

Decision-
Making Capacity
Assessment
Model Toolkit

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Developed by: Covenant's Network of Excellence in Seniors' Health and Wellness (the Network).

Acknowledgments: We thank Dr. Suzette Brémault-Phillips, Dr. Ashley Pike and Dr. Lesley Charles from the University of Alberta and Tara Kilkenny, Dr. Parmar and the Network team from Covenant Health for their work on this toolkit and identifying the resources important to DMCA.

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Introduction

The Decision-Making Capacity Assessment (DMCA) Model Toolkit

ABOUT THIS TOOLKIT

This Toolkit is a practical, evidence-informed resource that aims to offer information and resources related to Decision-Making Capacity Assessment (DMCA) best-practices and capacity-building processes, and implementation of the DMCA Model.

We hope that the DMCA Toolkit may be of use in providing support and services to individuals, service providers, and organizations at the local, zonal, and provincial levels as well as beyond Alberta's provincial borders.

Part one of the toolkit explains the DMCA Model.

Part two goes over a DMCA Model Implementation Framework that can be used to implement this process in your organization or facility.

This framework was developed by a research project funded by the Network and led by Dr. Suzette Brémault-Phillips, Dr. Lesley Charles and Aruna Mitra.

Part three provides resources that may be useful to healthcare providers.

Part four provides resources that may be useful to family caregivers of those being assessed.

There are hyperlinks to tools and resources throughout the toolkit:

- Click on the link to open the document.
- For Word documents, you may need to change the "View" to "Edit Document" if it opens and appears distorted.
- See the box below for information regarding the different types of search engines and opening documents.

IF YOUR DEFAULT BROWSER IS:

- **Explorer:** you may get a warning that there isn't enough memory to open documents created in PowerPoint. Just click "OK" and they should still open after a slight delay. You can also right click on the link, copy the link address and paste it into Google Chrome, Safari or Firefox.
- **Google Chrome, Safari or Firefox:** the documents should open without problems.





DECISION-MAKING CAPACITY (DMC)

Decision-Making Capacity (DMC) is a person's ability to understand information that is relevant to making a personal decision, and to appreciate the reasonably foreseeable consequences of the decision. All adults are presumed capable of making their own decisions (health, legal, accommodation, social activities, choice of associates, educational, employment, financial and estate) until the contrary is demonstrated. Restricting a person's right to liberty and freedom is a very serious step, and is seen as a last resort.

A person's decision-making ability or capacity is dependent on both the complexity of the decision-making process and one's ability to engage in that process. The degree of impairment regarding one's decision-making capacity can vary as a result of developmental or disease processes, cognitive impairment, or brain injury.

As the life expectancy of Canadians increases and the prevalence of complex chronic health conditions continues to rise, assessment of independent DMC is becoming an issue of increasing importance.

DEVELOPMENT OF THE DECISION-MAKING CAPACITY ASSESSMENT (DMCA) MODEL

The Decision-Making Capacity Assessment (DMCA) Model was developed in 2006 initially by Covenant Health. It has since been used across Alberta, and evaluated.

Aligned with provincial legislation, the Model's best-practices and processes facilitate person-centred care and determination of least restrictive and least intrusive means to support decision-making when a person's capacity to do so has come into question. Specifically, the Model:

- Outlines a clinical best-practice process and tools by which the least restrictive and intrusive means of interdisciplinary support can be determined and offered to persons whose decision-making capacity has come into question in one of a number of domains (personal, financial, legal, social, health, choice of associates, accommodation, educational and work);
- Includes educational, training, and mentorship components aimed at building capacity and developing competencies among service providers, teams and organizations to conduct DMCA; and
- Offers tools to support implementation and spread of DMCA best practices.

Development of the Model is ongoing, with it being adapted by service providers and organizations for use in various settings, systems and service sectors.

Part 1: Decision-Making Capacity Assessment (DMCA) Model

Overview of the DMCA Model

BACKGROUND

The Decision-Making Capacity Assessment (DMCA) Model is a learning and development model that supports provision of Decision-Making Capacity Assessments using evidence-based best-practices. Developed by an interdisciplinary team, use of the DMCA Model enables healthcare providers, interdisciplinary teams, organizations, and large scale systems to effectively conduct DMCA and integrate practices into routine service provision.

The Model includes tools for use by healthcare professionals (HCPs) and interdisciplinary teams that guide their assessment of DMC and support documentation. Its capacity-building strategies enable service providers to confidently conduct DMCA and access specialty and consultative services when required. Organizational and system level strategies facilitate implementation, spread and sustainability of DMCA processes and practices. The DMCA Model has been found to effectively support individual practitioners and members of interdisciplinary teams alike when conducting DMCA.

GOALS OF THE DMCA MODEL

This model strives to enable provision of DMCA at the client, provider and systems levels using best-practices (see appendix for system overview):

Client Level

- Ensure that individuals have fair and equitable access to DMCA services that are aligned with provincial legislation.
- Maximize client autonomy through determination of least restrictive and least intrusive strategies.
- Facilitate inter-disciplinary and inter-organization collaboration.

Provider Level

- Ensure that service providers have access to education, training, mentoring, and specialty and consultative supports and services to enable them to appropriately conduct DMCA.

Organization Level

- Enable organizations to implement and sustain DMCA best practices and processes that meet the needs of clients, staff, the organization and the system, and align with provincial legislation.

System Level

- Ensure that all Albertans have sustainable, equitable access to DMCA regardless of location.



DMCA MODEL PRINCIPLES

The DMCA Model operates under the following principles:

- The DMCA Model is person-centred and aims to determine least intrusive/restrictive outcomes.
- All adults are presumed capable of making their own decisions until the contrary is demonstrated.
- Restricting a person's right to liberty and freedom is a very serious step.
- Change of legal status is a last resort and there must be evidence that it is absolutely necessary.
- The onus is on the assessor to demonstrate lack of capacity, not on the patient or client to demonstrate capacity.
- Interprofessional team involvement in DMCA's is preferable, though the Model's best-practice processes and tools can be used effectively by sole clinicians.

INTENT OF THE DMCA MODEL

This model intends to:

- Support front-end screening and pre-assessment (problem-solving)
- Develop a well-defined and standardized process
- Define team members' roles
- Document and organize information collected
- Educate and mentor
- Measure Model useage and client outcomes
- Facilitate widespread implementation, spread and sustainability of DMCA best-practices

COMPONENTS OF THE DMCA MODEL

The DMCA Model is comprised of multiple components that work together to ensure goals are met. Each of these components are detailed in Part 1 of this toolkit:

- Orientation (page 7)
- Overview of DMCA Roles (page 8)
- DMCA Care Map (page 11)
- Practitioner Worksheets (page 12)
- Education and Training (page 13)



Orientation

There are a number of presentations, videos and resources that will give you an orientation into the DMCA process. Links to these resources are provided below.

AHS & CH Orientation to Decision-Making Capacity**

This **PowerPoint presentation** was designed to help staff understand the definition and guiding principles of decision-making capacity assessment (DMCA). It reviews the current legislation around DMCA, the process and how to use the worksheets.

10 Things You Need to Know about Decision-Making Capacity

The guiding principles and the clinical process of decision-making capacity assessment (DMCA) are outlined in the video below.

<https://www.youtube.com/watch?v=fKaA0Ku6Uyk&feature=youtu.be>

Capacity Assessment: Understanding Decision-Making Capacity

This **video** and the brochure below define and set out guiding principles for DMCA, current legislation surrounding DMCA, clinical process with an interdisciplinary approach and the use of Capacity Assessment Worksheets

The **Capacity Assessment Brochure** can also be ordered from DataGroup (form DE-358).

Office of the Public Guardian and Trustee (OPGT) Video

Capacity assessments are an integral part of the process for determining an individual's need for a substitute decision-maker. This **webcast** will address such topics as:

- Who requires Capacity assessments under the Adult Guardianship and Trustee Act (AGTA) and the Personal Directives Acts and why
- How assessments are completed
- Who can do capacity assessments

IMPORTANT INFORMATION

Some resources on this page are **only available on Insite or CompassionNet**, the AHS and Covenant Health intranet systems. They can be identified by "insite" or "compassionnet" appearing in the hyperlink.

