Quality Monitoring Early Warning System for Long-Term Care Facilities

As Required by
Health and Safety Code,
Section 255.005

Texas Health and Human Services
March 2022

TEXAS
Health and Human Services

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1. Introduction

Chapter 255 of the Texas Health and Safety Code requires the Health and Human Services Commission (HHSC) to establish an Early Warning System (EWS) for long-term care facilities (LTCFs). Section 255.005 requires HHS to assess and evaluate the effectiveness of the EWS, and to report annually to the governor, lieutenant governor, and the speaker of the house of representatives.

The EWS was first implemented in 2003 and uses statistical data to predict which nursing facilities (NFs) may have conditions that could be detrimental to the health, safety, and welfare of residents. The EWS is required to identify NFs that are identified as low or high risk.

Every NF is assigned an EWS score; the higher the EWS score, the higher the facility's risk of a poor outcome on its next regulatory inspection or survey. Chapter 255 also directs the agency to assess and evaluate the effectiveness of the EWS and submit a report of the findings to the governor, lieutenant governor, and the speaker of the house of representatives annually.

The Quality Monitoring Program (QMP) has a team of quality monitors comprised of nurses, pharmacists, and dietitians. Quality monitors use the EWS scores to prioritize visits to NFs and conduct initial and follow-up quality monitoring (QM) visits for higher risk facilities and facilities with a history of resident care deficiencies. During the initial QM visit, quality monitors evaluate the overall quality of care and quality of life in the facility. Quality monitors partner with facility staff and provide educational and technical assistance to improve quality of care and resident outcomes.

QMP staff promote evidence-based best practices by working collaboratively with providers to identify opportunities for quality improvement beyond minimal compliance with state and federal regulatory standards. QMP is not a regulatory program.

2. Early Warning System Model

Nursing Facilities

The current EWS model for NFs was developed in 2018, and accurately predicts NF risk levels 63 percent of the time. The model compiles information from multiple sources to forecast the level of risk (the EWS score), the likelihood a NF will perform poorly upon inspection. In general, the highest risk facilities, NFs with the highest EWS scores, are scheduled for QM visits. The risk calculation for any given NF may change upon updates of survey and complaint investigations, as well as minimum data set (MDS) data. The model receives data from the following sources to determine a facility's EWS score:

- Findings from a facility's annual survey and complaint investigations, including the total number of selected deficiencies cited in the previous three years;[1] and
- Quality measures from MDS resident care assessments.[2]

In addition to QM visits scheduled according to EWS scores, other types of information may trigger a visit from QMP staff, including:

- Preadmission Screening and Resident Review (PASRR) referrals from within HHSC or a local intellectual and developmental disability authority (LIDDA);
- Referrals from the Texas Department of State Health Services (DSHS) regarding outbreaks of infectious illnesses or cases of multi-drug resistant organisms in NFs;
- Medicaid managed care organization referrals.

HHSC reassesses EWS scoring criteria at least annually and compares predictions to actual outcomes. Possible data sources and variables from those sources were identified. Examples of data sources are previous deficiencies or quality measures from CMS. Variables were combined and tested in models predicting performance of nursing facilities as defined by the number, scope, and severity of federal

[1] HHSC Long Term Care Regulation (LTCR) conducts annual surveys and complaint or incident investigations in NFs to ensure compliance with state licensure and federal certification regulations.
[2] The MDS is a federally mandated, standardized clinical assessment of each resident's functional capabilities and health needs.

deficiencies. The model that did the best job of predicting nursing facility performance was retained.

