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Transportation of Older Adults: Common Behaviors Interfering With Safety

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Abstract

There is a dearth of evidence on safely transporting frail older adults in the community. Therefore, the purpose of this study was to gain a better understanding of the behavioral expression exhibited by older adults during van transportation and to learn what actions van assistants and van drivers take to prevent or address behavioral expressions which can create potential challenges to safe transportation. A qualitative descriptive approach was used and included 4 focus groups van assistants and van drivers (n=32) at one urban Program of All-Inclusive Care for the Elderly (PACE) which routinely transports approximately 90% of enrollees to and from the PACE center. Conventional content analysis was used to analyze the data. Four themes emerged. The first two were common behaviors: *Removing Seatbelts* and *Verbal Behaviors*. The last two themes addressed unusual behaviors that left lasting impressions: *Physical Aggression* and *Conflict Between Passengers*. Van assistants and van drivers used redirection and reassurance as preventive interventions to keep everyone safe. Transportation of PACE enrollees requires well trained and astute van assistants and van drivers skilled with preventing and diffusing potentially unsafe behaviors.

Keywords

Programs of All-Inclusive Care for the Elderly; Transportation; Cognitive Impairment; Common Behaviors; Older adults

Introduction

As the aging population grows, more and more older adults will have to give up driving due to age related frailties, visual and cognitive impairments (Dickerson, Molnar, Eby, et al., 2007). Older adults who suffer from chronic conditions and/or cognitive impairment require assistance with transportation once they can no longer safely navigate their own transportation. Therefore, it is essential for communities to provide transportation options for older adults to meet basic mobility needs to facilitate older adults remaining as independent as possible in the community. Older adults are heterogeneous; therefore, one size fits all transportation solutions are inadequate. To address this challenge, the 5 A's of senior friendly transportation were developed. The 5 A's include: availability, acceptability, accessibility, adaptability and affordability (Beverly Foundation, 2010 as cited in Silverstein & Turk, 2016). Despite these recommendations, there is a dearth of evidence around the phenomenon of transporting frail older adults.

Furthermore, there is no known evidence on the types of behavioral expressions such as restlessness, verbal, or physical agitation exhibited during transportation. Nor is there information on strategies used to promote safe transportation experiences for all passengers. There have been two research teams that focused on behaviors occurring within adult day services (Cohen-Mansfield & Werner, 1998; Cohen-Mansfield, Werner, Watson & Pasis, 1995; Woodhead, Zarit, Braugart, Rovine & Femia, 2005). These studies, while dated, demonstrate that behaviors (e.g., agitated behaviors, general restlessness, mood behaviors such as crying, pacing, verbal interruptions) were not uncommon among older adults utilizing adult day services (Cohen-Mansfield et al., 1995; Woodhead et al., 2005). While adult day centers in one of these studies provided at least some participants transportation to and from the center (Cohen-Mansfield & Werner, 1998), the staff (Activity Directors) who rated the older adults' behaviors were not involved in the transportation side of the program so only reported what occurred at the adult day center (Cohen-Mansfield et al., 1995; Cohen-Mansfield, Personal Communication, 2018). This research supports the presence of behaviors in adult day centers yet does not provide insight into whether behaviors are occurring during transportation.

To address this gap in the literature, a qualitative study was the necessary first step to gain a better understanding of the phenomenon of behavioral expressions exhibited during transportation on Program of All-inclusive Care for the Elderly (PACE) vans. PACE vans transport nursing home eligible older adults to and from the PACE center (See Box 1). Therefore, the purpose of this study was to gain a better understanding of the behaviors passengers exhibited during transportation on the PACE vans and what actions van drivers and van assistants took to prevent or address these behaviors.

