

Objective

- Provide a basic understanding of what the Health Risk Screening Tool is and its purpose
- Demonstrate some functions of the HRST

Mission:

To assist vulnerable persons to achieve a health status and quality of life comparable to that of the population at large

What is the HRST?

A web-based instrument developed to screen for health risks associated with:

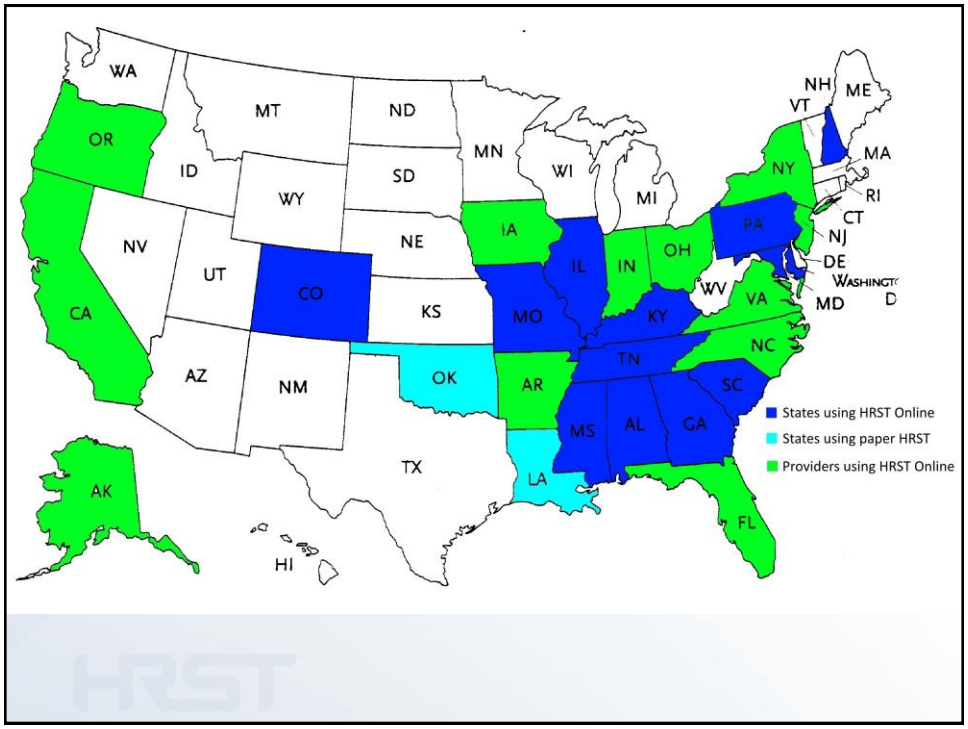
- Intellectual/Developmental Disabilities
- Physical Disabilities
- Disabilities Associated with Aging
- Traumatic Brain Injury

The HRST is a SCREENING Instrument

- Should not be confused with a more in-depth assessment process
- Can be used to determine what types of further assessment or evaluation might be required
- Developed for use by non-licensed staff, such as case managers, program staff, or direct care staff
- Nursing oversight is triggered when necessary

History of the HRST

- Developed in Oklahoma, circa 1992 – federal lawsuit: *Homeward Bound vs Hissom Memorial Center*
- Extensively field tested on 6000 individuals
- Used in numerous states
- Web-based version released in 2006



Importance of Health Risk Screening in the I/DD Community

- Serving those with I/DD in the community is a new endeavor
- Those who serve the person most directly often have little to no training on identifying the emergence of health related risk or destabilization
- Major signs of risk can go unappreciated or masked by I/DD attributes, such as an inability to communicate
- Poly-pharmacy dynamics in the community

How does the HRST work?

- The HRST is a simple 22 item scale designed to find out which individuals are at most risk of illness and health destabilization.
- The tool then responds by producing action steps that empower support staff in the form of special attention and prevention.

