



## Health Risk Screening Tool Protocol

Ver. 3 Date: 9/18/24

The Health Risk Screening Tool (HRST) is used to detect health risks and destabilization EARLY. The HRST is a reliable, normed, and objective tool that does not lend to subjectivity. The HRST assigns scores to 22 health and behaviorally related Rating Items (see, Attachment 1). A very objective process derives these scores. The total points result in a Health Care Level that indicates an associated degree of health risk (see, Attachment 2). The Health Care Level (HCL) can range from 1 through 6, level 1 being the lowest risk for health concerns and level 6 being the highest risk of health concerns. **The Health Care Level has been reliably proven to be predictive of longevity and mortality.** Once a person has been fully screened, the HRST produces suggested action steps in the form of Service and Training Considerations that inform supporters on how to respond to objectively identified risks. It is important to understand that the HRST measures health risk, not disability. The HRST is designed and intended to empower supporters with the information needed to more effectively oversee the health and welfare of the person.

The HRST promotes the following vital components shown to be necessary in the oversight and support of people with several types of developmental disabilities:

- Always know if a person's condition is getting better or worse.
- Have an early warning system to detect destabilization.
- Do not let chronic health issues become routine or invisible.
- Records must provide useful data about trends.
- Ensure continuity of care across providers.
- Monitor all settings, particularly residential settings, to assure health and safety.

### **Remember the Why!**

- Early detection of health risks and destabilization prevents unnecessary deaths.
- Early identification and action on health risks reduces and prevents health-related complications.
- Careful monitoring of a person's health promotes a better quality of life.
- Assists providers in identifying additional services for the person and training for the staff, thus allowing us to serve people more effectively, especially when these needs are less than obvious.
- Assist providers and families in having meaningful conversations with community physicians, clinicians, and other medical professionals.

### **How will Phase II of the HRST be rolled out in South Dakota?**

The HRST will expand to statewide implementation starting **August 1, 2024**. Persons with Intellectual and Developmental Disabilities identified through the Division of Developmental Disabilities (DDD) review process and

receiving CHOICES waiver services will require an HRST screening. Persons meeting the requirements will be communicated to the Case Manager and the Community Support Provider (CSP) by DDD.

### **What is the timeline for the completion of the HRST for Phase II of the South Dakota rollout?**

The residentially served CHOICES waiver recipients identified by DDD to be in phase 2 of the HRST rollout should be screened using the HRST no later than **December 1, 2024**. To help facilitate a controlled screening pace and thereby not overwhelm HRST users, the Rater will:

1. Work as proactively as possible to screen everyone assigned to them. Since the HRST captures potentially life-threatening health risks, Raters are encouraged to screen those assigned to them as quickly as possible after they have completed the required training.
2. Perform an initial screening or update the existing screening if the person experiences changes that impact the HRST's 22 Rating Items before **December 1, 2024**.

### **Important!**

While the date given above (December 1, 2024) is the overall deadline for having all those initially targeted fully screened, it is ideal that screenings are done sooner rather than later so that risks can be identified and acted upon as quickly as possible.

### **Who will be trained to screen using the HRST (a.k.a "the Rater")?**

The initial and subsequent HRST screenings must be completed by a trained "Rater."

For those in services

- South Dakota DDD conflict-free Case Managers will serve as the HRST Rater.
- As Case Managers are assigned to the persons for screening, the following should be considered:
  - It is suggested that one Rater per twenty-five people to be screened (1:25 ratio) be used as a guide.
  - The Rater should have access to the person's medical charts, tracking information, and other individuals who know the person well.

### **How will users gain access to the HRST application?**

New South Dakota HRST Users must request an account by following the "Login via South Dakota System" option on the HRST Login page. If they don't have an already approved account, a request will be made and reviewed by our support team within 24 business hours.

- If the account is approved, the user will receive an email indicating they can now log in to the HRST.
- If the account cannot be approved, the user will be notified.
- Note that access to the HRST requires the user to have an active South Dakota Microsoft account. If the user doesn't have one, they will need to work with DDD for a South Dakota Microsoft account.

