

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

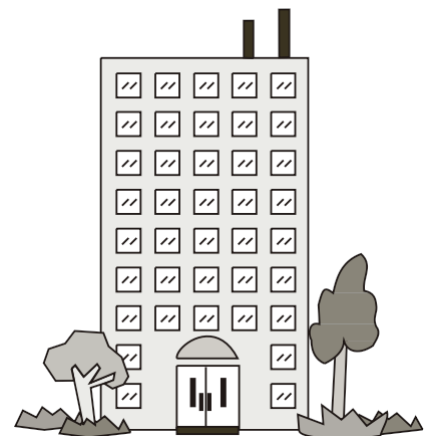
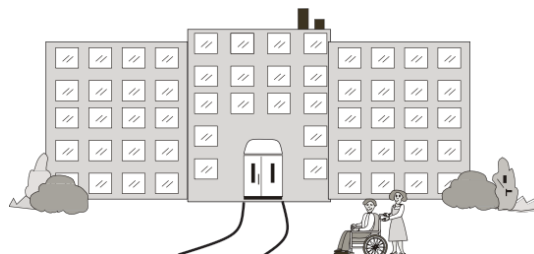
Hello, my **name** is _____

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.



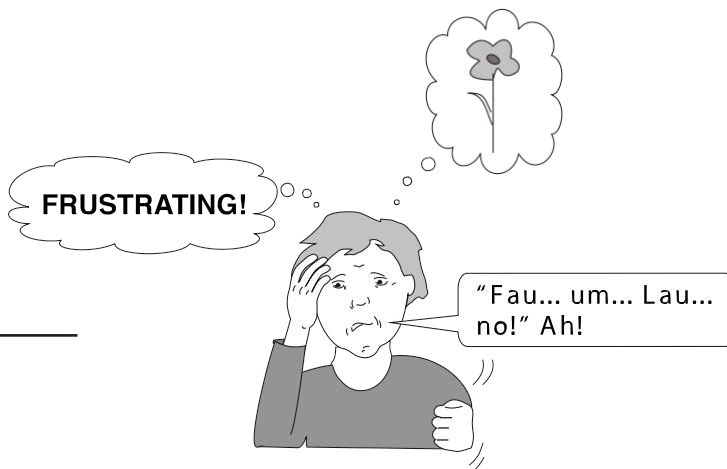
It is a **difficult** decision.
There is a lot to **think** about.



I **think** you **can** make the
decision, but I **have** to **check**.

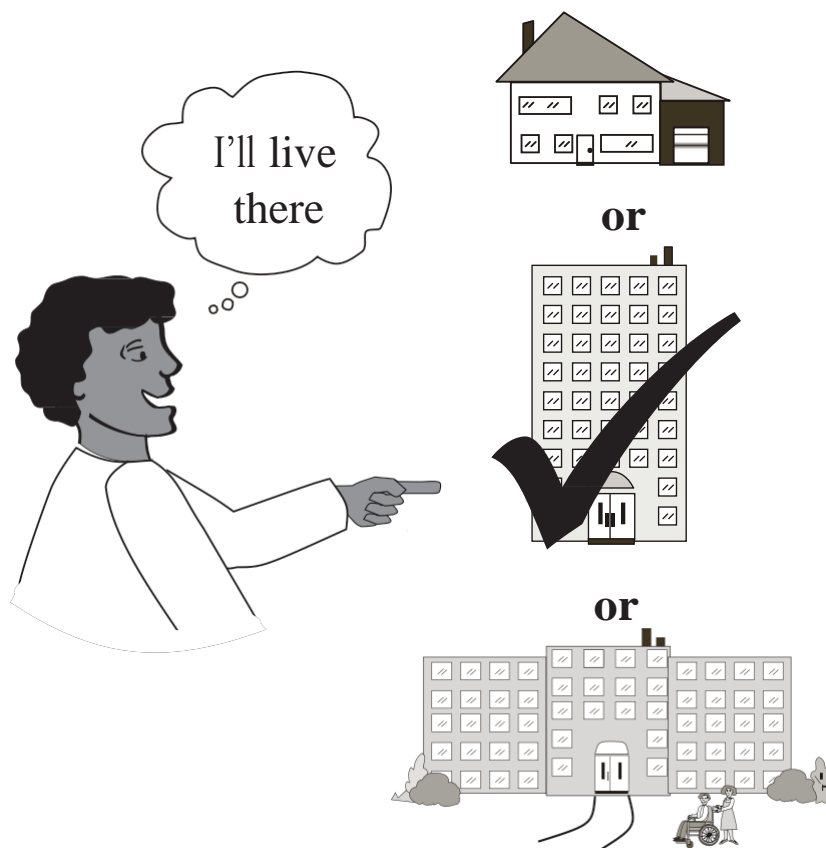
I am going to use these **pictures** to **help** you.

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**?

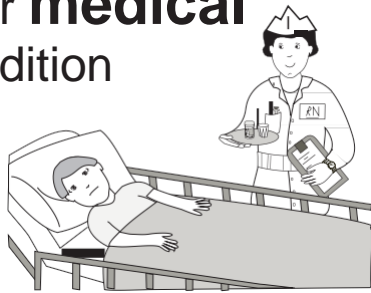


So, what does **capacity** mean?
What are we talking about?

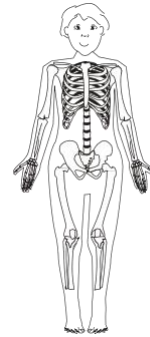


Capacity means that you have the ability to **understand**

your **medical**
condition



your **health**



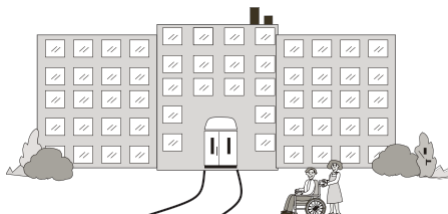
what **you**
can do
yourself



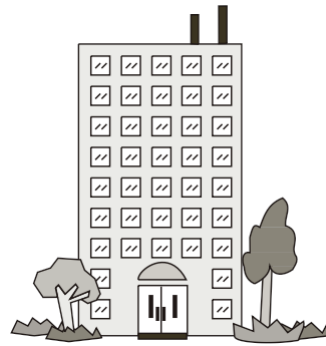
when you need **help**



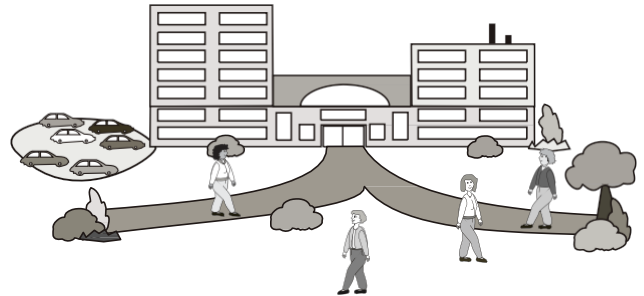
and how it affects **where** you **live**.