The HRST Categories and Items

I. Functional Status

A. Eating
B. Ambulation
C. Transfer
D. Toileting
E. Clinical Issues

II. Behaviors

F. Self-Abuse
G. Aggression
H. Physical Restraint
I. Chemical Restraint
J. Psychotropic Meds

III. Physiological

K. Gastrointestinal
L. Seizures
M. Anti-Epileptic Meds
N. Skin Integrity
O. Bowel Function
P. Nutrition
Q. Treatments

IV. Safety

R. Injury
S. Falls

V. Frequency of Service

T. Professional Healthcare Services
U. ER Visits
V. Hospitalizations

Rating Item Scoring

- **0** - No issues within the past year (12 months)
- **1** - Occasional issues within the past year. No identifiable pattern
- **2** - Emergence of a definable pattern of issues
- **3** - Increasing frequency and/or intensity of identified issues
- **4** - Potentially life-altering or life-defining issue or hospitalization in the past year

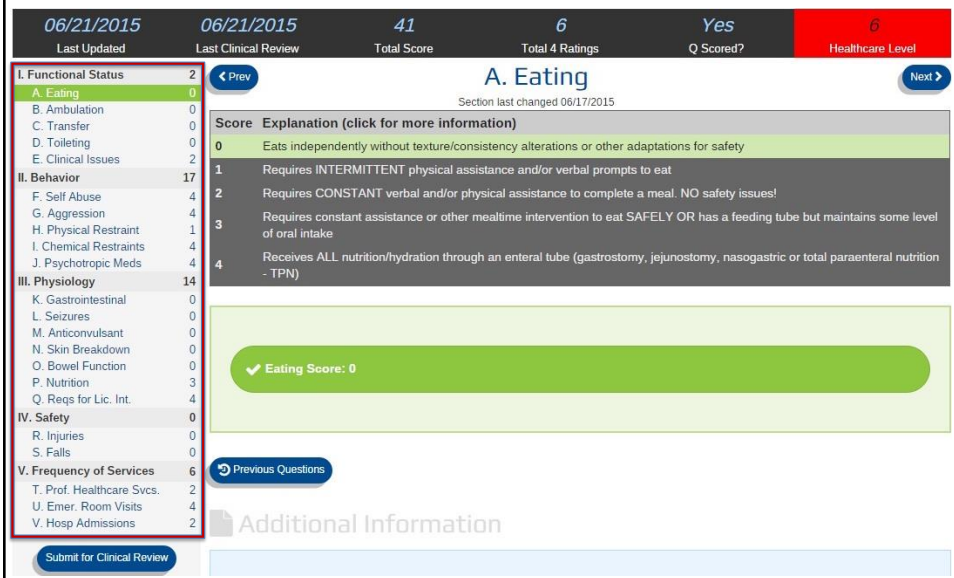
The HRST Categories and Items

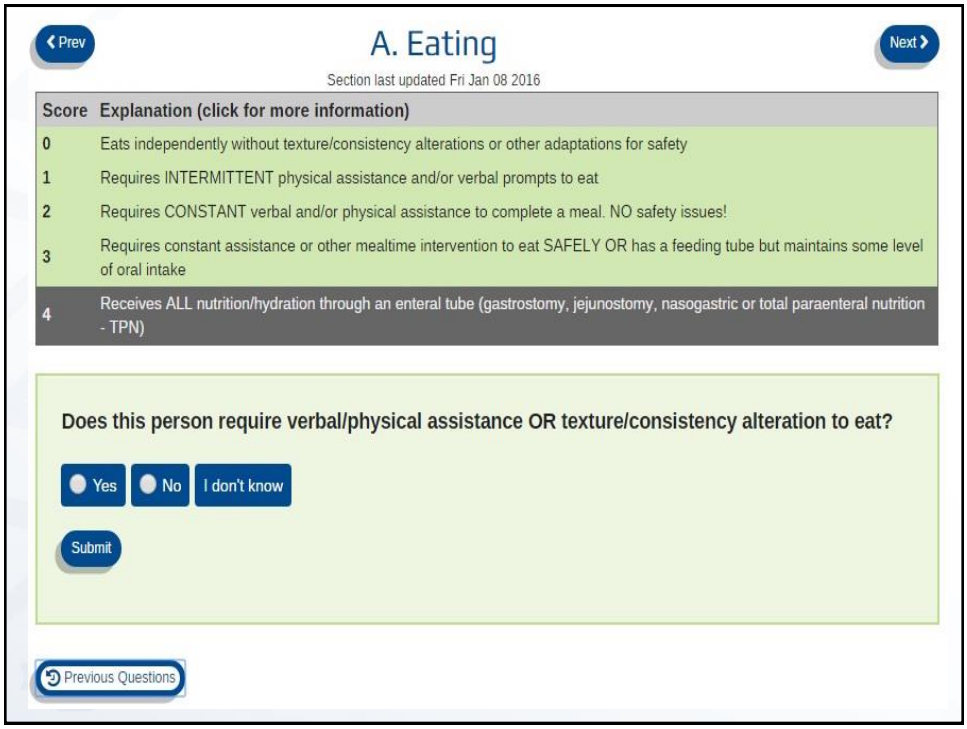
I.	**Functional Status**	**4**
A.	Eating	1
B.	Ambulation	0
C.	Transfer	0
D.	Toileting	1
E.	Clinical Issues	2
II.	**Behaviors**	**0**
F.	Self-Abuse	0
G.	Aggression	0
H.	Physical Restraint	0
I.	Chemical Restraint	0
J.	Psychotropic Meds	0

