



HRST Rating Item Relationship Guide

Purpose of this Document

The 22 Rating Items of the HRST are interconnected. This means that Rating Items relate to one another. Changing the score of one Rating Item will undoubtedly impact the score of other related Rating Items.

This document will help Raters and Clinical Reviewers ensure that all Rating Items are properly addressed when screening the HRST.

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A. EATING

B. Ambulation: A person who has limited mobility or positioning options may require increased supports while eating to address safety issues.

E. Clinical Issues Affecting Daily Life: Eating incidents, such as choking that interrupt at least 30 minutes of the person's day would count as a clinical issue.

F. Self-Abuse: A person who engages in Pica or dangerous behaviors such as eating spoiled food would receive a score under item F: Self-Abuse.

H. Behavior Support Physical: A person who displays dangerous behaviors related to eating (such as a person who has Prader-Willi Syndrome) may require locked cabinets to prevent those behaviors.

K. Gastrointestinal (GI) Conditions: A person who had a tube placement for feeding within the past 12 months will receive scoring under item K: Gastrointestinal (GI) Conditions.

L. Seizures: A person may require increased supports around eating related to frequent seizure activity.

N. Skin Integrity: A person who has a G-tube or J-tube may have skin irritation or a break in the skin at the site of the tube placement.

P. Nutrition: A person who needs increased supports for eating may have issues with nutritional compromise or have had a G-tube or J-tube placement in past 12 months.

Q. High-Risk Treatments: A person who received scoring under item A: Eating because they have a J-tube also scores for item Q.

B. AMBULATION

C. Transfer: A person who requires increased supports for ambulation may require increased supports to transfer.

D. Toileting: A person who needs increased supports for ambulation may require increased supports for toileting such as grab bars, raised toilet seat or other physical assistance.

E. Clinical Issues Affecting Daily Life: A person who needs increased supports for ambulation may see a physical therapist or other provider to manage those support needs or devices. Each visit would count in Rating Item E: Clinical Issues Affecting Daily Life.

F. Self-Abuse: A score of 1 in Ambulation related to a person needing support for safety due to elopement or cannot detect dangers (looking when crossing a street) will also score in Rating Item F: Self-Abuse.

L. Seizures: A person who has seizures may need another person in close proximity for safety.

N. Skin Integrity: Immobility without the ability to change positions independently is a condition directly related to skin vulnerability. A person who uses a wheelchair for ambulation and is not able to change positions independently would score a 3 on item N: Skin Integrity.

R. Injuries: A person who needs increased supports for ambulation may have had injuries from falls within the past 12 months.

S. Falls: A person who needs increased supports for ambulation may have had falls within the past 12 months.

C. TRANSFER

B. Ambulation: A person who needs increased supports to transfer may require increased supports for ambulation.

D. Toileting: A person who needs increased supports to transfer may need increased supports for toileting such as grab bars, a built up toilet seat or other physical assistance.

E. Clinical Issues Affecting Daily Life: A fracture resulting from a transfer will score in item E: Clinical Issues Affecting Daily Life for all clinical events related to the injury for the 12 months following the event.

G. Aggression: A person may need specialized transfer techniques or devices related to aggression during transfer. An example is a person who requires two people to assist with a transfer because one person is keeping the person from biting the person managing the transfer.

N. Skin Integrity: A person who requires increased supports for transfer may have skin issues related to decreased mobility.

R. Injuries: A person who needs increased supports to transfer may have had injuries from transfers within the past 12 months.

S. Falls: A person who needs increased supports to transfer may have had falls within the past 12 months.

T. Professional Healthcare Services: A person who requires increased supports for transfer may require more provider visits for PT/OT or to be fitted for lifting devices.

D. TOILETING

B. Ambulation: A person who needs increased supports for toileting may have mobility issues.

C. Transfer: A person who needs increased supports for toileting may have support needs to transfer on and off the toilet.

G. Aggression: A person's increased supports in toileting may be due to preventing fecal smearing behaviors or they may display willful incontinence.

L. Seizures: A person who receives increased supports for toileting may have incontinence related to seizure activity.

N. Skin Integrity: Continuous incontinence is a condition directly related to skin vulnerability and will score a 3 for item N: Skin Integrity.

