

# The EPI-SET Project: An Overview of the Canadian NAVIGATE Experience

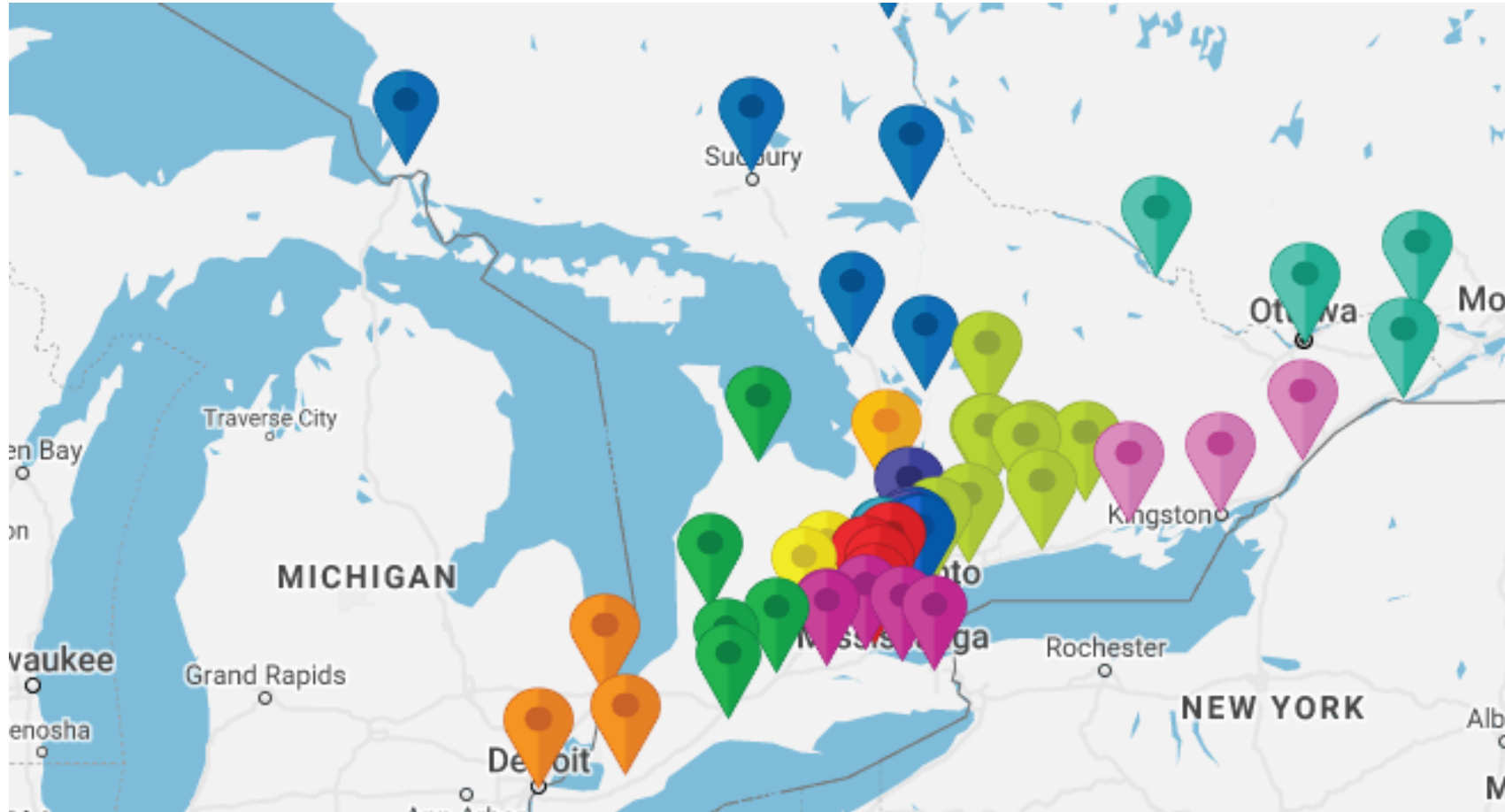
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**camh**

