

Assessing a driver

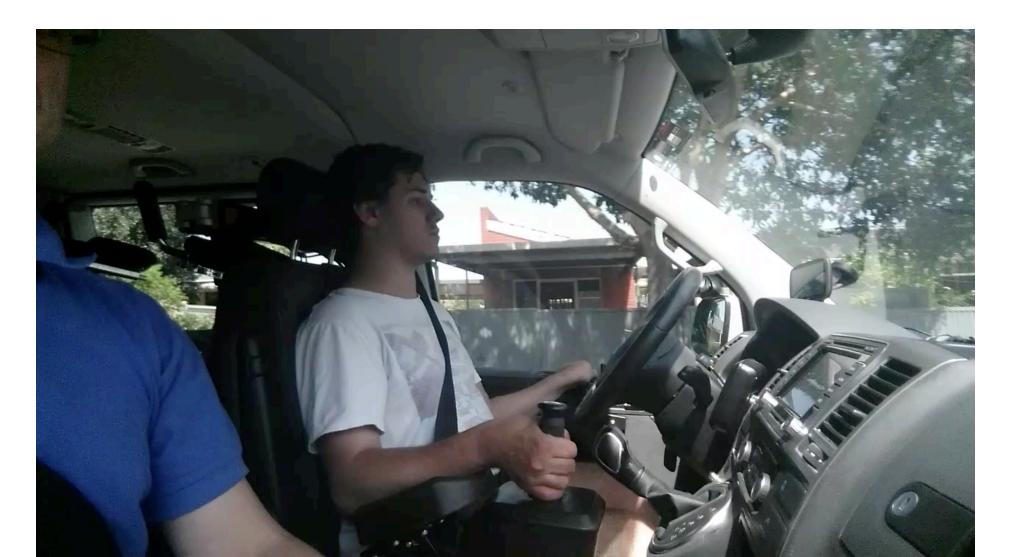
Presented by

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Director and primary therapist

Williams Occupational Therapy

Introduction



Training Outline



I want to hear from you:



Hmmm..... (Split into three groups and discuss)

- How did you get here this morning?
 - Did you have to think about it?
 - Did you have to think about how your were feeling or how your symptoms were affecting you?
 - What symptoms did you need to consider that might impact on driving to help get you here this morning?
- Group A: Schizophrenia
- Group B: Bipolar experiencing a manic episode
- Group C: Anxiety disorder (PTSD)

Surprise

Our meeting has now been moved and is now at the Convention Center on North Terrace?

- We are restarting in 30 minutes from now. See you there
- What would you have to do to organize your way there?
- What about your client groups, what impact would this have?



- I want to hear from you:
 - •What have you learnt so far?
 - •What has this done to your thought processes as a health professional?



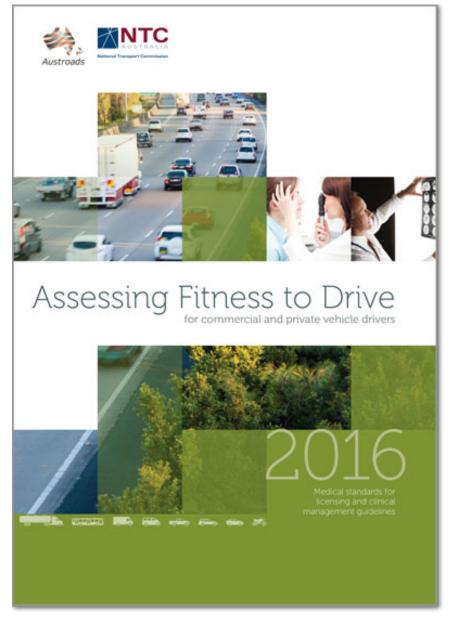
Benefit to you

- Motor Vehicles Act 1959...mandatory reporting in SA (www.austlii.edu.au)
 - Medical practitioners, physiotherapists and eye specialists are obliged to notify the registrar at Driver Licencing Authority in writing of any illness or injury that may impair a patient's driving ability, within a reasonable time after the occurrence of the illness/injury

 Medical / Vision assessment: >70yo annually if you have a recorded medical condition

