

## Health Risk Screening: ANCOR Office Hours

PRESENTED BY:

Craig Escudé, MD, FAAFP, FAADM, President

Hilary Gaytan, Business Development Representative





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**Hilary Gaytan**, Business Development Representative



- Discuss HRS COVID-19 resources
- Provide a brief overview of the HRST and how it identifies those most at risk
- Review the utilization of eLearn training to provide education from the DSP to MD level

## **Our Mission**

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

## COVID-19

### Webpage with a number of resources

- Webinars
- Special bulletins
- Videos
- Health Passport



## **COVID-19 – HRSTonline.com**

#### **Special Bulletins**

Special Bulletin #1

HRST & COVID-19

From our President, Dr. Craig Escudé MD, FAAFP, FAADM

#### Special Bulletin #1

- · Symptoms & Risk
- Prevention
- HRST Reports

### **Special Bulletin #2 Telemedicine and** Infection Control

#### **Special Bulletin #2**

- Telemedicine
- Teaching Resources

#### **COVID-19 Webinars**

#### New Watch Now aaidd + HRS webinar COVID-19 and People with IDD: Taking Action to Mitigate Risk evented by Craig Escude, MD, FAAFP, FAADM 40:00 **\*** 22

#### AAIDD & HRS Webinar

- "COVID-19 and People with IDD: Taking Action to Mitigate Risk" Recorded April 8, 2020
- Download CADES procedures Handout

#### Download Webinar Slides Here

#### Watch Now



Download

Besides providing basic health information, this document can be utilized to convey important social information that facilitates knowing and understanding a person.



#### **COVID-19 & People with IDD**

"COVID-19 & People with IDD: Impact, Prevention and Action" Webinar, Recorded Mar. 22nd

Download Webinar Slides Here

#### **Training Videos**



This 22 minute video is a condensed form of the Fatal Five Infection module. It teaches about the severe risks from infections including how to prevent it, how to spot when it happens and what can happen if it is not treated. Infection is focused on as a precursor to sepsis, which is one of the ways an infection can become fatal.



This video shows you how to use the HRST Custom Report Builder as discussed in Special Bulletin #1.

Suggest a Webinar or Training Topic	
email	

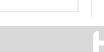
#### Resource Docs

HRST

**HRST Health Passport** 

My Health Passport

Name John Dox



## **Upcoming Webinar**

## **aaidd + HR5** webinar

Disparities, Perceptions and Misconceptions: Putting PEOPLE Before their Diagnoses

> May 6, 2020 4:00p ET Register at AAIDD.org



## Just Published...



- 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."

#### https://connect.springerpub.com/content/sgrjnm/28/1/73



### HEALTH RISK SCREENING TOOL



## 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
- Any Vulnerable Population



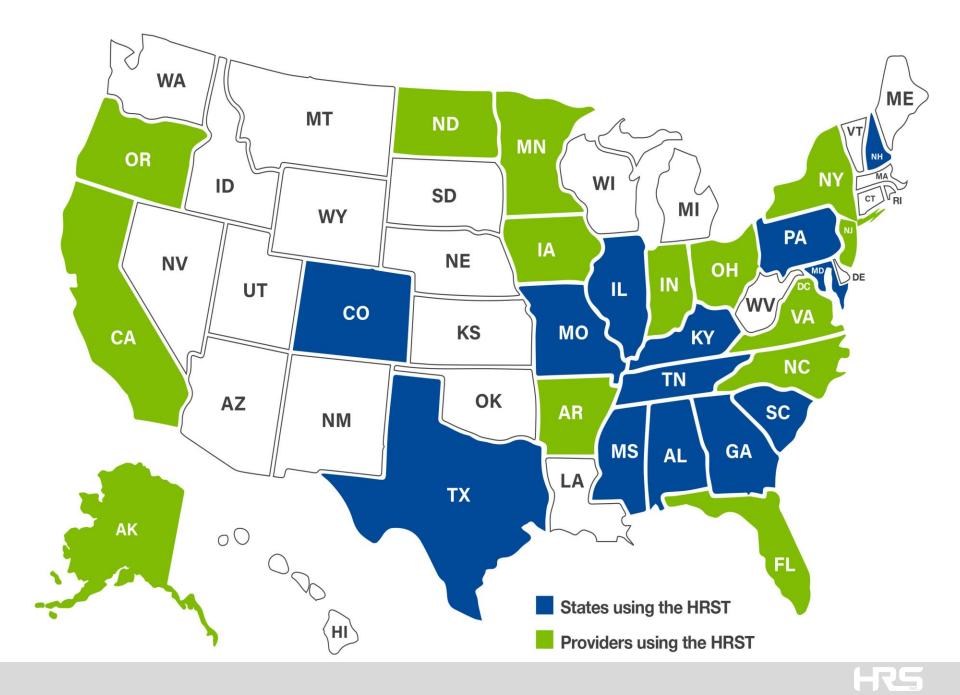
## The HRST is a SCREENING Instrument

- 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 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