**camh** Slaight Family Centre  
for Youth in Transition

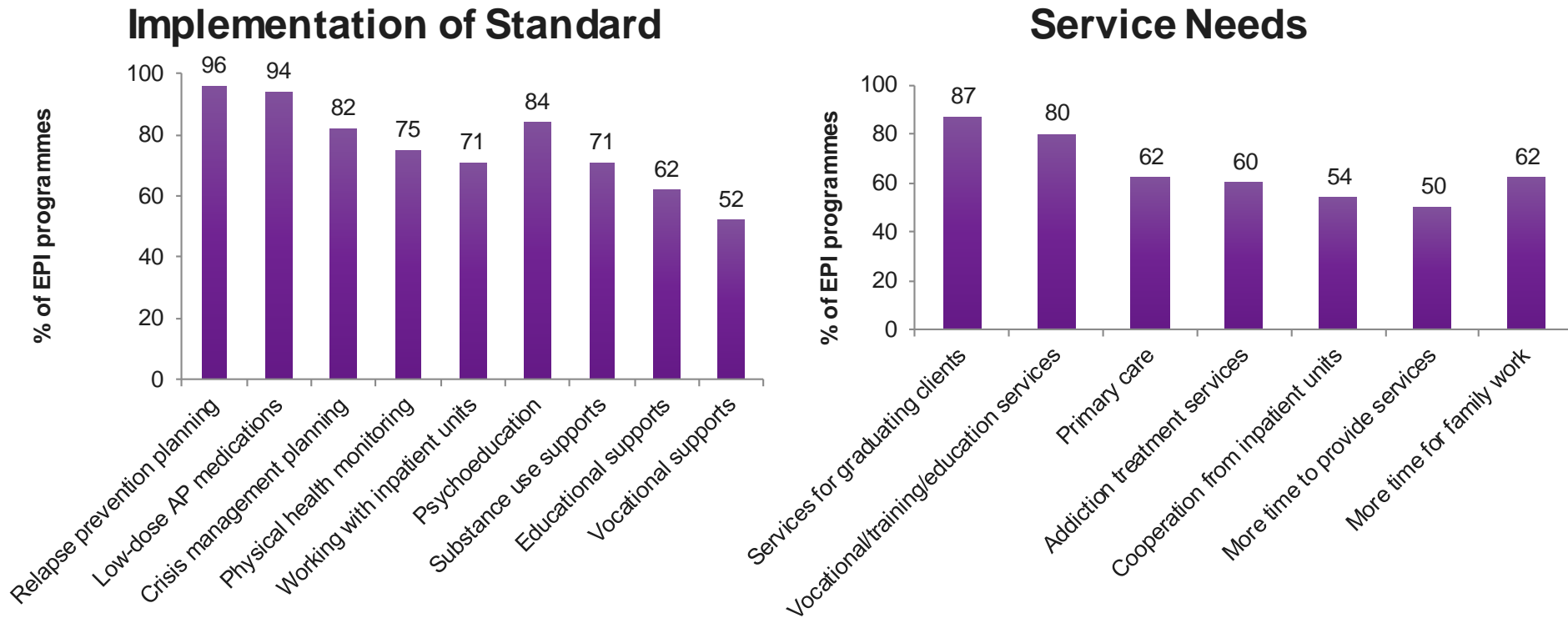


# EPI Services Across Ontario



## Original Article

# A first step in system improvement: a survey of Early Psychosis Intervention Programmes in Ontario

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# Ontario Fidelity Studies Identified Three Main Challenges in Delivering High Quality EPI Care

- 1 → Challenge: Considerable variability, particularly in recovery-oriented care; difficult to deliver all aspects of care; Requests for manualized protocols
- 2 → Challenge: Need for consistent access to training (and time) for the latest in evidence-based practices
- 3 → Challenge: Need/interest to bolster a community of practice and receive ongoing access to expertise

