



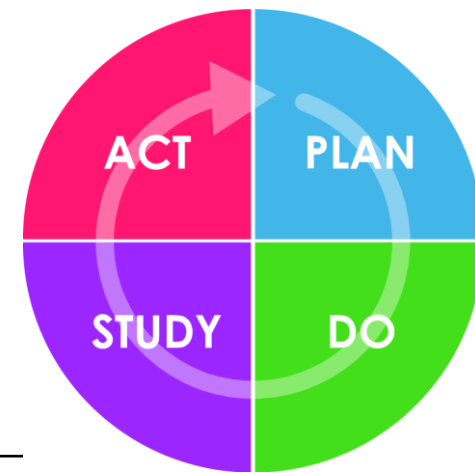
# Project background

- Currently children presenting with first fit presenting to A+E are not seen for follow-up in the majority of cases. A first fit information sheet is given by the reviewing trainee
- A first fit clinic is not in place in RBH and there is not currently a clear view on the number of CYP presenting with seizure via GP
- National recommendations NICE 2014 Quality standard 1: 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.

# Aims and objectives

- 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

# Tests of change



## Epilepsy Quality Improvement Project (EQIP) 2019

### Background:

National guidance states that all children and young people presenting with an unprovoked seizure should be seen in outpatients within two weeks. However we do not have a first fit clinic at RMH at the moment.

### Proposed plan:

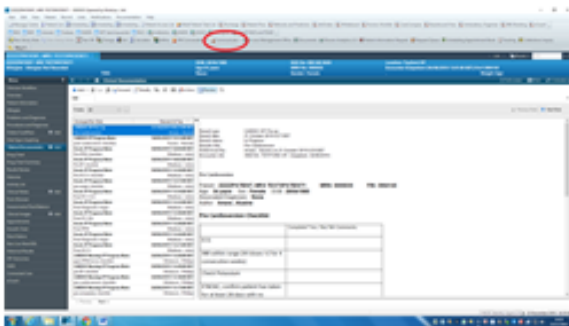
**We have proposed that all afebrile first fit attendees in A&E are booked into a 2 week follow up call with the Epilepsy Nurse as a stepping stone to setting up a "first fit" clinic.**

### What do I need to do?

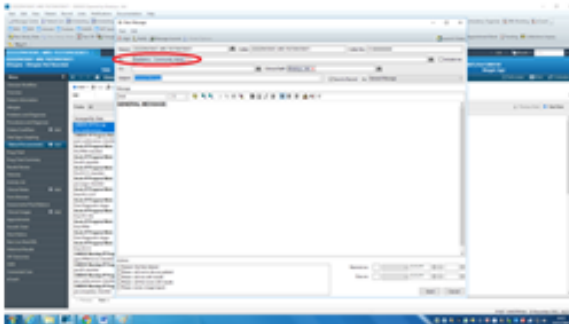
Please treat patients as you always would have done, for example consider giving out a "first fit leaflet" and routine first aid and safety advice.

In addition please forward a message to the Paediatric Community Admin team to book patient into a follow up telephone clinic with the epilepsy CNS as instructed below:

### Step 1) Using BPM select "Communicate" tab



### Step 2) Send message to "Paediatric - Community Admin" (can be accessed via pool list in address book)



## FIRST AFEBRILE SEIZURE REFERRAL PROCESS

EVERY CHILD PRESENTING WITH A FIRST AFEBRILE SEIZURE NEEDS TO BE REFERRED TO THE;  
**FIRST FIT TELEPHONE CLINIC**

Any child attending ED can have an order added through [firstnet](#) as below;

Order -**click Add**

In the search bar – **type and select: paediatric epilepsy nurse tele follow up**

**Click ok** on the clinician request screen

**Click Done**

Opens order screen;

Schedule from: **select Waiting List**

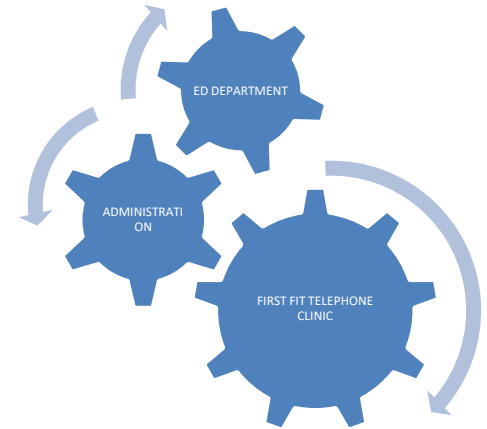
Schedule location: **select Dingley Centre University of Reading**

