# Every word counts

## Raising the standard of Epilepsy outpatient clinic letters

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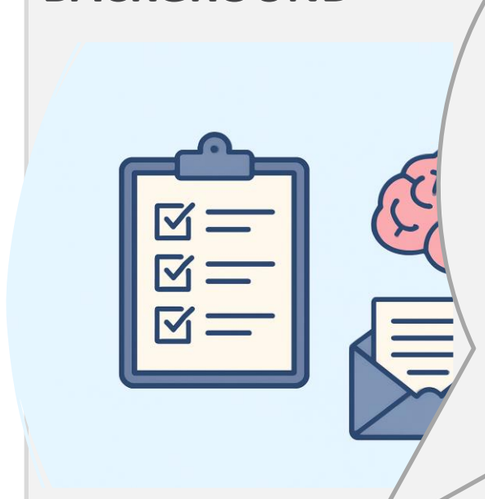
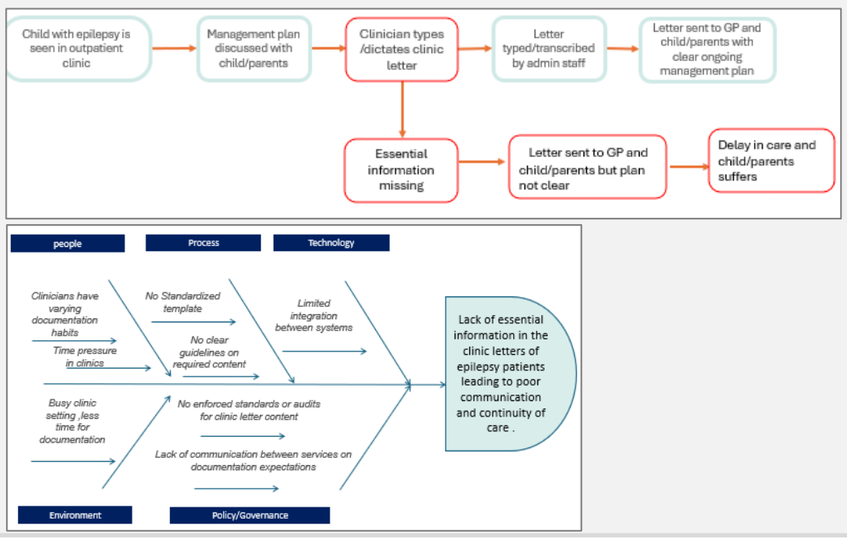
## BACKGROUND

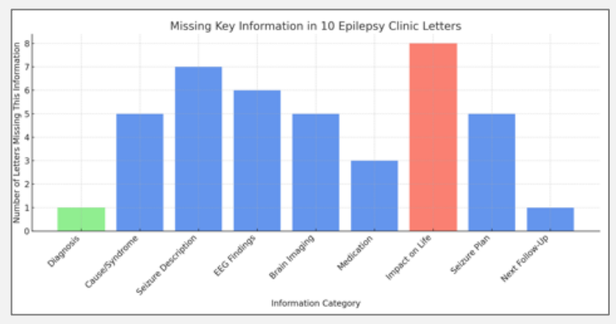


**PROBLEM**

**Lack of essential information in epilepsy clinic letters leads to poor communication between health providers, this can cause delay in care with uncertainty about ongoing management and the patient suffers.**

## DIAGNOSTICS




## AIM & MEASUREMENT DEFINITION

**Aim:** By August 2025, eight out ten epilepsy clinic letters will include all essential information to provide clear ongoing management plan compared to baseline of two out of ten letters

