National Epilepsy Care Programme Implementation

Colin Doherty MD
The best value care for all people with epilepsy in the right place at the right time, sharing the best information available.
Drivers

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Quality Improvement in Healthcare
Key Performance Indicators

% of referred patients receiving telephone contact within 10 days of referral.

% New referrals seen in < 4 weeks in OPD

% Patients referred or attending service registered on EPR

% of admitted patients whose length of stay < 3 days

% improvement in readmission rates

% reduction in overall discharges (admissions avoided)
Pathway

**ED seizure Care Pathway**

1. **SEIZURE**
   - **Established Epilepsy or recurrent seizures**
     - Connect with named ANP and get summary sheet from EPR.
     - Download ICP for Epilepsy *
     - Non-convulsive seizure: Single self-limiting convulsion. Awake and alert 90 mins after seizure. Unchanged CT or neuro exam.
     - NO
     - **Consider Status Epilepticus or acute treatment Protocol**
     - YES
     - CONSIDER HOME
     - Electronic/fax or phone referral to Rapid Access Clinic (numbers provided)
     - ***Decision analysis for OPD investigations***
   - **Get witness report from ambulance note/family/bystander report.**
   - No symptomatic Cause - ? epilepsy
   - First Seizure
     - Consider Cause:
       - Tumour
       - Stroke
       - SAH
       - Cerebral Haemorrhage
       - Cerebral Vien Thrombosis
       - Pregnancy/toxemia
       - Metabolic (eg DKA)
       - Intoxication/alcohol
       - Non-epileptic seizure
     - NO
     - **Consider Status Epilepticus or acute treatment Protocol**
     - YES
     - **ADMIT to Hospital**
     - Suitable for early discharge?
       - YES
         - HOME
       - NO
         - Discuss with ANP or Neurology team, need for Follow-up in epilepsy clinic.
       - ***Decision analysis for OPD investigations***

2. **Rapid Access Clinics / Nurse-led education clinic/ Subspeciality Epilepsy Clinic / e-mail and phone support.**
Using a seizure care pathway improved productivity with no increase in mortality or morbidity over 12 months follow-up.

Clinical Study
A Seizure Care Pathway in the Emergency Department: Preliminary Quality and Safety Improvements

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OK, so where’s the National Epilepsy Care Programme?
Diffusion of innovation (Rogers 1962, Berwick 1993)
Of 1000 people
800 have symptoms
327 consider seeking medical care
217 visit physician’s office
113 visit primary care
65 visit CAM provider
21 visit hospital clinic
14 receive home health
8 admitted to hospital
13 visit emergency dept.
<1 to academic health

Ecology of HC: In an average month:
Duty of Care
Family planning advice
Use rear entrance
Letter to a Hindu boy – Leo Tolstoy

A commercial company enslaved a nation comprising two hundred millions. Tell this to a man free from superstition and he will fail to grasp what these words mean. What does it mean that thirty thousand people, not athletes, but rather weak and ordinary people, have enslaved two hundred millions of vigorous, clever, capable, freedom-loving people? Do not the figures make it clear that not the English, but the Indians, have enslaved themselves?

One need not accept all that Tolstoy says to realize the central truth of his indictment of the present system, which is to understand and act upon the irresistible power of the soul over the body, of love, which is an attribute of the soul, over the brute or body force generated by the stirring in us of evil passions.

M Ghandi
Quality Improvement in Health care.

Better patient (and population) outcomes

Better professional development

Everyone

Better system performance

Will
Create Will from instant will noodles!

(1) Define priority areas

(2) Design optimal pathway

(3) Clear authority & responsibility

(4) Objective data

(5) Effective meetings based on objective data

(6) Sustain improvement

Patients & families
Dublin Mid-Leinster, Regional Epilepsy Centre at St James’s Hospital.