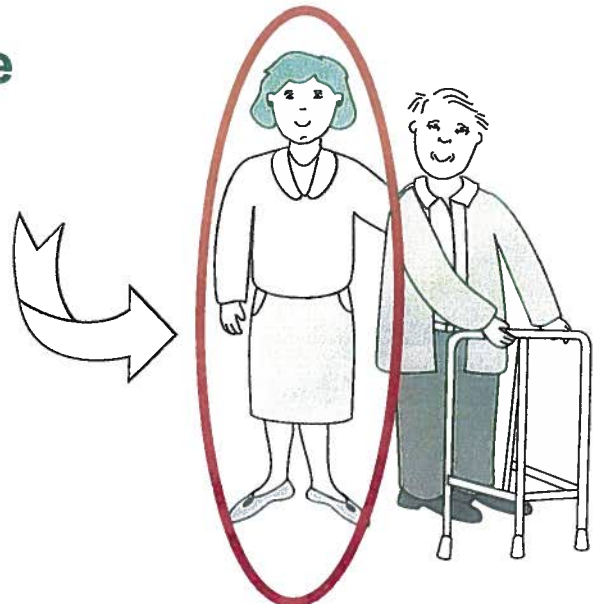
if you are **capable**, you make the decision about where to live.



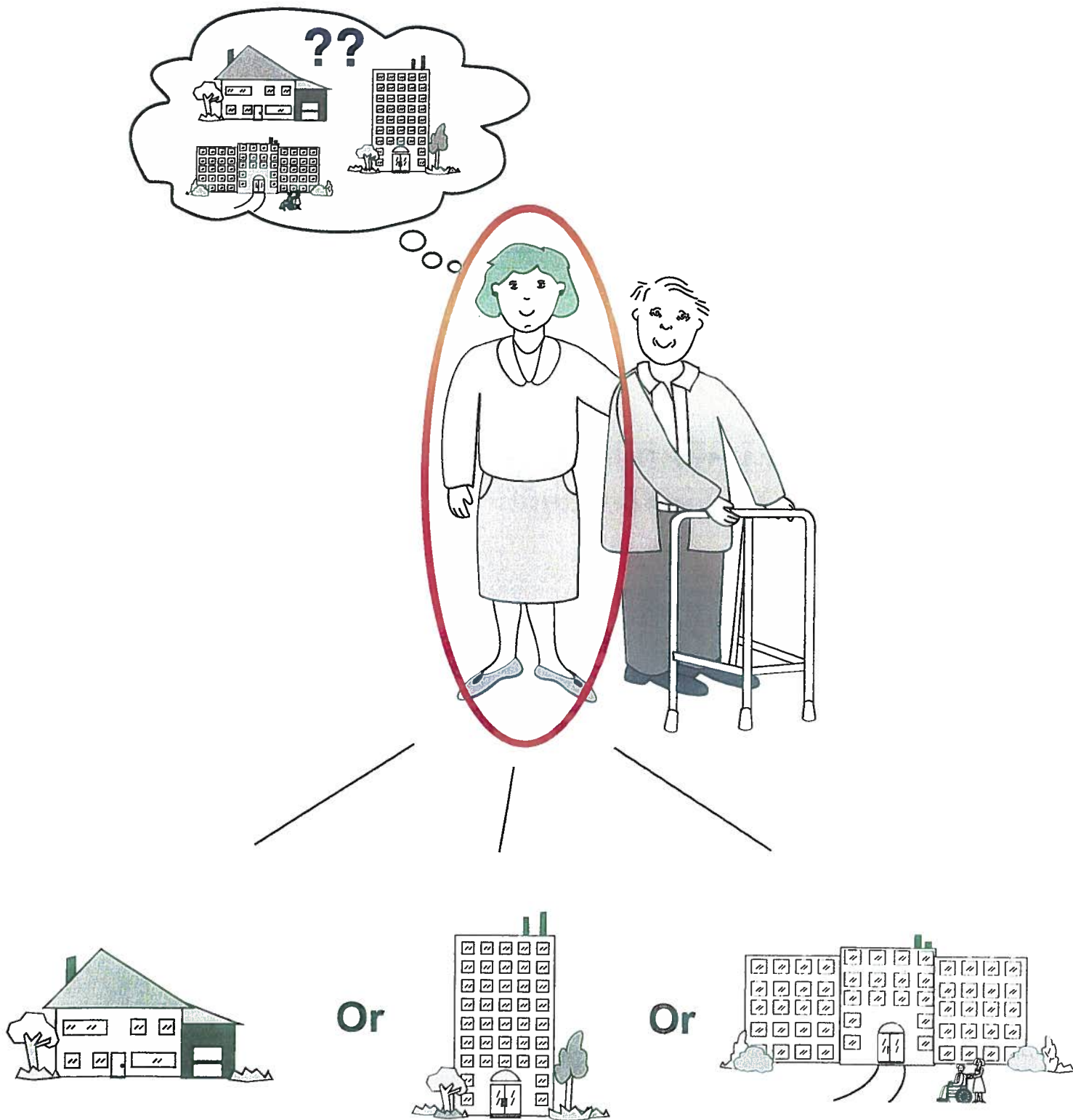
If you are **not capable** to make a decision about where to live