O. Bowel Function: A person who receives increased supports for toileting may experience constipation or diarrhea or may have an ostomy.

P. Nutrition: A person who receives increased support for toileting related to an ostomy may have nutritional compromise.

Q. High-Risk Treatments: A person who receives increased supports for toileting because they are catheterized one or more times daily (straight catheterization) for 7 or more consecutive days within the past 12 months will receive scoring for item Q: High-Risk Treatments.

E. CLINICAL ISSUES AFFECTING DAILY LIFE

A. Eating: Choking episodes that interrupt at least 30 minutes of the person's day would count as a clinical issue.

B. Ambulation: New onset of difficulties with ambulation that interrupt at least 30 minutes of the person's day are clinical issues.

F. Self-Abuse: A person who engages in self-abuse that interrupts at least 30 minutes of their day would count here. Each such instance would be a clinical issue.

G. Aggression: A person who displays aggression that interrupts at least 30 minutes of their day would score on item E: Clinical Issues Affecting Daily Life.

H. Behavior Support Physical: Use of behavior support physical devices that interrupt at least 30 minutes of the person's day would count toward scoring clinical issues.

I. Behavior Support Chemical: Use of behavior support chemicals that interrupt at least 30 minutes of the person's day would count toward scoring clinical issues. The taking of the drug doesn't count but if it interrupts the day, it would.

K. Gastrointestinal (GI) Conditions: Gastrointestinal (GI) symptoms that interrupt at least 30 minutes of the person's day would count as a clinical issue.

L. Seizures: A person who has seizure activity that interrupts their day for at least 30 minutes will count toward scoring clinical issues. The seizure itself need not last for 30 minutes but rather the effects of the seizure on the person's day.

N. Skin Integrity: Wounds or open areas on the skin that require treatment count as clinical issues.

O. Bowel Function: Diarrhea or constipation that interrupts at least 30 minutes of the person's day would count as a clinical issue.

E. CLINICAL ISSUES AFFECTING DAILY LIFE (CONT.)

P. Nutrition: A person may have tube complications, a new tube placement or other nutritional issues that interrupt at least 30 minutes of the person's day. Each such case would be a clinical issue.

Q. High-Risk Treatments: Most high-risk treatments impact the person's day for at least 30 minutes and would count toward scoring clinical issues.

R. Injuries: Injuries that interrupt at least 30 minutes of a person's day would count toward scoring Clinical Issues Affecting Daily Life i.e., dressing changes, wound vacs, etc.

S. Falls: Falls, or results of a fall, that interrupt at least 30 minutes of the person's day would count toward scoring clinical issues.

T. Professional Healthcare Services: All provider visits to manage a diagnosed condition count toward scoring clinical issues. If it counts on item T, it counts on item E.

U. Emergency Room (ER) Visits: All emergency room (ER) visits will count as clinical issues.

V. Hospital Admissions: Each day a person is hospitalized counts toward scoring clinical issues.

F. SELF-ABUSE

A. Eating: A person may display self-abuse by refusing to eat or eating spoiled food or non-food items.

B. Ambulation: A score of 1 in Ambulation related to safety issues will score in Rating Item F: Self-Abuse.

D. Toileting: A person may display self-abuse through willful incontinence or refusal to change soiled incontinence products.

E. Clinical Issues Affecting Daily Life: Self-abuse that interrupts at least 30 minutes of a person's day will count toward scoring clinical issues.

H. Behavior Support Physical: A person may display self-abuse in a manner that requires behavior support physical devices or procedures.

I. Behavior Support Chemical: A person may display self-abuse in a manner that requires use of behavior support chemicals.

J. Psychotropic Medication: A person may display self-abuse in a manner that requires use of routine medication to manage that behavior.

K. Gastrointestinal (GI): A person may display self-abuse by engaging in pica or self-induced vomiting.

L. Seizures: Refusing seizure medication that results in increased seizure activity would count as self-abuse.

N. Skin Integrity: A person may display self-abuse by skin picking, cutting, hitting themselves, etc. resulting in skin integrity issues.

