



IntellectAbility

REPLACING RISK WITH HEALTH AND WELLNESS





*We provide tools and training to those  
who support people with vulnerabilities  
helping them replace risk with health  
and wellness.*



# IntellectAbility

REPLACING RISK WITH HEALTH AND WELLNESS



**HRST**  
HEALTH RISK SCREENING TOOL



**Academy**  
IDD SUPPORTER EDUCATION



**Person  
Centered Services**  
A SHIFT IN SUPPORTER PERSPECTIVE



**Productions**  
CUSTOM COURSE DEVELOPMENT



HRST

HEALTH RISK SCREENING TOOL





# Agenda

- Health Risk Screening Tool (HRST)
  - Purpose
  - History
  - Importance
  - Demo
  - Uses

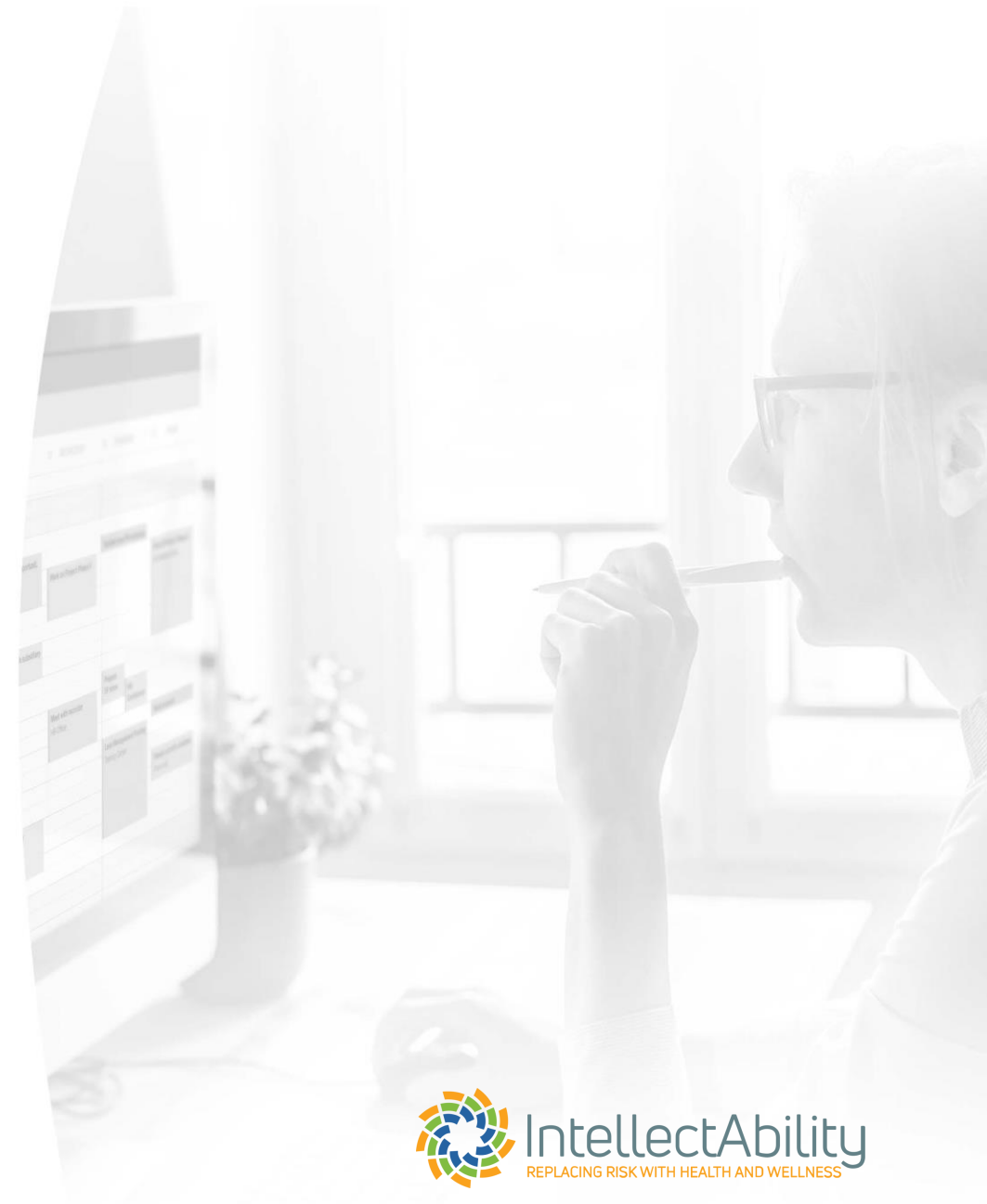




# What Is the HRST?

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

- Intellectual/Developmental Disabilities
- Physical Disabilities
- Traumatic Brain Injury
- Disabilities Associated with Aging
- Children
- *Any Vulnerable Population*





## Scoring Summary Report

Henry Agnew

Henry Agnew

Date of Birth: 04/09/1973

Gender: M

SSN: \*\*\*-\*\*-0000

08/24/2011	-	73	9	No	5
Last Update Date	Last Clinical Review	Total Score	Total 4 Ratings	Q Scored?	Healthcare Level

### I. Functional Status

Rating Area	Score	Explanation
A. Eating  Rating area last updated: 04/13/2015 by Maryellen Moeser	1	The person required INTERMITTENT physical assistance and/or verbal prompts to complete a meal within the past 12 months.  May need occasional physical assistance or verbal prompts due to issues with attentiveness. May need occasional physical assistance or verbal prompts to reposition adaptive eating utensils or equipment. May need occasional physical assistance for repositioning due to physical limitations. No issues with safety.

#### Rating Area Notes

08/24/2011 Maryellen Moeser test

No Clinical Review notes entered

Rating Area	Score	Explanation
B. Ambulation  Rating area last updated: 04/13/2015 by Maryellen Moeser	3	The person required mechanical assistance to maintain an upright, seated position in a wheelchair. Needed assistance to change positions or shift weight within the past 12 months.  A person qualifying for a score of 3 is ALWAYS unable to walk. Able to be placed in an upright sitting position but cannot maintain a seated posture without outside mechanical support (pillows, specialized positioning equipment, adaptive wheelchair, etc.) or physical assistance. Needs assistance to reposition OR may not recognize the need to reposition on a consistent basis.

#### Rating Area Notes



# 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 program supervisors or direct care staff
- Nursing oversight is triggered when necessary





# What can it be used for?


- Quantifies health risk based on objective criteria
- Aids in mitigating identified risk
- Enables ongoing monitoring of the person throughout their time in services
- Ensures continuity of care
- Facilitates effective communication with community clinicians





# History of the HRST

HEALTH RISK SCREENING TOOL



Developed in  
1992 – federal  
lawsuit

Known  
originally as  
“Physical Status  
Review” (PSR)

