

Collaborative Patient Care Case Study Based Panel Discussion

Panellists



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Panellists



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Case study 1

Mr Smith is a 77-year-old man with a history of insulin dependent type 2 diabetes, glaucoma bilaterally and a failing corneal graft in his left eye. He was recently admitted to hospital for back surgery, but hospital admission was extended due to post-op complications of delirium and falls which resolved prior to discharge. He also developed a right foot drop following the surgery which is slowly improving. He is now 6 weeks post-op, recently discharged and is keen to resume driving.

Medical

His rehabilitation consultant submitted a medical report to VicRoads clearing him for driving, pending an ophthalmology review and a practical OT driving assessment.

VicRoads Medical Review requested a GP report and eyesight report with visual field charts (he had previously notified VicRoads about his diabetes and glaucoma).

Vision

Ophthalmologist reviewed the corneal graft and wrote to GP that although he requires a new corneal graft, his vision currently meets VA standards to drive (RE 6/12 LE 6/36, binocular 6/12). Optometrist completes Medmont Binocular Driving test (results included) printed in **level map mode** and submits eyesight report with chart stating that Mr Smith meets the driving standards for a car.

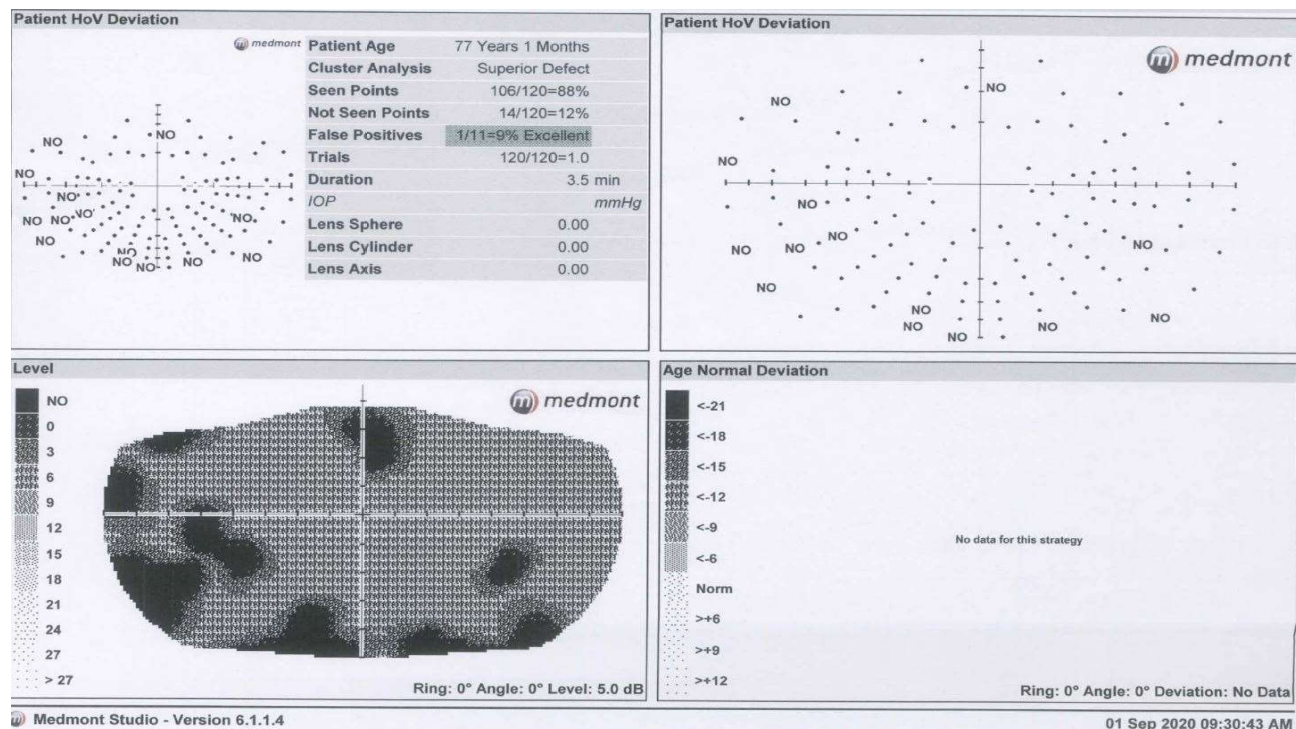


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Fiona Morris

VicRoads Medical Review

Medical Review already has a file on Mr Smith as he was required to notify them about his type 2 diabetes and glaucoma.

New reports received from Rehab Consultant, GP, and Optometrist all stating that he meets the national medical and eyesight standards for driving are considered.

Medical review writes to Mr Smith stating that he requires an OT driver assessment (as recommended by Rehab consultant due to resolving right foot drop and post- op history of delirium).

After receiving the new reports, an **X condition** was placed on his license meaning no driving until assessed by an OT except with a driving instructor.

OT driving assessment:

Off-road assessment

Right foot drop had improved with no other physical issues identified; road law knowledge was satisfactory but mild slowness in processing noted on screening assessments.