# Early Psychosis Intervention – Spreading Evidence-Based Treatment (EPI-SET) Objectives

## 1. Implementation and Fidelity Outcomes

Assess whether implementation of NAVIGATE leads to improvement in fidelity to the EPI standard (using the First Episode Psychosis Services Fidelity Scale (Addington et al.); also assess factors that may impact implementation

## 2. System Level Outcomes

Compare system use – i.e. days in hospital, emergency department visits, suicide attempts, system costs at Ontario EPI NAVIGATE sites (and non-NAVIGATE sites) using data held at ICES

## 3. Patient Level Outcomes

Determine longitudinal change in functioning and symptoms among NAVIGATE patients

## 4. Youth and Family Engagement

Evaluate patient and family member engagement according to the SPOR framework

# How NAVIGATE Will Address Challenges Identified in Ontario

## Challenge 1

### Standardization of Care

*Recovery-oriented care and manualized protocols*

#### **Solutions**

- All NAVIGATE components are systematically applied in collaboration with the patient
- Modules are completed in a coordinated fashion to reduce variability across sites
- Progress notes are completed at each visit for the team to assess patient progress, fidelity, and determine need for adjustments

## Challenge 2

### Access to Consistent Training

*Investigate and implement new practices*

#### **Solutions**

- CAMH PSSP supports system change by providing implementation, evaluation, knowledge exchange, engagement and information management expertise to organizations province-wide
- Regional PSSP teams work closely with NAVIGATE experts, the Slight Centre at CAMH, and community site leads

## Challenge 3

### Community of Practice

*Ongoing access to expertise*

#### **Solutions**

- Project ECHO consists of specialist hubs that connect with spoke (learner) teams in remote areas through videoconferencing technology to bridge geographic gaps required to bolster Ontario EPI community of practice
- ECHO extends best practices in academic settings to complex illnesses seen in local settings



