

# Monthly Data Tracker



Name  ID#  Source  Year

RATING ITEMS	MONTH - BEGIN WITH CURRENT MONTH IN THE 1 <sup>ST</sup> COLUMN												
A. Eating													
B. Ambulation													
C. Transfer													
D. Toileting													
<b>E. Clinical Issues Affecting Daily Life</b>													
<b>F. Self-abuse</b>													
<b>G. Aggression</b>													
<b>H. Behavior Support Physical</b>													
<b>I. Behavior Support Chemical</b>													
J. Use of Psychotropic Meds													
<b>K. Gastrointestinal (GI)</b>													
<b>L. Seizures</b>													
M. Antiepileptic Medication													
N. Skin Integrity													
O. Bowel Function													
P. Nutrition													
Height = Ft_____ In_____ Monthly weight/BMI:													
Q. High Risk Treatments													
<b>R. Injuries</b>													
<b>S. Falls</b>													
<b>T. Professional Health Care Services</b>													
<b>U. Emergency Room Visits</b>													
<b>V. Hospital Admissions</b>													

**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.

**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.**

## Instructions To Complete The MDT

1. Tracking can begin in ANY month and follow through for the next 12 months using one form.
2. Simply assign the score that best describes the person for the current month using the rating key that has been provided.
3. Write the number (score) inside the box that corresponds with current month and the rating item.
4. 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 second box for each month. You may also use tally marks in the second box.

## Best Practices for using the MDT

1. Always review and assign a score to each of the 22 rating items monthly.
2. 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.

## All rating areas look back at the past 12 months.

### 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.
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. Walked independently in ALL settings within the past 12 months.
1. Walked with minimal supervision within the past 12 months.
2. Was predictably dependent on a wheelchair or other ride-on mobility device, such as a ride-on scooter, for at least some mobility needs within the past 12 months.
3. Required mechanical assistance to maintain an upright, seated position in a wheelchair. Needed assistance to change positions or shift weight within the past 12 months.
4. Disability prevented them from sitting in an upright position within the past 12 months.

### 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 supervision or adaptation 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 OR elimination by colostomy, ileostomy or urostomy.

### E. Clinical Issues Affecting Daily Life:

*(clinical issues are interruptions for medical or behavioral diagnosed conditions that effect the person for at least 30 minutes)*

0. Participates in typical daily activities with no clinical restrictions/interruptions.
1. Participation is affected 23 days or less (full or partial) due to health or behavioral issues.
2. Participation is affected 24-48 days (full or partial) due to health or behavioral issues.
3. Participation is affected 49-120 days (full or partial) due to health or behavioral issue.
4. Participation is affected more than 120 days (full or partial) due to health or behavioral issues.

### F. Self-Abuse:

0. No self-abuse.
1. Minimal self-abuse with no additional consequences, such as first aid or intervention.
2. Self-abuse needing first aid or behavioral intervention 23 times or less.
3. Self-abuse needing medical/nursing/behavioral attention 24 or more.
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 59 or less episodes of minor verbal or physical aggression without injury to others or property.
2. 60 episodes or more of minor verbal or physical aggression without injury to others or property.
3. 59 or less episodes 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. Behavioral Support 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 12 times.
2. Physical behavioral support devices have been used 12-60 times.
3. Physical behavioral support devices have been used 60 or more times, 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. Behavioral Support Chemical:

*(This item measures the use of as-needed (PRN) medications on an acute basis to control anxiety associated with medical or dental appointments or to control acute anxiety, mood, mental status, behavior or sleep problems).*

0. Has not received additional medications on an acute, as needed basis.
1. Received pre-sedation before any medical or dental appointment or PRN medication for sleep.
2. Received additional medication on an acute, as needed basis 1 time.
3. Received additional medication on an acute, as needed basis 2-3 times.
4. Received additional medication on an acute, as needed basis 4 or more times.

#### 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.
- 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.
- 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.
- 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.
- 4. Has received 1 or more medications associated with or known to cause tardive dyskinesia.

#### K. Gastrointestinal (GI):

- 0. No GI concerns and no history of GI bleed.
- 1. 24 or less episodes of GI symptoms in the absence of illness, such as stomach flu, food poisoning, migraine headaches, etc.
- 2. 25-72 episodes of GI symptoms in the absence of illness, such as stomach flu, food poisoning, migraine headaches, etc.
- 3. 73 episodes or more of GI symptoms 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 heartburn 2 or more times per week.
- 4. GI condition requiring hospital admission 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 years since last seizure.
- 2. Less than 12 seizures that do NOT interfere with daily activities.
- 3. Seizure activity that DOES interfere with daily activities or 12 or more seizures.
- 4. Has required hospital admission for seizures.

#### M. Antiepileptic Medication:

- 0. Has taken no antiepileptic medications.
- 1. Uses 1 antiepileptic medication and the medication or dosage has NOT CHANGED.
- 2. Uses 2 antiepileptic medications and the medications or dosages have NOT CHANGED.
- 3. Uses 3 or more antiepileptic medications OR ANY change in antiepileptic medication or dosage 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.

#### N. Skin Integrity:

- 0. No current or potential skin problems.

- 1. Red or dusky discolorations or other minor disorders of the skin.
- 2. Either currently has, or has had, significant disruptions of skin integrity OR has a history of any pressure injury.
- 3. 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.

#### O. Bowel Function:

- 0. No bowel elimination problems AND no history of hospitalizations for bowel obstruction bowel resection for any bowel disease 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 required to treat an impaction, bowel obstruction bowel resection for any bowel disease 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.
- 1. Has been slightly above or below ideal body weight range. 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, dietician or nutritionist.
- 3. Has demonstrated weight instability OR has an identified nutritional risk which required nutrition status monitoring.
- 4. Nutritional status unstable. Required intensive nutritional intervention which may have been due to unplanned weight loss, morbid obesity, hospitalization or treatment for nutritional issues.

#### Q. High Risk Treatments:

*(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, 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. Injures:

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

#### S. Falls:

- 0. No falls.
- 1. 1-3 falls.
- 2. 4-6 falls 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.
- 4. Any fall that resulted in a fracture or hospital admission due to injuries.

#### T. Professional Health Care Services:

- 0. No visits other than routine screening or health maintenance visits.
- 1. Required less than 8 visits or less to ANY health care provider to manage a diagnosed condition.
- 2. Required 9-24 visits to ANY health care provider to manage a diagnosed condition OR required daily nursing services for more than 14 days continuously.
- 3. Required 25 or more visits to ANY health care provider to manage a diagnosed condition.
- 4. Required 36 or more visits to health care providers.

#### U. Emergency Room Visits:

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

#### V. Hospitalization:

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

#### Abbreviations:

OTC – Over the counter  
BMI – Body mass index  
PRN – As needed