



Oregon Department of Transportation

SAFE DRIVING As we age



Presenter:
Kris Kyes
Medical
Program
Coordinator
Oregon
Department of
Transportation
- DMV





DMV'S Mission

- Promote safety for all who travel or otherwise use the public highways.
- Preserve the independence, dignity, and self-esteem that result from providing one's own mobility, so long as it is possible to do so without risk to oneself or to others.





Questions

What are the signs someone may no longer be safe to drive?

How does DMV receive information on unsafe drivers?

What options are there for those who can no longer drive themselves?





Warning Signs

- When things that happen to all of us.....start happening more

Where did I park?

Is that a new dent?

Where did that car come from?

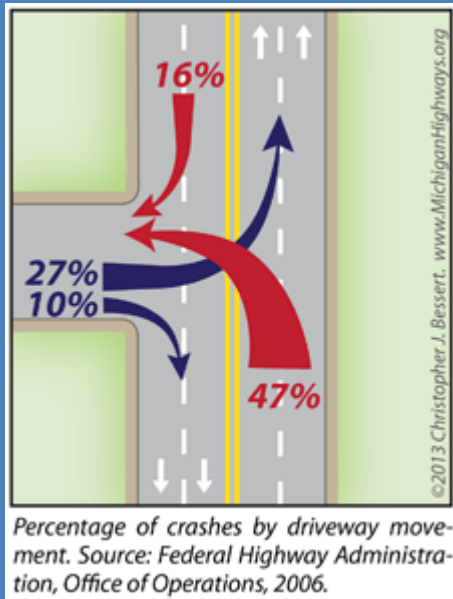
Am I safe?



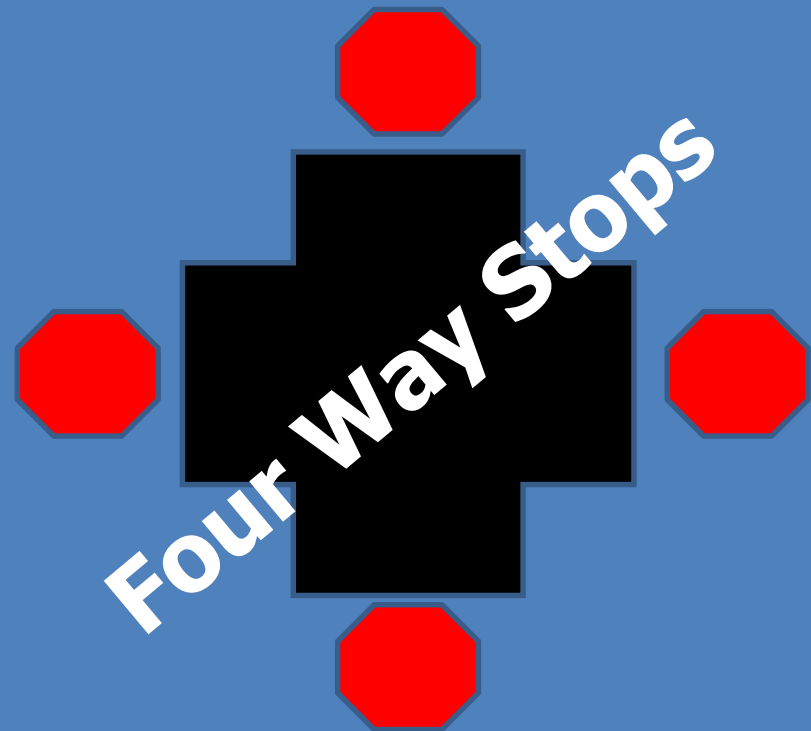


Warning Signs

Trouble making turns



Confused by traffic control



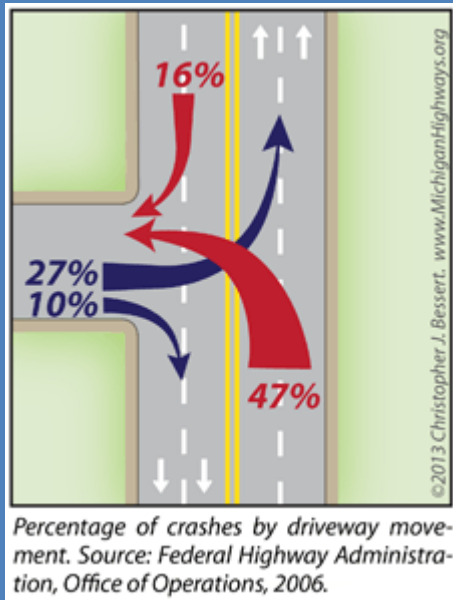
Especially left turns





Warning Signs

Trouble making turns



Confused by traffic control

Especially left turns



Highway interchange

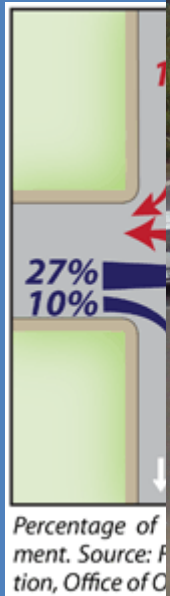




Oregon Department of Transportation

W

Trou



Esp



Roundabouts!

