

Epilepsy12 Quality Improvement Case Studies 2023

Harrogate and District NHS Foundation Trust

We wanted to ensure that all children and young people diagnosed with epilepsy had documented discussions of SUDEP in their clinical records. To do this, we produced a clinic checklist, kept in each clinic room, to remind clinicians about the key features of each consultation, including SUDEP.

We then audited patient notes before and after using the checklist to see if there was an observable change in SUDEP discussions. We noted which type of epilepsy each patient had, particularly if they just had absence seizures as they had a lower risk of SUDEP.

We excluded the following patients from the audit:

- CYP with just febrile seizures
- CYP without a confirmed diagnosis of epilepsy
- Patients diagnosed before letters all added to electronic patient records.

Outcomes

Prior to the checklist, only 5% of patients had documented SUDEP discussions (7% excluding those with only absence seizures). After the introduction of the checklist, 66% of patients had documented discussions of SUDEP (64% excluding those with only absence seizures). These results are very encouraging and we are hopeful to reach 100% with further improvements.

Reasons for lack of documented SUDEP discussion include:

- Patients are seen in multiple clinics (e.g., tertiary) and the assumption is made that SUDEP is discussed elsewhere.
- Poor documentation of discussions that have occurred.
- Patients are thought to be at low risk of SUDEP.

Next Steps

This project gave the team insight into our documentation and discussion of SUDEP. A definite starting point to improve our practice. Following from this, we created a clinic template, used in place of the checklist, to ensure that SUDEP had been discussed. It is used in every outpatient appointment. We also have SUDEP in our patient care plan which is discussed annually with an epilepsy specialist nurse.