If the webinar hasn’t begun yet you will see this screen. If it has you will see the first slide or the presenter’s slide deck.

- There is a Chat panel in the bottom left hand corner of your screen. Click the talk boxes to post a comment/question. Click the “raise hand” button for pressing comments/questions.
HOUSEKEEPING

- Call in on your phone:
  - 1-800-747-5150
  - Access Code 5375787

- You will be on mute until the end of the webinar/recording. You can post comments to the chat window and questions will be answered at the end of the webinar.

- This meeting will be recorded
PHFPQ: DEPRESSION SCREENING

JAVOSZIA STERLING, QI ANALYST

March 8, 2018
GOALS OF THIS WEBINAR

- Discuss Data Collection and Data Issues
- Monthly Reports
- Interventions
- PDSA Cycle
- Sustainability
- Go over project webpage/Updated Timeline
- Next Steps
DATA CONCERNS

- Have been reported to CMS
- Your corporations are aware
- Things to note:
  - Patient with NO RESPONSE are not counted against you
  - The batching default is currently being addressed with your leadership
  - Data is taken from a period prevalence- this is important for your data submissions to me
DATA COLLECTION

- Most will be completed via your attestation and polling
- March, May and July will be separate surveys since I have decreased the webinar load
How to read your report

We will discuss this report in more detail on tomorrow's webinar

The three main root causes identified by project facilities were:

- Staff turnover and low staffing often results in screenings not being completed or entered into the system on time.
- Patient's unwillingness to be open and honest during the screenings but also the patient's ability to stay before or after treatment for follow up discussions and planning
- Lack of training on the depression screening process

The three main barriers identified by your facility were:

- RCA NOT COMPLETED AT TIME OF REPORT
- RCA NOT COMPLETED AT TIME OF REPORT
- RCA NOT COMPLETED AT TIME OF REPORT

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<thead>
<tr>
<th></th>
<th>Self-Reported</th>
<th>CMS/NCC Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 3 Rate:</td>
<td>0%</td>
<td>Jan 3 Rate: 0%</td>
</tr>
<tr>
<td>Jan 6 Rate:</td>
<td>0%</td>
<td>Jan 6 Rate: 6.67%</td>
</tr>
</tbody>
</table>
How to read your report

We will discuss this report in more detail on tomorrow’s webinar.

The three main root causes identified by project facilities were:

- Staff turnover and low staffing often results in screenings not being completed or entered into the system on time.
- Patient’s unwillingness to be open and honest during the screenings but also the patient’s ability to stay before or after treatment for follow up discussions and planning.

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<tr>
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<th>Self-Reported</th>
<th>CMS/NCC Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 3 Rate</td>
<td>0%</td>
<td>Jan 3 Rate: 0%</td>
</tr>
<tr>
<td>Jan 6 Rate</td>
<td>70.37%</td>
<td>Jan 6 Rate: 0%</td>
</tr>
</tbody>
</table>

What do your rates mean?

<table>
<thead>
<tr>
<th>White-Reported</th>
<th>CMS/NCC Reported</th>
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</thead>
<tbody>
<tr>
<td>Jan 3 Rate: 0%</td>
<td>Jan 3 Rate:</td>
</tr>
<tr>
<td>Jan 6 Rate: 94.59%</td>
<td>Jan 6 Rate: 18.75%</td>
</tr>
<tr>
<td></td>
<td>25%</td>
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**INTERVENTIONS**

**Interventions**

- **1 intervention everyone will do**
- **1 you will create**
- **At least 1 you will borrow from the NCC LAN**
  - I will survey you every other month after each LAN call

**Required Intervention**

- Each facility will assign two people to be in charge of the depression screenings. One will be the primary lead who will administer the screenings. The other will be the secondary and will sit with the primary while they both ensure that the screenings are entered into their system. The facilities that do not have an internal tracking process will create an internal tracking system managed by the primary and backup personnel. This tracking system should, at minimum, include the patients screened, the patients identified as positive, and whether or not a follow up plan was initiated with dates of interactions. Depression screening will also be discussed during the QAPI meetings.

**Optional Interventions:**

- **Patients:** implement a patient engagement and education plan that will aid in fostering an educational and open environment for patients. Education will be geared towards debunking myths about mental illness, sharing how mental health impacts patients’ physical health, and mental health management.

- **Corporate Resources:** Facilities will work with corporate leaders to establish and maintain an ongoing relationship that includes an avenue to ask questions in regards to policy and expectation. Corporate leaders will also be asked to play an engaged roll in this project and partner with the Network in educating their facilities.
1. **Plan** - plan the details of the test and make predictions about outcomes
2. **Do** - conduct the test and collect data
3. **Study** - compare the predictions to the results of the tests
4. **Act** - take action based on the new knowledge
You will be provided with a questionnaire via survey monkey that will challenge you to find a way to sustain any best practices gained from interventions. These assessments will all feed into the sustainability plan due at the end of the project.
Quality Improvement Activities (QIA)

We collaborate with healthcare providers, patients, and caregivers to design, implement, and execute projects to achieve better healthcare outcomes and processes by using quality improvement methods.

DEPRESSION SCREENING QIA (PHFPQ)

Webinars
- PHFPQ Webinar 1 Registration: Introduction and RADAR/FPR Recruitment
- PHFPQ Webinar 1 Slides: Introduction and RADAR/FPR Recruitment
- PHFPQ Webinar 1 Recording: Introduction and RADAR/FPR Recruitment
- PHFPQ Webinar 2 Registration: Data Submission and Accuracy
- PHFPQ Webinar 2 Slides: Data Submission and Accuracy
- PHFPQ Webinar 2 Recording: Data Submission and Accuracy
- PHFPQ Webinar 3 Registration: ESRD Cycle

Depression- PHFPQ

The ESRD Network of Texas has been directed by the Centers for Medicare and Medicaid Services (CMS) to collaborate with 10% of the outpatient dialysis facilities within the state of Texas and to support facility efforts to increase the proper administration and documentation of depression screenings in 2018.

Network Project Lead:
Javoszia Sterling-Lewis, Quality Improvement Analyst, office (469) 916-3800, email jsterling@nw14.esrd.net

For questions, please click here
1. Begin working on your facility specific interventions
2. Attestation and Polling due **Friday, March 23**
3. Register for NCC LAN Webinar if you have not done so already
4. Don’t forget to check back to the website for the **March data collection tool due in April**
5. Register for **Webinar 3** (link on website):
   Thursday, May 10, 2018, at 2:00 PM CST
REVIEW OF GOALS

- Discuss Data Collection and Data Issues
- Monthly Reports
- Interventions
- PDSA Cycle
- Sustainability
- Go over project webpage/Updated Timeline
- Next Steps
WEBINAR EVALUATION & QUESTIONS

Questions

- Depression Screening Project Lead
  - Javoszia Sterling, jsterling@nw14.esrd.net, 469-916-3800

- Data Analysis
  - Lydia Omogah, LOmogah@nw14.esrd.net, 469-916-3807

- CROWNWeb data entry
  - Sade Castro, scastro@nw14.esrd.net, 469-916-3815

*Project lead