

Audit of Suspected Epileptic Seizures and Epilepsy. Version 2.0

C Dunkley, WP Whitehouse. BPNA Governance and Audit Group 2006.

Introduction

This document has been developed by the BPNA Governance and Audit Group as a 'toolpack' to facilitate the audit of health care for children with suspected epilepsy against NICE and SIGN Guidelines. It is available to download from www.bpna.org.uk/audit/

The following documents are contained:

- Audit Methodology
- Ascertainment Record Form
- First Paediatric Assessment Instructions
- First Year of Children Referred Instructions
- First Paediatric Assessment Audit Tool
- First Year after Children Referred Audit Tool

The audit tools are primarily designed to examine retrospectively a cohort of children presenting to secondary level paediatric services with suspected epilepsy.

The tool can be applied to a number of different cohorts depending on local needs and setup. For example:

- All children within a defined geographic region presenting to secondary services during a defined time period.¹
- All children referred to a specific acute or non acute paediatric service, seizure clinic or consultant during defined time period.²
- The audit can be conducted in several different cohorts, for example across a region or network to allow comparison.³⁻⁴

This audit tool, and previous versions of the tool, have been piloted in a number of audits some of which are referenced below. An Excel Spreadsheet Template is available from the address below to aid data collection and analysis. Defined Standards and Performance Indicators are in development and also available from the address below.

For further details, help with any aspects of this audit or to feedback please contact Colin Dunkley directly or the BPNA Governance and Audit Group.

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1. Dunkley C, Albert D, Morris N, Williams J, Whitehouse WP. A population audit of first clinic attendance with suspected epilepsy. *Seizure*. 2005 Dec;14(8):606-10.
2. Dunkley C, Martin K, Campbell E, Whitehouse WP. A Hospital-based Audit of the First Year after Referral to Paediatric Outpatients with Suspected Epilepsy, BPNA Bristol 2006 (Poster Abstract)
3. Mar S, Dunkley C, Al-Ansari I, Whitehouse WP. Comparison of a dedicated Children's Seizure Clinic to mixed General Paediatric Clinics. *Child: Care, Health and Development*. 2005; 31(5): 597-602
4. Appleton R, Besag F, Kennedy C et al. An audit of children referred with suspected epilepsy. *Seizure* 1998;7(6):489-95.
5. Diagnosis and management of epilepsies in children and young people. Scottish Intercollegiate Guidelines Network (SIGN), 2005.
6. The epilepsies: diagnosis and management of the epilepsies in children and young people in primary and secondary care. National Institute for Clinical Excellence (NICE) Clinical Guideline 20, October 2004.

Suspected Epilepsy Audit Methodology

Aims

To audit health care for children with suspected epilepsy against NICE and SIGN recommendations.

Method

Participating Consultants to consent to identification of a cohort of children presenting to their service between a defined time period. Retrospective casenote analysis of first year of care following first paediatric assessment.

Inclusion criteria:

- Named consultant for the child is participating in audit.
- Referrer or assessor considers epileptic seizure(s) within differential diagnosis at first assessment.
- First paediatric assessment for that problem is within defined time period.
- Child has not been seen previously for same problem.

Please note:

- Children can be included who were already under the consultant for another reason then presented with suspected epileptic seizures.
- Even if the child was diagnosed later as having non-epileptic episodes or non-recurring epileptic seizures they should still be included in the audit.
- Simple and complex febrile convulsions are not defined as epileptic seizures
- First paediatric assessment may include initial outpatient assessment, Emergency department assessment or inpatient assessment depending on the choice of cohort. If the initial assessment is conducted as an inpatient assessment then complete admission is interpreted as the first assessment.