Control



Change



Warning Signs

Stop at green
light or brake
inappropriately



Find other drivers
honk their horns at
you





Warning Signs (continued)

- Difficulty making sound judgments, such as unsafe passing

Have thought or been told that you should not drive





Self-Regulation

- “A complex process that cannot be defined simply by the reported driving modifications made by drivers.”
- “Shows promise as a means by which older adults can continue to drive at some level without having to stop altogether.”

(Molnar, et al, 2013)





Self-Regulation

- Many adults compensate for decreased physical functioning
 - Reducing the amount of driving, both number of trips and places
 - Not driving at night
 - Avoiding "high risk" trips
 - Avoiding rush hour and freeway driving
 - Driving only on familiar routes





Warning Signs - Medical

- Major life change/stressor
- Forgetfulness, agitation, confusion, disorientation
- Loss of coordination and joint stiffness
- Loss of feeling in extremities





Warning Signs - Medical

- Trouble walking, swallowing, hearing
- Dizziness when changing positions (tripping/falling)
- Shortness of breath and general fatigue
- Difficulty following/responding to verbal instructions
- Polypharmacy





Skills Necessary for Safe Driving

Attention	Visuospatial abilities	Strength
Judgment & Problem Solving	Memory	Peripheral Sensation
Reaction Time	Prevention of Loss of consciousness or control	Flexibility
Planning & Sequencing	Visual acuity	Motor Planning
Impulsivity	Field of vision	Coordination





Conditions Associated with Driving Risk

Conditions	Example
Polypharmacy	Anticholinergics, some antidepressants, anti-convulsants, sedatives-narcotics
Cardiovascular disease	Cardiac syncope, heart failure
Neurological disease	Parkinsons, dementia, seizures
Psychiatric disease	Depression, substance abuse
Metabolic disorders	Diabetes
Visual disease	Cataracts, macular degeneration
Respiratory disease	COPD, sleep apnea
Musculoskeletal disease	Arthritis





DMV's At-Risk Program

Designed to identify drivers
of any age who may no
longer be safe





Medical Conditions May Impair Driving Ability

ORS 807.060

A person the department reasonably believes has a mental or physical condition or impairment that affects the person's ability to safely operate a motor vehicle upon the highways is not eligible for a license.





DMV's At-Risk Program

- Mandatory Reporting
- Voluntary Reporting
- Self-Reporting
- DMV Vision Screening
- Voluntary Request for Retesting





Mandatory Reporting

What *MUST* be reported?

Designated physicians or
health care providers

Severe and Uncontrollable

And affects the person's ability
to safely operate a motor
vehicle






Mandatory Reporting

- WHO: Primary care provider
- WHAT: Severe and uncontrollable functional and/or cognitive impairments
- HOW: DMV Mandatory Impairment Referral





Mandatory Reporting Form

 <small>DEPARTMENT OF TRANSPORTATION DRIVER AND MOTOR VEHICLE SERVICES 1605 LANA AVE NE, SALEM OREGON 97314</small>		MANDATORY IMPAIRMENT REFERRAL (OAR CHAPTER 735 DIVISION 74)			Reset Form	
THE MEDICAL INFORMATION IN THIS REPORT IS CONFIDENTIAL AND WILL BE USED BY THE DRIVER AND MOTOR VEHICLE SERVICES (DMV) ONLY TO DETERMINE THE QUALIFICATIONS OF THE PERSON TO OPERATE MOTOR						
LAST NAME (PLEASE PRINT)		FIRST NAME		MIDDLE NAME	SEX	ODL / CUSTOMER NUMBER DATE OF BIRTH
RESIDENCE ADDRESS		CITY		STATE	ZIP CODE	COUNTY
The underlying medical condition or diagnosis is: <input type="text"/>						
IMPAIRMENT(S) IS: <input type="checkbox"/> CHRONIC <input type="checkbox"/> PROGRESSIVE DATE OF MOST RECENT EXAM: <input type="text"/>						
<p>The patient named above is over 14 years of age and has the impairment(s) checked or described below. The impairment(s) is documented as severe and uncontrollable and not correctable by medication, therapy and/or surgery, driving device and/or techniques. Submission of this form may result in an immediate suspension of the patient's driving privileges.</p>						

Statute requires mandatory reports must be received on this form.





