Evidence for the HARP's Validity

Online-only content for "The Hospital Admission Risk Profile" by Carla L. Graf, MS, RN, CNS-BC, in the American Journal of Nursing, August 2008, p. 62-71.

In the study by Sager and colleagues, the validation cohort consisted of 379 patients who, like the 448 patients in the development cohort, were medically ill, ages 70 and older, and enrolled in the Hospital Outcomes Project for the Elderly (HOPE) clinical trial.[1] The risk scoring system was tested for predictive validity in both cohorts. Patients at different risk levels were compared for loss of function in activities of daily living (ADLs) at discharge and three months later, as well as for recovery of function in ADLs and institutionalization at three months after discharge. The rates of decline in ability to perform ADLs at discharge in the low-, intermediate- and high-risk groups were similar in both cohorts: 17%, 28%, and 56% in the development cohort and 19%, 31%, and 55% in the validation cohort. Patients in the high-risk groups were three times more likely to experience decreases in their abilities to perform ADLs than those in the low-risk groups; they were also more likely to be discharged to a nursing home.

The developers of the Hospital Admission Risk Profile (HARP) advocate more research to permit identification of functional status and risk for decline across the care continuum.[1] In outpatient settings, assessment with the HARP at regular intervals (annually or more often) as well as at hospital admission or onset of acute illness would be reasonable.

In a recent systematic review, Hoogerduijn and colleagues considered the HARP and two other instruments used to identify older hospitalized adults at risk for functional decline.[2] They found that all three had moderate validity but concluded that "their reliability and ease of use were not well described." No other studies have evaluated the HARP's effectiveness in such screening, although an unpublished study by Wells and colleagues reportedly demonstrated that "it was feasible for staff nurses to be trained" in its use.[3] —*Carla L. Graf, MS, RN, CNS-BC*

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