If you **do not have access** to these systems, you will not be able to open the document.

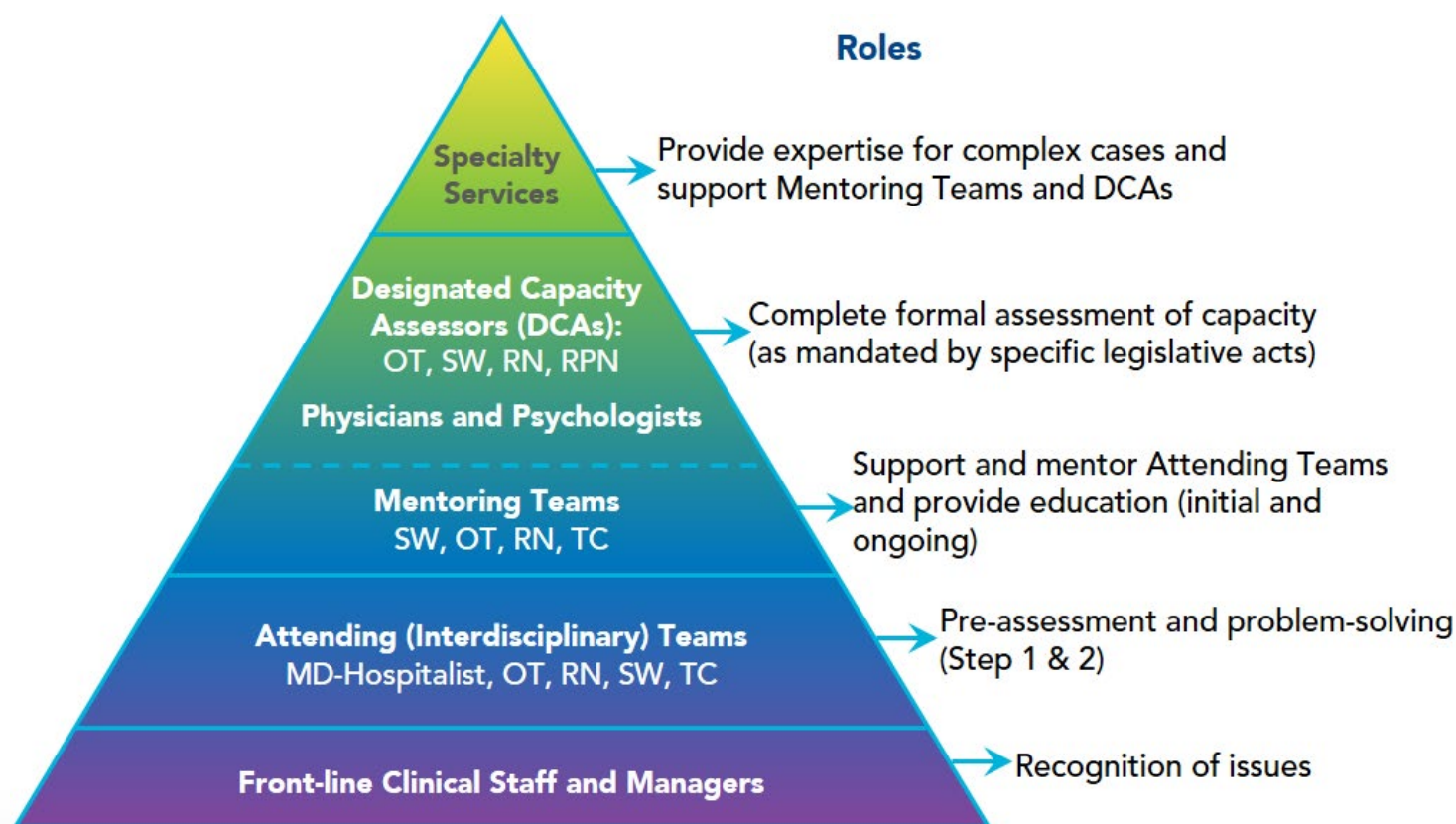
If you **do have access**, but the link isn't working the presentation has probably been moved. Please search on Insite or CompassionNet for words in the title of the document to find the updated link.



Overview of DMCA Roles

As visualized in the image below, individuals with varying degrees of expertise in the area of DMCA are involved at the organizational, zonal and provincial levels. Functioning independently, on teams and on committees, these individuals help to ensure that Albertans receive appropriate DMCA services and supports.

These roles are described in detail on the following pages.





ATTENDING TEAMS

Attending teams include front-line healthcare professionals who work directly with clients in various facilities to provide in-patient, out-patient, rehabilitation, and community-based healthcare services. Members of these teams may include:

- physicians
- nurse practitioners
- nurses
- social workers
- psychologists
- occupational therapists
- physical therapists
- speech-language pathologists
- chaplains
- recreation therapists, and
- therapy and nursing assistants

As attending team members regularly work with clients and observe both their abilities and challenges, these staff are often the first to identify issues related to decision-making capacity in the clients they serve. While attending team members may or may not have specialized skills in the area of capacity assessment, they are often left to determine possible strategies to address challenges associated with a lack of capacity.

MENTORING TEAMS

Mentoring teams are inter-disciplinary in nature, and have been established at each facility in Alberta that has adopted the DMCA Model. Members of these teams have a particular interest and expertise in the DMCA Model process and may include:

- physicians
- nurses
- social workers
- occupational therapists
- psychologists
- Designated Capacity Assessors (DCAs)

The purpose of the mentoring team is to:

- educate the staff in their facility on the DMCA Model and process; and
- provide support, answer questions and problem-solve during complex DMCA situations.

Mentoring teams also champion the implementation of the DMCA Model at the sites, and facilitate training workshops as well as educational sessions (including the initial four-hour interactive workshop introducing staff to the model and its supporting materials, in-services, and continuing education “brown bag lunches” where they answer questions and discuss case studies or relevant topics).

DESIGNATED CAPACITY ASSESSORS

Designated capacity assessors (DCAs) are regulated healthcare professionals who have been appointed by the Government of Alberta to complete capacity interviews and make recommendations to the Office of the Public Guardian/Trustee. Physicians and psychologists are designated as capacity assessors by regulation and therefore are not considered DCAs, while nurses, occupational therapists, and social workers may undergo a mandatory 3 day training module to become DCAs. To remain certified, a DCA must complete at least three capacity assessments every two years.

Formal assessment of capacity is conducted by interviewing the patient and completing the appropriate standardized forms. The DCAs opinion regarding co-decision-making, guardianship or trusteeship applications is then submitted to the court, which makes the legal determination regarding capacity. Ideally, pre-assessment and problem-solving should be done with front-line staff and mentoring teams before DCAs are requested to conduct a formal capacity assessment.



SPECIALTY SERVICES

Capacity Assessment Resource Person (CARP)

Each Edmonton Zone home living office has a CARP who provides assistance to other staff members regarding Decision-Making Capacity (DMC) concerns, assessments, problem-solving and options based on provincial legislation. CARPs assist case managers by:

- gathering information and problem-solving around capacity issues
- providing support in using the "Capacity Assessment & Problem-solving Worksheet"
- making the appropriate referrals related to capacity assessment to Mentoring Team

Consultation Teams

Consultation Teams offer expertise regarding DMCA's when cases are more complex and require specialized knowledge. Consultation teams include:

- Regional Capacity and Assessment Team (RCAT) (in the Calgary Zone)
- Community Geriatric Mental Health Service
- Covenant Health - Capacity Assessment Support Service (CASS)

Steering Committees

Steering committees were set up at sites in the Edmonton and Calgary zones that were intent on implementing the DMCA Model to help support and sustain implementation. Interdisciplinary in nature, these committees have representation from medicine, psychology, nursing, occupational therapy, social work, as well as members from specialized services such as geriatric medicine, surgery, or speech-language pathology. They may also have more administrative members (for example, a representative working in education services or program managers for specific departments).

