

The clinical utility of the Functional Status Assessment of Seniors in the Emergency Department (FSAS-ED): a longitudinal case-control study

Nathalie Veillette, erg. Ph.D. ¹⁻², Marie-Claude Beaudoin, erg. ³

(1) Montreal University (2) Centre de recherche de l'Institut universitaire de gériatrie de Montreal (3) Centre de santé et des services sociaux Pierre-de-Saurel

Background

- The Emergency Department (ED) is one of the primary means of accessing health service ¹⁻².
- ED practitioners consult occupational therapists (OTs) to assess the functional status of elderly patients ³⁻⁵.
- The assessment tools used lack specificity for the ED setting ⁶⁻⁷.
- The Functional Status Assessment of Seniors in Emergency Departments (FSAS-ED) was developed specifically for this purpose ⁸⁻⁹.

Objective

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

Method

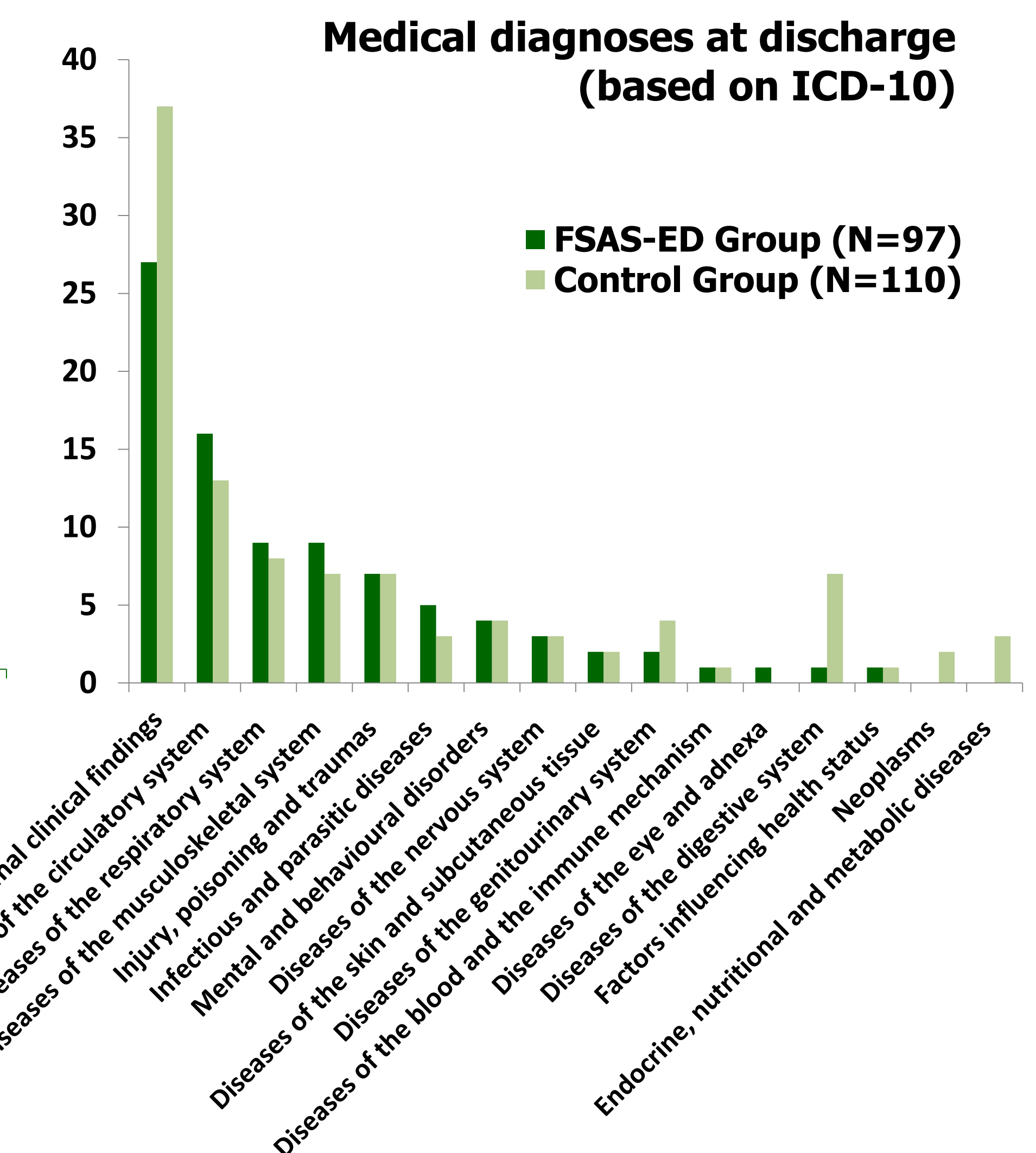
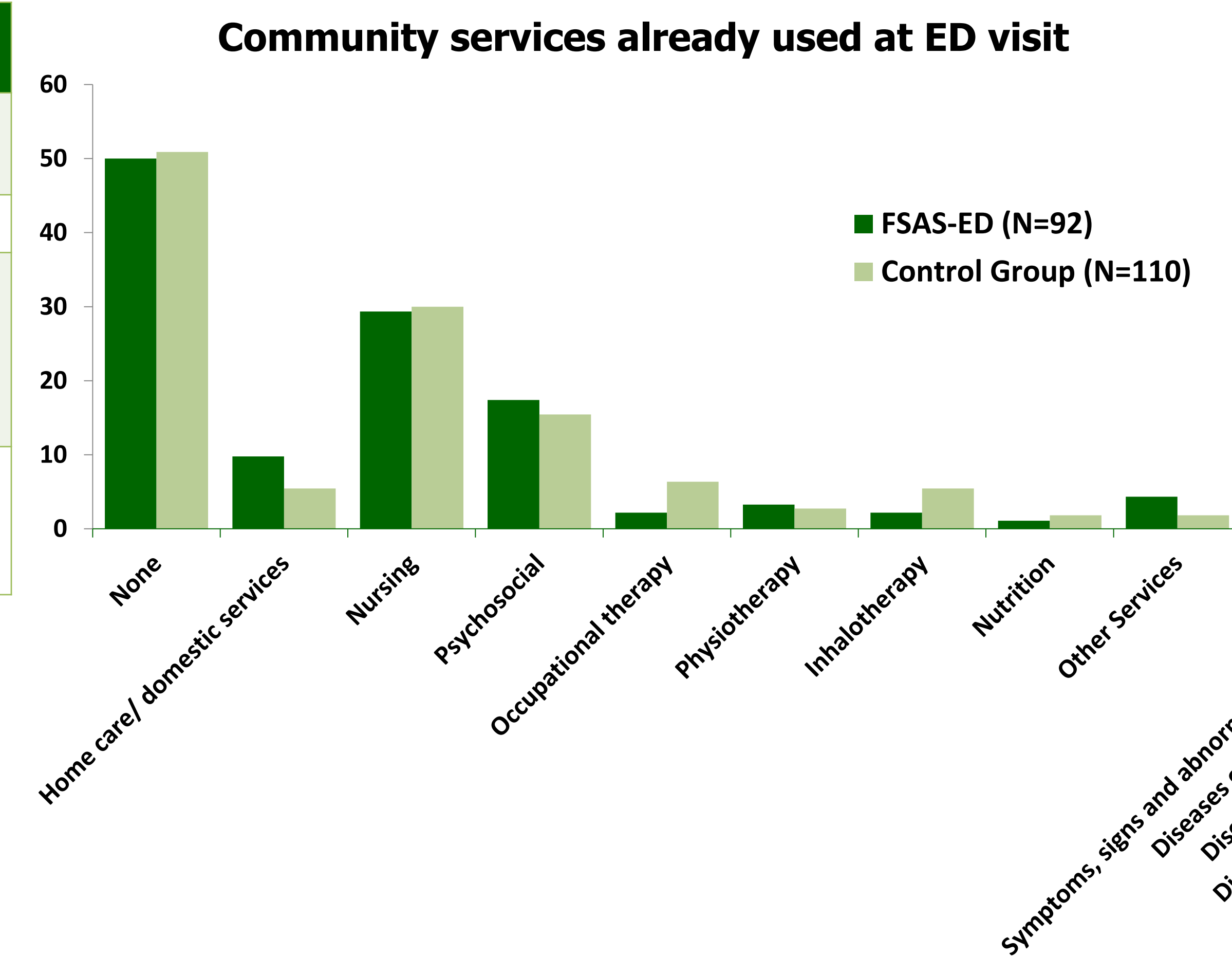
- In a longitudinal case-control study, a FSAS-ED group (n=92) is compared to a control group (n=110).
- Based on medical chart review, controls are randomly selected and matched to subjects on specific criteria (age, gender, residence, chief complaint/reasons for ED consultation, Dx in ED, number of comorbidities).
- Patients of the FSAS-ED group consulted ED in November and December 2013 and controls consulted ED in November and December 2012.
- Comparisons between groups were made in 3 instances:

At ED discharge	3 months post-ED	6 months post-ED
<ul style="list-style-type: none"> •Destination post-ED •Length of stay in ED 	<ul style="list-style-type: none"> •Return to ED •Hospitalization •Transfer to long term care •Death 	<ul style="list-style-type: none"> •Return to ED •Hospitalization •Transfer to long term care •Death

Results

- 92 cases and 110 controls have been recruited.

	FSAS-ED (n=92)	Control (n= 110)
Age Mean	82,28	81,48
Median	82	82
Sex (female)	59,7 %	57,2 %
Residence		
House	66,3 %	67,2 %
Nursing home	29,3 %	30,0 %
Other	4,3 %	2,7 %
Comorbidities 0-2	31,4 %	38,1 %
3-5	67,2 %	52,6 %
6 et +	1,0 %	0,9 %



- Both groups were similar in many characteristics, including level of autonomy prior to ED visit and reason for ED consultation and categories of diagnoses at discharge by ED physician.

- Using the FSAS-ED may be beneficial in ED settings by reducing hospital admissions (34% in FSAS-ED vs. 55% in controls) and increasing return home rates (49% vs. 37%).

	FSAS-ED (n=92)	Control (n= 110)
Admission <input checked="" type="checkbox"/>	34 %	55 %
Return home <input checked="" type="checkbox"/>	49 %	37 %
Placed in long term care <input checked="" type="checkbox"/>	17 %	7 %
Transfer to another hospital	1 %	2 %

☒ Statistically different based on Pearson X²

- Reducing rates of hospitalization and increased returns home doesn't come at the price of increasing the number of return to ED (33.6% vs. 39%) or hospitalization rates (20.6% vs. 33.6%) in the 6 months following the ED visit.

	FSAS-ED (n=92)		Control group (n= 110)	
	3 months	6 months	3 months	6 months
Returned to ED	35 %	22 % <input checked="" type="checkbox"/>	35 %	55 % <input checked="" type="checkbox"/>
1 time	35 %	22 %	24 %	30 %
2 times			9 %	10 %
3 times			2 %	8 %
4 times and +			1 %	7 %
Hospitalized	15 %	10 % <input checked="" type="checkbox"/>	20 %	32 % <input checked="" type="checkbox"/>
1 time		6 %		23 %
2 times		14 %		5 %
3 times				3 %
4 times and +				2 %
Placed in care	3 %	1 %	1 %	2 %
Deceased		1 % <input checked="" type="checkbox"/>	3 %	6 % <input checked="" type="checkbox"/>

☒ Statistically different based on Pearson X² ☒ Statistically different based on Z-scores

Conclusions

- Results suggest that using the FSAS-ED in ED may reduce hospital admissions and increase return home rates without increasing return to ED or hospitalization rates after 6 months post ED visit.
- Recommendations based FSAS-ED (taking into account only the functional status) often advocated for the return home versus hospital admission. It is also participating in discharge planning to prevent unsafe discharges and to improve safety upon discharge.
- Results support a recent systematic review of all functional assessments utilised in EDs which recommends the FSAS-ED as a comprehensive assessment.

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