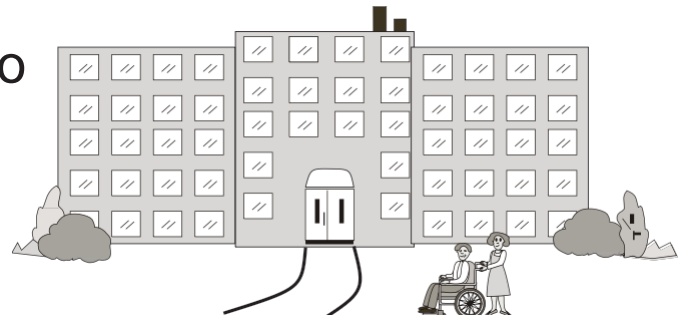
There are different **places** to **live**:



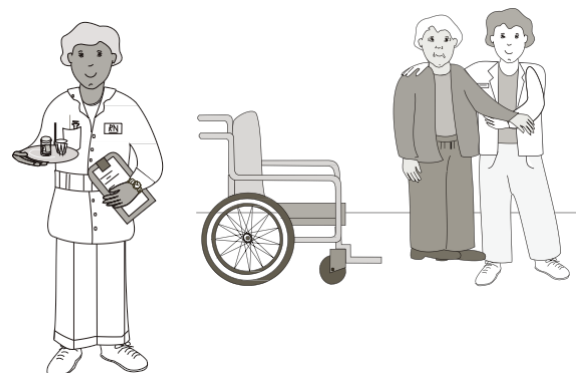
A **retirement home** or **supportive housing**



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

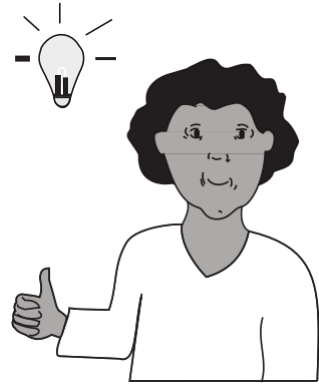


Long-term care homes are for people who need **nursing care** and **supervision**.



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

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



you **make** a decision

OR



do **not make** a decision.

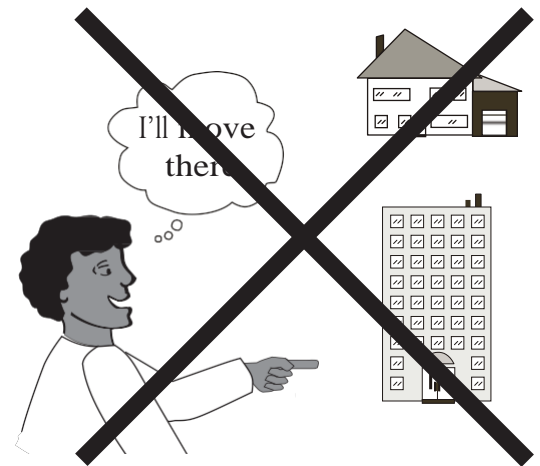


After the evaluation:

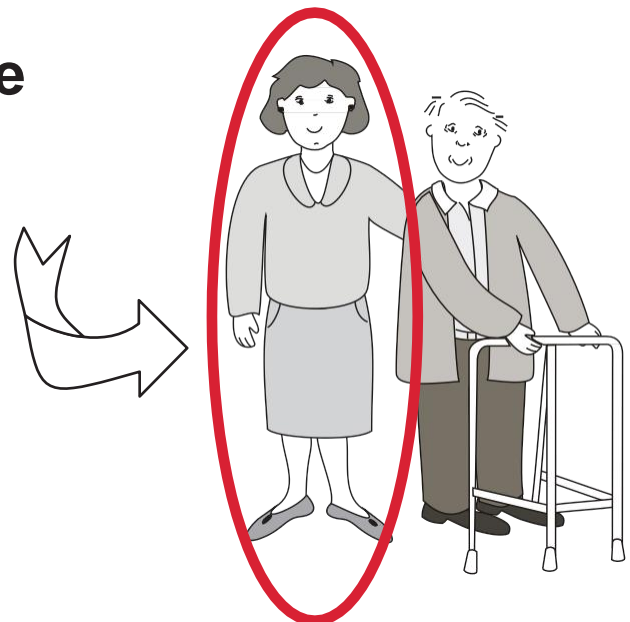
if you are **capable**, you make the decision about where to live.



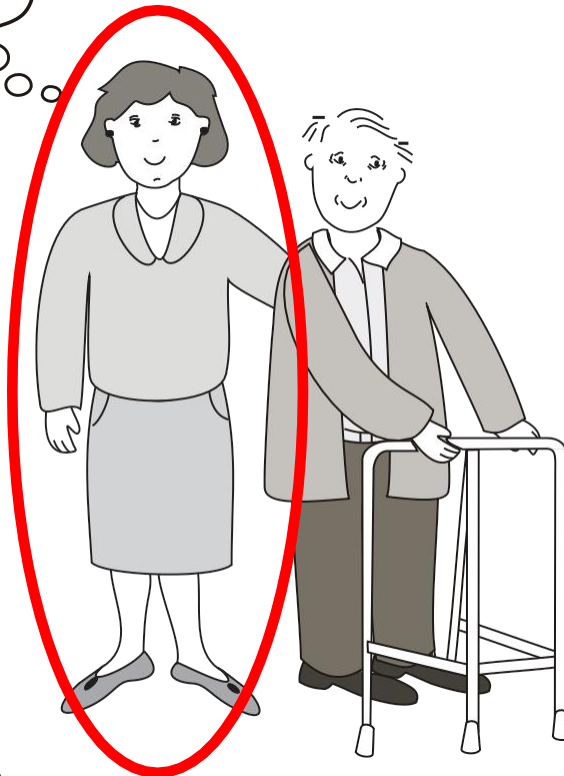
If you are **not capable** to make a decision about where to live