3. Quality Monitoring Activities

Quality monitors perform the following types of in-person support and technical assistance to NF staff:

- QM Visits: Initial and Follow-Up
- Rapid Response Team (RRT) Visits
- In-Service visits

Quality Monitoring Visits

QMP quality monitors – nurses, pharmacists, and dietitians – conduct initial and follow-up QM visits for higher risk facilities or facilities with a history of resident care deficiencies. QM visits are not a regulatory activity. During the initial QM visit, quality monitors evaluate the overall quality of care and quality of life in the NF. Specific clinical areas are addressed during the visit; the selection of a particular clinical area may be based on a facility request or the quality monitor's review of recent quality measure reports for the facility. Based on this evaluation, quality monitors partner with facility staff and provide educational and technical assistance to improve quality of care and resident outcomes. Quality monitors schedule a follow-up visit within 45 calendar days to ensure progress toward improvements.

Facilities can also request a QM visit, but QMP cannot help NFs prepare for a Long-Term Care Regulation (LTCR) survey or be included as part of a plan of correction (POC) to address deficiencies cited during a survey or investigation.

While the on-going novel coronavirus (COVID-19) public health emergency (PHE) had an impact on QMP activity in fiscal year 2021, QMP staff vacancies also affected the number of visits conducted. Approximately 31 percent of QMP field staff positions are vacant, primarily registered nurse (RN) positions. HHSC experiences challenges attracting and retaining sufficient numbers of clinical staff to conduct all planned visits due to current position classifications and salary levels. HHSC will explore potential solutions to recruit and retain QM field staff.

Between September 2020 and December 2020, QM visits were conducted telephonically due to the ongoing PHE. In December 2020, QM staff began to make in-person visits to NFs, and by April 2021, most of the quality monitors had returned to in-person visits.

The shift to telephonic QM visits proved valuable to NFs and allowed HHSC to monitor facilities when on-site visits were not feasible. However, a telephonic visit is not a complete substitute for an in-person QM visit. Staff adapted QM visit policies and procedures to accommodate telephone-only visits. Initial visit procedures are too dependent on direct observation and were not adapted for telephone-only, but many follow-up visit processes were conducted by phone.

Tables 1 and 2 provide data on initial and follow-up QM visits, including on-site and telephonic visits.

Table 1. On-Site QM Visits - September 2020 through August 2021

Visit Type	Number of Visits	Number of Unduplicated Facilities
Initial QM Visits	321	321
45-Day Follow-Up On-Site Visits	265	265
QM On-Site Visits	319	319
QM Follow-Up On-Site Visits	19	19
Total On-Site Visits	**924**	**N/A[3]**

Table 2. Telephonic QM Visits – September 2020 through August 2021

Visit Type	Number of Visits	Number of Unduplicated Facilities
Initial QM Telephone Visits	n/a	n/a
45-Day Follow-Up Telephone Visits	3	3
QM Telephone Visits	900	626
QM Follow-Up Telephone Visits	88	33
Total Telephonic Visits	**991**	**N/A[3]**

Rapid Response Team Visits

For facilities with EWS scores that indicate the highest risk, QMP sends rapid response teams (RRTs). Facilities at high risk include those that have three deficiency citations in a 24-month period related to abuse and/or neglect that

[3] The number of unduplicated NFs is by visit type only. A facility may have had multiple visits within this timeframe, but of different visit types.

constitute an immediate threat to health and safety. When an RRT is triggered, there will always be a series of visits, typically lasting six months.

Unlike a QM visit, a full team of quality monitors (one from each discipline) conducts the initial RRT visit. Staffing an RRT is a more complex undertaking and requires assembling a team from offices across the state to visit a single NF. When an RRT goes on-site, the facility must also make more administrative and clinical staff available than on a QM visit to assist and learn from the state staff.

Because of the greater need for improvement and the extra effort required from HHSC and NF staff, the RRT visit is more comprehensive. The team conducts a broader review and provides more education and assistance than during an initial QM visit. Follow-up RRT visits are conducted by one or more team members and are more focused, depending on the identified needs.

No RRT visits were conducted in fiscal year 2021 because of the COVID-19 PHE, in an effort to keep HHSC and NF staff safe and to allow NF staff to focus on resident care during the PHE (see the PHE-related activities section below for more information). Highest risk facilities received a QM Visit instead of an RRT visit.

