

## Webinar



# Capacity: 'Insights from Across the Health Care Spectrum'

**MARCH 24, 2021**

**1PM - 2:30PM**



# WEBINAR HOUSEKEEPING

## Communication

All attendees will be muted during the webinar.

## ASL Interpreter:

Image and name of Interpreters will be visible during the webinar.

You can view all speakers by clicking gallery view..

## Recording

A recorded version of this webinar will be available on EAPO's website.

## Adjusting Speaker Image Size:

Drag the line between the video frame and slides to the left (adjust at beginning of the webinar).





# WEBINAR HOUSEKEEPING

## Speakers

Will be visible while presenting and for the Question/Answer session.

## Chat Box:

Post comments during the session.

## Questions

Type your questions in **Question/ Answer box**.  
A response will be posted during the webinar or asked to speaker after the presentation.

## Evaluation

After the session, a pop-up screen will appear to complete survey. Your feedback and suggestions for future webinars is appreciated.



A close-up photograph of two hands, likely belonging to an elderly person, clasped together in a prayerful or reverent gesture. The hands are positioned over a colorful beaded necklace. The necklace features multiple strands of small, round beads in red, blue, green, and yellow, interspersed with larger, flat, circular metal discs. The background is a textured, light-colored fabric, possibly a rug or blanket, with a fringed edge visible on the left. The lighting is soft, highlighting the texture of the skin and the vibrant colors of the beads.

LAND ACKNOWLEDGEMENT





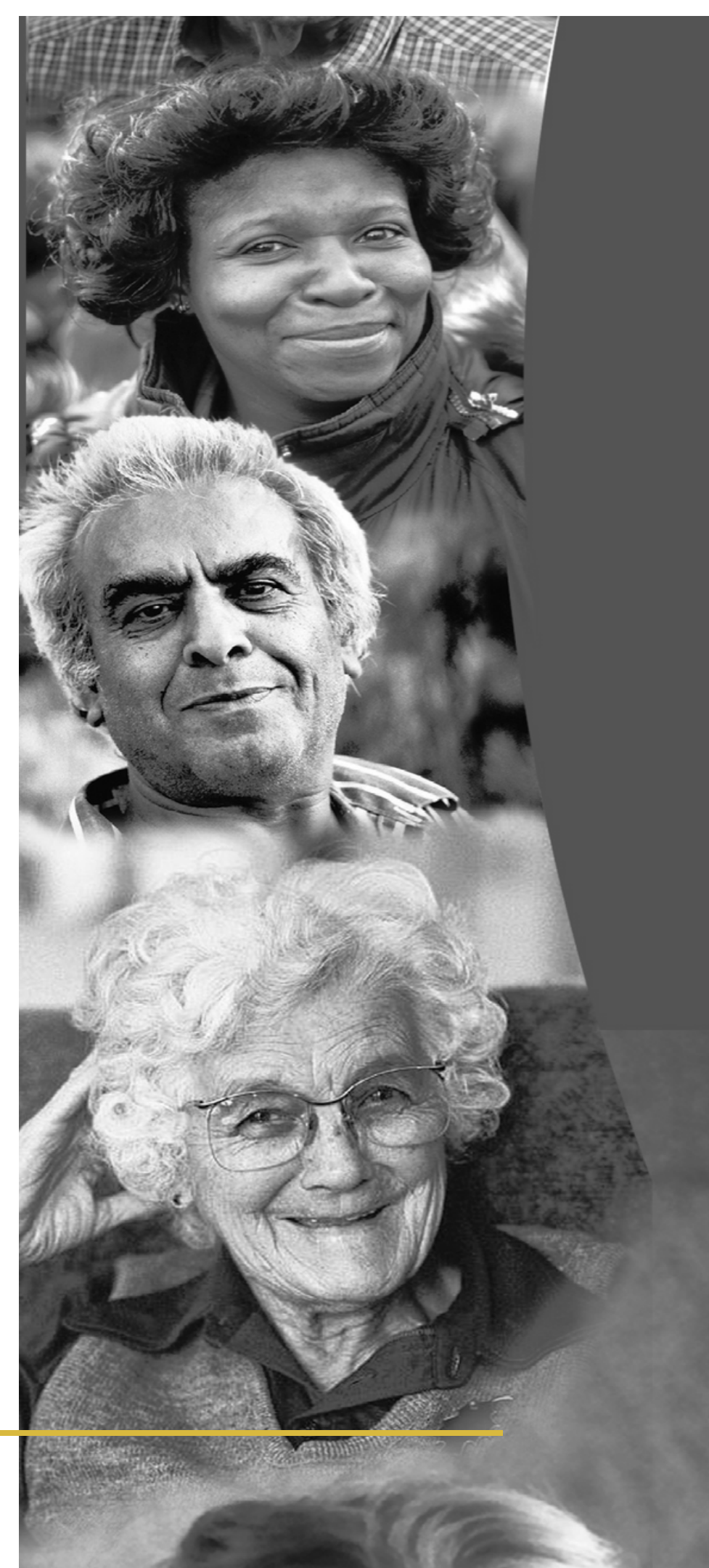
# Elder Abuse Prevention Ontario (EAPO)

