

The Long Term Care Early Warning System 2008 Report

Submitted by:

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January 15, 2009

Chapter 255 of the Health & Safety Code mandates that DADS establish a Quality Monitoring Program and an Early Warning System (EWS) to identify long-term services and supports providers (i.e. nursing facilities) at risk for a poor inspection (survey or complaint investigation). 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 2008.

The EWS model has been used since January 2003 to prioritize Quality Monitoring Program visits to nursing facilities. 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 current model uses data from sources such as DADS Regulatory Services and resident assessments. Examples of information used to create the score include:

- Regulatory findings from the most recent annual survey and complaint investigations in the last six months;
- Resident care quality indicators such as the percentage of people with a low risk for needing anti-psychotic medicines who are taking them; and
- The number of substantiated complaints and incidents over the past 12 months.

The EWS is an effective tool used to focus the Quality Monitoring Program resources on the nursing facilities in most need of improvement. The current model was developed by ranking facilities in terms of survey performance over the course of a year. Data from the previous year was used to create a model to predict which facilities performed well or poorly. The model successfully predicted facility performance 67% of the time. As part of ongoing efforts to continually improve the predictive power of the EWS model, additional data is being collected and analyzed for use in the model for 2009.

Although the primary focus of the Quality Monitoring Program visits is to respond to high risk facilities, visits are also provided to low risk facilities in order to disseminate information about best practices and provide technical assistance. Nearly every facility receives a Quality Monitoring visit every year. Nurses, dietitians, and pharmacists review facility and resident information to identify ways to promote best practices in assessment, care planning, and outcomes. In addition, Quality Monitors provide in-service education programs. The pharmacist Quality Monitors also conduct one-on-one physician education with facility medical directors regarding medication management.