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

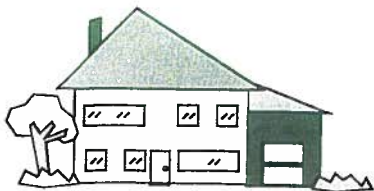


I will contact the

Public Guardian and Trustee



and **they** will decide where you will live.



Or



Or



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

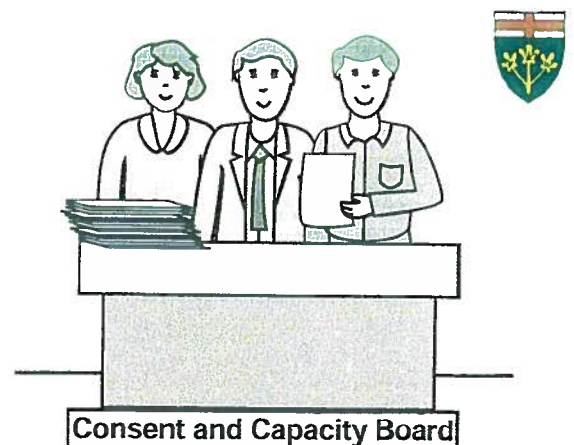


_____ will **help** you

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



They will **review** the capacity
decision.



You have the right to **refuse** to **answer** my questions.



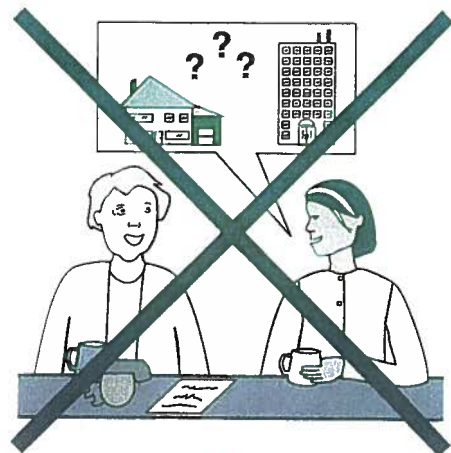
Do **you** have any **questions**?

???

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



Yes



No

ORIENTATION - This section is optional

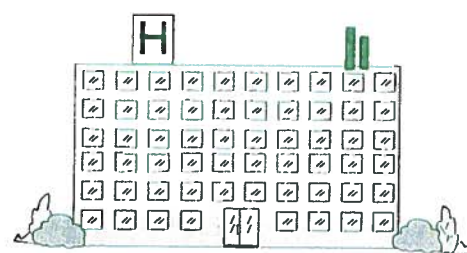
1) Tell me your **full name**?

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

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



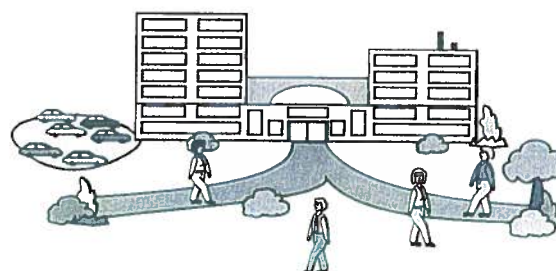
Home



Hospital



Long Term Care Home



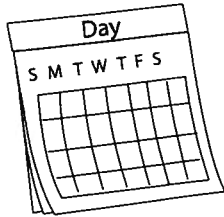
Retirement Home

Somewhere else?



