

SOCIAL WORK CASE COORDINATION & FACILITATION of DECISION-MAKING CAPACITY ISSUES within HEALTHCARE SETTINGS

#	<u>Guidelines for Addressing Decision-making Capacity Issues</u>	<u>Tools in Support of Guideline Implementation</u>	<u>Principles</u>	<u>Social Work Roles and Functions</u>
1	Determine Triggers for Exploring Client's Decision-making Capacity <ul style="list-style-type: none"> adult makes choices or behaves differently than usual ; creating risk for self or others change seems to be the result of impaired decision-making conflict about the decision –e.g. adult does not want to give up an activity with clear risk 'red flag' information provided by collaterals (family, friends, neighbors) 	RCAT Decision-Making Capacity Algorithm, Nov. 2012 (Appendix A) DMCA Model – Capacity Assessment Process Worksheet, page 1 (Appendix B)	<ul style="list-style-type: none"> Presume capacity unless evidence to the contrary Support client self determination Support right to 'live at risk' when client decision-making process not impaired 	<ul style="list-style-type: none"> Review 'trigger' information available through health record, healthcare team members, and volunteered by collaterals (family, friends, neighbors, external service providers, etc.). Determine decisional domain/s involved in the trigger situation: Healthcare, Accommodation, Choice of Associates, Financial Matters, Legal Matters, Social/Leisure Activities, Education/Vocational Training, Employment Discuss 'trigger' situation with client; seek client perspective and their understanding of others' perspectives Obtain client permission to contact collaterals and external service providers to expand understanding of issues. Social Worker requires signed consent re: disclosing health information – e.g. contacting an external service provider to obtain information involves disclosing that the client is receiving healthcare service; which is a disclosure of health information. Clarify risk and safety issues, to client and others, and under what circumstances. Indicate client's ability to understand and appreciate risks/safety issues identified by others and client response to same. Indicate any conflict of interest or values on behalf of those identifying 'triggers' for addressing the client's decision-making capacity. Collaborate with healthcare team to determine whether valid trigger/s present to begin initial capacity assessment process
2	Initial Social Work Decision-making Capacity Screening/Assessment	DMCA Model – Capacity Assessment Process Worksheet – pages 2 – 4 (Appendix B)	<ul style="list-style-type: none"> Continuing presumption of capacity Balancing client right to autonomy 	<ul style="list-style-type: none"> Address any communication barriers that challenge the client's ability to engage as much as possible in the initial screening and assessment process – e.g. utilizing strategies designed to facilitate communication with clients with aphasia; work with other providers such as the Speech Language Pathologist to optimize client's ability to communicate; organize use of

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		Regional Competency Assessment Team (RCAT) - Psychosocial Prompt Sheet (Appendix C)	with duty to care & societal obligation to protect the vulnerable	<p>interpretation when English is an additional language; address/accommodate for vision and hearing issues, etc.</p> <ul style="list-style-type: none"> • Obtain client consent to proceed with initial assessment re: trigger/s situation related to client's decision-making capacity. • Client assent is acceptable where client willing to engage in process, but appears challenged to understand the purpose of the interview and appreciate the potential outcomes and implications of the initial assessment process. • Proceed with a Social Work assessment to determine the impact of an adult's psychosocial functioning on their decision-making capacity. Relevant areas include, but are not limited to: <ul style="list-style-type: none"> • client's current living situation • relevant social and family history • client/family understanding of their medical history and current situation (including physical and mental health) • medico-legal issues and documents (previous opinion on capacity, personal directive exists?, etc.) • coping patterns (current & historical) • social supports (formal and informal) • religious and cultural factors (including racism, marginalization or health equity issues due to these factors) • risk of abuse /neglect (including self neglect) <p>See Psychosocial Prompt Tool for prompts under each above category.</p> <ul style="list-style-type: none"> • From the Determination of Triggers information, further define and explore the relevant decisional domains.

