

Ecological validity of The Functional Status Assessment of Seniors in the Emergency Department (FSAS-ED).

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Introduction:

The emergency department (ED) is an important means of accessing health services for the elderly. In scientific literature, the assessment of the functional status of the elderly in ED is viewed as generating positive outcomes. A comprehensive instrument specifically designed for these individuals was developed: The Functional Status Assessment of Seniors in the Emergency Department (FSAS-ED). In previous stages of development, the FSAS-ED demonstrated good content validity, inter-rater reliability, sensitivity and specificity. However, the development study relied on subjects consulting ED for physical health problems, where individuals with cognitive or communication problems were excluded. Of major importance is the external validity of the tool, as well as ecological validity, in which the methods, materials and setting must approximate the real-life situation that is under investigation.

Objectives:

To address the external validity of the tool with heterogeneous samples of subjects more representative of clients consulting ED as well as the ecological validity in different ED settings.

Methods:

A convenience sample of 250 community-living elderly who consult the ED, including individuals with cognitive or communication impairments, was recruited. Occupational therapists (n=10) working in different hospitals (n=5) and trained in using the FSAS-ED collected information regarding functional status, as well as observations related to the applicability of the tool in ED environment (burden of administration and feasibility). Information about the person's functioning was obtained from the individual or a proxy.

Results:

Response distributions were examined to make sure the tool captured the breadth of differences among persons. The results showed that differences were greater for activities of daily living and instrumental activities of daily living when comparing the person's functioning before ED consultation versus following the decision to consult ED. Also, based on evaluator's comments and observations, the burden of administration was not too important to use the tool in ED settings.

Conclusion:

It was established that the applicability of the tool was appropriate, despite the very challenging environment of an ED.

Contribution to practice:

The information gathered with the tool facilitates the elaboration of an interdisciplinary plan following the ED visit, regarding orientation towards specific services and interventions.