

QUALITY ASSURANCE EARLY WARNING SYSTEM FOR LONG-TERM CARE FACILITIES

2015 Report

**Texas Health and Safety Code
Section 255.005 Early Warning System**

Texas Department of Aging and Disability Services

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Background

The Texas Department of Aging and Disability Services (DADS) is required to operate the Quality Assurance Early Warning System (EWS) for long-term care facilities. In addition, the department is required to evaluate the effectiveness of the EWS, reporting the findings to the Governor, Lieutenant Governor and Speaker of the House of Representatives on an annual basis. This report fulfills that requirement for Fiscal Year 2015.

The Early Warning System

The EWS is a statistical model that uses information about a nursing facility and its residents to predict the risk (high or low) that the nursing 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 that include:

- Findings from the most recent annual survey and complaint investigations conducted in the previous six months;
- Findings from previous quality monitoring visits; and
- Quality measures from the Minimum Data Set (MDS) resident care assessments.

Criteria are reassessed on an on-going basis, comparing the EWS predictions to the actual outcomes. Because EWS is a statistical risk model, more often than not the predictions are accurate. For Fiscal Year 2015, the model correctly classified high risk facilities 57 percent of the time. The model's predictions accurately identify facilities as high or low risk 63 percent of the time (63 percent of the time facilities at low risk were correctly predicted as low and facilities at high risk were correctly predicted as high).

EWS scores are used to prioritize the use of the Quality Monitoring Program (QMP) activities and resources.

The Quality Monitoring Program

The purpose of the QMP is to detect, through the EWS, conditions inside Texas nursing facilities that could be detrimental to the health, safety and welfare of residents.

The QMP is not a regulatory program and the Quality Monitors (QMs) do not cite deficient practices. The 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 can improve resident outcomes.

QMP staff evaluate a facility's system of care in specific clinical areas and provide technical assistance to help the facility improve those systems. Current focus areas include:

- Advance care planning;

- Appropriate use of psychoactive medications, including antipsychotics, antidepressants, anxiolytics, and sedatives/hypnotics;
- Healthy hydration;
- Dementia care;
- Documentation;
- Enteral nutrition;
- Fall risk management;
- Immunizations;
- Infection control;
- Medication regimen simplification;
- Pain assessment and management;
- Preadmission Screening and Resident Review (PASRR);
- Pressure ulcers;
- Restraint reduction; and
- Healthy weight management.

In Fiscal Year 2015, all QM visits included a review of the use of antipsychotic medications in individuals with dementia, as well as an evaluation of the facility's PASRR process. The selection of any additional focus areas during a QM visit is data driven, and is prioritized based on the impact to the residents' health and safety, and on 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 2015, facilities with medium to high EWS scores were given priority for quality monitoring visits.

Beginning in September 2015, facilities identified as medium risk or those that have a history of resident care deficiencies will be given priority for visits. A follow-up visit will be scheduled within 45 calendar days of the initial QM visit; the initial QM visit is the first time a nursing facility is scheduled for and receives a QM visit after being identified as medium risk through the EWS. The process of identifying a QM visit as an initial visit starts again once 12 months have passed with no QM visits to the facility. Nursing facilities may also request a quality monitoring visit by contacting QM staff.

Rapid Response Team Visits

40 Texas Administrative Code [§19.911](#), Rapid Response Teams (RRT), allows QMs to conduct RRT visits, based on early warning system (EWS) scores; those facilities identified as high risk through the EWS receive RRT visits. In addition, a facility will receive a RRT visit if it has 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 are a comprehensive form of a QM visit. The primary difference between RRT and QM visits is that there is usually more than one clinical discipline involved, which could be any combination of nursing, dietary or pharmacy monitors. This allows for flexibility so the RRT may address nursing issues, as well as pharmacy or nutrition issues and provides a broader view

of the facility’s resident care systems. The regional regulatory liaison may be part of the team, with Ombudsman staff and other professionals assisting the team, as needed.

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 continue to be provided when new facilities open. These visits introduce the nursing facility to the QMP; help facility staff understand the goals 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 2015

The following tables provide information about visits conducted by the QMP from September 1, 2014 through August 31, 2015.

Visits by Discipline	Number of Visits
Nurses	1359
Dietitians	390
Pharmacists	427
Total	2176

Visits by Type	Number of Visits
Introductory	10
Quality Monitoring	1556
Quality Monitoring Follow-up	52
Rapid Response Team	252
Rapid Response Team Follow-up	166
In-service	155
Total	2176