

# Hospitalization Admission Risk Monitoring System (HARMS 8)

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Thank you for your interest in testing the HARMS-8 tool for identifying critical intervention areas for patients with high risk medical conditions.

While there is a growing expectation that primary care focus on reducing avoidable hospitalizations and emergency department use, much of which occurs for non medical reasons, there appear to be few tools for providers to use in daily practice to achieve this. A structured approach to evaluating non medical areas of risk may provide an efficient and effective way for clinical teams to engage with patients on these key issues.

Our initial hope was that we could find an existing validated tool for providers to use. We found a number of different tools such as the Pra (Probability of Repeated Admission) or the CARS (Community Assessment Risk Screen), but they appeared to cover different dimensions of risk. We also found none that was specifically for office practice use. The HARMS 8 was designed to open up all of the key areas of risk we found reviewing existing tools in a way that was easily and quickly useable. Most of the questions are modeled on those we reviewed.

Many of the validated tools on which the HARMS 8 is based are designed to produce an overall "risk score" to help identify those at highest risk for future utilization. The initial intent here is different: to create a "review of risk systems" that are known to cause even the best medical plan to fail: ability for self management (cognition, understanding, confidence), social support / isolation, ability to perform activities of daily living, and self perception of health.

We are hoping to have multiple practices use the tool on a short trial basis and provide feedback in a rapid co design effort. The test we are proposing is the following:

**Use the prototype HARMS-8 prospectively with 10-20 patients that come into your organization for a visit and have a qualifying diagnosis. Use the attached form to help us understand if you learned anything new about these patients and what, if anything, you did or could do for these patients as a result of this screening?**

The screening tool has been formatted so that you can print it and use it via paper/pen if that is easiest, but it can also be completed electronically by double-clicking into the check boxes. The feedback form at the end of this document should be completed electronically and sent to us via email addresses below.

We understand that the effectiveness of the screening tool is ultimately dependent on interventions that address the risks identified. We are now focusing our efforts on developing a hospitalization risk reduction care plan template that will help prioritize and articulate those interventions most likely to benefit the patient. We are hoping that you might be interested in co designing/testing that with us as well.

Please contact us with any questions or input. We will try and set up a time to talk with you to learn more about your organization and how this work aligns with your overall goals.

Thanks!

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### INTRODUCTION

#### The HARMS 8 has 3 components:

1. Vital Conversations: Screening and Monitoring
2. Identifying and Documenting the Problem(s)
3. Implementing Actions/Interventions for Risk Reduction

#### I. Vital Conversations: Screening and Monitoring

**The Goal of Screening:** Avoidable hospitalizations can occur even when a patient is on optimal medical management. There are no simple questions or simple answers that have been shown to reveal the complexity of non-medical issues that can destabilize high-risk patients. Like Vital Signs that monitor key physiologic processes, Vital Conversations are intended to open up inquiry with the patient around key areas of social-behavioral risk. Just as the medical “Review of Systems” standardizes inquiry around all physiologic sub systems, Vital Conversations attempts to standardize inquiry around key areas of social-behavioral risk. In both cases, the goal is to identify critical issues amenable to intervention.

**Whom to Screen:** Chronic illness patients at risk for hospitalization due to non medical reasons include those with a confirmed diagnosis of CHF, COPD, Diabetes, Asthma, or Hypertension. For these patients, and others with chronic illnesses, hospitalization risk and the potential benefit from screening is increased if:

1. The patient is on 5 or more prescription medications daily
2. The patient has a history of substance abuse
3. The patient has a diagnosis of anxiety, depression, schizophrenia, schizoaffective disorder, or bipolar disease?
4. The patient’s provider or team answers “No” to the questions: “Would you be surprised if the patient were to die within the next year?”

**When to Screen:** Consider screening all new high-risk patients as part of an initial assessment and updating information on a yearly basis. All questions do not have to be asked at once and can subsequently be useful as specific issues arise.

