Interrater Reliability, Concurrent Validity, Responsiveness, and Predictive Validity of the Melville-Nelson Self-Care Assessment

ABSTRACT OF PUBLISHED ARTICLE (CITED BELOW)

OBJECTIVE. This study examines psychometric characteristics of the Melville-Nelson Self-Care Assessment (SCA), which is designed for occupational therapists working in skilled nursing facilities (SNFs) and subacute rehabilitation. Like the federally mandated Minimum Data Set, the SCA assesses seven self-care occupations in two ways: self-performance and support needed.

METHOD. Participants were SNF patients receiving subacute rehabilitation. Primary and secondary diagnoses varied widely; mean age was 76.5 years (SD = 9.8). Using the SCA, the Functional Independence Measure (FIM™), and the Klein-Bell Activities of Daily Living Scale, four teams of raters independently and simultaneously assessed 54 women and 14 men at admission and discharge; 40 participants were available for reassessment in their homes after discharge.

RESULTS. Total self-performance scores on the SCA showed (a) interrater reliability (mean ICC = .94); (b) concurrent validity with relevant areas of the FIM (rho = -.85) and the Klein-Bell (rho = -.86); (c) responsiveness in detecting change from admission to discharge, t(67) = 6.3, p < .001, with a large effect size of 1.10; and (d) moderate predictive validity of caregiving time the home (rho = -.44) and overall function in the home as measured by the total FIM (rho = -.55) and total Klein-Bell (rho = -.54) scores. The self-performance and support measures for the seven self-care areas all had acceptable interrater reliability and concurrent validity. Eating, personal hygiene, and bathing showed little or no responsiveness to change from admission to discharge, whereas positive change was substantial in bed mobility, transfers, dressing, and toileting.

CONCLUSION. This instrument is recommended for use as part of a comprehensive occupational therapy model of practice in SNFs and subacute rehabilitation.