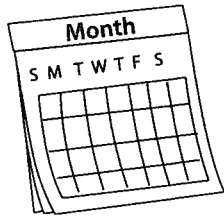
Do not know

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




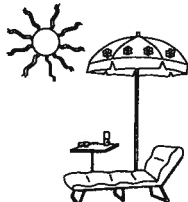


Monday	Tuesday	Wednesday	Thursday
Friday	Saturday	Sunday	

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

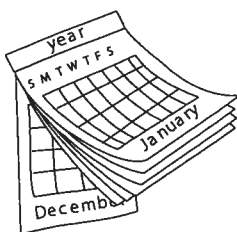


January	May	September
February	June	October
March	July	November
April	August	December

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

 Spring	 Summer	 Fall	 Winter
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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?



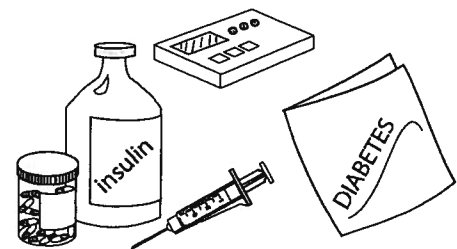
Stroke



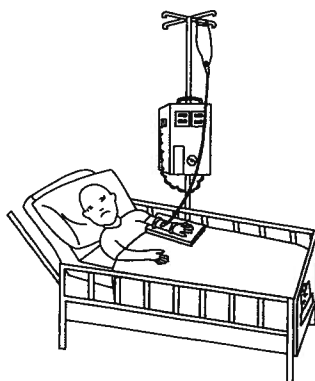
Head Injury



Heart



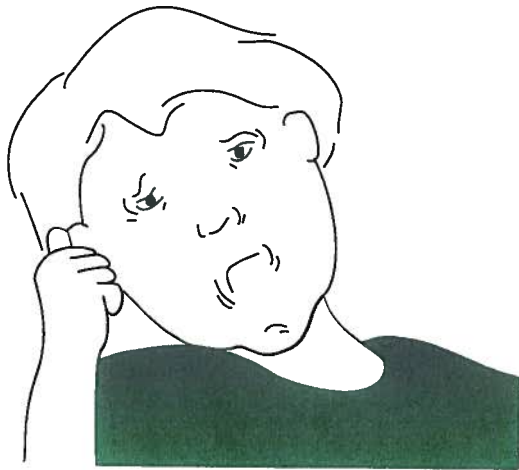
Diabetes



Cancer



Breathing



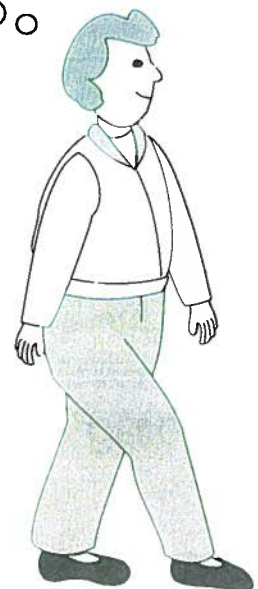
Depression or anxiety
or
emotional problems.

Do you have any of **these**?



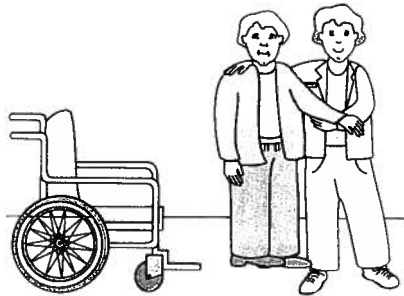
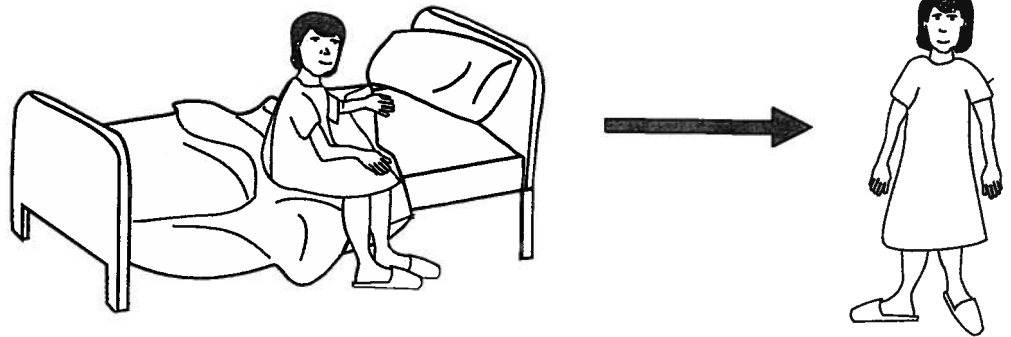
or

Something else



Do you need help with . . . ?

