Quality Assurance Early Warning System for Long-term Care Facilities Report Fiscal Year 2016

As Required By
Texas Health and Safety Code Section 255.005

Health and Human Services Commission
February 2017
# Table of Contents

1. Executive Summary ...................................................................................................................1
2. Introduction ................................................................................................................................2
3. Background ...............................................................................................................................2
4. Early Warning System ..............................................................................................................2
5. Quality Monitoring Program .....................................................................................................3
   Quality Monitoring Visits ...........................................................................................................3
   Rapid Response Team Visits .......................................................................................................4
   Other Visit Types .....................................................................................................................4
     Introductory Visits ................................................................................................................4
     In-service Visits ...................................................................................................................4
   Summary of Activity for Fiscal Year 2016 ...............................................................................5
7. Conclusion .................................................................................................................................5
List of Acronyms .........................................................................................................................6
1. Executive Summary

The *Quality Assurance Early Warning System for Long-term Care Facilities Report* provides an overview of the Early Warning System (EWS), a statistical model that is used to “detect conditions that could be detrimental to the health, safety and welfare of residents.” Texas Health and Safety Code Chapter 255 mandates that the Department of Aging and Disability Services (DADS) evaluate the effectiveness of the EWS, and annually report the findings to the Governor, Lieutenant Governor and Speaker of the House of Representatives. This report has been used to fulfill that requirement since 2003.

The EWS predicts the risk a nursing facility will have of a poor outcome on its next inspection conducted by DADS Regulatory Services division. S.B. 304, 84th Legislature, Regular Session, 2015, further clarified the purpose of the EWS and established priorities for deploying Quality Monitoring Program (QMP) staff and resources according to EWS scores.

The EWS model uses data to calculate a score for each nursing facility, including information from annual survey and complaint investigations, findings from quality monitoring visits, and quality measures from the Minimum Data Set resident care assessments. These scores predict the risk, high or low, that a facility will have a poor outcome on their next regulatory inspection. Criteria are reassessed annually, and the model is revised as needed to improve the accuracy of the predictions. In fiscal year 2016, the EWS model correctly classified cases 65 percent of the time.

EWS scores are used to prioritize the activities of the QMP. The QMP is a non-regulatory program and does not cite deficiencies, but instead uses an educational approach to quality improvement in nursing facilities. Through this collaborative process, QMP staff evaluate a facility’s systems of care in specific clinical areas and then work with facility staff to implement changes that are designed to improve resident outcomes.

In fiscal year 2016, QMP staff conducted 2,070 visits at 1,485 nursing facilities across the state. That is a slight decrease from the number of visits conducted in fiscal year 2015 (2,176 visits), reflecting QMP’s focus on prioritizing visits in accordance with S.B. 304. With the shift in focus to medium and high-risk facilities, and the changes to the Rapid Response Team process, QMP staff made fewer visits, but the time spent in facilities during those visits increased.
2. Introduction

The Long-term Care Facility Improvement Act, S.B. 1839, 77th Legislature, Regular Session, 2001, directed the Texas Department of Human Services (a legacy agency) to develop an EWS for long-term care facilities. S.B. 304, 84th Legislature, Regular Session, 2015, included additional requirements related to the EWS.

Health and Safety Code Chapter 255 includes the requirements outlined in S.B. 1839 and S.B. 304. Chapter 255 also instructs DADS to evaluate the effectiveness of the EWS and annually report the findings to the Governor, Lieutenant Governor and Speaker of the House of Representatives. This report has been used to fulfill this requirement since the implementation of the EWS in January 2003. On September 1, 2016, the QMP function transferred to the Health and Human Services Commission (HHSC), and HHSC has assumed the reporting requirement.

3. Background

S.B. 1839 was introduced as a comprehensive approach to “addressing the nursing home crisis facing Texas.” The bill contained a number of measures designed to improve the quality of care provided in long-term care facilities across the state; those measures included the development of the EWS and QMP. S.B. 304 further clarified the purpose of the EWS, and established priorities for deploying QMP staff and resources according to EWS scores.

