

Everyday capacity refers to decisions about specific daily activities and most often arise in residential treatment settings. Sometimes a residence is considered both a home and a medical treatment setting – such as Community Living Centers or Home-Based Primary Care. In these settings, clinicians are challenged to balance Veteran autonomy and safety. Care providers may need to determine whether a Veteran has the capacity to make what they perceive as a “bad” decision. When our capacity is intact, we all have the right to make decisions – even if they are poor ones. However, there is little guidance for how to make determinations of capacity around these **everyday** decisions.

Everyday Capacity Challenges in Community Living Centers and Home-Based Primary Care

EDUCATIONAL HANDOUT SERIES

VA



U.S. Department of Veterans Affairs
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Real Life Examples

- Should this Veteran be permitted to go to the store unsupervised/alone?
- Can I allow him to skip dinner every night, but have several cookies from the pantry?
- Should I let this Veteran stay in bed all day when I think he should be up?
- Can this Veteran consent to switching to Tylenol for his pain management?

What VA Policies may apply?

VA clinicians must follow VA laws, regulations and policies, in addition to clinical practices, when treating Veterans and sharing Veteran health information.

- **VHA Handbook 1004.01**: Informed Consent for Clinical Treatments and Procedures
- **VHA Handbook 1142.01**: Criteria and Standards for VA Community Living Centers
- **VHA Directive 1149**: Criteria for Authorized Absence, Passes, and Campus Privileges for Residents in Community Living Centers
- **VHA Directive 1411**: Home-Based Primary Care Special Population Patient Aligned Care Team Program

How might dementia affect everyday capacity?

Most older adults do not have dementia, and the presence of dementia does not necessarily mean that an older adult lacks capacity for domains such as consent to treatment, choice of daily activities, or other types of decisions. Similar to other types of capacity assessments, assessment of capacity for everyday decisions should focus on the individual’s abilities and not his or her diagnosis. In this handout we discuss a range of “everyday” decisions, which, although relatively simple, may have a major impact on an individual’s quality of life. Most Veterans with dementia can express preferences for these everyday matters. Further, even if a Veteran lacks capacity, their assent or approval should be sought in an effort to promote their involvement and consideration of their preferences.



What supports can help?

Support in these situations may include assistive support to the Veteran or changes in the environment to improve his/her functioning, as well as support to the staff. For Veterans, provide supports as necessary to accommodate for any sensory deficits (e.g., drawings, Pocket Talkers, magnifying glass). Also consider the Veteran’s language and preferred mode of communication (written, verbal, and/or visual), and health literacy. For staff, education and training about autonomy, liability, and “culture change” may help to clarify roles and responsibilities.



What values are important to consider?

Decision-making capacity and cognitive ability are related, but even a diagnosis of dementia or a serious mental illness does not preclude a Veteran from making decisions. Capacity is specific to the decision at hand and can change over time, so a single assessment is not final. For Veterans who are communicative, but lack decision-making capacity, create opportunities for them to express preferences and honor those preferences to the extent possible. The care plan is a road map of the plan to meet the physical, spiritual, and psychosocial needs of the Veteran. Care planning should involve the Veteran to the fullest extent possible or should involve the surrogate decision-maker. If the Veteran has significant impairment, look to their past preferences/values.



How do I assess everyday capacity?

This handout focuses on “everyday” decisions – meaning they are inherently lower risk – and often concern activities not significant medical decisions. If the Veteran is facing higher risk decisions or issues of consent, please refer to other resources found here:

Additional Resources are available at the VA TMS system. Please search the course catalog by keyword ‘capacity’.

Consider several factors when determining a Veteran’s capacity to make everyday decisions. Whether or not a Veteran has decision-making capacity, it may be useful to engage family and surrogates for additional input.

Level of Risk	What is the level of risk involved with the decision at hand? If the Veteran was allowed to do the action, what danger could ensue? Would there be immediate harm? Could others be harmed by the proposed action?
Level of Complexity	How complex is the task (physically, cognitively)? Is the Veteran able to handle parts of the task with assistance?
Cognitive Health	What is the current level of cognitive functioning? Good days versus bad days? What are the Veteran’s strengths and weaknesses?
Psychological State	Are there behavioral and/or emotional barriers to safe participation in the desired activity? Concerns about undue influence? Stability?
Enhance Capacity	Are there ways we can modify the environment or the task to allow the Veteran to participate to some extent? Ways to engage surrogates?

Suggestions for Core Questions

- What good things could come from doing ____?
- What bad things could come from doing ____?
- Given [bad things], what makes this an important activity for you?
- Would you be willing to compromise with me?

Additional Questions

- Do you have any concerns about doing ____?
- What concerns may your [doctor, family, etc.] have if you did ____?
- Do you trust your [doctor, family, etc.] recommendation?



Tools and Tips

- Be sure to document your thought process about specific everyday capacity in the medical record.
- Consult with psychologist, psychiatrist, or other provider as needed to help with determining capacity.
- Consult your ethics committee if there is disagreement in assessments for a complex case.
- If the Veteran is not medically stable, hold off on making a capacity determination if possible.
- In CLCs, talk to frontline staff across shifts about the resident's functioning to obtain a complete picture.
- In HBPC, talk with your team about their observations during visits and encourage active awareness of concerns about everyday decision-making.
- Link: [VA Mental Health in Community Living Centers SharePoint for capacity evaluations](#)
- Lai JM, Karlawish J. Assessing the capacity to make everyday decisions: A guide for clinicians and an agenda for future research. *American Journal of Geriatric Psychiatry*. 2008;15: 101-111. doi: [10.1097/01.JGP.0000239246.10056.2e](https://doi.org/10.1097/01.JGP.0000239246.10056.2e)



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