Emergency Medicine and Trauma Specialist's Quick Guide for Assessing and Counseling Older Drivers

The *Emergency Medicine and Trauma Specialist's Quick Guide for Assessing and Counseling Older Drivers* is based on the AGS's *Clinician's Guide to Assessing and Counseling Older Drivers* (bit.ly/AGSCliniciansDriversGuide).

This *Quick Guide* is the product of a cooperative agreement between the American Geriatrics Society (AGS) and the National Highway Traffic Safety Administration (NHTSA) and was developed in collaboration with the Eastern Association for the Surgery of Trauma (EAST).

THE OLDER ADULT DRIVER: AN OVERVIEW

I work in emergency medicine, not primary care. Why is this something I should look out for?

■ Adults 70 and older are 3.2 times more likely to die in a crash and about 1.5 times more likely to sustain a serious injury than adults under 70.

■ **Aging-related changes and/or disease contribute to crashes:**

- Driving requires a combination of **vision, cognitive, and motor** function.
- Crashes tend to be related to **critical errors of inattention or slowed speed of visual processing**, rather than inexperience or risky behaviors.
- Acute care providers have a unique opportunity to counsel older adults with conditions that affect safe driving, but who may have limited access to primary care or community follow-up.
- You can help prevent crashes by screening older drivers for risk, referring for comprehensive evaluation, recommending treatment and preventive health care measures, counseling older adults and caregivers, and helping older adult drivers to access alternative transportation resources.
- Early management may help older drivers stay on the road longer and maintain their independence.

What steps should I be taking?

(see *Plan for Older Drivers' Safety (PODS)* for more details)

■ **Screen** for red flags such as medical conditions, potentially driver-impairing medications, and recent adverse driving events or behaviors.

■ **Assess** driving-related functional skills in those older adults at increased risk of unsafe driving.

■ **Evaluate** and treat at-risk older drivers for medical conditions and other causes that may impair functional skills related to driving and intervene to:

- **Optimize** the treatment of underlying medical and functional contributors to driving impairment within the clinical team member's scope of practice or by referral to another clinical team member or medical subspecialist.
- **Counsel** patients about alternatives to driving if they will be unable to drive at the time of discharge or transfer from emergency services and refer to resources for transportation alternatives.
- **Consider suggesting follow-up referral** of older adult drivers with persistent deficits, when appropriate, to an occupational therapist (OT) or driving rehabilitation specialist (DRS) for assessment of IADLs including driving safety and cognitive assessment.

Screen

■ **Identify "red flags"**
- Medical conditions
- Medications
- Risky behaviors
  - Alcohol

■ **Adverse driving events**

■ **Incorporate caregivers if appropriate**

Assess

■ **Assess functional deficits**
- Visual
- Motor
- Cognitive

■ **Inpatient assessment as necessary**
- Social work
- Occupational therapy
- Physical therapy
- Speech language pathology

Evaluate and Treat

■ **Immediate plan**
- Continue driving
- Cessation of driving
  - Counseling and development of transporation plan

■ **Follow-up plan**
- Primary care provider
- Referrals (if needed)
  - Driving rehabilitation specialist
  - Occupational therapy
  - Physical therapy
  - Speech language pathologists
  - Neuropsychologists
  - Other medical specialists

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SCREENING: IS THERE INCREASED RISK OF UNSAFE DRIVING?

What are signs that an older adult may be at an increased risk of unsafe driving?

Risk Factor	Signs and Symptoms
Physical capabilities	■ Vision and/or hearing impairment (not seeing street signs or other road users, not hearing sirens) ■ Functional impairment, such as sensory loss or decreased range of motion (particularly ankle) with regard to use of gas or brake pedals ■ Decreased ability to turn the head or neck to fully visualize an area ■ Slowed response to visual or auditory cues
Cognitive ability	■ Decreased short-term memory, distractibility, confusion over names/dates ■ Decreased or impaired way-finding (e.g., getting lost) ■ Inability to learn new information quickly or recognize unsafe situations ■ Difficulty with instrumental activities of daily living (e.g., poor outpatient follow-up with primary care provider or specialty providers, trouble paying bills)
Medical and Social History	■ History of traffic violations, citations, warnings, or minor crashes ■ Taking multiple medications and/or being discharged with new medications that may impact driving or lead to adverse events ■ Acute change in health ■ Recent hospital admission prior to the ED visit

ASSESSMENT TOOLS

What tools are available to providers and patients to assess driving skills?