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				<ul style="list-style-type: none"> Obtain any additional consent required for obtaining/disclosing health information.
3	Provision of Psychosocial Support to Client/Family	AHS Patient Engagement material – e.g. Listen to me Respect me Don't Confuse me, etc.	<ul style="list-style-type: none"> Supporting each person's dignity and worth Working to enhance social functioning and person-environment fit 	<ul style="list-style-type: none"> Allowing client/family/client's support persons to express their concerns, challenges, hopes and goals related to the client's current situation and specific to the current decision-making capacity process Supporting the client and family emotionally through an often challenging, overwhelming and bewildering sets of circumstances r/t to changes in the client's wellbeing and ability to manage Respond to client/family questions as able and facilitate client-provider discussions promptly Facilitate problem-solving of any immediate client/family issues through care planning and client conferencing as appropriate Facilitate client/family – healthcare team collaboration through: provision of information to demystify medical-legal and healthcare processes; highlighting and maintaining focus on client/family concerns and goals; and working to actively engaging the client and family in all care planning, as desired and feasible
4	Explore Options, Problem Solve & Educate <ul style="list-style-type: none"> Risk reduction strategies Utilizing client and family strengths & resources Provision of client, family and healthcare provider education; option-dependent 	DMCA Model – Capacity Assessment Process Worksheet – pages 2 – 4	<ul style="list-style-type: none"> Presumption of capacity until contrary demonstrated Onus on assessor to demonstrate incapacity; not on 	<ul style="list-style-type: none"> As risk and safety factors are defined, the Social Worker collaborates with the client, family and healthcare team to facilitate the problem-solving process. Facilitates a problem solving process that is guided by the client's values and beliefs about risk, harm, safety, acceptance/refusal of help, independence/interdependence/dependence and by the client's healthcare & personal goals

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			<p>client to demonstrate capacity</p> <ul style="list-style-type: none"> • Entitled to most effective, least restrictive /intrusive form of support • Change of legal status is a last resort ; must be evidence that necessary 	<ul style="list-style-type: none"> • Problem solving focuses on risk reduction through environmental changes, monitoring, changes to the client's daily structure and routine, coordination of care plan and caregivers, use of family and informal supports, etc. • Identifies and utilizes client and family strengths to address areas of limitation/risk/harm/safety –eg- client's ability to recognize when help needed; willingness to accept help when needed; informal, trusted decisional supports already in place or able to be put into place, etc. • Contributes to a collaborative and participatory problem solving process through facilitating input from all involved parties; seeking information and resources as required to sustain a productive outcome; and helping to translate input into available options. • Educates client/family and healthcare team as required regarding alternate decision-making options: Agent under Personal Directive Act; Enduring Power of Attorney (financial matters only); Supported Decision-making, Co-Decision Making, Specific Decision Making, Emergency Healthcare Decision Making, Guardianship and Trusteeship (financial matters only) under the Adult Guardianship and Trusteeship Act. • Identifies any medico-legal documents in existence and educates re: current documents such as Personal Directive, Enduring Power of Attorney; determining which options may be viable in the current circumstances. <ul style="list-style-type: none"> ○ If the above options do not exist, does the client have the decision-making capacity to initiate a personal directive and/or Enduring Power of Attorney and are they interested in doing so?

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				<ul style="list-style-type: none"> ○ Would there be benefit in establishing a Supported Decision Maker or a Co-Decision Maker? ○ Is there direct and significant benefit to the client in considering more intrusive limited options such as a Specific Decision Maker or a more intrusive and permanent option such as Guardianship
5	Collaboratively Determine Least Intrusive Option	CASW Code of Ethics (2005) ACSW Standards of Practice 2013	<ul style="list-style-type: none"> • See above 	<ul style="list-style-type: none"> • Collaborates with client/family and healthcare team to develop an option/s for the client to be appropriately supported by informal and formal, family and community supports (including a structured living environment); without requiring formal removal of the client's decisional autonomy. • Collaboration for Social Work involves, but is not limited to: initiating/facilitating client/family care conferences and discussions; following up with relevant parties to understand their perspective; delineating available options and benefits & drawbacks; using the client's values/beliefs/goals as the guide to problem-solving and resulting care planning; and identifying and researching solutions to any specific barriers re: productive problem-solving. • Utilizes communication/negotiation/mediation,/participatory decision-making and conflict resolution approaches as appropriate to the circumstances and provider skill set; in order to achieve an outcome that provides the greatest benefit to the client with the least restriction on their autonomy. • Strives to develop consensus on most effective and least intrusive /restrictive option by inviting and exploring alternate & divergent views; distilling commonalities and distinctions; and reevaluating alternatives for greatest client benefit.