Methods

Design

A qualitative descriptive approach (Kim, Sefcik, & Bradway, 2016; Sandelowski, 2000) was selected to understand the experience of PACE van assistants and van drivers who witnessed and dealt with passengers' behavioral expressions during transportation to and from the center. We selected this approach because little is known about this phenomenon. We chose a focus group data collection strategy because of the value in participants' responses acting as mental cues for other participants, thus triggering relevant memories and eliciting rich responses (Krueger & Casey, 2000). We held four focus groups, two with van assistants and two with van drivers. We held separate focus groups for the van assistants and van drivers so they could share experiences unique to their positions.

Setting

The PACE center (See Box 1 for a description of PACE) involved in this study was in a northeastern urban environment serving 14 urban zip codes with 430 enrollees at the time of this study. According to the National PACE Association Biannual Benchmark Report for this center (2015) the mean age of the PACE enrollees for this center was 78 and 72% (n=310) were female. Most enrollees were dually eligible for Medicare and Medicaid (89.4%) and the majority (62.6%) of enrollees were dependent in at least 3 activities of daily living (NPA, 2015).

At this PACE, 90% of enrollees were transported to and from the center, with the remaining arriving by other means (e.g., family transport). The average per passenger per month transportation trips were 13.4 trips (NPA, 2015). On average a PACE passenger came to the center 8.24 times per month (NPA, 2015). At this center vans were staffed with both a van assistant (Certified Nursing Assistant) and driver or a two-man crew consisting of two drivers who manually assisted passengers in wheelchairs up and down residential stairways. The van drivers and van assistants received mandatory training on safely transporting older adults annually. Each van transported between six and 14 passengers depending upon the number of assistive devices and wheelchairs on each van. Passengers may spend a maximum of one hour on the van each trip.

Sample

We recruited a convenience sample (Flick, 2018) of van assistants and van drivers from one PACE center and rode on or drove the vans with passengers as part of their job responsibilities. Focus group inclusion criteria included: participants were current employees of the PACE center and functioned as a van assistant or van driver. In addition, participants were over 18 years of age, and had to speak and understand English.

Data Collection

Permission for this study was obtained from the PACE center's Committee on Research and Education and Council of the Elders, a group of cognitively intact older adults enrolled in this PACE who approved all research at their center. The University of Pennsylvania provided Institutional Review Board approval. The study team collaborated with the

directors of transportation and nursing for this study. The department heads posted fliers about the study and a signup sheet for the employees with the focus group dates and times. The study team confirmed with the employees who planned to attend. The focus groups were held after the employees ended their shift for the day with refreshments provided. All focus groups were held in a private and convenient conference room at the center.

Following informed consent and prior to each focus group the participants completed a demographic form, then they were asked to create pseudonyms for use throughout the session. The pseudonyms helped to ensure confidentiality of participants during transcription and data analysis. Audio recording of the sessions began once these steps were completed.

The four focus groups lasted an average of 90 minutes. A neutral moderator (J.S.S.) without ties to PACE led the focus groups (Krueger & Casey, 2000). She had previously attended the PACE center as a nursing instructor for students' clinical days and was familiar with the services and operation of the center. This moderator used a semi-structured interview guide the research team developed to address the study aims (See Table 1). The team included the second author (C.K.B.) who also had familiarity with operations of the center having served as a Faculty Advisor/Executive Committee Member for the center. It also included the last author (Blinded for review), who practiced at the PACE center as one of the Gerontological Nurse Practitioners whose practice focused on geropsychiatric care. She was often consulted for behavioral expressions that were disruptive or posed safety issues on the vans. A second moderator was present during all focus groups whose responsibility was to take field notes and assist with probing questions.

Participants were encouraged to make comments that were both positive and negative (Krueger & Casey, 2000). Each participant received a \$25 gift card at the end of each focus group as a token of appreciation for their time and contributions to the study. Procedures were the same for all four focus groups.

