

# MEDICAL RECORDS



Driver and Vehicle Licencing  
Manitoba Public Insurance

# Outline

- Purpose of Medical Records
- Receipt of information
- Mandatory reporting
- Driving safely & effects of AD on driving
- Assessment and Management Program (DAMP)
- Medical Review Committee
- Medical Advisor



## Medical Records Purpose

- Review/analyze medical information
- Apply medical standards for driving – consistent with Canadian Council of Motor Transport Administrators (CCMTA)  
National Medical Standards for Driving
- Highway Traffic Act/Driver and Vehicles Act provides legal authority

# Receipt of Information

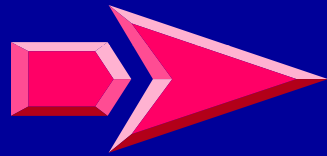
- Licence renewal
- Physician unsolicited information
- Police correspondence
- Traffic Accident Reports
- Driver Improvement and Control Interviews
- Family members (3<sup>rd</sup> party complaints)



# Mandatory Reporting in Manitoba

## Medical Practitioner/Optometrlist

### Section 157(1) *The Highway Traffic Act*



- Report to Registrar
  - Name
  - Address
  - Disease or disability
  - Significant change in disease or disability
  - Has valid licence

# Manitobans/Canadians Affected

- 18,808 Manitobans have AD or other form dementia
- Prevalence of dementia is age-associated:
  - 2% for ages 65-74
  - 11% for ages 75-84
  - 33% for age 85+

# Manitoba Drivers

## Past, Current and Estimated Populations

Year	Age 65-74		Age 75+	
	Population	Drivers	Population	Drivers
2003-2004	77, 858	58,406 (75%)	80, 233	38, 663 (48%)
2005-2006	77, 210	60, 195 (78%)	81, 735	41,286 (51%)
2007-2008	78, 021	64, 663 (83%)	82, 812	44, 312 (54%)
2015-2016	103, 818	-	82, 164	-
2020-2021	124, 539	-	87, 516	-
2025-2026	139, 065	-	103, 900	-
MB Bureau Statistics, Sept 2008 & Traffic Collision Statistics Reports				

# Driving Safely Requires:

- Quick reactions
- Ability to divide and maintain attention
- Good judgment
- Understanding and ability to recall rules of road
- Ability to find destination
- Physical ability



## AD Symptoms & Potential Effect on Driving



- Memory loss - unable to remember destination; gets lost in familiar areas
- Poor or decreased judgment - problems exiting/merging into traffic; unsafe passing; following too closely; driving on wrong side of road; hitting curb, car or other objects while parking; turning corners too sharp or too wide

## AD Symptoms & Potential Effect on Driving (cont)

- Delayed Reaction Time – braking too late to avoid collision or “close-calls”; noticing changing stop lights too late to stop; not taking evasive action in time
- Decreased Attention While Driving - missing traffic signs/signals; failing to notice approaching vehicles or pedestrians; drifting into other lanes

## Assessing Drivers with AD and Other Dementia (Medical Records –MPI)

- Some drivers with mild/early dementia may drive safely, but still should be assessed.
- Support driving as long as possible providing safe to drive. Important to quality of life.
- Evidence of unsafe driving &/or medical info contrary to safe driving, suspension action may be required until further assessed.
- Eventually a person with AD will have to stop driving.

## MPI Assessment for AD

- File a medical report or specialist report, dementia supplement, vision check.
- Request OT assessment (Driver Assessment and Management Program @ HSC)
- Possibly driving lessons
- Request driver examinations
- May issue restricted licence, i.e speed, daytime only, area restricted, no highway driving.

## MPI Assessment for AD (cont)

- Must demonstrate can drive safely within restrictions.
- Annual medical report recall.
- Cancel licence, with right to appeal to Medical Review Committee if assessment unfavourable.

# No Longer Safe to Drive

## Moderate - Severe Dementia

- difficulty with basic ADLs i.e eating, dressing, hygiene
  - needs help with choosing and dressing self
  - needs prompting/help with bathing
  - decreased ability to use toilet or incontinent
  - limited vocabulary
  - loses ability to walk, sit, smile
- Licence cancelled with right to appeal to Medical Review Committee



# Driving Assessment and Management Program (DAMP)



# DAMP

- OT & driving instructor
- Comprehensive 2 part program.
- Assesses patients for variety cognitive & physical disorders, i.e. stroke, vision deficits, psychiatric, MS , Parkinson's.
- A.M. → Pre-screening in house assesses physical status, cognitive skills, ability to operate controls, reaction time
- P.M. → 45 minute on road portion

## DAMP cont

- Assessment vehicle can be modified to meet patient needs
- Results discussed with patient. Report sent to referring physician & Medical Records, MPI
- Physician must refer in writing
- Medical Records coordinates process

# Medical Review Committee

- Review MPI-DVL's decision for medical cancellation, providing complete medical information filed.
- Is separate body from MPI
- Physicians and layperson sit on Committee, appointed by Ministerial Order
- Confirm, quash or vary MPI decision.



# MPI Medical Advisor

- Medical advice on :
  - files
  - medical standards
  - policy/procedures
- Liaise with medical community
- MB physician representative for CCMTA