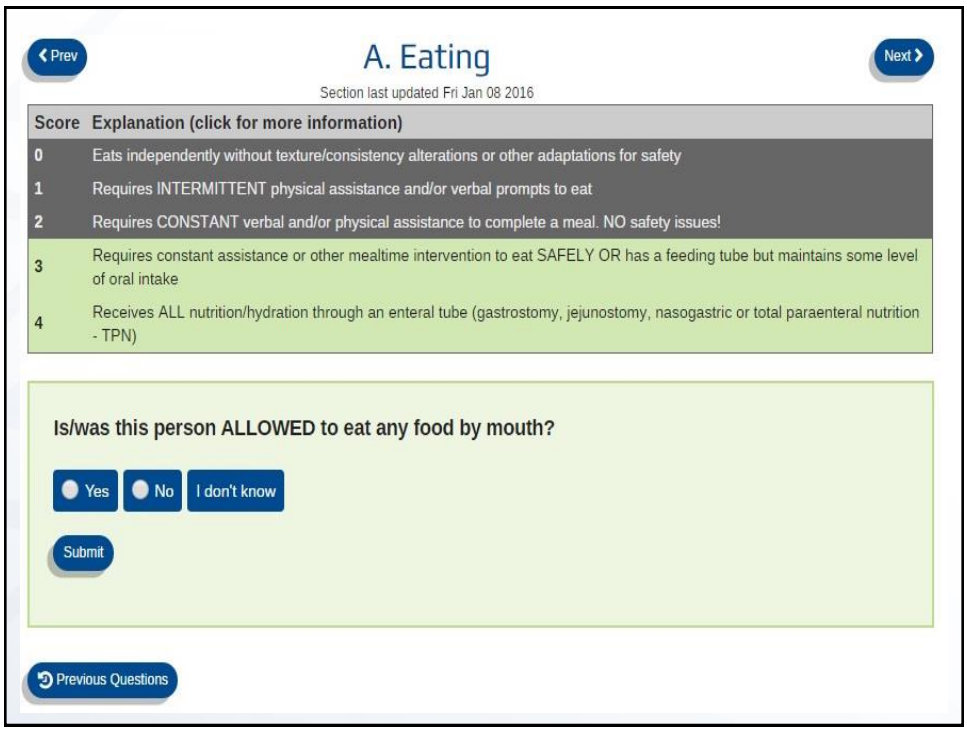
III.	**Physiological**	**14**
K.	Gastrointestinal	3
L.	Seizures	0
M.	Anti-Epileptic Meds	0
N.	Skin Integrity	0
O.	Bowel Function	3
P.	Nutrition	1
Q.	Treatments	0
IV.	**Safety**	**0**
R.	Injury	0
S.	Falls	0
V.	**Frequency of Service**	**5**
T.	Professional Healthcare Services	2
U.	ER Visits	3
V.	Hospitalizations	0