Extensively  
field tested on  
6000 people

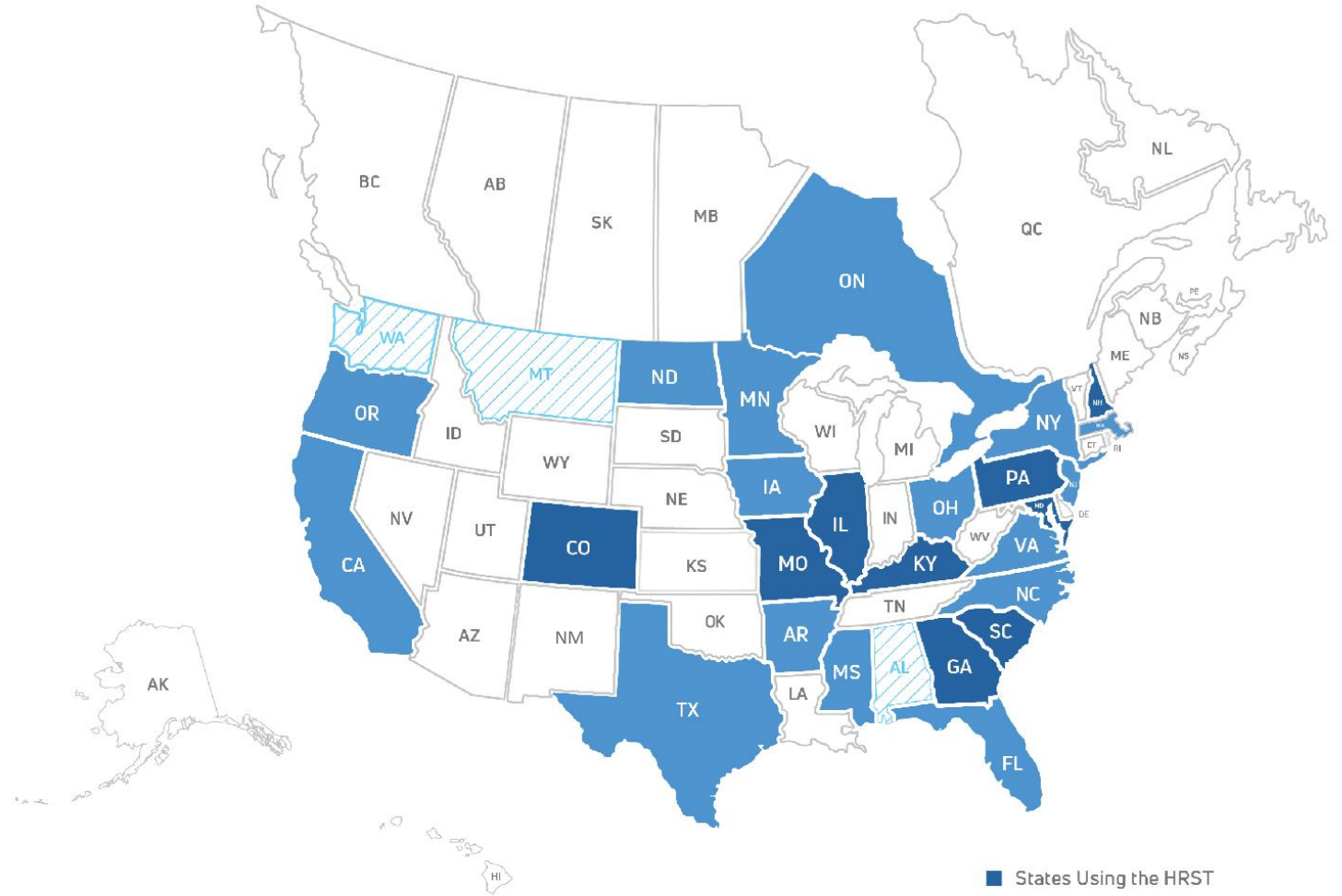
Used in  
numerous  
states

Web-based  
version  
released in  
2006



# HRST

HEALTH RISK SCREENING TOOL





## 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
- Early detection and action saves lives!
- 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 It Work?

The **HRST** is a simple 22 item scale designed to find out which people 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



**HRST**  
HEALTH RISK SCREENING TOOL

# The HRST Categories and Items

## I. Functional Status

- A. Eating
- B. Ambulation
- C. Transfer
- D. Toileting
- E. Clinical Issues  
Affecting Daily Life

## II. Behaviors

- F. Self-Abuse
- G. Aggression
- H. Behavior Support Physical
- I. Behavior Support Chemical
- J. Psychotropic Medications

## III. Physiological

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

## IV. Safety

- R. Injuries
- S. Falls

## V. Frequency of Services

- T. Professional  
Healthcare Visits
- U. Emergency Room Visits
- V. Hospitalizations



# The HRST Categories and Items

## I. Functional Status

1  
0  
0  
1  
2

- A. Eating
- B. Ambulation
- C. Transfer
- D. Toileting
- E. Clinical Issues  
Affecting Daily Life

## II. Behaviors

- F. Self-Abuse
- G. Aggression
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- R. Injuries
- S. Falls

## V. Frequency of Services

- T. Professional  
Healthcare Visits
- U. Emergency Room Visits
- V. Hospitalizations

# The HRST Categories and Items

4

## I. Functional Status

1

A. Eating

0

B. Ambulation

0

C. Transfer

1

D. Toileting

2

E. Clinical Issues

Affecting Daily Life

## II. Behaviors

F. Self-Abuse

G. Aggression

H. Behavior Support Physical

I. Behavior Support Chemical

J. Psychotropic Medications

## III. Physiological

K. Gastrointestinal

L. Seizures

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N. Skin Integrity

O. Bowel Function

P. Nutrition

Q. High-Risk Treatments

## IV. Safety

R. Injuries

S. Falls

## V. Frequency of Services

T. Professional

Healthcare Visits

U. Emergency Room Visits

V. Hospitalizations

# The HRST Categories and Items

## I. Functional Status

4

1

0

0

1

2

- A. Eating
- B. Ambulation
- C. Transfer
- D. Toileting
- E. Clinical Issues  
Affecting Daily Life

## II. Behaviors

0

0

0

0

0

0

- F. Self-Abuse
- G. Aggression
- H. Behavior Support Physical
- I. Behavior Support Chemical
- J. Psychotropic Medications

## III. Physiological

14

3

0

0

0

3

1

0

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

## IV. Safety

0

0

0

- R. Injuries
- S. Falls

## V. Frequency of Services

5

2

3

0

- T. Professional  
Healthcare Visits
- U. Emergency Room Visits
- V. Hospitalizations



