



**Quality Assurance
Early Warning System
for Long-Term Care
Facilities**

**As Required by
Health and Safety Code, Section
255.005**

Health and Human Services

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1. Introduction

Section 255.005 of the Health and Safety Code requires the Health and Human Services Commission (HHSC) to submit a report on the Early Warning System (EWS) annually to the Governor, Lieutenant Governor, and Speaker of the House of Representatives. The report must assess and evaluate the effectiveness of the EWS.

EWS is a statistical model that helps predict which nursing facilities have a higher risk of performing poorly upon inspection due to conditions detrimental to residents' health, safety, and welfare. HHSC reassesses EWS scoring criteria annually and compares predictions to actual outcomes. The current EWS model accurately predicts which facilities are classified as high and low risk 63% of the time. HHSC bases the facility scores on:

- Findings from the facility's annual survey¹ and complaint investigations, including the total number of selected deficiencies cited in the previous three years; and
- Quality measures from Minimum Data Set resident care assessments²

HHSC has identified further data points that trigger Quality Monitoring or Rapid Response Team visits, in addition to the EWS, including:

- Preadmission Screening and Resident Review (PASRR) referrals from within HHSC or local authorities. In fiscal year 2018, quality monitors conducted 157 PASRR-related visits³ to nursing facilities.

¹ HHSC surveys nursing facilities yearly to ensure compliance with state licensure and federal certification regulations.

² The Minimum Data Set (MDS) is a standardized collection of demographic and clinical information that describes a person's overall condition.

³ PASRR-related visits are conducted by HHSC Quality Monitoring Program (QMP) staff. Quality monitors evaluate the facility's PASRR systems and provide technical assistance for improving compliance with PASRR requirements.

- Referrals from the Texas Department of State Health Services regarding outbreaks of infectious illnesses or cases of Multi-Drug Resistant Organisms in nursing facilities.

HHSC staff continue to evaluate the current EWS model, and test additional changes designed to improve the accuracy of its predictions.

Facilities with a history of resident care deficiencies or whose EWS scores indicate they are at medium or high risk receive priority assistance from HHSC's non-regulatory QMP. QMP staff visited 464 unduplicated nursing facilities and conducted 2,154 total monitoring visits in fiscal year 2018.

2. Required Data

Quality Monitoring Visits

QMP quality monitors—nurses, pharmacists, and dietitians—conduct initial and follow-up quality monitoring visits for medium to high risk facilities or facilities with a history of resident care deficiencies. During the initial quality monitoring visit, quality monitors evaluate the overall quality of life in the facility and specific clinical areas. Based on this evaluation, quality monitors partner with facility staff and provide educational and technical assistance to improve quality of care and resident outcomes. Quality monitors schedule a follow-up visit within 45 calendar days to ensure progress toward improvements.⁴ Facilities can also request a quality monitoring visit.⁵

Table 1. Number of Initial and Follow-Up Quality Monitoring (QM) Visits - Fiscal Year 2018

Visit Type	Number of Visits	Number of Unduplicated Nursing Facilities
Initial QM Visit	330	330
45-Day Follow-Up Visit	318	318
QM Visit	751	432
QM Follow-Up Visit	62	56
Total Visits	1,461	N/A⁶

⁴ Once 12 months have passed with no quality monitoring visits made to the facility, the next visit would be considered a first or initial visit and not a follow-up.

⁵ QMP cannot help facilities prepare for a regulatory services survey or be included as part of a plan of correction to address deficiencies identified in a survey or investigation.

⁶ The number of unduplicated nursing facilities is by visit type only. A facility may have had multiple visits within the year, but of different visit types.

Rapid Response Team Visits

For facilities with the most need, QMP sends rapid response teams (RRTs) to complete comprehensive quality monitoring visits. RRTs go to facilities whose EWS scores indicate they are at high risk or facilities requesting an RRT.⁷ Facilities at high risk have three deficiency citations in a 24-month period related to abuse or neglect that constitute an immediate threat to health and safety. RRTs complete an initial monitoring visit lasting up to four days, and the full team or key members schedule follow-up visits over a six-month period to monitor the facility's progress. Unlike other QMP quality monitoring visits, state statute requires facilities to cooperate with the RRT to improve quality of care and resident outcomes. RRTs include quality monitors from multiple clinical disciplines,⁸ the facility's regional regulatory services facility liaison, Ombudsman staff, and others as needed.

Table 2. Number of RRT Initial and Follow-Up Visits - Fiscal Year 2018

Visit Type	Number of Visits	Number of Unduplicated Nursing Facilities
Initial RRT Visit	255	52
Follow-Up RRT Visit	241	50
Total Visits	496	N/A⁹

⁷ The RRT may not be used to help facilities prepare for a regular inspection or survey or be included as part of a plan of correction to address deficiencies identified in a survey or investigation.

⁸ RRTs usually include quality monitors from more than one clinical discipline to ensure a range of clinical issues can be addressed and a broad evaluation of the facility's resident care systems is achieved.

⁹ The number of unduplicated nursing facilities is by visit type only. A facility may have had multiple visits within the year, but of different visit types.

Other Visit Types

Introductory Visits

HHSC conducts introductory visits when new facilities open. Introductory visits introduce the nursing facility to the QMP. These visits help facility staff understand the purpose of the QMP and the resources available to assist the facility with quality improvement activities.

In-Service Visits

During in-service visits, quality monitors provide in-service education presentations to nursing facility staff, offering evidence-based information in an interactive manner. The information provided supports quality improvement.

Table 3. Number of Other Visits - Fiscal Year 2018

Visit Type	Number of Visits	Number of Unduplicated Nursing Facilities
Introductory Visit	14	14
In-Service Visit	183	155
Total Visits	197	N/A¹⁰

¹⁰ The number of unduplicated nursing facilities is by visit type only. A facility may have had multiple visits within the year, but of different visit types.

List of Acronyms

Acronym	Full Name
EWS	Early Warning System
DSHS	Department of State Health Services
HHSC	Health and Human Services Commission
PASRR	Preadmission Screening and Resident Review
QM	Quality Monitoring
QMP	Quality Monitoring Program
QSR	Quality Service Review
RRT	Rapid Response Team