First Fit!

Development of First Seizure Clinic Service

Jane Kung[1], Lukas Karafiol[2], Lorna Pakkiri[1]
[1]Imperial College Healthcare NHS Trust, [2]QIClearn

BACKGROUND

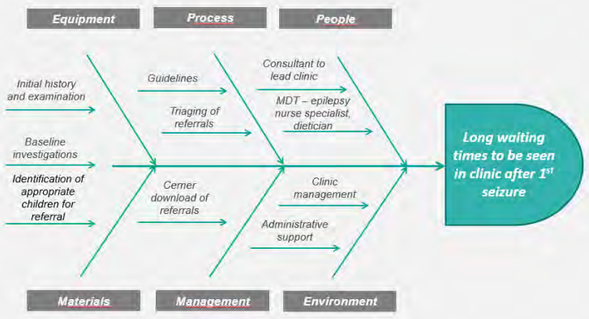
Epilepsy is a common neurological disorder characterised by recurring seizures. Different types of epilepsy have different causes.

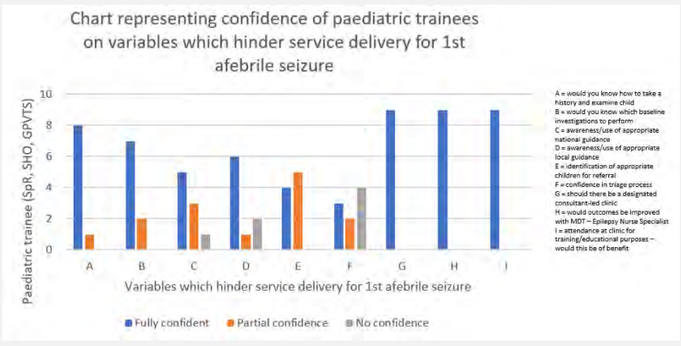
Problem
A first seizure in a child is a scary experience for families. Children can wait an estimated 6-fold longer than recommended to be seen in clinic. This may cause distress and impact management.

NICE clinical guideline CG137 recommend all children with a recent onset suspected seizure should be seen urgently (within 2 weeks) by a specialist. This is to ensure precise and early diagnosis and initiation of therapy as appropriate to their needs.

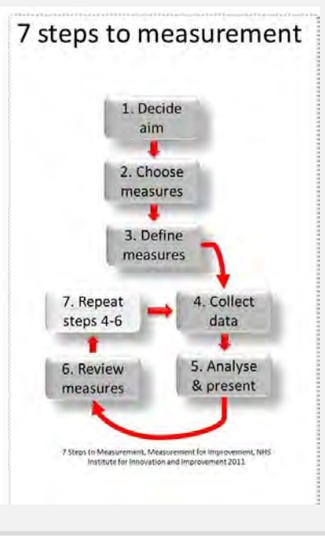
DIAGNOSTICS

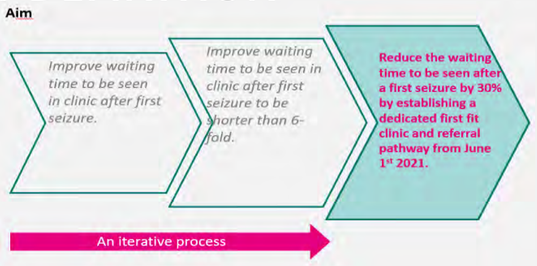
First afebrile seizure in child → Initial history, examination and baseline investigations → Referral to clinic → Triaged by lead consultant → Seen in general Neurology clinic +/- MDT involvement





AIM & MEASUREMENT DEFINITION





Measure

Aim: Reduce the waiting time to be seen after a first seizure by 30% by establishing a dedicated first fit clinic and referral pathway from June 1st 2021.

Chosen measure: Waiting time in weeks to clinic after 1st seizure.

Inclusions: All children and young people (<18 years) with 1st afebrile seizure.

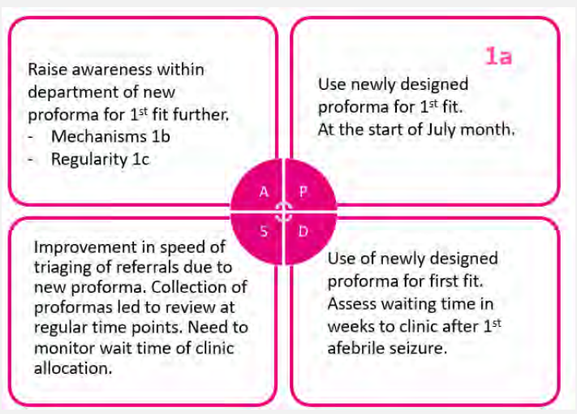
Exclusions: Patients who do not meet criteria based on NICE CG137

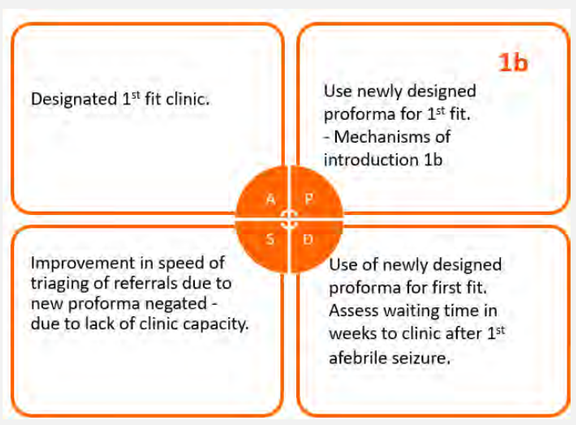
Sampling method & frequency: Every cycle of 10 patients, sampled monthly.