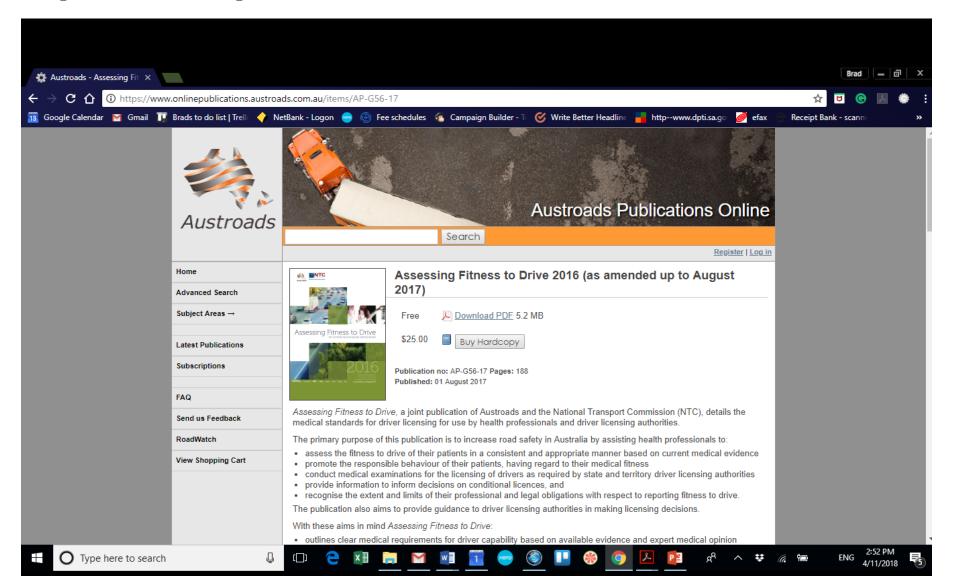
People will sent a self assessment annually from aged 75 years to prompt the need to see a Doctor

• Road test: >85yo annually

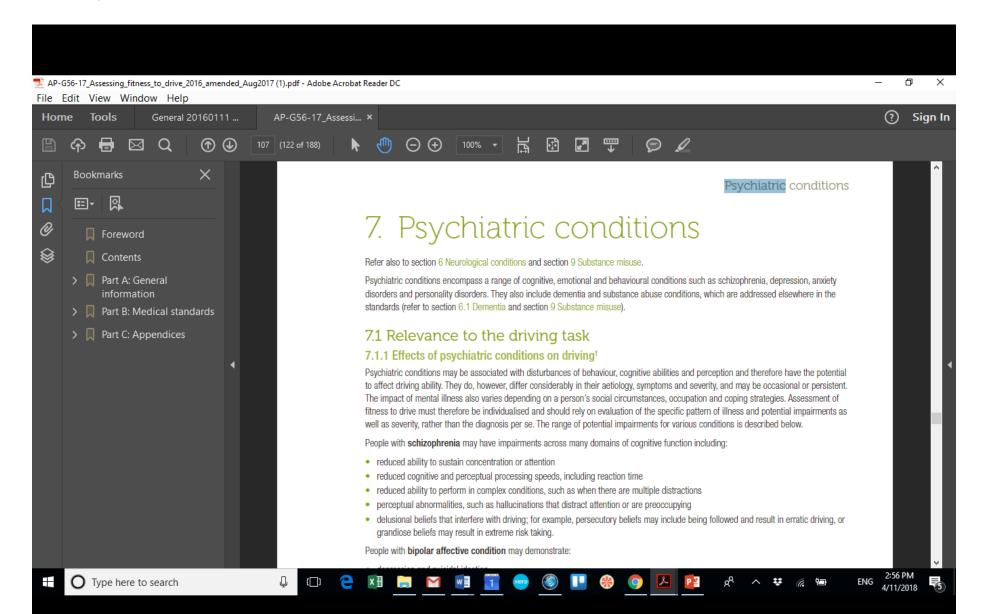


Austroads – medical guidelines

https://www.onlinepublications.austroads.com.au/items/AP-G56-17



Psychiatric conditions — part B section 7, pg 107



- I want to hear from you:
- Who has seen this before?

- Who has ever referenced it before?
- What was helpful about reviewing this?



Guess what.....

Now there might be an even better tool to help

SASKATCHEWAN PSYCHIATRIC OCCUPATIONAL THERAPY DRIVING SCREEN (SPOT-DS)

Write this down.....