Steering committees are tasked with developing a specific implementation plan for each site, identifying processes for selected staff to become Designated Capacity Assessors (DCAs), ensuring that training workshops and education sessions are delivered, developing site specific procedures for patients who require capacity assessment, ensuring staff have access to the provided capacity assessment resources, evaluating the DMCA Model and the implementation process, and identifying resources needed for ongoing support and operational sustainability.

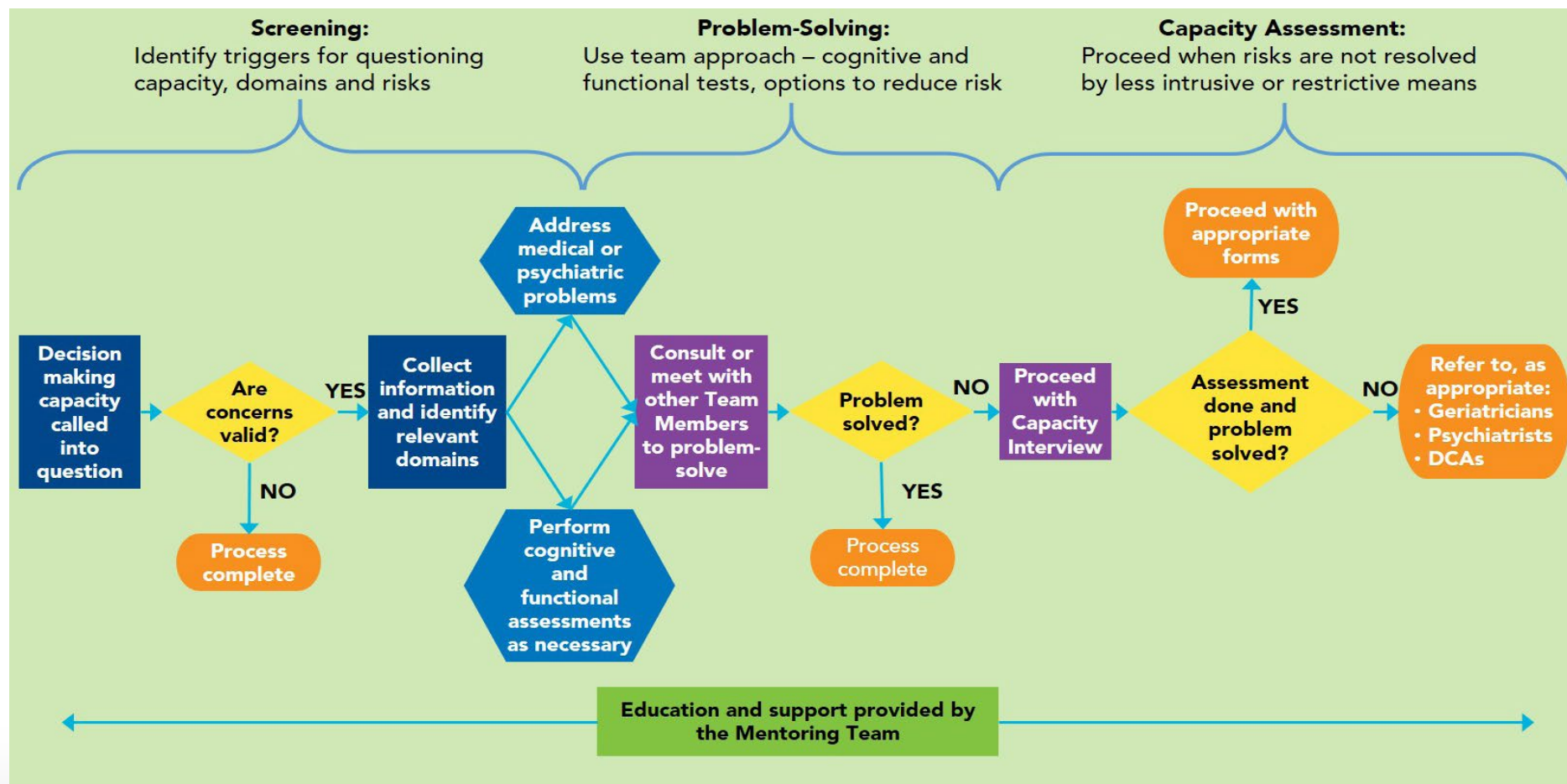
Zone-Level Committees

- Edmonton Zone Advisory Committee
- Calgary Zone Advisory Committee
- NIRN-Informed DMCA Model Implementation Teams

DMCA Care Map

Central to the DMCA Model is a best practice process outlined in a Care Map (see image). For an acute care example, please see appendix. DMCA process and interview [worksheets](#) guide practitioners through the DMCA process.

This best-practice process is aligned with provincial legislation and can be used across the continuum of care as well as in various service settings, sectors and delivery contexts to ensure due diligence has been done when assessments are conducted.



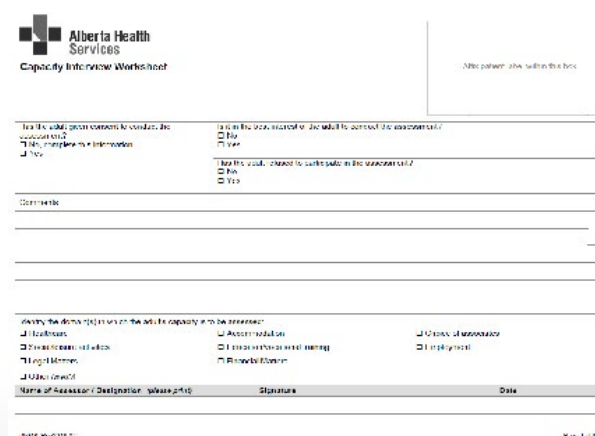
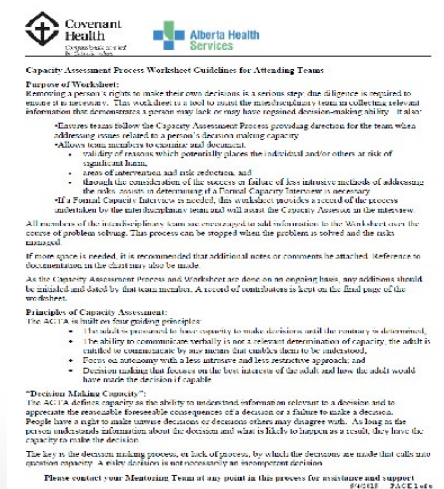
- Capacity Assessment Process Worksheets
 - **Capacity Assessment Process Worksheet** (DataGroup form: CH-1191) - Covenant Health
 - **Capacity Assessment Process Worksheet** (DataGroup form: 09947) - AHS
 - **Capacity Assessment Process Worksheet Guidelines for Attending Teams** (Alberta Health Services, Covenant Health)
- Capacity Assessment Interview Worksheets
 - **Capacity Interview Worksheet** (DataGroup form: CV-0527) - Covenant Health
 - **Capacity Interview Worksheet** (DataGroup form: 09948) - AHS