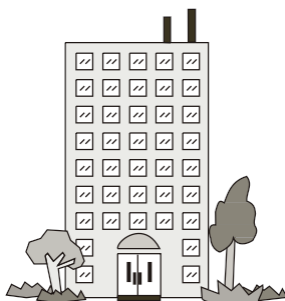
we will talk to your **Substitute Decision Maker**



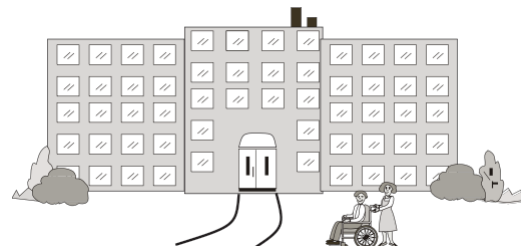
_____ will **decide** where **you** are going to live.



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

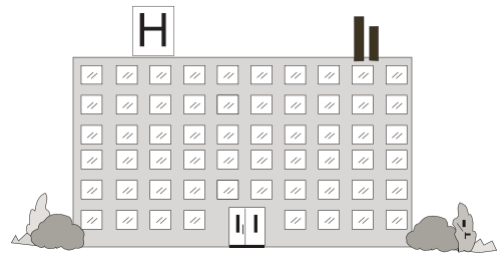
1) Tell me your **full name**?

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

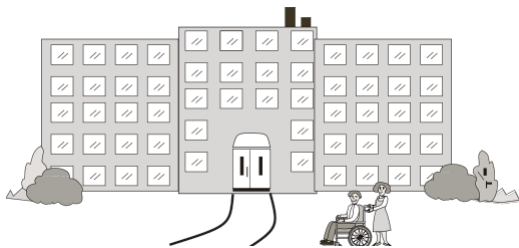
2) **Where** are you right **now**?



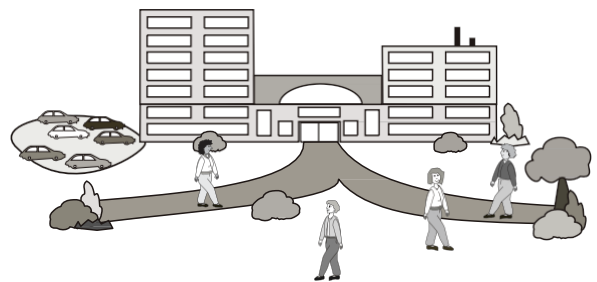
Home



Hospital



Long Term Care Home



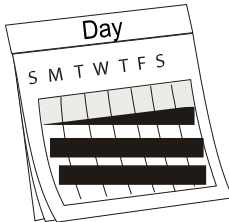
Retirement Home

Somewhere else?



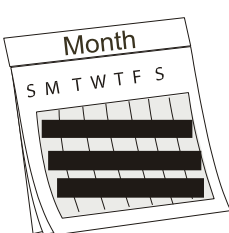
Do not know

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



Monday	Tuesday	Wednesday	Thursday
Friday	Saturday	Sunday	

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

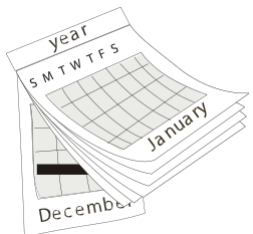


January	May	September
February	June	October
March	July	November
April	August	December

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

 Spring	 Summer	 Autumn	 Winter
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6) What **year** is it?

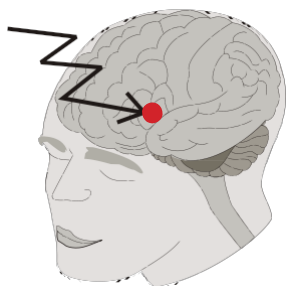


Is it:

1. Able to understand care needs

Do you have any **health** problems?

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



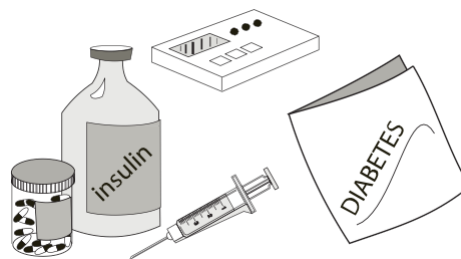
Stroke



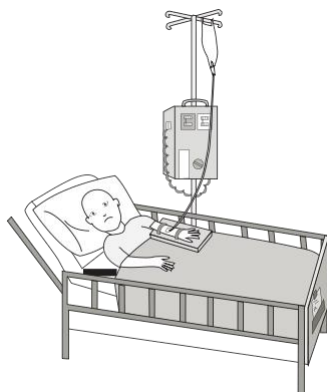
Head Injury



Heart



Diabetes



Cancer



Breathing

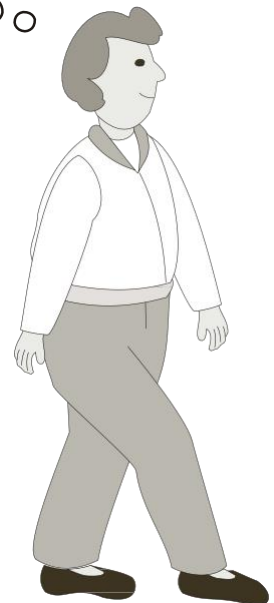


Depression or anxiety
or
emotional problems.

Do you have any of **these**?