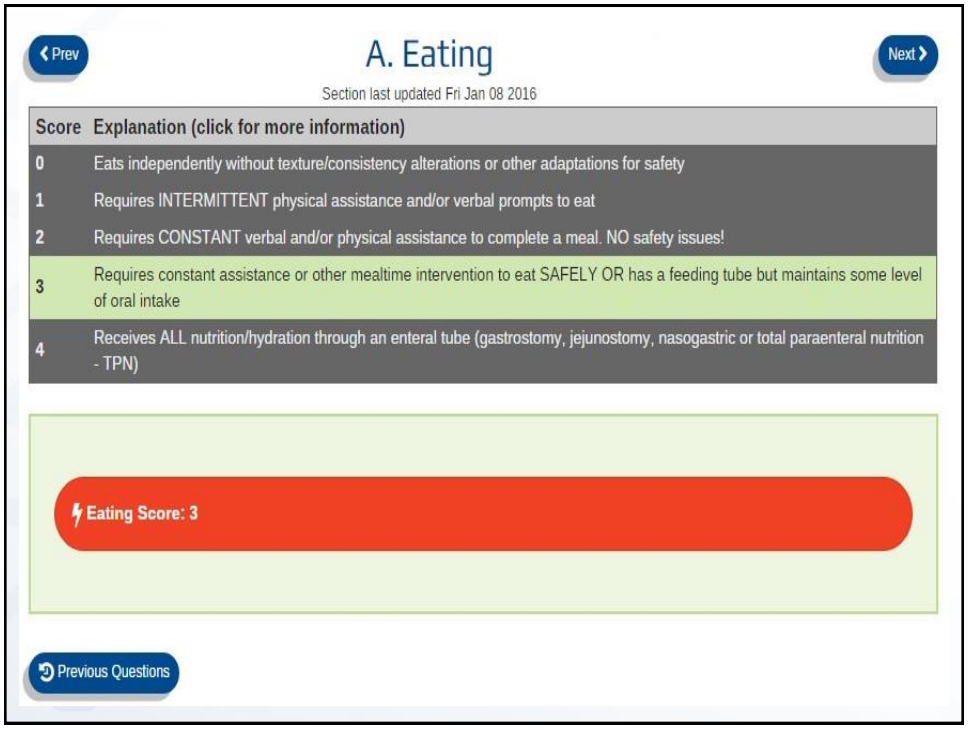
HRST Health Care Levels

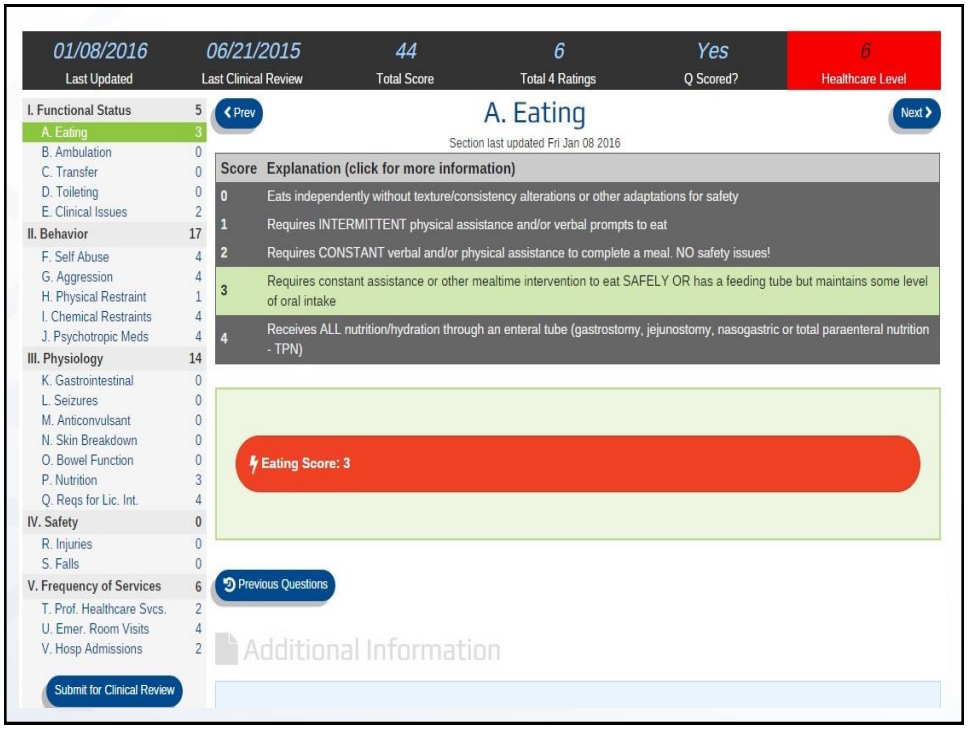
Level 1:	0 - 12 Points	
Level 2:	13 - 25 Points	**Low Risk**
Level 3:	26 - 38 Points	
Level 4:	39 - 53 Points	**Moderate Risk**
Level 5:	54 - 68 Points	
Level 6:	69 or greater	**High Risk**




