

ONTRACKNY: FIDELITY PROTOCOL GUIDE

Introduction

Coordinated Specialty Care (CSC) treatment assumes that certain organizational factors and treatment practices make the difference between high quality CSC and other, less effective treatment for early episode psychosis. This Fidelity Assessment has been developed to evaluate the degree to which a program adheres to the OnTrackNY model of CSC, an evidence-based approach.

Assessment Purpose

The Fidelity Assessment provides a list of objective criteria by which an OnTrackNY program is evaluated. The Assessment should be used to rate current activities, not planned activities. The Assessment is not designed to be a substitute for operating requirements developed by specific program settings or regulatory agencies.

Assessment Document Overview

The Fidelity Assessment supports the evaluation of OnTrackNY teams and is a guide for the rater to achieve consistent ratings. The Fidelity Assessment is made up of the following documents:

1. *Protocol Guide* (this document)
Introduction to the scale, its purpose, data collection procedures, site visit procedures, and scoring guidelines.
2. *Fidelity Criteria*
A list of 25 domains and their definitions.
3. *Fidelity Scale*
A list of 25 domains, their definitions, and objective criteria that should be used to inform scoring, probing questions, and appropriate sources of information. This document is used internally for data collection and scoring.
4. *Participant and Family Interview Guide*
Probe questions that help the rater gather information from interviews with participants and participant family members.
5. *Final Report*
Record of final domain scores, strengths, findings of note and action plans.

Data Collection

The scope of work within a CSC program is time-intensive and the fidelity process has been designed to provide critical continuous quality improvement (CQI) information with minimal disruption to clinical practice. The fidelity assessments is conducted annually. Data sources include:

Team-Report Data: This includes team-report data gathered on a regular basis for referral, admission, follow-up, discharge, and program component processes and outcomes.

Participant and Family interviews: Client and family member interviews are scheduled prior to the site visit (virtual or in-person). These interviews are voluntary and not compensated.

Site Visits: Additional information is be gathered during the site visit (in person or virtually) including:

- Observation of a team meetings conducted on the day of the site visit.
- Interviews with staff members and at least one client and family member or other support person. Staff interviews include two staff members: the TL (who is often a PC) and a PC. TL interviews focus on team processes and clinical concepts. PC interviews focus on role-specific components.
- Review of program records including: any available program documentation describing policies, practices, staff education/training, outreach and recruitment tracking, 24/7 availability, and staff hours and flexibility, and a review of randomly selected client charts that can be used to support verification of clinical practices e.g., engaging families in the initial evaluation, obtaining comprehensive clinical and psychosocial assessments, and health monitoring and prescription practices.

Before the Site Visit

At least one month in advance, the rater should inform the Team Leader of the fidelity visit purpose and schedule the site visit date. Describe what information the rater will need such as relevant program records and client charts. Identify who the rater might need to talk to in addition to the team leader, e.g., other team members and clients and family members. Identify a day that the rater can observe a team meeting and all team members will be present. Indicate how long the visit will take to complete (typically 4.5-5 hours). Request that the team leader gather and prepare as much information as possible ahead of the visit to allow for efficiency.

In the month prior to the visit, the rater should use the team-report data and findings from participant and family interviews to begin scoring the Fidelity Assessment. Any indications that the program is not meeting fidelity expectations should be noted; clarifying questions should be prepared for the site visit. Alternatively, evidence that the program is meeting expectations should be recorded and confirmed during the site visit. After the site visit, the rater will use all sources of information to determine final fidelity scores.

One week prior to the visit, the rater should randomly identify 10% of the careload's charts (minimum of 3 charts, including the chart of one person enrolled and one person discharged in the past year) from the past year and request that the Team Leader prepare these charts for review, including arranging access to relevant electronic records.

Data collection will be completed by at least one OntrackNY rater who has experience and training in interviewing and data collection procedures (including health record reviews) and an understanding of the nature and critical components of OnTrackNY.

During the Site Visit

During the site visit, the rater will meet with the Team Leader and start with a program orientation. The team leader can introduce and explain relevant program records (e.g., outreach and referral tracking records) and client charts. The rater will then review the pre-identified random health records (will require approximately 45 minutes per chart).

The rater will also interview the Team Leader and a Primary Clinician. The interviews will be conducted using the Fidelity Scale and, as necessary, a prepared list of questions drawn from the site's team-report data. The Fidelity Scale's suggested probe questions can be modified to fit the interviewee's role. The Team Leader can assist in resolving discrepancies between sources. All responses will be recorded clearly and will be used to inform final scoring of the Fidelity Scale.

After the Site Visit: Scoring and Reporting

The final score for a domain should reflect all sources of information, including self-report data, with the more concrete and objective data taking precedence. It is essential that the rater obtain the required information for every item. The final score is a judgement by the rater and should be justified in notes. Each domain should be scored as “Met,” “Provisionally Met” (for items just below threshold) or “Not Met.” Each domain has a “Critical” item that encompass essential aspects of the model and must be met for the domain to receive an overall score of “Met.” The rater and another member of the OnTrackNY Central leadership will discuss any discrepancies between sources and confirm scoring consensus.

The rater will create a Fidelity Report that includes final scores along with a description of strengths, findings of note, and space to record any action plans to ensure future program fidelity. The report will then be reviewed with the Team Leader, Program Director, and rater and a member of OnTrack Central leadership; during this meeting action plans will be collaboratively identified. The final report will then be reviewed with OnTrackNY Central staff to inform how technical support is provided to the team.