

## Risk Analysis Tool for Prioritization for Return to Congregate Services

Name of Participant \_\_\_\_\_

# of Approved Days of Attendance \_\_\_\_\_

<u>Medical/Physical Factors</u>	<u>Social/Emotional Factors</u>
Score 1 point for each factor	Score 1 point for each factor
<ul style="list-style-type: none"> <li><input type="checkbox"/> Two or more chronic diseases</li> <li><input type="checkbox"/> Chronic disease(s) poorly controlled/need improved monitoring</li> <li><input type="checkbox"/> Unstable mental illness</li> <li><input type="checkbox"/> Substance use/abuse</li> <li><input type="checkbox"/> Cognitive impairment</li> <li><input type="checkbox"/> Medication mismanagement/need meds administered at center</li> <li><input type="checkbox"/> High fall risk/new pattern of falls</li> <li><input type="checkbox"/> Frailty/deconditioned due to shelter-in-place</li> <li><input type="checkbox"/> Significant sensory impairment</li> <li><input type="checkbox"/> Emergency department visit within 30 days</li> <li><input type="checkbox"/> Unplanned hospitalization within 60 days</li> <li><input type="checkbox"/> Chronic pain</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> At risk when home alone</li> <li><input type="checkbox"/> Limited or no social supports/family</li> <li><input type="checkbox"/> Caregiver stress</li> <li><input type="checkbox"/> Extreme caregiver stress/participant difficult to care for</li> <li><input type="checkbox"/> Unstable care or difficult to ascertain quality of care situation</li> <li><input type="checkbox"/> Social isolation/loneliness</li> <li><input type="checkbox"/> Homelessness/history of homelessness</li> <li><input type="checkbox"/> Vegetative signs of depression due to social isolation</li> <li><input type="checkbox"/> Substantial cognitive decline/challenging behaviors</li> <li><input type="checkbox"/> Family unable or unwilling to care for participant</li> <li><input type="checkbox"/> Participant/family eager for return to center; lack of socialization</li> </ul>
<b>Total:</b> _____	<b>Total:</b> _____

**Overall total score:** \_\_\_\_\_

**The higher the score, the greater the priority for evaluation and return to in-center services.**

Use this checklist to initially determine the priority for *evaluating* a participant's level of urgency to return to some level of in-center services. This is done using the team's knowledge of each participant's unique situation. No preparation should be required ahead. Once the team determines those who are the highest priority to bring to the center for further evaluation of need, adjustments to the score may be made to determine priority for *actual return* to in-center services. For example, the participant is determined by staff to have early priority for in-center services, but participant/family are not ready or participant is found during evaluation to be unable to return to the center due to increased care needs.

## Example Prioritization/Triage Process for Determining Return to In-Center Services

At group MDT meeting (Zoom), each participant was evaluated. Nurse assigned an initial medical acuity score (1-5); social worker assigned an initial social acuity score (1-5) based on their current knowledge of participant as well as in general comparison with other participants. Further discussion determined if either score should be increased or decreased based on the team input. These numbers may change based on new information during calls or at in-center evaluation.

	# of DAYS	Medical Acuity	Social Acuity	Acuity Total	Comments
A, Apple	3	?	?		Needs evaluation/on hold from TAS
B, Borage	4	4	4	8	Deconditioned, frequent falls, lives alone; often sad from many Covid losses
C, Cherry	5	3	3	6	RCFE, generally stable medically, now wheelchair bound, gets some stimulation at facility
D, Daisy	5	4	5	9	Daughter very stressed, requires more hands on care now, isolated at home
E, Elfin	5	2	5	7	Stable medically, but daughter extremely stressed
F, Fig	4	5	5	10	DMII not well-controlled, mood swings, cognitive decline, aggressive, isolated; CG stressed
G, Grape	3	2	3	5	Stable medically, lack of exercise, active with remote TAS now, support from SARC
H, Holly	2	3	4	7	Dementia progressing, caregiver stressed with cognitive changes
I, Iris	3	2	3	5	RCFE, good activities at facility, participates in TAS remote, misses friends at program
J, Java	5	4	4	8	Recent UTIs, deconditioned/unmotivated at home, dementia progressing, daughter stressed