



# **Quality Monitoring Early Warning System for Long-Term Care Facilities**

---

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

**Health and Human Services**

**March 2021**



**TEXAS**  
Health and Human  
Services

# Table of Contents

<b>1. Introduction</b> .....	<b>1</b>
<b>2. Early Warning System Model</b> .....	<b>2</b>
Nursing Facilities .....	2
<b>3. Quality Monitoring Activities</b> .....	<b>3</b>
Quality Monitoring Visits .....	3
Rapid Response Team Visits .....	4
Other Visit Types .....	5
<b>4. Quality Monitoring Activities During the COVID-19 Public Health Emergency</b> .....	<b>6</b>
QM Activities for NFs .....	6
QM Activities for Assisted Living Facilities (ALFs) .....	7
<b>5. Conclusion</b> .....	<b>8</b>
<b>List of Acronyms</b> .....	<b>9</b>

# 1. Introduction

[Section 255.005 of the Texas Health and Safety Code](#) requires the Health and Human Services Commission (HHSC) to establish an Early Warning System (EWS) for long-term care facilities. The EWS was first implemented in 2003 and uses statistical data to predict which nursing facilities may have conditions that could be detrimental to the health, safety and welfare of residents in nursing facilities (NF). The EWS is required to identify NFs that are identified as low or high risk.

Every NF is assigned an EWS score; the higher the EWS score, the higher the facility's risk of a poor outcome on its next regulatory inspection or survey. Chapter 255 also directs the agency to assess and evaluate the effectiveness of the EWS and submit a report of the findings to the governor, lieutenant governor, and the speaker of the house of representatives annually.

The Quality Monitoring Program (QMP) has a team of quality monitors comprised of nurses, pharmacists, and dietitians. Quality monitors use the EWS scores to prioritize visits to NFs and conduct initial and follow-up quality monitoring (QM) visits for higher risk facilities and facilities with a history of resident care deficiencies. During the initial QM visit, quality monitors evaluate the overall quality of care and quality of life in the facility. Quality monitors partner with facility staff and provide educational and technical assistance to improve quality of care and resident outcomes.

QMP staff promote evidence-based best practices by working collaboratively with providers to identify opportunities for quality improvement beyond minimal compliance with state and federal regulatory standards. QMP is not a regulatory program.

## 2. Early Warning System Model

### Nursing Facilities

The EWS model for nursing facilities (NFs) was revised in 2018, and accurately predicts NF risk levels 63 percent of the time. The model compiles information from multiple sources to forecast the level of risk (the EWS score), the likelihood a NF will perform poorly upon inspection. In general, the highest risk facilities, NFs with the highest EWS scores, are scheduled for QM visits. The risk calculation for any given NF may change upon updates of survey and complaint investigations, as well as minimum data set (MDS) data. The model receives data from the following sources to determine a facility's EWS score:

- Findings from a facility's annual survey and complaint investigations, including the total number of selected deficiencies cited in the previous three years;<sup>1</sup> and
- Quality measures from MDS resident care assessments.<sup>2</sup>

In addition to QM visits scheduled according to EWS scores, other types of information may trigger a visit from QMP staff, including:

- Preadmission Screening and Resident Review (PASRR) referrals from within HHSC or a local intellectual and developmental disability authority (LIDDA);
- Referrals from the Texas Department of State Health Services (DSHS) regarding outbreaks of infectious illnesses or cases of multi-drug resistant organisms in NFs;
- Medicaid managed care organization referrals.

HHSC reassesses EWS scoring criteria annually and compares predictions to actual outcomes.

---

<sup>1</sup> HHSC Long Term Care Regulatory (LTCR) conducts annual surveys and complaint or incident investigations in NFs to ensure compliance with state licensure and federal certification regulations.

<sup>2</sup> The MDS is a federally-mandated, standardized clinical assessment of each resident's functional capabilities and health needs.

