The Long-Term Care Early Warning System
2010 Report

Submitted by:

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Health and Safety Code, Chapter 255 requires the Texas Department of Aging and Disability Services (DADS) to report on the Quality Assurance Early Warning System (EWS) for Long-Term Care Facilities. The EWS identifies nursing facility providers 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 Texas House of Representatives. This report fulfills that obligation for 2010.

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 people who live in it 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 assessments of people living in facilities. 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;
- care quality indicators such as the percentage of people in a facility 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 a tool used to focus the Quality Monitoring Program resources on the nursing facilities in most need of improvement. The current model was developed in 2007 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 percent of the time, an improvement from previous models. Because it is the strongest predictor that has been developed thus far, the decision was made to continue to use this model.

In the current model, some of the predictors come from the Minimum Data Set (MDS) maintained by the Centers for Medicare & Medicaid Services (CMS). On October 1, 2010, CMS changed the questions in the MDS, and, as a result of this change, some predictors currently used in the model will no longer be available. As part of ongoing efforts to improve the predictive power of the EWS model, and to compensate for the loss of valuable predictors, additional data is being identified and analyzed for use in the next model.

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. Registered nurses, dietitians, and pharmacists review information about the facility and people who reside in it to identify ways to promote best practices in assessment, care planning, and outcomes. In addition, Quality Monitors provide in-service education programs.