As required by S.B. 304, facilities with a history of resident care deficiencies and those with medium to high EWS scores received quality-monitoring visits. Facilities identified as high risk through the EWS were given priority for Rapid Response Team (RRT) visits. A facility would also receive a RRT visit if it received three deficiency citations in a 24-month period and those citations were determined to constitute an immediate threat to health and safety related to the abuse or neglect of a resident.

4. Early Warning System

The EWS is a statistical model that has been developed to track performance of nursing facilities. Information about a nursing facility and its residents is analyzed to predict the risk the facility’s next inspection (i.e., survey or complaint investigation conducted by DADS Regulatory Services) will have a poor outcome.

The EWS calculates a score for each facility, based on criteria including:
- Findings from the facility’s annual survey and complaint investigations, including the total number of selected deficiencies cited in the previous 3 years;
- Findings from previous quality monitoring visits; and
- Quality measures from the Minimum Data Set (MDS) resident care assessments.

Criteria are reassessed annually, comparing the EWS predictions to the actual outcomes. Because EWS is a statistical risk model, more often than not the predictions are accurate. In fiscal year 2016, the model was revised to further improve the accuracy of the predictions; the current
model correctly classified facilities 65 percent of the time. That is an improvement from fiscal year 2015, when the model correctly classified facilities 63 percent of the time.

EWS scores are used to prioritize the activities of the QMP, ensuring its resources are utilized effectively.

5. Quality Monitoring Program

QMP is not a regulatory program and the quality monitors (QMs) do not cite deficient practices. QMP represents an educational approach to improving the quality of care and quality of life in Texas nursing facilities. QMs are nurses, pharmacists, and dietitians who provide technical assistance in a collaborative relationship, promoting quality improvement beyond minimal compliance with state and federal standards. The goal is to establish a partnership with nursing facilities and to work with facility staff to implement care approaches that improve resident outcomes.

During on-site visits, QMs evaluate a facility’s system of care in specific clinical areas and provide technical assistance to help the facility improve those systems. In fiscal year 2016, QMP continued to focus on the overuse of antipsychotic medications in nursing facilities, as well as the quality of care provided to residents with dementia. The selection of any additional focus areas during a quality monitoring visit was data driven and was prioritized based on the impact to the residents’ health, safety, and quality of care.

Quality Monitoring Visits

Quality monitoring visits are conducted by individual QMs, and are coordinated by a scheduling system that uses the EWS to determine the priority for visits. In fiscal year 2016, QMP made several operational changes, as required by S.B. 304:

• Facilities with a history of resident care deficiencies, and those with medium to high EWS scores were given priority for quality monitoring visits.
• A process for conducting initial quality monitoring visits and 45-day follow-up visits was implemented.

An initial quality-monitoring visit is the first time a nursing facility is scheduled for and receives a quality-monitoring visit after being identified at medium risk through the EWS. A follow-up visit is scheduled within 45 calendar days of the initial visit. The process of identifying a quality-monitoring visit as an initial visit begins again once 12 months have passed with no quality monitoring visits made to the facility. While nursing facilities may request a quality-monitoring visit, QMP staff are prohibited from assisting with the preparation for a regulatory services survey, or as part of a plan of correction developed by the facility to address deficiencies cited during a survey or investigation.

During a quality-monitoring visit, the QM evaluates the overall quality of life in the facility, as well as specific clinical areas of care. Information is gathered through observations of care, interviews with residents and staff, and review of clinical records. Technical assistance is provided to facility staff throughout the visit, based on the QM’s findings.
Rapid Response Team Visits

Texas Health and Safety Code, Section 255.004 allows QMP to conduct RRT visits based on EWS scores. In fiscal year 2016, changes to the RRT process were implemented as a result of S.B. 304:

- Facilities identified as high risk through the EWS were given priority for RRT visits.
- A facility would also receive a RRT visit if it had received three deficiency citations in a 24-month period and those citations were determined to constitute an immediate threat to health and safety related to the abuse or neglect of a resident.

RRT visits can also be provider-solicited. The RRT visit cannot occur before the 60th day after the date of an exit interview following an annual or follow-up survey or inspection, and the RRT may not be used to assist a facility to prepare for a regular inspection or survey. A facility may also receive a RRT visit at the request of DADS Regulatory Services.