### 3. Quality Monitoring Activities

Quality monitors perform the following types of in-person support and technical assistance to NF staff:

- Quality Monitoring (QM) Visits: Initial and Follow-Up
- Rapid Response Team (RRT) Visits
- In-Service visits

#### Quality Monitoring Visits

QMP quality monitors – nurses, pharmacists, and dietitians – conduct initial and follow-up quality monitoring (QM) visits for higher risk facilities or facilities with a history of resident care deficiencies. QM visits are not a regulatory activity. During the initial QM visit, quality monitors evaluate the overall quality of care and quality of life in the NF. Specific clinical areas are addressed during the visit; the selection of a particular clinical area may be based on a facility request or the quality monitor’s review of recent quality measure reports for the facility. 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.

Facilities can also request a QM visit, but QMP cannot help NFs prepare for a Long-Term Care Regulatory (LTCR) survey or be included as part of a plan of correction (POC) to address deficiencies cited during a survey or investigation. Table 1 provides data on initial and follow-up QM Visits.

**Table 1. Initial and Follow-Up QM Visits – September 1, 2019 through March 31, 2020<sup>3</sup>**

Visit Type	Number of Visits	Number of Unduplicated Facilities
Initial QM Visits	204	203

<sup>3</sup> The focus of QMP visits changed in response to the COVID-19 public health emergency. After March 31, 2020, QM visits were no longer appropriate or safe for NF residents or staff. The impact of this shift is evident in the total number of QM visits and RRT visits conducted in state fiscal year (SFY) 2020 compared to SFY 2019.

Visit Type	Number of Visits	Number of Unduplicated Facilities
45-Day Follow-Up Visits	180	180
QM Visits	621	480
QM Follow-Up Visits	34	32
<b>Total Visits</b>	<b>1,039</b>	<b>N/A<sup>4</sup></b>

### Rapid Response Team Visits

For facilities with EWS scores that indicate the highest risk, QMP sends rapid response teams (RRTs) to complete comprehensive quality monitoring visits. Facilities at high risk include those that have three deficiency citations in a 24-month period related to abuse and/or neglect that constitute an immediate threat to health and safety. When an RRT is triggered, there are a series of visits typically lasting six months:

- An initial RRT monitoring visit by the full interdisciplinary RRT (a nurse, pharmacist, and dietitian), lasting up to four days, to evaluate systems and to develop an action plan in collaboration with facility staff;
- Multiple follow-up RRT visits are provided by one or more team members over a six-month period to monitor the facility's progress; and
- A final RRT visit by the full team to evaluate and determine if the NF has made sufficient progress to be released from the RRT process.

State statute requires NFs to cooperate with the RRT to improve quality of care. RRTs include quality monitors from multiple clinical disciplines, the facility's region regulatory services Facility Surveyors/Liaisons, State Long-Term Care Ombudsman staff, and others as needed.<sup>5</sup>

Facilities can also request an RRT visit, but RRT visits may not be used to help a facility prepare for an LTCR survey or be included as a plan of correction to address

<sup>4</sup> The number of unduplicated NFs is by visit type only. A facility may have had multiple visits within this timeframe, but of different visit types.

<sup>5</sup> 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 systems is achieved.

deficiencies cited during a survey and/or investigation. Table 2 provides data on rapid response team visits between September 1, 2019 through March 31, 2020.

**Table 2. RRT Visits – September 1, 2019 through March 31, 2020**

Visit Type	Number of Visits <sup>6</sup>	Number of Unduplicated Facilities
Initial RRT Visits	41	13
Follow-Up RRT Visits	337	37
Final RRT Visits	33	11
<b>Total Visits</b>	<b>411</b>	<b>N/A<sup>7</sup></b>

## Other Visit Types

### In-Service Visits

During in-service visits, quality monitors provide in-service education presentations to NF staff, offering evidence-based information in an interactive manner. The information provided supports quality improvement in multiple areas of long-term care, including fall prevention and reducing the use of anti-psychotic medications.

In SFY 2020, QMP conducted 53 In-Service visits to 49 NFs.<sup>8</sup>

<sup>6</sup> The QM reporting system counts each quality monitor present on an RRT as a separate visit.

<sup>7</sup> The number of unduplicated NFs is by visit type only. A facility may have had multiple visits within this timeframe, but of different visit types.

