



May 12, 2016

**Preliminary Summary of Data from Driving & Dementia Survey:
Social Workers**

Prepared for Nevada Task Force on Alzheimer's Disease - Driving Subcommittee by
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This preliminary summary includes data from 12 completed surveys received before May 12, 2016. An update will be provided as additional surveys arrive.

1) How many cases have you had over the past year in which an older adult had dementia/cognitive impairment or suspected dementia/cognitive impairment?

Range: 0-100
Average: 50

- a. Among the cases you reported in #1, for how many was driving safety a concern during the case?

Range: 0-50
Average: 15

2) Among the cases you reported #1a, for how many did you:

- a. Refer to a primary care physician?
 - i. Range: 0-30
 - ii. Average: 4
- b. Make a report of concern to the Department of Motor Vehicles (DMV)?
 - i. Range: 0-3
 - ii. Average: 0.33
- c. Work with the family to coordinate transportation?
 - i. Range: 0-50
 - ii. Average: 8
- d. Refer to RTC Access bus service?
 - i. Range: 0-50
 - ii. Average: 10

- e. Refer to Lend-A-Hand, Visiting Angels, or another agency that provides transportation?
 - i. Range: 0-30
 - ii. Average: 5

3) Do you have any recommendations for improving how your agency or other agencies in Nevada (DMV, law enforcement, health care providers, etc.) address concerns regarding the driving safety of older adults with dementia?

DMV has been very effective; training in law enforcement as it relates to dementia related driving has improved but has a long way to go in identifying the demented older drivers. PCP & medical doctors are less likely to report or submit a referral to DMV; rather, asking the patient or “suggesting” they give up driving to avoid being in adversarial position. To be fair, the older adult can often “cover” their cognitive impairment during brief consultations w/ their medical provider.
I believe there should be follow up with the PCP when a license is revoked. That way if a client drives to their PCP and they are not supposed to they can be talked to or stopped at that moment from driving. Unless law enforcement sees a person driving whose license has been revoked there are limited options for them to stop/prevent those from driving. Communication between the DMV and PCP are essential. PCP are a gateway to identifying problematic drivers. Some PCP are reluctant to do DMV referrals and feel that just by telling a demented person to stop driving that will solve the issue. Our agency needs to continue to communicate to PCP when there is concern as well.
No recommendations necessarily, but there is a major need for access to transportation. There never seems to be enough options for transportation and more funding may assist with that in each county. Easier said than done.
Primary care physician to be more involved, and refer patient and/or family/POA to proper agencies to reevaluate the concern. To allow all support systems to participate in the development of the plan of care to empower client to be more proactive in safe decision making. To help client come up with a course of action to the issue.
PCP sent recommendations to the DMV regarding cognition and ability to drive safely.
Stay close to home, have a PERS or cell phone available for assistance.
I don't know what the DMV criteria is now.
Once you hit 70, you need to be reapproved by your primary every year.
A list of agencies that provide transportation services. More funding or programs to provide transportation to senior, especially in rural NV.

4) How confident do you feel in addressing concerns about impaired driving in persons with dementia? Have you found that there is a clear course of action you can initiate when you have concerns about the driving safety of an older adult with dementia?

Yes, the drivers' license review within DMV in Carson has been very effective in notifying the older person to obtain medical clearance, usually prompting further evaluation cognitively and physically. The older adult also has an opportunity to enroll with AARP to improve or obtain driver's license back if there is not a cognitive issue.
Yes, but can be a delayed process.

<p>In the past DMV will only rely on a physician's statement- some clients do not have a PCP and it is unknown if the DMV followed up on referrals that do not come from a physician. Social workers are instructed to make a DMV referral even if we don't know the outcome of the referral. If family, neighbors are involved if we have permission to speak with them we will try to work on alternative transportation solutions. Many clients still drive although their license has been revoked or the PCP recommends no more driving.</p>
<p>When there are concerns about a client's driving, we speak to the client about the concerns as well as the family, if there is any. We can also speak with the client's physician about the concerns to have the client evaluated at their next appointment. We can also suggest that the client's family fill out a DMV referral form.</p>
<p>I feel pretty confident about addressing driving concerns. We had a training about cognitive impairment/driving concerns.</p>
<p>I would work with the family to address concerns.</p>
<p>Refer client and/or client's family to contact Adaptive Driving Rehab to further assist with concern at hand.</p>
<p>There is not a clear course of action I'm aware of. Most of my client's families have taken care of the issue prior to a client's application for services. I haven't had to initiate that conversation before.</p>
<p>I would refer them to the DMV or their PCP for driving recommendations.</p>
<p>Not that confident. The loss of driving independence is difficult for many. Yes, if family is involved, I encourage them to "make the call" and back their decision.</p>
<p>For clients of mine who still drive, I've always told them that their need to feel "independent" is not as important as the general public's safety. I am always honest with my clients and in the past, have let several know they shouldn't be driving. If they have family involved you can always talk to them about why the client shouldn't be driving but if they live alone, there is no clear course of action except for turning in to the DMV.</p>
<p>I feel very confident. I would complete a request for re-evaluation/examination with the DMV, and discuss the situation with the older adult and family if possible.</p>