Driving Miss Daisy
Should our hospice patients be driving?

Karen L. Cross, M.D., FAAHPM
Senior Medical Director
Hospice & Palliative Carecenter
Winston – Salem, NC

Shannon Sheek, MS, OTR/L, DRS, CDI
Occupational Therapist
Forsyth Rehabilitation Driving Clinic
Winston – Salem, NC
Disclosure

Karen Cross and Shannon Sheek have disclosed no relevant financial relationships.
Karen Cross, MD, FAAHPM

Karen.cross@hospicecarecenter.org
6/3/08

Karen Cross, MD
Hospice & Palliative Carecenter
101 Hospice Ln
Winston-Salem, NC 27103

Dear Dr. Cross:

It has come to our attention that one of the residents under your care at Green Gardens Residential Inn is receiving high doses of Methadone and is driving a car. Our pharmacy staff is concerned that his driving ability is impaired by his opioid medications. We wanted to bring this concern to your attention.

Sincerely,

John D. Smith, PharmD, chief pharmacist
Mrs. Stein

79 yr old female with ALS severely limited neck ROM
The Older Adult Driver With Cognitive Impairment

“It’s a Very Frustrating Life”

David B. Carr, MD
Brian R. Ott, MD

The Patient’s Story

Mr W is a 92-year-old retired college professor who lives at home with his wife in an upscale suburban neighborhood that offers little public transportation. Although his wife can operate a motor vehicle, she prefers that Mr W drive. Mr W has obstructive sleep apnea, hypertension treated with lifestyle modification, treated vitamin B₁₂ deficiency, mild chronic anemia, restless leg syndrome, osteoporosis, edema, and a history of prostate cancer. His only medication is vitamin B₁₂.

About 8 years ago, the patient reported mild forgetfulness to his geriatrician, Dr D. In 2004, Mr W reported that he had lost his way while driving to a familiar museum, had difficulty recalling details of his personal art collection, and had fallen a few times. His score on the Mini-Mental State Examination (MMSE)¹ was 30/30.

In January 2009, he reported that his memory loss troubled him and that driving had become more difficult. He had no driving violations, and neither he nor his wife reported unsafe driving practices. He could independently perform all basic activities of daily living (ADL) and instrumental ADL, and he could walk a quarter mile with...
Impaired Driving From Medical Conditions
A 70-Year-Old Man Trying to Decide if He Should Continue Driving

Matthew Rizzo, MD, Discussant

Dr. Burns: Mr. P is a 70-year-old right-handed man with a history of idiopathic Parkinson disease, hypertension, and atrial fibrillation. He has Medicare insurance.

Mr. P was diagnosed as having idiopathic Parkinson disease 5 years ago. Currently, his main symptom is a right-hand resting tremor. Mr. P also has a rapid eye movement sleep disorder with nocturnal movements and daytime sleepiness, as well as occasional double vision.

Mr. P is a retired engineer and has enjoyed working on and driving race cars. In 2007, he voluntarily gave up race car driving because he felt that he had lost his “competitive
Driver’s License
Model Hospice Patient

> 74 yrs old
Medications

Analgesics
Anticholinergics
Anticonvulsants
Antidepressants
Antiemetics
Stimulants
Muscle relaxants

Anxiolytics
Antipsychotics
Antihypertensives
Steroids & NSAIDS
Alcohol
Diabetic medicines
Recommendations for opioid therapy

Refrain from driving for 5-7 days after initiation of opioid therapy or dose increase

Do not drive if you feel sedated

Report sedation/unsteadiness/cognitive decline to your physician so the dose can be decreased
Disease specific recommendations

Ophthalmic
Neurologic
Cardiac
Pulmonary
Psychiatric
Musculoskeletal
Older Driver Safety

AMA Physician’s Guide to Assessing and Counseling Older Drivers

This Physician’s Guide to Assessing and Counseling Older Drivers was developed by the American Medical Association in cooperation with the National Highway Traffic Safety Administration.

The guide is in PDF format. Please note that the title pages of each chapter may appear blank: scroll down until you reach the content.