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



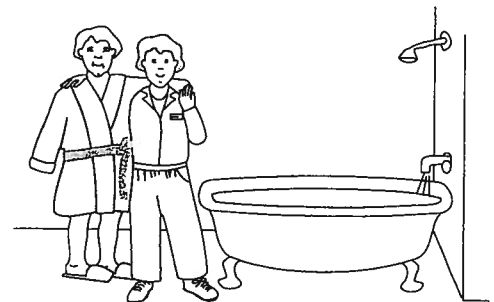
Walking or getting around



Getting dressed



Going to the **bathroom**



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

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



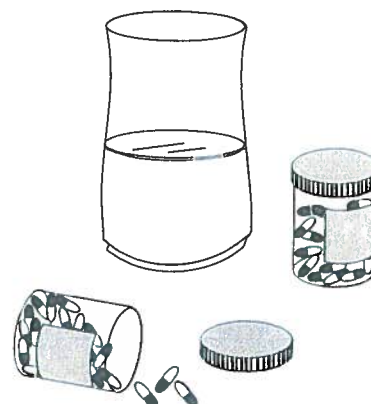
Cleaning the house



Preparing **meals**



Shopping



Taking **medication**



Managing **money**

Something else?



I do **not** need help

Who helps you at home?



Partner/spouse



Children



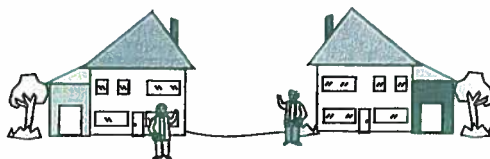
Friends



Family, brother or sister



**Nurse or care
giver**



Neighbour

Someone else?

How **often** do they help you?

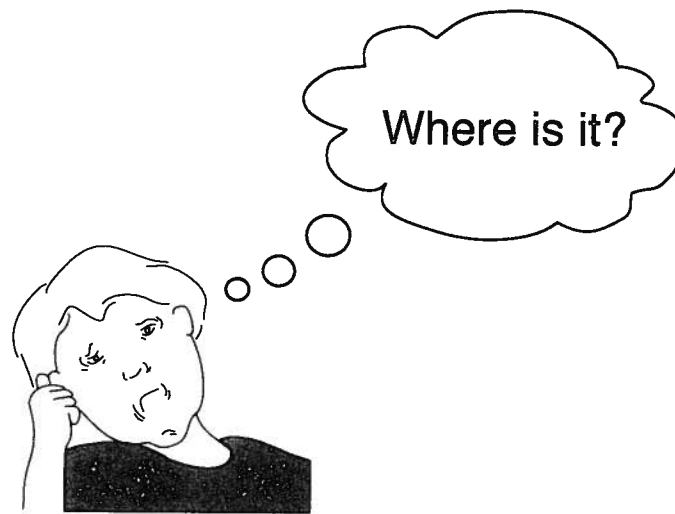
everyday

OR ____ times a **week**.



1	2	3	4	5	6	7
---	---	---	---	---	---	---

Are you **forgetful**?



Do you get **confused**?

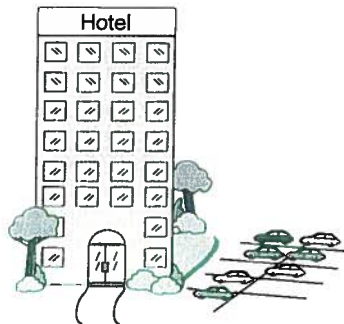


Would you feel **safe** living at home?