F. SELF-ABUSE (CONT.)

Q. High-Risk Treatments: A person may display such severe self-abuse that they require 1:1 or higher staffing during all waking hours and across all settings. If the staff are within arm's reach at all times and with no other duties, then it scores on item Q: High-Risk Treatments.

R. Injuries: A person's self-abuse may cause injury to themselves.

S. Falls: A person may display self-abuse by intentionally falling.

T. Professional Healthcare Services: A person may require provider visits because of self-abuse issues. This includes visits to behavioral health professionals.

U. Emergency Room (ER) Visits: A person may go to an emergency room or other urgent care center because of self-abuse issues.

V. Hospital Admissions: A person may require hospital admission (both voluntary and mandated) because of self-abuse issues (these could include suicide attempts or thoughts of suicide).

G. AGGRESSION

D. Toileting: A person may need increased toileting supports to prevent fecal smearing or other aggression.

E. Clinical Issues Affecting Daily Life: Episodes of aggression that interrupts at least 30 minutes of a person's day count as clinical issues.

H. Behavior Support Physical: Behavior support physical devices or procedures may be required to manage episodes of aggression (this includes when a person is in jail). In such cases, they count as increased supports item G: Aggression.

I. Behavior Support Chemical: Behavior support chemicals may be required to manage episodes of aggression and count as increased supports under item G: Aggression.

J. Psychotropic Medication: Psychotropic medication taken to manage aggression will score a 4 in item G: Aggression, as the supports are used to manage aggression.

L. Seizures: A person may display aggression during or after seizure activity.

N. Skin Integrity: A person may damage their skin by punching walls or similar behaviors.

Q. High-Risk Treatments: A person may display such severe aggression that they require increased staffing of 1:1 or higher during all waking hours and across all settings. If the staff are within arm's reach at all times with no other duties then it scores under item Q: High-Risk Treatments.

R. Injuries: A person may sustain an injury during episodes of aggression.

S. Falls: A person may fall during episodes of aggression.

T. Professional Healthcare Services: A person may see providers to manage aggression. This includes behavioral health professionals.

G. AGGRESSION (CONT.)

U. Emergency Room (ER) Visits: A person may visit the emergency room because of aggression.

V. Hospital Admissions: A person may require hospital admission because of issues of aggression (these could include suicide attempts or thoughts of suicide).

H. BEHAVIOR SUPPORT PHYSICAL

E. Clinical Issues Affecting Daily Life: Use of behavior support physical devices or procedures for at least 30 minutes of a person's day would count toward item E: Clinical Issues Affecting Daily Life, for each day they are in use.

F. Self-Abuse: Use of behavior support physical devices or procedures may be intended to stop or prevent self-abuse. Be sure to rate such supports under item F: Self-Abuse as increased supports.

G. Aggression: Use of behavior support physical devices or procedures may be intended to stop or prevent aggression. Such supports score under item G: Aggression as increased supports.

N. Skin Integrity: Use of behavior support physical devices or procedures may impact the skin (example is improperly applied devices such as wrist restraints or handcuffs).

R. Injuries: Use of behavior support physical devices or procedures may cause injury.

U. Emergency Room (ER) Visits: Use of behavior support physical devices or procedures may be used in the emergency room.

I. BEHAVIOR SUPPORT CHEMICAL

E. Clinical Issues Affecting Daily Life: Use of behavior support chemicals that interrupts at least 30 minutes of the person's day would count toward scoring clinical issues.

F. Self-Abuse: Use of behavior support chemicals may be intended to stop or prevent self-abuse.

G. Aggression: Use of behavioral support chemicals may be intended to stop or prevent aggression.

T. Professional Healthcare Services: A person may be required to see healthcare providers related to use of behavior support chemicals.

U. Emergency Room (ER) Visits: Behavior support chemicals may be used in the emergency room.

V. Hospital Admissions: Behavior support chemicals may be used during a hospital admission.

J. PSYCHOTROPIC MEDICATION

B. Ambulation: Use of psychotropic medication may impact a person's balance and coordination requiring increased supports. This is especially true when adding, changing or removing a medication.

E. Clinical Issues Affecting Daily Life: Provider visits for medication monitoring, renewals and labs will count on item E: Clinical Issues Affecting Daily Life.