# The HRST Health Care Level (HCL)



Level 1  
Level 2



Level 3  
Level 4

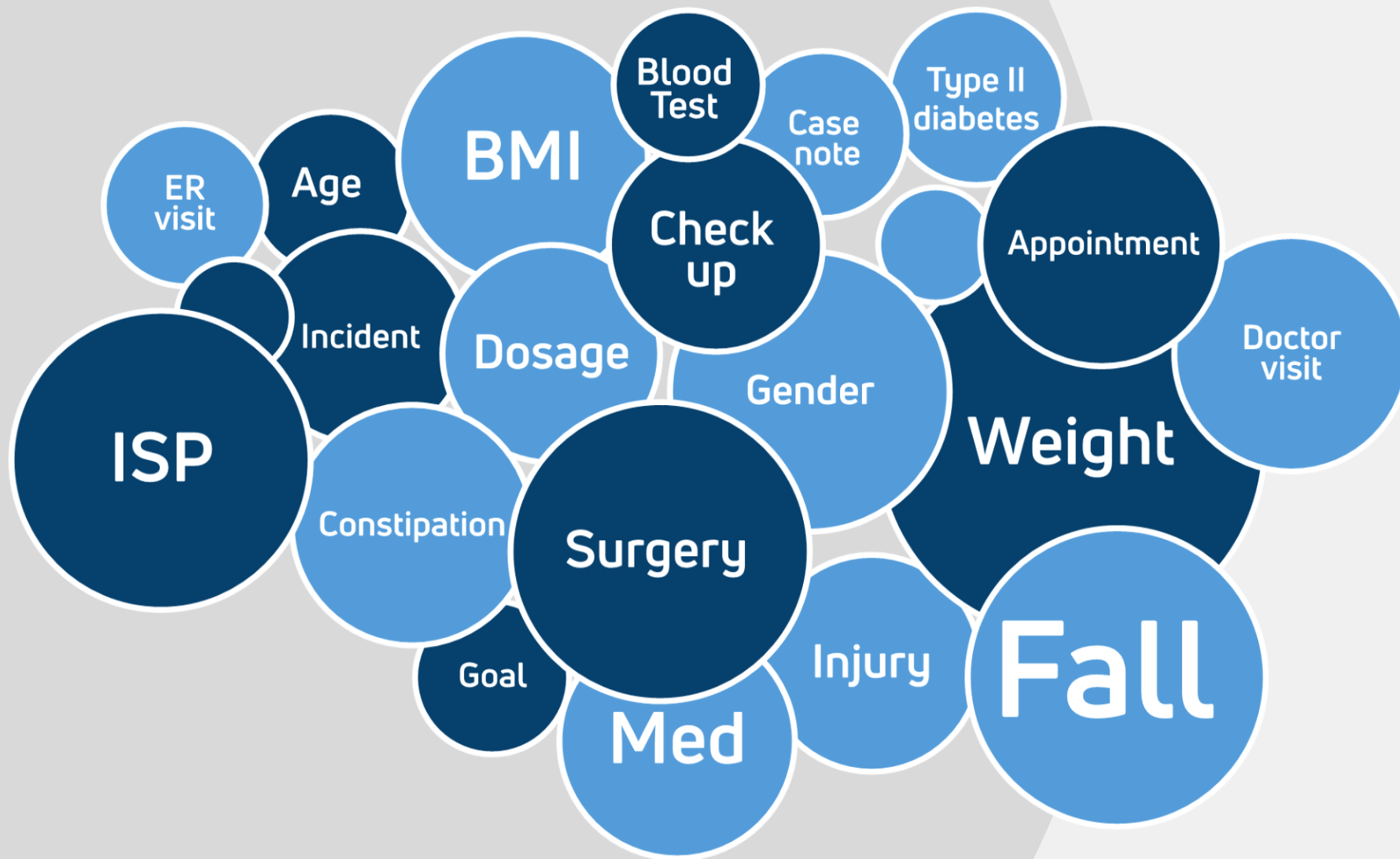


Level 5  
Level 6

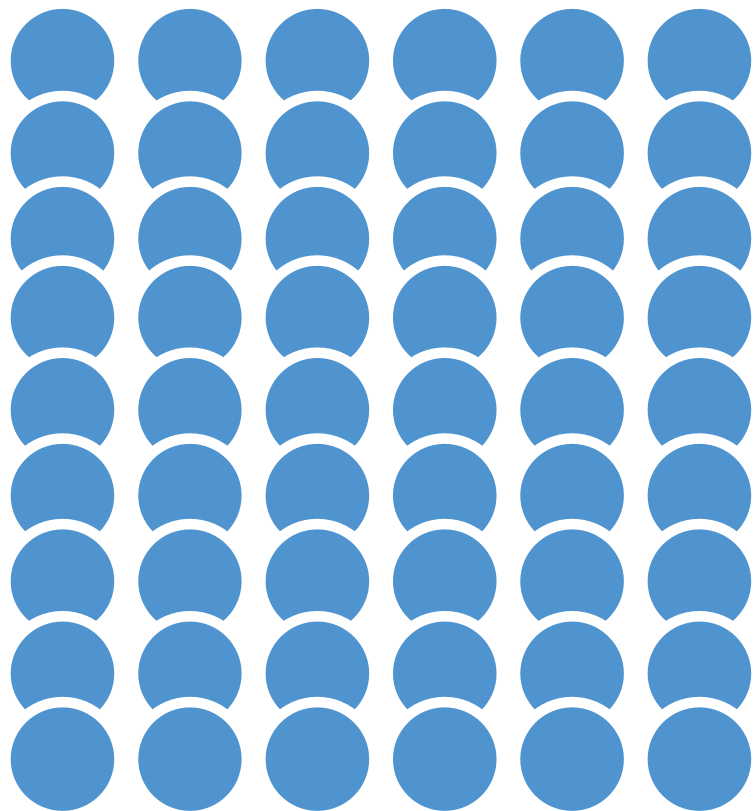


Transforming  
Data into Action



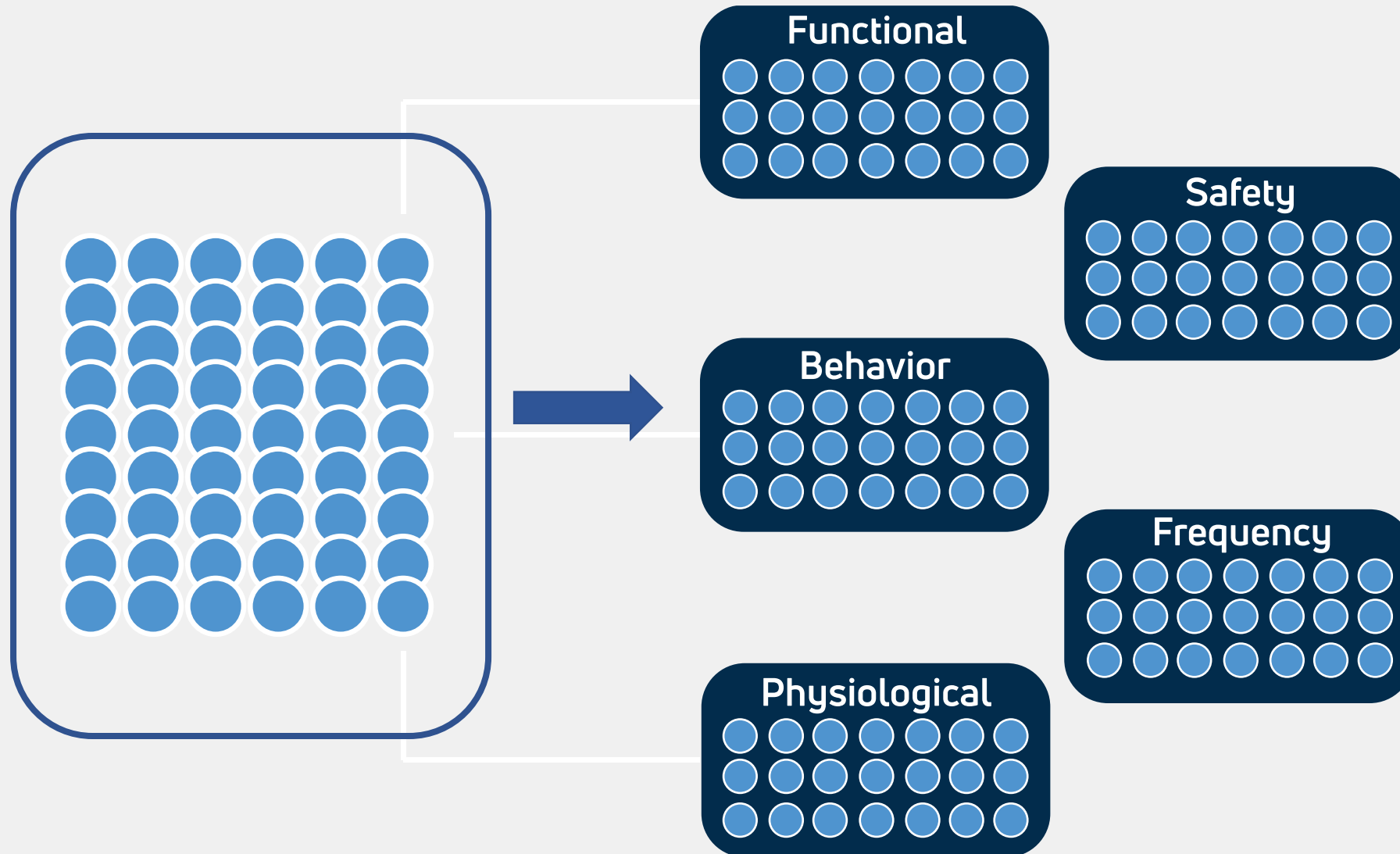


So Much  
Data!



