

NAME	ID#	SOURCE	YEAR
------	-----	--------	------

RATING ITEMS

MONTH – BEGIN WITH CURRENT MONTH IN THE 1ST COLUMN

	MONTH – BEGIN WITH CURRENT MONTH IN THE 1 ST COLUMN												
A. EATING:													
B. AMBULATION:													
C. TRANSFER:													
D. TOILETING:													
E. CLINICAL ISSUES AFFECTING DAILY LIFE:													
F. SELF-ABUSE:													
G. AGGRESSION:													
H. PHYSICAL RESTRAINT USE:													
I. CHEMICAL RESTRAINT USE:													
J. USE OF PSYCHOTROPIC MEDS:													
K. GASTROINTESTINAL (GI) CONDITIONS:													
L. SEIZURES:													
M. ANTIPILEPTIC MEDICATION USE:													
N. SKIN INTEGRITY:													
O. BOWEL FUNCTION:													
P. NUTRITION:													
Height = Ft _____ In _____	/	/	/	/	/	/	/	/	/	/	/	/	/
Monthly weight/BMI:													
Q. REQUIREMENTS FOR LICENSED INTERVENTIONS:													
R. INJURIES													
S. FALLS:													
T. PROFESSIONAL HEALTH CARE SERVICES:													
U. EMERGENCY ROOM VISITS:													
V. HOSPITAL ADMISSIONS:													

PURPOSE – The HRST Monthly Data Tracker (MDT) is designed to allow those who support the person most directly to easily track changes related to the 22 rating items of the HRST. Monthly tracking of this information allows a trained HRST Rater to update the HRST web-based application as changes occur. It also allows trends and patterns in scoring changes to be easily seen so that action can be taken.

INSTRUCTIONS TO COMPLETE THE MDT

- Tracking can begin in ANY month and follow through for the next 12 months using one form
- Simply assign the score that best describes the person for the current month using the rating key that has been provided
- Write the number (score) inside the box that corresponds with current month and the rating item
- For bolded Rating Items, (E, F, G, H, I, K, L, R, S, T, U, V) each month's box is divided into two sections, place a score using the Rating Key in the first box and the number of actual occurrences in the second box for each month.

BEST PRACTICES FOR USING THE MDT

- Always review and assign a score to each of the 22 rating items monthly
- After reviewing the MDT each month, if there is a change in the score of any of the 22 rating items, alert a trained HRST Rater so that the web-based application can be updated and appropriate follow-up action be taken by the Rater.

PLEASE NOTE – The person(s) completing the MDT generally does not have extensive HRST training.

It is the responsibility of the trained HRST Rater to verify accuracy of scoring prior to updating the HRST web-based application.

A. Eating:

- 0. Eats independently with or without adaptive equipment
- 1. Requires intermittent physical or verbal assistance to eat
- 2. Requires constant physical or verbal assistance to eat, no safety issues
- 3. Requires constant assistance/intervention to eat safely, altered textures, OR partially fed by tube
- 4. No food or drink by mouth, fed by tube

B. Ambulation:

- 0. Walks independently in ALL settings (walker/cane use OK)
- 1. Walks with minimal assistance from another person
- 2. Predictably dependent on wheelchair, may not be able to walk in some settings, able to reposition independently
- 3. Unable to walk, cannot maintain upright position or reposition without mechanical/staff assistance
- 4. Unable to sit in upright position due to disability

C. Transfer:

- 0. Transfers independently in ALL settings with no physical assistance
- 1. Transfers with supervision or may need minor hands on assistance, able to bear own weight during transfer
- 2. Needs physical assistance of 1 person to transfer or change positions
- 3. Needs physical assistance of 2 persons to transfer or change positions
- 4. Needs lifting equipment or specialized procedures OR has a history of a fracture during a transfer procedure

D. Toileting:

- 0. Independently accomplishes all toileting tasks
- 1. Minimal verbal or physical assistance required such as reminders, hygiene assistance, grab bars, clothing adjustments
- 2. Continent of bowel and bladder but constant attention is needed, may have occasional accidents but not routinely
- 3. Incontinent of bowel and bladder, may require toileting schedule or use of incontinence briefs
- 4. Any catheterization within the past 12 months OR elimination by colostomy, ileostomy or urostomy

E. Clinical Issues Affecting Daily Life:

(clinical issues are interruptions for medical or behavioral diagnosed conditions)

- 0. Participates in usual daily routines with no clinical restrictions/interruptions
- 1. Participation is affected less than 2 days (full or partial) per month on average due to clinical issues
- 2. Participation is affected 2-4 days (full or partial) per month on average due to clinical issues
- 3. Participation is affected 5-10 days (full or partial) per month on average due to clinical issues
- 4. Participation is affected more than 10 days (full or partial) per month on average due to clinical issues

