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

Results

- 92 cases and 110 controls have been recruited.

<table>
<thead>
<tr>
<th>FSAS-ED (n=92)</th>
<th>Control (n=110)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age Mean</td>
<td>82,28</td>
</tr>
<tr>
<td>Median</td>
<td>82</td>
</tr>
<tr>
<td>Sex (female)</td>
<td>59,7%</td>
</tr>
<tr>
<td>Residence</td>
<td></td>
</tr>
<tr>
<td>House</td>
<td>66,3%</td>
</tr>
<tr>
<td>Nursing home</td>
<td>29,3%</td>
</tr>
<tr>
<td>Other</td>
<td>4,3%</td>
</tr>
<tr>
<td>Comorbidities</td>
<td></td>
</tr>
<tr>
<td>0-2</td>
<td>31,4%</td>
</tr>
<tr>
<td>3-5</td>
<td>67,2%</td>
</tr>
<tr>
<td>6 et +</td>
<td>1,0%</td>
</tr>
</tbody>
</table>

- 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%).

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.

References


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