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.
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.
Introductory Webinar
February 8, 2018

(PHFPQ): DEPRESSION SCREENING
JAVOSZIA STERLING, QI ANALYST
GOALS OF THIS WEBINAR

- Introduce Focus Facilities to the project and to the Network team
- Familiarize facilities with project webpage
- Description of depression screening project (per CMS)
  - Explain the process of Focus Facility selection and rates
  - Description of facility rates and specific goal of the depression screening project
  - Familiarize facilities with project webpage
- Facility Patient Representative Recruitment
- Attestation and Data Collection
- Network Watch List
The Network will work closely with organization leadership to ensure strong participation and collaboration. Should facilities remain noncompliant despite these efforts, the Network will include facilities with two or more delinquent project activities on the project watch list and report them to the COR/CMS.

*Project Lead
There are 6 options to choose from when entering the results into CROWNWeb

1. Screening for clinical depression is documented as being positive (and a follow-up plan is documented).
2. Screening for clinical depression documented as positive, a follow-up plan is not documented, and the facility possesses documentation that the patient is not eligible.
3. Screening for clinical depression documented as positive, the facility possesses no documentation of a follow-up plan, and no reason is given.
4. Screening for clinical depression documented as negative and no follow-up plan required.
5. Screening for clinical depression not documented, but the facility possesses documentation stating the patient is not eligible.
6. Clinical depression screening not documented, and no reason is given.
There are 6 options to choose from when entering the results into CROWNWeb:

1. Screening for clinical depression is documented as being positive (and a follow-up plan is documented).
2. Screening for clinical depression documented as positive, a follow-up plan is not documented, and the facility possesses documentation that the patient is not eligible.
3. Screening for clinical depression documented as positive, the facility possesses no documentation of a follow-up plan, and no reason is given.
4. Screening for clinical depression documented as negative and no follow-up plan required.
5. Screening for clinical depression not documented, but the facility possesses documentation stating the patient is not eligible.
6. Clinical depression screening not documented, and no reason is given.
The Network shall **decrease** the response to “Screening for clinical depression documented as positive, the facility possesses no documentation of a follow-up plan, and no reason is given” **by 10%**.

The Network shall **decrease** the response to “Clinical depression screening not documented, and no reason is given” to **zero (0)**.
DISPARITY ANALYSIS/PROJECT SELECTION

All facilities in Network area in October 2016-June 2017 (n=635)

Exclude facilities that demonstrated the desired outcome (n= 184)

Exclude facilities demonstrating undesired outcomes the most and perform disparity analysis on facilities identified

Final Focus facilities (n=69, **12,010 ICH patients)

Average screening and follow up disparity = 17.8% more patients in urban areas than patients in rural areas are screened for depression and if identified, are given follow up plans and resources
## 2018 PHFPQ FACILITIES

- 452506
- 452537
- 452540
- 452550
- 452570
- 452584
- 452611
- 452635
- 452639
- 452665
- 452678
- 452694
- 452703
- 452705
- 452727
- 452733
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- 452769
- 452783
- 452791
- 452817
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- 452855
- 452884
- 452894
- 452896
- 672503
- 672504
- 672510
- 672515
- 672516
- 672519

- 672532
- 672537
- 672552
- 672555
- 672557
- 672559
- 672563
- 672578
- 672581
- 672600
- 672607
- 672618
- 672624
- 672636
- 672637
- 672639
- 672672

- 672675
- 672693
- 672702
- 672704
- 672705
- 672725
- 672726
- 672728
- 672729
- 672737
- 672748
- 672753
- 672757
- 672759
- 672761
6 Phases

- Introduction Root Cause Analysis (RCA) and Facility Patient Representative (FPR) Recruitment
- Data Submission and Accuracy
- PDSA Cycle
- Developing Follow-Up Plan
- Sustainability

National Coordinating Center Learning and Action Networks (NCC LAN) Webinars
12.2% or 665/5466 pts not screened for depression
- Target (where we are going): Decrease the number of patients not screened to 0
  - So 665 + all eligible newly admitted patients need to be screened by July 31, 2018

6.92% or 378 pts screened as positive but not given follow up plans
- Target (where we are going): Decrease patients screened as positive but not given follow up plans by 10%

