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First Episode Psychosis Services Fidelity Scale (FEPS-FS 1.0) and Manual

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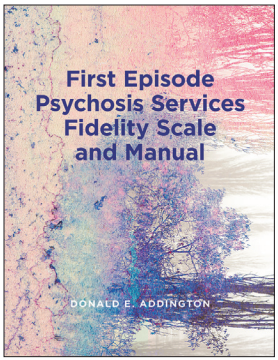

FIRST EPISODE PSYCHOSIS SERVICES FIDELITY SCALE AND MANUAL

by Donald E. Addington

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APPENDIX E: FEEDBACK REPORT TEMPLATE

Program Name: _____
Program location: _____
Date(s) of fidelity review: _____
Assessment type – Remote/Site Visit: _____
Assessor(s): _____

Date of Report: XX-XX-XXXX

Introduction

This report includes the findings from fidelity assessment using the First Episode Psychosis Fidelity Scale at XXX program. Measuring fidelity, or adherence to the model, is important to ensure that the services delivered are consistent and are of high quality. This fidelity assessment was conducted using the First-Episode Psychosis Services Fidelity Scale (FEPS-FS-1.0).

The purpose of fidelity assessments is to better understand the services delivered in First Episode Psychosis Services programs. It is expected that ratings will vary widely depending on available resources. A rating in the range of 1 to 3 indicates a need for improvement. A score of 4 is considered good and 5 exemplary. The nature and detail of the report will vary depending on whether there has been a site visit or a remote assessment. It will also vary according to the purpose of the fidelity assessment and the nature of the relationship between the assessor and the program.

A fidelity assessment in which the primary purpose is for quality improvement should be more detailed and specific to the challenges faced by a program. Whatever the purpose of the assessment this report is an opportunity to reflect and identify areas of strength as well as opportunities for quality improvement. This template gives some examples based on composite anonymized reviews.

Summary

Program XXX XXXX located in XXX XXXX, serves the people of YYY region. Clinical team members include X team leaders, N care coordinators/case managers, N therapists, N supported employment specialists, and N psychiatrists (Other team members should be included, such as nurses, peer support workers, etc.). The team currently serves N patients with a diagnosis of a schizophrenia spectrum disorder. The team follows the XXX XXXX model and XXX model or manual for delivering patient and family psychoeducation. The team delivers Cognitive Behaviour Therapy using XX model and uses motivational interviewing for patients who abuse substances.

On dates XXXX and XXXX we conducted a remote/on site fidelity review which consisted of interviews with the (Titles). The assessor reviewed the health record checklist—review of 10 patient records who had been in the program at least one year and 5 who had had an admission to hospital in the last year, both prepared by a non-clinical staff member at the site, and program documents.

The program achieved either good or high fidelity (a score of '4' and '5', respectively) across the majority (XX %) of components on the FEPS-FS-1.0 scale. The program reports that their clinicians have received formal training and supervision in CBT (Name model), Patient Psychoeducation (Name model), Family Education (Name model) and Motivational Interviewing, Supported Employment (Name model) and Supported Education (Name model). The program provides (list services delivered or not delivered) Pharmacotherapy, CBT, Patient and Family Psychoeducation, Supported Employment and Supported Education services to support health and deal with Substance Use Disorders. We applaud the team for (Name a special achievement of the program if appropriate). Suggest a quality improvement initiative that is supported by the review. For example, "The program has a high patient-to-staff ratio, which offers the team the opportunity to provide services to more patients."

Fidelity components and service delivery areas that the agency may wish to prioritize for improvement include: (Focus on the components that score 3 or less.)

Component XX: YYY YYY

Component XX: YYY YYY

Component XX: YYY YYY

For a step-by-step guide on how to improve in these areas, see ratings and suggestions below.

Ratings per component

The following section provides the score for each of the 35 fidelity components from the First-Episode Psychosis Services Fidelity Scale (FEPS-FS-1.0).