10 Steps:

1. Audit to be registered with participating Consultant's Trust and permission obtained from each participating consultant.
2. Cohort ascertained by hospital database, keyword search of clinic letters, personal database, new patient seizure clinic referrals etc. Aim for complete and systematic ascertainment of children meeting inclusion criteria.
3. Casenotes requested
4. Casenotes made available to 'investigator'
5. Investigator familiar with audit tools, definitions and application (consider pilot first if necessary)
6. First assessment and First year tools applied to children meeting inclusion criteria. Names of all children, including those in whom casenotes not available or do not meet inclusion criteria, recorded in Ascertainment Record Form.
7. If uncertain whether a child fulfils inclusion criteria complete audit form anyway (they can always be excluded later). Each patient assigned in turn an audit number which should be the same on both forms.
8. Completed audit tools anonymised by cutting top off audit questionnaire
9. Anonymised completed audit tools submitted with completed table (the number of forms should = number meeting inclusion criteria + number uncertain meeting inclusion criteria) for data entry. (This may be the same investigator as above or designated alternative) and data entered into the spreadsheet and analysed. Excel Spreadsheet available from BPNA website.
10. Results to be fed back to participating consultants either as a single cohort or anonymised and subdivided by consultant

[illegible]

Instructions for the use of the Audit of First Paediatric Assessment for Children Referred with Suspected Epilepsy questionnaire.

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General points:

- This questionnaire has been developed by the BPNA audit group to allow assessment and comparison of epilepsy services. It is adapted from the previous audit tool used as part of a national audit published 1998¹
- The top 'tear off' section is for local data that uniquely identifies the patient. This can be removed and retained by the local team. This allows anonymisation should data be analysed elsewhere.
- The questions should be answered by referring to the clinic letter and relevant entry in the notes. Information entered at subsequent visits should not be considered for this 'first assessment' form. **If relevant data is included in the referral letter then this can be recorded as positive evidence.**
- Please note that although this audit may ask a question this does not mean that it is implying that the particular practice is appropriate for each child e.g. discussion of pregnancy related issues.

Specific points:

- Audit no The 1st 3 digits/letters should identify your base for the audit, e.g. NTT for Nottingham, or QMC for Queen's Medical Centre. The next digits should be generated locally as consecutive forms completed 001-999! The same number should appear on both sections of the audit questionnaire. This number will uniquely identify each patient within the audit, link the 2 questionnaire sections and identify the centre conducting the audit.
- k One or more individuals may be involved with assessment e.g. SpR supervised by Consultant. Expertise as defined by BPNA²
- l, m, n inclusion criteria questions. If these questions are not answered yes then the patient may not meet the inclusion criteria for this audit.
- 2e If there is evidence that seizure types have been considered but have been diagnosed as unclassified then answer 'yes'.
- 2g If there is evidence that syndromes have been considered but diagnosed as unclassified then answer 'yes'.
- 4a if the patient was not on drug treatment tick N/A
- 4d if a new drug was not started tick N/A
- 5f If the family have refused this option then this should still be answered 'yes'
- 6a This question should be answered 'yes' if there is documentation that the child has been discharged.

Instructions for the use of the 'Audit of First Year of Children Referred with Suspected Epilepsy' questionnaire.

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The 1 year after first assessment audit tool has been designed to supplement the 'first assessment tool'⁴ and should be applied to the same cohort at the same time.

Specific points:

- Audit no This should be the same as completed on the first assessment audit questionnaire
- k&l One or more individuals may be involved with assessment over the 1 year period therefore it is likely that more than 1 box will need to be ticked. Expertise as defined by BPNA².
- 9e This is an important question to understand referring to the assessors diagnosis. A single episode can be diagnosed as 'epileptic' even if they have no subsequent seizures. Uncertainty refers to uncertainty between non-epileptic and epileptic. (not "this is epileptic but I'm not sure what type of epilepsy" etc.).
- 9o If there is evidence that seizure types have been considered but have been diagnosed as 'unclassified' then answer 'yes'.
- 9q If there is evidence that syndromes have been considered but diagnosed as 'unclassified' then answer 'yes'.
- 10b, 10d Report can be paraphrased
- 12f If the family have refused this option then this should still be answered 'yes'
- 13a This question should be answered 'yes' if there is documentation that the child has been discharged.

1. Appleton R, Besag F, Kennedy C et al. An audit of children referred with suspected epilepsy. *Seizure* 1998;**7**(6):489-95.
2. BPNA 2003 *A National Approach to Epilepsy Management in Children and Adolescents*
3. Engel J, ILAE Commission. A proposed diagnostic scheme for people with epileptic seizures and with epilepsy. *Epilepsia*. 2001 ;42(6):796-803.
4. www.bpna.org.uk/audit