There is a disparity gap of 17.77% between rural and urban facilities
Response Rate for Option 3: Screening for clinical depression documented as positive, the facility possesses no documentation of a follow-up plan, and no reason is given...
Response Rate for Option 6: Clinical depression screening not documented, and no reason is given.
Response Rate for Option 3: Screening for clinical depression documented as positive, the facility possesses no documentation of a follow-up plan, and no reason is given.
Response Rate for Option 6: Clinical depression screening not documented, and no reason is given.
Response Rate for Option 3: Screening for clinical depression documented as positive, the facility possesses no documentation of a follow-up plan, and no reason is given.
Response Rate for Option 6: Clinical depression screening not documented, and no reason is given.
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

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 resources, please click here
Every dialysis unit in Texas should have a FPR who will act as a link between patients and the facility staff.
- Recommend 1 FPR for every shift
- Consider diversity and predominant and secondary languages spoken by patients
- Use Network FPR Toolkit to orient staff and patients to FPR role

Responsibilities
- Listed on website
- Assist facility
  - Gather information and ideas from patients
  - Distribute information to patients
  - Share ideas from patients with facility staff
  - Co-design strategies to improve the delivery of care and patient information
  - Support Patient and Family Engagement activities, including QI activities
  - Promote Patient and Family Centered Care
USING THE FPR TOOLKIT
Recruit- facilities should assess the patient population and find patients that are engaged and would be good facility patient representatives. Once one or more patients have been identified facilities will approach the patient(s) one on one and discuss the position with them. The goal should be for each facility to have at least one FPR per shift.

Overview of this step

- Find patients engaged in their care
- Approach them one on one to discuss the position
**USING THE RADAR/FPR TOOLKIT**

**Application** - if the patient(s) are interested, the facility will present the patient with the FPR application that can be found in the FPR toolkit. Facility staff will have the patient fill out the application and then meet one on one with the patient to discuss the application and address any questions or concerns. The application will be filed away at the facility.

**Overview of this step**
- One on one meeting with FPR as needed to explain the FPR Toolkit
- Patient completes application in the FPR toolkit
- Application filed away at the facility
**USING THE RADAR/FPR TOOLKIT**

**Decide and Duties** - the facility will have one on one time with the FPR(s) they’ve chosen and together the facility and the FPR will come up with a list of duties or expectations that both satisfy the facility’s needs and the patient’s capabilities. After the duties have been written down and agreed to/signed by facility staff, FPR, and endorsed by corporate leadership, the patient will be inducted as the active FPR.

Overview of this step

- Choose an FPR (we suggest at least one per shift)
- One on one meeting with FPR to discuss what duties should be performed to best help your facility population. An effort should be made to include both facility needs and FPR expectations when deciding on and planning duties.
- The facility staff in charge of patient engagement and the FPR sign the agreement.
**Action** - it’s time to utilize your FPR. The facility and the FPR should have worked together in the last step to assess facility needs and working on a list of action items to complete each month, quarterly, semiannually, annually etc. This could be educational material for the patients, lobby days, discussion groups, support groups and other relevant activities or tasks. The FPR will put these activities into action, perform duties agreed upon earlier, and communicate with the facility patient population to address their needs.

**Overview of this step**

- FPR performs duties outlined in the last step
- Facility staff provides support to FPR when needed
Reassess and sustain- periodically, facility staff and the FPR will get together and discuss the progress of the goals they’ve set out to accomplish. They can also revisit FPR duties and responsibilities as well as expectations for the facility and the FPR to note and immediately address any concerns or misunderstandings. This step leads to and sets the FPR and the facility up for a sustainable partnership. The relationship between the FPR and the facility must be sustainable to work well. The FPR and the facility should make it a priority to work together cohesively to meet the patient population’s needs.
ATTESTATION AND DATA COLLECTION

Complete the webinar evaluation via survey monkey link providing your name, facility name, and 6-digit CMS certified facility number (CCN#). This will serve as record of your attendance (a project requirement) at today’s webinar and your monthly data collection.
Facilities failing to submit required documentation for projects will receive:

- One written or emailed notice
- One notification via phone

If no response received from facility, the facility will be placed on the CMS Watch List, which will include:

- Report of non-compliance to corporate leaders (if applicable)
- Report of non-compliance with DSHS on monthly calls
- Report of non-compliance to CMS
1. Complete Contact Form if you have not done so already
   a) It is your responsibility to alert the Network of project lead changes
      via the contact form
2. Attestation and Polling due **Friday, February 23**
3. Sign and submit Project Lead job Description due
   **Wednesday, February 28th**
4. Register for **Webinar 2** (link on our website):
   Thursday, March 8, 2017, at 2:00 PM CST
REVIEW OF GOALS

- Introduce Focus Facilities to the project and to the Network team
- Familiarize facilities with project webpage
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- Network Watch List
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