



# Establishment of first afebrile fit telephone clinic

Dr Arti Khistriya, Dr Ahmed Aldouri, Catherine Hagan, Dr Sarah Hughes, Tammy Ives, Rati Gill & 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.

### ADMINISTRATION TEAM

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

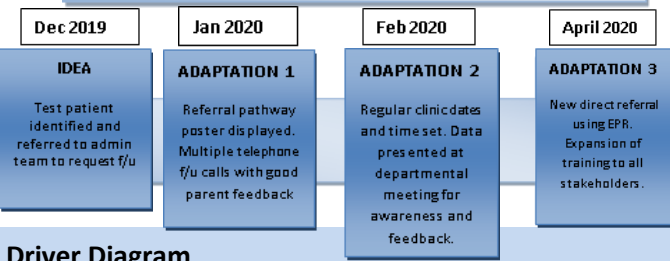
### FIRST FIT PROJECT TEAM

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

### PAEDIATRIC DEPARTMENT

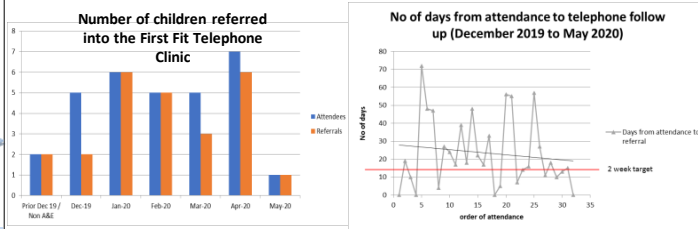
- PEADS ED
- ED Consultant Omar Nafoussi
- Paeds Consultant - Ak Hussain
- Paeds ED sisters – Lisa Whitehouse, Leigh Clifford
- ED Chief Medical – Justine Loh

## Our improvement journey – the steps we took



## Driver Diagram

## Outcome Data



- 31 calls made in total resulting in;
- 8 referrals to Epilepsy Service
  - Time from attendance to telephone call down from 40+ days to 21 days
  - Safety advice documented on EPR - 77%
  - Written advice reported received from parents – 55%
  - Verbal advice reported received (not always remembered) - 74%
  - Epilepsy Action website information – 10%

## Qualitative Feedback from Families/Colleagues

“Useful to catch up with someone after the event as very difficult to take in at the time”

“Happy to have a contact number”

“Felt well supported throughout whole experience”

“The process of making the electronic referral was not very difficult and only required a few steps”

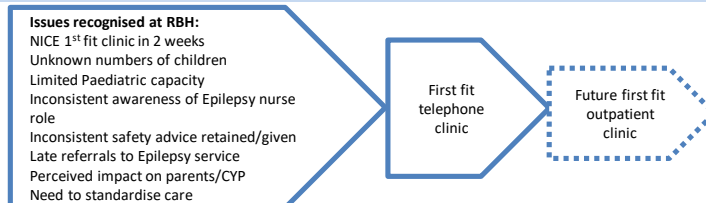
## Bright Spots/Challenges

- SUCCESS:**
- Fast-tracking relevant patients into Epilepsy service
  - Enhanced safety advice for families
  - 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
  - Covid-19 – working within a “new normal”

## How did you diagnose the issue?



## Your tests of change

**ACT PLAN DO STUDY**

- Establish first fit clinic slot
- Introduction of simpler EPR referral system
- New referral poster
- Patient feedback and data capturing including safety advice
- Departmental presentation of audit data + feedback
- Establishment of regular first fit clinic
- Process map & stakeholder identification
- Test patient using CAT7 message centre
- Key stakeholder training
- EQIP poster
- Further stakeholder training

### 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 EPR as below:

Order - click Add

In the search bar - type and select paediatric epilepsy nurse to follow up

Click ok on the decision request screen

Click Done

Opens order screen:

Schedule from: select Waiting List

Schedule location: select Douglas Centre University of Reading

Hold appropriate pending results - select No

Sign.

## Team personal learning

### 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

### NEXT STEPS:

**First fit EQIP**

- Embedded first fit nurse calls as routine part of service
- Consolidate data to ensure we are capturing information
- Review 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