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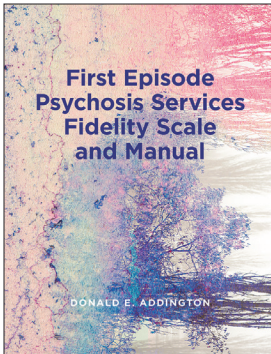
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FIRST EPISODE PSYCHOSIS SERVICES FIDELITY SCALE AND MANUAL

by Donald E. Addington

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APPENDIX A: PREPARING FOR A FIDELITY ASSESSMENT

This document is a guide for site leaders at sites participating in the evaluation, outlining the steps required to prepare and complete the fidelity assessments. Please review carefully and keep in mind that preparations will need to begin several weeks in advance of the assessment date.

The fidelity team will seek to schedule assessments at times convenient for the sites. It is important that the program information be provided in advance of interviews and that interviews occur over one or two days. The steps in the process are similar whether the assessment is onsite by the assessors or conducted remotely.

1. The Fidelity Team Will Work with You

Most of your contacts will be with the fidelity rater and the scheduler. These two roles may be filled by one person, but they will be the people who will work with you every step of the way to explain the process.

2. Determine Primary Contact Person and Other Key Personnel

The site leader should identify a **primary contact person** for the fidelity assessment (usually the site leader) to help organize and prepare for the fidelity assessment. The site leader should also assign a **program document coordinator** to assemble documents to upload to the data portal ahead of time and identify a **health record abstractor** who will be abstracting information from the health records. The health record abstractor should be an agency staff person who is not involved in clinical services (e.g., a quality assurance manager).

The fidelity assessment will include interviews with at least four First Episode Psychosis (FEP) program staff: the team leader, the psychiatrist/prescriber, the supported employment/education specialist, and one case manager/therapist. The site leader will need to identify these four staff members for the interviews. Onsite fidelity assessments provide more flexibility to meet staff and patients.

3. Establish Process and Obtain Approvals for Ethics/Privacy Oversight

It is important that the fidelity reviews are conducted in an ethical manner that respects and protects the privacy of all patients, families, and staff. The fidelity assessor and site leader determine what processes and approvals are needed at your site. The process varies with the purpose of the fidelity assessment, specifically whether it is for research or quality assurance. The fidelity assessor will share with the site materials such as consent form templates/samples, confidentiality agreements (if your organization does not have its own form), and data collection tools. Please note that, depending on the required process at your program, this component may take up to several months to put in place. Once the required approvals have been obtained, please send a copy of the approval letter or email.

4. Schedule the Fidelity Assessment Dates

The fidelity assessment includes interviews which require advance preparation by all participants to ensure they run smoothly. When scheduling your site interviews, it is important to consider the following factors:

- The team leader should be interviewed first, with the remainder of the interviews scheduled over one or two days.
- Schedule the assessment for days of the week when most or many of the program staff will be onsite (including the psychiatrist/prescriber).
- Establish a timeline for expected ethics approval (if approvals have not yet been received).

The fidelity assessment team will work with the primary site contact person and the fidelity rater to find a date that works for everyone.

5. Prepare Materials for the Assessment

As part of the assessment, the fidelity rater will review program materials and administrative data reports. The program document coordinator needs to prepare these materials in advance and provide them through the pre-planned mechanism *at least one week prior* to the assessment.

NOTE: *Only aggregate, de-identified data should be shared in advance.*

Do not include any documents containing personal health information. In the United States, review the following website for a list of what is considered personal health information: <https://www.hipaa.com/hipaa-protected-health-information-what-does-phi-include>. Canada's federal law, the Personal Information Protection and Electronic Documents Act (PIPEDA) can be found at <https://www.priv.gc.ca/en/privacy-topics/privacy-laws-in-canada/the-personal-information-protection-and-electronic-documents-act-pipeda/>.

The program document coordinator will capture components 9 and 10 in the table below by completing the **Fidelity Program Data Table**. No other information is required from the program document coordinator to capture this information.