Other Visit Types

In-service Visits

During in-service visits, quality monitors provide in-service education presentations to NF staff, offering evidence-based information in an interactive manner. The information provided supports quality improvement in multiple areas of long-term care, including fall prevention and reducing the use of anti-psychotic medications.

In fiscal year 2021, QMP conducted 18 in-service visits in 16 NFs.[4]

[4] The number of unduplicated NFs is by visit type only. A facility may have had multiple visits within this timeframe, but of different visit types.

4. Quality Monitoring Activities During the COVID-19 Public Health Emergency

The focus of QMP visits changed in response to the COVID-19 PHE. During fiscal year 2020, QMP shifted from conducting in-person QM and RRT visits to infection prevention and control (IPC)-focused telephonic visits. QMP continued to provide IPC support to NFs in response to the PHE between September 2020 and December 2020.

In December 2020, QMP began making in-person visits again and by April 2021, most of the quality monitors had resumed in-person visits. The gradual return to in-person visits is reflected in the total number of on-site QM visits conducted in fiscal year 2021 compared to fiscal year 2020.

- Total QM On-Site Visits – 924 in fiscal year 2021 and 1,039 in fiscal year 2020

No RRT visits were conducted in fiscal year 2021 because of the PHE. Assembling a state team to visit a single facility and requiring the facility to redirect staff away from resident care was inadvisable. Instead of RRT visits, individual staff conducted QM visits to high-risk facilities and initially focused on infection prevention and control. HHSC resumed initial RRT visits in September 2021.

QM PHE-Related Activities for NFs

From June through August 2020, HHSC conducted on-site and telephonic Special Infection Control Assessment visits (SICA) to NFs.[5] QMP staff participated as members of on-site teams and by conducting telephonic SICA visits. In September 2020 (fiscal year 2021), QMP staff conducted the last of their SICA initial and follow-up visits by telephone. Table 3 provides data by NF visit type.

[5] A SICA visit is consultative in nature, not regulatory. SICA visits were conducted to assist facilities in responding to COVID-19.

Table 3. QM Telephonic SICA Visits – September 2020

Visit Type	Number of Visits	Number of Unduplicated Facilities
Initial SICA Telephone Visits	6	6
Follow-Up SICA Telephone Visits	115	110
Total Telephonic SICA Visits	**121**	**N/A[3]**

5. Conclusion

The current EWS model for NFs was developed in 2018, and the 63 percent accuracy of the model has not changed from fiscal year 2019 to present. The QMP team continues to evaluate the NF EWS model by examining and statistically analyzing potential changes designed to improve the accuracy and quality of its predictions.

Throughout the COVID-19 PHE, QMP staff provided significant support to NFs. Initial support was provided telephonically, but in-person, on-site QM visits resumed in fiscal year 2021. QMP staff began returning to in-person visits in December 2020, and by April 2021 most of the quality monitors were making in-person QM visits to NFs.

QMP continues to face challenges filling staff vacancies, particularly RNs, impacting the number of visits that were completed during fiscal year 2021.

List of Acronyms

Acronym	Full Name
COVID-19	Coronavirus Disease 2019
DSHS	Department of State Health Services
EWS	Early Warning System
HHSC	Health and Human Services Commission
ICAR	Infection Control Assessment and Response
LTCF	Long-Term Care Facility
LIDDA	Local Intellectual and Developmental Disability Authority
LTCR	Long-term Care Regulation
MDS	Minimum Data Set
NFs	Nursing Facilities
PASRR	Preadmission Screening and Resident Review
PHE	Public Health Emergency
POC	Plan of Correction
QM	Quality Monitoring
QMP	Quality Monitoring Program
RN	Registered Nurse
RRT	Rapid Response Team
SICA	Special Infection Control Assessment