

HOPE NETWORK ACUITY SCALE (HAS)

UPDATED: JANUARY 2019

The Hope Network Acuity Scale (HAS) is a behavioral rating scale that quantifies the care workload associated with the support and supervision of adults living with brain injury, within a post-acute transitional residential setting.

Case #:	Patient Name:	Rater Name:			
Date:	Residential Location:	Rater Role:			
Rating Interval:	Pre-Admit: <input type="checkbox"/> Admit: <input type="checkbox"/>	Interval: Weekly <input type="checkbox"/> Discharge: <input type="checkbox"/>	Monthly <input type="checkbox"/> Other: _____	Quarterly <input type="checkbox"/>	
Circle areas that apply for each acuity type; should represent the patient's consistent presentation for the reporting period. Each acuity type is scored from a "0," indicating no care needs associated with that acuity, to a "3," indicating significant care needs.					
MEDICAL RATING:	0	1	2	3	SCORES
ADLs/TRANSFERS Global description of assistance needed	Independent; can include independent use of assistive device; no staff assistance or oversight	SBA/contact guard/set up; 1 staff assist; staff required at times to set up, cue, or minimal physical assistance to complete	Minimum to moderate assist, 1 staff assist; staff required for physical assistance — more than hand on patient as CG	Maximum assist; use of transfer device; requires 2 or more staff; 1+ person needed for physical management of care and/or transfers	
MOBILITY/ORTHOTICS Global description of physical assistance needed for mobility in primary environment; independence is rated after transfer to W/C; Not related to orientation	Independent ambulation or independent propelling and maneuvering of W/C both in and out of building	SBA/contact guard; independently uses device to ambulate (i.e. walker, cane); requires AFO to ambulate	Minimum to moderate assistance, 1 staff with walker or W/C; brace schedule requires staff monitoring; staff presence required for physical assistance — more than hand on patient as CG	Maximum assist 2 or more staff with walker; completely dependent for mobility in W/C; 1+ staff needed for physical management of mobility or significant medical devices for stabilization	
SKILLED MEDICAL CARE Separate from bowel/bladder management	No wounds; no PEG; no BS checks; no insulin; no oxygen; no drains or tubes	Simple dressing changes; monitoring of oral intake/food log/calories; non-insulin dependent diabetic; no BS checks; use of inhaler less than 1x/month; use of incentive spirometry	Skilled nursing dressing change; dysphagia diet; PEG for supplemental hydration; non-insulin dependent diabetic with BS checks; status post cranioplasty in last 6 months; seizure Hx longer than 6 months with AED meds; presence of shunt placement longer than 6 months; use of inhaler/ nebulizer PRN in last week	Extensive wound care/clinic; primary PEG feeding; NPO status; insulin dependent with BS checks, craniotomy without replacement; seizure Hx in last 6 months with AED meds; shunt placement or reprogramming in last 6 months; uses oxygen, nebulizer, CPAP/ BiPAP daily; cervical collar, TLSO, halo, or other fixator, presence of tubes/drains; isolation precautions	
BOWEL/BLADDER Patient's level of awareness and ability to physically self-manage	Continent and fully independent with both bowel and bladder; no presence of tubes, drains or other services	Continent of bowel and bladder with cues and/or assistance with brief, clothing, and clean-up management; self-caths independently	Incontinent of bowel and bladder or average of 1+ accidents per shift; 1-2 staff management of brief changes; self-caths with set up assistance	Incontinent of bowel and bladder; requires staff management of catheter, presence of col/urostomy; bowel program ordered with more than oral meds; 2+ staff for care management	
				MEDICAL RATING TOTAL:	

BEHAVIORAL RATING:	0	1	2	3	SCORES
FALL RISK Global description of unplanned descents to floor	No current risk; no impaired safety awareness	Low risk; no current risk for falls but with impaired safety awareness	Moderate risk; use of W/C or bed alarms; Hx of falls in the past 3 months	High risk; W/C and bed alarms with 1:1 staffing for impulsivity and impaired safety awareness; Hx of falls in last month	
AGGRESSION Agitation, anger, or irritability that is unexpected or occurring outside of planned interventions	No aggression; no threats toward self or others	Verbal irritability; mild swearing; responsive only to specific staff; requires infrequent verbal interventions	Significant swearing; under-responsive to program direction on care, scheduled activity routines, and therapy; use of physical and verbal direction 1-3 times/day for aggression; refusals or chronic delays of non-essential treatment	Posturing or verbally threatening imminent harm to self or others; physical aggression towards others or property; presence of self-harm behavior or suicide risk; frequent use of physical and verbal direction 3+ times/day for aggression	
CONFUSED BEHAVIOR Areas of concern related to orientation and participation in care routines and demands of environment	No impairments or non-contributory (alert and oriented x4)	Readily redirectable; behavior present but doesn't significantly interfere with therapies or routines, requires infrequent verbal intervention for safety	Difficult to redirect at times; behavior interferes with therapies or care in a timely fashion; may require extra time or staffing present to complete care; not attending to pressing personal care needs; confused wandering at facility; requires frequent verbal or physical intervention for safety 1-3 times/day	Persistently difficult to redirect; uncontrolled or constant impulsive behaviors 3+/hour; refusal or unawareness of basic care needs placing patient at risk for safety or medical complexities; pulling at or self/removal of tubes/drains; use of mitts/abdominal binder on a scheduled behavior program; refuses medical devices; requires monitoring for likely AWOL/flight related to confusion; requires verbal or physical intervention for redirection 3+/day	
PRECAUTIONS Specialized supervision; support provisions	No special supervision needs; fits into 1:3 staff to patient ratio or less	1:2 staff to patient ratio	15-minute checks; requires cues or interventions for safety (W/C or bed alarms); wander guard	Line of sight or more intense supervision; wander guard with additional intervention protocol; in-house therapies only; 2 staff for travel outside of building/campus	
				BEHAVIORAL RATING TOTAL:	
				COMBINED TOTAL:	

LIST OF ABBREVIATIONS

AED = Anti-Epileptic Drugs	NPO = Nothing by Mouth
AFO = Ankle-Foot Orthosis	PEG = Percutaneous Endoscopic Gastrostomy
BiPAP = Bilevel Positive Airway Pressure	PRN = As Needed
BS = Blood Sugar	SBA = Stand by Assist
CG = Contact Guard	S/P = Status Post
CPAP = Continuous Positive Airway Pressure	TLSO = Thoracic Lumbar Sacral Orthosis
Hx = Medical History	W/C = Wheelchair

Hope Network Neuro Rehabilitation

1490 East Beltline SE
Grand Rapids, MI 49506
855.407.7575

www.hopenetworkrehab.org
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