• http://ssot.sk.ca/+pub/Resources%20and%20Links/SPOT-DS%202016.pdf

www.williamsot.com

Should we take a look?

Use with Caution

"Occupational Therapists are experts in the relationship between occupation, health, and well-being." Internationally, Occupational Therapists have been identified as being the ideal health professional to screen and assess driving ability. 2,8,24,35 The SPOT-DS was developed by Occupational Therapists for Occupational Therapists. The clinical judgment of an OT is important to be able to accurately score and comment on the functional abilities of an individual in each category. These are guidelines, however, and the clinical reasoning of the assessing therapist is imperative.

The SPOT-DS has been developed to be administered by an OT driving generalist.^{27,39} A thorough driving assessment (by an OT driving advanced specialist) needs to follow if there are identified areas of functional concern on the screen.^{27,39}

Bédard & Dickerson (2014) have outlined a number of consensus statements about the use of screening tools when determining driving fitness. The following are of particular relevance to the use of the SPOT-DS:

- In the hands of a general practice occupational therapist, results from screening/assessment tools serve as criteria for referral and action. In the hands of the driver rehabilitation specialist, the same tools can contribute to a decision for fitness-to-drive.
- Processes should be followed for occupational therapy generalists to start the driving discussions with sufficient clinically related evidence.
- · Occupational therapy generalists should consider the multi-factorial nature of someone's condition and potential for improvement.

The SPOT-DS has been developed for use with the mental health population, including clients with psychotic, affective, anxiety, and/or personality disorders.

Category	Considerations	Green	Amber	Red
Cognition/ Perception	insight attention decision making mental flexibility memory judgment problem solving planning initiation visual perception	functional/ adequate	limited	dysfunctional/ inadequate
Physical/ Sensation	vision hearing range of motion strength coordination endurance psychomotor retardation	functional/ adequate	limited	dysfunctional/ inadequate
Psychosocial	driving habits/history collateral report substance use aggressive behaviours	minimally impacts functional abilities	somewhat impacts functional abilities	significantly impacts functional abilities
Medications	*See Medication Reference Guide*	little to no effect on driving abilities	moderate effect on driving abilities	significant effect on driving abilities
Other	ECT acute psychosis undue preoccupations compliance to medications hallucinations fluctuating mood suicidal/homicidal ideation	minimally impacts functional abilities	somewhat impacts functional abilities	significantly impacts functional abilities

History of Presenting Illness, Past Psychiatric/MedicalHistory, Current Treatment Plan: Mr. Green presents with a 6 month history of depression. He was admitted to hospital with a suicide attempt by hanging after increased stresses at home. He has a poor support system at present.

CATEGORY Considerations	ASSESSMENT Screen Completion Guidelines: Comment on relevant considerations in each category. Score each category based on clinical judgment.	SCORE
COGNITION/ PERCEPTION Insight, attention, decision making, mental flexibility, memory, judgment, problem solving, planning, initiation, visual perception	Planning, mental flexibility, and problem solving are fair. There has been a significant improvement noted by family members since admission. Good insight demonstrated as he voiced concern about potential safety issues pertaining to night driving and poor vision. MoCA and Trails A/B scores are within normal limits. Include observations, informal assessments and/or standardized assessments.	
2. PHYSICAL/ SENSATION Vision, hearing, ROM, strength, coordination, endurance, psychomotor retardation	Mr. Green had laser eye surgery completed approximately 2 years ago, resulting in limited night vision. He already reports a driving restriction after dark. He reports that since the surgery, he has not driven at night. He demonstrates functional strength, range of motion, and sensation.	
PSYCHOSOCIAL Driving habits/history, collateral/family/friend report, substance use, aggressive behaviours	Mr. Green is a life long non drinker. He has no history of aggressive behaviours. He and his family report he has had no accidents.	
MEDICATIONS *See reverse for recommendations. For guideline use only.	He started Celexa 6 months ago after going to his GP with depressive symptoms. His dose has been increased and adjusted on admission. No other medication changes at this time. Impact of medications discussed with pharmacist or psychiatrist	
5. OTHER ECT, scute psychosis, undue preoccupations, compliance to medications, hallucinations, fluctuating mood, suicidal/homicidal ideation	He has been compliant with his regular medications. He has no history of ECT, no hallucinations or delusions. His suicidal ideation has been minimized since admission with the addition of supports and coping strategies.	
COMMENTS	Mr. Green has been working on identification of warning signs and developing coping skills during his admission. His emotional status has improved during the admission.	TOTALS