To order a hard copy or CD ROM, please send your name and preference to Lela Manning.

- Introduction
- Table of Contents
- Preface
- Chapter 1: Safety and the Older Driver with Functional of Medical Impairments: An Overview
- Chapter 2: Is the Patient at Increased Risk for Unsafe Driving?
Disease specific recommendations

Ophthalmic
Neurologic
Cardiac
Pulmonary
Psychiatric
Musculoskeletal
If anyone is going to talk to the elderly person about driving, who should it be?
Benefits of rigorous reporting

- Patient safety
- Public safety
- Liability risk
Burdens of rigorous reporting

- Social isolation/withdrawal
- Depression
- Anger at the team/compromised relationships
- ↑ risk of nursing home placement
Quality of Life

• Self-esteem
• Necessary chores
• Maintaining social connectedness

• Our society has not made adequate accommodations for people without transportation
Physicians should use their best judgment when determining when to report impairments that could limit a patient’s ability to drive safely. In situations where clear evidence of substantial driving impairment implies a strong threat to patient and public safety, and where the physician’s advice to discontinue driving privileges is ignored, it is desirable and ethical to notify the Department of Motor Vehicles.
# Reporting Procedures

<table>
<thead>
<tr>
<th>Requirement</th>
<th>North Carolina</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandatory medical reporting</td>
<td>No</td>
</tr>
<tr>
<td>Physician/medical reporting</td>
<td>Physicians are encouraged to report unsafe drivers.</td>
</tr>
<tr>
<td>Immunity</td>
<td>Yes, North Carolina statutes protect the physician who reports an unsafe driver.</td>
</tr>
<tr>
<td>Legal protection</td>
<td>No</td>
</tr>
<tr>
<td>DMV follow-up</td>
<td>Driver is notified in writing of referral.</td>
</tr>
<tr>
<td>Other reporting</td>
<td>Will accept information from court, other DMVs, police, family members, and other resources, as long as they are signed.</td>
</tr>
<tr>
<td>Anonymity</td>
<td>No, however must request records in writing.</td>
</tr>
</tbody>
</table>

# Medical Advisory Board

<table>
<thead>
<tr>
<th>Role</th>
<th>Action is based on majority and/or opinion of specialist. Medical physicians review all medical information that is submitted to the DMV. If more information is necessary, can issue a request. Board decides what action should be taken. This action can be appealed.</th>
</tr>
</thead>
</table>
| Medical Review contact information | Medical Review Unit  
3112 Mall Service Center  
Raleigh, NC 27697  
Fax 919-733-9569 |
Winston Pain Institute
Department of Neurology-ALS Center

Date: _________________________

Name: _________________________

At your clinic visit on _________________________, the treatment team discussed concerns about your ability to drive and safely operate a motor vehicle due to your medical condition. At this time, we are instructing you to discontinue all driving immediately for your safety and for the safety of others until you complete and pass a formal driving evaluation, which includes an Occupational Therapy clinical assessment and a behind the wheel test done by a licensed driver instructor.

At your clinic visit, a recommendation was made for you to have a driving evaluation to determine your safety in operating a motor vehicle. Attached you will find information about scheduling an evaluation through our Occupational Therapy department and a prescription for the evaluation. Please contact their department at 336-716-8004 to schedule an appointment for this important evaluation. If you decide not to pursue the formal driving evaluation, you should discontinue all driving permanently.

If you have questions or need further information, please contact our clinic at 336-716-2309.

Sincerely,

MD _________________________ Occupational Therapist _________________________
Suggested 6 step protocol

Step 1  Identify at risk patient
Step 2  Is the patient driving?
Step 3  Assess for impairments in traffic skills
What is needed to drive?

- Vision
- Physical ability
- Reaction Time
- Memory & Concentration
- Divided Attention
Why Occupational Therapy?

- Occupational therapists are experts in addressing the essential and everyday activities of daily life.

- Specialty trained/certified OT’s provide driver evaluations, training, educational resources, and guidance to people who want to drive again after a significant health changing event.
Am I a Safe Driver?