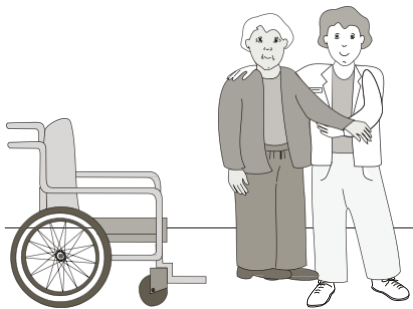
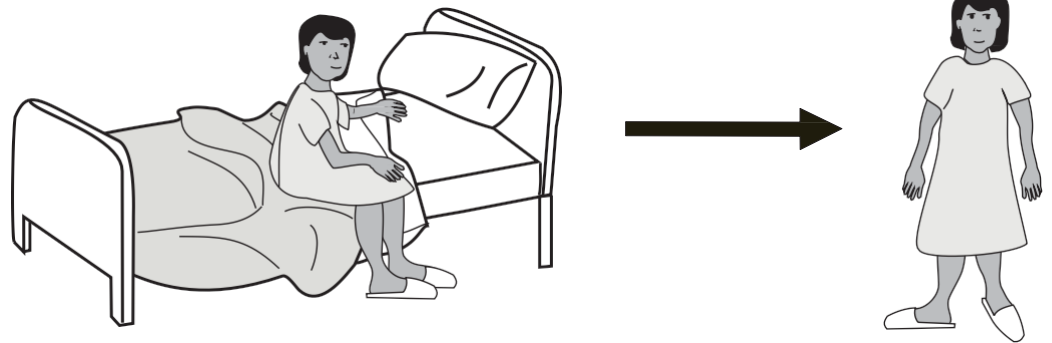
or



Something else

Do you need help with . . . ?

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



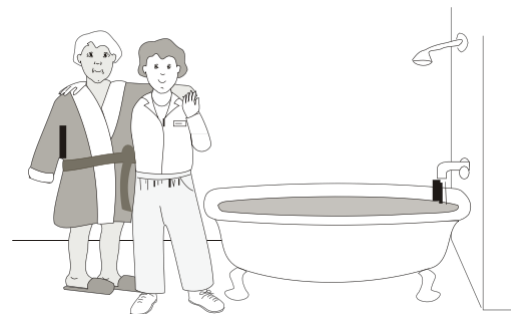
Walking or getting around



Getting **dressed**



Going to the **bathroom**



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

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



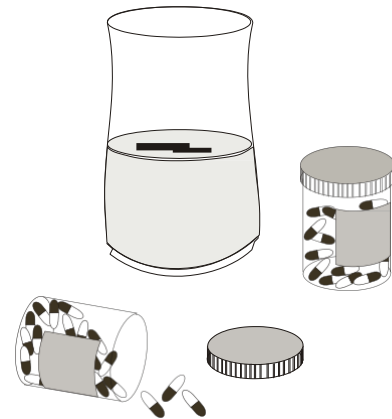
Cleaning the house



Preparing **meals**



Shopping



Taking **medication**



Managing **money**

Something else?



I do **not** need help

Who helps you at home?



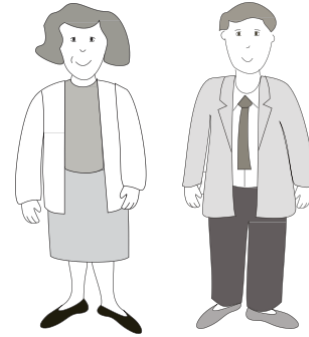
Partner/spouse



Children



Friends



Family, brother or sister



Nurse or care giver



Neighbour

Someone else?

How **often** do they help you?

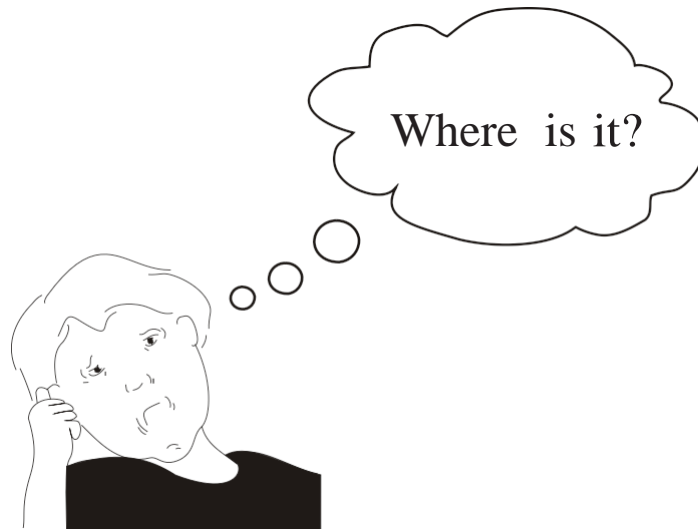
everyday

OR ____times a **week.**



1	2	3	4	5	6	7
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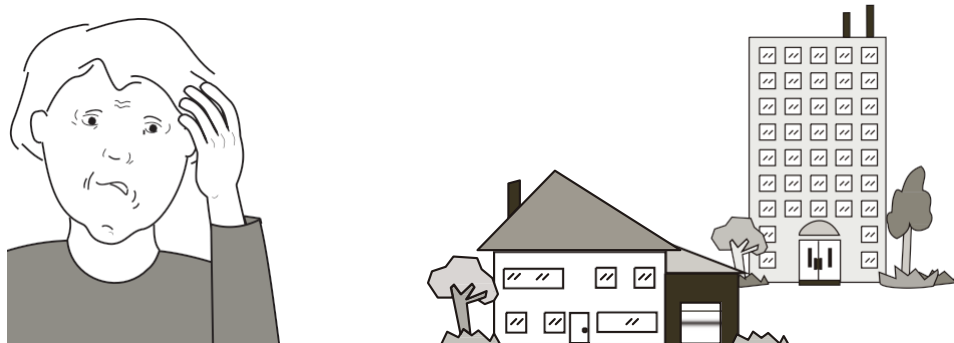
Are you **forgetful**?



Do you get **confused**?

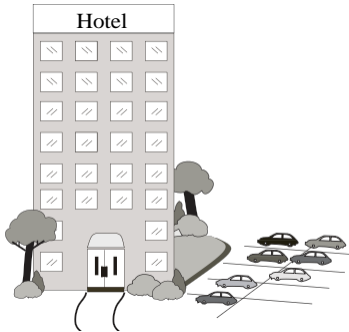


Would you feel **safe** living at home?