F. Self-Abuse: Psychotropic medication may be used to prevent or decrease episodes of self-abuse. New routine meds count for the first 12 months, PRNs always count.

G. Aggression: Psychotropic medication may be used to prevent or decrease episodes of aggression. New routine meds count for the first 12 months, PRNs always count.

L. Seizures: Use of psychotropic medication can lower seizure threshold and cause an increase in seizure activity.

S. Falls: Use of psychotropic medication may impact a person's balance and coordination (especially when starting a new medication) and a person can fall.

T. Professional Healthcare Services: A person who uses psychotropic medication will require provider visits for medication monitoring, renewals and labs.

K. GASTROINTESTINAL (GI) CONDITIONS

A. Eating: Gastrointestinal (GI) issues may require increased supports while eating.

E. Clinical Issues Affecting Daily Life: Gastrointestinal (GI) symptoms that interrupt at least 30 minutes of a person's day would count as clinical issues.

F. Self-Abuse: Pica behaviors are often an attempt to communicate Gastrointestinal (GI) distress.

P. Nutrition: Gastrointestinal (GI) issues may cause nutritional compromise or could require a feeding tube placement.

T. Professional Healthcare Services: Gastrointestinal (GI) issues require provider visits for monitoring and medication renewal.

U. Emergency Room (ER) Visits: Gastrointestinal (GI) issues may require emergency room visits.

V. Hospital Admissions: Gastrointestinal (GI) issues may result in hospital admissions.

L. SEIZURES

A. Eating: A person may need increased supports during meals because of seizure activity.

B. Ambulation: A person may need increased supports during ambulation related to seizure activity.

C. Transfer: A person may need increased supports while ambulating related to seizure activity.

E. Clinical Issues Affecting Daily Life: Seizure activity that interrupts a person's day for 30 minutes or longer count as clinical issues.

H. Behavior Support Physical: Helmets worn to protect from injury related to seizures score as behavior support physical devices. The risk from wearing the helmet is there regardless of the reason it is worn.

J. Psychotropic Medication: Psychotropic medications can lower seizure threshold and increase seizure frequency or intensity.

M: Antiepileptic Medication: People who experience seizures often take antiepileptic medications to manage seizure activity.

R. Injuries: A person may experience an injury during a seizure.

S. Falls: A person may fall during a seizure. Additionally, helmets worn to prevent injury from seizure-related falls will be scored under item S: Falls.

L. SEIZURES (CONT.)

T. Professional Healthcare Services: People who experience seizures see providers to manage seizures, monitor the condition, renew medication and monitor labs for antiepileptic medication toxicity.

U. Emergency Room (ER) Visits: Experiencing new onset seizures, increased frequency or intensity of seizures, antiepileptic medication toxicity or injuries from seizures may require an emergency room visit.

V. Hospital Admissions: Experiencing new onset seizures, increased frequency or intensity of seizures, antiepileptic medication toxicity or injuries from seizures may require a hospital admission.

M. ANTIPILEPTIC MEDICATION

E. Clinical Issues Affecting Daily Life: A person taking antiepileptic medication will require provider visits for medication renewals and labs. Such visits count toward scoring item E: Clinical Issues Affecting Daily Life.

R. Injuries: Antiepileptic medication impact the central nervous system and may cause the person to sustain an injury from lack of balance and coordination.

S. Falls: Antiepileptic medication impact the central nervous system and may cause the person to fall from lack of balance and coordination.

T. Professional Healthcare Services: A person who takes antiepileptic medication will require provider visits for medication monitoring.

U. Emergency Room (ER) Visits: A person may require an emergency room visit for antiepileptic medication toxicity.

N. SKIN INTEGRITY

B. Ambulation: Immobility without the ability to change positions independently is considered a condition directly related to skin vulnerability and will score 3 for item N: Skin Integrity.

D. Toileting: Continuous incontinence is considered a condition directly related to skin vulnerability and will score 3 for item N: Skin Integrity.

E. Clinical Issues Affecting Daily Life: Skin issues that require treatment or that interrupt at least 30 minutes of a person's day would count as clinical issues.