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				<ul style="list-style-type: none"> Assist in communicating this option to the client and involved parties; understanding the psychosocial implications of the identified option.
6	Facilitate Development & Implementation of Action Plan	<p>CASW Code of Ethics (2005)</p> <p>ACSW Standards of Practice 2013</p> <p>Health Professions Act & Social Work Regulations</p> <p>AGTA principles:</p> <ul style="list-style-type: none"> Presumption of capacity until contrary determined Ability to communicate verbally is not a determination of capacity Focus on autonomy; least intrusive & restrictive approach 	<ul style="list-style-type: none"> Commitment to competent, evidence-informed, professional care Care informed by AHS Mission & Values Client values/beliefs/goals inform the care plan Person – environment fit 	<ul style="list-style-type: none"> Assists client/family and care team in determining and implementing an appropriate action plan based on the determined option. Facilitates implementation of risk reduction strategies and strategies to optimize use of client/family and healthcare & community strengths and resources (eg – placement in a supportive living environment for clients with brain injury). Implements interventions to enhance or restore the social functioning of individuals/families/groups by addressing person-environment fit through ameliorative strategies noted above. When it is determined that a more restrictive option will be required to provide safe and ethical care to the client, Social Work will strive to facilitate client and family understanding and involvement to the fullest extent possible . When appropriate, facilitates referral for a formal capacity assessment to be completed by a Physician, Psychologist, DCA (Designated Capacity Assessor under the authority of the Office of the Public Guardian) or specialized service such as the Regional Capacity Assessment Team (RCAT, Calgary). Case coordinates and facilitates alternate decision-making processes as required.

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		<ul style="list-style-type: none"> Decision-making focused on best interests of adult & how adult would make decision if capable 		
7	Facilitate Medico-Legal Paperwork Process if required	See above Identifying an Alternate Decision Maker Tip Sheet (Appendix D)	See above	<ul style="list-style-type: none"> Educates and facilitates re: the necessary paper work processes Involves client and family in a respectful and transparent process to the fullest extent possible Utilize known client values/beliefs/goals to guide and influence the alternate decision-making process and resulting healthcare decisions
8	Provision of Counseling (e.g. - Adjustment, Grief/Loss)		<ul style="list-style-type: none"> Commitment to competent, evidence-informed, professional care 	<ul style="list-style-type: none"> Provides counseling to client and family members/support persons to assist with adjustment issues related to change in client status and independence/dependence/interdependence issues. Assists with processing of numerous loss issues related to a major life transition of this nature: loss of function, loss of identity, loss of body image, loss of role (family, employment, volunteer, and community), loss of financial resources, etc. Addresses issues related to changes in family roles and relationships Identifies and utilizes client and family strengths and resources to enhance coping and social functioning
9	Address Resource Needs to Support Action Plan		<ul style="list-style-type: none"> Person-environment fit Enhancing social functioning & 	<ul style="list-style-type: none"> Researches and identifies resources to support the action plan Collaborates with the client/family and healthcare team re: determination and coordination of referrals Initiates and follows up on resource referrals as required

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			<ul style="list-style-type: none"> optimizing people-system linkages 	<ul style="list-style-type: none"> Facilitates linkages between the client, family and community providers as required
10	Determine and Facilitate Follow-Up re: Ongoing Risk Mgmt.	CASW Code of Ethics (2005) ACSW Standards of Practice 2013 Health Professions Act & Social Work Regulations	<ul style="list-style-type: none"> Commitment to competent, evidence-informed, professional care Client values/beliefs/goals inform care 	<ul style="list-style-type: none"> Case management and case coordination as defined by program/service mandate and parameters of role