PARTICIPANT: ONCE YOU’VE LOGGED IN

- If the webinar hasn’t began 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
End Stage Renal Disease Network of Texas

(PHFPQ): DEPRESSION SCREENING

JAVOSZIA STERLING, QI ANALYST

May 17, 2018
GOALS OF THIS WEBINAR

- Data holds and Monthly Reports
- Intervention Sharing - PDSA Cycle
- Developing Follow Up Plans
- Sustainability
- Go over project webpage/Updated Timeline
- Next Steps
DATA HOLDS AND MONTHLY REPORTS

- No data from NCC until June-July
- Keep self-reporting to me
- You will receive March and April reports once I receive all of the data tools from project facilities
  - **REMEMBER:** Your March data goes in the “March Data Collection Tool”.
  - Your April data will be collected in the attestation and polling survey for this webinar.
Interventions

- 1 intervention everyone will do
- 1 you will create
- At least 1 you will borrow from the NCC LAN

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
# Intervention Sharing - PDSA Cycle

## Describe planned change:

<table>
<thead>
<tr>
<th>Accurate tracking and monitoring of patients (admission, discharge, travel)</th>
<th>Person(s) responsible</th>
<th>When to be done</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mausumi DattaGupta</td>
<td>March 2018 onwards</td>
</tr>
<tr>
<td></td>
<td>Dawna Gomez</td>
<td></td>
</tr>
</tbody>
</table>

## Plan

<table>
<thead>
<tr>
<th>List the tasks needed to make the change</th>
<th>Person(s) responsible</th>
<th>When to be done</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Ongoing coordination between Administrative Assistant (AA) and LMSW to track patients' movements (Admissions, Discharges)</td>
<td>Dawna Gomez Mausumi DattaGupta</td>
<td>March 2018 onwards</td>
</tr>
<tr>
<td>2) Monthly Meetings to promptly identify discrepancies between Reggie and Crown Web</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Tracking Active Census Detail Report in Reggie on a weekly basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4) Cross checking with Crown Web to ensure that changes in census (Admission/Transient visitors/discharges) are correctly reflected</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Predict what will happen when the change is carried out

<table>
<thead>
<tr>
<th>Errors in the tracking system will be nullified. All patients' status will be clearly documented</th>
<th>Measures to determine success</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of permanent patients in Reggie (internal tracking system) will be reconciled with number of patients in Crown Web</td>
<td>1) Checking Facility Dashboard in Crown Web to ensure 100% completion rate of Depression screening at close of each survey period</td>
</tr>
</tbody>
</table>
## INTERVENTION SHARING - PDSA CYCLE

### Describe planned change:

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</thead>
<tbody>
<tr>
<td>Accurately assess patients for depression and develop a follow up plan with interventions to meet the patient’s needs.</td>
<td>LMSW/IDT</td>
<td>Upon admission, quarterly and as needed</td>
</tr>
</tbody>
</table>

### Plan

1. Initial depression screening to be completed with the KDQOL/PHQ-2 screening tool.
2. Patients documented as positive will be reassessed using the PHQ-9 screening tool.
3. IDT will meet with pt to discuss possible interventions (medications, educational materials, community resources (mental health referrals).
4. IDT will document suggested interventions and patients acceptance/decline
5. If accepted, follow up with patient to see how interventions are improving the patient’s well-being.
6. If declined, offer suggested interventions again to see if the patient is more receptive.
7. Document meeting(s), suggested interventions, and the patient’s acceptance/decline of suggested interventions HII.
**INTERVENTION SHARING - PDSA CYCLE**

Every year will require a worksheet

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<th>Describe planned change</th>
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</thead>
<tbody>
<tr>
<td>Review CrownWeb data to ensure that batched data has transferred correctly</td>
<td>MSW</td>
<td>5/15 monthly</td>
</tr>
</tbody>
</table>

**Plan**

<table>
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<tr>
<td>Review CrownWeb Facility Dashboard</td>
<td>MSW</td>
<td>5/30</td>
</tr>
<tr>
<td>Identify patients with Upcoming/Overdue Screenings noted in CrownWeb Dashboard</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review batched data for depression screenings in CrownWeb against facility documented/completed depression screenings</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Predict what will happen when the change is carried out**

<table>
<thead>
<tr>
<th>Measures to determine success</th>
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<td>CrownWeb data will match facility documentation</td>
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## INTERVENTION SHARING - PDSA CYCLE

**Every goal will require a worksheet**

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<tr>
<td>SW will develop a form educating patients about the symptoms and signs of depression.</td>
<td>LMSW and FA</td>
<td>5/31/2018</td>
</tr>
</tbody>
</table>

**Plan**

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<tr>
<td>SW will develop an educational packet that talks about depression symptoms, people who have had the illness and what they did to combat its effects on their lives. Social worker will talk more in depth to those patients that scored positive on the screening about the material in the packet. Packets will be offered to each patient at chair side.</td>
<td>LMSW and FA</td>
<td>05/31/2018</td>
</tr>
</tbody>
</table>

**Predict what will happen when the change is carried out**

<table>
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<tbody>
<tr>
<td>SW will offer each patient a packet at chair side and based on rather or not they accept the packet will let social worker know who is interested. This will give the patient and SW an opportunity to speak about depression more in depth.</td>
</tr>
</tbody>
</table>

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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
DEVELOPING FOLLOW UP PLANS

Resources

- #BeKindBeTheDifference
- Self Management Goal Sheet
- How Depression Impacts You
- Self Management Zone Tool
- Depression and Anxiety in ESRD
- Texas community resources
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.
WEBSITE/TIMELINE

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)

Weblinks

- 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: PSDA 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 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@mw14.esrd.net

For questions, please click here
NEXT STEPS

1. Complete the rest of your PDSA cycles working through your plan.
   A. Submit the final page to me via email or fax by **July 1, 2018**
      a) If you are already done, move on to your next intervention- **NOTE:** You do not have to send me another PDSA cycle if you do another intervention.

2. Attestation and Polling due **June 1, 2018**

3. Complete your mid-project sustainability activity due **June 15, 2018**

4. Complete monthly follow up survey for May due **May 20, 2018**

5. Next NCC LAN Webinar in June- registration info to follow

6. Don’t forget to check back to the website for the **May data collection tool due in June**

7. Register for **Webinar 4** (I will notify you when the link is up)
REVIEW OF GOALS

- Data holds and Monthly Reports
- Intervention Sharing - PDSA Cycle
- Developing Follow Up Plans
- 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