2. Able to understand proposed care placement

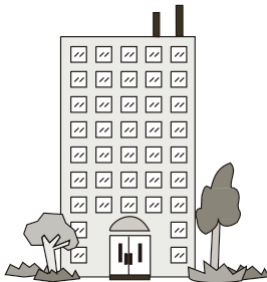
What is a **Long Term Care home**?



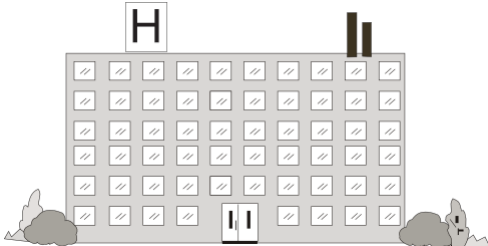
Hotel



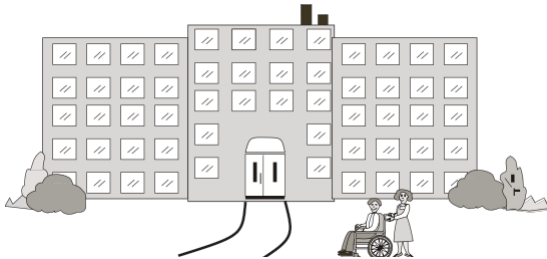
House



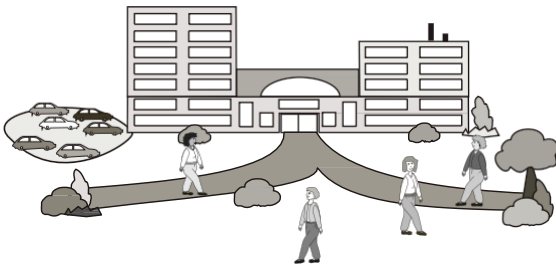
Flat



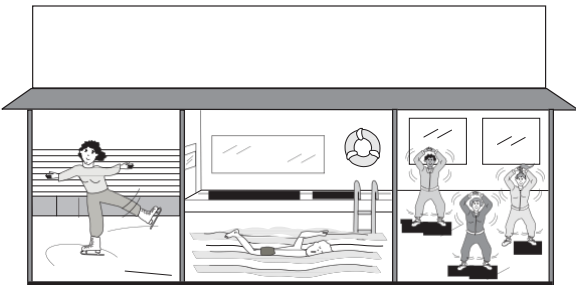
Hospital



Nursing Home



Residential home

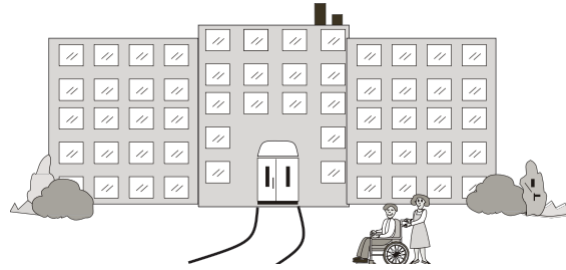


Something else



Do not know

Who lives in a Long Term Care Home?



People who **can** look after themselves?

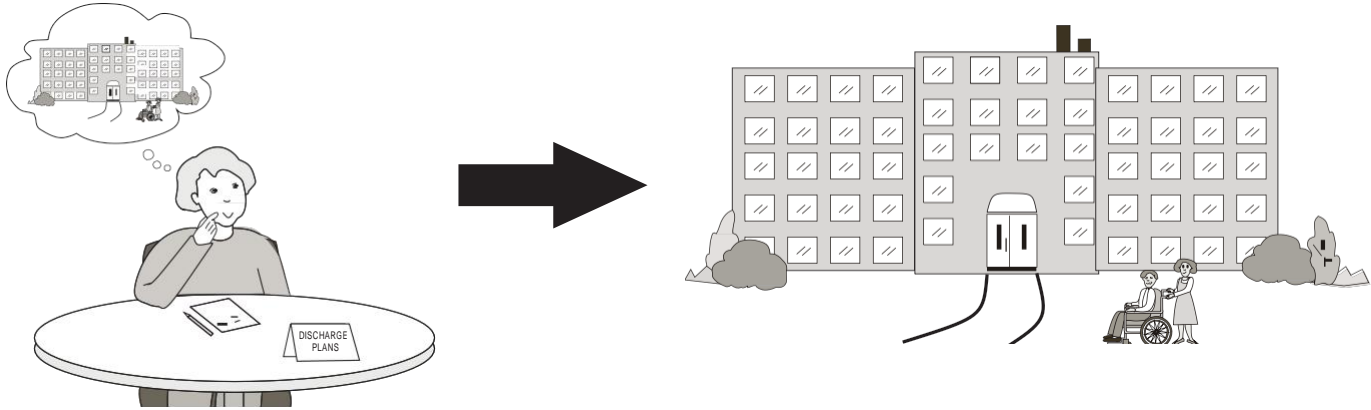


People who, **do not** have enough **help**, who **cannot** manage at home?