Prev
A. Eating
Next
Section last updated Fri Jan 08 2016
Score
Explanation (click for more information)
0
Eats independently without texture/consistency alterations or other adaptations for safety
1
Requires INTERMITTENT physical assistance and/or verbal prompts to eat
2
Requires CONSTANT verbal and/or physical assistance to complete a meal. NO safety issues!
3
Requires constant assistance or other mealtime intervention to eat SAFELY OR has a feeding tube but maintains some level of oral intake
4
Receives ALL nutrition/hydration through an enteral tube (gastrostomy, jejunostomy, nasogastric or total paraenteral nutrition - TPN)
Does this person require verbal/physical assistance OR texture/consistency alteration to eat?
Yes
No
I don't know
Submit
Previous Questions


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4
Receives ALL nutrition/hydration through an enteral tube (gastrostomy, jejunostomy, nasogastric or total paraenteral nutrition - TPN)
Is/was this person ALLOWED to eat any food by mouth?
Yes
No
I don't know
Submit
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4
Receives ALL nutrition/hydration through an enteral tube (gastrostomy, jejunostomy, nasogastric or total paraenteral nutrition - TPN)
Eating Score: 3
Previous Questions


01/08/2016
Last Updated
06/21/2015
Last Clinical Review
44
Total Score
6
Total 4 Ratings
Yes
Q Scored?
6
Healthcare Level
I. Functional Status 5
A. Eating 3
B. Ambulation 0
C. Transfer 0
D. Toileting 0
E. Clinical Issues 2
II. Behavior 17
F. Self Abuse 4
G. Aggression 4
H. Physical Restraint 1
I. Chemical Restraints 4
J. Psychotropic Meds 4
III. Physiology 14
K. Gastrointestinal 0
L. Seizures 0
M. Anticonvulsant 0
N. Skin Breakdown 0
O. Bowel Function 0
P. Nutrition 3
Q. Reqs for Lic. Int. 4
IV. Safety 0
R. Injuries 0
S. Falls 0
V. Frequency of Services 6
T. Prof. Healthcare Svcs. 2
U. Emer. Room Visits 4
V. Hosp Admissions 2
Submit for Clinical Review
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Next
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Receives ALL nutrition/hydration through an enteral tube (gastrostomy, jejunostomy, nasogastric or total paraenteral nutrition - TPN)
Eating Score: 3
Previous Questions
Additional Information

How long does it take to complete an HRST screening?

- For an initial screening, average time takes approximately 30-60 minutes, depending on the complexity of the individual
- Updates often require little time to complete

