

The CORE approach to fidelity measurement

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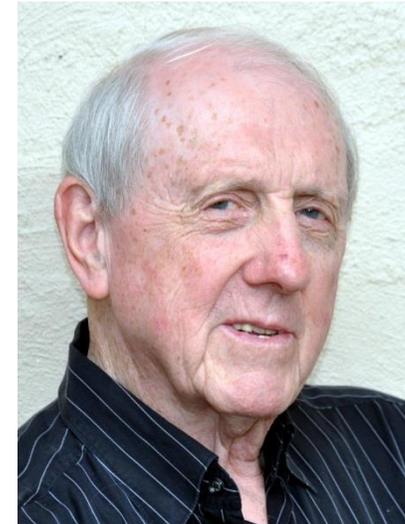
www.core-study.ucl.ac.uk

Plan

- Why a need for quality improvement?
- Why a fidelity scale approach?
- The CORE study at UCL
- The fidelity scale
- National survey of team fidelity

The pioneering vision for crisis teams

- Assertive and intensive work to avoid hospitalisation – 24 hour service, 2+ daily visits, focus on people who would otherwise be admitted
- Change in the balance of power – more equal and effective therapeutic relationships
- Everything a hospital offers and more
- Strong social focus – networks can be mobilised and supported, social triggers to crisis identified and addressed



CRTs – achievements and cause for concern

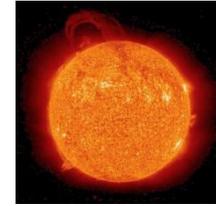
A nationwide shift in resources, staff, treatment focus

Research – fall in admissions, good satisfaction achievable (e.g. in trials)

BUT some cause for concern:

- Uncertain whether CRTs have resulted in nationwide reduction in admissions
- Compulsory admissions STILL rising
- Significant service user and carer dissatisfaction e.g. MIND Acute Care report, #crisisteamfail
- Is risk management adequate? Average of 150 suicides per year for CRT patients: now higher than for inpatient wards (Hunt et al. 2014)
- High readmission rates? Approx 50% in 1 year in Candi

The CORE Programme



- 2011-2017
- Funded by a DH NIHR Programme Grant
- Managed by Camden and Islington NHS FT/UCL (manager Dr Bryn Lloyd-Evans)

Aims:

- **Develop evidence about how to optimise CRTs**
- **Test a service improvement programme for CRTs**

(Other workstream – trial of peer supported self-management in CRTs)

CORE Study Aims: overview

1

- Evidence review, national survey, stakeholder interviews
- Develop a model of best CRT practice

2

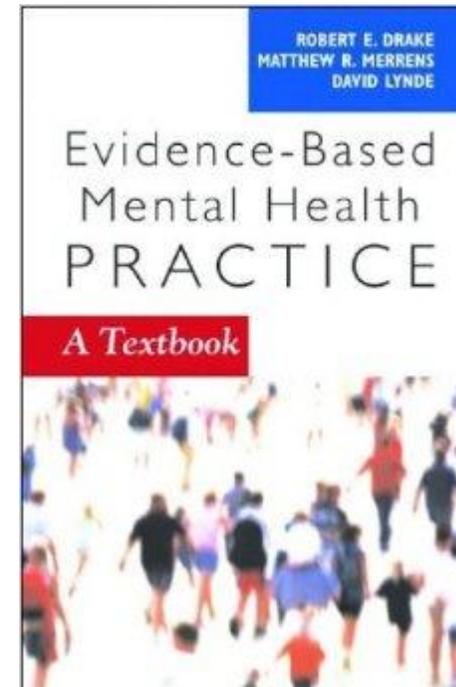
- Develop a “fidelity scale” to model adherence
- Assess UK CRT fidelity in a 75-team survey
- Gather best practice examples and resources from CRTs