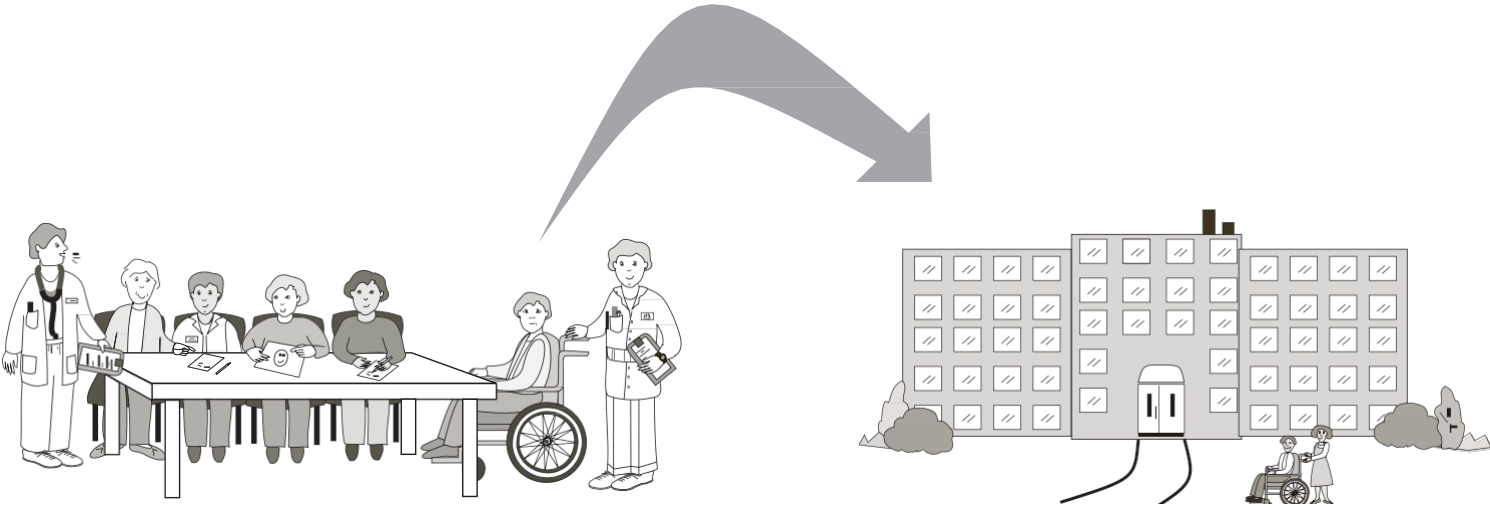


2. Able to appreciate proposed care placement

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



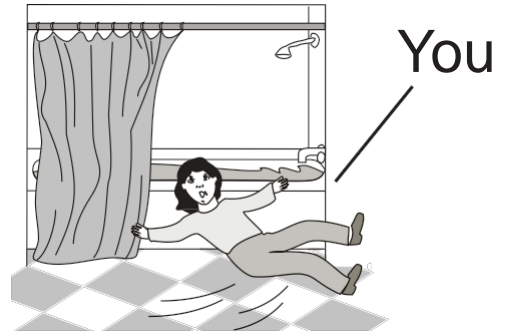
_____ think/s that you **should** live in a Long Term Care Home **now**.



Do you **agree**?

3. Able to understand present condition

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



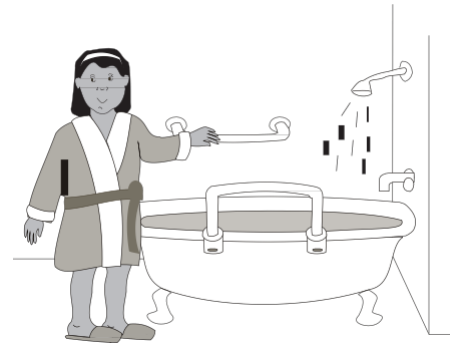
Do nothing



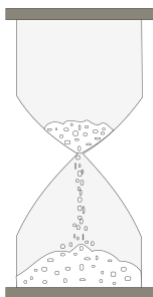
Call out for help



Phone 999



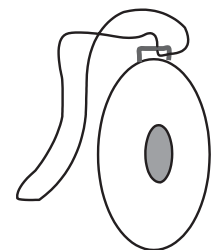
Have a bath



Wait for help

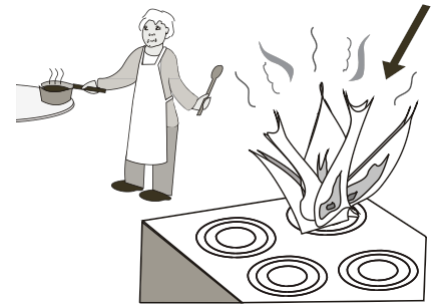


I will not fall

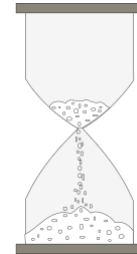


Press lifeline

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



Phone 999



Wait for help



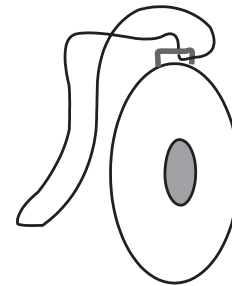
Leave your home



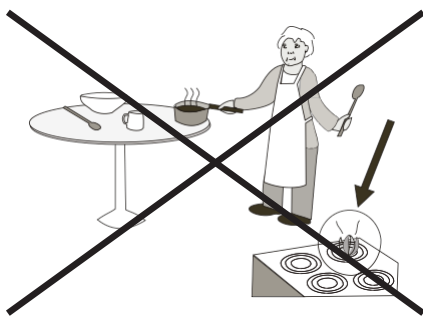
Call out for help



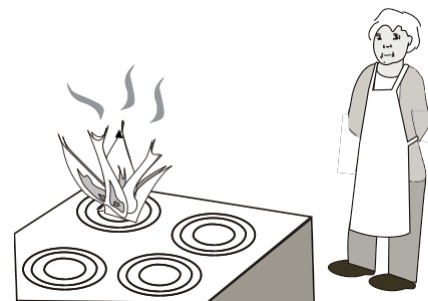
Put out the fire **yourself**



Press **lifeline**



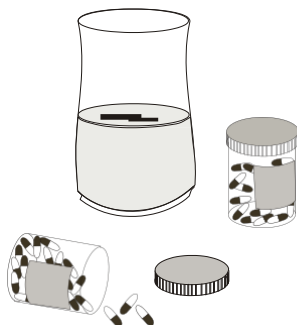
There **will not** be a fire



Do nothing

What would you **do**:

If you were **sick**?



