The Long Term Care Early Warning System 2007 Report

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2007 EWS Report

Chapter 255 of the Health & Safety Code mandates that DADS establish an Early Warning System (EWS) to detect conditions that could be harmful to the health and welfare of people who receive long term services and supports. Quality-of-Care Monitors (Quality Consultants) currently visit nursing facilities and provide guidance on best practices in areas of nursing, nutrition, and pharmacy. They give priority to facilities with a history of patient care deficiencies when scheduling visits. The EWS is used to prioritize nursing facilities that would most benefit from Quality Consultant visits and resources. The statute directs the department to evaluate the effectiveness of the EWS and report its findings annually to the governor, lieutenant governor, and Speaker of the House of Representatives. This report fulfills that obligation for 2007.

The EWS is a statistical model that uses information about the facility and its residents to predict the risk (high or low) that the facility's next inspection (survey or complaint investigation) will have a poor outcome. The EWS model is usually updated annually and has been used since January 2003 to prioritize Quality Consultant visits to nursing facilities. Although the primary focus of the Quality Consultants is to respond to high risk facilities, (facilities with a history of patient care deficiencies), the visits are also provided to low risk facilities in order to disseminate information about best practices.

The Inspection Performance score is used to quantify how well a facility will perform on their next annual inspection or investigation(s). It is based on the nature, scope, and severity of the deficiencies cited in the nursing facility during the most recent annual inspection or investigation(s) conducted in the preceding six months. The Inspection Performance score is not based on the number of deficiencies cited by DADS Regulatory Services. Inspection Performance scores range from 1 to 5. Lower scores indicate better performance. In Table 1, a comparison of Inspection Performance scores since 2004 by EWS risk level, shows that high risk facilities tend to have significantly worse Inspection Performance scores than low risk facilities. This confirms that the EWS model predicts facilities at risk for providing poor quality of care.

Table 1. Inspection Performance by Risk and Year

Year	2004	2005	2006	2007
Low Risk	3.08	3.11	3.12	3.07
High Risk	3.16	3.17	3.20	3.14

The department makes every effort to visit the facilities with the highest risk scores as soon as possible after they are identified. On average, facilities identified as high risk are visited by Quality Consultants sooner than those facilities identified as low risk (see Table 2).

Table 2. Average Number of Days Between Assignment of Risk Level and QM Visit

Year	2004	2005	2006	2007
Low Risk	204	200	204	199
High Risk	199	194	193	193

The department believes that the EWS is a useful tool for prioritizing Quality Consultant activities so that resources are deployed in a manner that has a positive impact on both resident outcomes and provider performance. The department plans to update the EWS statistical model in 2008. In addition, the department plans to analyze patterns of deficiencies and other information about the providers and residents in order to identify new issues on which to focus quality consulting activities in the future.