3

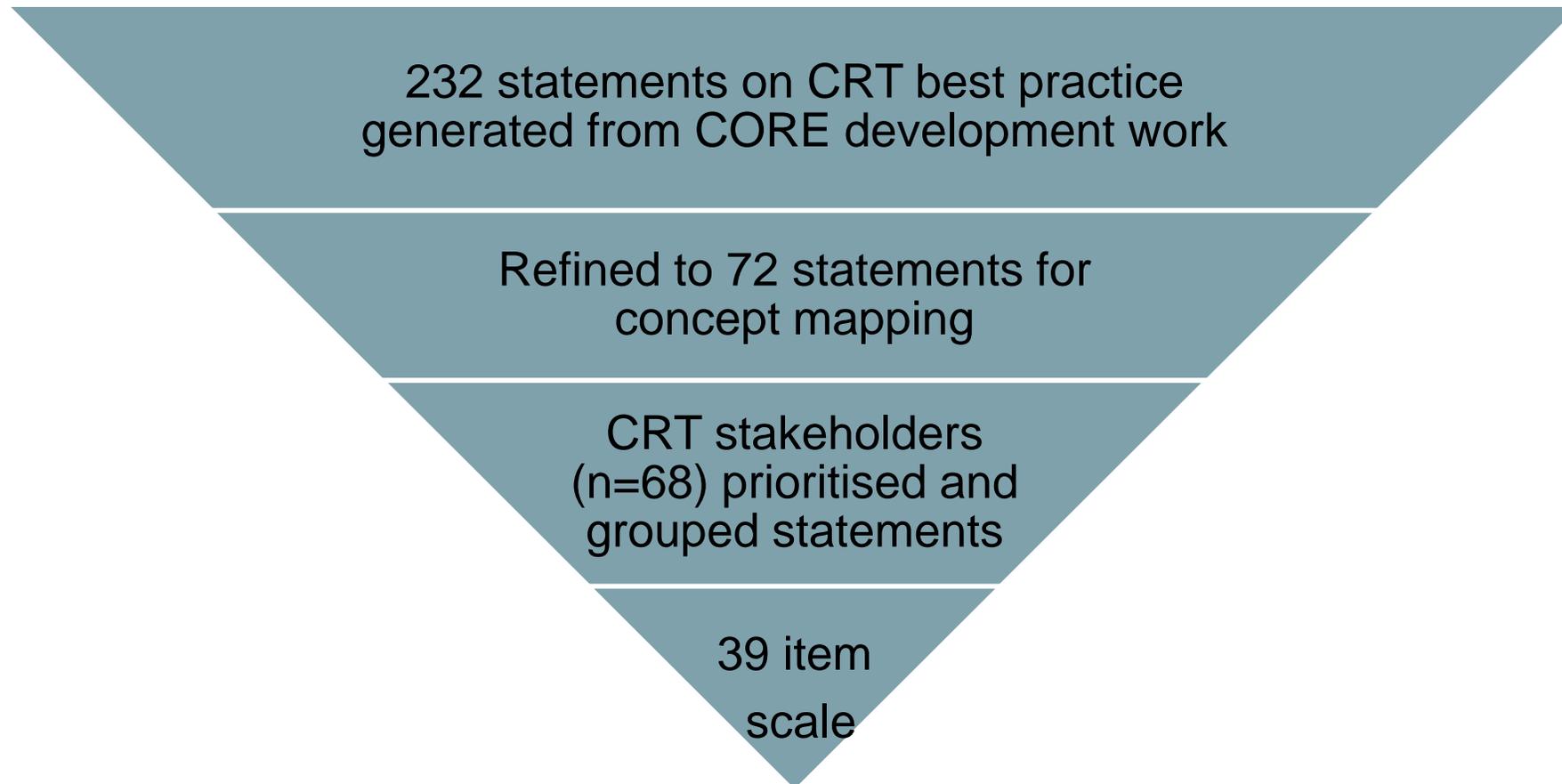
- Develop quality improvement resources for CRTs
- Test CRT “Resource Pack” in a 25-team cluster randomised trial