Hold [appt](#) pending results – **select No**

**Sign.**

# EQIP PROJECT STAKEHOLDER MAP

## ROYAL BERKSHIRE NHSFT



### ADMINISTRATION TEAM

- ADMIN
- CAT7 admin team – Clare Pearson / Kerryn Graham
- CAT7 Management – Kirtsy Baker
- Informatics – Emma Shourbridge



### FIRST FIT PROJECT TEAM

- FIRST FIT TEAM
- Dr Hughes and Dr Aldouri
- Epilepsy Nurse – Cath Hagan
- Medical Support – Arti Khistriya
- Keto Dietitians – Tammy Ives, Rati Gill
- Psychologist – Iness Banos

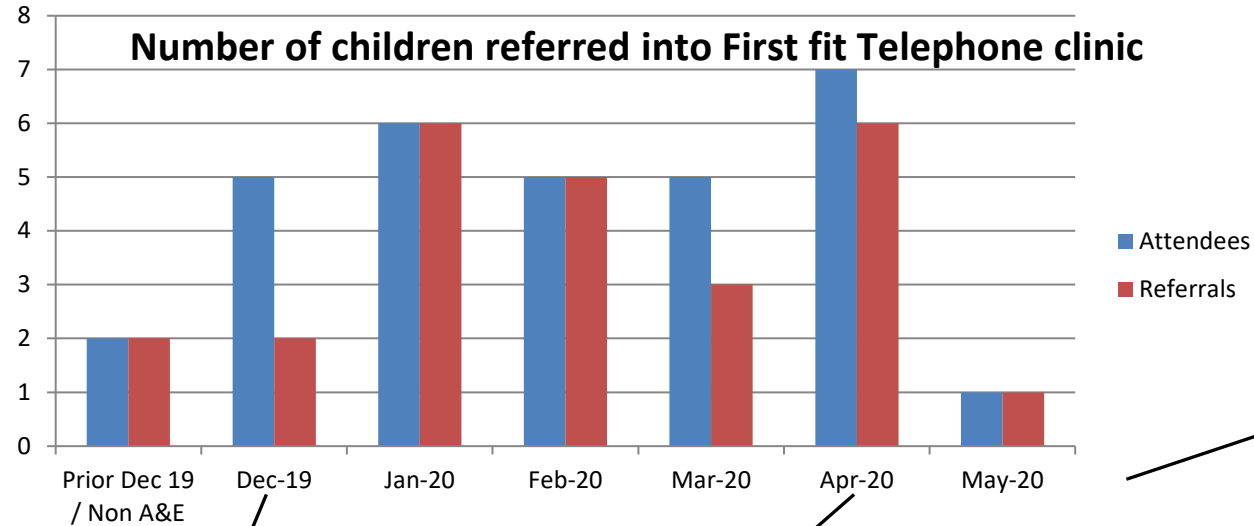


### PAEDIATRIC ED DEPARTMENT

- PEADS ED
- ED Consultant Omar Nafousi
- Paeds Consultant - Ak Hussain
- Paeds ED sisters – Lisa Whitehouse, Leigh Clifford
- ED Chief Medical – Justine Loh