F. Self-Abuse:

- 0. No self-abuse in the past 12 months
- 1. Minimal self-abuse with no additional consequences, such as first aid or intervention
- 2. Self-abuse needing first aid or behavioral intervention less than 2 times per month
- 3. Self-abuse needing medical/nursing/behavioral attention 2 or more times per month
- 4. Self-abuse causes extensive physical harm, interferes with normal activities or requires increased staffing

G. Aggression:

- 0. No aggression in the past 12 months
- 1. Less than 5 incidents per month of minor verbal or physical aggression without injury to others or property
- 2. 5 or more incidents per month of minor verbal or physical aggression without injury to others or property
- 3. Less than 5 incidents per month of minor verbal or physical aggression with minor injury to others or property
- 4. Aggression causes serious physical harm, restrictive interventions or requires increased staffing

H. Physical Restraints:

(Behavioral Supports - Physical)

- 0. No behavioral support devices or procedures used in the past 12 months, no helmet use for any reason
- 1. Physical behavioral support devices have been used less than 1 time per month on average in the past 12 months
- 2. Physical behavioral support devices have been used 1 - 5 times per month on average in the past 12 months
- 3. Physical behavioral support devices have been used more than 5 times per month on average in the past 12 months, but less than 12 hours per day, may wear helmet for any reason
- 4. Physical behavioral support devices are used on average 12 or more hours per day or sustained an injury requiring medical treatment as a result of use of physical restraint procedure/device

I. Chemical Restraints:

(Behavioral Supports - Medications)

- 0. Has not received additional medications on an acute, as needed basis to control mood, mental status or behavior in the past 12 months
- 1. Received pre-sedation before any medical or dental appointment in the past 12 months
- 2. Received additional medication on an acute, as needed basis to control mood, mental status or behavior 1 time in the past 12 months
- 3. Received additional medication on an acute, as needed basis to control mood, mental status or behavior 2-3 times in the past 12 months
- 4. Received additional medication on an acute, as needed basis to control mood, mental status or behavior 4 or more times in the past 12 months

J. Use of Psychotropic Medications:

- 0. Has not received regularly scheduled medication to control mood, mental status or behavior OR any regularly scheduled medications for sleep or dementia in the past 12 months
- 1. Receives 1 regularly scheduled medication to control mood, mental status, behavior, sleep or dementia AND is not associated with or known to cause tardive dyskinesia. Medication dosage has not changed in the past 12 months
- 2. Receives 2 regularly scheduled medication to control mood, mental status, behavior, sleep or dementia AND is not associated with or known to cause tardive dyskinesia. Medication dosage has not changed in the past 12 months
- 3. Receives 3 or more regularly scheduled medication to control mood, mental status, behavior, sleep or dementia AND is not associated with or known to cause tardive dyskinesia OR medication type or dosage has changed in the past 12 months
- 4. Has received 1 or more medications associated with or known to cause tardive dyskinesia within the past 12 months

K. Gastrointestinal (GI) Conditions:

- 0. No GI concerns within the past 12 months and no history of GI bleed
- 1. 2 or less episodes of GI symptoms per month on average in the absence of illness, such as stomach flu, food poisoning, migraine headaches, etc.
- 2. 3-6 episodes of GI symptoms per month on average in the absence of illness, such as stomach flu, food poisoning, migraine headaches, etc.
- 3. More than 6 episodes of GI symptoms per month on average in the absence of illness, such as stomach flu, food poisoning, migraine headaches, etc., coughing after meals or during the night, OR hand mouthing or pica behaviors OR history of GI bleed OR has a current diagnosis of GERD OR takes OTC medications for heart-burn 2 or more times per week
- 4. GI condition requiring hospital admission in the past 12 months OR receives more than 1 medication for GERD

L. Seizures:

- 0. No seizure in lifetime OR more than 5 years since last seizure
- 1. More than 2, but less than 5, years since last seizure
- 2. Less than 1 seizure per month that does NOT interfere with daily activities
- 3. Seizure activity that DOES interfere with daily activities
- 4. Has required hospital admission for seizures in the past 12 months

M. Antiepileptic Medications:

- 0. Has taken no anti-epileptic medications in the past 12 months
- 1. Uses 1 antiepileptic medication and the medication or dosage has NOT CHANGED in the past 12 months
- 2. Uses 2 antiepileptic medications and the medications or dosages have NOT CHANGED in the past 12 months
- 3. Uses 3 or more antiepileptic medications OR ANY change in antiepileptic medication or dosage in the past 12 months OR receives valproic acid derivatives (Depakote, Depakene, etc.) in combination with any other antiepileptic medication OR receives felbamate (Felbatol).
- 4. ER visit or hospitalization due to antiepileptic drug toxicity in the past 12 months