Data Analysis

Transcripts were analyzed in the qualitative software Atlas.ti Version 7 which was used to store and manage the data. An inductive qualitative content analysis approach was taken since there is no known former knowledge on our phenomenon of interest (Elo & Kyngas, 2007). The first author immersed herself in the data and completed open coding keeping the research question in mind and focusing on the text related to behavioral expressions occurring on the vans. The codes were then sorted into categories based on similarities. From these categories the themes emerged, which were named based on the participants' words. A second author (C.K.B.) audited the coding and the team met several times to discuss findings and confirmed the final themes.

Trustworthiness

Several measures were instituted to enhance trustworthiness/rigor. The focus group milieu enhanced truth value, defined as the credibility and confirmability of the findings (Sandelowski, 1986). Specifically, focus group moderators used discussion-generating questions as a guide while encouraging open discussion and opportunities for sharing of

ideas and expressing disagreement or alternate views, without being manipulated to respond in a certain way (Rothwell, 2015). Truth value was further enhanced by use of a paid transcription service for verbatim transcripts. The team compared transcripts to audio-taped recordings of the focus groups and created a clear code book and audit trail for data analysis. The authors adhered to procedures for inductive content analysis. To enhance credibility, a process for referential adequacy was performed by having a second coder (C.K.B.) audit emerging findings by re-analyzing the data and checking any new findings against the original interpretations (Tashakkori & Teddlie, 1998). Additionally, the first author engaged in peer debriefing regarding data collection and study findings with an Advanced Qualitative Collective, a group of peers focusing on qualitative research but not involved with this project (Abboud, et al., 2017). Finally, all authors reviewed and confirmed final codes, themes and findings.

Results

Participant demographics.

The van assistants (n=20) and van drivers (n=12) were primarily African American (90.3%) reflecting the population served at the PACE center (see Table 2). The sample was equally split between male (48.4%) and female (51.6%) participants. The average age of the sample was 40.8 years. The majority of the sample had completed at least High School or received a GED (61.3%) and the remaining had college or other technical training. The majority of the participants worked more than 30 hours a week (87.1%).

Qualitative Findings.—Overall, most of the participants were engaged and contributed to the discussion. Van assistants and van drivers described a variety of passenger behavioral expressions on the van they felt interfered with safe transportation. Only one van driver joked while hearing stories shared in the focus group and said, “I guess I’m a drill sergeant. I don’t have no problems. They love to see me. My clients love to see me. They love me.” Similarly, one van assistant expressed that she did not have behavioral expressions on the van. She told us “on our van we just listen to gospel [music] because they older and always, they grew up off of church music and they always listen to church music inside the center, so they keep them calm and they also sing along with the songs, so gospel is the key on our van and there is no problem...”

One primary theme emerged for a common behavior on the van: *Removing Seatbelts*. The second theme addressed another common behavior, *Verbal Behaviors* (e.g., cursing at the van assistant or van driver) which could be distracting and lead to safety issues. Two additional themes emerged: *Physical Aggression* and *Conflict Between Passengers*. These behaviors were unusual and episodic, yet they left lasting impressions with the van assistants and van drivers.

Removing Seatbelts.—Passengers removing their seatbelts while on the van was described as occurring regularly. This behavior was most concerning when a passenger got out of their seat while the van was in motion. One van assistant (#1) described the removal of seatbelts as “the biggest problem” on the vans and a “safety hazard”. No matter how many times a passenger removed their seatbelt, the van assistants fastened it again or the van

drivers requested it to be re-buckled while reiterating the importance of the seatbelts for the passenger's safety. A van driver (#4) told us "you always have one" who unbuckles the seatbelt right away:

Within, let's say thirty seconds, they unbuckle the seatbelt, 'cause you can hear it click, "can you please buckle the seatbelt?," within the next fifteen-twenty seconds they do it again and this might go on from the house to the center. Then when they get to the center, now they want to buckle.