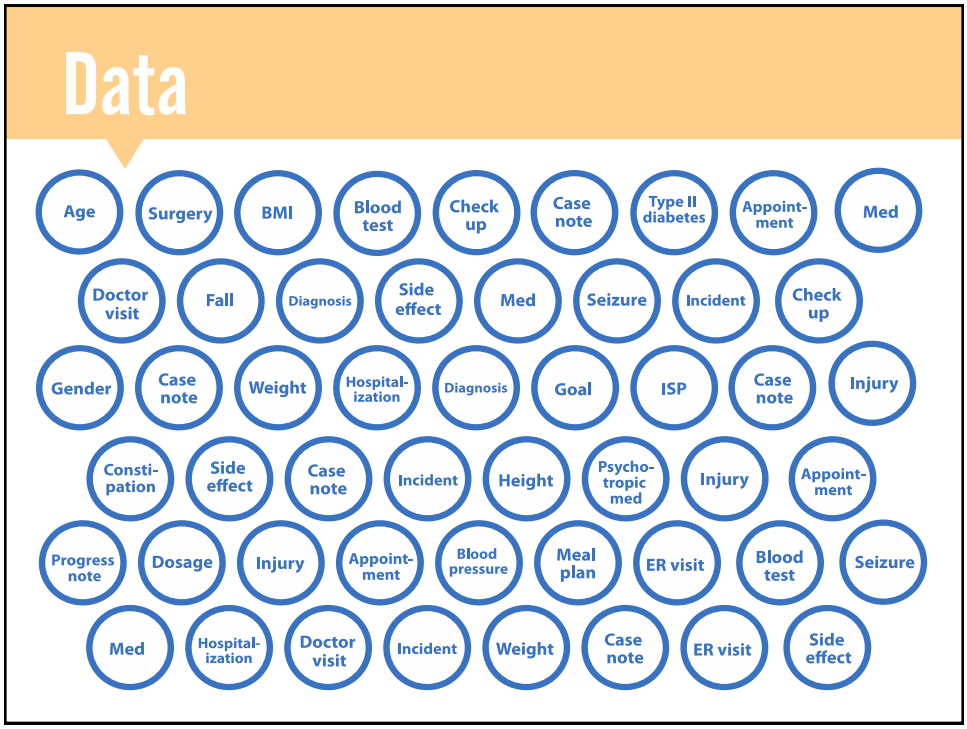
How often is the HRST Administered?

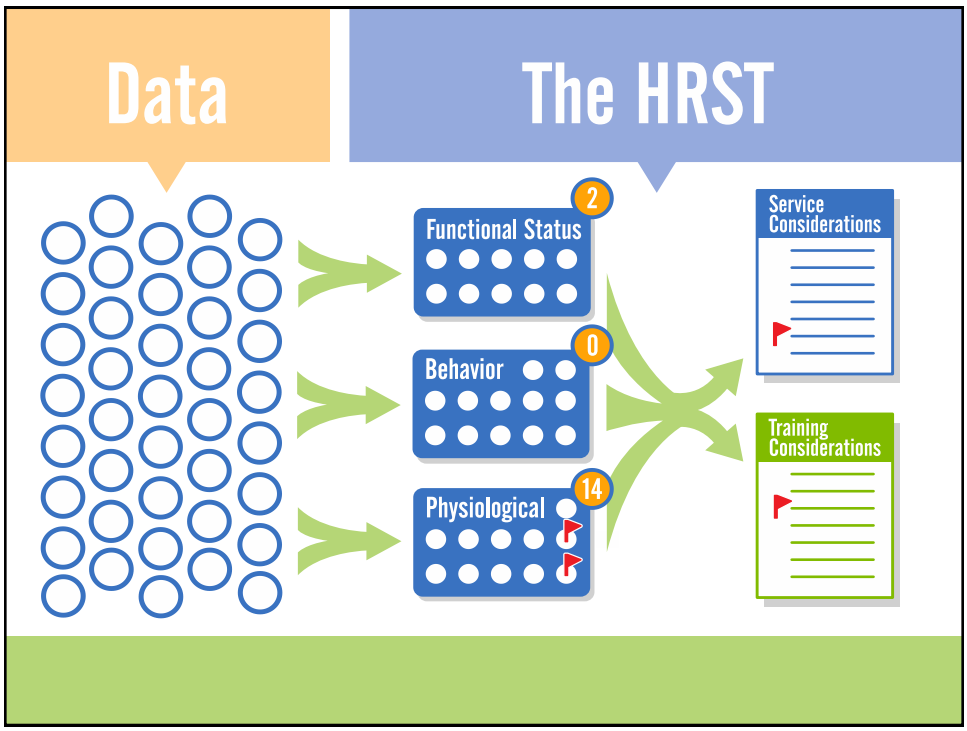
- At least annually to ensure individual's health is stable
- Reviewed and updated when individual's status changes (ER visits, Hospitalizations, new diagnoses or meds, injuries, etc.)

