

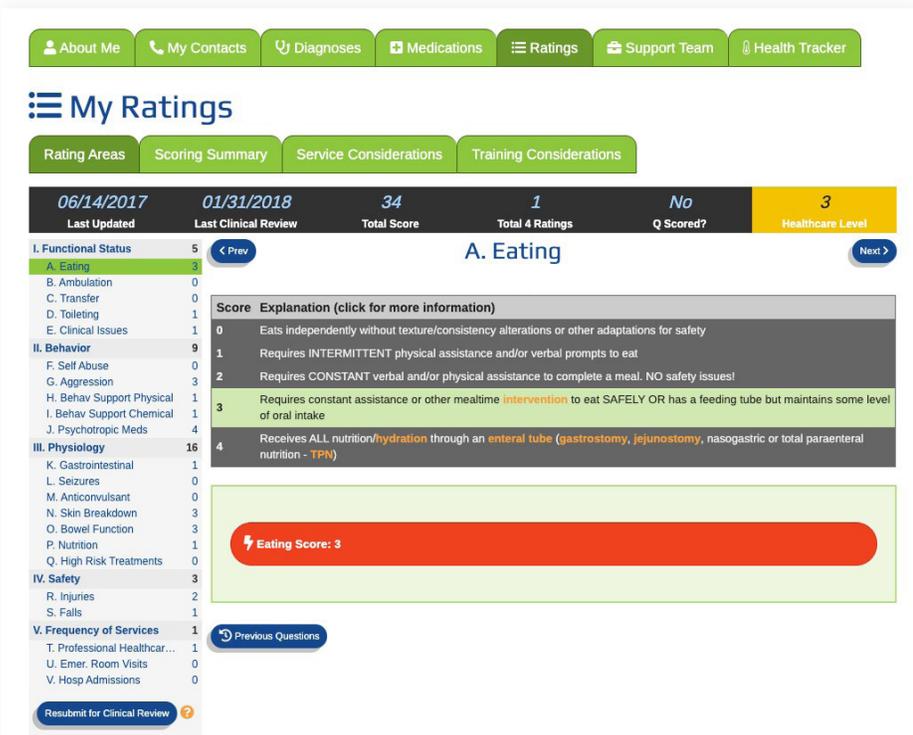
# Detecting Health Risks in At-Risk Populations

## What is the HRST?

The necessity to be aware of health risks and act on these risks preventatively cannot be overemphasized. Early detection saves lives. The Health Risk Screening Tool (HRST) is a simple screening tool that provides objective data about health fragility in persons of varying ages with a range of exceptional needs. These include, but are not limited to, intellectual and developmental disabilities, aging, mental health, physical disabilities and traumatic brain injury.

The goal of the HRST is to promote optimum health, to mitigate or eliminate identified risks and to avert unnecessary health complications or deaths. The HRST provides measurable data in five categories on a total of 22 Rating Items. These 5 categories include such Rating Items as: Eating, Ambulation, Toileting, Self-abuse, Nutrition, Gastrointestinal, Seizures, Falls, and Hospital Admissions. The outcome of scoring all 22 Rating Items is an objective Health Care Level (HCL) that represents the overall degree of health risk and destabilization of the person. Health Care Levels can range from 1-6.

Since each of the 22 Rating Items receives its own score, the level of health risk can be determined on each of the items as well.



The screenshot displays the HRST interface. At the top, there are navigation buttons: About Me, My Contacts, Diagnoses, Medications, Ratings, Support Team, and Health Tracker. Below this is the 'My Ratings' section, which includes tabs for Rating Areas, Scoring Summary, Service Considerations, and Training Considerations. The main content area shows a summary for 'A. Eating' with a score of 3. A table below provides a detailed explanation for each score from 0 to 4. A large orange bar at the bottom of the table indicates the 'Eating Score: 3'. On the left side, a list of 22 rating items is visible, with 'A. Eating' highlighted in green. At the bottom, there is a 'Resubmit for Clinical Review' button.

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)



## The HRST's 5 categories

### Functional Activities

This category looks for risks in common activities of daily living

### Behavioral

Behaviors can be indicators and causes of risk to the person and others as well as attempts to communicate

### Physiological

These items cover major body systems most often affected by various factors or disabilities

### Safety

The number and severity of falls and injuries are indicators and causes of risks

### Frequency of Services

How frequently a person must access health care systems is an indication of risk

## Predictive, Proactive, Preventive

Once a person is fully screened, the HRST produces Service and Training Considerations that can be used by staff and families. Service Considerations describe what further evaluations, specialists, assessments or clinical interventions may be needed to support the person based on the identified issues. The Training Considerations demonstrate what specific training support staff or families may need to address areas of identified risk.

Both the Service and Training Considerations allow the HRST to be tailored specifically to the needs of the person. They also empower the team or support network with knowledge on how to take action in areas where risk has been noted.

## HRST Screening Frequency for Adults and Children

For adults or children, it is important that the HRST be updated any time there is a change in health status.

- ▶ For adults, the HRST should be updated or reviewed at least annually
- ▶ For children, the update frequency is increased:
  - ▶ Under 2 years of age, the HRST should be reviewed quarterly
  - ▶ From ages 2–5 y/o, the HRST should be reviewed semi-annually
  - ▶ From ages 6 y/o and above, the normal annual schedule may be observed

## Benefits and Outcomes of the HRST for Adults and Children

- ▶ Empowers families and caregivers to be responsive to health related risks
- ▶ Allows for early detection and early action
- ▶ Points out the need for other services and training that may be less than obvious
- ▶ Educates case managers, families, and direct support professionals with knowledge of where risks are present and how to intervene
- ▶ Empowers families and staff with talking points while visiting community doctors and clinicians
- ▶ Helps caregivers and doctors discover the root cause of risks
- ▶ Gives actions steps on how to mitigate or eliminate risks before they become chronic or life-threatening
- ▶ Identifies and addresses obstacles to a well-lived life
- ▶ Assists with Person-Centered planning and continuity of care
- ▶ Objectively quantifies the overall health risk of the person
- ▶ Helps avert preventable deaths and unnecessary suffering!



