Detecting Health Risks in At-Risk Populations

What is the HRST?

HRST®
HEALTH RISK SCREENING TOOL

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 (IDD), aging, mental health, physical disabilities, and traumatic brain injury.

The goals of the HRST are 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 five categories include such Rating Items as: Eating, Ambulation, Toileting, Self-Abuse, Nutrition, Gastrointestinal (GI) Conditions, 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 to 6. The higher the Health Care Level, the higher the overall detected risk.

The HRST's 5 Categories

1. **Functional Status**
   This category looks for risks in common activities of daily living.
2. **Behavior**
   Behaviors can be indicators and causes of risk to the person and others, as well as attempts to communicate.
3. **Physiological**
   These Rating Items cover select body systems most often affected by medical factors or disabilities.
4. **Safety**
   The number and severity of falls and injuries are indicators and causes of risks.
5. **Frequency of Services**
   How frequently a person must access healthcare systems is an indication of risk.

Predictive, Proactive, Preventive

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

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 support team with knowledge on how to take action in areas where risk has been detected.

HRST Screening Frequency for Adults and Children

- ✓ 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, the HRST should be reviewed semi-annually.
  - From ages 6 and above, the normal annual schedule may be observed.
- ✓ For adults or children, it is important that the HRST screening be updated any time there is a change in health status.

Health Care Levels

Benefits and Outcomes of the HRST

- ✓ Empowers families and supporters 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 (DSPs) 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 supporters and clinicians discover the root cause of risks
- ✓ Gives action 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 level of risk as signified in the assigned Health Care Level
- ✓ Helps avert preventable deaths!

The Screening Process

Only trained users complete HRST screenings. We call these users Raters. Raters must complete all required online training prior to using the HRST. Raters also receive ongoing supplemental training and support.

Raters gather information from a variety of sources in order to conduct screenings. These include, 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. Though a formal meeting to complete the screening is optional, the person, the family, and the people who know the person best are always encouraged to contribute.

The Rater will then use this gathered information to answer a series of yes/no questions about each of the 22 Rating Items to arrive at an item score. The accumulation of these scores and a proprietary algorithm results in the assignment of a Health Care Level. Information placed in the HRST can be updated as needed for any reason.

Flexible Screening Support for HRST Users

Organizations implementing the HRST can choose the approach that best fits their team and workflow.

Organizations may train internal staff to conduct screenings or use IntellectAbility's Virtual Screening Service—an additional service available to HRST users. Both approaches utilize the same validated HRST process and provide clinically meaningful risk information.

Two Ways to Conduct HRST Screenings

1. Train Your Team

Train staff members within your organization to conduct HRST screenings internally.

IntellectAbility provides:

- HRST screening training
- Support and guidance
- Implementation resources

2. Virtual Screening Service

Leverage our expert team to complete your HRST screenings from start to finish.

IntellectAbility provides:

- Simple scheduler tool to book appointments
- Trained HRST Raters to handle the full process
- Video conferencing platform capabilities for remote, virtual screening

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.

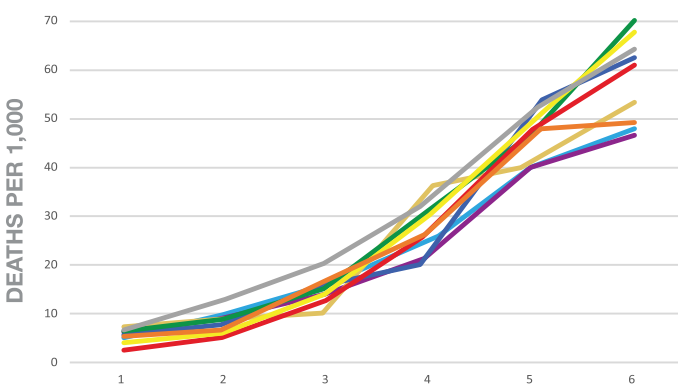
One study in particular analyzes yearly mortality trends in a large population, fully screened using the HRST[1]. This study noted that "these analyses clearly indicate that increasing health risk was significantly associated with mortality."

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 – 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 very closely 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*

Crude Mortality Rates by HCL, 2013-2021



	HEALTH CARE LEVELS					
	Level 1	Level 2	Level 3	Level 4	Level 5	Level 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
2017	5.1	9.9	15.9	31.9	45.9	70.1
2018	2.1	5.0	12.3	25.0	47.3	61.2
2019	3.1	8.3	14.8	30.2	51.2	66.1
2020	6.4	6.2	17.1	25.4	47.9	49.9
2021	7.9	12.0	20.6	32.4	52.9	61.2

[1] Georgia Department of Behavioral Health and Developmental Disabilities, (2023). *Annual IDD Mortality Report: CY2022.*

The HRST: A Brief History

The HRST originated from a need to ensure continuity of care for adults and children with unique health and behavioral needs. In 1992, following a federal lawsuit, the state of Oklahoma began transitioning approximately 1,100 people from a large congregate setting into the community. The judge overseeing the transition recognized the need for a tool that could empower staff and families—most without clinical backgrounds—to identify health risks early, enabling preventative interventions and other supports.

He enlisted Karen Green McGowan, an RN with more than 50 years of experience in the IDD field, to develop a tool that non-clinical staff could use to flag health risks and signs of destabilization. Field-tested on more than 6,000 people, the tool was later renamed the HRST. Today, it is used across numerous states in a variety of ways to help staff and families recognize early warning signs of health risks and know how to respond.

Contact us for a free demonstration and learn more about the HRST today!

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REPLACING RISK WITH HEALTH AND WELLNESS