Online Training

- All users designated as *Raters* do **Online Rater Training** as a prerequisite
  - Online Rater Training takes approximately three to four hours total
  - Done at user's pace
  - Lots of practice exercises
- Administrators can have read-only access

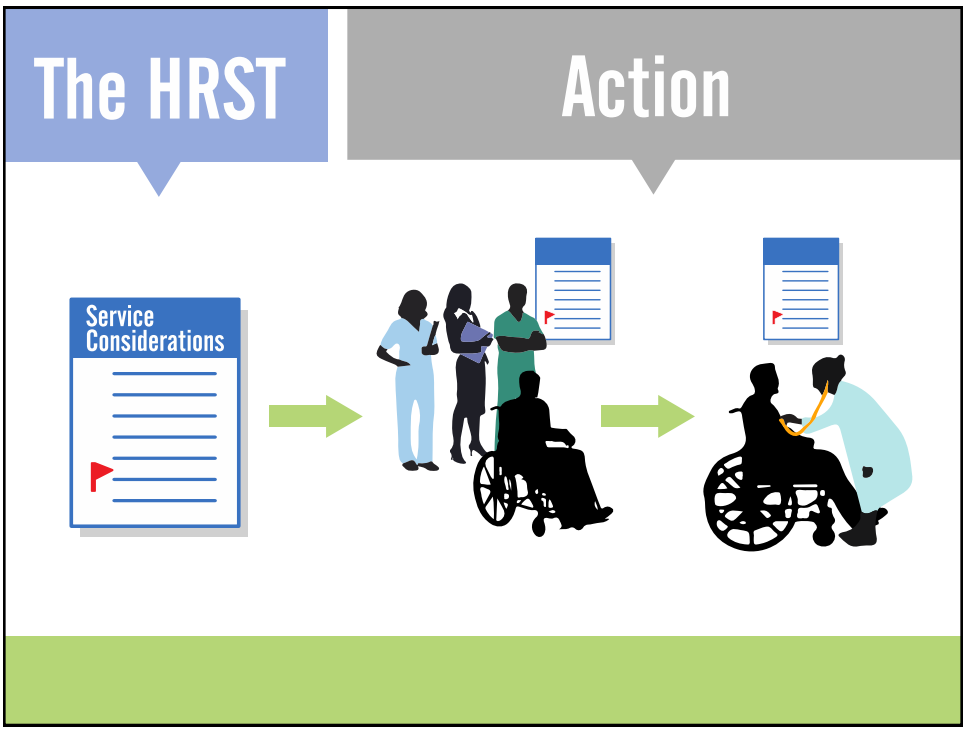
Transforming Data into **ACTION**


Data
Age
Surgery
BMI
Blood test
Check up
Case note
Type II diabetes
Appoint-ment
Med
Doctor visit
Fall
Diagnosis
Side effect
Med
Seizure
Incident
Check up
Gender
Case note
Weight
Hospital-ization
Diagnosis
Goal
ISP
Case note
Injury
Consti-pation
Side effect
Case note
Incident
Height
Psycho-tropic med
Injury
Appoint-ment
Progress note
Dosage
Injury
Appoint-ment
Blood pressure
Meal plan
ER visit
Blood test
Seizure
Med
Hospital-ization
Doctor visit
Incident
Weight
Case note
ER visit
Side effect


Data
The HRST
Functional Status
2
Behavior
0
Physiological
14
Service Considerations
Training Considerations

Service Considerations

- *Point to other assessments and professional interventions that may be needed to support the individual based on their identified issues*



Training Considerations

- *Prompts specific training for those who support the person based on their identified issues*

The HRST Action



Outcomes

- 9% decrease in ER/Urgent Care visits
- 10% of persons served saw a decrease in HCL
- 20% decrease in preventable healthcare medications
- 25% decrease in Falls

- = $13,812
  saved in ER visits alone

HRST Health Care Levels

- **Level 1:**
- **Level 2:** **Low Risk**
- **Level 3:**
- **Level 4:** **Moderate Risk**
- **Level 5:**
- **Level 6:** **High Risk**

Use of Health Care Level

- Risk Stratification
- Determination/assignment of Case Load
- Help determine which professional to do next/further assessments
- Guide in provision of healthcare supports and surveillance