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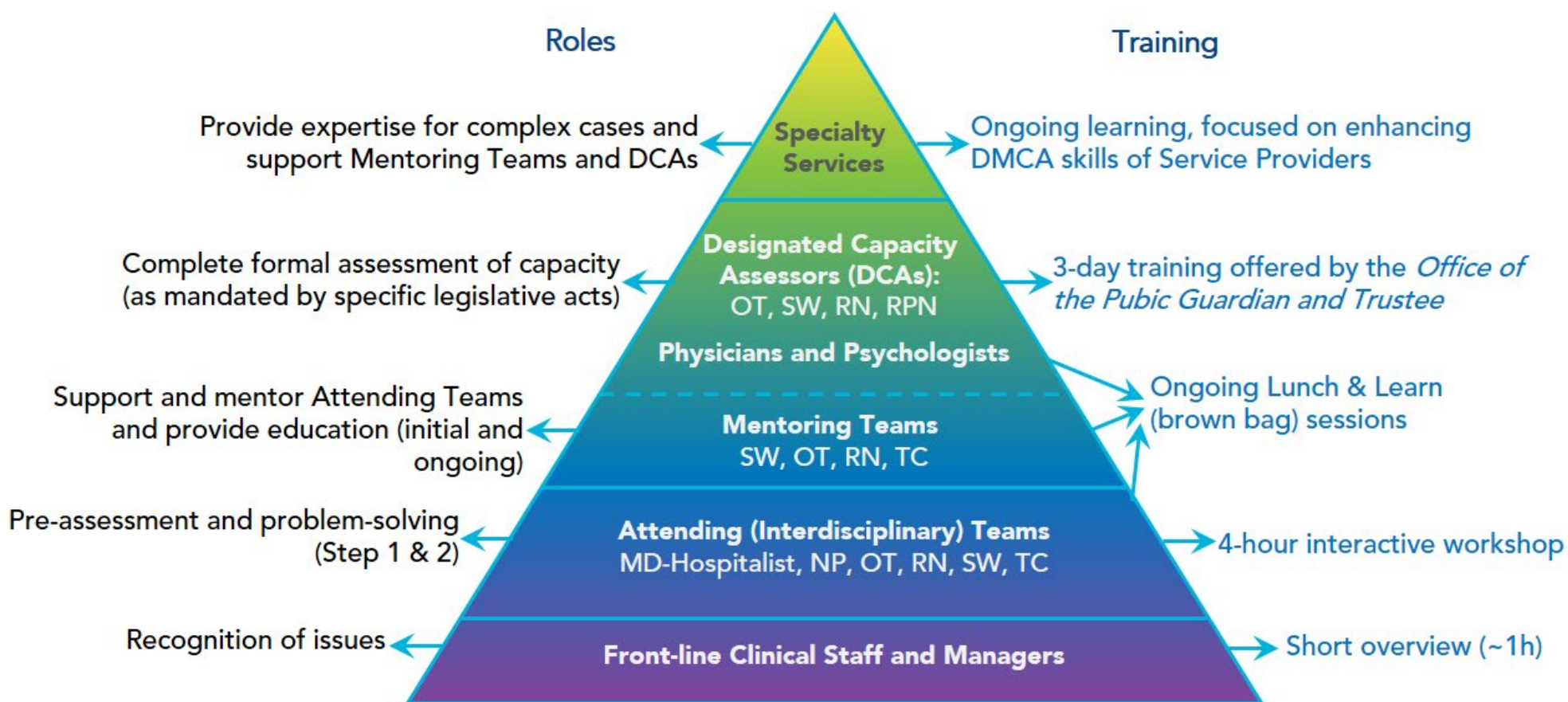
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If you **do have access**, but the link isn't working the presentation has probably been moved. Please search on the site for words in the title of the document to find the updated link.



Education and Training

Education and Training is available for service providers engaging in DMCA's so that they are confident providing service in this practice area. Designed to be specific to their role and responsibilities related to DMCA's, degrees of training varies. The following Roles and Training diagram outlines the types of training that would be appropriate for various service providers. Details on the types of training are provided on the following pages.



DECISION-MAKING CAPACITY INTERACTIVE WORKSHOPS

Interactive workshops are offered through various organizations and facilities (Covenant and AHS facilities, Alberta Government, etc.)

Course Description

In this workshop, participants are provided with an overview of an established interdisciplinary model for the assessment of decision-making capacity of adults. Learning activities include pre-workshop readings, participating in exercises and completion of a capacity assessment process worksheet based on presented case studies.

Learning Objectives

At the end of the workshop participants will:

- Be able to define capacity and the underlying guiding principles
- Understand the Legislative Acts and their impact on the assessment of decision-making capacity
- Be familiar with the Covenant Health DMCA Model
- Apply a capacity assessment process using case studies

How to Arrange for Training

For healthcare professionals working at various sites in the Edmonton and Calgary Zones, workshops are available through:

- | | |
|---------------------------|----------------------------|
| • Covenant Health | • Good Samaritan Society |
| • Royal Alex Hospital | • Bethany Care Society |
| • CCPCS | • Foothills Medical Centre |
| • Alberta Health Services | |

CAPACITY ASSESSOR TRAINING FOR PHYSICIANS & PSYCHOLOGISTS

The Office of the Public Guardian and Trustee (OPGT) offers a two day professional development opportunity for physicians and psychologists to further develop the skills required to complete decision-making capacity assessments under the Adult Guardianship and Trusteeship Act (AGTA) and the Personal Directives Act (PDA).

Following successful completion of the training, participants will be able to provide an opinion as to:

1. the adult's capacity to make personal or financial decisions;
2. the need for a substitute decision-maker such as a guardian, trustee or co-decision-maker; and
3. the need to enact a personal directive/power of attorney.

For CFPC members:

This program has been certified by the College of Family Physicians of Canada and the Alberta Chapter for up to 8 Mainpro+ credits (Decision-Making Capacity Assessment 2-day Workshop #187740) and 6 Mainpro+ credits (Assessment of Decision-Making Capacity #186838).

For RCPSC members:

It has been accredited for 11.0 MOC credits.

Contact

- Melanie Blackwell, Capacity Assessment Policy Analyst, Office of the Public Guardian and Trustee
 - T: 780.638.3252; Fax: 780.422.6051;
 - E: melanie.blackwell@gov.ab.ca
- **Regional OPGT offices**

Other Training:

There are also 3 hour workshops including a level 2 workshop for physicians. These are offered attached to many conferences.



DESIGNATED CAPACITY ASSESSOR (DCA) TRAINING FOR SOCIAL WORKERS, NURSES AND OCCUPATIONAL THERAPISTS

The Office of the Public Guardian and Trustee (OPGT) offers this three day DCA training for Social Workers, Nurses, and Occupational Therapists to further develop the skills required to complete decision-making capacity assessments under the Adult Guardianship and Trusteeship Act (AGTA) and the Personal Directives Act (PDA).

Following successful completion of the training, participants will be able to provide an opinion as to:

1. the adult's capacity to make personal or financial decisions;
2. determine the need for a substitute decision-maker such as a guardian, trustee or co-decision-maker; and
3. the need to enact a personal directive/power of attorney.

The training is organized by the Office of the Public Guardian and Trustee.

Contact

- Melanie Blackwell, Capacity Assessment Policy Analyst, Office of the Public Guardian and Trustee
 - T: 780.638.3252; Fax: 780.422.6051;
 - E: melanie.blackwell@gov.ab.ca
- **Regional OPGT offices**

MENTORSHIP

Mentorship is available through Mentoring Teams at various facilities and services:

- Covenant Health
- Alberta Health Services
- Good Samaritan Society
- Bethany Care Society

PUBLIC PRESENTATIONS

The OPGT offers presentations about personal and financial matters for various organizations. Contact your local OPGT office for more information.





Part 2: DMCA Model Implementation Framework

Background

The content in this section was developed by Dr. Suzette Brémault-Phillips from the University of Alberta and her research team for a project that was funded by the Network from 2014-2018. It is a practical, evidence-informed resource that aims to support sustainable implementation of DMCA best-practices and processes.

Best used with the support of someone familiar with DMCA best practices and another with expertise in applying implementation science, the guide outlines 5 stages of implementation. This Toolkit was developed through partnership between the University of Alberta, Covenant Health, Alberta Health Services, Bethany Care Society, and the Good Samaritan Society and the National Implementation Research Network (NIRN).

This Framework applies learnings of the National Implementation Research Network (NIRN) and Spinal Cord Injury Knowledge Mobilization Network (SCI KMN) to the DMCA Model to support its implementation and sustainability, and optimize outcomes.

Creation of Implementation Teams

Implementation Teams are the “Who” of Active Implementation. They may benefit from many of the learnings available on the [NIRN Active Implementation Hub](#). An Implementation Team is an organized and active group that supports the implementation, sustainability, and scale-up of usable innovations by integrating the use of implementation stages, drivers and improvement cycles.