# EPI-SET Implementation

# Community Site Partners



# Implementation Science Approach & Leveraging Existing Infrastructure and Expertise



## Provincial System Support Program (PSSP)

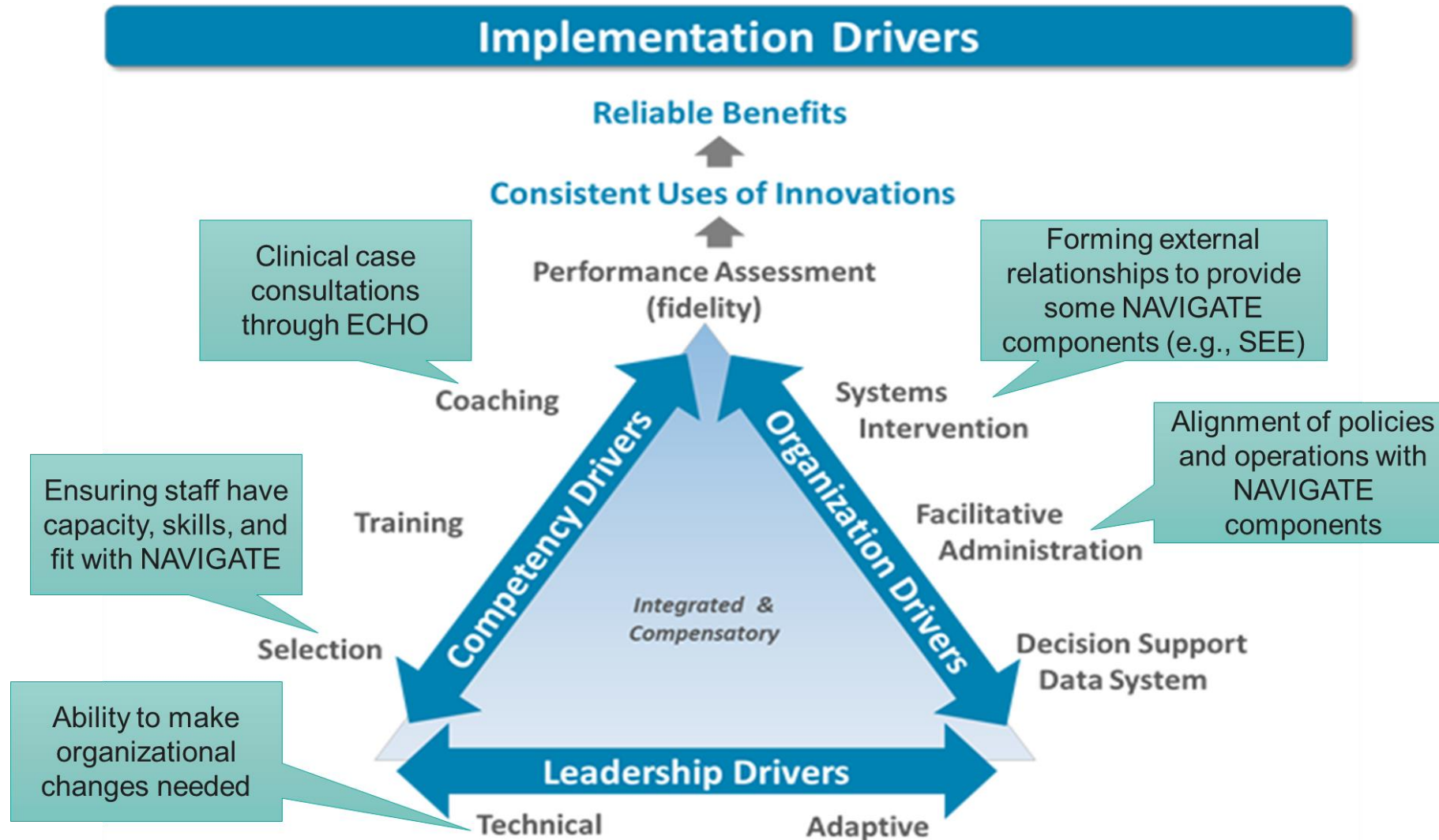
Provides capacity and support in:

- Knowledge exchange
- Implementation
- Coaching
- Equity and engagement
- Evaluation and data

PSSP's provincial office is in Toronto with nine regional offices located throughout Ontario.



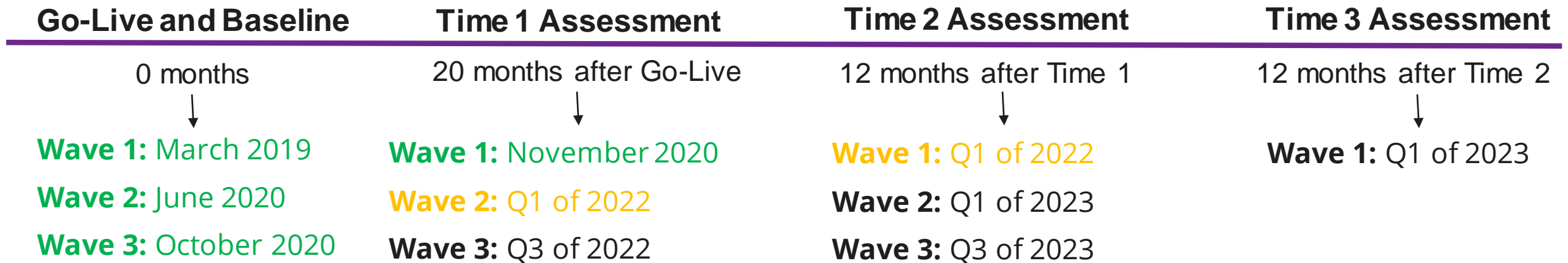
# Implementation Applied to EPI-SET



# EPI-SET Implementation and Fidelity

The tele-fidelity model assesses practice on **33 items** according to Ontario and International EPI standards. These are based on (1) **telephone interviews**; (2) **chart audits**; and (3) **review of administrative data**.