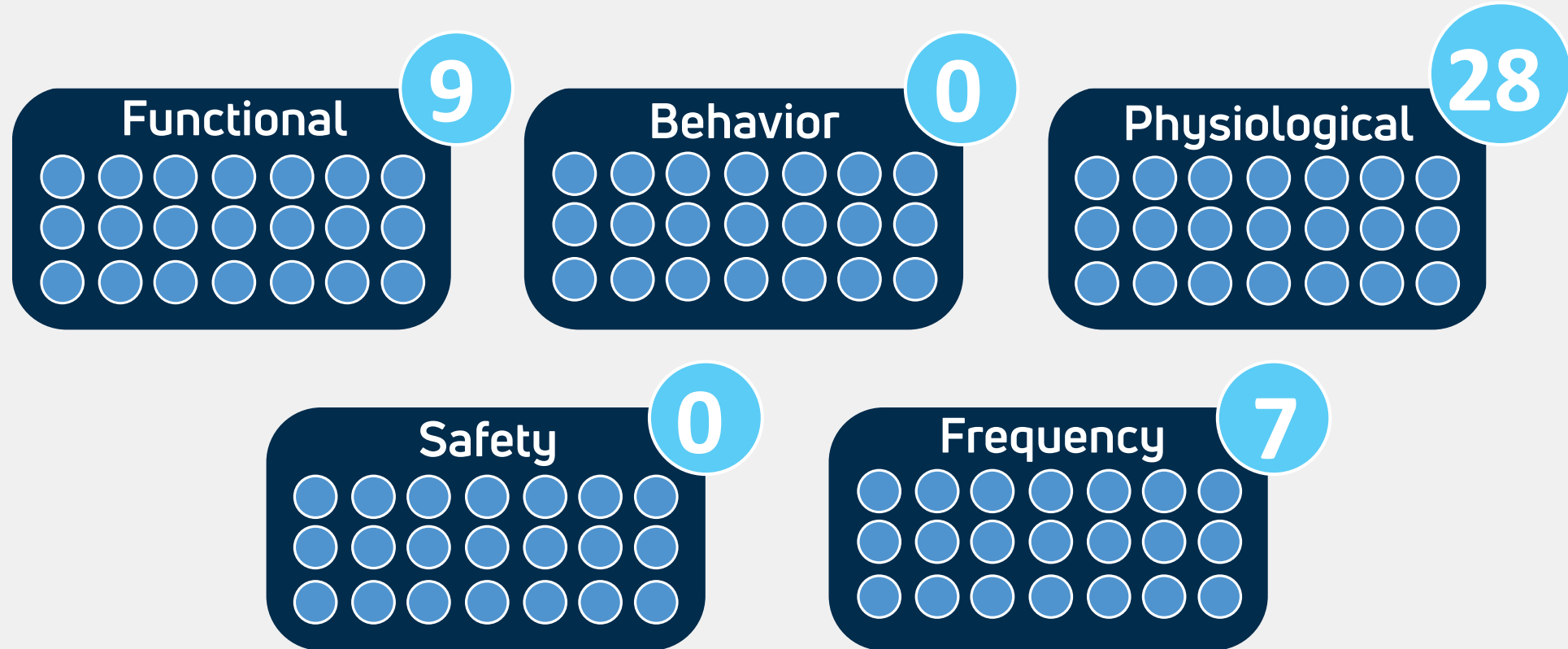
Data  
Aligned

# Data Aligned Into Categories



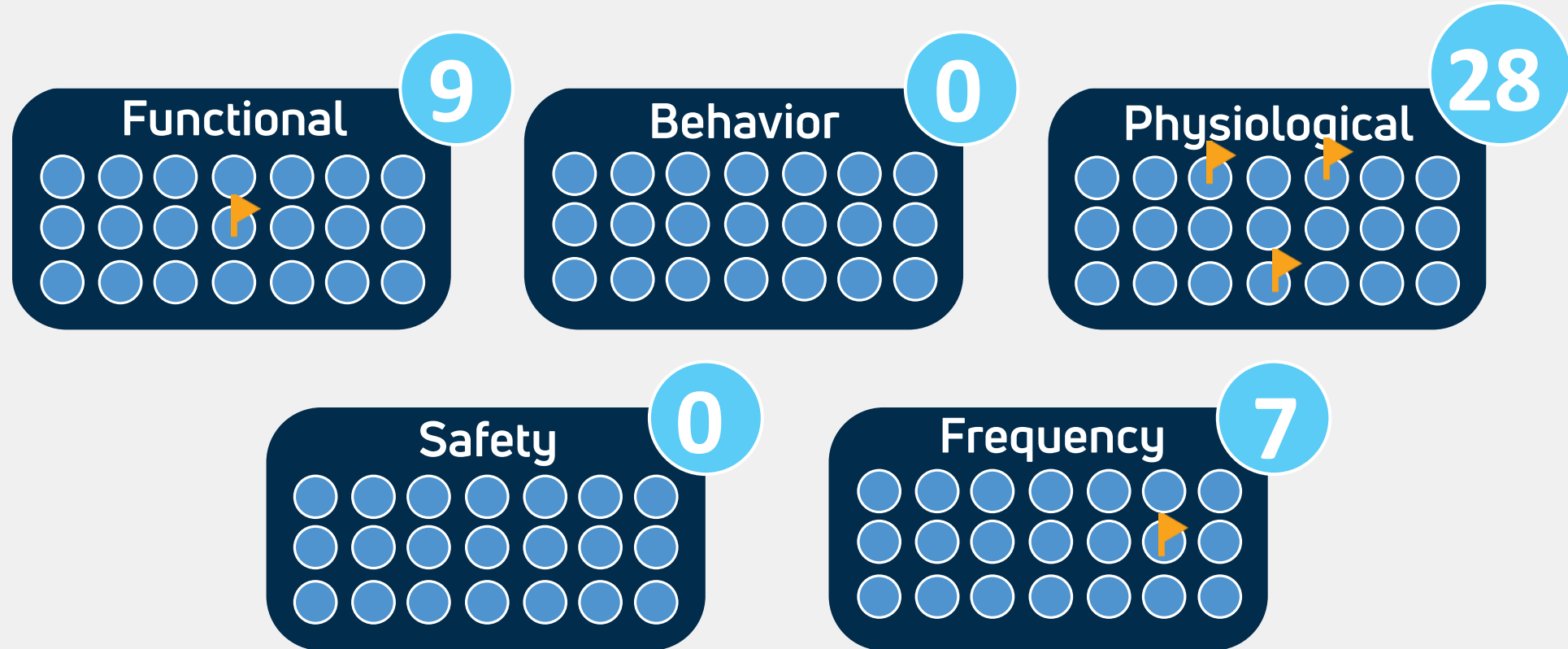


# Data Aligned With Category Score





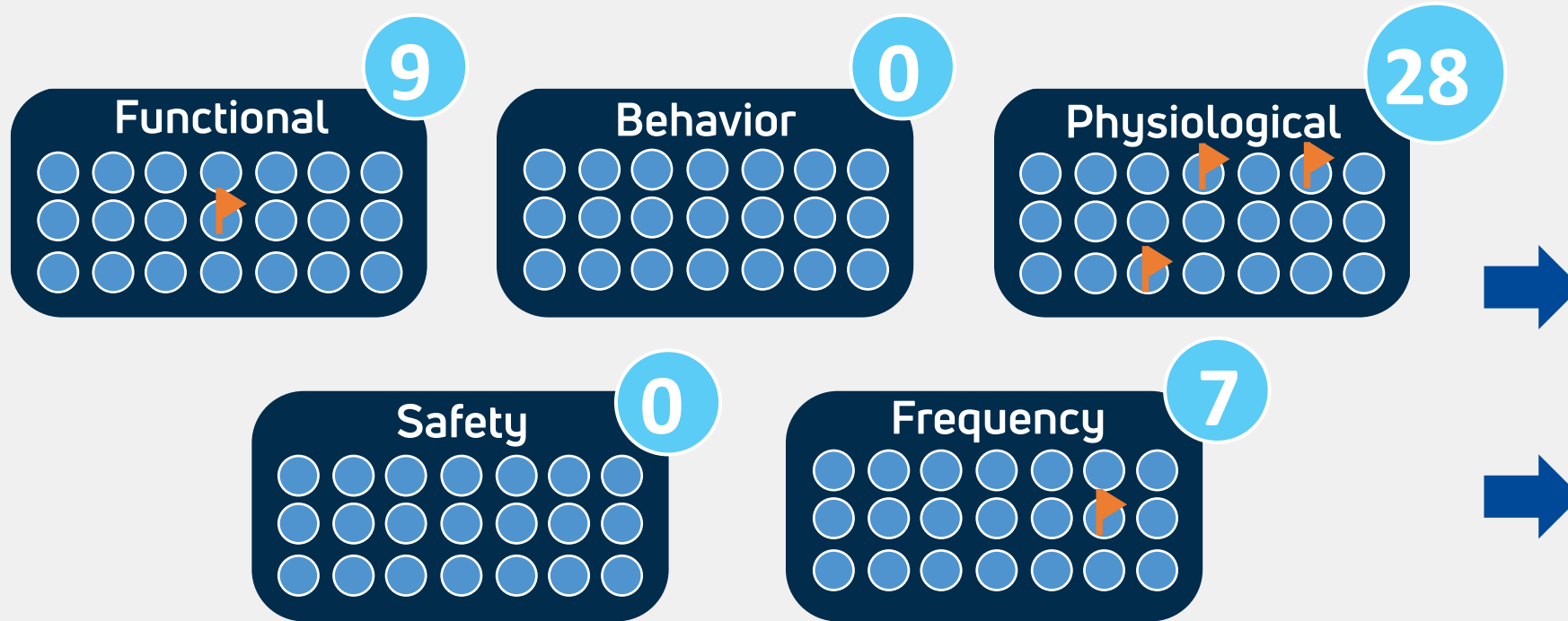
# Data Aligned With Category Score







# Data Aligned Into Considerations



## Service Considerations

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## Training Considerations

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# Service Considerations

## Service Considerations

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# Service Considerations

Service Considerations

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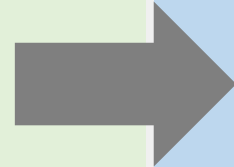
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# Training Considerations