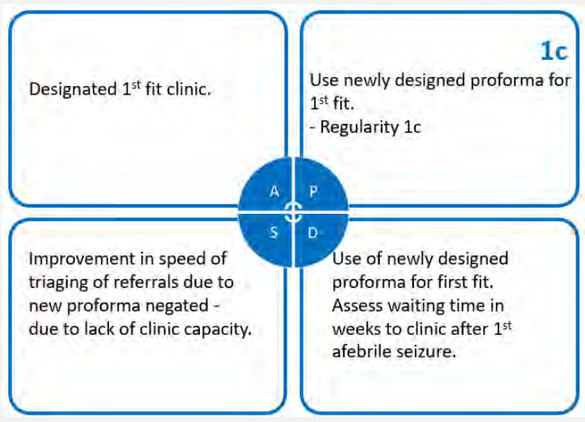
CHANGE IDEAS

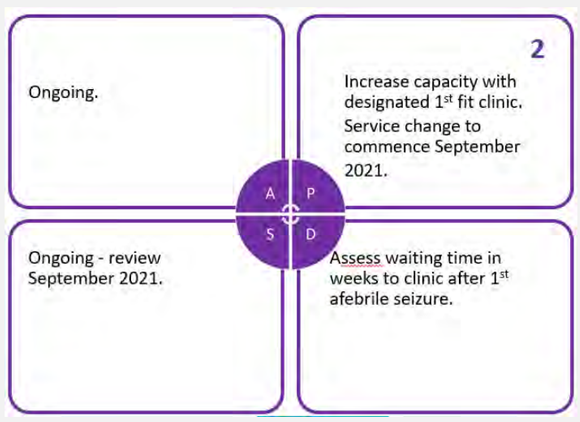
Use newly designed proforma for 1st fit
Better identification of appropriate children for referral
Improve triaging of referrals
Electronic download of completed proforma and referral outcome
Better clinical management pathway – consultant led, MDT
Better communication with administration team – regular clinic space
Seek patient feedback

PDSA cycles

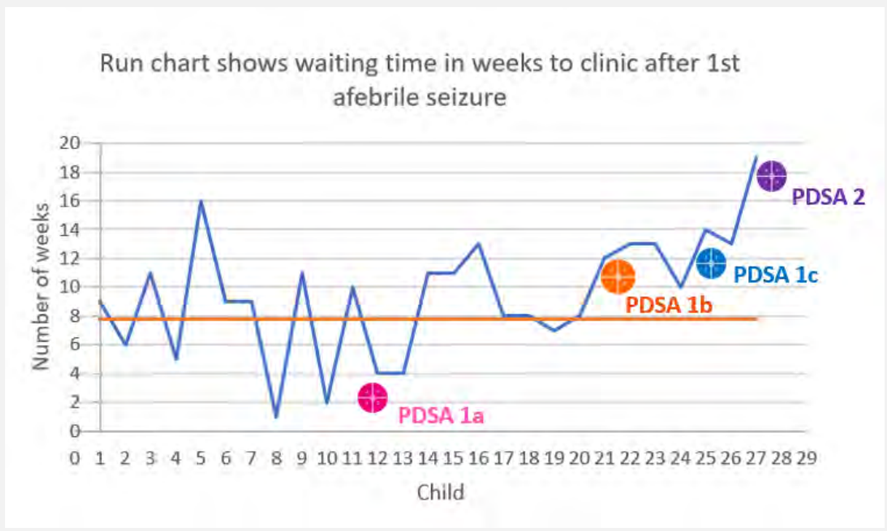




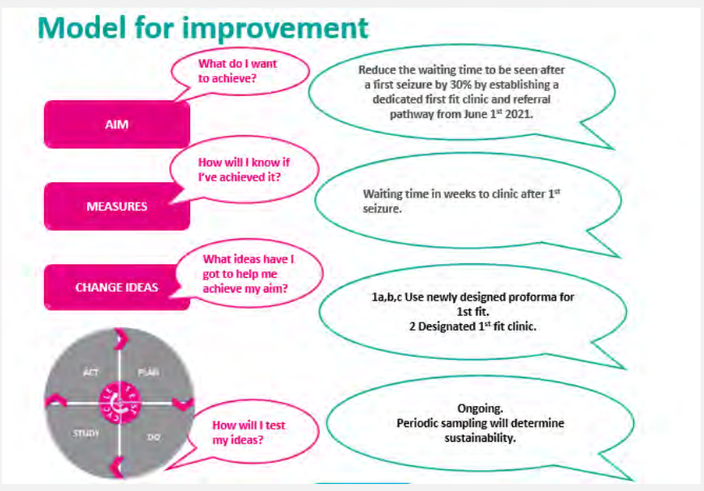




RUN CHART



REFLECTIONS & LEARNING



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QI Change Champion
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