

Guidelines and Quality Standards for Adults with Epilepsy



Mary Jo Pugh, PhD, RN^{a,b,*}, Katharine K. McMillan, PhD^{a,b}

KEYWORDS

- Epilepsy • Guidelines • Quality measures • Quality indicators
- Evidence-based practice

KEY POINTS

- Definitions of high-quality care exist in the form of guidelines and quality measures.
- Guidelines include focused evidence-based guidelines that address specific clinical issues, such as care for women with epilepsy, and clinical practice guidelines that address comprehensive disease management.
- Quality indicators identify specific processes of care that are tightly linked to patient outcomes.
- Guidelines and quality indicators can be used to guide clinical judgment and improve quality of epilepsy care.

Since the 1970s there has been increasing interest in improving the quality of care provided to patients by leveraging information from the vast and growing body of biomedical research. This interest resulted in developing approaches to compile the existing evidence and develop evidence-based recommendations for care in the form of clinical practice guidelines (CPGs) and later, quality measures to improve the quality of health care.

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^a South Texas Veterans Health Care System (11C6), 7400 Merton Minter Boulevard, San Antonio, TX 78229, USA; ^b Department of Epidemiology and Biostatistics, 7703 Floyd Curl Drive, San Antonio, TX 78229, USA

* Corresponding author. South Texas Veterans Health Care System (11C6), 7400 Merton Minter Boulevard, San Antonio, TX 78229.

E-mail addresses: MaryJoPugh2@va.gov; pughm@uthscsa.edu

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Although the definitions of quality have changed over time, there is growing consensus around the definition put forth by the Agency for Healthcare Research and Quality: providing the right care to the right patient at the right time and in the right way to achieve the best possible results.¹ The foundation of this definition is the identification of what is the right care. Accordingly, much work has been done to identify these “best practices” over the past 30 years. Identification of best practices began more recently for epilepsy, so clinicians may be less familiar with this process. This article describes different guidelines and quality measures that have been used to identify best practices, types of best practices for use in clinical care developed using each of these approaches, and information on how to interpret the recommendations in specific guidelines and quality measures that are described elsewhere in this issue.

GUIDELINES FOR CLINICAL CARE

Review of the literature for epilepsy guidelines revealed two general types. The first is an evidence-based practice parameter/guideline that addresses a single clinical focus and that results in recommendations based on the synthesis of evidence available in the literature. The second is a comprehensive disease CPG.

Clinically Focused Guidelines

Single-focus guidelines are generally developed by a professional society, such as the American Academy of Neurology (AAN), the American Epilepsy Society, or the International League Against Epilepsy (ILAE). This process begins with a clinical question of interest identified by members of the professional society. Next, a panel of experts is convened as a scientific team to conduct a rigorous systematic review of the available evidence. This process begins with a broad search of the literature, based on a priori inclusion and exclusion criteria. For instance, the evaluation of management of a first unprovoked seizure in adults included randomized controlled trials, case-control or cohort studies, and case series with 10 or more participants.² It further restricted its literature search to first seizure reporting in individuals 18 years and older. Articles that examined children (<18 years), review articles, meta-analyses, and small case series studies (<10 individuals) were excluded.

Once articles that meet inclusion criteria are identified, the team reviews titles and abstracts to ensure that all studies meet inclusion criteria. Relevant papers are then classified a priori based on study design and then undergo full-text review to identify evidence that addresses specific clinical questions. The classification and evaluation scheme for grading the quality of evidence follows strict guidelines established by the organization.^{3,4} The scientific team compiles recommendations, and the strength of each recommendation is classified based on the level of supporting evidence in the literature. The benefit of this rigorous, systematic process is that clinicians can access this concise review of the literature, examine these evidence-based recommendations, and determine a course of action for patient care based on patient characteristics and the level of evidence for specific recommendations. However, classification systems for understanding the strength of recommendations are complex.⁵

Table 1 provides a description of the level of recommendations used in AAN practice parameters/guidelines (terminology in descriptors changed over time; hereafter we use guidelines).⁶ The clearest recommendations are Level A, which identifies processes of care or diagnostic approaches that have established efficacy, harm, or lack of efficacy based on the literature; and U, which identifies processes

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