Mandatory Reporting Form

Checking one or more of the boxes below indicates that the above referenced patient has one or more severe and uncontrollable functional and/or cognitive impairments listed on the reverse side unless otherwise described below.

FUNCTIONAL IMPAIRMENTS: (Check all that apply.)

- ☐ **VISUAL ACUITY and/or FIELD OF VISION**
Patient is unable to meet the state vision standards listed below, even with correction:
- Acuity must be no worse than 20/70 in the best eye
 - Horizontal field of vision of 110 degrees or greater (includes temporal and nasal vision of persons with usable vision in only one eye)

- ☐ **STRENGTH**
☐ **PERIPHERAL SENSATION**
☐ **FLEXIBILITY**
☐ **MOTOR PLANNING & COORDINATION**
☐ **OTHER (describe):** _____

COGNITIVE IMPAIRMENTS: (Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> ATTENTION | <input type="checkbox"/> IMPULSIVITY |
| <input type="checkbox"/> JUDGMENT & PROBLEM SOLVING | <input type="checkbox"/> VISUOSPATIAL |
| <input type="checkbox"/> REACTION TIME | <input type="checkbox"/> MEMORY |
| <input type="checkbox"/> PLANNING & SEQUENCING | <input type="checkbox"/> OTHER: _____ |

- ☐ **LOSS OF CONSCIOUSNESS OR CONTROL**
- ☐ Single recent episode:
☐ Multiple recent episodes:
- Date of Last Episode: _____
- Medication to prevent recurrence: _____

Describe how the patient is affected by the impairment(s) checked above. Please provide any information relevant to the patient's

Indicate categories but include narrative as well, DMV may contact you for additional information





Mandatory Reporting Form

Describe how the patient is affected by the impairment(s) checked above. Please provide any information relevant to the patient's ability to safely operate a motor vehicle. Relevant information includes but is not limited to: chart notes; pertinent test results; prescription or OTC medications that may interfere with safe driving behaviors; problem drug, alcohol, or inhalant use; or other factors that may contribute to the impairment.

Explain how the impairments effect the individual. Include specific concerns about driving, attach case notes, test scores, medication lists, etc.





Liability

Oregon Revised Statutes (ORS 807.710)

"If a designated physician or healthcare provider makes a report to the department in good faith, that person shall be immune from civil liability that might otherwise result from making the report. If a designated physician or healthcare provider does not make a report, that person shall be immune from civil liability that might otherwise result from not making a report."





Outcomes

Approximately **2000** reports each year
(Approximately 3 million licensed drivers)

Age of person reported ranges from 15 – 95

Most frequently reported

Consequences

Source of reports





Voluntary Reporting

- WHO: Anyone from Medical professionals to friends
- WHAT: Conditions, diagnosis, observed driving
- HOW: Driver Evaluation Request





Outcomes

Approximately 3000 reports each year

Age of person reported ranges from 16 – 98

Consequences

Source of reports





What happens next

If testing is required

If medical certification is
required

Immediate suspension





Confidentiality of Reporters

All written documentation, including the name of the reporter, will be kept confidential and not released to any person unless:

- The report was submitted by a police officer or judge acting within the scope of his/her official duties;
- DMV determines the documentation must be released pursuant to the Public Records Law, ORS 192.410 to 192.505 or the Attorney General or a court orders disclosure in accordance with the Public Records Law; or
- DMV determines the documentation to be necessary evidence in an administrative proceeding involving the suspension or cancellation of the person's driving privileges or right to apply for driving privileges.





How to Prepare

Self-regulate

Assess skills

Consider a “retirement plan” for driving

Know your transportation options

Involve others





Resources

- Self-test and self regulate
- AARP Smart Driver course
- AAA Roadwise Review –
SeniorDrivingAAA.com
 - Self-rating tool
 - Interactive Driving Evaluation
 - Information on Driving Skills Assessments & Clinical Assessment
 - Roadwise Rx – medications that affect driving
- [Professional lessons](#)
- [Certified Driving Rehabilitation Specialist](#)





Resources

Transportation Options

OregonDMV.com-Driver Fitness
Area Agency on Aging

No Fee Identification Card





QUESTIONS

Kristopher Kyes

(503)945-5295

Oregon Department of Transportation

kristopher.g.kyes@odot.state.or.us

