The Attending Team should follow the process outlined prior to a formal assessment of Decision Making Capacity

1. Identify trigger for questionable capacity assessment
2. Consult Social Worker on a Physician order sheet
   - Proceed with cognitive testing
     - MMSE not sufficient
     - Speak to OT to discuss further testing such as
       (EXIT, MOCA, FAB, GDS, ILS)
   Note: Patient needs to be deemed medically stable by attending Physician
3. Social Work to put data base on patient chart
4. Capacity Assessment Data Base to be completed by the following team members
   - Physician/NP
   - Social Work
   - OT/PT
   - Speech (Stroke)
   - Nursing
5. Data Base must be completed form # CH-1191
6. Team meeting/huddle with Physician/NP/SW and other interdisciplinary team to determine if concern still valid.
   Explore ways to solve problem through less intrusive measures; mobilize formal and informal resources prior to proceeding with formal capacity assessment.
7. If unable to solve problem through less intrusive problem solving, the concern still exists and the risk to the patient/others is high the Attending Physician can proceed with the formal capacity assessment. If Attending Physician is unable to do, and requires assistance, a green consult sheet requesting a capacity assessment needs to be completed.
8. Unit clerk of unit to fax to Geriatric Clerk at (780-735-7680)
9. Geriatric clerk to call sending unit to ensure database complete
10. Geriatric Clerk to log – notify Designated Capacity Assessor by phone and decision will be made of who accessor will be
11. Designated Capacity Assessor to begin Capacity Assessment