Please provide the following:

| | Document | Description |
|-----|--|--|
| 1. | Program Brochure | Includes description of services offered and patients served |
| 2. | FTEs and Staff Roles | List of the full-time equivalents for all prescribers and team members in the FEP program |
| 3. | Program Admission Criteria | Eligibility criteria for receiving FEP services |
| 4. | Service Catchment Area | Geographical area that the program services. If available, include estimated average travel time to the facility and specific geographic boundaries or populations within area. |
| 5. | Patient Caseload Info | Number of participants currently enrolled Numbers with diagnoses of: Schizophrenia spectrum disorder Major Depressive Disorder with psychotic features Bipolar Disorder with psychosis Attenuated Psychosis Syndrome or (Clinical High Risk) Non-Psychotic Disorders |
| 6. | Assessment Templates | Clinical and vocational assessment tools For example, include initial comprehensive assessment templates in the electronic health record. |
| 7. | Psychoeducational Materials | Manuals, curriculums, lesson plans, etc., used with patients/families for psychoeducation |
| 8. | Hospital Discharge Info | Number of days between hospital discharge and being seen in person by a member of the FEP team for each patient who has been hospitalized in the past 12 months |
| 9. | Targeted education to health/social services/community groups | Number of information sessions delivered in the last 12 months to first-contact people in health, education, community organizations, etc. The goal is to educate people to recognize signs of early psychosis and make them aware of the program. |
| 10. | Clozapine Enrollment Information | Number of patients with schizophrenia spectrum disorders who have been prescribed clozapine |
| 11. | Patient Retention | Number of first episode psychosis patients discharged in the last year who were in their first year in the program as a proportion of the total caseload of first episode psychosis patients |
| 12. | Early Intervention | Number of patients admitted to hospital prior to program entry in the last year as a proportion of the total number of patients admitted |
| 13. | Results of most recent fidelity assessment or quality indicator assessment | |

6. Prepare Health Record Review Checklists

As part of the fidelity review, the site will ensure that the fidelity rater receives a completed **Health Record Review Checklist**. This checklist is based on the health records of 10 patients who have been in the program for at least one year. The procedures are as follows:

- The primary contact will identify and assign a number to the health records of active patients who have been in the program for at least one year. The primary contact will provide the fidelity assessment team with the total number of these health records. Using the total number of health records, the fidelity assessment team will provide the site with 10 random numbers. They will then use these numbers to identify the health records.
 - For example, a site has 30 patients meeting the criteria. The site tells the assessment team that they have 30 health records. The research assistant identifies 10 randomly selected numbers. The research assistant tells the primary contact to use, hypothetically, the 2nd, 7th, 8th, 10th, 11th, 15th, 19th, 22nd, 27th, and 30th health record for the review.
- The site will be responsible for cross-referencing these numbers to numbers assigned to the actual health record of patients.
- Do not send health record IDs as this will violate privacy regulations.
- In the case of a small program, it may be necessary to make accommodations in procedures. The assessment team will work with the primary contact person to identify the records to be reviewed.

Logistics and privacy requirements for sharing health records should be determined during your ethics review/process. Things to think about include:

- Will the health record abstractor need access to computers?
- Will the abstractor need to be assigned a temporary password?
- Will paper health records need to be requested?
- Will a room need to be booked to review the health records?

The health record abstractor will not record any identifying/personal health information in any notes that they take.

7. Plan Interview Schedule

The interviews should be scheduled as close together as possible, preferably over one to two days. During the call, the fidelity rater will interview the following staff members:

- The program manager/team leader (~1 hour 45 minutes)
- A psychiatrist/prescriber (~1 hour)
- A case manager (~1 hour 30 minutes)
- A supported employment specialist (~30 minutes)
- Other staff as required to collect adequate data for rating fidelity

8. Confidentiality Forms and Other Permissions

The fidelity rater may be required to sign a confidentiality form before starting the assessment. If this document needs to be signed in advance, please ensure it is sent to the fidelity rater to complete well in advance.