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COMMENTS	Mr. Green has been working on identification of warning signs and developing coping skills during his admission. His emotional status has improved during the admission.		TOTALS 300
RESULTS	✓ A. No concern present (56 GREEN)	□ B. Mild concern present (1-2 AMBER) □ C. Moderate concern present (3-5 AMBER) □ D. Significant concern present (1-5 RED)	KEY INDICATES CONCERN IN CATEGORY
RECOMMENDATION	✓ A. Continue driving Repeat screen may be indicated if functional status changes.	 □ B. Re-screen after further stabilization □ C. Refer for specialized driving assessment □ D. Unsafe to drive 	G = GREEN = NONE A = AMBER = MODERATE R = RED = SIGNIFICANT
NOTES	restriction for safety purposes was	reviewed with Mr. Green and the need to continue to a emphasized. Mr. Green demonstrated good insight reg i. There are no additional restrictions recommended at thickent	arding

History of Presenting Illness, Past Psychiatric/MedicalHistory, Current Treatment Plan: Ms. Screen presents with a long history of Bipolar Affective Disorder (BPAD) and is currently in a manic phase. She is undergoing an adjustment of medications during this hospital admission. The plan is to discharge her home at the end of next week.

CATEGORY Considerations	ASSESSMENT Screen Completion Guidelines: Comment on relevant considerations in each category. Score each category based on clinical judgment.	SCORE
COGNITION/ PERCEPTION Insight, attention, decision making, mental flexibility, memory, judgment, problem solving, planning, initiation, visual perception	Ms. Screen demonstrated poor insight, decision making, and judgment prior to admission by spending large amounts of money frivolously while on a very limited income. Erratic and impulsive behaviours have continued while on the unit (ie: buying herself and other patients on the unit elaborate gifts and stuffed animals from the hospital gift shop). Limited attention was noted during the assessment. Include observations, informal assessments and/or standardized assessments.	
2. PHYSICAL/ SENSATION Vision, hearing, ROM, strength, coordination, endurance, psychomotor retardation	Ms. Screen demonstrates functional physical and sensory skills. No concerns.	
3. PSYCHOSOCIAL Driving habits/history, collateral/family/friend report, substance use, aggressive behaviours	Ms. Screen drives her own vehicle regularly. She has no family or friend support. She reports occasional alcohol use. She has no history of collisions.	
MEDICATIONS See reverse for recommendations. For guideline use only.	She has been restarted on Lithium during her admission. The length of time she has not been on medication is unknown. Impact of medications discussed with pharmacist or psychiatrist	
5. OTHER ECT, acute psychosis, undue preoccupations, compliance to medications, hallucinations, fluctuating mood, suicidal/homicidal ideation	Ms. Screen has a history of poor compliance to medications, which was a contributing factor to this admission.	
COMMENTS	Ms. Screen is a pleasant, talkative woman. She was agreeable to the assessment.	TOTALS

(01 01-00)

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OTHER ECT, acute psychosis, undue preoccupations, compliance to medications, hallucinations, fluctuating mood, suicidal/homicidal ideation	Ms. Screen has a history of poor compliance to medications, which was a contributing factor to this admission.		G●R
COMMENTS	Ms. Screen is a pleasant, talkative woman. She was agreeable to the assessment.		TOTALS 22/
RESULTS	☐ A. No concern present (se green)	C. Moderate concern present (3-5 AMBER) ✓ D. Significant concern present (1-5 RED)	CEY NDICATES CONCERN IN CATEGORY
RECOMMENDATION	A. Continue driving Repeat screen may be indicated if functional status changes.	✓ B. Re-screen after further stabilization ☐ C. Refer for specialized driving assessment ✓ D. Unsafe to drive	G = GREEN = NONE A = AMBER = MODERATE R = RED = GIGNIFICANT
NOTES	Currently Ms. Screen is unsafe to drive due to significant cognitive and behavioural decline. Re-screening is recommended prior to discharge after her mood stabilizes further. #Results/recommendations discussed with client		