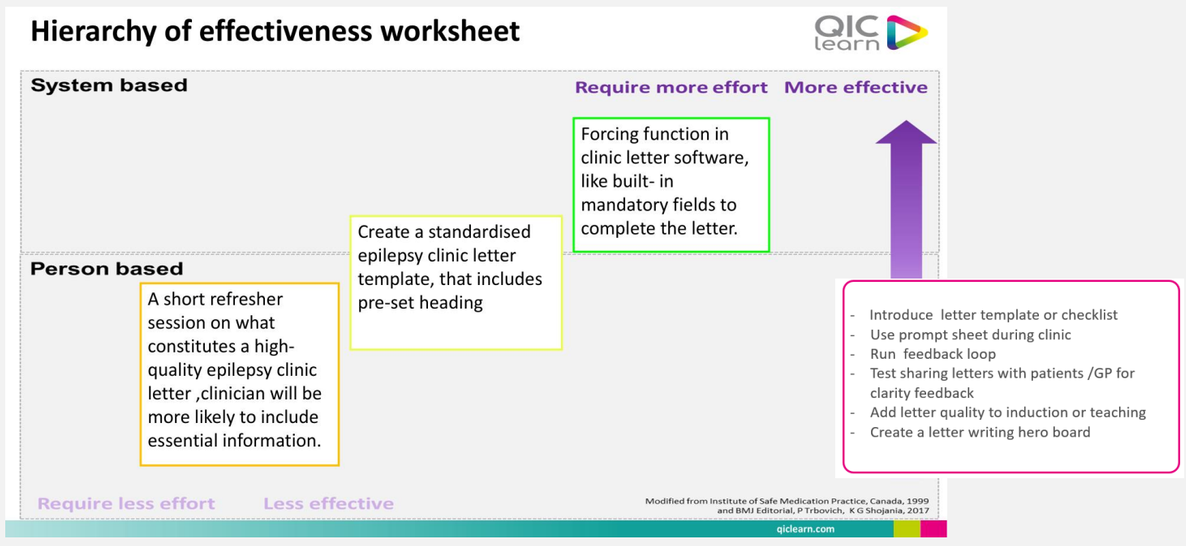
**Chosen measure:** The essential information documented in clinic letters to include: Diagnosis, medication, seizure management plan and follow up plans
0 = None of the 4 essential information
1 = 1 of the 4 essential information
2 = 2 of the 4 essential information
3 = 3 of the 4 essential information
4 = 4 out of the 4 essential information

**Inclusions**
- Outpatient letters from paediatrics epilepsy clinic at Cambridge University Hospital
- First of follow up epilepsy consultation

**Exclusions**
- Non epileptic neurology clinic letters
- Nonclinical administrative letters ( eg DNA letters )
- Letters without any clinical decision making (eg informing results )