F. Self-Abuse: Skin issues or injuries may be caused by self-abuse.

G. Aggression: Skin issues or injuries may be caused by aggression.

H. Behavior Support Physical: Skin disruptions can be caused by improperly applied behavior support physical devices. This includes pressure injuries from devices worn for long periods of time without adjustment.

O. Bowel Function: Continuous incontinence of stool, especially diarrhea is a condition directly related to skin vulnerability and will score 3 for item N: Skin Integrity.

P. Nutrition: Nutritional compromise is a condition directly related to skin vulnerability and will score 3 for item N: Skin Integrity.

R. Injuries: Injuries often involve the skin. Injuries that break the skin will score under item N: Skin Integrity. If they take longer than three months to heal, then they score 3 on item N: Skin Integrity.

T. Professional Healthcare Services: A person with skin integrity issues would require provider visits for assessment and treatment.

U. Emergency Room (ER) Visits: A person with significant skin issues may require an emergency room visit.

O. BOWEL FUNCTION

D. Toileting: Bowel obstructions can lead to a person requiring an ostomy (surgical opening in the body) for elimination.

E. Clinical Issues Affecting Daily Life: Bowel function issues that interrupt at least 30 minutes of a person's day would count toward item E: Clinical Issues Affecting Daily Life.

F. Self-Abuse: People who are constipated may hit their stomachs or engage in other self-injurious behavior to communicate that they are in pain.

G. Aggression: People who are constipated may display aggression to communicate pain related to the bowel.

N. Skin Integrity: Diarrhea and continuous incontinence of stool is a condition directly related to skin vulnerability and will score 3 on item N: Skin Integrity.

P. Nutrition: Bowel obstructions can cause a person to stop eating resulting in nutritional compromise. Fiber and variations in hydration can impact bowel motility.

T. Professional Healthcare Services: A person with bowel issues would require provider visits to manage the condition, renew medication and, testing or treatment.

U. Emergency Room (ER) Visits: A person with bowel issues may require an emergency room visit.

V. Hospital Admissions: A person with bowel issues may require a hospital admission.

P. NUTRITION

A. Eating: A person who needs increased supports for eating may have nutritional compromise or receive nutrition other than by mouth.

E. Clinical Issues Affecting Daily Life: Nutritional issues that disrupt the day for at least 30 minutes or that result in provider visits count as clinical issues.

F. Self-Abuse: Pica and rumination may lead to nutritional compromise.

K. Gastrointestinal (GI): Gastrointestinal (GI) issues may lead to nutritional compromise.

N. Skin Integrity: Skin integrity may be impacted by nutritional issues such as low serum prealbumin or albumin.

O. Bowel Function: Nutritional compromise may be related to bowel function issues like dehydration from diarrhea or not eating because of a bowel obstruction.

T. Professional Healthcare Services: Provider visits may be required for nutritional issues.

U. Emergency Room (ER) Visits: Nutritional issues may result in an emergency room visits.

V. Hospital Admissions: A person may be admitted to the hospital because of nutritional issues.

Q. HIGH-RISK TREATMENTS

A. Eating: J-tubes score on item Q: High-Risk Treatments.

E. Clinical Issues: Ventilators, deep suction, port access and other treatments that score under item Q: High-Risk Treatments would likely interrupt at least 30 minutes of a person's day and would count as clinical issues.

F. Self-Abuse: Self-abuse issues may score in item Q: High-Risk Treatments if supports require 1:1 staffing (or more) within arm's reach by a designated staff person with no other duties during ALL waking hours in ALL settings to manage behavior.

G. Aggression: Aggression issues may score in item Q: High-Risk Treatments if supports require 1:1 staffing (or more) within arm's reach by a designated staff person with no other duties during ALL waking hours in ALL settings to manage behavior.

I. Behavior Support Chemical: A person may require behavior support chemicals to tolerate high-risk treatments that score under item Q: High-Risk Treatments.

N. Skin Integrity: Sterile or complex wound dressings managed through a wound care clinic would score for item Q: High-Risk Treatments.

P. Nutrition: Nutritional compromise related to end-stage terminal illness would score for item Q: High-Risk Treatments.

T. Professional Healthcare Services: All provider visits to manage high-risk treatments would count under item T: Professional Healthcare Services.