The following information will be provided per component:

Score
Each component will receive a score between 1 (indicating a low level of fidelity) to 5 (indicating a high level of fidelity). A rating of 4 is considered good fidelity to the model.

Data source used for rating
Specification of the data source that the assessor used to determine the rating for that component. Additional data sources helped to inform the narrative feedback, but this section identifies the data sources used for the rating.

Program practice and strengths
How the program delivers/adheres to this component.

Quality improvement opportunities
May include suggestions for quality improvement opportunities related to this component.

Additional comments
Additional comments the assessor may wish to include (e.g., relevant contextual/scoring information).

Example of Completed Feedback Form

RATING	COMMENTS
1. Practicing Team Leader	
Score	Data source used for rating: Team leader interview
5	Program practice and strengths: Team leader carries administrative, clinical, and supervision duties. Quality improvement opportunities: No comment
2. Patient-to-Provider Ratio	
Score	Data source used for rating: Team leader interview and program documents
5	Program practice and strengths: Ratio = 4.2 patients per 1 staff FTE
	Quality improvement opportunities: No comment
3. Services Delivered by Team	
Score	Data source used for rating: All team member interviews
4	Program practice and strengths: Team provides: 1. Case management/care coordination; 2. Psychotherapy; 3. Substance use management; 4. Supported employment; 5. Family education/support; 6. Patient psychoeducation; 7. Pharmacotherapy
	Quality improvement opportunities: Missing provision of health services. Consider including a nursing staff as a member of the FEP team. We recommend patients are routinely weighed at each visit with the psychiatrist and have their smoking habits monitored annually. Nursing staff can deliver these services, which will also reduce burden on other staff members.
4. Assigned Case Manager/Care Coordinator	
Score	Data source used for rating: Health record review
5	Program practice and strengths: 100% of patients are assigned a case manager or receive care coordination services when they enroll.
	Quality improvement opportunities: No comment

RATING	COMMENTS
5. Psychiatrist Caseload	
Score	Data source used for rating: Psychiatrist interview and program documents
5	Program practice and strengths: Ratio = 10 patients per 0.2 psychiatrist FTE
	Quality improvement opportunities: No comment
6. Psychiatrist Role on Team	
Score	Data source used for rating: Team leader and psychiatrist interview
4	Program practice and strengths: Psychiatrist attends only half the team meetings, sees patients with another clinician, is accessible by the team during the work week for consultation, and shares health record with other team members.
	Quality improvement opportunities: No comment
7. Weekly Multi-Disciplinary Team Meetings	
Score	Data source used for rating: Team leader interview
5	Program practice and strengths: All team members attend weekly team meetings.
	Quality improvement opportunities: No comment
8. Explicit Diagnostic Admission Criteria	
Score	Data source used for rating: Team leader interview and program documents
5	Program practice and strengths: All patients meet program's eligibility guidelines.
	Quality improvement opportunities: No comment
9. Population Served	
Score	Data source used for rating: Team leader interview, program documents, census.gov
1	Program practice and strengths: Over the last 12 months, the program enrolled 7% (N = 13) of the expected incidence of first episode psychosis in region (N = 184).
	Quality improvement opportunities: Change in the number of patients served by the program is an administrative and funding issue rather than a clinical practice issue under the control of clinicians.