## How does the HRST 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.



## **The HRST Categories & Items**

### I. Functional Status

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

### II. Behaviors

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

### III. Physiological

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

### IV. Safety

- R. Injury
- S. Falls

### V. Frequency of Service

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

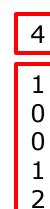
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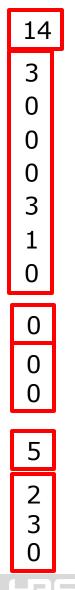
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- III. Physiological
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- L. Seizures
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- O. Bowel Function
- P. Nutrition
- Q. High Risk Treatments
- IV. Safety
- R. Injury
- S. Falls
- V. Frequency of Service
- T. Prof. Healthcare Services
- U. ER Visits
- V. Hospitalizations



-			0	No	-
Last Updated	Last Clinical Re	eview Total Score	Total 4 Ratings	Q Scored?	Healthcare Level
I. Functional Status	- Prev		A. Eating		Next >
A. Eating			Section last changed -		
B. Ambulation			-		
C. Transfer	. Score Ex	xplanation (click for more info	rmation)		
D. Toileting	- 0 Ea	ats independently without texture/co	onsistency alterations or other ada	aptations for safety	
E. Clinical Issues	- 1 P/	equires INTERMITTENT physical a	esistance and/or verbal promote t	o opt	
II. Behavior	-	equires intervini rent physical a	ssistance and/or verbai prompts t	0 eat	
F. Self Abuse	. 2 Re	equires CONSTANT verbal and/or p	physical assistance to complete a	meal. NO safety issues!	
G. Aggression	- Re	equires constant assistance or othe	r mealtime intervention to eat SA	FELY OR has a feeding tub	e but maintains some level
H. Physical Restraint	3	oral intake		Ĭ	
I. Chemical Restraints	· .	annium All mutaising/hudentian then	unh an antaral tuha (anatanatana)		as total an experience of extrition
J. Psychotropic Meds	- 4	eceives ALL nutrition/hydration thro	ugn an enteral tube (gastrostomy	, jejunostomy, nasogastric	or total paraenteral nutrition
III. Physiology		TPN)			
K. Gastrointestinal	•				
L. Seizures	-				
M. Anticonvulsant	In the	past twelve months has th	is person been fed by tu	be?	
N. Skin Breakdown			,		
O. Bowel Function					
P. Nutrition	- Ves	s 🔍 No 🛛 I don't know			
Q. Reqs for Lic. Int.					
IV. Safety	- Submit				
R. Injuries	•				
S. Falls	-				
V. Frequency of Services	-				
T. Prof. Healthcare Svcs.	-				
U. Emer. Room Visits	· Drevious	Questions			
V. Hosp Admissions					

## **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 PointsLevel 6: 69 or greater
- **High Risk**



## Transforming Data Into **Action!**



Service Considerations



















# 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?

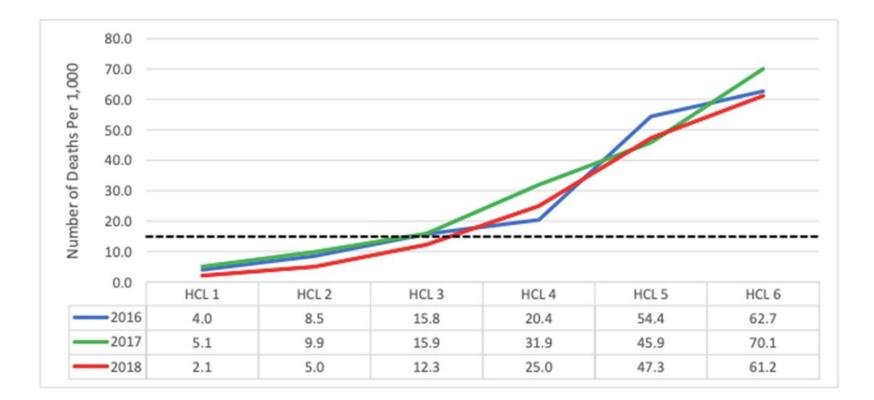
At least annually to ensure the person's health is stable

Reviewed and updated when the person's health status changes (ER visits, Hospitalizations, new diagnoses or meds, injuries, etc.)

