Reviewer’s report

Title: Functional assessment of older patients in the emergency room: comparison between standard instruments, medical records and physicians' perceptions

Version: 2 Date: 19 March 2006

Reviewer: Manish Shah

Reviewer’s report:

General

This is an interesting paper that explores the functional assessment of older adults in the emergency department (ED). However, the authors need to consider a number of issues that follow below, primarily related to how they frame the issue, their results, and their conclusions. With the proper revisions I believe this can add to the literature.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

1. How is this work novel and important? This work shows that most physicians who work in an emergency department in Spain do not ask about functional status, but instead guess and guess wrong. However, it does not address whether they really needed to assess functional status. For instance, if a person has a laceration on their chin, does an emergency physician really need to assess status? Also, when the physician suspects a problem, they do a more detailed evaluation and therefore mention more ADL deficiencies on the medical record, thus indicating "far better knowledge”.

2. The authors reference an article that talks about how the ED is a useful site for the geriatrics assessment. Just because one or two articles state it is useful does not necessarily imply that it is. They need to further support why it must be done.

3. I do not believe that the medical record is “a valid instrument for improving the reliability and validity of clinical judgment.” Instead, the medical record should reflect clinical decision making and judgment. Please revise this paragraph.

4. Please identify the primary objective of this study and the secondary objectives. Otherwise, with enough objectives, one will be statistically significant by chance. The final paragraph from the introduction can essentially be reorganized to say that the authors sought to assess the accuracy to which physicians working in the ED (note, not emergency physicians) understand their patients functional status.

5. The proper terminology is “emergency department” not emergency room. Please use that terminology.

6. The authors indicate that the physicians in the ED were either trained in internal medicine or various subspecialties. What level of emergency medicine experience existed for these people? This has serious implications regarding the generalizability of these results because many other countries have emergency medicine specialists providing care in the ED. Please address.
7. Please add characteristics of the ED’s included, including their volume, admission rate, proportion of patients that are older adults, etc.

8. You indicate that 101 physicians cared for 106 different patients. Were these 101 different physicians? I suspect that many of the physicians cared for multiple patients, which changes the meaning of the results.

9. Of the 101 physicians, what level of experience do they have?

10. Why were the Katz ADLs and the walking section of the Barthel Index chosen?

11. When presenting results, can you stratify based upon patients for whom the functional disabilities would have been relevant?

12. In the discussion, the question of how important is functional status documentation is again ignored. I can buy that it is important in treat and release patients since emergency physicians do not want to send home patients with deficiencies, but I cannot agree that it is relevant in admitted patients. Consider the scenario—a patient in admitted with a hip fracture. The functional status at that point is irrelevant. This must be added.

13. The conclusion that the annotation of 2 ADL on the medical record enhances the functional status is false. It just indicates concern on the part of the physician, leading to detailed assessment.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

1. The email addresses of four of the authors is the same.

2. Page 10, the “c” in Colls should be capitalized if it is an author, but reference 20 does not show Colls as an author. Do you mean colleagues?

3. The authors mention frequently that no data exists about this idea. I would suggest that they mention it once or twice, and then just write about their work.

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Discretionary Revisions (which the author can choose to ignore)

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No
Declaration of competing interests:

I declare that I have no competing interests.