N. Skin Integrity:

- 0. No current or potential skin problems in the past 12 months
- 1. Red or dusky discolorations or other minor disorders of the skin
- 2. Either currently has, or has had, significant disruptions of skin integrity in the past 12 months OR has a history of any pressure injury
- 3. Within the past 12 months has had a significant break in skin which required MORE than 3 months to heal OR has a condition associated with skin vulnerability such as diabetes, J tube, self-abusive behaviors
- 4. Has a skin condition that has required recurrent medical treatment or hospitalization in the past 12 months

O. Bowel Function:

- 0. No bowel elimination problems in the past 12 months AND no history of hospitalizations for bowel obstruction or ileus
- 1. Bowel elimination is easy to manage with diet such as increased fiber or fluids
- 2. Bowel elimination is easy to manage with diet and a single routine supplement such as a stool softener or fiber supplement
- 3. Receives at least 1 medication that has a laxative effective OR regularly receives more than 1 supplement or medication of ANY type to treat diarrhea or constipation
- 4. Any hospitalization in the past 12 months required to treat an impaction, bowel obstruction or ileus OR history of ANY hospitalization for bowel obstruction or ileus

P. Nutrition:

- 0. Within ideal body weight range and weight has been stable for at least the past 12 months
- 1. Has been slightly above or below ideal body weight range within the past 12 months. May require extra calories or may have some dietary restrictions NOT prescribed by a physician, dietitian or nutritionist. Is no more than 10% above or below the IBW
- 2. Health concerns are stable on a diet prescribed by a physician, dietitian or nutritionist
- 3. Has demonstrated weight instability in the past 12 months OR has an identified nutritional risk which required nutrition status monitoring in the past 12 months
- 4. Nutritional status unstable within the past 12 months. Required intensive nutritional intervention which may have been due to unplanned weight loss, morbid obesity, hospitalization or treatment for nutritional issues.

Q. Requirements for Licensed Interventions:

- (If ANY of the following treatments have applied in the past 12 months, SCORE 4. If NONE of the following treatments have applied in the past 12 months, SCORE 0.)*
- Tracheostomy that required suction at least on a daily basis, ventilator dependent, received nebulizer treatments at least on a daily basis, required daily or more frequent deep suction (6 inches or more into or below the voice box), required complex medication calculation for insulin given via injection or insulin pump, has an unstable condition that requires ongoing assessment or treatment by a licensed healthcare professional, 1:1 staffing for behavioral issues within ARMS length and ALL waking hours in ALL settings, has an end-stage terminal illness

R. Injuries:

- 0. No injury within the past 12 months OR minor bruises or abrasions requiring only simple first aid
- 1. Bruises or cuts 1 or 2 times within the past 12 months requiring nursing intervention but NOT physician treatment
- 2. Bruises or cuts 3 or more times within the past 12 months requiring nursing intervention but NOT physician treatment
- 3. Injury required medical treatment with the past 12 months by a physician
- 4. Major injuries that required hospital admission in the past 12 months such as fracture or major trauma

S. Falls:

- 0. No falls within the past 12 months
- 1. 1-3 falls within the past 12 months
- 2. 4-6 falls within the past 12 months OR wears a helmet to protect from injuries due to anticipated falls such as during seizure activity or with narcolepsy
- 3. More than 6 falls within the past 12 months
- 4. Any fall that resulted in a fracture or hospital admission due to injuries in the past 12 months

T. Professional Health Care Services:

- 0. No visits other than routine screening or health maintenance visits within the past 12 months
- 1. Required less than 1 visit per month on average over the past 12 months to ANY health care provider to manage a diagnosed condition
- 2. Required 1-2 visits per month on average over the past 12 months to ANY health care provider to manage a diagnosed condition OR required daily nursing services for more than 14 days continuously
- 3. Required 3 visits per month on average over the past 12 months to ANY health care provider to manage a diagnosed condition
- 4. Required less than 1 visit per month on average over the past 12 months to ANY health care provider to manage a diagnosed condition PLUS unscheduled appointments

U. Emergency Room Visits:

- 0. No emergency room visit within the past 12 months
- 1. Emergency room visit due to physician absence or non-emergency situation within the past 12 months
- 2. 1 emergency room visit in the past 12 months for acute illness or injury
- 3. 2 or more emergency room visits in the past 12 months for acute illness or injury
- 4. Any emergency room visit in the past 12 months that resulted in hospital admission

V. Hospitalization:

- 0. No hospitalizations in the past 12 months
- 1. Hospital admission in the past 12 months for a scheduled surgery or procedure
- 2. 1 hospital admission for an acute illness or injury in the past 12 months
- 3. 2 or more hospital admissions for an acute illness or injury in the past 12 months
- 4. Admission to ICU during a hospitalization in the past year

Abbreviations:

- OTC – Over the counter
- BMI – Body mass index