RRT visits are a comprehensive form of a quality-monitoring visit; during a RRT visit there is usually more than one clinical discipline involved. The team conducting the visit could be comprised of any combination of nursing, dietary or pharmacy quality monitors. This provides flexibility, so the team is able to address nursing issues, as well as any pharmacy or nutrition concerns that are identified. It also gives the team a broader view of a facility’s resident care systems. The regional regulatory services facility liaison is part of the team, with Ombudsman staff and other professionals participating as needed.

The initial RRT visit may last up to four days. After the initial RRT visit is completed, follow-up visits are scheduled over a six-month period to monitor the facility’s progress in the specific areas of concern identified by the team. Follow-up visits may be conducted by an individual member of the team or by any combination of team members, depending on the findings of the initial visit and the needs of the facility.

RRT visits are conducted in an atmosphere that encourages learning and team building; however, facilities are required by statute to cooperate with the RRT in an effort to improve the quality of care provided to residents.

Other Visit Types

Introductory Visits

Introductory visits are provided when new facilities open, and are used to 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

QMs provide a variety of in-service education presentations to nursing facility staff, offering evidence-based information in an interactive manner. The information provided can then be used to stimulate ideas for quality improvement.
Summary of Activity for Fiscal Year 2016

QMP staff completed a total of 2,070 visits between September 1, 2015, and August 31, 2016. Included in that total were 260 in-service visits, at least 81 of which were requested by the facility.

QMP initiated the RRT process in 36 facilities, and 32 facilities were released from the RRT process in fiscal year 2016. Table 1 provides a more detailed breakdown of visits by visit type. The total number of unduplicated nursing facilities was obtained from the visit data for each specific visit type. For example, a facility that received an Initial Quality Monitoring Visit would be counted one time in the total for that visit type. The same facility may also receive a 45-day follow-up visit in fiscal year 2016, and would be counted in the total for that category as well.

<table>
<thead>
<tr>
<th>Visit by Type</th>
<th>Number of Visits</th>
<th>Number of Unduplicated Nursing Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Quality Monitoring Visits</td>
<td>429</td>
<td>429</td>
</tr>
<tr>
<td>45-day Follow-up Visits</td>
<td>391</td>
<td>391</td>
</tr>
<tr>
<td>Quality Monitoring Visits (including follow-up visits)</td>
<td>514</td>
<td>364</td>
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<td>Introductory Visits</td>
<td>1</td>
<td>1</td>
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<tr>
<td>In-service Visits</td>
<td>260</td>
<td>195</td>
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<tr>
<td>Rapid Response Team Visits</td>
<td>244</td>
<td>56</td>
</tr>
<tr>
<td>Rapid Response Team Follow-up Visits</td>
<td>231</td>
<td>49</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,070</strong></td>
<td><strong>1,485</strong></td>
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</tbody>
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7. Conclusion

Changes made to the EWS model in 2016 improved the predictive outcome of the model. Facilities at risk for poor survey outcomes were more accurately identified, and QMP was able to make use of its staff and resources in a more efficient manner through prioritization of visits to high and medium risk facilities.

QMP staff continue to monitor the current EWS model and test additional changes designed to improve the accuracy of its predictions. An updated algorithm should be ready for testing in spring 2017.

QMP is also planning modifications to the QMP visit reporting system to allow for retrieval of quantitative data. This would enable QMP staff to verify the quality improvements made by each facility visited.
List of Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Name</th>
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<tbody>
<tr>
<td>DADS</td>
<td>Department of Aging and Disability Services</td>
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<td>EWS</td>
<td>Early Warning System</td>
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<tr>
<td>HHSC</td>
<td>Health and Human Services Commission</td>
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<tr>
<td>MDS</td>
<td>Minimum Data Set</td>
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<tr>
<td>QM</td>
<td>Quality Monitor</td>
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<td>QMP</td>
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<tr>
<td>RRT</td>
<td>Rapid Response Team</td>
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<tr>
<td>S.B.</td>
<td>Senate Bill</td>
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