## MISSION

EAPO envisions an Ontario where ALL seniors are free from abuse, have a strong voice, feel safe and respected.

## ACTION

Building that requires raising awareness, delivering education and training, working collaboratively with like-minded organizations and assisting with service coordination and advocacy.



## Presentation Flow



**Capacity:**  
**'Insights from Across the  
Health Care Spectrum'**

- Speaker Presentations
- Panel Discussion
- **Questions & Answer  
Period** from participants  
who posted in the Q&A box

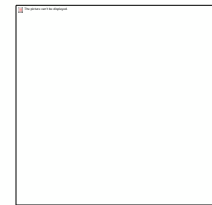




**Dr. Kitamura**  
*Geriatric Psychiatrist, Baycrest*



**Candace Kalapaca, MSc.OT Reg.(Ont.)**  
*Central West Home Care*



**Shauna MacEachern,**  
*Occupational Therapist and Designated Capacity Assessor,  
Owner of Capacity Advocate & Risk Evaluations for Seniors*



**Courtney Boucher,**  
*Seniors At Risk Systems Coordinator  
Canadian Mental Health Association Peel Dufferin*

GUEST  
SPEAKERS

WEBINAR  
PARTNERS

# Panelist Presentations





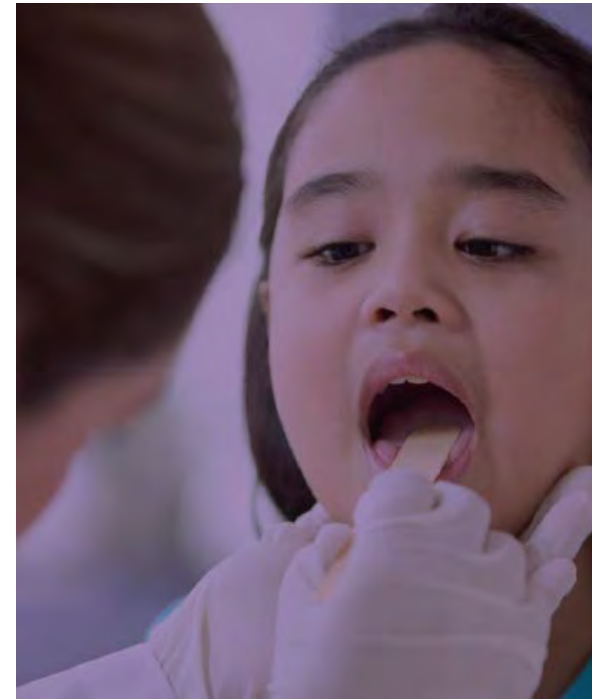
## Central West Local Health Integration Network (LHIN)

Home and Community Care

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Long Term Care: Consent and  
Capacity

Together, making **HEALTHY** change happen



# Care Coordinators

Central West LHIN **Care Coordinators are regulated health professionals** – nurses, physiotherapists, occupational therapists, social workers – who also have additional, specialized training in coordinating care across the health system.