U. Emergency Room (ER) Visits: A person may require an emergency room visit related to high-risk treatments.

V. Hospital Admissions: A person may require hospital admission related to high-risk treatments or received high-risk treatments when hospitalized.

R. INJURIES

C: Transfer: Fractures during a transfer will score under Rating Item R: Injuries for the first 12 months.

E. Clinical Issues: A person may require provider visits for injuries or injuries may interrupt a significant part of a person's day. Both count as clinical issues.

F. Self-Abuse: A person may receive an injury caused by their self-abuse.

G. Aggression: A person may receive an injury caused by their aggression.

H. Behavior Support Physical: A person may receive an injury related to improperly applied behavior support physical devices.

L. Seizures: A person may receive an injury caused by seizure activity.

N. Skin Integrity: Injuries often impact the skin. In such cases, injuries would count under item N: Skin Integrity as well item R: Injuries.

Q. High-Risk Treatment: Injury may require sterile or complex dressings managed through a wound clinic. Such wounds managed for two weeks or longer in the last twelve months score for item Q: High-Risk Treatments.

S: Falls: A person may receive an injury because of a fall.

T. Professional Healthcare Services: A person may require provider visits because of an injury which counts toward item T: Professional Healthcare Services.

S. FALLS

B. Ambulation: A person may require increased supports during ambulation because of past falls or fall risk.

C. Transfer: A person may require increased supports during transfers because of falls.

E. Clinical Issues Affecting Daily Life: Falls that require provider visits or interrupt at least 30 minutes of a person's day will count toward scoring clinical issues. The fall itself will not count. Only if the person's day is effected or they required a provider visit.

F. Self-Abuse: A person may deliberately fall which would count as self-abuse.

G. Aggression: A person may fall during episodes of aggression.

L. Seizures: A person may fall during a seizure.

R. Injuries: A person may receive an injury from a fall.

T. Professional Healthcare Services: A person may require provider visits because of a fall.

U. Emergency Room (ER) Visits: A person may require an emergency room visit because of a fall.

V. Hospital Admissions: A person may require a hospital admission because of a fall.

T. PROFESSIONAL HEALTHCARE SERVICES

A. Eating: A person may require provider visits because of issues related to eating.

B. Ambulation: A person may require provider visits (such as PT/OT) because of issues related to ambulation.

C. Transfer: A person may require provider visits (such as PT/OT) because of issues related to transfers.

D. Toileting: A person may require provider visits because of issues related to toileting or waste elimination.

E. Clinical Issues Affecting Daily Life: All provider visits addressing or managing diagnosed conditions count as clinical issues. If it counts under item T: Professional Healthcare Services, then it counts under item E: Clinical Issues Affecting Daily Life.

F. Self-Abuse: A person may require provider visits because of issues relate to self-abuse. This includes behavioral health visits.

G. Aggression: A person may require provider visits because of issues related to aggression. This includes behavioral health visits.

H. Behavior Support Physical: A person may require provider visits because of behavior support physical devices or procedures.

I. Behavior Support Chemical: A person who requires behavior support chemicals would require provider visits for medication monitoring and prescription renewal.

J. Psychotropic Medication: A person who takes psychotropic medication would require provider visits for medication monitoring, labs and prescription renewal.

K. Gastrointestinal (GI) Conditions: A person may require provider visits because of Gastrointestinal (GI) issues, GI medication monitoring and prescription renewal.

T. PROFESSIONAL HEALTHCARE SERVICES (CONT.)

L. Seizures: A person may require provider visits because of issues related to seizures.

M: Antiepileptic Medication: A person may require provider visits because of medication monitoring, labs and prescription renewals.

N. Skin Integrity: A person may require provider visits because of issues related to skin integrity.

O. Bowel Function: A person may require provider visits because of issues related to bowel function including diarrhea and constipation.

P. Nutrition: A person may require provider visits because of issues related to nutrition including lab draws to monitor nutritional status.

Q. High-Risk Treatments: A person may require provider visits because of issues related to high-risk treatments they receive.