■ The functional abilities important for safe driving are: **vision, cognitive,** and **motor skills**.

Selected Clinical Assessment of Driving Related Skills (CADReS) Tools	
Vision	■ Visual acuity (Snellen eye chart)* ■ Visual fields (confrontation testing) ■ Contrast sensitivity (Pelli-Robson chart)
Cognitive	■ Montreal Cognitive Assessment (MoCA)* ■ Trails A & B* ■ Clock-Drawing Test ■ Maze test*
Motor/Sensory	■ Rapid Pace Walk ■ Get Up and Go ■ Functional range of motion testing

*Please see the *Clinician's Guide to Assessing and Counseling Older Drivers* for full instruments. (bit.ly/AGSCliniciansDriversGuide)

TREAT & COUNSEL THE OLDER ADULT DRIVER

Initial recommendations should be implemented immediately if you are concerned that a patient may have a condition that impacts driving.

■ If appropriate, recommend temporary or permanent driving cessation until additional information is gathered or the clinical situation is resolved.

■ Consider suggesting referral for an IADL assessment by occupational therapy to help determine risk.

■ Advise the older adult and/or caregivers to establish a plan for transportation other than driving their car during the recovery process and, as appropriate, work toward regaining the older driver's ability to drive. This should be documented in the discharge instructions.

■ Consider the following:

- Treatment of a medical condition and/or functional deficit to improve the condition/impairment or limit progression to allow eventual safe driving.
- If a functional deficit is due to an identifiable agent (e.g., medication with potential driver-impairing effects), remove the offending agent or reduce the dose.

■ Driving cessation can have severe emotional and practical implications because driving is closely related to independence. Patients may have a difficult time adjusting. Use multidisciplinary teams, including social workers and case managers, to provide supportive counseling to older adults and caregivers, as well as to assist in locating and coordinating community services and transportation.

■ If no social worker is available, consider contacting the National Association of Social Workers Register of Clinical Social Workers (http://www.helpstartshere.org/helpstart-shere/?page_id=3677), the Area Agency on Aging (https://www.n4a.org/), or the Alzheimer's Association (https://www.alz.org/) as resources. If you are concerned that an older adult may be isolated or maltreated, contact your local Adult Protective Services agency.

■ Include driving recommendations in the discharge summary that goes to the rehabilitation/subacute setting, the primary care provider, and family/caregivers.

What referrals can be provided to a patient at discharge for further driving safety assessment?

■ Local resources vary and include: occupational therapists, speech-language pathologists, neuropsychologists, driving rehabilitation specialists, or other medical specialists.

■ Driver rehabilitation is a multidisciplinary field. If you are looking to see if a patient is medically at risk for driving, evaluation should be done by a person with medical training.

- An occupational therapist (OT) can perform an IADL assessment and recommend if a formal driving evaluation or training by a driver rehabilitation specialist is warranted.
- **A driver rehabilitation specialist** (DRS) with an occupational therapy degree or another allied health profession, is best qualified to make a fitness-to-drive decision when an at-risk older adult has functional impairments impacting visual, or cognitive abilities.
- DRS's without a medical background may be effective when assisting older drivers with only physical impairments who may benefit from vehicle adaptation and training.

ETHICAL AND LEGAL ISSUES

■ Laws, regulations, and policies vary not only by state but also by local jurisdiction and are subject to change. It is important to know and comply with these requirements to avoid being subject to a third-party lawsuit. Seek legal advice on specific issues or questions.

■ As of 2019, some states (CA, DE, NJ, NV, OR, PA) have mandatory reporting requirements that may give rise to liability for failure to report. Other states have voluntary reporting processes. A few have no reporting requirements. Seek legal advice about these requirements.