RATING	COMMENTS
10. Age Range Served	
Score	Data source used for rating: Score Team leader interview, program documents
1	Program practices and strengths; The program offers services to patients in age range of 18 to 30. This represents 25% of the age range of onset of 14 – 65.
	Quality improvement opportunities: Change in the program age range mandate is an administrative and funding issue rather than a clinical practice issue under the control of clinicians.
11. Duration of First Episode Psychosis (FEP) Program	
Score	Data source used for rating: Team leader interview
3	Program practice and strengths: The mandated length of the program is two years.
	Quality improvement opportunities: It is important for a program to have a clear duration to ensure appropriate access and for new patients. The risk of relapse is highest in the first years. Some studies have found better outcomes for those patients who are provided first episode psychosis services for at least 3 years.
12. Targeted Education to Health/Education/Social Service/Community groups	
Score	Data source used for rating: Team leader interview and health record review
4	Program practice and strengths: Over the past 12 months, the program delivered 10 face-to face-information sessions to first-contact professionals including schools, mental health community providers, and a physician.
	Quality improvement opportunities: Aim for at least 12 in-person information sessions per year. Additional comments: Though podcasts do not meet criteria for this component, we applaud the team using podcast technology, which has the potential to deliver information to a wide audience.
13. Early Intervention	
Score	Data source used for rating: Program documents and an email
1	Program practice and strengths: Of those currently enrolled in the program (N = 25), 88% (n = 22) were hospitalized prior to enrollment.
	Quality improvement opportunities: The following strategies have been found to be helpful for earlier intervention. Outreach to local community first contacts, services adequate to meet the expected incidence.

RATING	COMMENTS
14. Timely Contact with Referred Individual	
Score	Data source used for rating: Health record review
5	Program practice and strengths: Patients were seen in person within 14 days after referral in 9 out of 10 patient records reviewed.
	Quality improvement opportunities: No comment
15. Family Involvement in Assessments	
Score	Data source used for rating: Health record review
5	Program practice and strengths: 9 families of the 10 patient records reviewed were involved in the initial assessment or seen within the first month of the patient's initial assessment.
	Quality improvement opportunities: No comment
16. Comprehensive Clinical Assessment	
Score	Data source used for rating: Health record review and interviews
5	Program practice and strengths: Program consistently assesses all 9 key clinical areas during enrollment.
	Quality improvement opportunities: No comment
17. Comprehensive Psychosocial Needs Assessment	
Score	Data source used for rating: Health record review and interviews
5	Program practice and strengths: Program consistently assesses 8 of 9 psychosocial areas during enrollment in the 10 patient records reviewed.
	Quality improvement opportunities: Ensure to document the patient's financial situation (e.g., receiving benefits or disability).
18. Clinical Treatment Plan/Care Plan after Initial Assessment	
Score	Data source used for rating: Health record review
5	Program practice and strengths: Treatment plan found for 8 of 10 patients.
	Quality improvement opportunities: Ensure that all patients have a treatment/care plan and that all patients sign the plan as a form of documentation that they agree to the plan.

RATING	COMMENTS
19. Antipsychotic Medication Prescription	
Score	Data source used for rating: Health record review
5	Program practice and strengths: 9 out of 10 patients reviewed were prescribed an antipsychotic medication upon confirmation of diagnosis.
	Quality improvement opportunities: No comment
20. Antipsychotic Dosing within Recommendations for Individuals with FEP	
Score	Data source used for rating: Health record review
4	Program practice and strengths: 6 out of 10 patients reviewed received medication dosages in line with US Federal Drug Administration approved dose ranges for antipsychotic medications for schizophrenia spectrum disorders.
	Quality improvement opportunities: Aim for doses in the range shown to be effective. Research shows that higher than recommended doses or multiple antipsychotics cause more side-effects with no incremental benefit. Clozapine is an option for treatment resistant positive symptoms.
21. Clozapine for Medication-Resistant Symptoms	
Score	Data source used for rating: Psychiatrist interview and program documents
5	Program practice and strengths: 12% (n = 3) of patients are prescribed clozapine.
	Quality improvement opportunities: No comment
22. Patient Psychoeducation	
Score	Data source used for rating: Health record review
5	Program practice and strengths: Program delivers patient psychoeducation to all patients by trained clinicians.
	Quality improvement opportunities: No comment
23. Family Education and Support	
Score	Data source used for rating: Health record review
2	Program practice and strengths: Families from 4 out of 10 patients received 8 sessions of family psychoeducation.
	Quality improvement opportunities: Continue efforts to engage families in the patient's treatment. Family psychoeducation can be delivered in-person, by telephone, or by video-conference.

