

# RCPCCH EQIP

Epilepsy quality improvement programme

Improving National Outcomes in Paediatric Epilepsy



# What is the Epilepsy quality improvement programme?

A training programme which supports paediatric epilepsy teams to work together in defining their shared aim, identifying current gaps in service provision and developing practical interventions matching their capacity and resources.

It's a first ever such initiative in paediatric epilepsy care, developed by the RCPCH and OPEN UK.

Provided free of charge to 12 successful teams selected from across the country.



# Project aims and objectives

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- ✓ Support paediatric epilepsy services to identify and address gaps in care provision, including forging or strengthening links with other parts of healthcare service, schools and support organisations;
- ✓ Enable information sharing and operational integration between services and across regional networks.

In particular, the project objectives are to:

1. assess the training and support needs of paediatric epilepsy services in order to optimise care;
2. provide needs-based training to epilepsy teams to equip them with skills and capabilities to improve care;
3. provide ongoing advice and support to teams implementing service improvements;
4. ensure collection of intervention measures to assess impact;
5. enable information and good practice sharing via the OPEN UK network;
6. evaluate the project as proof of concept and adapt for scale-up.

# How would this programme benefit me and my team?

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- A transformed team with a shared purpose, agreed objectives, roles and responsibilities, where team members are able to support each other in success and failure
- Skills to be able to map the care you provide in the context of your service, Health Board/Trust, community and patient population, identify gaps and opportunities and address them in innovative, feasible ways
- Be part of a community of learning and practice with other teams in the collaborative
- An increased sense of individual and team leadership and empowerment to improve outcomes



# Launch of EQIP

- The scope and development of the programme was completed with the help of the ESN advisory group
- EQIP is launched on 17 June 2019
- Received over 30 applications to join the programme
- 12 teams from different network regions were selected made up of 85 team members on the programme
- Teams were made up of core members of epilepsy service teams who meet regularly on a regular basis and feed into the care of their patient caseloads.
- Teams were provided with pre-course materials and workbooks
- Each team member submitted a pre-self assessment survey
- 16-17 November 2019 residential weekend training begins



# Residential training weekend



# World Café celebration

**Luton & Dunstable University Hospital**

**RCPCH EQIP**  
Epilepsy quality improvement programme

**[Integrated seizure care pathway]**

Team members  
Stevens E, Goodge H, Tekki-Rao S, Gandhi V, Joshi A, Tyagi V.

**Aim/purpose:** To develop and implement, in next 12 months, an integrated care pathway for 100% of children admitted to our Paediatric ward with epileptic seizures or seizure like episodes.

**Background:** We had observed that there has been a lack of uniformity in the acute care received by children admitted with suspected epileptic seizures to our paediatric ward, especially out of normal working hours. The areas that particularly needed improvement were history taking, arranging appropriate investigations, and safety advice to parents/patients on discharge. Hence, a need for this integrated care pathway was felt by our epilepsy team with the hope that all these children and their carers will receive uniform high quality care every time.

**Our improvement journey-the steps we took**

**Outcome Data**

After multiple cycles of testing, a final integrated seizure care pathway is ready to be rolled out soon.

**Driver Diagram**

**How did you diagnose the issue (pareto, flowchart)**

**Your tests of change**

**Team personal learning/next steps**

- When taking up a big project, dividing it into smaller parts, developing and testing individual small parts improves efficiency and expedites the process.
- Getting all team members together at one time to sit and work on pathway is a challenge due to various other commitments of members. However, virtual meetings that we have been doing lately, have certainly helped.
- Making small changes at a time, testing it again and again, collecting feedback and incorporating them, is crucial to make a sustainable change.
- We will certainly take the learnings (Quality Improvement tools and processes) from this project to our future Quality Improvement endeavours.

**Acknowledgements:** A consultant at Luton City Hospital, Paediatrics and Endocrinology and Endocrinology department at Luton & Dunstable University Hospital.

**South Tees Hospitals NHS Foundation Trust**

**RCPCH EQIP**  
Epilepsy quality improvement programme

**Asking young people how the epilepsy service can support their wellbeing**

Dr Fatma Abdel-Basim, Viohi Oarriok, Helen Gilpin, Katie Honeywell, Dr Ramesh Kumar, Dr Maeve O'Sullivan, Kate Plokar, Ian Webster

**Aim/purpose:** To ask 65% of children aged 12-18 years with a diagnosis of epilepsy - without a learning difficulty - and their parents/carers attending paediatric epilepsy review clinic before the end of April 2020, how the epilepsy service can support their wellbeing.