While both a van assistant (#1) and van driver (#5) acknowledged that some passengers didn't like being "strapped in", other participants reiterated that it's not safe for passengers to have their seatbelts unbuckled. A van driver (#5) shared that it is "kind of scary" when a passenger gets out of their seat when the van is in motion. He said "you can only do so much as a driver while you're maintaining your eyes on the road" while the van assistant is paying attention and can redirect the person back to their seat. This van driver shared a situation where he was driving, and an older adult removed her seatbelt and then walked up to the front of the van surprising him. She was standing next to him looking out the front window telling him it was her stop, which it was not.

Participants also described instances where some passengers with dementia would take their seatbelts off when arriving at another passenger's home thinking it was their stop and would attempt to get off the van. This, in turn, required redirection by van assistants or drivers to keep the passenger on the van until it was their actual stop. Examples of redirection given included sitting next to the restless passengers on the van, providing redirection through conversations and questions such as "what are you going to do when you go home?" and reconnecting seat belts while explaining safety were offered as common approaches taken with the older adults. One van assistant (#5) provided an exemplar of this:

I have one that comes out of her belt all day long and she plays like, that ain't me, that's him, that's him, but she's holding the seatbelt together but it's not locked and stuff, so I redirect that conversation with her, so I'm trying to redirect her to stay in her seat, so some days it's hectic.

Verbal behaviors.—Another common behavior described was verbal behaviors from passengers directed at van assistants and van drivers. This behavior included passengers insulting the worker, snapping at the worker, and most commonly, cursing at the worker. Verbal behaviors from passengers were conveyed as a routine behavior, particularly if passengers felt they were not having a good van experience or were not in a good mood. Multiple examples were given of passengers cursing at the van drivers and name-calling for reasons such as what radio station was playing on the van, not getting the passenger to the center on time for breakfast, the van was making too many stops, or the van driver took a wrong turn. One van driver (#8) said, "I have a client that cuss me out every morning...I know he's gonna cuss you out" and further explained that the passenger will also curse at the van assistant if he is not able to get on the first van trip home and must wait for the second trip.

One van assistant (#13) recognized that if a passenger is in pain and not happy about something “they cuss you out...and say nasty things to you.” She expressed that no matter how nice you were, members still might snap out at her. Another van assistant (#5) conveyed:

And then we have some who um...is a little more demented than others, when you talk, they think everything you’re saying you’re talking directly to them or it’s directed at them, no matter what you say, and they just take offense to it and then it’s just...they blow up and you can’t stop them. Like you just have to walk away.

One van assistant (#5) described redirection that was used as an intervention when passengers were being disrespectful:

There’s a lot of things we have to put up with on being disrespected by the passengers. We still have to put up with that, have to redirect our conversation, um... you know, watch what we say, try not to agitate them more.

One van assistant (#16) described a passenger who was crying all the time when she first started coming to the PACE center. This van assistant was able to provide one on one attention to this passenger and described her interaction with her as:

me picking her up in the morning, talking to her, having a lot of communication, showing her the attitude, like I care about you, I want you to be okay, I don’t want you to be crying... Her attitude every day was changing, she was eating at her house, laughing, dancing, like personal attitude was changing....

Physical Aggression.—Although not mentioned as frequently, the third theme focused on the behavioral expression of rare episodic physical aggression toward employees on the vans. We heard that some passengers attempted or actually scratched, bit, punched or hit the van assistants and/or van drivers with their hands or assistive devices such as canes or walkers, which were referred to as weapons in this context. Physical aggression primarily occurred while the older adults were getting off and on the van. Van assistants and van drivers described sometimes being worried about their physical safety when their passengers became physically aggressive.

Van assistants and van drivers spoke about times they were hit or punched, and they were able to identify the trigger either before or after the incident. One example was picking up a passenger at their home and learning from her daughter that she had a “bad weekend.” The van assistant (#7) told us, “When she got on the van, she started punching on the driver, hitting on the driver.” Another van driver (#7) related that when he reached out to stop a passenger from falling she started hitting his arm and yelling “don’t touch me” and identified the trigger of her behavior being her fingernail falling off. In contrast, we heard from van drivers about another passenger who would hit and grab them when they “didn’t expect it”.