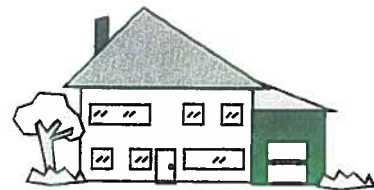


2. Able to understand proposed care placement

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



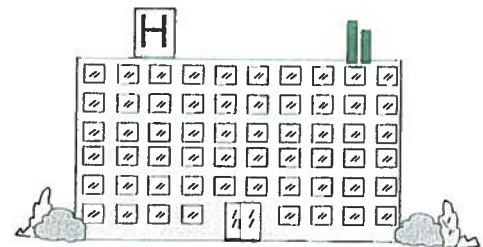
Hotel



House



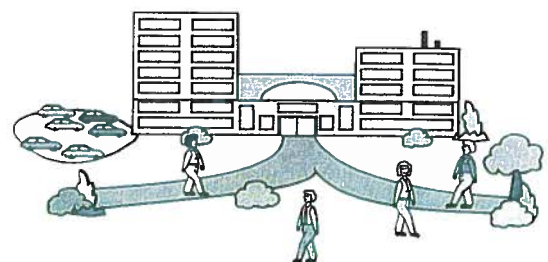
Apartment



Hospital



Nursing Home



Retirement home

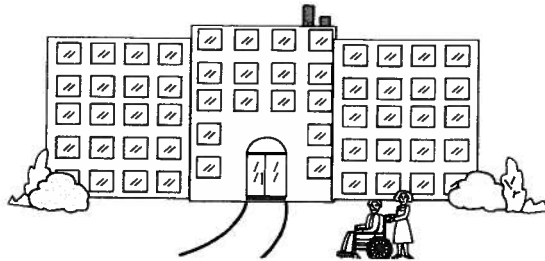


Something else

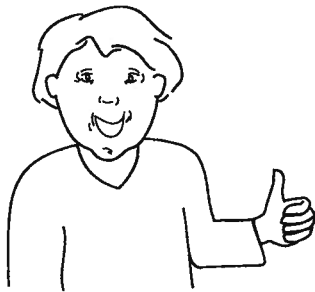


Do not know

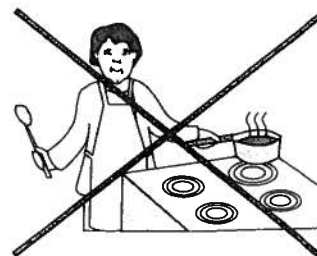
Who lives in a Long Term Care Home?



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

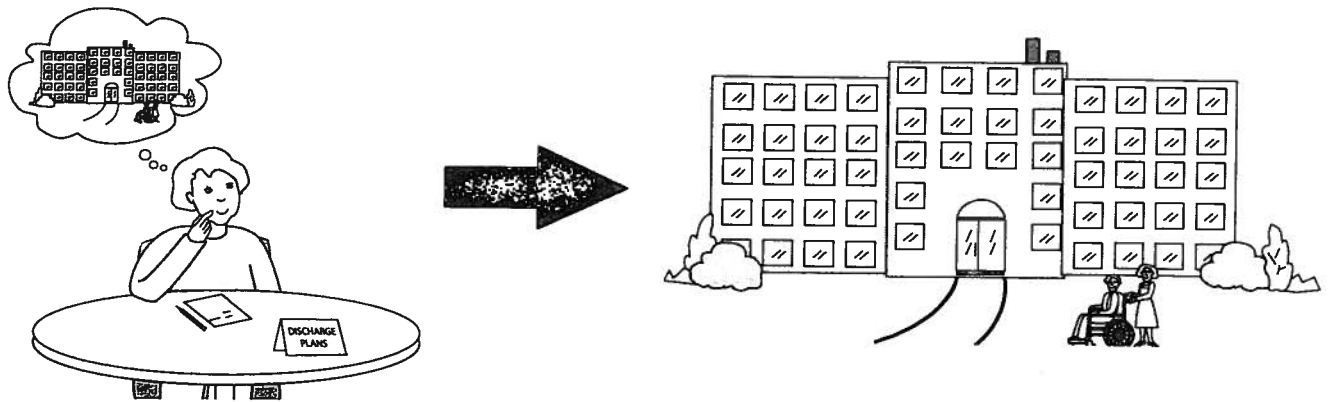


People who, **do not** have enough **help**, who **cannot** manage at **home**?

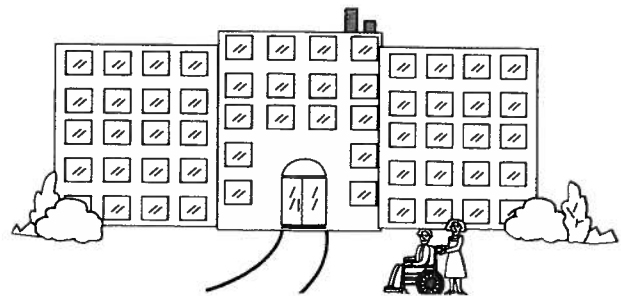
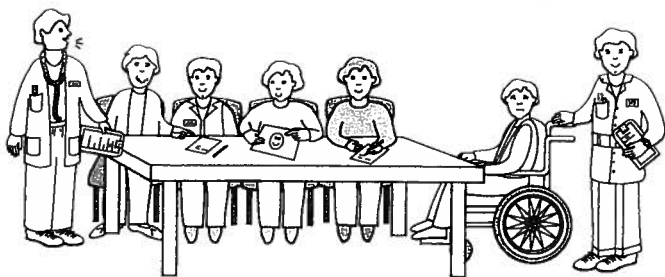