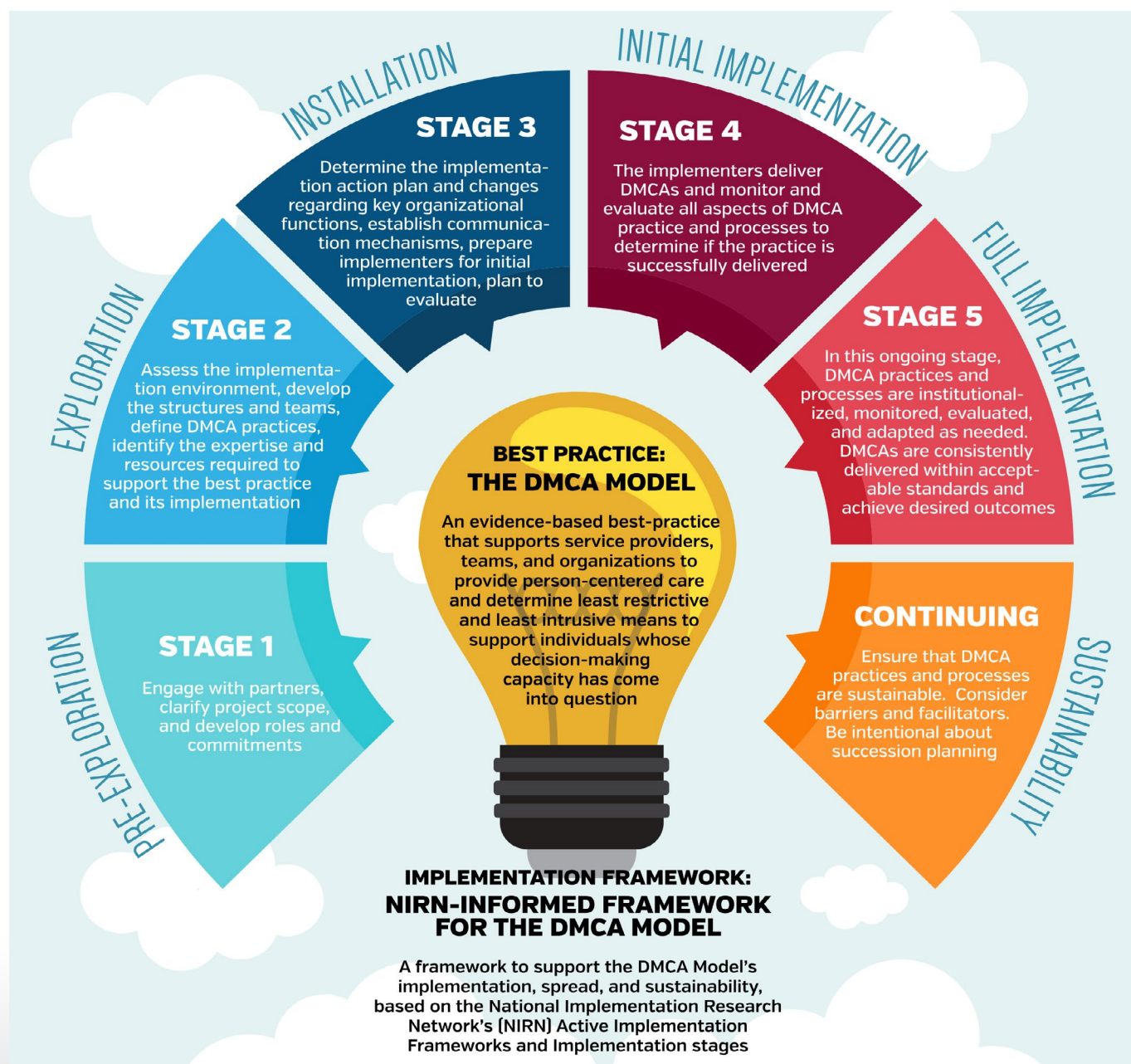
Forming an Implementation Team does not require new staff to engage in the work of implementation. Many times existing positions or teams can be repurposed to achieve the functions required of Implementation Teams. Implementation Teams should consist of a core group of individuals (usually a minimum of 3-5) who meet the following selection criteria:

- Have adequate and dedicated FTE to allocate to implementation activities and supports;
- Have special expertise with regards to effective innovations (EBPs/EIs), implementation, and improvement strategies; and
- Can be accountable for guiding the overall implementation of an initiative from exploration to full, effective, and sustainable implementation.

It is important to note that Implementation Teams are **not** advisory groups or committees or representatives. They are not groups who provide periodic input (e.g. occasional meetings for decision-making or discussion). Implementation Teams are *actively involved on a daily basis* with implementation efforts devoted to ensuring the full and effective use of innovations.



A National Implementation Research Network (NIRN)-Informed Framework





DMCA Model Implementation Framework: Overview

Pre-Exploration

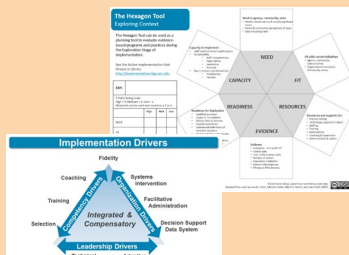
- Develop project scope
- Understand DMCA clinical best practices and resources



- Familiarize with implementation strategies and processes
- Engage key stakeholders
- Engage active partners
- Identify functions and initial organizational structures

Exploration

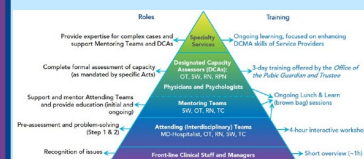
- Assess the implementation environment
- Develop the structures and teams to support implementation (drivers)



- Define the DMCA practice
- Identify the expertise & resources required

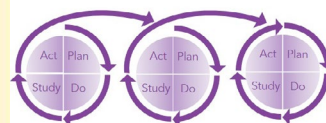
Installation

- Determine an Action Plan to address changes to key organizational functions
- Establish communication mechanisms
- Prepare implementers for initial implementation
- Plan to evaluate



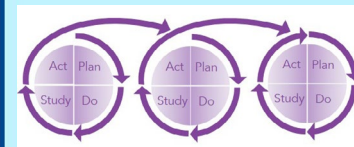
Initial Implementation

- Deliver the practice: conduct DMCA
- Assess the effectiveness of processes and delivery of practice
- Revise processes based on new information gathered



Full Implementation

- Institutionalize DMCA practices and processes with fidelity
- Monitor and evaluate practices and processes
- Adapt processes



- Ensure practices and processes are sustainable. Consider:
 - Barriers & facilitators
 - Succession planning



Stage 1 Pre-Exploration

Develop project scope

- Write an implementation project description

Understand DMCA clinical best practices and resources

- Explore the DMCA Model and its clinical practices
 - Policies (see [Covenant Health DMCA Policy](#))
 - Practices (see [Care Map](#))
 - Documentation (see [Worksheets](#))
 - Clinical pathways (see [Clinical Pathway](#))
 - Competency development (see [Education & Training](#))

Familiarize with implementation stages planning tool

- Staged-based planning
- Stages of Implementation Planning [Tool](#)
- Stages of Implementation Checklist
- Implementation Stages Action Plan

Engage key stakeholders

- Identify and engage those who will influence or be impacted by implementation of DMCA practices ([Leadership Drivers](#))
 - Decision-makers, Senior leaders, Champions, Clinicians experienced in DMCA
- Identify the appropriate Advisory Committee ([page 10](#)) or set one up

Engage active partners

- Identify project leaders
- Assess the feasibility of partner participation
- Finalize commitment to support DMCA implementation
- Finalize the project plan

Identify functions and initial organizational structures

- Identify key functions such as governance, reporting and administrative support
- Develop an initial organizational structure





Stage 2 Exploration

Assess the implementation environment

- Identify strengths & challenges associated with previous implementation experiences
- employ the [active implementation frameworks](#)
 - [Hexagon Tool](#)
 - [Stages Tool](#)

Develop structures & teams to support implementation

- Form implementation teams
- Develop Terms of References
- Develop communication plans between teams
- Review implementation drivers. Consider:
 - Policies (see [Covenant Health DMCA Policy](#))
 - Practices (see [Care Map](#))
 - Documentation (see [Worksheets](#))
 - Clinical pathways (see [Clinical Pathway](#))
 - Competency development (see [Education & Training](#))
 - Single point of contact
 - Workload tracking
 - Client outcomes