**Background:** It is well documented that epilepsy has an impact on children and young people's emotional and mental health, however we did not know the significance of this on the young people we see in our epilepsy clinics as we did not have a standardised way to collect this information. We are aware of many different services available to support children and young people's emotional and mental health needs, but these differ between both of our local authorities. The team accepts there is an overall lack of knowledge in how to identify and access patients that may require more of an involvement in terms of their mental health.

**Our improvement Journey**

**Outcome Data**

**Driver Diagram**

**Qualitative Feedback from Families/Colleagues**

- "make it more clear that the nurse/doctor will see you on your own for a small period during the consultation, not the entire time"
- "kids are protective of parents and might not discuss issues in front of parents so as not to worry them"
- "Leaflet is a really good idea and we need copies in clinic room"

**Bright Spots/Challenges**

- Planning ahead of clinic
- Redesigning the board
- Unexpected results - gave us new perspective
- Information Leaflet was created
- Coordinating staff and the board
- Full team input
- Unexpected issues i.e. patients not attending clinic

**How did you diagnose the issue**

**Your tests of change**

**Team personal learning/next steps**

- Out Face to face clinics are up and running again we need to meet in a team and discuss about contrasting with the QI project as there is still much to learn about what Young People want from the service.
- Leaflet to be circulated among epilepsy team for use by young people.

**Royal Berkshire NHS Foundation Trust**

**RCPCH EQIP**  
Epilepsy quality improvement programme

**Establishment of first afebrile fit telephone clinic**

Dr Arti Khosrta, Dr Ahmed Abdou, Catherine Hagan, Dr Sarah Hughes, Tammy Ives, Rafi Gil & Ines Banos

**Aim:** Children and young people presenting in A+E with a first fit will have telephone contact from an Epilepsy Nurse within 2 weeks of presentation. This is to be in place 50% of the time by the end of January and 95% of the time by May 2020.

**Background:** Currently, a first fit clinic is not in place at RBH. NICE standards state children and young people presenting with a suspected seizure are seen by a specialist in the diagnosis and management of the epilepsies within 2 weeks of presentation. This project will be a stepping stone to having a first fit clinic in line with NICE guidance.

**Our improvement journey - the steps we took**

**Outcome Data**

**Driver Diagram**

**Qualitative Feedback from Families/Colleagues**

**Bright Spots/Challenges**

**How did you diagnose the issue?**

**Your tests of change**

**Team personal learning**

**Reflections on EQIP programme**

**NEW STEPS**

**Next 12 months**

**NHS Manchester University NHS Foundation Trust**

**RCPCH EQIP**  
Epilepsy quality improvement programme

**Improving patient experience in the Ketogenic diet Epilepsy clinic**

Victoria Whiteley, Amy Skelton, Rebecca Sponoski, Delvasumathy Muthugovindan, Verity But, Pat Manley, Debra Amoha, Hui Jieen Tan

**Aim/purpose:** To improve patient experience in outpatient MDT ketogenic diet clinic by reducing the time spent in clinic to no more than 90mins for 75% of patients.

**Background:** Families were spending on average 2 hours in clinic and we often received complaints about the wait times and investigations not being completed. The team also felt the clinic was quite stressful and rushed.

**Our improvement journey-the steps we took**

**Outcome Data**

**Driver Diagram**

**Qualitative Feedback from Families/Colleagues**

**Bright Spots/Challenges**

**How did you diagnose the issue**

**Your tests of change**

**Team personal learning/next steps**

**Challenges**

- Investigations and wait times are still problematic
- COVID interrupted our final PSDAs
- Asking other teams to work differently to support our aims

**PSDA 1** - positive impact on patient and staff experience of clinic  
**PSDA 2** - Has improved wait times without impact on care  
**PSDA 3** - Did not help and families didn't like this action  
**PSDA 4** - This has worked well and we will continue  
**PSDA 5** - Did not work but was not well planned

**PSDA 1** - Weekly communication huddle to discuss patients and prepare for clinic  
**PSDA 2** - Move to EPR and remove medical notes  
**PSDA 3** - Patients asked to attend 30 minutes prior to clinic for blood tests.  
**PSDA 4** - Telephone contacts by ESN to family and local team 2-4 weeks prior to clinic  
**PSDA 5** - Introduce a registrar into clinic



Congratulations on completing the EQIP