## Health Care Levels

Level 1	Low Risk
Level 2	Low Risk
Level 3	Moderate Risk
Level 4	High-Mod Risk
Level 5	High Risk
Level 6	Highest Risk



## Training

Only trained users complete HRST screenings. We call these users Raters. Raters must complete training prior to screening. Raters also receive ongoing supplemental training and support. Quality and accuracy of scoring is very important. To this end, identified Registered Nurses and/or Licensed Professional Nurses are required to complete Rater training along with additional training to complete a quality review known as a Clinical Review.

## The Screening Process

Raters gather information from a variety of sources in order to conduct screenings. These includes, but are not limited to: the person, family input, medical records, input from other support staff who know the person well, medical history, current plans of care, etc. The Rater will then use this gathered information to answer a series of Yes and No questions about each of the 22 Rating Items to arrive at an item score. The accumulation of these scores results in the assignment of a Health Care Level. Information placed in the HRST can be quickly updated as needed for any reason.



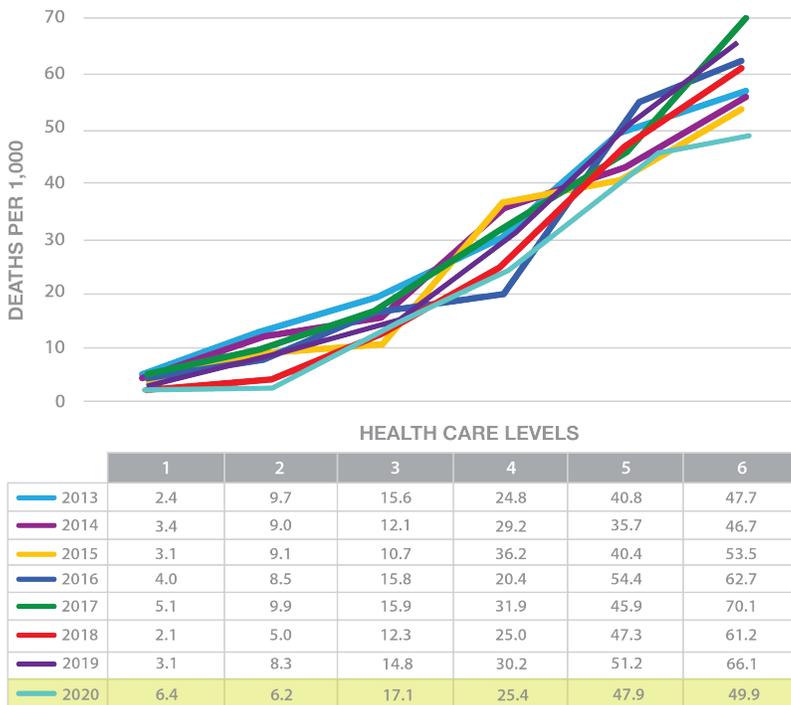
## The HRST: A Brief History

The HRST has its origins in ensuring continuity of care for adults and children with unique health and behavioral needs. In 1992, as a result of a federal lawsuit, the state of Oklahoma was transitioning about 1100 people into the community from a large congregate setting. The judge presiding over the transition saw the necessity for an instrument that could empower staff and families, most of whom had no clinical background, to recognize health risks early so that preventative interventions and other supports could be utilized. He solicited the help of Karen Green McGowan, an RN who now has over 50 years of experience in the I/DD field, to develop a tool that could be used by non-clinical staff to red-flag health risks and destabilization. The tool was field tested on over 6000 people and later renamed the HRST. It is currently used in numerous states in a variety of ways to empower and educate staff and families to identify the early warning signs of health risks and what to do about them.

## Validated

The HRST has been shown time and again through various research studies to be a valid means of reliably measuring risk, longevity, and mortality. One study in particular analyzes yearly mortality trends in a large population, fully screened using the HRST.\* This study noted that “these analyses clearly indicate that increasing health risk was significantly associated with mortality.” The research goes on to note that, consistent with previous years, “increasing health risk was associated with mortality.” In fact, this study highlighted that the two main factors associated with mortality were age and health risk scores (as represented by the HRST Health Care Level). The outcome of this study was conclusive, the **HRST Health Care Level is a reliable predictor of mortality.** The graph below demonstrates the association between the Health Care Level and mortality from years 2013 – 2020.

### Mortality Rate by HRST Score 2013 - 2020



\* 2020 Annual Mortality Report, Georgia Department of Behavioral Health and Developmental Disabilities, August 2021.



The HRST has helped immensely in monitoring for unhealthy patterns that might have resulted in detrimental medical outcomes. People are alive today because of the HRST. We observe and assess individuals very closely as to make certain that they are in the best health possible. The HRST provides us with a snapshot of each individual’s ongoing health status as part of a continual assessment enabling us to observe any adverse health patterns. This allows our team of caregivers to provide better continuity of care with the individual’s health care professionals.”



—M.W., RN

Want to learn more about the HRST?

Visit our website [ReplacingRisk.com](https://ReplacingRisk.com)