2. Able to appreciate proposed care placement

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



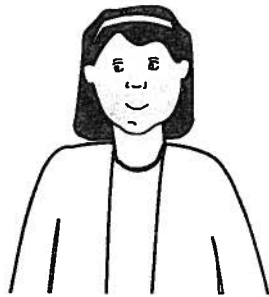
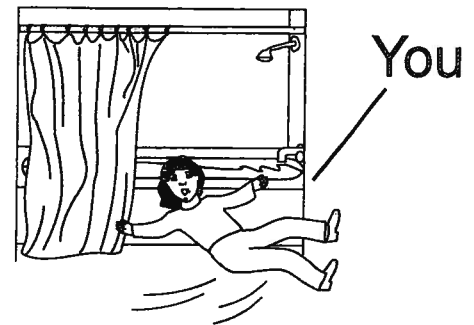
_____ think/s that you **should** live in a Long Term Care Home **now**.



Do you **agree**?

3. Able to understand present condition

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



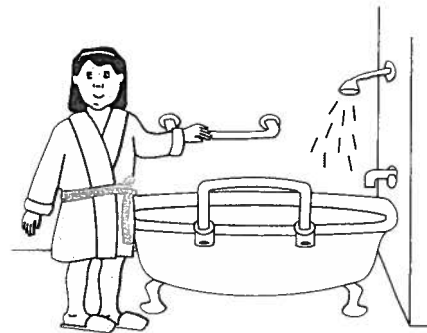
Do nothing



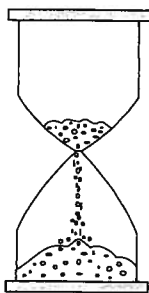
Call out for help



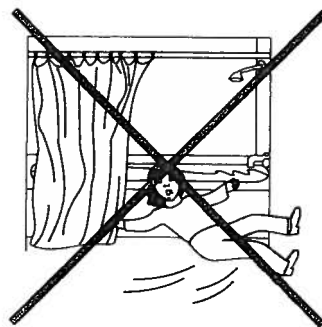
Phone 911



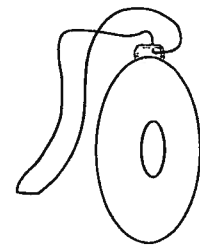
Have a bath



Wait for help

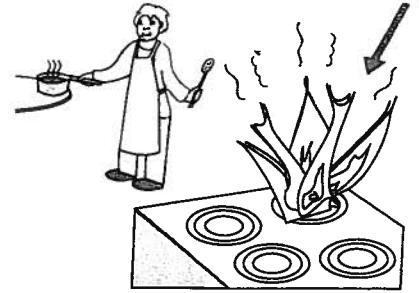


I will not fall

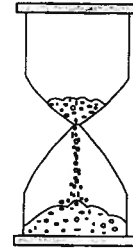


Press lifeline

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



Phone 911



Wait for help



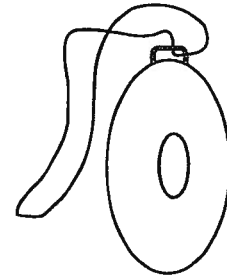
Leave your home



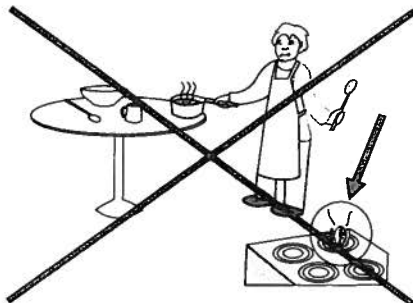
Call out for help



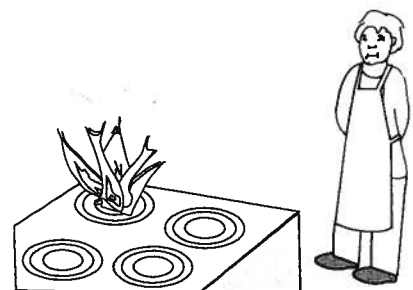
Put out the fire **yourself**



Press **lifeline**



There **will not** be a fire



Do nothing

What would you **do**:

If you were **sick**?