The fidelity scale approach to implementation and quality improvement

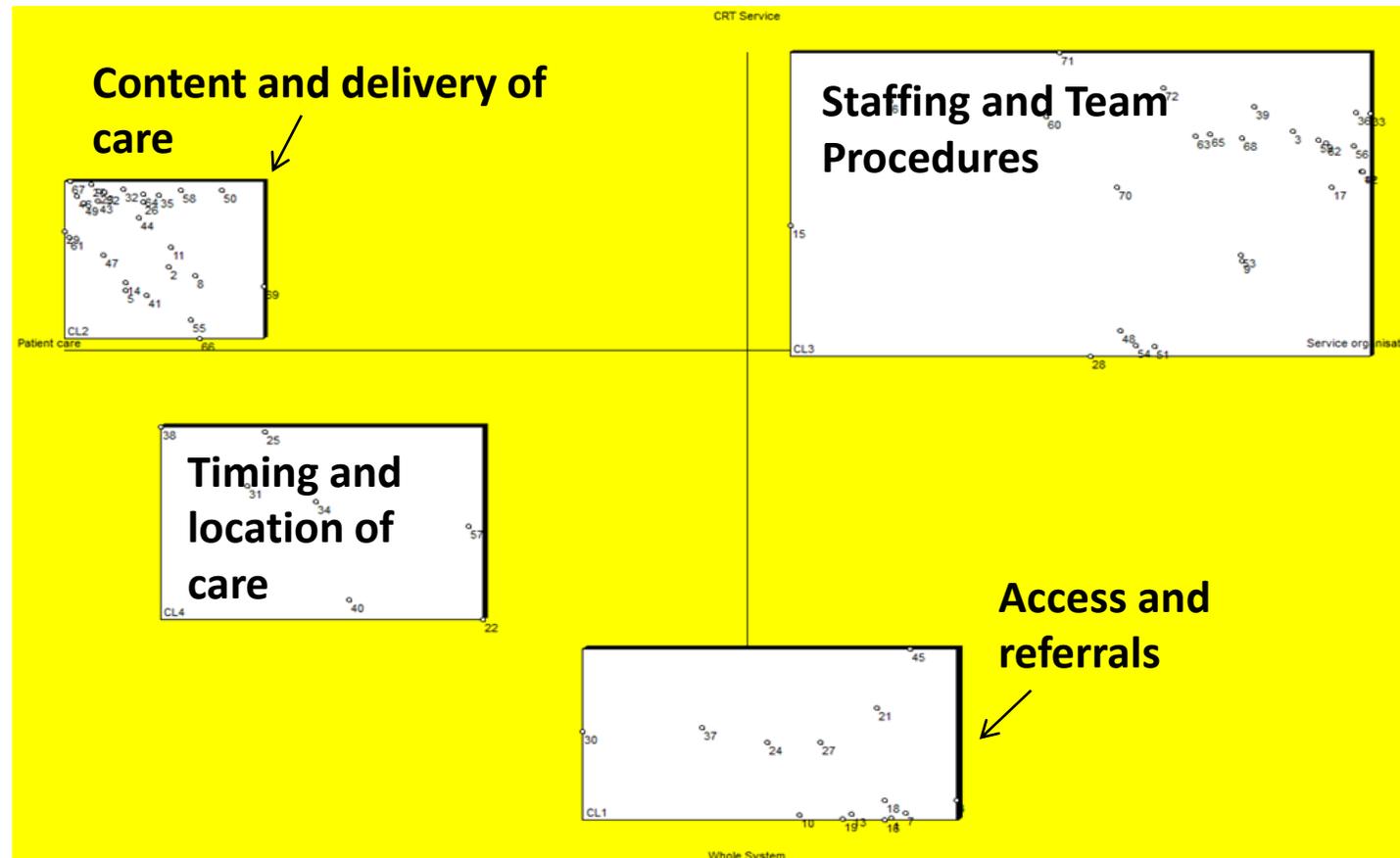
- Rooted in Evidence Based Practice program in USA
- Fidelity scales measure adherence to a model of good practice, developed from evidence, stakeholder views
- Developed for a range of models – supported employment, ACT, family intervention etc.
- Without specific monitoring, fidelity scores generally low
- Fidelity scores are sensitive to change, rise with multi-component interventions
- Relationship with outcomes demonstrated for some fidelity measures e.g. supported employment



Developing a CRT Fidelity Scale: the concept mapping process



CORE CRT Concept Map



The CORE CRT Fidelity Scale

- 39-item fidelity scale developed from concept mapping
- Each item scored 1-5
- Score of 5 = excellent fidelity; 4 = good fidelity
- Total score possible range: 39-195
- Initial piloting in 4 CRT teams, then 75 team national survey
- Day visit by team of 3 – at least one service user/carer, at least one clinician
- Interviews with staff, service users, carers, referrers; casenotes and policies and procedures examined