We heard two examples where van assistants were concerned about their personal safety because of passengers’ actions. In the first example, a van assistant (#5) recalled a time a male passenger was “shouting all in my face” and “threatening” her because she asked him

to sit in a seat near the front of the van (since he was going to be dropped off first) and he wanted to sit in the back of the van. The passenger “blasted” the van assistant and got into a stance to lift the van assistant off her feet and throw her. The van driver heard the van assistant screaming and ran on to the van to get the older adult back off the van and into the PACE center. In the second example, a van assistant (#8) described witnessing a passenger physically threatening a van driver:

He was upset because he felt as though another older adult was sitting in his seat. And the driver explained to him that there’s no assigned seats. He was at him [physically threatening]... having to talk him down from that was an experience, you know try to explain to him you ... really don’t want to hurt anybody and you’re scaring the ladies that’s on the van. It was something else. I mean he finally calmed down, but that reminded me how serious they are about those seats on the van.

Approaches that van assistants and van drivers have taken when working with passengers who were physically aggressive included: trying to calm the passenger and making “light” of the situation with redirection and joking. Van assistants and van drivers also reported these incidents to the PACE center nurse practitioners (NPs) which resulted in NP consultations and passenger’s, medication changes, staff in-services and depending upon the situation, suspension from van services. Van assistants and van drivers thought that the follow-up from the NPs was sometimes helpful in reducing the behavior. One van assistant (#13) felt supported by the PACE center’s behavioral health team:

We have a good behavioral health system here because we have people having a situation or they agitated and everything and we take them there... And also, we have in-services that they help us with, with the people that are problematic and so that helps us a lot. I am noticing now that we have a lot of members now that are coming in here with a lot of psych issues and they [NPs in the behavioral health department] are addressing it more and more so that helps us how to handle that.

There have also been cases where van assistants and van drivers had talked to the PACE administrator to request and subsequently been granted that the passenger be removed from their van, at least temporarily, due to concerns about safety.

Conflict Between Passengers.—The final theme was conflict between passengers. Van assistants and drivers discussed conflicts they observed among passengers on the vans which were primarily verbal behaviors, although in some cases escalated to physical behaviors. Examples given were passengers insulting, cursing at, and threatening each other. In some instances, the conflict involved arguments over what radio station to listen to during the van ride. Many times, seating arrangements provoked the conflict. Van assistants and van drivers described that there were no assigned seats on the vans because of variability with pick-up and drop-off schedules. Despite explaining this to passengers, some wanted to sit in the same seat all the time or did not want certain (or any) older adults sitting next to them. One example given by a van driver (# 6) was, “She thinks she owns the seat wherever she sits. So, if someone sits beside her, now she wants to try to throw hands and thinks she can bully this person off of the van.”

Physical aggression among passengers was not “common place” (Van driver # 10) but did occur. One van driver (# 10) shared a story of two older adults physically fighting which was the first time he witnessed an incident like this in three years of working on the vans.

There’s two passengers that we had to separate ‘cause they were fighting. Uh...it was a typical...I just think that they don’t like each other and so when they would get on the van, if one person’s jacket hit the other person on the head when they were sitting there, they’d argue. It would escalate and...but I mean it’s just no different than any other mode of transportation where we got a bunch of people. Sometimes...you know, sometimes people are irritable.

Additionally, one van assistant (# 9) described how passengers were anxious to get off the van when they arrived at the center and “they be trying to fight on the van to get off”. One woman will “bum rush other older adults to get off” pushing them with her walker so she can be the first person off the van. When conflicts did escalate, administration was made aware.

Participants mentioned that they work to calm passengers, particularly if they were anxious and it was influencing other older adults. One van assistant (#5) described it this way:

A lot of people with the dementia [when disturbing others on the van], they don’t hear you when you’re talking, so I normally go to them, touch them and let know, or let them see my face, or whisper in their ear and most of the time they...you know, they calm down...can be redirected or even I just strike up another conversation.