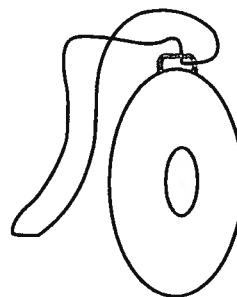
Take **medication**



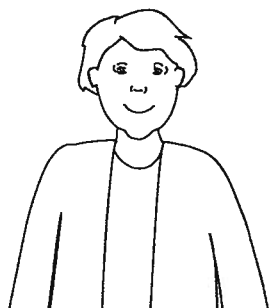
Go **shopping**



Call out for help



Press **lifeline**



Do **nothing**



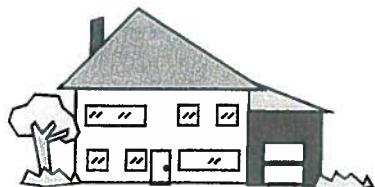
I will not
get sick



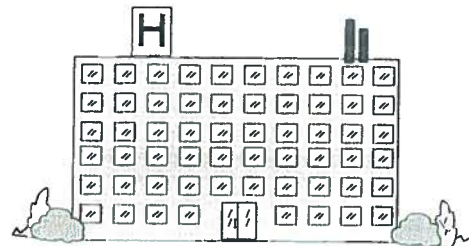
Phone someone

4. Able to appreciate consequences of REFUSING proposed placement

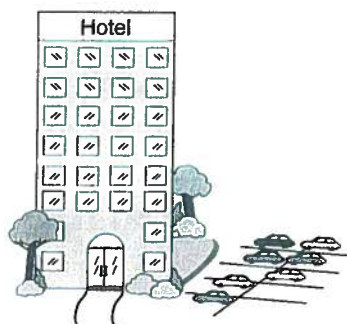
If you **do not** go to a Long Term Care Home, **where** will you **live**?



Home



Hospital



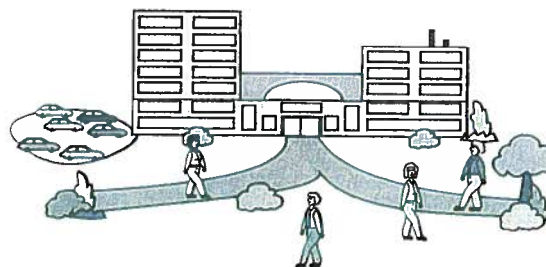
Hotel



Friends' house



with family



**Supportive housing or
a retirement home**

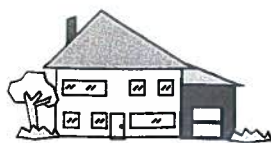


Somewhere else

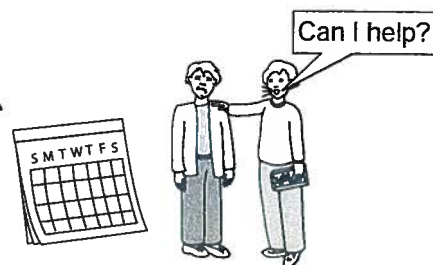


Do not know

If you live at **home**



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



Partner/spouse



Children



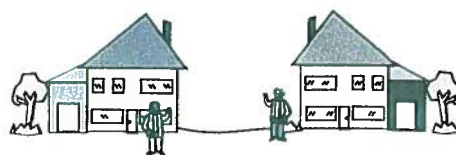
Friends



Family, brother or sister



Nurse or care giver

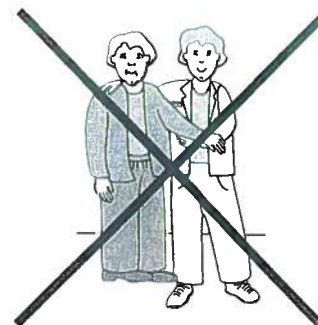


Neighbour



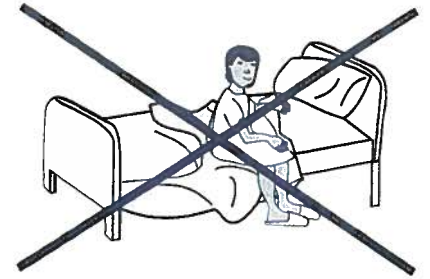
I do not know

Someone else?