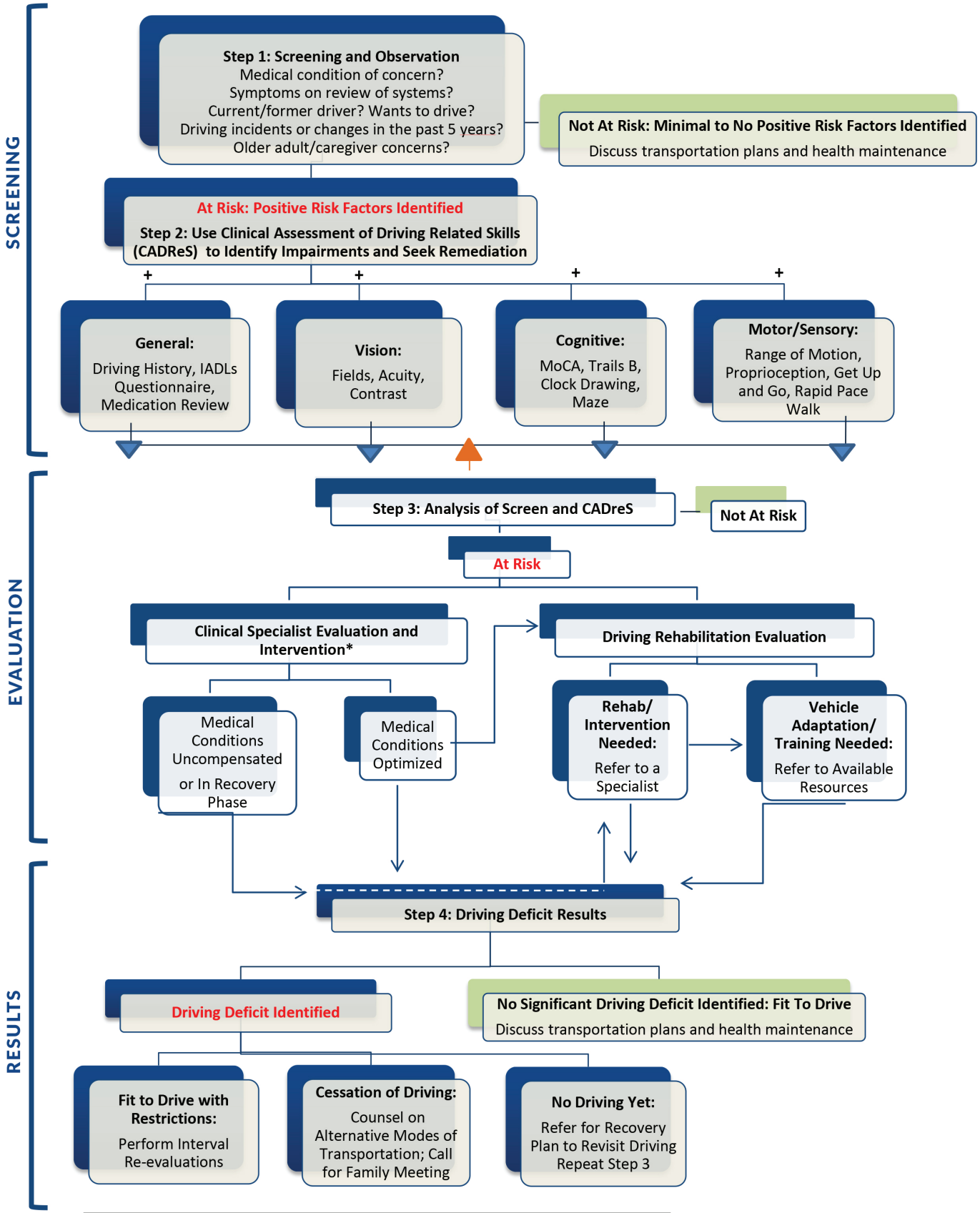
■ The ethical responsibilities to maintain patient confidentiality and to protect public safety apply to all healthcare professionals, not only physicians.

■ Patient permission should be obtained before contacting caregivers, and this should be documented in the patient's health record. If the patient maintains decisional capacity and denies permission, their wishes must be respected.

■ In states with mandatory reporting requirements or voluntary reporting processes, clinician-patient privilege should not preclude the clinician from reporting the patient to the state licensing agency.

■ Document the effort to assess and maintain the patient's safety and that of the public in their chart. In the event of a patient or third-party crash injury, good documentation may be a protection from civil liability.

Plan for Older Drivers' Safety (PODS)



IADLs Instrumental Activities of Daily Living
MoCA Montreal Cognitive Assessment
▲ Pathway step may be repeated if progressive assessment necessary
* Clinical specialists may include medicine, nursing, pharmacy, social work, occupational or physical therapy, psychology and others, depending on the clinical setting
---- Time Lapse