## Care Coordinators will:

- Assess your needs and create a specialized care plan
- Collaborate with a variety of other professionals to deliver the care you need (e.g. nursing, physiotherapy, personal support, etc.) in your home or community
- Work with your family doctor/nurse practitioner, or help you find one
- Monitor your progress according to your care plan
- Connect you with other services in your community to help you stay healthy, safe and independent.
- Assess and determine eligibility for Admission to a LTC Home





# Long Term Care: Consent and Capacity

## What is the Care Coordinator's Role?

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- Consent and Capacity is a legal matter
- The Care Coordinator is an evaluator under the Health Care Consent Act [HCCA s.2(1), 40(1)]
- Our focus
  - *Does the person have the capacity to make decisions regarding admission to a long-term care home?*

# Long Term Care Admissions: Consent and Capacity

## What is the Test of Capacity?

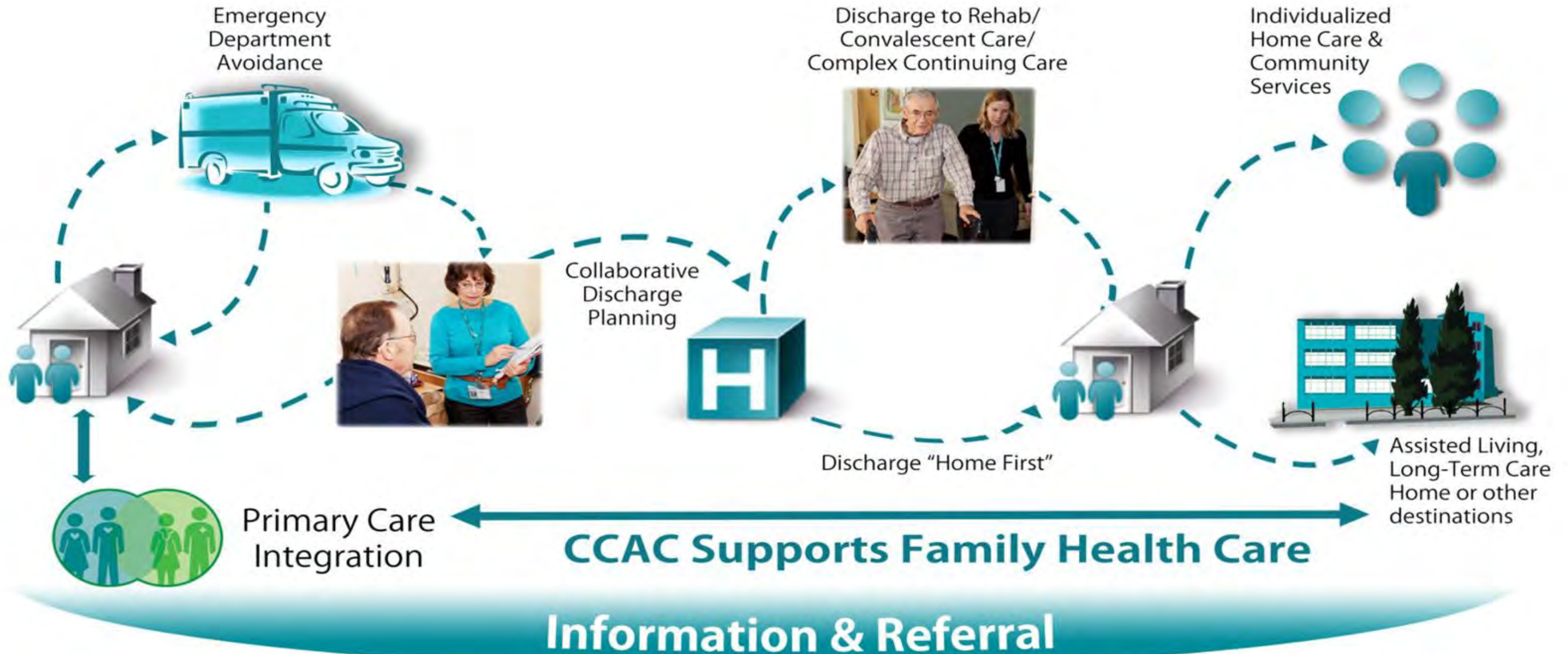
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- The Evaluator (Care Coordinator) has the responsibility to answer two questions
  1. Does the patient **have the ability to understand information** that is relevant to a decision regarding admission to a long-term care home?
  2. Does the patient **have the ability to appreciate the foreseeable consequences** of a decision or lack of decision regarding admission to a long-term care home?



