

# **The Long Term Care Early Warning System 2005 Report**

Submitted by:

Leslie L. Cortés, MD

**Texas Department of Aging and Disability Services**  
Center for Policy and Innovation  
Medical Quality Assurance

**January 2005**

## 2005 EWS Report

SB 1839 from the 77<sup>th</sup> Texas Legislature directed the department to develop an Early Warning System (EWS) in order to deploy SB 1839 technical assistance resources in an effective manner. The EWS is meant to direct the deployment of Quality Monitoring (QM) and Rapid Response Team (RRT) resources described in Article 7 of the bill. SB 1839 also directed the department to assess and evaluate the effectiveness of the EWS and to report its findings annually to the governor, lieutenant governor, and speaker of the House of Representatives. This report fulfills that obligation for 2005.

The EWS is a predictive statistical model that uses information such as facility characteristics, resident characteristics, and facility survey history to estimate the risk that a facility's next inspection (survey or complaint investigation) will have a poor outcome. The EWS model is updated annually and has been used since January 2003 to prioritize both Quality Monitoring (QM) and Rapid Response Team (RRT) visits to nursing facilities. During the first nine months of 2005, the EWS correctly predicted 59% of all poor survey outcomes.

The department evaluates the effectiveness of the EWS model by tracking two performance indicators. The first measures QM visit timeliness. The second indicates the extent to which QM visits to high-risk facilities may impact the outcome of the subsequent survey.

Performance Indicator	2002	2003	2004	2005
Timeliness indicator (ability to provide timely technical assistance to high-risk facilities)	56%	86.9%	68.1%	85.1%
Outcome indicator (proportion of high risk facilities that had a good outcome)	67%	85.9%	67.7%	84.7%

The timeliness indicator depends on both the ability of the model to correctly predict facilities that will have poor survey outcomes and the staffing of the QM program. Similarly, the outcome indicator depends both on the ability of the model to correctly predict facilities that will have good survey outcomes and the effectiveness of the QM program's technical assistance with regard to avoiding poor survey outcomes. In 2005, both indicators demonstrated that there was an adequate match between the ability of EWS to predict adverse survey outcomes and QM resources to address the need for technical assistance in a timely manner so that improvements in resident care would ameliorate some of the risk of a poor survey outcome.

The department believes that the EWS is a useful tool for prioritizing quality outreach technical assistance so that resources are deployed in a manner that has positive impact on both resident outcomes and provider performance. The department plans to recalibrate the EWS at the end of 2005.