Define the DMCA practice being implemented

- Identify the core components of practice, performance, standards and process, outcome indicators and evaluation approach. ([Practice Profiles](#))
- Identify practitioner implementers (people carrying out the practice) and their required knowledge and skills
- Identify the DMCA Mentoring Team

Identify expertise and resources required to support

- Identify and engage available resources
- Engage experts (e.g. Advisory Committee and Mentoring Team members)

Pre-Exploration

Installation

Initial
Implementation

Full
Implementation



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Stage 3 Installation

Pre-Exploration

Exploration

Determine an Implementation Action Plan to address changes to the key organizational functions

- Assess key organizational functions such as:
 - Implementation Drivers [Overview](#)
 - Decision Support Data System
 - Facilitative Administration
- Consider DMCA:
 - Policies (see [Covenant Health DMCA Policy](#))
 - Practices (see [Care Map](#))
 - Documentation (see [Worksheets](#))
 - Clinical pathways (see [Clinical Pathway](#))
 - Competency development (see [Education & Training](#))
 - Single point of contact
 - Workload tracking
 - Client outcomes
- Develop and enact an [implementation](#) action plan

Establish communication mechanisms

- Identify everyone who will be involved in the implementation
- Develop a multi-faceted communication plan
- Enable feedback loops to get input from all implementers
- Inform implementers of the upcoming implementation
- Facilitate ongoing engagement of implementers

Define the DMCA practice being implemented

- Review [DMCA roles](#) and [education and training options](#)
 - Train implementers
- Plan to discuss DMCA cases in interdisciplinary rounds
- Develop a [coaching](#) and mentoring plan that includes Mentoring Team meetings

Plan to evaluate

- Refine the evaluation plan
- Share the evaluation plan with implementers

Initial Implementation

Full Implementation



Stage 4

Initial
Implementation

Pre-Exploration

Exploration

Installation

Full
Implementation**Deliver the DMCA practice, conducting DMCA as indicated**

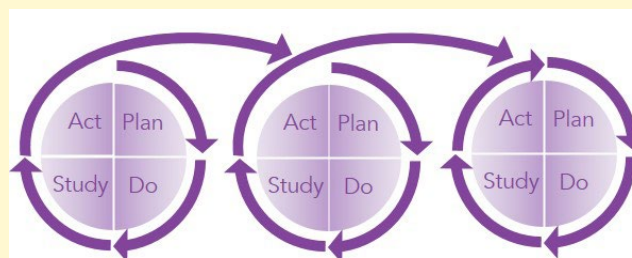
- Determine the timeframe to assess initial delivery of DMCA
- Conduct DMCA using resources as appropriate:
 - Policies (see [Covenant Health DMCA Policy](#))
 - Practices (see [Care Map](#))
 - Documentation (see [Worksheets](#))
 - Clinical pathways (see [Clinical Pathway](#))
 - Competency development (see [Education & Training](#))
 - Single point of contact
 - Workload tracking
 - Client outcomes
- Review DMCA cases in Huddles
- Hold regular Mentoring Team meetings
- Have staff attend **ongoing education** and **workshops** as needed
- Integrate DMCA training into annual in-services and orientation

Assess the effectiveness of DMCA processes and delivery

- Put [communication protocols](#) in place
- Perform [usability testing](#)
- Gather and analyze information

Revise the DMCA processes based on new information

- Revise DMCA processes in need of improvement
- Implement the revised DMCA processes
- Reassess new DMCA processes





Stage 5

Full
Implementation

Pre-Exploration

Exploration

Installation

Initial
Implementation**Institutionalize DMCA practices and processes with fidelity**

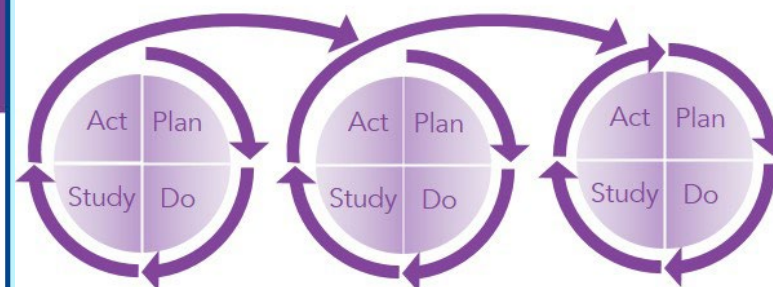
- Review DMCA information from previous steps:
 - DMCA Best Practices (Activity 1)
 - DMCA Practice Profile (Activity 2)
 - Usability testing
 - Practice policy feedback loops
- Review the Implementation Mapping Tool
- Ensure all processes are agreed upon and replicable
- Generalize the processes across the organization

Monitor and evaluate practices and processes

- Re ine and implement an evaluation plan
- Put a system in place to support the regular use of **improvement cycles**

Adapt processes

- Maintain a process to asses the impact of system changes
- Adapt the processes in response to system changes



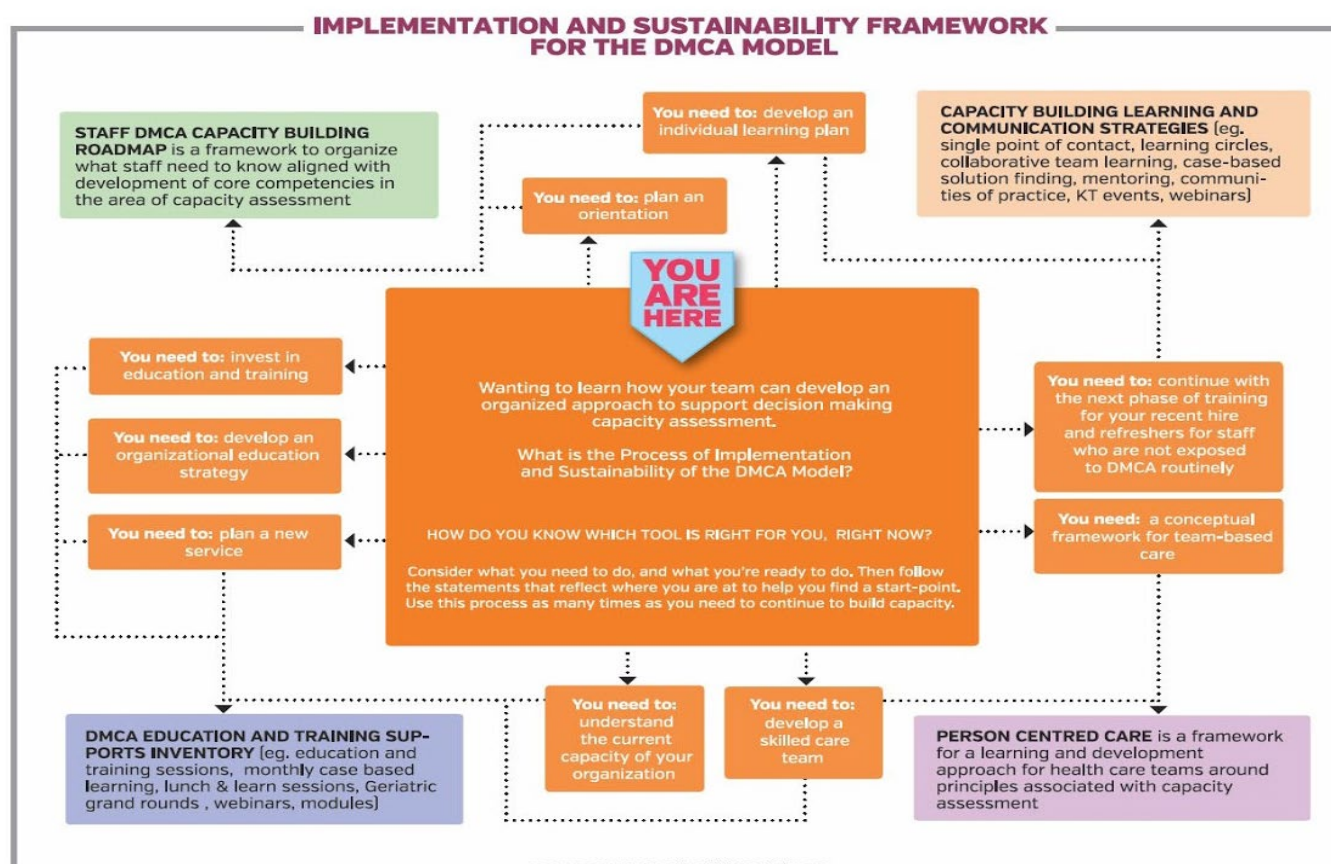


Continuing Sustainability

Key considerations:

- Ensure that DMCA practices & processes are sustainable.
- Consider barriers & facilitators.
- Be intentional about succession planning.