Sites are organized by “waves” based on their “go-live” date, as determined by full implementation of NAVIGATE.



# Leveraging ECHO-Ontario Mental Health Expertise and Infrastructure for Long-term Sustainability



People need access to specialty care for their complex health conditions.



There aren't enough specialists to treat everyone who needs care, especially in rural and underserved communities.



ECHO trains primary care clinicians to provide specialty care services. This means more people can get the care they need.



Patients get the right care, in the right place, at the right time. This improves outcomes and reduces costs.

**A hub and spoke model that builds and sustains a community of practice**

# ECHO EPI-SET for Enhancing Sustainability

## Purpose

1. Use telemedicine to leverage scarce healthcare resources
2. Share best practices and reduce variation in care
3. Apply case-based learning to master complexity
4. Evaluate and monitor outcomes



## Current Progress

- ECHO Working Group meets regularly to discuss future topics, presenters, and feedback
- All 6 sites have successfully completed at least 1 full cycle of ECHO
  - Cycle 1 (8 sessions): November 2019 – April 2020
  - Cycle 2 (24 sessions): June 2020 – June 2021
- Cycle 3 launched in July 2021; biweekly sessions facilitated by trained hub team members
- Launch of a Prescriber-Specific ECHO in November 2021

# Youth and Family Engagement

## 7 Youth Advisors

*Committee created Jan. 2019*

*Ongoing recruitment*



## 7 Family Advisors

*Committee created Dec. 2018*

*Ongoing recruitment*

### Youth and Family Advisory Committees

- Led by youth and family members with lived experiences and meet with research team monthly (compensated)
- Study investigators and committee leads attend meetings on a rotating basis to discuss aspects of the project and gather direct feedback
- Trainings provided to advisors and research team to ensure perspectives are included in a meaningful way

### Building on Experiential Knowledge to Evaluate NAVIGATE from Youth and Family Perspective

- Engage youth and family members to build on qualitative work surrounding acceptability, feasibility, and preference for NAVIGATE
- Complete surveys to evaluate members' impact every 6 months

# Timeline

## Explore

- Phone calls to prepare for NAVIGATE Training
- Assessing current practice of Ontario EPI Standards
- Assessing readiness for implementation through surveys and discussion

## Plan

- Clinical team NAVIGATE training
- Clinician feedback about NAVIGATE
- Pre-training to prepare for ECHO support
- Developing agency specific implementation plans

## Start

- Navigate practices begins and client enrollment in study begins
- Case consultation from ECHO
- Conducting PDSA cycles and continuous improvement and problem solving

## Sustain

- Clinician feedback about NAVIGATE and implementation process
- Assessing current practice of Ontario EPI Standards
- Case consultation from ECHO
- Planning for sustainability