## Training Considerations

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# Training Considerations

## Training Considerations

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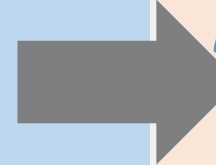
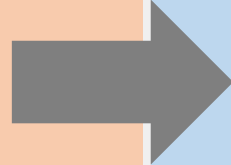
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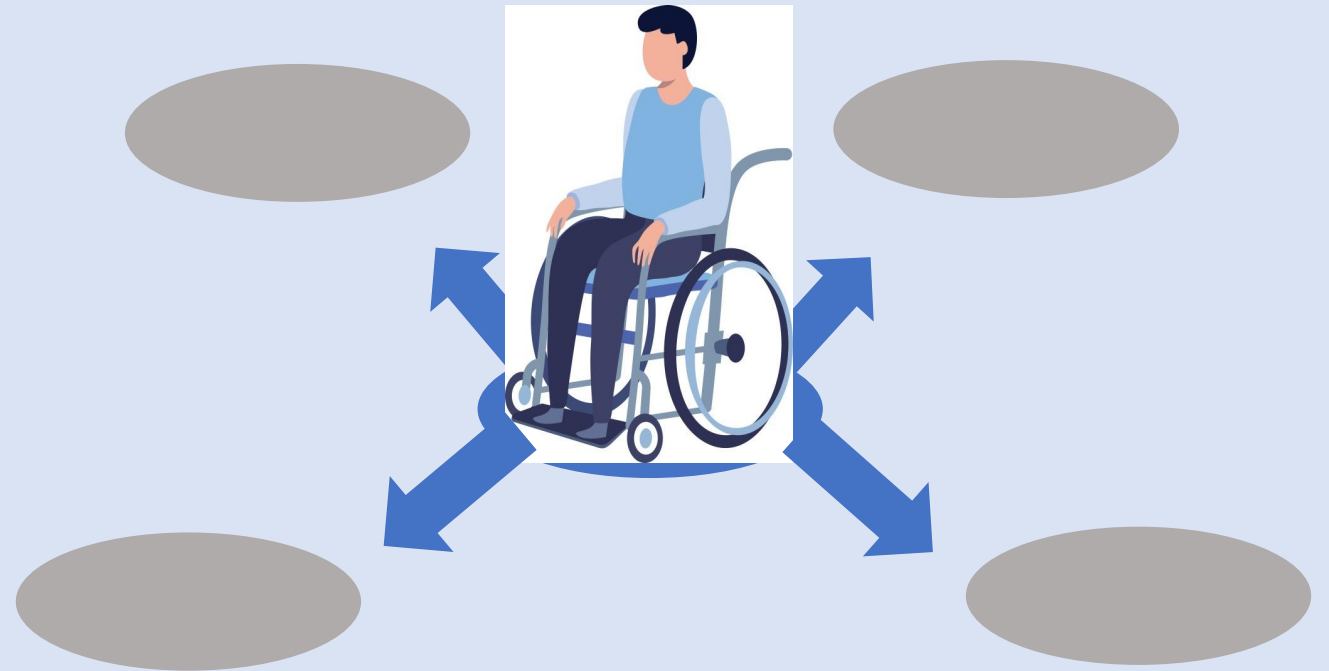
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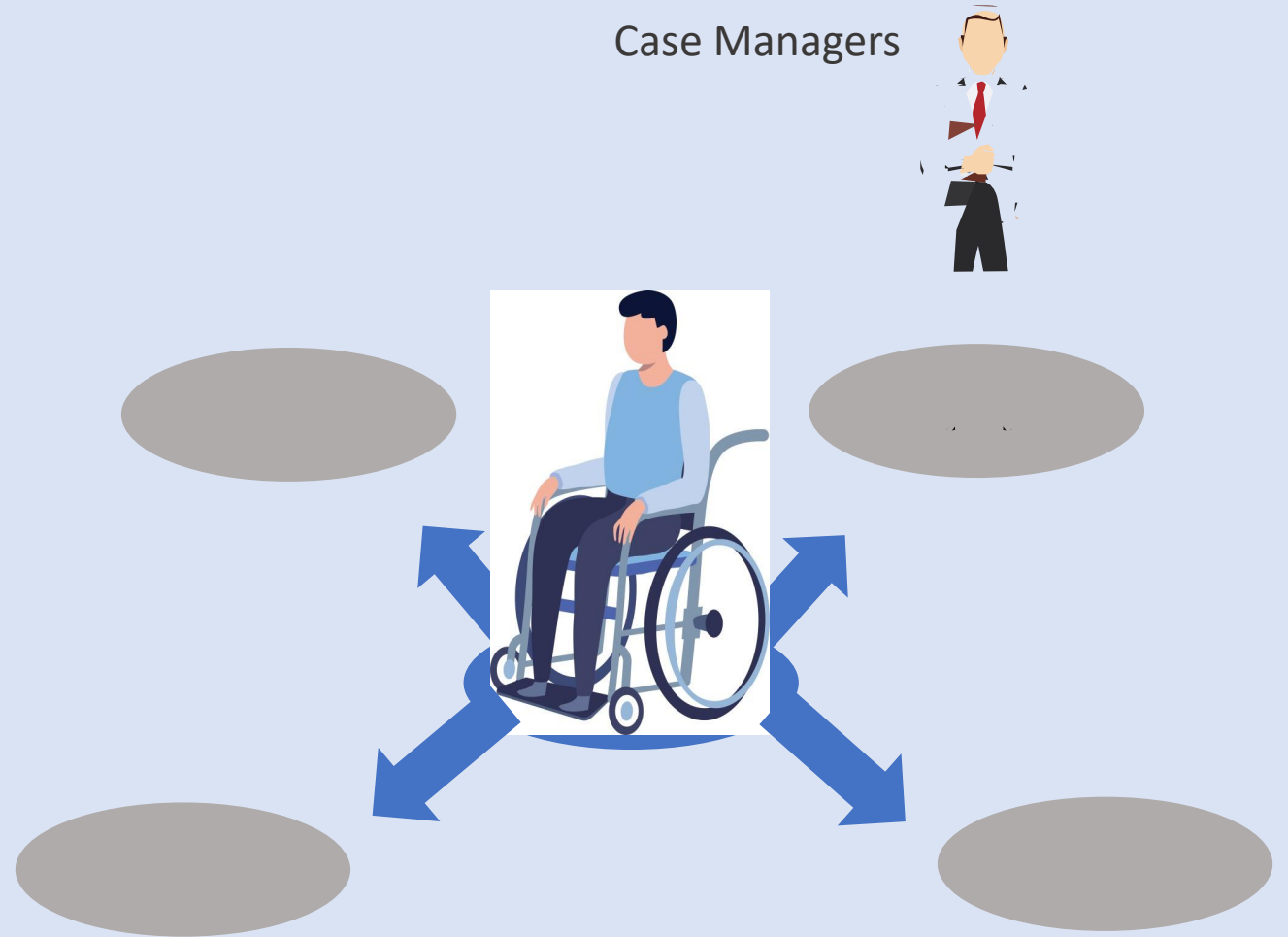