RATING	COMMENTS
24. Cognitive Behavioral Therapy (CBT)	
Score	Data source used for rating: Primary clinician interview
1	Program practice and strengths: Clinicians are trained in CBT but only 20% of patients have received 10 sessions of CBT.
	Quality improvement opportunities: Continue to engage patients and provide psychoeducation on the benefits of CBT for specific problems. Look at program flexibility to deliver services for patients at times and places that work for patients.
25. Supporting Health	
Score	Data source used for rating: Team leader and Psychiatrist interview
1	Program practice and strengths: Program performs these functions: 1. Provides feedback on weight gain and general advice on diet and exercise; 2. Monitors and documents extrapyramidal side-effects; 3. Refers/engages with primary care.
	Quality improvement opportunities: Weigh patients at least quarterly in the first year after enrollment. Monitor all patients' glucose levels, triglycerides, and smoking habits at least annually. For those who smoke tobacco and are interested in quitting, offer pharmacological interventions to support this goal. Clarify process and accountability for delivery of these services.
26. Annual Comprehensive Assessment	
Score	Data source used for rating: Health record review
5	Program practice and strengths: Program routinely assessed 6 of 7 key clinical and psychosocial areas at least annually.
	Quality improvement opportunities: Include an assessment of metabolic parameters in the assessment.
27. Services for Patients with Substance Use Disorders	
Score	Data source used for rating: Primary clinician interview
5	Program practice and strengths: Team maintains high level of engagement with patients receiving specialized substance use services.
	Quality improvement opportunities: No comment

RATING	COMMENTS
28. Supported Employment (SE)	
Score	Data source used for rating: Supported employment specialist and team leader interviews
3	Program practice and strengths: SE specialist is well trained.
	Quality improvement opportunities: SE should aim for at least 6 employer contacts per week for patients looking for employment and track these contacts in a format that can be easily searched and organized (e.g., on a spreadsheet). The fewer contacts made were likely due to only two patients searching for employment.
29. Supported Education (SEd)	
Score	Data source used for rating: Supported employment specialist interview
5	Program practice, strengths, and challenges: Supports patients looking for college programs (connects with university program coordinators, attends school tours, and supports application completion) and those still in high school (attends IEP meetings and ensures accommodations are met).
	Quality improvement opportunities: No comment
30. Active Engagement and Retention	
Score	Data source used for rating: Team leader and clinician interview
2	Program practice and strengths: Clinicians spend on average 14.75% out in the community.
	Quality improvement opportunities: Increasing time in the community will improve patient engagement in the program. Aim for an average of at least 40% of time out in the community for those clinicians providing case management and care coordination services.
31. Patient Retention	
Score	Data source used for rating: Program documents
4	Program practice and strengths: Dropout index = 0.20
	Quality improvement opportunities: Spending more time in outreach may reduce early dropout rate.

RATING	COMMENTS
32. Crisis Intervention Services	
Score	Data source used for rating: Team leader and primary clinician interviews
4	Program practice and strengths: Program is very accessible to patients in crisis both via phone and in-person
	Quality improvement opportunities: None
33. Communication Between FEP and Inpatient Services	
Score	Data source used for rating: Health record review
5	Program practice and strengths: Program maintains excellent communication with inpatient staff, patients, and families, and is actively involved in discharge planning and follow-up.
	Quality improvement opportunities: No comment
34. Timely Contact after Discharge from Hospital	
Score	Data source used for rating: Health record review
5	Program practice and strengths: Team members consistently see patients within 14 days of hospital discharge.
	Quality improvement opportunities: No comment
35. Assuring Fidelity	
Score	
2	The program has standards defined by the funder, but does not use either validated quality indicators or a fidelity scale to assure fidelity to those standards.
	Quality improvement opportunities: Work with funder to identify a valid fidelity scale or a set of quality indicators that they would accept.