An **Implementation and Sustainability Framework for the DMCA Model** was developed to help guide practices. It was based on the **BSO Capacity Building framework** out of Ontario.



Part 3: Resources for Healthcare Providers

DMCA IMPLEMENTATION RESOURCES

Implementation of the DMCA Model framework may benefit from referencing the following resources:

Practical Guide:

- Brown J, Mumme L, Guy S, Kras-Dupuis A, Scovil C, Riopelle R, Walia S, Wolfe D, and the SCI KMN. **Informing Implementation: A Practical Guide to Implementing New Practice as Informed by the Experiences of the SCI KMN.** Rick Hansen Institute and Ontario Neurotrauma Foundation; 2016.

National Implementation Research Network:

- **Active Implementation Hub** - extensive resource of modules, lessons, resources & workgroups related to implementation

GLOSSARY OF TERMS

The Edmonton Zone DMCA Advisory Committee created a **glossary of terms** to assist with the DMCA process.

PROFESSIONAL GUIDELINES

- **Social Work Role in the Decision-Making Capacity Process With Adults: Guidelines for Social Work Practice in AHS Programs and Facilities** (2016)
- **Role of Occupational Therapy in the Assessment of Decision-Making Capacity** (2018)



POLICIES AND PROCEDURES

The following are several examples of policies and procedures developed by organizations that have introduced the DMCA Model into routine practice:

Capacity Assessments:

- Covenant Health: **Assessment of Decision-Making Capacity Policy** (Policy No. VII-B-35)

Consent (AHS website):

- **Consent Policy Resources for Practitioners** homepage
 - This page contains a link to the "Information for Medical Staff" page (below). It also contains background information, an overview, information on how to use the forms, links to the policy (below) and procedures for multiple types of patients (adults with and without capacity, minors, those under orders of the mental health act and tissue and organ donation) and other information and resources.
- **Consent to Treatment/Procedure(s) Policy Information for Medical Staff** homepage
 - This page contains links to the policy (below) and procedures for multiple types of patients (adults with and without capacity, minors, those under orders of the mental health act and tissue and organ donation). It also contains educational resources for staff.
- **Consent to Treatment/Procedures Policy** (Policy # PRR-10)
- **Consent Policy and Procedure Guiding Algorithm** (Updated January 24, 2020)

ADDITIONAL RESOURCES

In addition to resources found in this Toolkit, key resources that provide an orientation to Decision-Making Capacity and the DMCA Model can be found at the following links:

- Office of the Public Guardian and Trustee **homepage**
- Alberta Health Services - Decision Making Capacity on **Insite**
- Covenant Health - Capacity Assessment Resources on **CompassionNet**

IMPORTANT INFORMATION

Some resources on this page will not open in Internet Explorer. Please try another web browser if you have problems opening any of the documents..



Resources for Family Caregivers

LEGISLATION

There is Legislation and governmental supports in Alberta that reinforces the activities of the DMCA Model.

Office of the Public Guardian and Trustee [homepage](#)

- **Personal Directives Act**
- **Powers of Attorney Act**
- **Adult Guardianship and Trusteeship Act (AGTA)**

- **Supported Decision-Making**
- **Specific Decision-Making**
- **Co-Decision-Making**
- **Adult Guardianship**
- **Enduring Power of Attorney**
- **Trusteeship**
- **Informal Trusteeship**





FORMS AND SCHEDULES

In addition, there are many government supplied forms and schedules that will assist with this process, or the outcomes of this process. Many are listed below; click [here](#) for additional forms.

Personal Directives Schedules

- **Schedule 1:** Personal Directive (Instruction sheet for Personal Directive)
- **Schedule 2:** Declaration of Incapacity-agent with physician consultation
- **Schedule 3:** Declaration of Incapacity-physician & service provider
- **Schedule 4:** Regained Capacity-agent initiated
- **Schedule 5:** Regained Capacity-service provider initiated
- **Schedule 6:** Regained Capacity-agent and service provider disagree
- **Schedule 7:** Complaint to the Public Guardian Respecting an Agent named in a Personal Directive

Adult Guardianship and Trusteeship Forms

Supported Decision-Making

- **Supported Decision-Making Authorization**
- **Termination of Supported Decision-Making Authorization**

Co-Decision-Making

- **Capacity Assessment Report for Co-Decision-Making**
- **Application for Appointment of a Co-Decision-Maker**

Guardianship or Trusteeship

- **Capacity Assessment Report (Form 4)- Guardianship or Trusteeship or Both**
- **Application for a Guardian, Trustee or Both**

○ **Guide for use**

Specific Decision-Making

- **Specific Decision-Making** (Form 6)
- **Capacity Assessment Report** (Form 10) - Healthcare or Temporary Admission to or Discharge from a Residential Facility

Filing a Complaint

- **Complaint Respecting a Co-Decision-Maker, Guardian or Trustee**

VIDEOS

There are a number of videos that can assist with many of the processes involved with the outcomes of DMCA. If they don't open in Internet Explorer, try a different web browser.

Personal Directives

- Now is the time to plan ahead and write a personal directive <https://www.youtube.com/watch?v=ch-ZucV68Qc>
- Advance Planning (personal directives & enduring power of attorney) <https://youtu.be/D0GIUmY7ZGs>
- What is a personal directive? <https://youtu.be/aVRDfyArcUo>

Financial Planning (from the OPGT)

- Credit Counselling for Vulnerable Albertans <https://youtu.be/XxlWxWJBZM4>
- Agent and Attorney Duties and Authority <https://youtu.be/bV5XC7ncW2Q>
- Estates of Deceased Persons <https://youtu.be/JT22nV9RWmU>