# Long Term Care Admissions: Consent and Capacity

## The Preparation Process



# Long Term Care: Consent and Capacity

## What to Expect?

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- Complete introductions and review the purpose of the assessment and the potential consequences
- An evaluator has guiding questions but it is not a script, and it is the evaluator's obligation to probe and verify responses
- If upon conclusion a patient is found incapable, inform the patient of their right to appeal to the CCB, and assist the patient with filing the appeal if necessary
- It is also important to recognize, that persons may be incapable of making a decision regarding admission to long-term care and able to make other decisions regarding treatment or other domains of care
- Lastly, the assessment findings are time specific. A patient may regain their capacity to make decisions [HCCA s. 15(2), 16]
- The assessment process is objective, and what decision would be in the patient's best interest is irrelevant to the evaluator



## Long Term Care: Consent and Capacity

### What happens if found incapable

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- Defer to the Hierarchical Ranking set out in the HCCA s. 20(1)
- And ensure that the SDM fulfils the following [HCCA s. 20(2)]
  - Capable with respect to a decision regarding admission
  - At least 16 years of age (unless he/she is the incapable person's parent)
  - Not prohibited by court order or separation agreement from having access to the incapable person or giving or refusing consent on his or her behalf
  - Available (i.e. can be contacted within a reasonable period of time)
  - Willing to act as SDM

# Long Term Care: Consent and Capacity

## What is the expectations of the SDM?

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- **The Health Care Consent Act is very prescriptive (Section 42)**
  - a) If the patient expressed a wish regarding admission to a long-term care home that is applicable to the circumstances while he/she was capable and older than 16 years of age, the SDM will give effect to the wish
  - b) If the SDM does not know of a prior capable wish applicable to the circumstances, or if it is impossible to comply with a prior capable wish, the SDM will act in the patient's best interests







## Our Vision

A healthier community for all

Shauna MacEachern  
Occupational Therapy PC



Phone 888-535-4460 fax 888-975-0253

Designated Capacity Assessor  
Advocate, consultant & resource for those  
with memory or cognitive impairment

**[admin@cares-ot.ca](mailto:admin@cares-ot.ca)**

Capacity Assessment &  
Risk Evaluation for Seniors



# What is a Designated Capacity Assessor



A health professional who is qualified and *designated* to determine whether an individual is mentally incapable of certain types of decision-making as described in the Substitute Decisions Act.

In some circumstances, the Substitute Decisions Act gives capacity assessors the exclusive authority to make such determinations.

# Who can be a Designated Capacity Assessor



The following health professionals are eligible to become capacity assessors:

- . Doctors
- . Registered Nurse or Registered Nurse (Extended Class)
- . Psychologists
- . Registered Social Workers
- . Occupational Therapists

Applicants must successfully complete a training program provided by the Ministry of the Attorney General, maintain a minimum of \$1,000,000 of professional liability insurance, and be a member in good standing with their professional college. To maintain designation, a capacity assessor must complete a minimum of 5 assessments in 2 years and successfully complete and participate in continuing education activities.



# **Assessments and Evaluations – they are not the same!**

A capacity **ASSESSMENT** is completed by a Designated Capacity Assessor. This is a **LEGAL** assessment under the Substitute Decisions Act, 1992. It has the potential to change a person's legal rights from that point onward.

A capacity **EVALUATION** is completed by an evaluator. This is a professional opinion but does not change a person's legal rights moving forward. It is a point in time and is specific to the issues at hand. These often are done under the Health Care Consent Act, 1996

# When do I need a Legal Capacity Assessment?

A Designated capacity assessor can assess for PGT to become the guardian of property, if there are no POAs and no other alternatives.

A legal assessment is required for family or other support people to apply to the courts for guardianship of property.

A legal assessment will be required if a person has made a power of attorney and specified in the document that his or her incapacity must be proven before the power of attorney can be used. If the individual doesn't say how incapacity is to be proven, a capacity assessor's opinion is required.





# Examples of Formal Capacity Evaluations

Capacity to grant or revoke a POA (for lawyers)

Capacity to write a will (for lawyers)

Professional opinion regarding a client's ability to manage finances (for banks, insurance)

Professional opinion regarding ability to make personal care decisions (for hospitals or LTC homes)



# Examples of Capacity Evaluations by Health Care Providers

Capacity to consent to **treatment**

Capacity to share **information**

Capacity to consent to **support services** (PSW...)