- The health beliefs question could be useful in anyone with anxiety, depression or somatization.
- The health knowledge questions could be useful whenever discussing medications or chronic condition self management

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- The physical functioning questions could be useful with any frail elderly patient or whenever dealing with issues of pain, activity level, or in case of falls or injury.
- The problem solving questions could be useful when discussing a chronic condition self management or action plan.
- The social support questions can be useful in any older patient.
- The self-confidence patient can be useful with all patients who have a chronic illness, whether or not it is high risk.
- The resilience and stability questions can be useful after any ED visit or hospitalization.

**How to screen:** Any member of the health care team can do HARMS 8 screening. However, simply asking the questions and recording answers will rarely be useful. The questions are “starters” for inquiry. They are meant to “open doors” to further exploration of each area of risk to discover whether intervention is warranted and possible. Except for the first question on Health Beliefs, each question is based on actual behavior or experience in order to make exploration of the risk domain as real and revealing as possible.

Documentation of the results would ideally be dated and easily available in the medical record. Creating a “Non Medical Problem List” displayed prominently in the record, similar to the traditional medical problem list, could be very useful, especially for patients who interact with multiple providers and points of care. An example is attached.

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## HARMS-8: Vital Conversations.

1. **Health Beliefs:** Do both the patient and the provider have the same realistic assessment of the patient's health status?

In general, how would you rate your current health?

Excellent  Very Good  Good  Fair  Poor

For all, "Why do you rate it that way?"

2. **Health Knowledge:** Does the patient really understand their medical regimen and its importance?

How many prescription medications are you currently taking every day?

None (*SKIP to question 3*)  1 – 2  3 – 4  5 or more

During the past WEEK, how often did you forget to take or decide not to take one or more of these medications?

Never  Sometimes  Usually  Always

How sure are you that you understand the reason you are taking each of these medications?

Very sure  Somewhat sure  Not very sure

Unless Never/ Very Sure: "What is most difficult for you in taking your medications?"

- 3) **Physical Functioning:** Does the patient's functional limitations put them at risk in their current living situation?

Think about your usual daily activities, such as bathing, toileting, dressing, grooming, feeding, housework, family or leisure activities. Which of the following best describes your situation in the last MONTH:

- I have no problems with performing my usual activities.
- I have some problems with performing my usual activities without assistance.
- I am unable to perform my usual activities without assistance.

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Unless no problems: **“Do you think you need help managing at home? If so, what kind?”**

4) **Problem Solving:** Is the patient able to think through problems as they arise?

**In the last MONTH, how often did you have trouble with remembering or thinking clearly?**

Never  Sometimes  Usually  Always

Unless Never, **“What do you do when that happens?”**

5) **Social Support:** Does the patient have critical supports in case problems arise and they need help?

**If you needed immediate help for a health problem, how many friends or relatives do you feel close to such that you could call on them for help?**

None  1  2  3 or 4  5 or more

5\_a) **Who are they?** [Click here to enter text.](#)

5\_b) **How often do you communicate with them?** [Click here to enter text.](#)

If None or unclear, **“Is there someone who might be willing to help if they were asked?”**

6) **Self Confidence.** Is the patient comfortable managing their medical conditions?

**Think about your current medical conditions. How confident are you that you can manage these medical conditions day-to-day?**

Very confident  Somewhat confident  Not very confident  I don't have any health conditions

Unless Very confident: **“What is most challenging for you about your health?”**

7) **Resilience:** How well is the patient actually managing without feeling overwhelmed?

**During the past 6 MONTHS, how many times did you go to the emergency room?**

None (*SKIP to question 8*)  1-3 times  More than 3 times

**If any ED use in the past 6 months: Do you think it is likely you will need to go to the emergency room again in the next 6 months?**

Not likely  Somewhat likely  Very likely

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Unless Not likely, “**What do you think would help to keep you from needing to go to the emergency room?**”

8) **Stability:** How well is the patient actually managing without the need for hospital care?