Check the box if the statement applies to you.

☐ I get lost while driving.
☐ My friends or family members say they are worried about my driving.
☐ Other cars seem to appear from nowhere.
☐ I have trouble finding and reading signs in time to respond to them.
☐ Other drivers drive too fast.
☐ Other drivers often honk at me.
☐ Driving stresses me out.
☐ After driving, I feel tired.
☐ I feel sleepy when I drive.
☐ I have had more “near-misses” lately.
☐ Busy intersections bother me.
☐ Left-hand turns make me nervous.
☐ The glare from oncoming headlights bothers me.
☐ My medication makes me dizzy or drowsy.
☐ I have trouble turning the steering wheel.
☐ I have trouble pushing down the foot pedal.
☐ I have trouble looking over my shoulder when I back up.
☐ I have been stopped by the police for my driving.
☐ People no longer will accept rides from me.
☐ I have difficulty backing up.
☐ I have had accidents that were my fault in the past year.
☐ I am too cautious when driving.
☐ I sometimes forget to use my mirrors or signals.
☐ I sometimes forget to check for oncoming traffic.
☐ I have more trouble parking lately.

If you have checked any of the boxes, your safety may be at risk when you drive.

Talk to your doctor about ways to improve your safety when you drive.
Clinical Assessment

- Driving History
- Instrumental ADLs
- Physical Evaluation – How to Assess
  - Strength, ROM, reaction time, flexibility
- Vision – How to Assess
  - Acuity, visual fields, contrast sensitivity
- Cognition – How to Assess
  - Memory, attention, judgment, problem solving
"Now I would like to ask you some questions to check your memory and concentration: Some of them may be easy and some of them may be hard."

1. What year is it now?__________
   Correct (0) Incorrect (1)

2. What month is it now?__________
   Correct (0) Incorrect (1)

Please repeat this name and address after me:
John Brown, 42 Market Street, Chicago
John Brown, 42 Market Street, Chicago
John Brown, 42 Market Street, Chicago

(underline words repeated correctly in each trial)
Trials to learning________(can’t do in 3 trials = 0)

Good, now remember that name and address for a few minutes.

3. Without looking at your watch or clock, tell me about what time it is.
   (If response is vague, prompt for specific response)
   Correct (0) Incorrect (1)
   (within 1 hour) ________
   Actual time: ______________

4. Count aloud backwards from 20 to 1
   (Mark correctly sequenced numerals)
   0 1 2 Errors
   If subject starts counting forward or forgets the task, repeat instructions and score one error
   20 19 18 17 16 15 14 13 12 11
   10 9 8 7 6 5 4 3 2 1

5. Say the months of the year in reverse order.
   If the tester needs to prompt with the last name of the month of the year, one error should be scored
   (Mark correctly sequenced months)
   D N O S A J L J N M Y A P M R F J 0 1 2 Errors

6. Repeat the name and address I asked you to remember.
   (The thoroughfare term (Street) is not required)
   (John Brown, 42 Market Street, Chicago)
   0 1 2 3 4 5 Errors
   ________ ________ ________

Check correct items USE ATTACHED SCORING GRID & NORMS

---

Behind-the-Wheel Assessment

- Overall functional mobility
- Pre-driving checklist
- In-traffic assessment
- Varying traffic situations
- Light, moderate, heavy or high-speed
- Parking maneuvers
- Following directions
Recommendations

GOAL: To keep people on the road as long and as safely as possible.

- Treatment goals and plan
- Need for equipment and training
- Need for further rehab services
- Restrictions on driver’s license
- Cessation of driving
- Re-evaluation (progressive conditions)
Common driver license restrictions

• Daylight driving only
• No interstate driving
• 45 mph only
• 5 or 10 mile radius of home
• Supervised driving
• Off-peak hour driving only
Step 1  Identify at risk patient
Step 2  Is the patient driving?
Step 3  Assess for impairments in traffic skills

Step 4  Make team recommendations/referral
Step 5  Counsel about transportation alternatives
Step 6  (Worst case)  Report to DMV
Whose Job is it?