Capacity to consent to **LTC admission**





# Seniors at Risk Systems Coordinator - CMHA Peel Dufferin

- Support individuals who are, or at risk of, experiencing abuse or self-neglect.
- Provide consultation to clients, families, and system providers.
- Provide linkage and referrals to appropriate resources and community supports.
- Provide education and training to community partners, agencies and general public.
- Referrals can go directly to SARSC or through the Central Intake.
- Catchment is Dufferin County

**Courtney Boucher (SARSC)**

**519-217-8068**



**CMHA Peel Dufferin Information  
& Referrals**

**1-877-451-2123**

# Case Study Review

Mr. Smith





# Referral to Seniors at Risk Systems Coordinator (SARSC) by a neighbour.

- Concerns regarding possible financial abuse.
- Adult son residing with them, unemployed and not paying rent.
- Recent purchase of a new vehicle.



# Concerns with Mr. Smith

- Showing signs of cognitive decline over past couple of years.
- Increased spending habits.
- Purchased new vehicle for son.
- Resistant to services and supports.



# Concerns with Mrs. Smith

- Reports resentment and anger towards spouse's spending.
- Increased verbal and physical aggression towards spouse.
- Fearful to take over banking for spouse.
- Resistant to services and supports.





# Concerns with Son

WEBINAR HOUSEKEEPING

- Potential for personal and financial gain to keep parents in the home.
- Encouraging parents to decline supports.
- Does not understand nor appreciate cognitive decline in father.



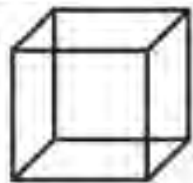
# MoCA.

- Screening instrument used to facilitate the assessment of mild cognitive impairment.
- Not a diagnosis, to be used in conjunction with a full health assessment.
- Mr. Smith scored 13/30, indicating an impairment.
- Mrs. Smith scored 24/30, indicating a mild cognitive impairment.

**MONTREAL COGNITIVE ASSESSMENT (MOCA)**

NAME : \_\_\_\_\_ Education : \_\_\_\_\_ Sex : \_\_\_\_\_ Date of birth : \_\_\_\_\_ DATE : \_\_\_\_\_


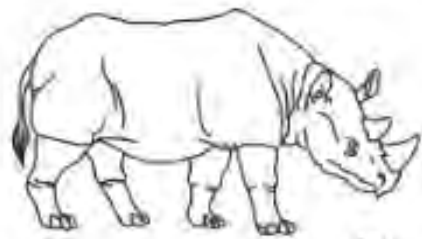
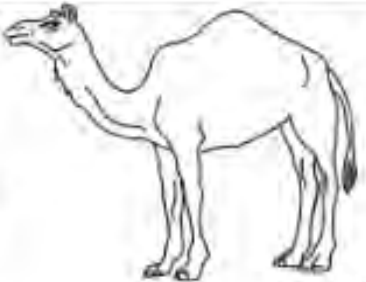
**VISUOSPATIAL / EXECUTIVE**

Copy cube  [ ]

Draw CLOCK (Ten past eleven) (3 points) [ ]

POINTS: \_\_\_\_/5

**NAMING**

 [ ]  [ ]  [ ]

POINTS: \_\_\_\_/3

**MEMORY**

Read list of words, subject must repeat them. Do 2 trials. Do a recall after 5 minutes.

	FACE	VELVET	CHURCH	DAISY	RED
1st trial					
2nd trial					

No points

**ATTENTION**

Read list of digits (1 digit/sec). Subject has to repeat them in the forward order [ ] 2 1 8 5 4

Subject has to repeat them in the backward order [ ] 7 4 2

POINTS: \_\_\_\_/2

Read list of letters. The subject must tap with his hand at each letter A. No points if ≥ 2 errors [ ] FBACMNAAJKLBFAKDEAAAJAMDFAAAB

POINTS: \_\_\_\_/1

Serial 7 subtraction starting at 100 [ ] 93 [ ] 86 [ ] 79 [ ] 72 [ ] 65

4 or 5 correct subtractions: 3 pts, 2 or 3 correct: 2 pts, 1 correct: 1 pt, 0 correct: 0 pt