Camden and Islington 
NHS Foundation Trust



core Crisis Resolution Team
Fidelity Scale
Version 2



Example fidelity item

1. Rapid response

- a) The CRT records and monitors response times to referrals and reviews breaches of response targets
- b) The CRT responds to the referrer within 30 minutes
- c) The CRT offers an assessment with the service user which takes place within 4 hours for at least 90% of appropriate referrals
- d) The CRT offers a same-day assessment for at least 50% of appropriate referrals made before 6pm
- e) The CRT offers a same-day assessment for at least 90% of appropriate referrals made before 6pm
- f) The CRT provides an immediate mobile response to requests for assessment from emergency services

Item 1

Evidence sources: C = case notes review; P = paperwork review; M = manager interview; S = staff interview; SU = service user interviews; FF = Family/carer interviews; O = interviews with staff from other mental health services

Item	Evidence	Scoring criteria	met /unmet
1. The CRT responds quickly to new referrals	P, M	a) The CRT records and monitors response times to referrals and reviews breaches of response targets	
	M, S, O (P)	b) The CRT responds to the referrer within 30 minutes	
	M, S, O (P)	c) The CRT offers an assessment with the service user which takes place within 4 hours for at least 90% of appropriate referrals	
	M, S, O (P)	d) The CRT offers a same-day assessment for at least 50% of appropriate referrals made before 6pm	
	M, S, O (P)	e) The CRT offers a same-day assessment for at least 90% of appropriate referrals made before 6pm	
	M, S, O (P)	f) The CRT provides an immediate mobile response to requests for assessment from emergency services	
Scoring		Score 5 if: 6 criteria are met Score 4 if: 5 criteria are met Score 3 if: 4 criteria are met Score 2 if: 3 criteria are met Score 1 if: 2 or fewer criteria are met	Item score

Item definitions and scoring guidance

Criterion A: Score as met if the CRT provides a log of the time period between receiving a referral and providing a face-to-face assessment and the CRT manager clearly describes processes used to review breaches of response times.

Criterion B: requires all-source agreement from the CRT manager, staff and managers of other services that the CRT always answers phone calls from referrers in person, or routinely responds to the referrer within 30 minutes (no more than one breach per month)

Criteria B-E: Do not include early discharge clients for % meeting response times: an immediate response is less crucial for inpatient referrals

If no log of response times, all source agreement from CRT manager, staff and other community staff is required to assess criteria as met regarding response time to referrers and time to assessment

Criterion F: requires all-source agreement from CRT staff and manager and other service managers that the CRT will go urgently to assess someone at a police station, their home or in public if requested by emergency services (e.g. police or ambulance crews) + evidence from the CRT team of at least one example of this happening within the last month

Level of fidelity

Fidelity level	Number and % of teams
Very low <78	1 (1%)
Low 78 – 117	25 (33%)
Moderate 117 - 156	49 (66%)
High >156	0

Data: subscale scores

Subscale scores for all CRTs:

	Median	Range	IQR
Referrals and Access	3.40	1.96 (2.24 - 4.20)	0.98 (2.73 - 3.71)
Content and Delivery of Care	2.86	2.56 (1.24 - 4.55)	1.28 (2.22 - 3.50)
Staffing and Team Procedures	3.25	1.98 (2.41 - 4.39)	0.99 (1.49 - 2.48)
Location and Timing of Help	1.85	3.15 (1.77 - 4.92)	1.58 (2.36 - 3.94)

Items teams scored highly on

Average score was above 4:

2: The CRT is easily accessible to all eligible referrers

4: The CRT will consider working with anyone who would otherwise be admitted to adult acute psychiatric hospital

15: The CRT reviews, prescribes and delivers medication for all service users when needed

23: The CRT offers service users choice regarding location, timing and types of support

28: The CRT has a psychiatrist or psychiatrists in the CRT team, with adequate staffing levels

32: The CRT has systems to ensure the safety of CRT staff members

39: The CRT mostly conducts assessments and supports service users in their home

Items teams scored lower on

Average score was below 2:

14: The CRT assesses carers' needs and offers carers emotional and practical support

16: The CRT promotes service users' and carers' understanding of illness and medication and addresses concerns or problems with medication

17: The CRT provides access to psychological interventions

24: The CRT helps plan service users' and service responses to future crises

37: The CRT can access a range of crisis services to help provide an alternative to hospital admission for service users experiencing mental health crisis

38: The CRT provides frequent visits to service users

What do the results tell us about the fidelity scale and review process?