## Validated by Independent Research

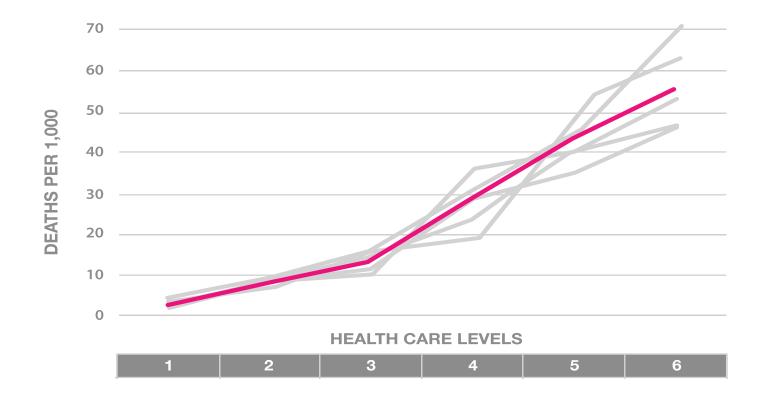


## **Mortality Rate by HRST HCL 2018**





## Mortality Rate by HRST HCL 2018





## **Journal of Nursing Measurement**

"The HRST can predict mortality. Therefore, it can serve as a basis for establishing healthcare needs and determining nursing care acuity."



Journal of Nursing Measurement Volume 28, Issue 1

Roszkowski, Michael J., et al. "An Examination of the Validity of the **Health** Risk Screening Tool: Predicting Mortality in People With Intellectual Disabilities." Journal of Nursing Measurement, vol. 28, no. 1, Jan. 2020, pp. 73–94.



## Harnessing the Data



## **COVID-19 Reports**

- Those with HCLs of 5 and 6 are most at risk and should be monitored closely for symptoms
- Additionally, people who score a 3 or 4 in the following ratings items should be monitored
  - A. Eating
  - K. Gastrointestinal
  - P. Nutrition
  - Q. High Risk Treatments
  - T. Professional Visits

Identifying those most at risk for significant adverse outcomes as a result of COVID-19 can help agencies prepare additional policies and procedures to protect those most vulnerable

## 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

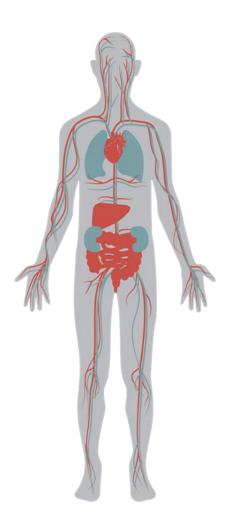
## **HRS eLearn Offerings**



## **The Fatal Five**

### Topics covered:

- Aspiration
- Bowel Obstruction
- Infection
- Seizures
- Dehydration
- ► GERD
- Knowing When To Act





## **The Fatal Five**

### Three tracks:

- DSP
- Nurse
- Case Manager



Designed to be uploaded into existing LMS (Relias, College of Direct Support, Cornerstone) <u>or</u> we have our own LMS we can provide

## **Other eLearn Offerings**

- Physical and Nutritional Supports
- Choking Prevention
- Person-Centered Thinking

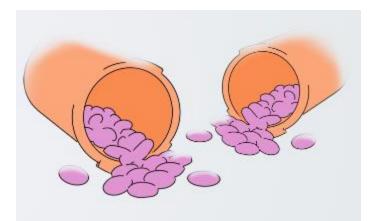






## **Curriculum in IDD Healthcare**

- IDD Healthcare: Then, Now and Next
- Healthcare Basics in IDD
- Common Behavioral Presentations (of Medical Conditions)
- Dual Diagnosis in IDD
- Effective Communication
- Case Studies in IDD Healthcare





## For more information...

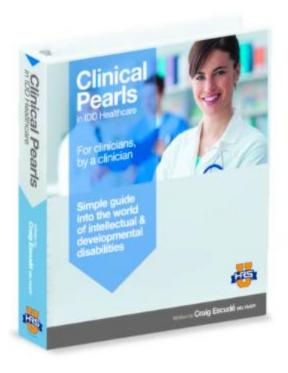
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## **Giveaway!**



## kindle fire





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