# HRST and the Support Team



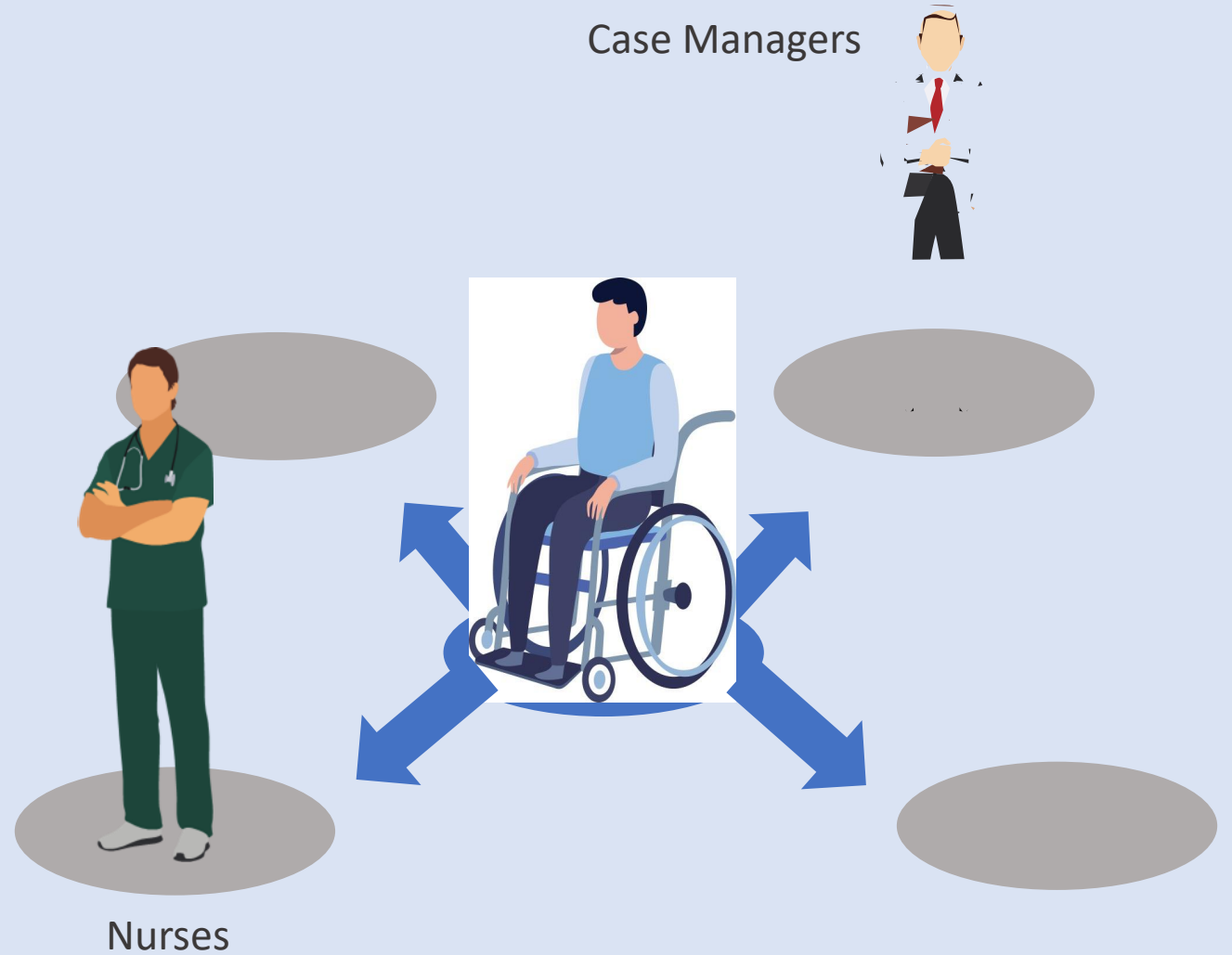


## HRST and the Support Team



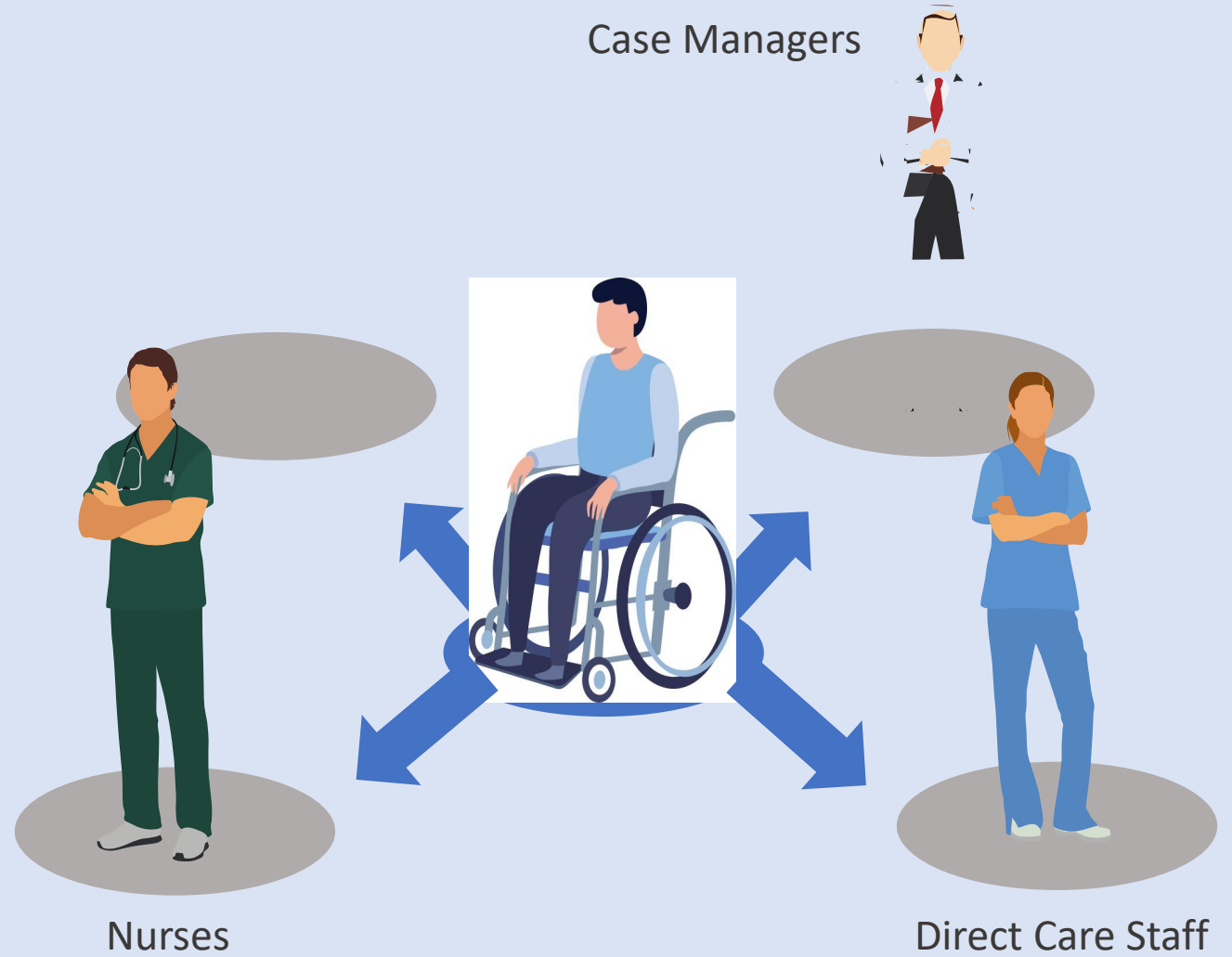


## HRST and the Support Team



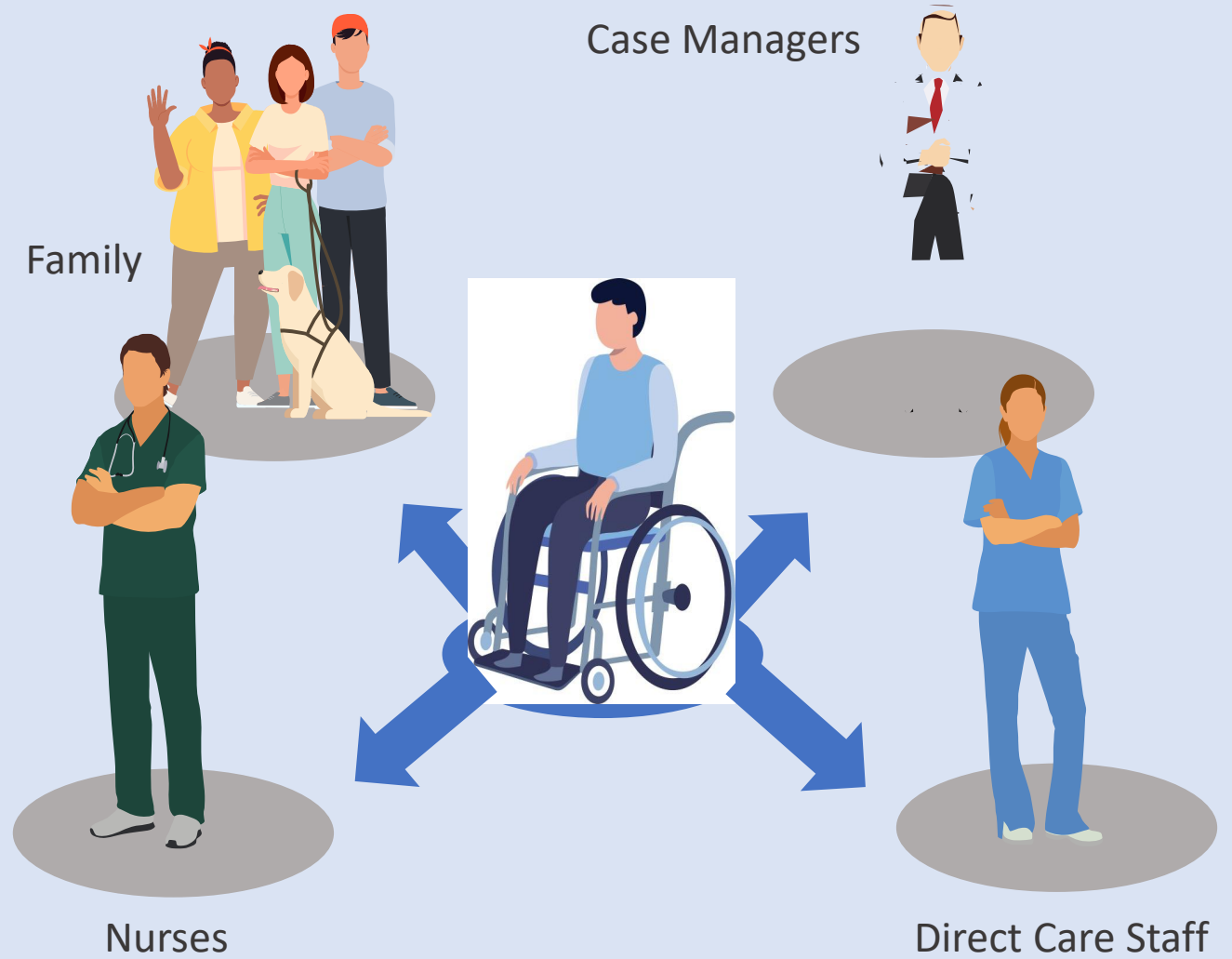


## HRST and the Support Team





# HRST and the Support Team






# Common Questions





## 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 person
- Updates often require little time to complete



# How Often is the HRST Administered?

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





What Does  
it Look Like?



# Reporting Features



- Designed and applied over the last 21 years
- Tested, revised, and extensively field tested
- Internal Consistency Reliability

Data Set	Alpha
March 2011	.828