- A sensitive measure - 33 items had a range of scores from 1-5
- Feasible and acceptable – 75 reviews carried out nationwide
- Relevant to teams across the country
- Multi-perspective reviewing teams worked well

What do the results tell us about CRT services overall?

- Most teams achieving only moderate fidelity
- All teams are doing some things well: many examples of good practice
- Few teams are putting the whole package together (no teams with mean score of 4+ per item/overall high fidelity)
- Frequent issues – intensiveness of service, psychological and social as well as pharmacological interventions, variety of types of crisis support, carer involvement and support

CRT Fidelity compared to DH guidelines

DH guidelines 2001	Fidelity review results
Time-limited intervention	Item 10 – 87% of teams scored 3 or higher
Multi-disciplinary team	Item 27 – 84% of teams scored 3 or higher
24/7 service	Item 5 – 75% of teams scored 3 or higher
Working with families	Item 13 – 56% of teams scored 3 or higher
Rapid response	Item 1 – 35% of teams scored 3 or higher
Intensive support	Item 38 – 24% of teams scored 3 or higher
Preventing future crises	Item 24 – 3% of teams scored 3 or higher

Core Resource Pack

- [Home](#)
- [About the CORE study](#)
- [News](#)
- [How to use the Resource Pack](#)
- [Resources](#)
- [Fidelity scale](#)

Tweets

Follow

 **Martin Webber** 22 Jan
@mgoat73

Places still available at @UoYMRC event on mental health crisis care on 28th Jan:
york.ac.uk/spsw/news-and-...

Retweeted by UCL Core Study
Expand

 **UCL Core Study** 21 Jan
@corestudyucl

An excellent line-up for UCL symposium on qualitative research includes Nicola Morant on @corestudyucl qual work

CORE Resource Pack

This website provides information and online resources to help teams taking part in the CORE study achieve our shared aim of improving the effectiveness of CRT services. We hope CRT managers and staff will explore the resource pack and use those areas most relevant to their team's service improvement priorities.



About the CORE study

Find out more about the CORE study and the research team supporting this study.



News

Find out about what's happening in the teams involved in the study.



How to use the Resource Pack

Find out about how to use this site as a service improvement tool.

CORE: linking research to policy and practice

CORE work has contributed to the Crisis Care Concordat, CQC reports and MIND Acute Care Campaign:

- Literature review findings
- Fidelity scale
- Benchmarking data from managers' survey and fidelity survey
- Case examples of good practice



The screenshot shows a webpage for the Crisis Care Concordat, specifically the 'Mental Health' section. The page title is 'The CORE Study – Crisis resolution team optimisation and relapse prevention'. Below the title, there is a link 'Click here to follow the link'. The text describes the study's aim to improve support for Crisis Resolution Teams (CRTs) from 2011-2016. Two project goals are listed: developing an evidence base for CRTs and testing a peer-delivered self-management intervention. A map of the UK is shown at the bottom, with the study area highlighted in green.

Crisis Care Concordat | Mental Health ABOUT YOU

The CORE Study – Crisis resolution team optimisation and relapse prevention

[Click here to follow the link](#)

The study will run from 2011-2016, and its aim is to improve the standard of support offered to users of Crisis Resolution Teams (CRTs), through the two following projects:

- The development of an evidence base to optimise the functioning of CRTs
- The development and testing of a peer-delivered self-management intervention to bridge the gap between crisis and continuing care

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The views expressed are those of the author and not necessarily those of the NHS, the NIHR or the Department of Health.

Further information

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Resource pack: www.ucl.ac.uk/core-resource-pack

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