# Results

## Number of children referred into First fit Telephone clinic

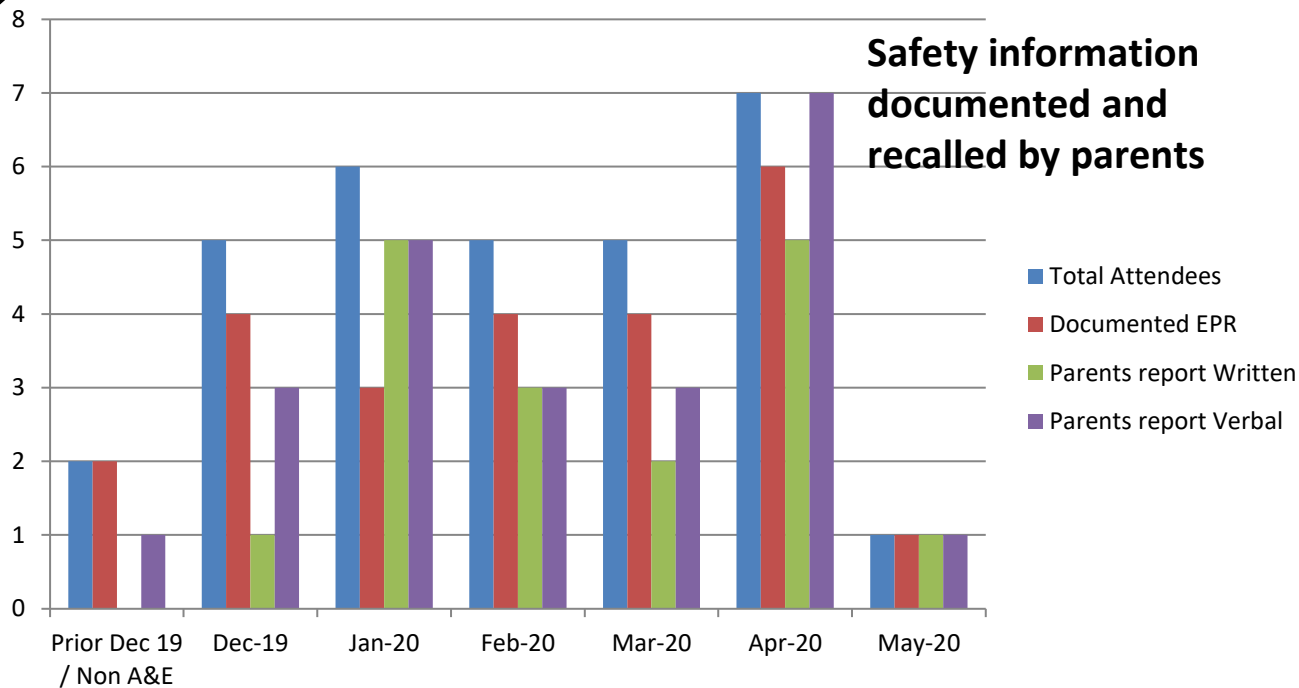


Total 31 calls made

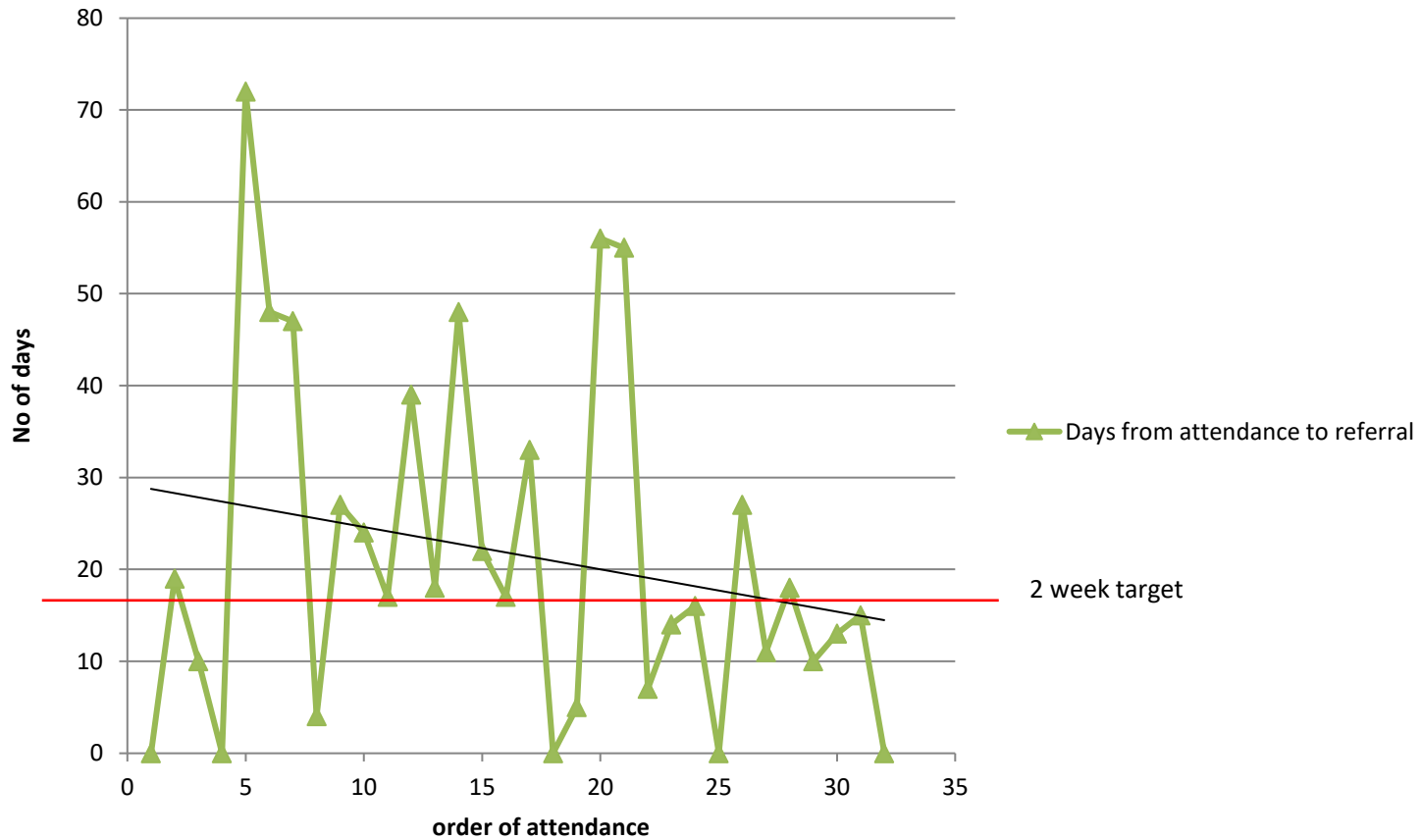
8 referrals made into Epilepsy Clinic

Time from A+E to Telephone reduced from 40+ days to 21 days

## Safety information documented and recalled by parents



## No of days from attendance to telephone follow up (December 2019 to May 2020)



# Successes and Challenges

- Successes
  - Streamlining relevant patients into Epilepsy service
  - Focused the team
  - Increased teamwork through identifying stakeholders and working together to improve the service.
  - Highlighted the epilepsy service in general
  - Increased parental knowledge and confidence
  - Reduced waiting time for telephone clinic call.
- Challenges;
  - Learning / discovering new admin processes.
  - Time constraints
  - Rotation of medical staff.



# The “new normal” at RBHFT



## Community Paediatrics Waiting Area

Royal Berkshire NHS Foundation Trust

[Back to Waiting Areas](#)

Status

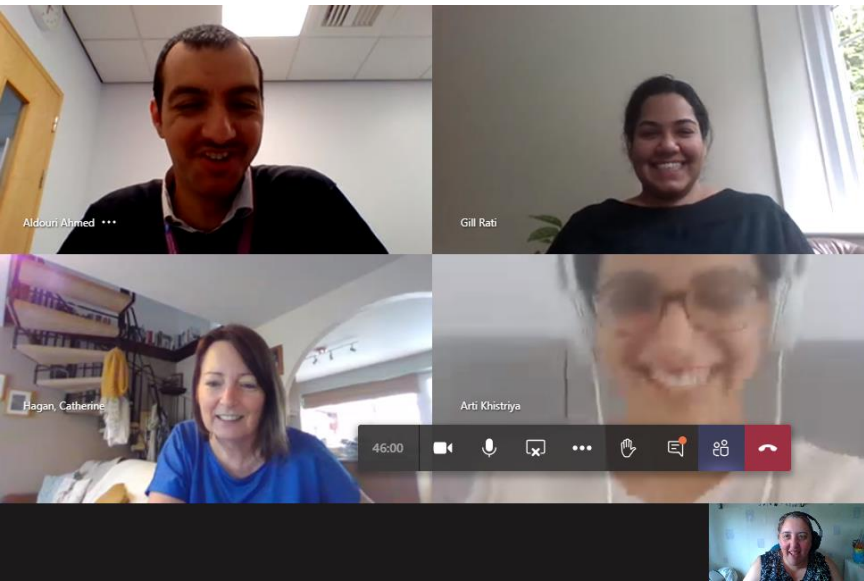


Caller

Telephone



No calls to this Waiting Area



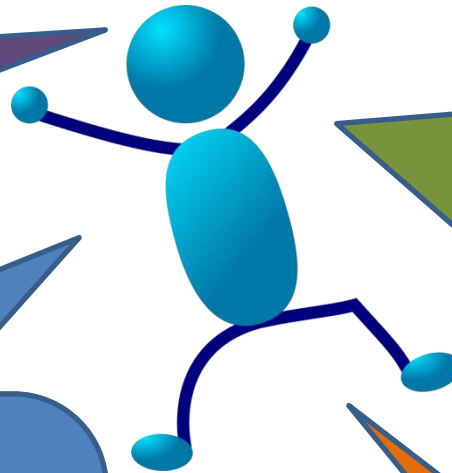
# Reflections on EQIP programme

Taking on a QIP is much less daunting now

It has demystified the process for me

I used these methods in another QIP I am involved with, looking at developing a hospital passport with our tertiary centre

We feel like a team



# Epilepsy 12 audit Data for RBH

- Data from cohort 1 Epilepsy 12 (2018+) due in July
  - Anticipate meeting as a team to review and plan next QIP
- From the trust audit 2019, highlighted areas for improvement were:
  - Slightly lower ratio of Epilepsy Expertise
    - May need to grow “in house” due to funding issues.
  - No EEG service 42% in Deanery and 59% nationally
    - A business plan for EEG outreach service was drawn up last year and approved by the Trust, led by the adult services.

# Next steps

- First Fit Equip project:
  - Embedded first fit nurse calls as routine part of service
  - Firm up data to ensure we are capturing information
  - Need to look at patient safety discussions/ documentation
  - Longer term look at medical first fit clinic.
- QI as part of practice:
  - Embed service development meeting as routine and service development ½ day annually
- Next QI project:
  - Teenage remote evening clinic



Team H  
The best of the best  
Team