<sup>8</sup> The number of unduplicated NFs is by visit type only. A facility may have had multiple visits within this timeframe, but of different visit types.

## 4. Quality Monitoring Activities During the COVID-19 Public Health Emergency

The focus of QMP visits changed in response to the COVID-19 public health emergency. After March 31, 2020 QM visits were no longer appropriate or safe for NF residents or staff. QMP shifted from conducting QM and RRT visits to infection prevention and control-focused visits. The impact of this shift is evident in the total number of QM visits and RRT visits conducted in state fiscal year (SFY) 2020 compared to SFY 2019.

- Total QM Visits – 1,039 in SFY 2020 and 1,657 in SFY 2019
- Total RRT Visits – 411 in SFY 2020 and 639 in SFY 2019

### QM Activities for NFs

QMP staff conducted telephone visits with NFs focusing on infection prevention and control. QMP staff also participated in on-site Special Infection Control Assessment (SICA) visits and conducted additional SICA visits by telephone.<sup>9</sup> Table 3 provides data by NF visit types between August 1, 2019 through August 31, 2020.

**Table 3. Quality Monitoring Activity for NFs – April 1, 2020 through August 31, 2020**

Visit Type	Number of Visits	Number of Unduplicated Facilities
Infection Control Assessment and Response (ICAR) Telephone Visits	853	851
Initial SICA On-site Visits	840	838
Initial SICA Telephone Visits	80	79
Follow-Up SICA Telephone Visits	408	316

<sup>9</sup> A SICA visit is consultative in nature, not regulatory. SICA visits were conducted to assist facilities in responding to COVID-19, and the on-site teams were made up of staff from HHSC LTCR, QMP, and BCFS Emergency Management.



Visit Type	Number of Visits	Number of Unduplicated Facilities
<b>Total Visits</b>	<b>2,181</b>	<b>N/A<sup>10</sup></b>

## QM Activities for Assisted Living Facilities (ALFs)

During the COVID-19 public health emergency, QMP staff were also able to assist ALFs. Between April 1, 2020 and August 31, 2020, QMP staff conducted telephone visits to ALFs in coastal regions, focusing on emergency preparedness for tropical weather systems. Quality monitors also participated in on-site SICA visits to ALFs and conducted additional SICA visits by telephone.

**Table 4. Quality Monitoring Activity – April 1, 2020 through August 31, 2020**

Visit Type	Number of Visits	Number of Unduplicated Facilities
Emergency Preparedness Telephone Visits	208	198
Initial SICA On-site Visits	35	35
Initial SICA Telephone Visits	11	11
Follow-Up SICA Telephone Visits	23	23
<b>Total Visits</b>	<b>277</b>	<b>N/A<sup>11</sup></b>

<sup>10</sup> The number of unduplicated NFs is by visit type only. A facility may have had multiple visits within this timeframe, but of different visit types.

<sup>11</sup> The number of unduplicated ALFs is by visit type only. A facility may have had multiple visits within this timeframe, but of different visit types.

## 5. Conclusion

The current EWS model for NFs was developed in 2018, and the 63 percent accuracy of the model has not changed from fiscal year 2019 to present. The QMP team continues to evaluate the NF EWS model by examining and statistically analyzing potential changes designed to improve the accuracy and quality of its predictions.

Fewer on-site QM and RRT visits were completed in fiscal year 2020, due to the COVID-19 public health emergency. However, QMP staff continued to provide significant support to NFs and ALFs through telephonic and virtual visits, and participation in SICA visits.

## **List of Acronyms**

<b>Acronym</b>	<b>Full Name</b>
ALFs	Assisted Living Facilities
EWS	Early Warning System
HHSC	Health and Human Services Commission
ICAR	Infection Control Assessment and Response
LTCFs	Long-Term Care Facilities
LTCR	Long-term Care Regulation
MDS	Minimum Data Set
NFs	Nursing Facilities
POC	Plan of Correction
QM	Quality Monitoring
QMP	Quality Monitoring Program
RRT	Rapid Response Team
SICA	Special Infection Control Assessment