Sept. 2011	.833
March 2012	.836

Above 0.9	Excellent
Between 0.8 - 0.9	Good
Between 0.7 - 0.8	Acceptable
Between 0.6 - 0.7	Questionable
Between 0.5 - 0.6	Poor
Below 0.5	Unacceptable

- Test-Retest Reliability

Months Apart	Months Compared	Correlation
6 months apart	March 2011 - Sept. 2011	.958
6 months apart	Sept. 2011 - March 2012	.962
12 months apart	Sept. 2011 - March 2012	.921



# Reliability

Validated by  
Independent  
Research



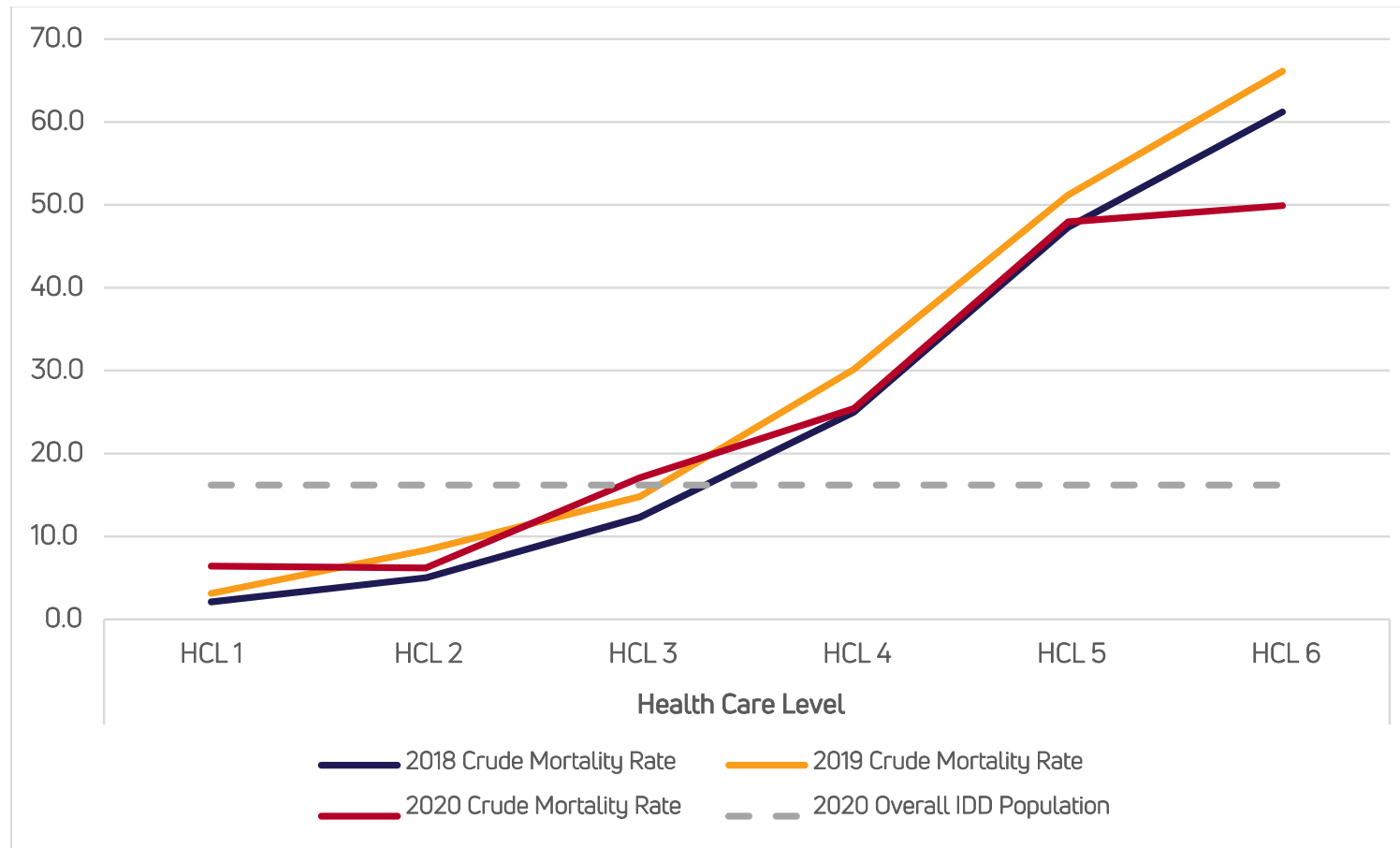




- GA DBHDD
  - J. R. Gravitt – Director, Office of Performance Analysis
- Annual Mortality Reports 2013-2019
  - Focus was on I/DD population, fully screened using the HRST
  - Support correlation between HRST Health Care Level and mortality dynamics