Adult Guardianship and Trusteeship Act Application

- Completing an AGTA Application: <https://youtu.be/oXQGF0Phir8>

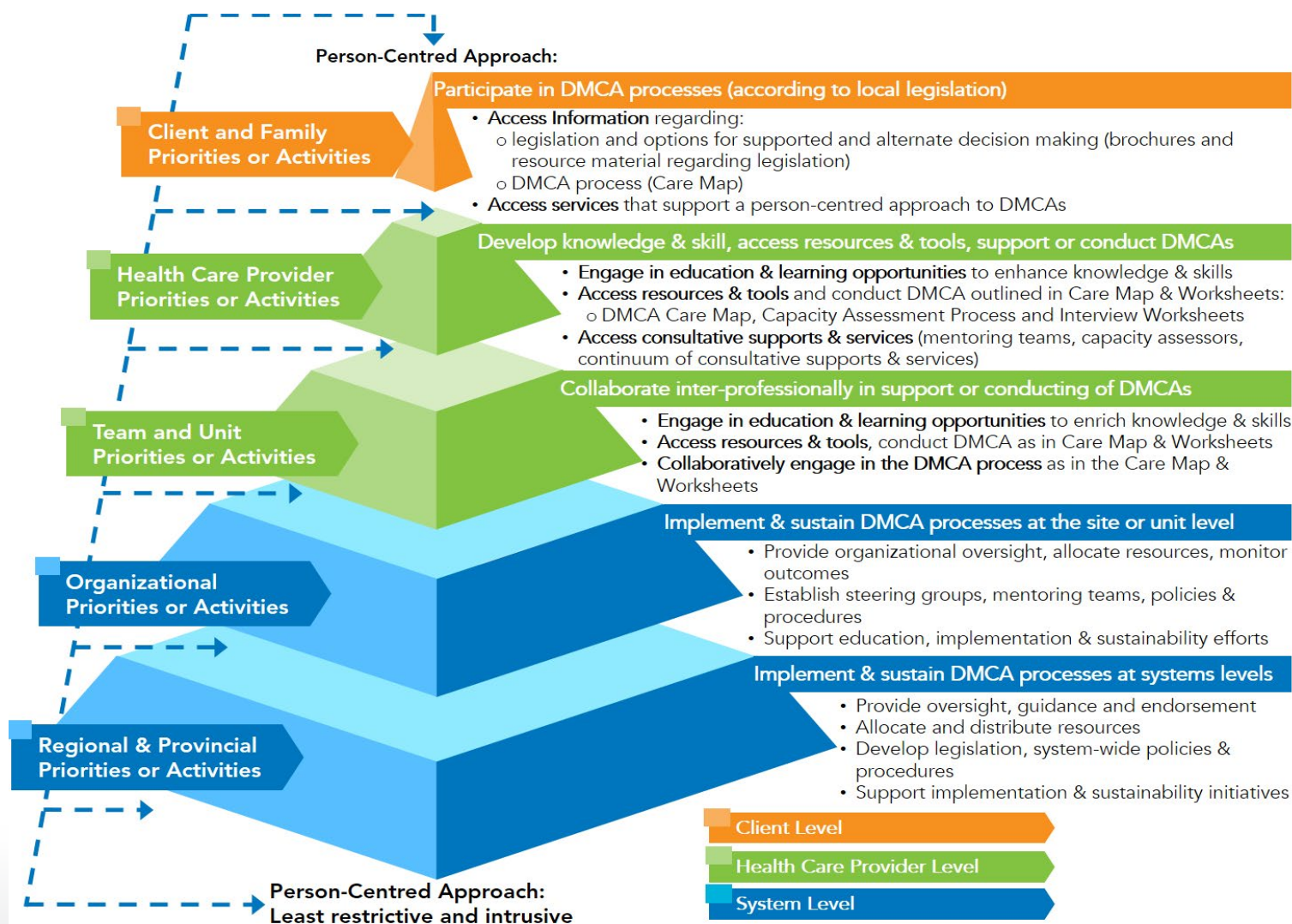


Appendix

DMCA System Overview

The DMCA Model enhances the ability of service providers (through education and mentorship) and the system (through policies, procedures, processes and pathways) to confidently conduct DMCA across various service sectors and settings.

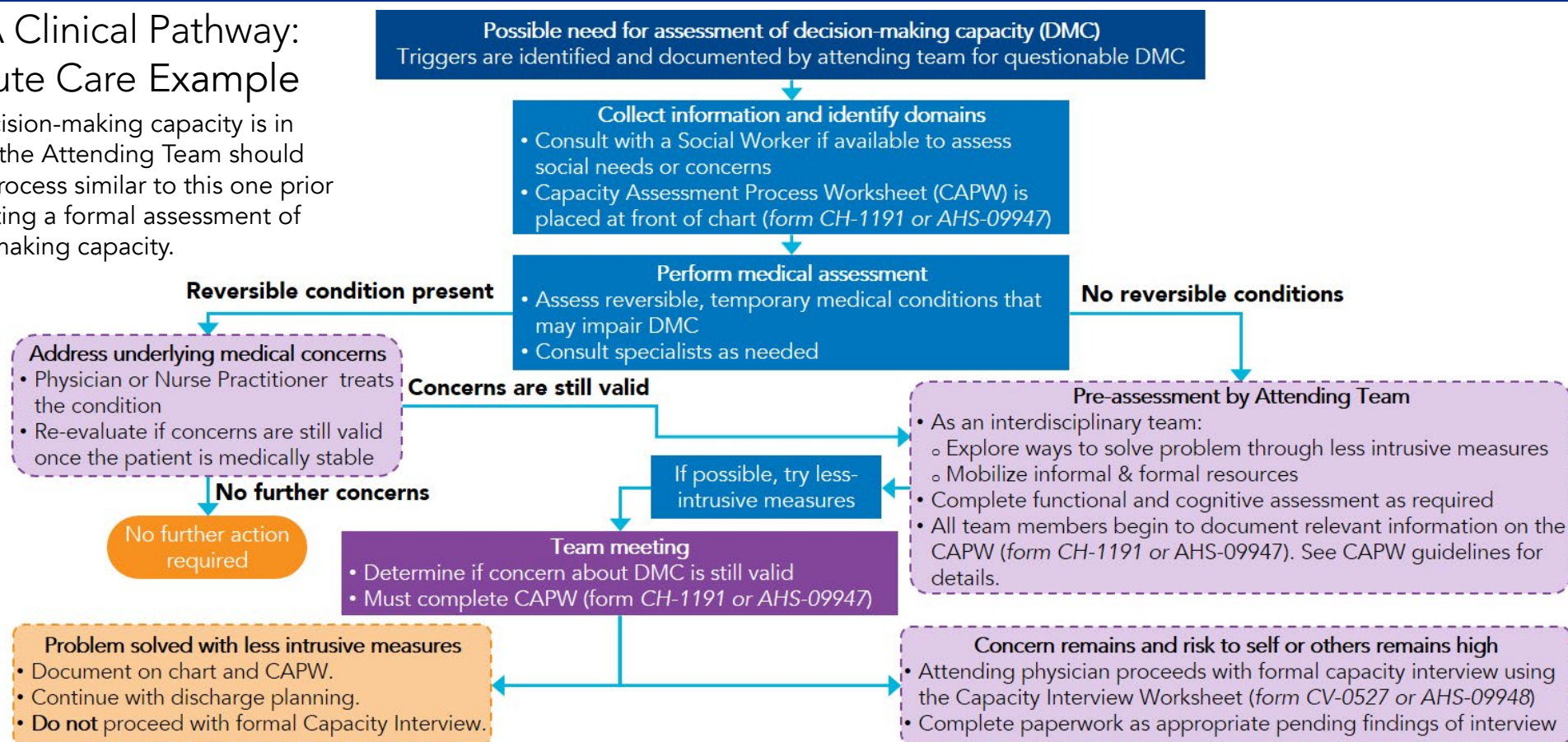
Fundamentally person-centred at each level (client, provider, and system), least restrictive and least intrusive solutions in specific domains are sought regarding the person whose decision-making capacity has come into question



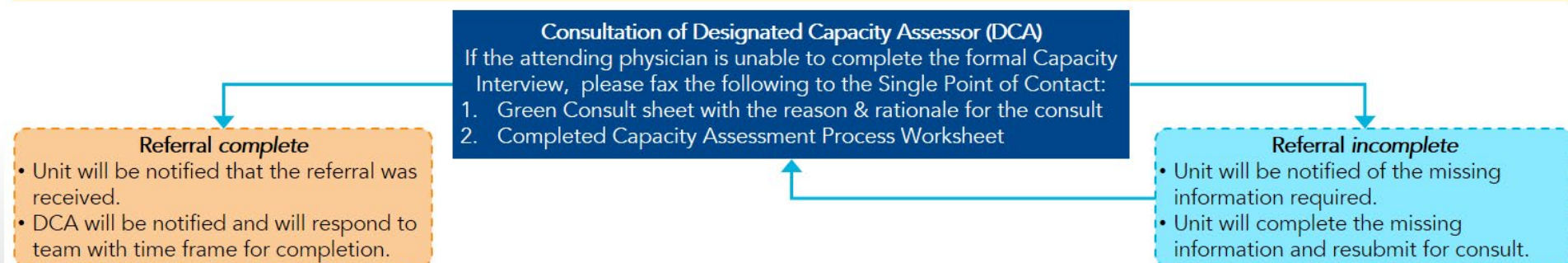


DMCA Clinical Pathway: An Acute Care Example

When decision-making capacity is in question, the Attending Team should follow a process similar to this one prior to requesting a formal assessment of decision-making capacity.



The Mentoring Team may be accessed at any time during this process if the attending team requires direction or support.





Notes