### **What training do users receive about the HRST?**

#### **Raters:**

To screen a person using the HRST, the Rater must complete (at a minimum) an online training course called Rater Training. Completing this online training course qualifies the Rater to have access to the HRST so that screenings can be completed. This course teaches the Rater vital health and safety information about risks and how to screen the 22 Rating Items found in the HRST. This training also informs the Rater on the basics of using the HRST web-based application. The HRST online training can take 4 – 6 hours to complete on average. It is a work-at-your-own-pace training and can be accessed via the Training tab within the HRST application. A second short 14-minute video tutorial on the

Rater's role in the Clinical Review process is highly recommended and can also be accessed via the Training tab within the HRST application. **Note:** Case Managers (Raters) who have not already done so must complete the HRST online Rater Training course by **September 1, 2024**.

### **Clinical Reviewers:**

The HRST Clinical Review is a quality assurance measure conducted by a trained nurse. IntellectAbility Clinical Reviewers will complete clinical reviews on those records at Health Care Level (HCL) 3 or higher. This process may involve communication between IntellectAbility Clinical Reviewers and the designated Rater. Raters will be trained in how to respond to the findings of a Clinical Review via an in-app training module found within the HRST application.

Clinical Reviewers must be a Registered Nurse (RN) or designated Occupational Therapist (OT). The HRST online Rater training is required for both Raters and Clinical Reviewers. Additional required training will be given to Clinical Reviewers, such as DHS State nurses and Occupational Therapists who will complete the HRST Clinical Review. Completion of these training courses will allow the user to inherit the Clinical Reviewer role.

### **All Users:**

Orientation training will be provided to those with View-Only access, such as House Managers, DSPs, and Behavior Specialists. This video training discusses the purpose of the HRST, how to navigate the HRST application, and features that are available to a user with View-Only access. The User can access the training within the HRST application under the Client Documents section.

Occasionally, additional training will be available for all users. These trainings will be conducted in various formats, including webinars and e-learning, and are designed to enhance and expand the user's knowledge of the HRST. Several supplemental training courses can be found in the Training tab within the HRST application and are available to all users.

### **Who or what needs to be a part of the screening process?**

The Case Manager will complete the screening tool via an interview with the Provider Agency House Managers and Direct Support Professionals (DSP) and the person if they choose to participate. Even if the person chooses not to participate, the Case Manager and/or the team should explain the purpose of the HRST and how it relates to the person. This is in keeping with person-centered practices. The Rater should have access to people, files, charts, and other information to screen the person accurately. If this information is not known or accessible during screening, the HRST can be easily and quickly updated as new information becomes available. Those participating in the screening will be provided in advance with a checklist of items to have ready to facilitate an accurate screening.

### **When should an HRST be completed?**

The second phase of the HRST rollout should be completed by **December 1, 2024**.

Beyond the initial rollout, the HRST should be completed at least once a year. Think of it as a yearly checkup. However, the HRST is a dynamic tool and should be kept in step with the health changes of the person. Therefore, it is essential that Raters update the HRST as the person experiences changes that affect the 22 Rating Items. Keeping these items updated will help ensure that health risk changes are captured and that the HRST accurately instructs the team on responding to these changes via the Service and Training Considerations.

Provider agencies should inform the case manager of any changes experienced by the person that could impact any of the HRST's 22 Rating Items.

### **Phase II Initial Screening:**

Beyond the initial rollout phase, an HRST screening should be completed within 30 days after notification is received from DDD that the person requires a screening.

1. Work as proactively as possible to screen individuals assigned to them. Since the HRST captures potentially life-threatening health risks, Raters are encouraged to screen those assigned to them as quickly as possible.
2. Perform an initial screening or update the existing screening if the person experiences changes that impact the HRST's 22 Rating Items.

#### **For Annual Updates:**

After the initial HRST is completed, the annual update/review of the HRST shall be completed for the person prior to their annual Individualized Service Plan (ISP) meeting. This review ensures that the current scores for the 22 Rating Items and the medication and diagnosis information are accurate.