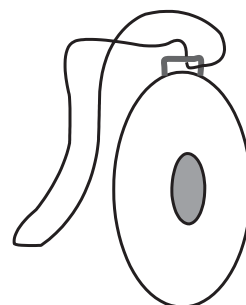
Take **medication**



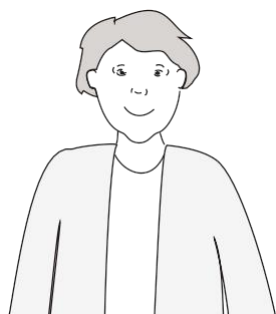
Go **shopping**



Call out for help



Press **lifeline**



Do **nothing**



I will not
get sick



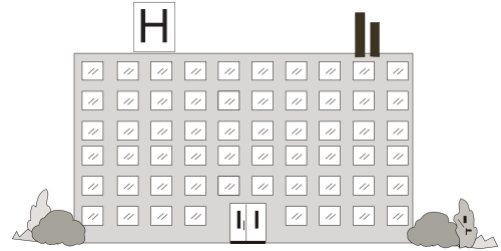
Phone someone

4. Able to appreciate consequences of REFUSING proposed placement

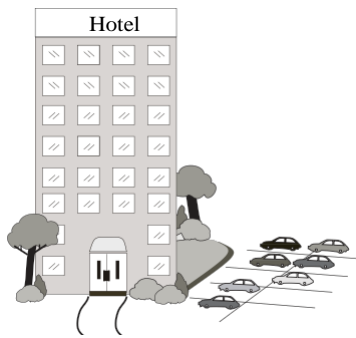
If you **do not** go to a Long Term Care Home, **where** will you **live**?



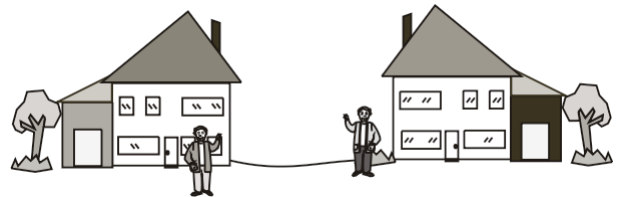
Home



Hospital



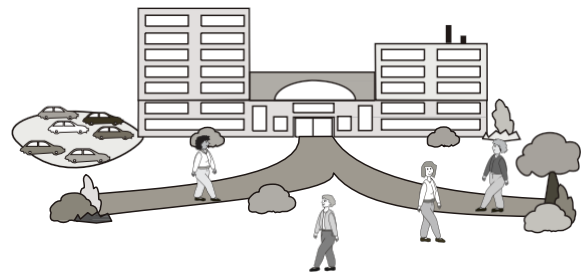
Hotel



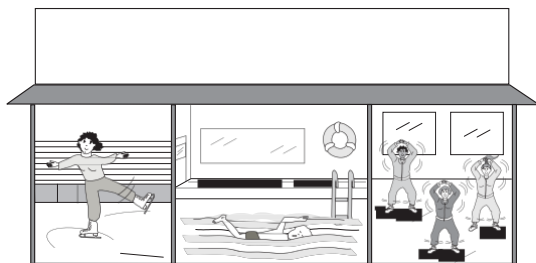
Friends' house



with family



**Supportive housing or
a Residential home**

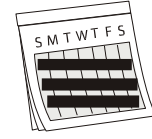


Somewhere else



Do not know

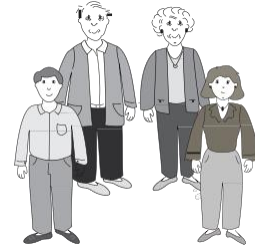
If you live at **home**



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



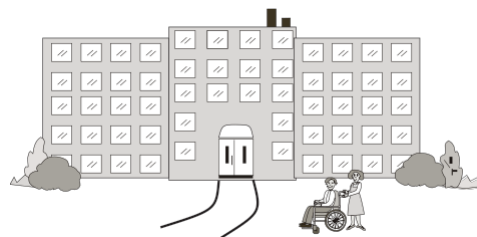
I have **money**



I have **no money**



I do not know



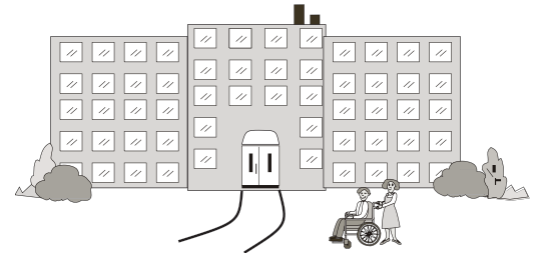
Move to a Long Term Care Home

Two horizontal lines inside a rectangular box, intended for writing an alternative solution.

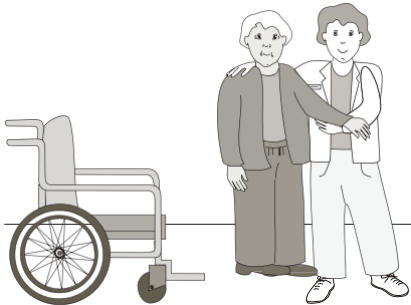
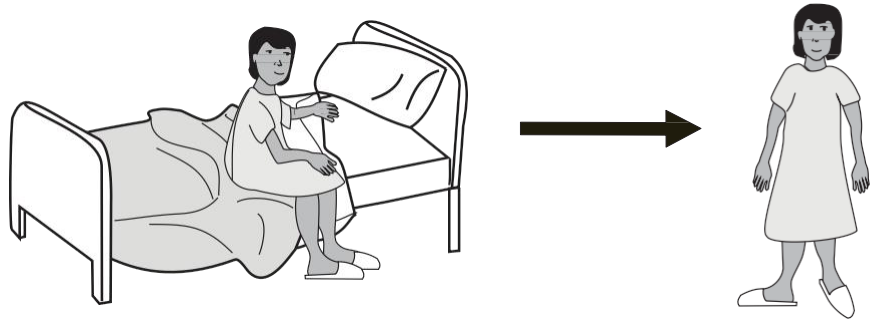
Something else?