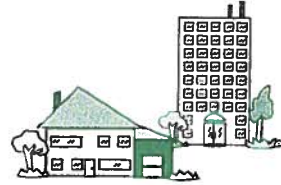


I do not need help

If you can **not** look after yourself



and you **do not** have enough **help** at **home**

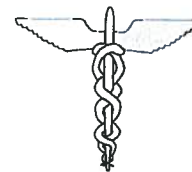


What will you do?

Pay someone to help me



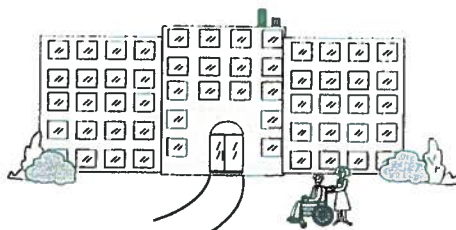
I have **money**



I have **private insurance**



I do not know

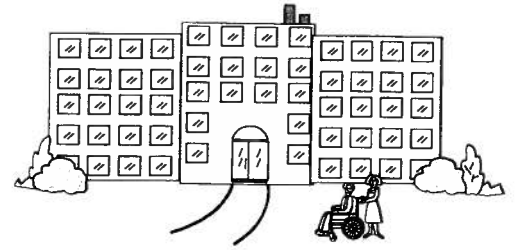


Move to a Long
Term Care Home

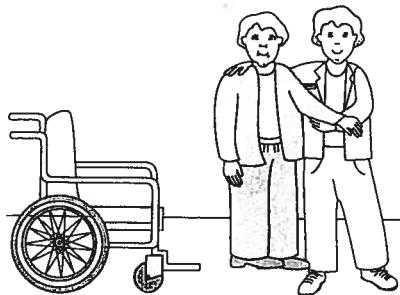
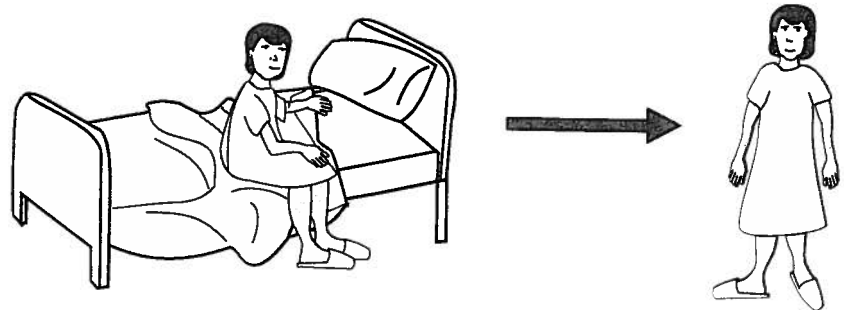
Something else?

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



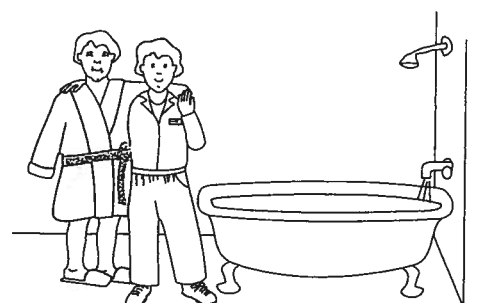
Walking or getting around



Getting **dressed**



Going to the **bathroom**

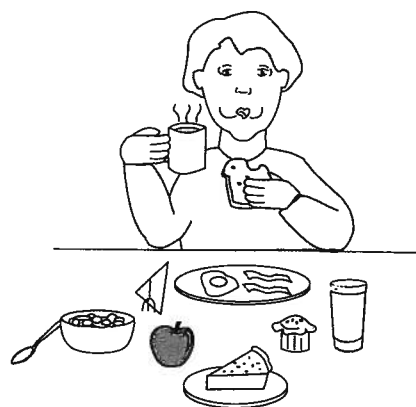


Having a **shower** or **bath**

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

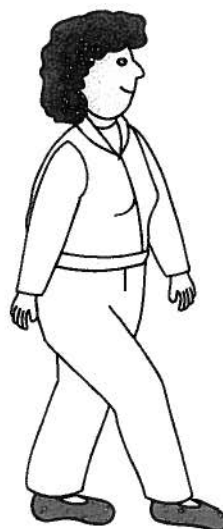


Taking **medication**



Preparing and eating **meals**

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



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