On-road assessment observed

- poor freeway merge – slowed down and held up traffic behind
- poor adherence to speed limits
- poor lane changes; no blind spot checks to left or right
- appeared to fatigue during the assessment – more errors after 20 mins

OT Recommendation

5 driving lessons in local area to address issues noted during assessment. Driving instructor noted that fatigue continues to be an issue after 30 mins of driving, difficulty with freeway merges still an issue, however improvement noted in adherence to speed limits and lane changing.

Local driving re-assessment completed with recommendation to Medical Review for **10 km area restriction from home, no freeway driving.**

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Case Study 2

Mrs Jones is an 86-year-old lady with untreated cataracts. She mainly drives locally but often at night to visit family. Medical Review received a confidential notification from the family who were concerned about her driving and also a police report after she reversed into a parked car in a shopping centre. Medical Review wrote to her requesting a GP fitness to drive report.

Vision

At her annual optometrist review the previous month, her corrected binocular VA is 6/12. However she presented as **more forgetful and confused**, than usual. The optometrist completed the VicRoads eyesight report form but made a note that although her eyesight still meets the standards, her cognitive status appears to have declined.

In addition, the optometrist advised that she stop driving at night due to her reduced contrast sensitivity and recommended to Medical Review that this condition be placed on her licence. The optometrist also wrote to her GP outlining her current eyesight condition and concerns regarding her cognitive status and potential implications for driving.

Medical

Mrs Jones makes an appointment with her GP as requested by Medical Review to obtain a fitness to drive medical report. The GP states on the report that she has recently been diagnosed with dementia and provides a copy of a recent geriatrician's report and recommends an OT driving assessment.

OT Driving Assessment

OT recommended license cancellation due to numerous driving instructor interventions and discussed this with family and provided information about alternative mobility options.

Vic Roads Medical Review:

Medical Review considers information from all reports (family, police, GP, Optometrists and OT). Based on this information plus expected cognitive deterioration with dementia diagnosis, decision made to **cancel licence**.

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Case Study 3:

Mr Daniels is a 45-year-old truck driver who 3 months ago experienced an occipital stroke due to a ruptured aneurysm which has been clipped. He has made an excellent recovery with no ongoing cognitive or physical issues. He is keen to return to work as a truck driver.

Medical

Neurologist and GP reports state that he is fit for both private vehicle and commercial (truck) licences.

Medical Review request an eyesight report with visual field assessment due to diagnosis of stroke.

Vision

BCVA RE 6/9 and LE 6/18. VA meets national standards for both private and commercial licences.

The patient had a **left homonymous hemianopia** which presented in a binocular Estermann visual fields test with a horizontal extent of 90 degrees. This did not meet the standards for either a private or commercial licence.

Optometrist submitted eyesight report and patient is no longer able to drive either car or truck and therefore is unable to return to work. A review in 3 months is recommended and the optometrist provides education about his condition.

At 6 months post stroke, the binocular Estermann was repeated and the visual fields defect had reduced. The patient now meets the private vehicle licence standards, but is still unable to drive a truck. A further review was recommended in 3 months as visual field deficit was resolving.

At 9 months post stroke, visual fields deficit has resolved and patient now meets standards for both private and commercial licences and is able to return to truck driving.

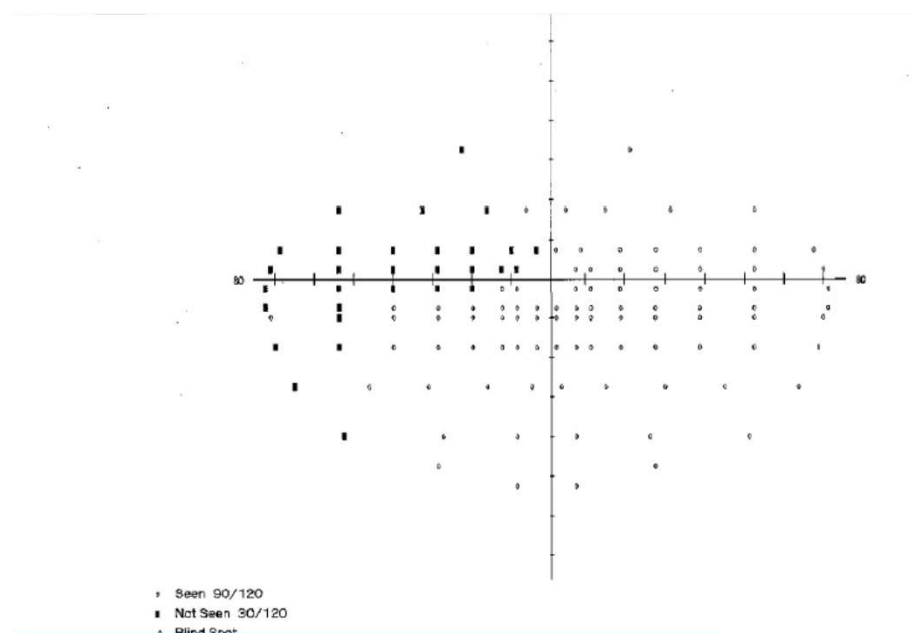



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VicRoads Medical Review

Patient's private and commercial licences are suspended at the 3 month review following initial optometrists report and visual field charts.

On receiving 6 month eyesight report, suspension is lifted on patient's private vehicle licence and he resumes driving a car.

On receiving 9 month eyesight report, suspension is lifted on patient's commercial licence and he is able to return to truck driving



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