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**

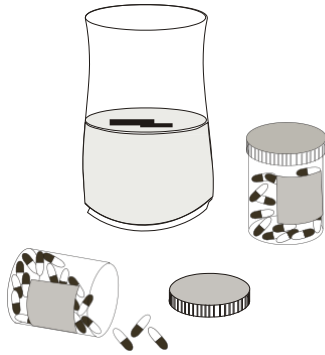


Going to the **bathroom**



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

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

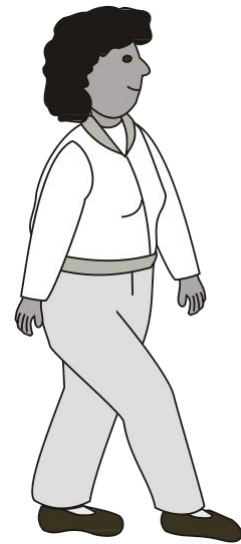


Taking **medication**

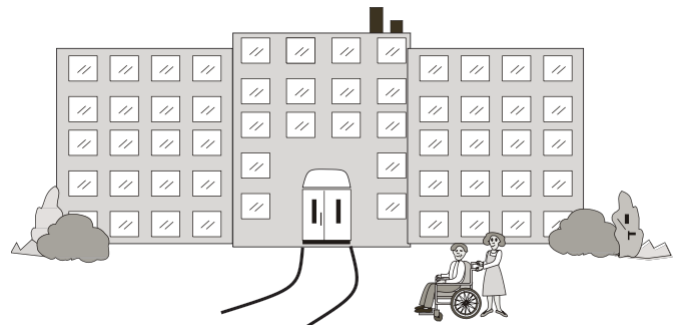


Preparing and eating **meals**

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

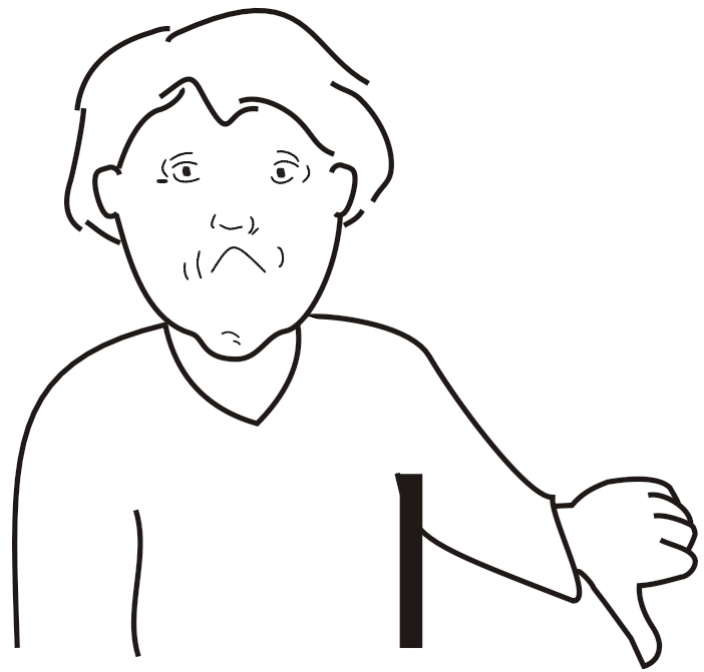


So do you think you should
move to a Long Term Care
Home **now**?

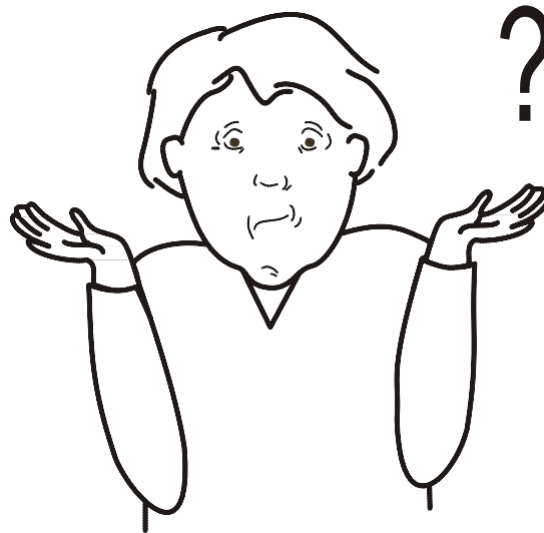




YES

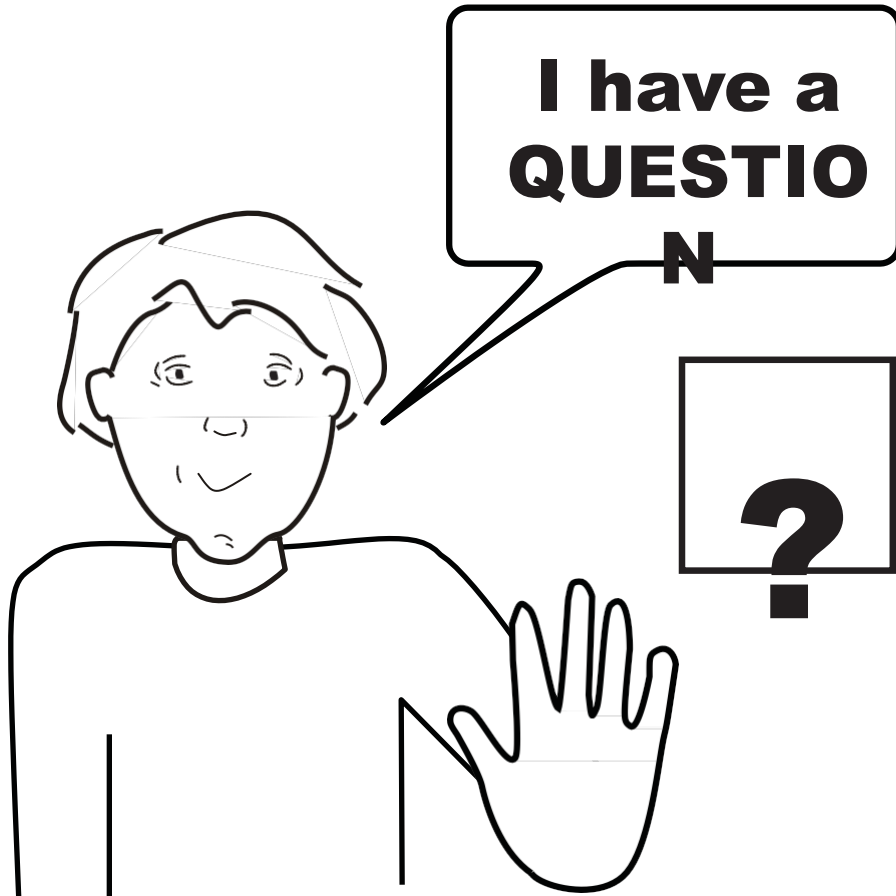


NO



DON'T KNOW

STOP!



MORE