Demonstration of the clinical utility of the “Functional Status Assessment of Seniors in the Emergency Department (FSAS-ED)” with independent seniors consulting Emergency Department (ED) for minor injuries.

Nadia De Grandpré 1, Marie-Josée Siros, erg. Ph.D. 2, 3, Nathalie Veillette erg. Ph.D. 2, 3, 4

(1) Laval University; (2) Centre de recherche du CHU de Québec; (3) Montreal University; (4) Centre de recherche del’Institut universitaire de gériatry de Montréal

Background

- Emergency Department (ED) visit is a "sentinel event" which reveals fragility and functional decline of older people 1,2.
- However, once the medical examination is completed, the majority of seniors returned home without an assessment of their functional status 3,5.
- The Functional Status Assessment of Seniors in the Emergency Department (FSAS-ED) was developed for this purpose 6,7.
- The Canadian Emergency Team Initiative (CETI) showed a cumulative incidence of 15% of persistent functional decline six months after minor injuries in previously independent seniors 8,9.

Objective

To assess the clinical utility of the "Functional Status Assessment of Seniors in Emergency Department (FSAS-ED)" for these older people.

Method

A prospective case-control pilot study is conducted within the CETI cohort research program.

≥ 65 years old, Minor trauma, BADL = independent

Participants were evaluated at the ED.

- All subjects were assessed according to the CETI program (socio-demographic measures, medical assessment in the ED, medication status, frailty, cognitive status, walking speed, fear of falling, running in ADL and AVD, social participation, use of health services in the ED and post-DU, social support, etc).
- In addition, the cases only were assessed by an occupational therapist trained for using the FSAS-ED.
- Analyses compared various characteristics, treatment plan and recommendations made by emergency physicians or those based on the FSAS-ED.

RISK ASSESSMENT

ED professionnels (MD, Nurses)

DISCHARGE

No further evaluation

SPECIFIC EVALUATION

FSAS-ED

FD

FA

NAD

Moderate frail

SD

ED

SA

SA

Results

- 21 cases and 48 controls have been recruited.
- Both groups are similar in many characteristics, including level of autonomy and mobility.

a. Because of missing data, the number of patients does not always add to the total. b. Test de Fischer

- The treatment plans of emergency physicians include rest/analgesia (45%), recommendation to see family doctor (35%) and return to ED PRN (30%).
- Pre-frail and frail patients seem to get more numerous and specific recommendations compared to treatment plans suggested by MDs.

Conclusions

- The nature and number of recommendations vary depending on the level of fragility.
- While emergency physicians target short-term interventions, those based on the FSAS-ED aim to maintain and improve mobility in the mid-long-term, which are key elements in limiting functional decline.

Acknowledgements

- Tammie Nadeau (research assistant), Brice Lionel Batumen (epidemiologist-statistician), Daniel Robin (computer engineer)

References


<table>
<thead>
<tr>
<th>Variables</th>
<th>Cases (n=21)</th>
<th>Controls (n=48)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of outings / week ≥ 5 a</td>
<td>9 (43)</td>
<td>5 (10)</td>
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</tr>
<tr>
<td>TADL score =14/15 b</td>
<td>9 (53)</td>
<td>9 (20)</td>
<td>0.6</td>
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<tr>
<td>Falls in the last 3 months c</td>
<td>4 (25)</td>
<td>11 (24)</td>
<td>1.0</td>
</tr>
<tr>
<td>Mechanical falls /own height d</td>
<td>17 (81)</td>
<td>28 (94)</td>
<td>0.6</td>
</tr>
<tr>
<td>Falls high height e</td>
<td>7 (35)</td>
<td>7 (16)</td>
<td>0.6</td>
</tr>
<tr>
<td>Motor Vehicle Accident f</td>
<td>1 (5)</td>
<td>3 (7)</td>
<td>0.2</td>
</tr>
<tr>
<td>Pain level ≥ 70/100 g</td>
<td>3 (23)</td>
<td>6 (14)</td>
<td>0.3</td>
</tr>
<tr>
<td>Time-up &amp; go (s) h</td>
<td>6 (60)</td>
<td>2 (67)</td>
<td>0.05</td>
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<tr>
<td>Frailty status i</td>
<td>1 (5)</td>
<td>3 (13)</td>
<td>1.0</td>
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<tr>
<td>Short fall efficacy scale ≥ 25.8 i</td>
<td>1 (5)</td>
<td>3 (13)</td>
<td>1.0</td>
</tr>
</tbody>
</table>

Conclusions

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