Discussion

The purpose of this study was to gain a better understanding of the behaviors PACE van passengers exhibit and learn what actions van assistants and van drivers take to address or prevent these behaviors. We were interested in exploring this phenomenon since the safety of the older adults is dependent upon the van assistants and van drivers, and we have not identified any previous studies investigating behaviors of older adults during van transportation. Through focus group interviews we described the themes of *Removing Seatbelts*, *Verbal Behaviors*, *Physical Aggression*, and *Conflict Between Passengers*. The van assistants and van drivers use of redirection, reassurance, and gospel music in one instance as preventive interventions facilitated keeping the passenger’s and themselves safe.

Previous research examining behavioral problems of older adults attending adult day care centers which transported at least some of the attendees has focused on behaviors exhibited within centers and at home as reported by relatives (Cohen-Mansfield et al., 1995; Cohen-Mansfield & Werner, 1998; Cohen-Mansfield, Taylor & Werner, 1998). There was no examination of behaviors during transportation or how these behaviors impacted safety during transportation. General restlessness and agitation (physical and verbal) were reported as common behaviors (Cohen-Mansfield et al., 1995; Woodhead et al., 2005), which is consistent with our findings that passengers regularly removed their seatbelts during transportation and that verbal behaviors directed at the staff were also common.

Cohen-Mansfield and colleagues (1995) reported that 63% of their participants exhibited an average of three agitated behaviors a week at the day care center and almost all the participants' relatives (90.3%) reported at least one agitated behavior once a week at home. Agitation was rated on the Cohen-Mansfield Agitation Inventory for Community. Physical aggression among these participants was rare. We also learned that verbally agitated behaviors were common. Additionally, physical aggression toward staff on the vans was rare, yet, left lasting impressions on the van assistants and van drivers particularly when they feared for their personal safety. It is essential to note that this PACE had policies in place including calling the police if necessary to keep the passengers, van assistants and van drivers safe if an enrollee becomes violent.

Another study found among adult day care attendees that cognitive impairment and poor quality of relationship were predictors of physically aggressive behaviors while verbally aggressive behaviors were predicted mainly by depressed affect, low quality of relationship and poor physical health (Cohen-Mansfield and Werner, 1998). With 50% of PACE participants having dementia (Mukamel, Peterson, Temkin-Greener, et al., 2007) and all participants having multiple chronic health conditions, a situation is created on the vans where multiple older adults are together who are susceptible to diminished self-control potentially leading to behavioral challenges. It is important for van assistants and van drivers to be aware of this and be prepared to deescalate aggressive behaviors as necessary to maintain safe van transportation. Examining education and in-services provided to van assistants and van drivers and altering educational materials as necessary to account for this information is an important next step.

Deeper examination of relationships between the van assistants and van drivers and their passengers is also an important next step since poor quality of relationships has been found to be predictors of physical and verbal aggression (Cohen-Mansfield and Werner, 1998). We heard from only one van assistant and one van driver that they did not perceive having any behavioral issues on their vans. We are unsure if they worked on the same van or on a different van. Further exploration is needed to determine the kind of relationships and interactions, as well as van environments that avert or minimize behavioral expressions on the vans.

We learned from van assistants and van drivers that redirection and distraction were the main techniques used to maintain safety on the vans when working with passengers exhibiting behavioral expressions. Frequent transportation of older adults to and from the center and appointments requires well trained and astute van assistants and van drivers who are skilled with diffusing potentially unsafe behaviors on the vans. Proper verbal and non-verbal communication with passengers to prevent or manage agitated behaviors is important to be reinforced with van assistants and van drivers by supervisors and the behavioral health department providing consultations and in-service trainings (Sefcik & Cacchione, 2015). As a future direction, having nurse practitioners from the behavioral health department ride on the vans to witness first-hand what is occurring during transit, and to model appropriate communication and de-escalation techniques. Recording the number of incidents before and after having the nurse practitioners ride on the van to assess the impact on decreasing behavioral expressions and safety concerns on the vans.