### Implementation Supports

Now to  
December  
2018

January to  
March 2019

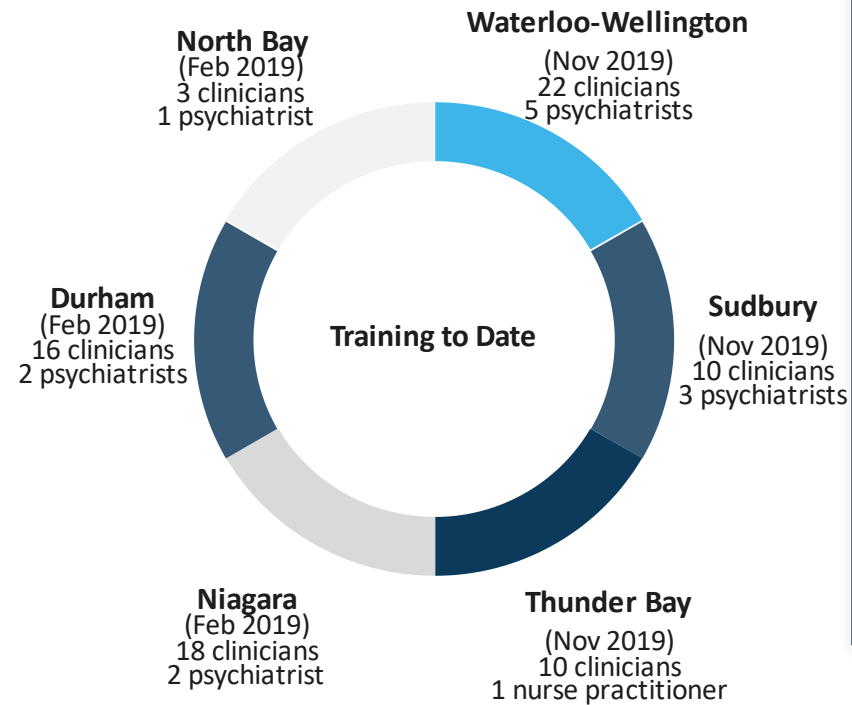
April to  
September  
2019

October  
2019 to  
March 2022



# Spreading Evidence-Based Treatment (EPI-SET) across Ontario Communities to Improve Early Psychosis Care for All

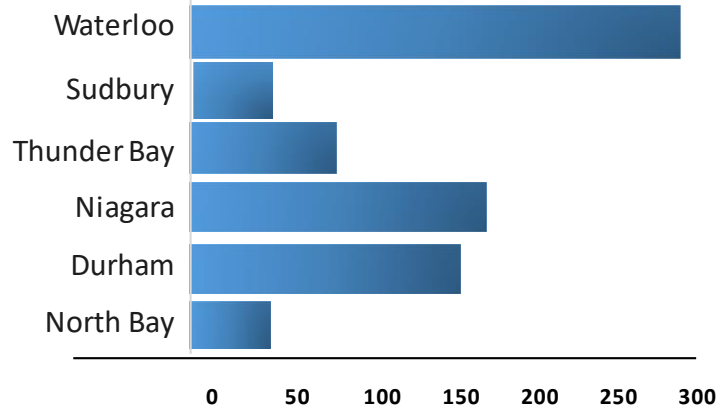
## Training



**Over 90 clinicians and psychiatrists trained**

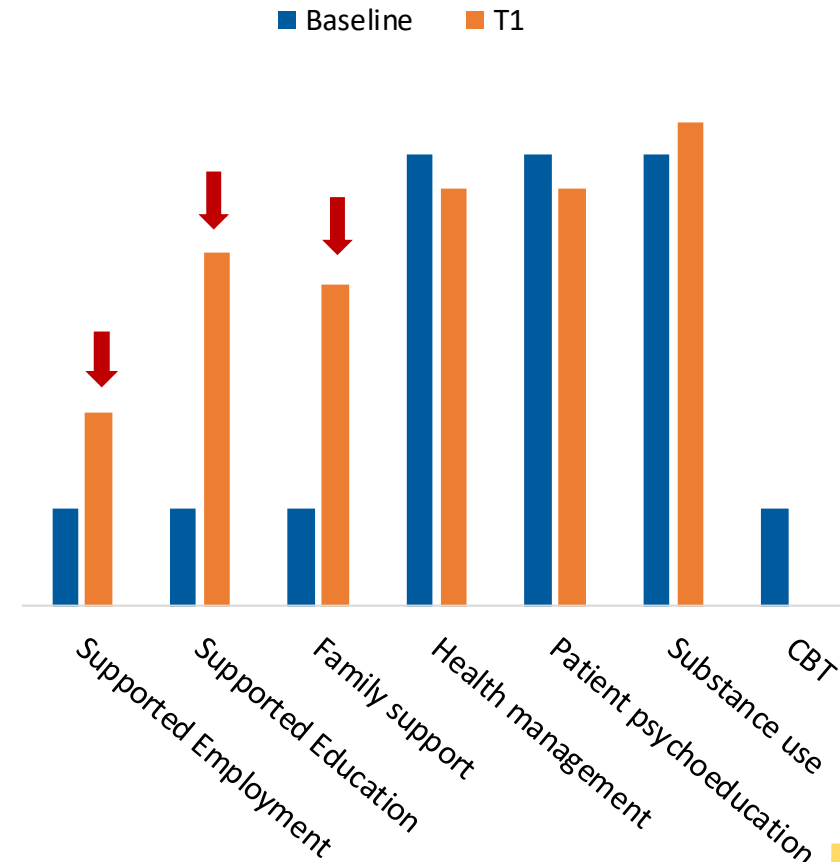
## Implementation

Via a collaborative process, each of the participating sites have been engaged in training and implementation of NAVIGATE.



**Nearly 800 youth have received NAVIGATE**

## Improvements in Fidelity over One Year



**Patient and Family Engagement**

# Challenges & Strategies

<b>Implementing model with existing EPI teams</b>	<ul style="list-style-type: none"><li>• Lead must have a strong knowledge of the “why” of NAVIGATE; must know the content – expected to be content experts</li><li>• Change management strategies – communicate++; listen++</li><li>• NAVIGATE is the framework and operationalizes our provincial standards</li><li>• Agency leadership buy in – this is a practice change</li></ul>
<b>Staff Turnover – training/onboarding</b>	<ul style="list-style-type: none"><li>• Fulsome and sustainable onboarding package/pathway</li></ul>
<b>Youth friendly &amp; engaging/Canadianized</b>	<ul style="list-style-type: none"><li>• Digitizing the content (patient facing)</li><li>• eNAVIGATE resources to augment IRT</li><li>• Changing some of the language in manuals</li></ul>
<b>COVID &amp; Virtual care</b>	<ul style="list-style-type: none"><li>• COVID related connection with content as well as how to work with the content virtually</li><li>• Fillable pdfs and word documents – use of shared screen</li><li>• eNAVIGATE resources</li></ul>

