

# The Functional Status Assessment of Seniors in the Emergency Department (FSAS-ED); its clinical utility

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## INTRODUCTION

- Limited access to family physicians results in older adults (OA) using Emergency Departments (ED) for primary care.
- Until community primary care services expand, addressing the needs of OAs presenting to the ED is particularly relevant in light of this growing population.
- ED practitioners consult occupational therapists (OTs) to assess the functional status of OA.
- A number of studies have found that functional status assessment in ED and follow-up interventions generate positive outcomes for older patients
- The Functional Status Assessment of Seniors in the Emergency Department (FSAS-ED) was developed to assist OTs with clinical decision-making related to admission or discharge from the ED.

## OBJECTIVE

To provide information on the purpose of the FSAS-ED and to describe a study to establish its clinical utility.

## METHODS

- First, an implementation pilot study for the FSAS-ED was carried out with a convenience sample of 24 patients to ensure the applicability of the tool. Subjects were medically stable and screened by ED staff as to having limitations in activities of daily living.
- Then, based on medical chart review, a longitudinal case-control study was conducted with 48 controls randomly selected and matched to subjects on specific criteria (age, gender, reasons for ED consultation, time of consultation).
- At discharge from ED, comparisons were made regarding inpatient admission, transfer to another facility or return home rates.
- Additional comparisons were conducted after 3 and 6 months following the initial ED visit regarding return to ED, hospitalization, transfer to long-term care or death rates.

Results of a pilot implementation study carried out in a hospital setting with a convenience sample of 24 patients



Age  
• Average = 84.3 years  
• Median = 86 years  
• Range = 72 – 93 years

Main reasons for ED consultation:

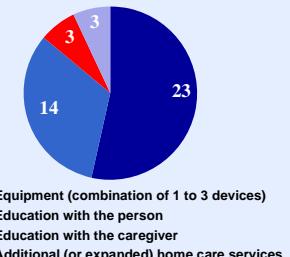


## RESULTS

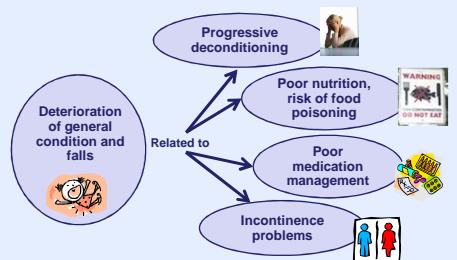
Of the 24 users assessed...

- = 13 Immediate return home (RH)
- = 6 RH after a few days (including 4 in order to regain required level of independence)
- = 2 Transfer for rehabilitation to the Community Geriatrics Unit (functional rehabilitation transition unit)
- = 2 Required longer hospitalization and follow-up with the geriatric consultation team (ECGT)
- = 1 User was suddenly discharged before the assessment was complete (but subsequently readmitted for a fracture!).

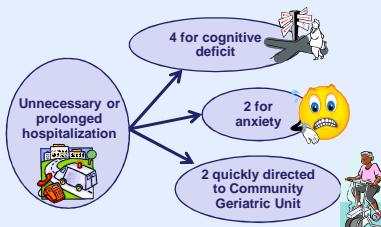
Recommendations :



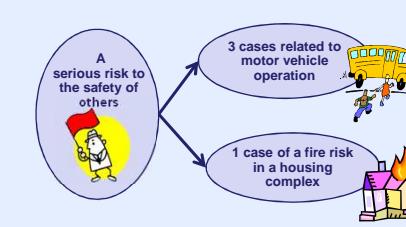
For 15 users, the recommendations helped prevent...



For 8 users, the recommendations helped prevent...



For 3 users, the recommendations helped prevent...



## Comparison with controls (3 and 6 months follow up)

	Evaluated by an OT (n=24)		Controls (n=47)	
	3 months post-ED	6 months post-ED	3 months post-ED	6 months post-ED
Return to ED	★ 8 (33,3%)	9 (37,5%)	28 (59,6%)	16 (34,0%)
1 time	4 (16,6%)	5 (20,8%)	18 (37,5%)	9 (19%)
2 times	4 (16,6%)	3 (12,5%)	4 (8,5%)	6 (12,5%)
3 times and +		1 (4,2%)	5 (10,6%)	1 (2,1%)
Hospitalized	★ 5 (20,8%)	5 (20,8%)	19 (40,4%)	6 (12,8%)
1 time	5 (20,8%)	4 (16%)	15 (31%)	4 (8,5%)
2 times		1 (4,2%)	2 (4,2%)	2 (4,2%)
3 times and +			2 (4,2%)	
Placed in care	★ 4 %	1 (4,2%)	3 (6,4%)	1 (2,1%)
Deceased	★ 8 (17,0%)	8 (17,0%)	3 (6,4%)	

## Comparison with control subjects

	Assessed by an OT (n=24)	Control subjects (n= 47)
Age (Mean; Median)	84.3; 86 y.o.	84.9; 87 y.o.
Gender: (Female)	79 %	78,5 %
Return home	★ 79 %	44 %
Admission	★ 16 %	46 %
Transferred	4 %	8 %

★ Significant difference by Pearson chi-square  
★ Significant difference according to z-scores

## CONCLUSION

Impacts of the Assessment:

- The users and families were by and large interested in, open to and appreciative of the recommendations provided.
- Facilitated access to home care services or day hospital by documenting the need for prioritization.
- Real-time training of ED staff (related to restraints, pressure ulcers, patient movement with a focus on maximum user participation).
- Collaboration with liaison nurses helped ensure effective service implementation and referral to the various professionals.
- Results suggest that using the FSAS-ED may reduce some adverse outcomes in terms of return to ED, hospitalization, being placed in long-term care and death.

- Further studies with larger sample sizes are needed to validate the results obtained in this pilot study as well as confirm the positive impact (organizational and financial) of the assessment of functional status in ED.

## REFERENCES

- Veillette, N., et al., Development of a functional status assessment of seniors visiting emergency department. Archives of Gerontology and Geriatrics, 2009. 48(2): p. 205-12.
- Veillette, N., et al., Item analysis of the functional status assessment of seniors in the emergency department. Disability and Rehabilitation, 2009. 31(7): p. 565-72.

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