Woodhead and colleagues (2005) found that study participants with dementia who partook in more engaging activities at a day care center had a significant decline in restless behavior problems over three months. Further research is needed to see if this is effective with reducing behaviors during transportation. Providing tailored, engaging activities to restless passengers unbuckling seatbelts on vans deserves further investigation as well. Use of the radio on vans to play music was mentioned as a point of contention in some cases or as a calming effect. Providing culturally appropriate music for the passengers is worth further investigation as an intervention to prevent or reduce behaviors during transportation and we recommend this as the next step for future research.

Limitations

The current study provides an important first step to understanding van assistants' and van drivers' view of behaviors exhibited by PACE passengers during transportation. One limitation is that all participants within the focus groups work with each other on a regular basis at one facility. It has been cautioned that focus groups composed of people who work together may inhibit disclosure when it comes to discussing certain topics (Krueger & Casey, 2000). From the authors' perspective, many participants were comfortable speaking in the focus groups and freely shared their thoughts and experiences. Often the participants in the room were saying words in agreement to each other when a story about van transportation or working with the older adults resonated with the group. The van assistants and van drivers also expressed appreciation for the opportunity to share their experiences. Furthermore, we only heard from one van assistant and van driver that they did not have any behavioral problems on their vans. This may have been the result of convenience sampling and of self-selection by drivers and assistants who wanted to discuss safety issues on the vans.

Conclusion

PACE and other community based long-term care settings transport significant numbers of older adults to PACE centers, appointments, and senior centers. Safely transporting older adults will remain a critical element of community based long-term care. Developing environments, policies and procedures is critical to keeping older adults, the van assistants and van drivers safe.

We learned that passengers on the vans were frequently unbuckling their seatbelts and often exhibited verbal behaviors directed toward van assistants and van drivers. These behaviors could interfere with safe transportation. Less commonly exhibited behaviors were physical aggression and conflict among passengers, which were also safety concerns when they episodically occurred. Based on these rich focus groups some important insights were identified as potential interventions to enhance the safety on the vans. Providing culturally appropriate music for the passengers is worth further investigation. Future studies in transportation of older adults to PACE centers should focus on providing training for van assistants and van drivers in proper communication, redirection, distraction and de-escalation techniques for restless and agitated passengers. In addition, providing person-centered activities on the van that distract persons with dementia to decrease their

restlessness and episodes of unbuckling seatbelts may be beneficial and warrants further investigation.

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Box 1. Programs of All-Inclusive Care for the Elderly

Program of All-Inclusive Care for the Elderly (PACE) is an integrated model of care for Medicaid and dual eligible older adults. These older adults, referred to as PACE enrollees, are low income and nursing home eligible with multiple co-morbidities in addition to having functional and/or cognitive impairments (Mukamel et al., 2007). Frequent interaction with the PACE interprofessional team allows for identification of changes in health status enabling early intervention for enrollees leading to lower hospitalizations and decreased mortality (Ghosh, Orfield, & Schmitz, 2014). PACE has grown to 126 sponsoring organizations with 260 PACE centers in 31 states in 2019, serving over 49,000 older adults (National PACE Association, 2019).

The majority of older adults who attend PACE rely on PACE provided round-trip transportation services to and from their home to the center. Transportation services are essential for older adults to access PACE coordinated managed care and other benefits provided at the center, such as socialization and recreation. The Centers for Medicare and Medicaid Services (CMS) mandate that transportation be provided as indicated in the PACE enrollees individualized care plan and must include a communication plan for the van drivers to notify the interprofessional team of an enrollee's change in condition [42 CFR §§ 460.76(e), 460.92(i), 460.102(e)] (Centers for Medicaid and Medicare, 2011).