POINTS: \_\_\_\_/3

**LANGUAGE**

Repeat : I only know that John is the one to help today. [ ]

The cat always hid under the couch when dogs were in the room. [ ]

POINTS: \_\_\_\_/2

Fluency / Name maximum number of words in one minute that begin with the letter F [ ] \_\_\_\_\_ (N ≥ 11 words)

POINTS: \_\_\_\_/1

**ABSTRACTION**

Similarity between e.g. banana - orange = fruit [ ] train - bicycle [ ] watch - ruler

POINTS: \_\_\_\_/2

**DELAYED RECALL**

	FACE	VELVET	CHURCH	DAISY	RED
Has to recall words WITH NO CUE	[ ]	[ ]	[ ]	[ ]	[ ]
Optional Category cue					
Optional Multiple choice cue					

Points for UNCLUED recall only

POINTS: \_\_\_\_/5

**ORIENTATION**

[ ] Date [ ] Month [ ] Year [ ] Day [ ] Place [ ] City

POINTS: \_\_\_\_/6

© Z. Nasreddine MD Version November 7, 2004 www.mocatest.org

Normal ≥ 26 / 30

**TOTAL** \_\_\_\_/30

Add 1 point if ≤ 12 yr edu.

# GERIATRIC DEPRESSION SCALE (GDS)

- Screening tool, specifically designed for older adults.
- Used to facilitate assessment of depression.
- It does not assess for suicidality.
- Not a diagnosis, to be used in conjunction with a full health assessment.
- Mr. Smith scored 5/10, suggesting a probable depression.
- Mrs. Smith scored 11/10, suggesting a probable depression.

The purpose of the Geriatric Depression Scale is to obtain the person's own perception of their depression. It is designed to be administered by individuals who have not had any specific training or experience with mental health issues, or the GDS. This is *not* a required screen for Iowa PASRR, but can be used anytime the provider feels it would be in the best interest of the individual.

## GERIATRIC DEPRESSION SCALE (GDS-SV)

### Issues:

The GDS is a screening tool and not a diagnosis. Where a score of more than five is indicated, a more thorough clinical investigation should be undertaken. Feher et al.<sup>37</sup> have concluded that the GDS is a generally valid measure of the mild-to-moderate depressive symptoms in Alzheimer patients with mild-to-moderate dementia. *The client should be interviewed to collect the following information.*

1. Are you basically satisfied with your life?	Yes	No
2. Have you dropped many of your activities or interests?	Yes	No
3. Do you feel that your life is empty?	Yes	No
4. Do you often get bored?	Yes	No
5. Are you in good spirits most of the time?	Yes	No
6. Are you afraid that something bad is going to happen to you?	Yes	No
7. Do you feel happy most of the time?	Yes	No
8. Do you feel helpless?	Yes	No
9. Do you prefer to stay at home, rather than go out and do things?	Yes	No
10. Do you feel that you have more problems with memory than most?	Yes	No
11. Do you think it is wonderful to be alive now?	Yes	No
12. Do you feel pretty worthless the way you are now?	Yes	No
13. Do you feel full of energy?	Yes	No
14. Do you feel that your situation is hopeless?	Yes	No
15. Do you think that most people are better off than you are?	Yes	No

*When a score of more than five is indicated, a more thorough clinical investigation should be undertaken.*

Score: \_\_\_\_\_/15

*One point for No to question 1, 5, 7, 11, 13*

*One point for Yes to other questions*

*Normal  $\pm 2$*

*Mildly Depressed  $7 \pm 3$*

*Very Depressed  $12 \pm 2$*



# Ongoing Concerns

- Increased dynamics within the home, verbal and physical
- Mr. and Mrs. Smith being influenced by son to decline services
- Understanding and appreciation of decision making for Mr. and Mrs. Smith



# Panelist Response

What are the roles and engagement of each of the panelists?

What would you be able to do to assess the situation for Mr. and Mrs. Smith.

How would you identify and assess the risk for possible financial abuse and/or further elder abuse?