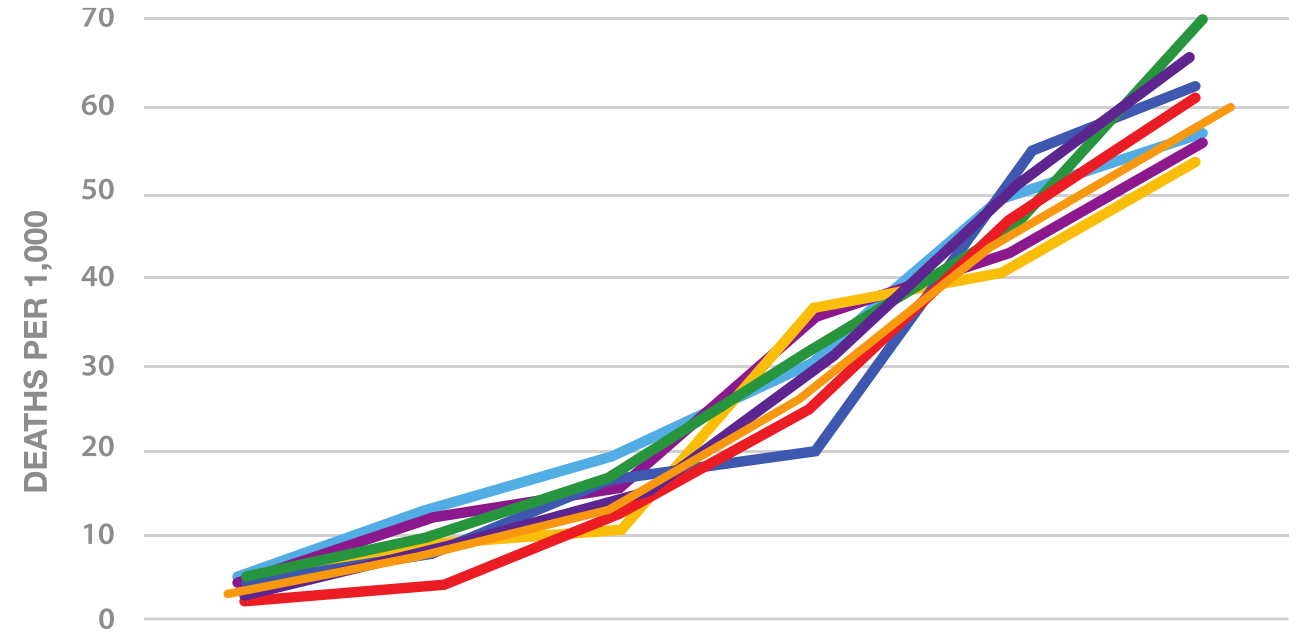


# Mortality Rate by HRST HCL 2018-2020



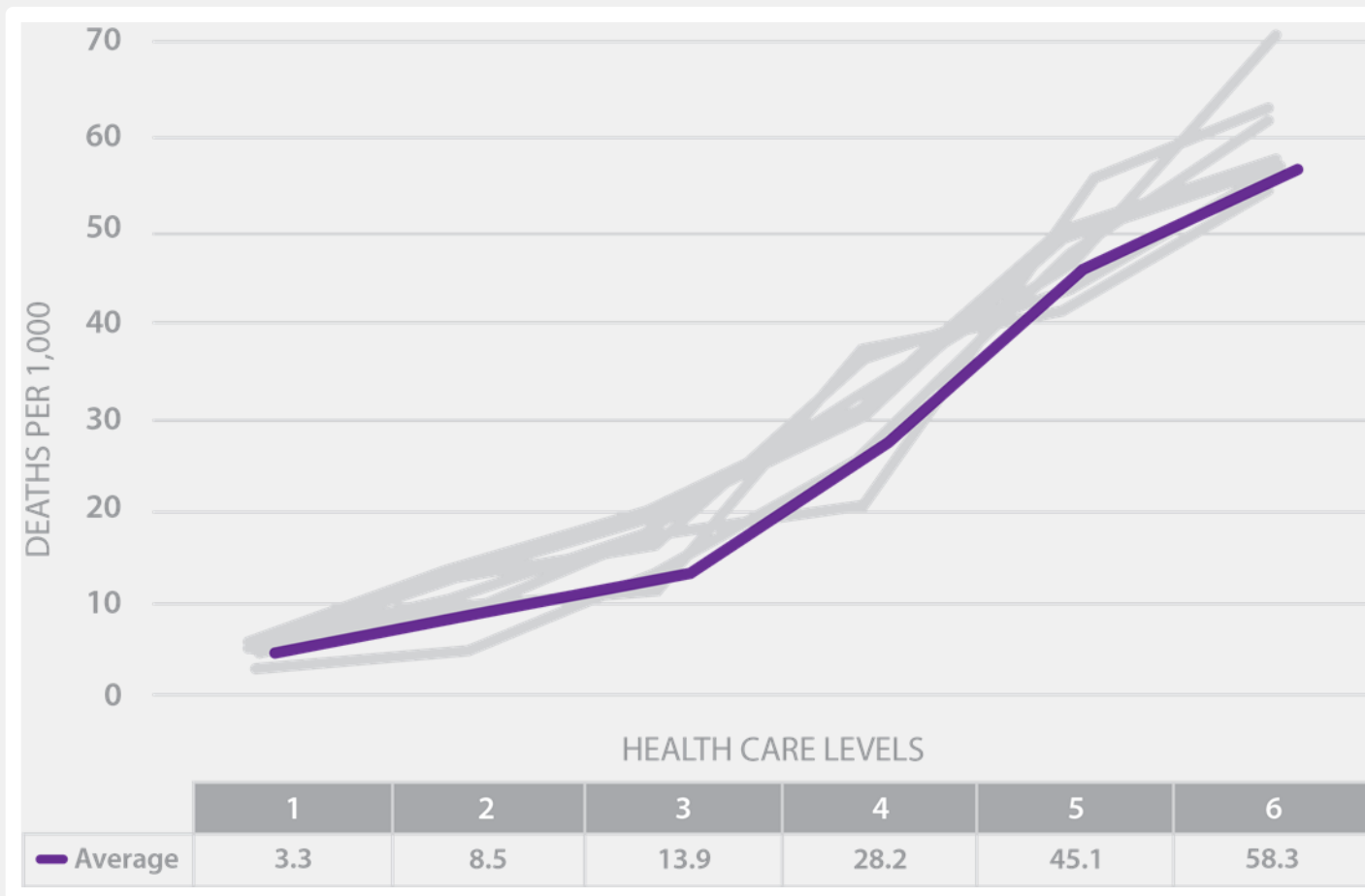


# Mortality Rate by HRST HCL 2013-2020



		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
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

# Mortality Rate by HRST HCL





## Journal of Nursing Measurement

- A study focused on the HRST was just published in the peer reviewed *Journal of Nursing Measurement*
- "An Examination of the Validity of the Health Risk Screening Tool: Predicting Mortality in People With Intellectual Disabilities"
- Conclusions of the study:
  - **"The HRST can predict mortality. Therefore, it can serve as a basis for establishing healthcare needs and determining nursing care acuity."**



Use  
of HCL



## Use of HCL

- Risk stratification
- Enables ongoing monitoring of the person throughout their time in services
- Objectively determines who needs or does not need clinical services
- Determination and assignment of caseload
- Provides the organization a way to monitor locations/groups for quality assurance/improvements





## Outcomes

- 10% of persons served saw a decrease in HCL
- 9% decrease in ER/Urgent Care visits
- 20% decrease in preventable healthcare medications
- 25% decrease in Falls
- **\$13,812 saved in ER visits alone**





Questions?

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