Central PA
Health Care Quality Unit

EXPANDING COMPETENCY AND CAPACITY

Health Risk Screening Tool (HRST): FAQ and Overview

What is the Health Risk Screening Tool (HRST)?

HRST is a web-based screening tool that helps to detect health risks and destabilization early and prevent health related events, preventable illness, and death.

HRST assigns scores to 22 health and behaviorally related rating items. The total score results in a Health Care Level (HCL). HCL can range from 1 - 6; 1 being the lowest risk for health concerns, 6 being the highest risk of health concerns.

HEALTH CARE LEVELS	
Level 1	Low Risks
Level 2	Low Risks
Level 3	Moderate Risk
Level 4	High-Moderate Risk
Level 5	High Risk
Level 6	Highest Risk

***A HCL of 3+** requires a clinical review be completed by a nurse (RN or LPN) within 14 business days of the HRST screening being completed.*

***10% of HCL 1 and 2** require clinical reviews by a nurse (RN or LPN) on a quarterly basis.*

Categories and Scoring: the HRST has 22 rating areas which fit into 5 categories:

Category 1	Functional Status
Category 2	Behaviors
Category 3	Physiological
Category 4	Safety
Category 5	Frequency of Service

As the HRST is being completed for each individual, the rating areas will be scored from 0 - 4, based on the information entered into HRST. Below is a description of the HRST rating scale:

SCORE	DESCRIPTION
0	No issues within past 12 months
1	Occasional issues within past 12 months, no identifiable pattern
2	Emergence of a definable pattern of issues
3	Increasing frequency and/or intensity of identifiable issues
4	Potentially life-threatening or life defining issues or hospitalization in the past year

When should I contact the HRST Gatekeepers? Contact your HRST Gatekeepers when:

- You need to add a new employee into the HRST database
- You need to remove an employee from the HRST database
- If there have been any changes to an employee's email address

Effective January 1, 2025, all completed HRST User Request Spreadsheets should be sent to the designated HRST gatekeeper mailbox: hrstgatekeepers@geisinger.edu.

For HRST Support:

Technical Support (assistance with technical issues, user accounts, system troubleshooting): pasupport@replacingrisk.com
Clinical Support (assistance with ratings, medication & diagnosis entries, clinical questions): paclinassist@replacingrisk.com

Scan the QR Code or visit our website at www.geisinger.org/hcqu for HCQU staff contact information, free online courses, referral forms and helpful resources.

Health Risk Screening Tool (HRST): Tips for Best Practices

Prior to starting the HRST for individuals you support, ensure you have access to all records regarding the individual being screened. There are 4 events that no matter how long ago they occurred, they must be entered into the HRST.

- History of a fracture during a transfer procedure
- History of a gastrointestinal (GI) bleed
- History of skin breakdown (pressure ulcers)
- History of a bowel obstruction and/or ileus

Medication entry tips: HRST raters must know the purpose of each medication being entered and accurately label it.
HRST has 5 primary medication purposes (see below). If a medication doesn't fit into one of these, select "other" and enter the specific purpose of the medication.

1. Anti-epileptic (to treat seizures)
2. Bowel (to treat constipation or diarrhea only)
3. Emergency ("as needed" medications to treat anxiety, sleep, behavior, or pre-sedation for appointments)
4. Gastrointestinal (to treat all GI tract dysfunction other than constipation or diarrhea)
5. Psychotropic (to treat mood, mental status, sleep, behaviors, etc.)

Diagnosis entry tips: HRST raters must enter a note for each diagnosis stating the onset, severity, symptoms, treatment, and date resolved (if applicable).

Rating Area Comments: Below are some considerations for comments in each rating area.

Eating	include if any assistance is needed, positioning, adaptive equipment, food/liquid consistency, supervision, etc.
Ambulance	include if changes occur in different settings, assistance needed to walk and/or reposition, behavioral issues, physical disabilities
Transfer	include any special procedures/equipment used, clearly state if fracture has ever occurred during transfer
Toileting	include assistance needed for toileting, catheterization in last 12 months, medications for urinary incontinence or frequency, adaptations (including grab bars, raised toilet seat, etc.)
Clinical Issues	include # of medical appointments and/or health concerns in last 12 months which prevented participation in daily activities (e.g. *saw PCP 3x, psych 4x, had headache 6 days and didn't participate in activities*)
Self-Abuse	includes self-injurious behavior (SIB), smoking, elopement, noncompliance with physician ordered treatment, unsafe sexual behaviors, etc. Document outcome of behavior, interventions, and frequency
Aggression	include type of aggression and interventions; "physical aggression" is not enough information, describe how the person is physically aggressive
Physical Restraint	this includes hand mitts, padded wrist restraint, elbow splints, helmets, locked cabinet/refrigerator
Emergency Drugs	include name of medication, how often taken, reason taken, include if given in hospital
Psychotropic Medication	include name of medication, reason taken, note any medication changes
Gastrointestinal	include history of GI bleed/obstruction, medications taken, described symptoms, and frequency
Seizures:	include seizure type and frequency, postictal recovery period, date of last seizure
Anticonvulsant/AEDs	include names of AEDs, changes in last year, dates of ER visits for medication toxicity
Skin Breakdown	includes acne, psoriasis, and dry skin, any history of pressure ulcer, name of skin condition, wounds, causes, and associated health conditions
Bowel Function	include any history of bowel obstruction, dietary modifications, and reasons, how often "as needed" medications are needed
Nutrition	height & weight are needed, include diagnoses that affect nutrition, weight range last 12 months (HRST recommends tracking monthly weights), prescribed diet (not including texture), and appetite issues
High Risk Treatments	be specific, indicate exactly what qualifies the individual for a score in this area, include frequency, location, and type of services
Injuries	includes bruises, cuts, scratches (not pressure ulcers), description of injury and intervention needed; first aid is not considered medical treatment
Falls	include # of falls and near falls in past year, date(s) occurred, injuries, if fracture occurred document location, supports used to prevent falls
Professional Healthcare Services	include # of and provider of diagnostic services with reason (e.g. *PCP 2x for Rx renewal, psych 4x for med review, dental 2x for fillings*), also include PT, OT, nursing, etc. Does not include care or health screenings.
Emergency Room (ER) Visits	include date, reason, and diagnosis of each visit, note if it led to a hospitalization
Hospital Admissions	include date, reason, and diagnosis of each visit, note if it led to a hospitalization, note if transfer to an Intensive Care Unit (ICU) was part of a hospitalization