**During the past 6 MONTHS**, how many times did you stay in the hospital overnight as a patient?

None (*END*)     1 or more times

**If any hospitalizations in the past 6 months: Do you think it is likely you will need to be hospitalized again in the next 6 months?**

Not likely     Somewhat likely     Very likely

Unless Not Likely: “**What do you think causes your condition to get so bad you need to be in the hospital?**”

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## **HARMS 8: Documenting Hospital Admission Risks**

Below is a potential list of socio behavioral risks that could be part of a “Non Medical Problem List” in the patient’s chart. Ideally it would be in a prominent place similar to the standard medical Problem List. It could be formatted in EHRs as a pick list, ideally with date of entry and comments.

This allows the information gained by going through the HARMS 8 Vital Conversations to be retained in the record as easy reference to all providers. It would not necessarily replace more detailed documentation.

The list below follows the Risk Reduction Action Guide and is presented as an example only.

### Socio-Behavioral Problem List

(Indicate all that apply)

- lack of knowledge/literacy about health conditions
- anxiety over health status
- adherence issues with critical medications
- lack of knowledge about medications
- some difficulty performing daily activities
- assistance with daily activities from caregiver required
- some difficulty in remembering or thinking clearly
- difficulty problem solving
- severe cognitive deficits
- adequate social supports lacking
- social isolation
- lack of self confidence to self manage medical issues
- unable to follow self management red flag action plan
- not engaged/motivated in self management
- prefers ED as source of care
- mental health condition complicating self management
- active substance abuse complicating self management
- Other \_\_\_\_\_

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## TESTING FEEDBACK – Testing the HARMS-8:

1) How many patients (or patient records) did you test this tool with?

1-5  6-10  11-15  16-20  21+

2) Did you test with current patients during a visit, or did you do a retrospective review?

current patients during a visit  retrospective review  both

3) How long did it take you to complete the patient questionnaire portion of the tool (HARMS-8)?

1-5 min  6-10 min  11-15 min  16-20 min  21+ min

Tell us more about this:

[Click here to enter text.](#)

4) How easy or difficult was it for you to gather this information from patients or caregivers?

very easy  easy  somewhat difficult  very difficult

Tell us more about this:

[Click here to enter text.](#)

5) Did you modify your approach for gathering this information based on learning that occurred when you were testing?

yes  no

Tell us more about this:

[Click here to enter text.](#)

6) How easy or difficult was it for you to work this into your team or clinic workflow?

very easy  easy  somewhat difficult  very difficult

Tell us more about this:

[Click here to enter text.](#)

7) Did you modify your approach for working this into your team or clinic workflow based on learning that occurred when you were testing?

yes  no

Tell us more about this:

[Click here to enter text.](#)

8) Did you learn anything new about these patients that you otherwise would not have known?

yes  no

Tell us more about this?

[Click here to enter text.](#)



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- 9) Did you identify any risk domains or areas of concern that you feel could be modified from within primary care (even if the intervention/assistance needed is outside your clinic but a critical referral could be made by your team)?

yes  no

Tell us more about this?

[Click here to enter text.](#)

- 10) We would like your input on this risk tool. Are there risk domains that are not covered by this tool or questions that you do not believe are relevant? What are they? Do you have other suggestions that would improve this tool?

[Click here to enter text.](#)

## **TESTING FEEDBACK – Testing the Interventions (Opening the Doors):**

- 1) Tell us which questions prompted further inquiry? Give us some examples from the testing you did? [Click here to enter text.](#)
- 2) Give us some examples of interventions you provided as a result of gathering this information from your patients? [Click here to enter text.](#)

How did these patients respond? [Click here to enter text.](#)

- 3) Will you continue to use this screening tool in your practice?  yes  no

Why or why not? [Click here to enter text.](#)