A close-up photograph of several hands holding white puzzle pieces. The hands are positioned as if they are about to fit the pieces together. The background is blurred, showing what appears to be a desk with a laptop and other items. A semi-transparent white circle is overlaid on the right side of the image, containing the text 'Panelist Discussion'.

# Panelist Discussion

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**QUESTIONS**



# EAPo Upcoming Events

**Knowledge Exchange Day**

**March 31, 2021**

**1:00 pm -2:30 pm**

**Legal Response to  
Elder Abuse**



[WWW.EAPON.CA](http://WWW.EAPON.CA)



@EAPreventionON



**Elder Abuse Prevention (ON)**

Stop Abuse - Restore Respect



# Upcoming Event



**30**  
**March 2021**

**01:15PM - 02:45PM EDT**

**REGISTRATION OPEN**

[https://zoom.us/webinar/register/WN\\_dwdllhGtTAalQM55PPLYsg](https://zoom.us/webinar/register/WN_dwdllhGtTAalQM55PPLYsg)

INTERNATIONAL LONGEVITY CENTRE CANADA PRESENTS:

## THE IMPACT OF COVID-19 ON THE HUMAN RIGHTS OF OLDER PERSONS: AN INTERNATIONAL DIALOGUE

### THE SPEAKERS



THE HON. PATRICIA BOVEY  
SENATOR, SENATE OF CANADA



DR. ANN COLLINS  
PRESIDENT  
CANADIAN MEDICAL ASSOCIATION



H.E. MS. MARIA DEL CARMEN SQUEFF  
AMBASSADOR OF ARGENTINA  
TO THE UNITED NATIONS



MS. MARGARET GILLIS  
PRESIDENT  
INTERNATIONAL LONGEVITY CENTRE  
- CANADA



H.E. MR. OMAR HILALE  
AMBASSADOR OF MOROCCO  
TO THE UNITED NATIONS



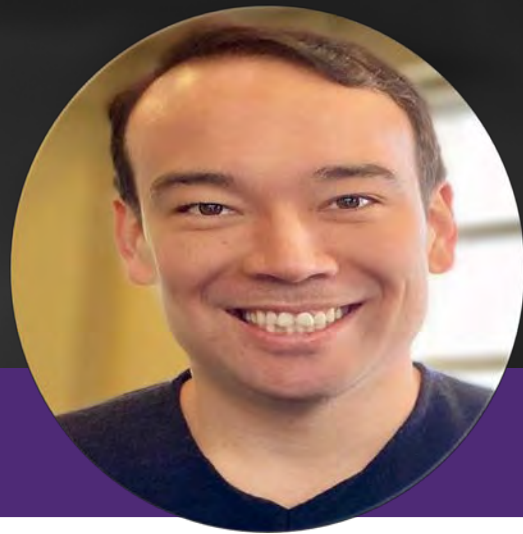
DR. ALEXANDRE KALACHE  
PRESIDENT  
INTERNATIONAL LONGEVITY CENTRE  
- BRAZIL





# Speaker Contacts

Continuing the Conversation



**Dr. Kitamura**

[www.psychiatry.utoronto.ca/faculty/christopher-kitamura](http://www.psychiatry.utoronto.ca/faculty/christopher-kitamura)



**Shauna MacEachern**

<https://cares-ot.ca/>



**Candace Kalapaca**

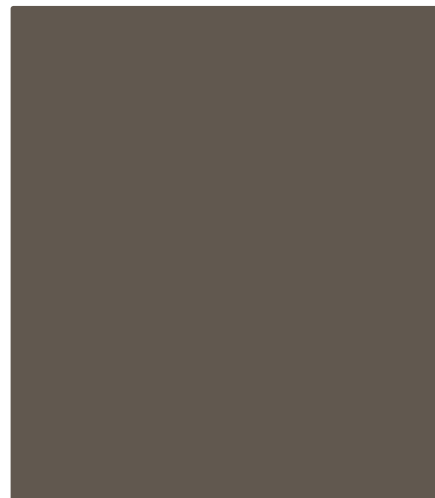
<http://healthcareathome.ca/centralwest/en>



**Courtney Boucher**

<https://cmhapeeldufferin.ca/types-programs-services/seniors/>

Please take a  
few minutes  
to  
complete  
our survey!





# Contact Us

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Comments? Questions?  
Keep in Touch