PACE models of care are both health providers and health care insurers delivering community-based long-term care for nursing home appropriate persons who are Medicaid eligible (9%) or dually eligible for Medicare and Medicaid (90%) (Hostetter, Klein, McCarthy, 2016; Naylor & Buhler-Wilkerson, 1999; Hirth, Baskins & Dever-Bumba, 2009; NPA, 2019). Older adults who enroll in PACE receive care from an interprofessional team including: primary care providers (physicians and/or nurse practitioners), nurses, social workers, physical therapists, occupational therapists, recreation therapists, dietitians, certified nursing assistants (CNA), transportation coordinators, van drivers (Fretwell & Old, 2011; Hostetter, et al., 2016; Nath, Hirshchman, Lewis & Strumpf, 2008; Sullivan-Marx, et al., 2011). The PACE transportation departments typically include dispatchers and drivers that facilitate the safe transportation of enrollees. Drivers are key members of the interprofessional care team. They are often the first team members to observe and report changes in a passenger's health or behavior.

PACE transportation aligns with the 5 A's of senior friendly transportation which include: availability, acceptability, accessibility, adaptability and affordability (Beverly Foundation, 2010 as cited in Silverstein & Turk, 2016). Based on an individual's care plan, PACE transportation is available for trips to and from the PACE center, doctor's appointments, and group trips for recreational activities. PACE vans are safe, clean and user friendly supporting acceptability. Specialized PACE vans are accessible for those with physical disabilities including wheelchair lifts. The adaptability of PACE transportation is exhibited by individualizing transportation for each passenger. Since transportation is a service provided by PACE there is no charge.

Despite following the 5 A's there are still challenges transporting older adults with physical and cognitive impairments on PACE vans. Research is required to better understand the challenges and to provide evidence-based interventions for improvement. Additionally, there is a significant gap in our understanding of the population PACE serves since approximately 50% of PACE enrollees nationally have a dementia diagnosis at risk for associated behavioral expressions (Mukamel, Peterson, Temkin-Greener, et al., 2007). Health services research on the PACE model is common with 22 studies reviewed in the latest review of the literature (Ghosh, Orfield, & Schmitz, 2014), however more research is needed to address gaps in knowledge.

Table 1.

Sample of Interview Guide Questions

Describe a typical van route experience, from the moment you start until you are finished.
When you are feeling the best about your work, what is happening?
What prevents you from having a good van experience?
Describe for us how passengers act or behave when they are riding on the van with you.
What do you do about the passengers' not so good actions or behaviors on the van?
We are interested in how best to keep the vans safe. Tell us some of the things you do to make sure the vans are safe for passengers, yourselves and other staff members.
Tell us about times when on the vans when you were worried about safety for passengers, yourself and/or other staff members. What happened?
Behavioral Health at PACE sometimes make suggests about how to work with passengers who are having a difficult time during van rides. What experiences do you have with these suggestions? How are they helpful or not helpful?

Table 2.

Demographics for the Four Focus Group Participants (Total N=32, missing 1 Van Assist and 1 Van Driver)

Variable	Mean	Range (SD)	
Age Total Sample	40.8	22 – 67 (13.25)	
Van Assistants	41.62	22 – 61 (12.58)	
Van Drivers	39.3	22 – 67 (14.85)	
Variable	N		%
Gender			
Male	15		48.4
Female	16		51.6
Race			
African American	28		90.3
Caucasian	1		3.2
Missing	2		6.5
Van Assistants	20		64.5
Drivers	12		39.7
Education			
HS or GED [^]	19		61.3
Associates of Bachelors	3		9.7
Other	5		16.1
Missing	4		12.9
EMT training	3		9.7
Hours Worked per week			
10–30	2		6.5
31–40	15		48.4
40+	12		38.7
Missing	2		6.5*

* Does not add to 100% due to rounding

[^] HS diploma or GED was a job requirement.