#### **For Updates Needed Throughout the Year:**

Since the HRST is a dynamic tool, it needs to be kept current as the person experiences changes that may affect the scores of the 22 Rating Items. Although many people may not experience these changes throughout the year, others may begin to show signs of heightened risk and destabilization. As these changes occur, the HRST Rater is expected to update the HRST **within 30 days** of these changes occurring. Examples include, but may not be limited to:

- Hospitalizations
- Emergency room/Critical care visits
- Behavioral changes or unusual changes in routine
- The onset of new behaviors or reemergence of long-standing behaviors previously managed
- Any event thought to signal a health event.
- Injuries

As part of the updating process, the Rater should ensure that all medications and diagnoses are accurately entered. Regardless of whether the HRST Rating Items need to be updated, medications and diagnoses should be reviewed and updated quarterly to reflect any changes.

The Training tab within the HRST web-based application contains a training module on how to capture changes in the HRST. This training will instruct users on the best practices for updating the HRST.

#### **What steps must be taken for an HRST Health Care Level of 3 or higher?**

- People with an HRST Health Care Level (HCL) of 3 or higher are considered higher risk. The Clinical Review provides clinical oversight to those with higher health risk. The Clinical Reviewer analyzes the HRST screening to ensure accuracy and may need to work with Rater to complete the review.
  - If a person's HRST HCL reaches a score of 3 or higher, an IntellectAbility Clinical Reviewer shall complete a Clinical Review within 14 business days.
- During the initial rollout of the HRST, as South Dakota Clinical Reviewers are trained, IntellectAbility nurses will help ensure that all those qualifying for a Clinical Review have one conducted. As South Dakota nurses are trained, IntellectAbility nurses will fall back into a support role, assisting as needed South Dakota Clinical Reviewers.

Training is provided within the application for Raters that educates them on their responsibility as it pertains to the Clinical Review. This training can be accessed and taken via the Training tab within the HRST.

#### **Who can view a person's HRST in a web-based application?**

- Case managers will be able to view, complete, and edit screenings within the HRST application for only those people on their assigned caseload. Case managers see only those people to whom they are assigned. Case managers can easily find those they are responsible for screening using the Person Served filter within the HRST application.
- State DDD RNs and designated OTs will serve as HRST Clinical Reviewers, with access to all records in the HRST within the state. State Clinical Reviewers are authorized to see anyone within the South Dakota database. They, too, can easily find those they are responsible for reviewing using the Person Served filter within the HRST application.
- Residential provider staff will access the HRST application for those they support. Users will have view-only access, which will allow residential staff to view but not edit HRST information related to those they support. View-only users can still pull reports and view all information found within the HRST.
- South Dakota Division of Developmental Disabilities staff will also have view-only access to the HRST database. This access will allow staff to view all information within the HRST and pull reports.

### **What are the HRST Service and Training Considerations?**

The Service and Training Considerations are a vital part of the HRST. While scores related to each of the 22 Rating Items convey the degree of risk present, the Considerations inform the user/support teams how to respond or act in light of these identified risks. Scores tell you where risk has been detected; Considerations tell you what you can do about the risk. The Considerations are where the scores of the HRST and the person intersect. Additionally, the Considerations are where the tool's quality of life and lifesaving attributes are primarily found. They are generated because of the score. Users of the HRST must understand that Considerations will likely change as the 22 Rating Item scores change.

Please note: The HRST will often generate many Considerations. The team can choose to act on the Considerations they feel may be most appropriate. It is not required or expected that the team addresses all Considerations at once. The team can prioritize the Considerations based on where they feel action needs to be taken. This effort is about quality, not quantity. The overall message of the Considerations is, "Doing something is better than doing nothing." Even if the team decides to follow up on just one Consideration, this is better than not using them at all.

Training on the Considerations and how to effectively use them can be found in the Training tab within the HRST web-based application.