Independent Research

- Two studies completed, independent of one another:
  - The Center for Outcome Analysis
  - Georgia DBHDD
- One study analyzed mortality trends, the other life expectancy trends
- Focus was on I/DD population, fully screened using the **Health Risk Screening Tool** (HRST)
- Both studies independently support correlation between HRST Health Care Level and mortality dynamics

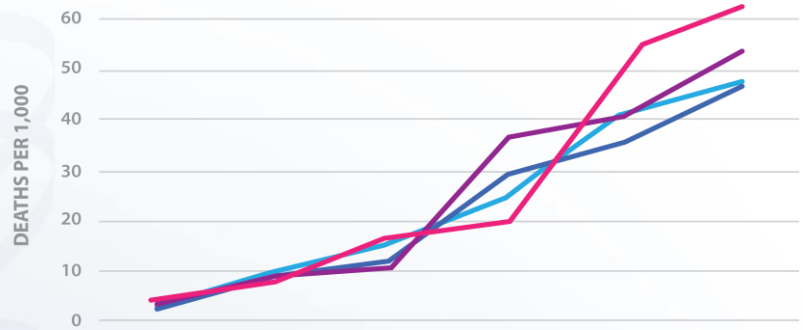
Predictive Validity of a Health Risk Screening Tool Designed for People with Developmental Disabilities, Michael J. Roszkowski, Ph.D., and James W. Conroy, Ph.D. Center for Outcome Analysis. 2016.

2015 Annual Mortality Report, Georgia Department of Behavioral Health and Developmental Disabilities, August 2016.

Georgia DBHDD Research

- Research led by Gwendell Gravitt, Director Office of Performance Analysis DBHDD
- HRST used in DBHDD Mortality Reports 2013 – 2017
- Presentations at AAIDD and HCBS Conferences
  - Catherine Ivy, Director of Community Services DBHDD
  - Gwendell Gravitt, Director of Office of Performance DBHDD
- Research article accepted for publication, late 2019.

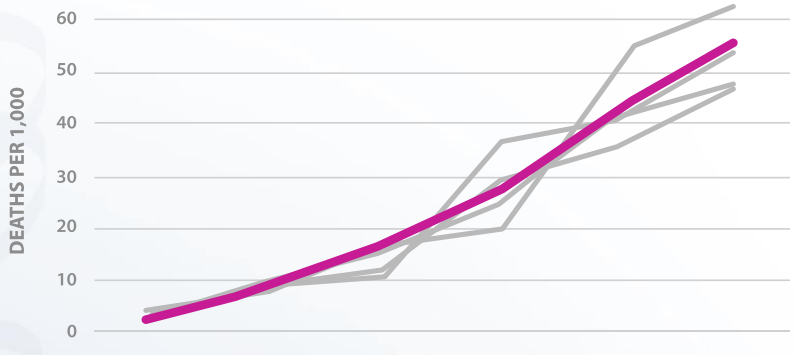
Mortality Rate by HRST Score



HEALTH CARE LEVELS

	1	2	3	4	5	6
2013	2.4	9.7	15.6	24.8	40.8	47.7
2014	3.4	9.0	12.1	29.2	35.7	46.7
2015	3.1	9.1	10.7	36.2	40.4	53.5
2016	4.0	8.5	15.8	20.4	54.4	62.7

Mortality Rate by HRST Score



	1	2	3	4	5	6
2013	2.4	9.7	15.6	24.8	40.8	47.7
2014	3.4	9.0	12.1	29.2	35.7	46.7
2015	3.1	9.1	10.7	36.2	40.4	53.5
2016	4.0	8.5	15.8	20.4	54.4	62.7
AVG.	3	9	14	28	43	53

DBHDD Analyses

- **"A clear relationship exists between increasing health risk score and mortality rate…."**
- "These analyses clearly indicate that health risk, especially higher health risk scores, are significant predictors of mortality."
- "The odds of dying increase significantly with each one-point increase in HRST score."
- "The main finding is that each one-point increase in HRST score has a very strong relationship to the likelihood that death may occur, even at the lowest levels."

2015 Annual Mortality Report, Georgia Department of Behavioral Health and Developmental Disabilities, August 2016.

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