**Sampling method and frequency :** Review of 5-10 clinic letter per week chosen randomly from recent clinics

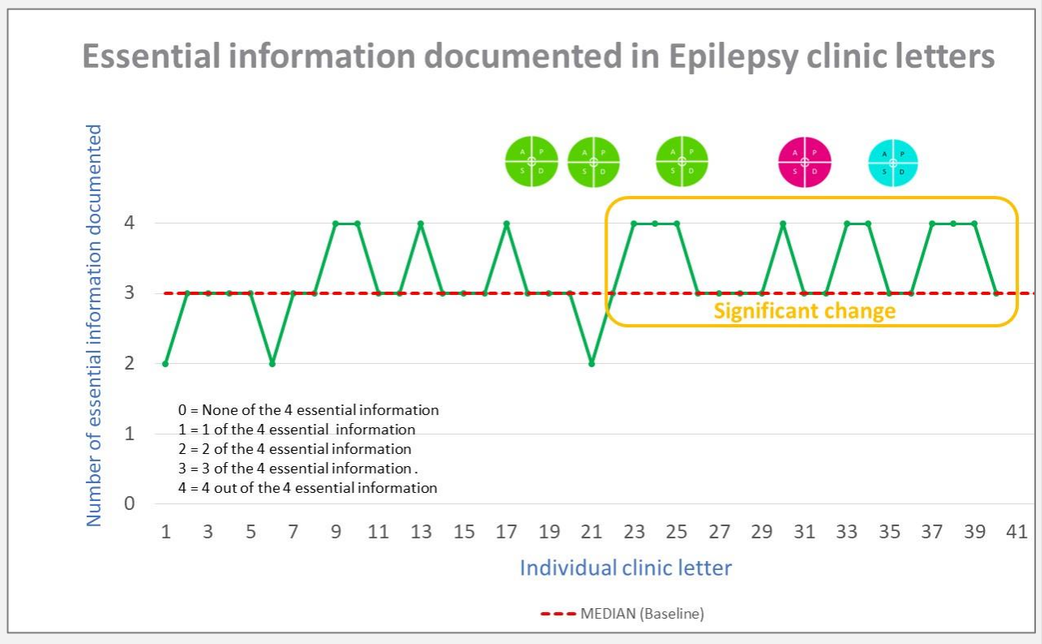
## CHANGE IDEAS




## PDSA cycles

| PDSA | PLAN | Do | STUDY | ACT |
|---|---|---|---|---|
| 1.1 | Use a questionnaire to identify what clinicians consider as essential information for epilepsy clinic letters | Distributed questionnaire to consultants, registrars, and CNS nurses through departmental WhatsApp group. No further follow-up or reminder given | Received zero responses. Likely reasons: low visibility, lack of urgency, no direct follow-up. Unable to assess content preferences. | Amend the approach: Email questionnaire to 7 consultants and Follow up with face-to-face reminders with a clear 1-week deadline |
| 1.2 | Email questionnaire to 7 consultants and Follow up with face-to-face reminders with a clear 1-week deadline | Sent the questionnaire via email to the 7 consultants only. Then followed up with face-to-face reminders and set a clear 1-week deadline for completion. | Received response from 5 out of 7 consultants and they outlined the 4 essential information(diagnosis, follow-up, anti-epileptic drugs and seizure plan which needs to be in the clinic letters for epilepsy patients | Adopt the 4 essential information to assess the quality of clinic letters but also discuss with parents to obtain their view |
| 1.3 | To get parent/patient input as to what they feel is the essential information for epilepsy clinic letters. | Discussed with 4 parents of epilepsy patients . Asked for their opinions on what information they feel is most important in their clinic letters. | All four parents identified three key items as essential in clinic letters: – Diagnosis – Anti-epileptic medication – seizure plan. These overlap with clinician-identified essentials, reinforcing their importance. | Adopt all three patient-identified elements as part of the core essential information required for epilepsy clinic letters. |
| 2. | Share and validate with the wider consultant group – the 4 essential information identified in discussion with parents and consultants to ensure these are consistently included in all epilepsy clinic letters | Presented the agreed 4 essential information(Diagnosis, Anti-epileptic medication, Seizure management plan and Follow-up plan to be included in all epilepsy clinic letters) at the weekly neurology grand round and followed up with a summary email to all consultants. | Consultants were supportive and agreed with the four essential information items to be included in all epilepsy clinic letters . Some suggested additional beneficial items, e.g. previous meds tried, social context, or school information. No resistance to standardising these four items was noted. | Adopt the four essential items as the standard to aim for in every epilepsy clinic letters and consider developing a clinic letter template to include the essential information. |
| 3. | Develop a simple, easy-to-use template for outpatient epilepsy clinic letters that includes the four agreed essential information items. Share it with consultants for optional use during clinics. | Developed and shared the draft template (user-friendly and adaptable) with the consultant team and during epilepsy clinics. | Consultants found the template simple and helpful. Some began using it immediately. Positive informal feedback received. No objections or barriers noted | Adopt the template as a working tool and continue to promote it through: – Weekly reminders at grand rounds – Nominate a consultant to lead on embedding the change and ensuring consistency as trainees rotate – Allocate a trainee in the next rotation to continue monitoring letter content and explore: • Adding other essential items based on future feedback • Including beneficial information over time • Further refining the template based on usage and outcome data |

## RUN CHART




## CONCLUSIONS

- The run chart demonstrates a significant improvement (9 data points above the median line) in the quality and consistency of clinic documentation with 4.5 out of 10 letters having all the 4 essential information (up from 2 out of 10).
- Whilst I have not achieved my aim of 8 out of 10 letters having all the essential information, the introduction of a simple, consensus-based letter template, combined with regular team engagement, contributed to this outcome.
- Early engagement with both clinicians and patients gave valuable insight and helped build consensus
- Small tests of change (PDSA cycles) were critical in adapting ideas quickly based on what worked or didn't.
- Communication methods matter — verbal follow-ups worked better than passive digital distribution alone
- Measurement for improvement is most effective when simple, focused, and tracked over time.
- It takes time to bring about consistent change and see significant quality improvement

## REFLECTIONS & LEARNING

- Using the Model for Improvement helped structure the project into manageable, testable steps and made it easier to adapt quickly based on feedback.
- However, the project also highlighted that sustaining change is challenging — especially in environments with rotating staff.
- Lasting improvement requires clear ownership, ongoing reminders, and embedding the changes into everyday practice so they don't rely on any one person.
- It is important to consider ways to sustain change and continue the quality improvement.

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