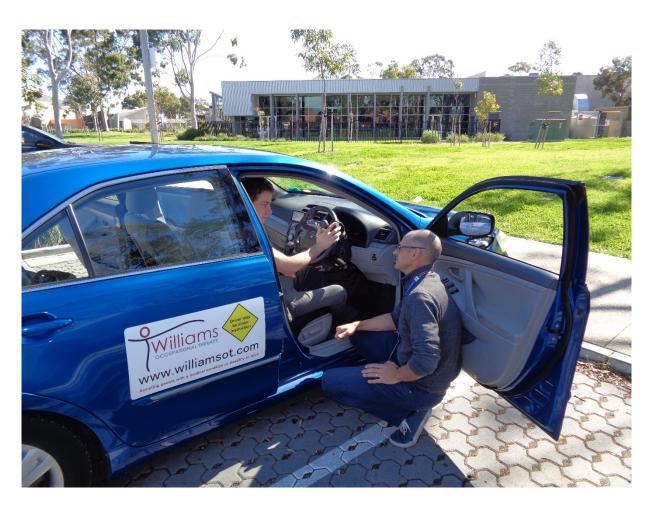


- •I want to hear from you:
- Who has seen this before?

• Who has ever referenced it before?

- What was helpful about reviewing this?
- Will you use it?

Where do we fit in?



Benefit to you

- Health professionals are put into a difficult situation:
 - Evaluation of public safety risk (risk to the driver & other road users)
 - Balanced against maintenance of independence & risk to the individual
 - Different criteria for manoeuvring different vehicles (e.g. light vs heavy), with considerations given to different environmental factors (e.g. night vs day)
 - You need to stay abreast of what might help the patient regain their licence
 - The Williams OT team will do this for you

Williams OT see patients with....

• Anything that impacts on:

- Physical ability
- Vision
- Cognition

What is involved in an assessment?

- We want to be able to speak to your patients and put them at ease
- We are your solution, but the solution is not quick
- We take our task seriously
 - Thorough background
 - Need for driving
 - Screening of vision, physical ability and cognition for driving
 - On road assessment to look at dangers from the pre-drive assessment
- It is a 2-3 hour assessment with the client.
- There is 1-2 hours of coordination
- And a comprehensive report to assist you determine medical fitness to drive.

But why us?

- Many OTs offer this as another service they do part time
- DPTI it's free and it is 20 minutes of driving around a set course
- Repat at Flinders driver clinic small fee but a long wait list, and no follow through with rehab. Assessment only.
- We have dedicated our business to Driver Rehabilitation.
 - Our OTs are required to complete professional development in the area of driving
 - Our OTs are trained or training to become driving instructors
 - We have a driving instructor that specialize in medical conditions
 - We have a vehicle that has the most modifications to trial and train with
 - We install modifications
 - We get better outcomes for clients than any other driver assessment service.
 - More solutions
 - Quicker
 - More qualified

Really – why us?

- We will take care of your patient
- We are an all in one service
- We will keep you fully informed
- We will follow up you client into the future
- We go everywhere

 We are the best in this area and we have worked extremely hard to get here



How we need you to be involved

- Use the screening tool and then Refer
 - Medical clearance to do an assessment
 - A medical summary
 - Specialist reports if appropriate
 - Contact details
- During the assessment
 - Change of medical fitness to drive
 - Requesting for a temporary licence
- After the assessment
 - Change of licence details
 - Temporary licence for driving
 - Review of ongoing medical fitness to drive.



Summary

- Benefits to you
 - We are there to help you with a difficult situation
- Medical conditions we see
 - Any condition that impacts on the physical, visual and cognitive elements of driving
- What is involved in an assessment
 - Pre-drive assessment and on road assessment
 - Report and liaison with key stakeholders
- How we need you to be involved
 - Referral with a statement of medical fitness to drive for assessment and medical summary
 - Be available to action elements of the assessment outcomes
- What happens after an assessment
 - We will keep you informed of progress and outcomes
 - We may ask you for further input to progress with a licence

Questions



Lets Play

Resources:

http://www.austroads.com.au/drivers-vehicles/assessing-fitness-to-drive

http://ssot.sk.ca/+pub/Resources%20and%20Links/SPOT-DS%202016.pdf

http://journals.sagepub.com/doi/suppl/10.1177/0308022617752065

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