# Challenges & Strategies

<b>Team Complement</b>	<ul style="list-style-type: none"><li>• Leveraging external partners/agencies (outsourcing)</li><li>• E.g. limited physician time, SEE, family clinician</li><li>• Complexities regarding this</li></ul>
<b>Fidelity tracking across multiple EMRs</b>	<ul style="list-style-type: none"><li>• Trying to not duplicate info – paper and EMR</li><li>• Slight put contact forms into EMR as is – some useful info for module completion and some info is beneficial; however at the cost of burnout</li></ul>
<b>Clinician drift</b>	<ul style="list-style-type: none"><li>• Ongoing use of ECHO platform – didactic session information shared</li><li>• Reflective practice sessions</li><li>• EPI-SET booster sessions</li><li>• Needing clinical coaching to make content practical within clinical context e.g. CM and IRT; weaving in IRT naturally</li></ul>

# Innovations

<b>Fulsome training pathway</b>	<ul style="list-style-type: none"><li>• Education services – adult learning principles</li><li>• Trains according to the identified core competencies of NAVIGATE</li><li>• Synchronous and asynchronous</li><li>• Digitization of manuals – clinician facing</li><li>• Coaching calls – clinician peers</li><li>• ECHO</li><li>• Simulation based learning – culmination of learning and practice</li></ul>
<b>Digitization of manuals – patient facing</b>	<ul style="list-style-type: none"><li>• Family content – completed</li></ul>
<b>Further standardization of SEE</b>	<ul style="list-style-type: none"><li>• Process map for each aspect of SEE – to reduce variability between SEE clinicians</li></ul>
<b>Scale across the province</b>	