

**QUALITY ASSURANCE
EARLY WARNING SYSTEM FOR
LONG-TERM CARE FACILITIES**

2014 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 Health and Safety Code, Chapter 255 requires the Texas Department of Aging and Disability Services (DADS) to operate and report on the Quality Assurance Early Warning System (EWS) for long-term care facilities. The Quality Assurance EWS includes a Quality Monitoring Program (QMP). The EWS goal is to detect conditions that could be detrimental to the health, safety, and welfare of residents.

Based on EWS rankings, nursing facilities are selected and scheduled for quality monitoring visits. The statute directs DADS to evaluate the effectiveness of QMP and EWS activity and report its findings annually to the governor, lieutenant governor, and speaker of the Texas House of Representatives. This report fulfills that obligation for fiscal year 2014.

The Quality Monitoring Program

The QMP provides an educational (versus a regulatory) approach to improving quality of life and quality of care in nursing facilities. The mission of the QMP is to disseminate evidence-based best practice information through teaching and coaching approaches to help each facility to achieve optimal outcomes for individuals. QMP provides on-site visits to nursing facilities that include DADS clinical staff (i.e., registered nurses, dietitians, and pharmacists) and to review system information about each nursing facility and the people who reside there and to identify ways to promote best practices in assessment, care planning, and outcomes. The QMP staff also provide in-service education programs to support the nursing facility staff as they move along the best practice continuum.

The QMP targets technical assistance and best practices dissemination in 11 focus areas related to the care and services of people who are aging or have disabilities. The focus area goals are to:

- Reduce the use of mechanical restraints;
- Increase the rate of documented vaccination for pneumococcal disease and influenza;
- Improve pain assessment and management;
- Improve prevention and management of pressure ulcers;
- Promote appropriate use of anti-psychotics, anxiolytics, and sedative hypnotics;
- Improve fall risk management;
- Improve nutritional practices for weight management;
- Promote healthy hydration;
- Promote appropriate use of artificial nutrition and hydration;
- Promote advance care planning; and
- Promote medication simplification.

The Early Warning System

The EWS is a statistical model that uses information about a nursing facility and the people who live in it 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. EWS is used to direct QMP resources toward nursing facilities that are most in need of improvement.

To be useful, the model should predict high risk nursing facilities more than 50 percent of the time.

Examples of information used to create the score include:

- findings from the most recent annual survey and complaint investigations conducted during the previous six months;
- QMP's findings on nursing; and
- quality measures from minimum data set (MDS) resident care assessments.

When predicting risk, the model correctly classified high risk facilities 56 percent of the time. The model predicts both high and low risk 64 percent of the time (64 percent of the time the lows were correctly predicted as low and the highs were correctly predicted as high).

Visits Based on EWS Scores

The QMP targets nursing facilities in the high risk group for visits. Those visits are conducted by either a single staff person or multiple staff.

Single Person Reviews

The nursing facilities in the high risk group which do not meet the criteria for a team visit, as outlined on page 3, are prioritized for a QM visit from one interdisciplinary team member. Although the primary goal of the QMP is to visit high risk nursing facilities, visits are also made to low risk nursing facilities to disseminate information about evidence-based best practices and provide technical assistance. Most nursing facilities receive at least one QMP visit every year.

Visits from Two or More QMP Monitors

During most of fiscal year 2014, DADS conducted team visits whereby at least two members from the QMP interdisciplinary team visited a facility, depending on the area(s) identified at risk. Each quality monitor on the team assessed information about evidence-based best practices. During the visit, each team member provided technical assistance and ongoing, open communication with facility staff. Activity may occur over the course of up to three visits, one for each discipline (nurse, pharmacist and dietitian).

The criteria for scheduling a team visit required that:

- the nursing facility had an EWS score in the top 20 percent;
- the nursing facility had not received a team visit within the past twelve months; and
- each QMP team member had completed an individual QM visit.

Rapid Response Team (RRT) Visits

In July 2014, the QMP expanded the Rapid Response Team (RRT) process to more effectively provide evidence-based information and resources to nursing facilities. Long-term care ombudsmen and Regulatory Services nursing facility liaisons may participate in the RRT visits, in addition to QMP staff members. The RRT visit is an intensive evaluation of a facility's systems and provides multiple opportunities for education and technical assistance targeted to the facility's specific needs. The RRT visits are intended to help nursing facilities improve services and supports so the right thing is done for the right person at the right time. RRT visits are conducted in an atmosphere that encourages learning and team building, which promotes positive relationships with providers through the use of diverse teaching techniques.

The RRT visits are based on the same criteria used to identify nursing facilities for a team visit. Also like team visits, the RRT visit is conducted in an atmosphere that encourages learning and team building, which promotes positive relationships with providers through the use of diverse teaching techniques.

Summary of Activity During Fiscal Year 2014

The following table provides information on visits conducted by the QMP from September 1, 2013, through August 31, 2014.

Type of Visit by Discipline	Total Number of Visits
Nursing	1,759
Dietitian	675
Pharmacist	714
Total	3,148

Team Visits¹	Total Number of Team Visits
In-service training	180
Introductory ²	12
Team/RRT	269
Total	461

¹ Team visits consist of two or three monitors who visit the same facility at or near the same time.

² An introductory visit means the initial visit to a new nursing facility or the first visit to a nursing facility following a change in ownership. This count is included in the total number of visits by discipline.