R. Injuries: A person may require provider visits to address injuries.

S. Falls: A person may require provider visits because of issues related to falls including injuries and monitoring.

U. Emergency Room (ER) Visits: Emergency room visits count as provider visits.

U. EMERGENCY ROOM (ER) VISITS

A. Eating: A person may require an emergency room visit related to issues with eating.

B. Ambulation: A person may require an emergency room visit related to issues with ambulation.

C. Transfer: A person may require an emergency room visit related to issues with transfer.

D. Toileting: A person may require an emergency room visit related to issues with toileting.

E. Clinical Issues Affecting Daily Life: Emergency room visits count toward scoring clinical issues.

F. Self-Abuse: A person may require an emergency room visit related to issues with self-abuse.

G. Aggression: A person may require an emergency room visit related to issues with aggression.

H. Behavior Support Physical: A person may require behavior support physical devices while in the emergency room.

I. Behavior Support Chemical: A person may require behavior support chemicals while in the emergency room.

J. Psychotropic Medication: A person may require an emergency room visit related to issues with psychotropic medication(s).

K. Gastrointestinal (GI) Conditions: A person may require an emergency room visit related to issues with their Gastrointestinal (GI) system.

L. Seizures: A person may require an emergency room visit related to issues with seizures.

U. EMERGENCY ROOM (ER) VISITS (CONT.)

M: Antiepileptic Medication: A person may require an emergency room visit related to issues with antiepileptic medication such as toxicity.

N. Skin Integrity: A person may require an emergency room visit related to issues with skin integrity.

O. Bowel Function: A person may require an emergency room visit related to issues with bowel function.

P. Nutrition: A person may require an emergency room visit related to issues with nutrition.

Q. High-Risk Treatments: A person may require an emergency room visit related to issues with high-risk treatments or receive a high-risk treatment while in the emergency room.

R. Injuries: A person may require an emergency room visit related to injuries.

S. Falls: A person may require an emergency room visit related to falls.

T. Professional Healthcare Services: Emergency room (ER) Visits count as provider visits.

V. Hospital Admissions: A person may be admitted to the hospital from the emergency room.

V. HOSPITAL ADMISSIONS

A. Eating: A person may be admitted to the hospital because of issues with eating.

B. Ambulation: A person may be admitted to the hospital because of issues with ambulation.

C. Transfer: A person may be admitted to the hospital because of issues with transfers.

D. Toileting: A person may be admitted to the hospital because of issues with toileting.

E. Clinical Issues Affecting Daily Life: Each day a person is in the hospital will count toward item E: Clinical Issues Affecting Daily Life. Recovery days also count here.

F. Self-Abuse: A person may be admitted to the hospital because of issues with self-abuse.

G. Aggression: A person may be admitted to the hospital because of issues with aggression.

H. Behavior Support Physical: Behavior support physical devices or procedures may be used when a person is in the hospital.

I. Behavior Support Chemical: Behavior support chemicals may be given when a person is in the hospital.

J. Psychotropic Medication: A person may be admitted to the hospital because of issues with psychotropic medication(s).

K. Gastrointestinal (GI) Conditions: A person may be admitted to the hospital because of issues with their gastrointestinal (GI) system.

L. Seizures: A person may be admitted to the hospital because of issues with seizures.

V. HOSPITAL ADMISSIONS (CONT.)

M: Antiepileptic Medication: A person may be admitted to the hospital because of issues with antiepileptic medication including toxicity.

N. Skin Integrity: A person may be admitted to the hospital because of issues with skin integrity.

O. Bowel Function: A person may be admitted to the hospital because of issues with bowel function.

P. Nutrition: A person may be admitted to the hospital because of issues with nutrition.

Q. High-Risk Treatments: A person may be admitted to the hospital because of issues with high-risk treatments or they may receive high-risk treatments while hospitalized.

R. Injuries: A person may be admitted to the hospital because of issues with injuries.

S. Falls: A person may be admitted to the hospital because of issues with falls or they may fall while hospitalized.

T. Professional Healthcare Services: Each day a person is hospitalized they see a healthcare professional.

U. Emergency Room (ER) Visits: A person may have been admitted to the hospital from an emergency room or equivalent setting.