### **What are the Responsibilities of the Person's Case Manager?**

Case managers will:

1. Be trained to fulfill the role of HRST Rater.
2. Conduct the HRST screening for anyone receiving services through the CHOICE waiver program as determined by DDD.
3. Review the HRST before and during visits with the person. The information found in the HRST assists the Case Manager in collaborating more effectively with the provider. When completing visits with the person, the Case Manager should observe if any changes need to be made to the HRST.
4. Work collaboratively with the person's support team to ensure the most accurate information is used to complete an HRST screening.
5. They will use the HRST to ensure scoring accurately reflects the person and that the appropriate level of support is given in light of the score and the identified risks.
6. Will complete the annual update of the HRST prior to the person's ISP annual meeting.
7. Will update the HRST as needed throughout the year within 30 days of changes occurring with the person.

More targeted HRST eLearn training will be provided post-rollout to Case Managers. This training is designed to help case managers use and apply the HRST.

### **What are the responsibilities of the residential provider?**

The residential provider will:

1. Work with the case manager to ensure the most accurate screening possible for the person. This includes relaying and making available to the case manager any information and documentation that may impact scoring.
2. Alert the case manager of any changes in medications or diagnoses so that the Rater can account for these changes in the HRST.
3. Alert the case manager of any changes in the person or events that may impact HRST scoring.
4. Work with the case manager and the team at large to implement any agreed-upon actions or training prompted by the HRST Service and Training Considerations.
5. Apply the agreed upon Considerations in the day-to-day care for the person.
6. Review thoroughly the HRST scoring and Considerations for those transiting from a waitlist into services within their agency. The receiving provider should work to ensure that proper support is in place to account for the areas of identified risks noted within the HRST.

### **How will the HRST be managed at the Area and State levels?**

- Each Area will have a designated state RN(s) to oversee HRST functions in their respective region. These RN(s) primarily:
  - Review the quality of screenings completed in their region (using the HRST QA module)
  - Offer assistance and training to providers as needed (this can be done mainly in collaboration with HRST clinical staff)
- The I/DD state office will identify a lead person(s) for the HRST in (state) to:
  - Ensure that all parties in the state, including DDS state nurses, case managers, and providers, remain compliant with state HRST policy expectations.
  - Serve as a guide and resource for the overall use of the HRST.
  - Works closely with IntellectAbility to promote the proper use and expansion of the HRST.
- The state office will have oversight for ensuring the accurate implementation of the HRST.

### **How will the persons served data be entered into the HRST database, and who maintains it?**

The person's served information is sent to IntellectAbility and the HRST by South Dakota and will be maintained by the Division of Developmental Disabilities.

### **Getting Help and Assistance**

- HRST technical support can be accessed by emailing [SDsupport@ReplacingRisk.com](mailto:SDsupport@ReplacingRisk.com)
- HRST clinical support can be accessed by emailing [SDclinassist@ReplacingRisk.com](mailto:SDclinassist@ReplacingRisk.com)

## Attachment 1: The HRST Categories and Rating Items

These Rating Items are intentionally chosen. These areas are where health risk and destabilization are likely to occur, especially in vulnerable populations. Scores in each of these items indicate a degree of risk and offer others the ability to know exactly where the person is experiencing heightened risk to take targeted action.

### Category 1: FUNCTIONAL STATUS

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

### Category 2: BEHAVIORS

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

### Category 3: PHYSIOLOGICAL

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

### Category 4: SAFETY

- R. Injury
- S. Falls

### Category 5: FREQUENCY OF SERVICE

- T. Professional Health Care Services
- U. ER Visits
- V. Hospitalization

## Attachment 2: Definitions for the HRST Health Care Level (HCL)

The Health Care Level is assigned after all 22 Rating Items of the HRST have been fully screened and a score assigned. HCLs are extremely important as they show the overall degree of risk that has been identified. These HCLs are accurate indicators of longevity and mortality. Studies on the HRST have demonstrated that as HCLs increase, so do the odds of dying and thus experiencing a shorter lifespan. HCL 4 has been associated with the highest risk of unanticipated and unexpected deaths. Users of the HRST should ALWAYS act when HCLs increase, even by one level. Increases that cause a skip in HCLs should be of even more significant concern.

### Health Care Levels

- Level 1: Low Risk ✓
- Level 2: Low Risk ✓
- Level 3: Moderate Risk ▲
- Level 4: High-Moderate Risk ▲
- Level 5: High Risk ○
- Level 6: Highest Risk ○