



Epilepsy clinic services, nice guidelines and patient satisfaction—An audit

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Received 30 January 2007; received in revised form 10 March 2008; accepted 21 March 2008

KEYWORDS

Epilepsy;
Audit;
NICE guideline;
Satisfaction survey

Summary

Objective: To audit the performance of the paediatric epilepsy services in a district general hospital based on NICE guidelines and parent satisfaction.

Design: Retrospective audit.

Setting: Paediatric epilepsy clinic in a district general hospital.

Patients: Consecutive children ($n = 54$) with epilepsy attending the paediatric epilepsy clinic over a 4-month period.

Methodology: Data from hospital notes was recorded in standardized study forms, which was subsequently entered into database and analysed independently. A parent/patient satisfaction survey was also conducted over the same period involving the same study population by sending out a postal questionnaire.

Outcome measure: NICE epilepsy audit criteria and patient/carer satisfaction measured using the standards published by Webb et al.

Results: The results show that the service achieved almost all the key targets set out in the NICE guidelines but performed less well in the parent satisfaction survey.

Conclusion: This audit suggests that in addition to NICE guidelines, an evaluation of parent/patient satisfaction should form part of assessment of the quality of paediatric epilepsy service.

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Introduction

Epilepsy is the most common paediatric neurological disorder with an overall incidence of about 4 per 1000 children.¹ Across the United Kingdom, care for children with epilepsy is provided mainly in general paediatric clinics.² In 2004, National Institute for

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Clinical Excellence (NICE) and the National Collaborating Centre for Primary Care (NCCPC) issued a clinical practice guideline on the diagnosis and management of epilepsy in children and adults, which set out comprehensive standards for the care of those with epilepsy. NICE guideline does not include measuring Patient/Patient satisfaction with the service being delivered.

In Swindon (Wiltshire), a paediatric outpatient epilepsy service was set up in 1998. The performance of the service was audited annually using the criteria published by Webb et al. in 1998 until 2004 and in 2005 the newly issued NICE guidelines were used.^{3,4} In addition to the audit of the NICE guidelines, a parent/patient satisfaction survey was also done.

The objective of this audit is to evaluate the performance of the paediatric epilepsy services in a district general hospital using NICE guidelines and parent satisfaction.

Patients and methods

The Great Western Hospital, Swindon is a district general hospital that serves a population of about 300,000, which includes approximately 68,000 children below 18 years of age. There are eight consultant paediatricians. One of the consultant paediatricians with special interest in neurology runs the epilepsy services along with a team of two part time specialist paediatric epilepsy outreach nurses and a consultant child psychiatrist.

The paediatric outpatient epilepsy service, conducted once weekly serves 178 children with epilepsy. In addition there are 12 clinic sessions a year done jointly with a visiting consultant paediatric neurologist and four joint clinics with a Physician Neurologist for young adults with epilepsy. The hospital has its own CT, MRI and EEG services. A tertiary consultant neurophysiologist interprets all the EEG records. The radiologist interprets all of the neuro-radiology images and most are also interpreted by the neuro-radiologist in the regional centre.

This audit was conducted retrospectively over a 4-month period from March to June 2005 at the Great Western Hospital, Swindon, Wiltshire. All the children who attended the service during the study period were included. Children in whom diagnosis of epilepsy had not yet been established were excluded. The standards set by the NICE⁴ were used as the standards for this audit and the information was obtained from the medical and nursing records. To avoid bias, data was recorded in standardized study forms by one of the authors not directly

involved with epilepsy care. The data were subsequently entered into database and analysed by a member of the clinical audit department.

In addition, an anonymous child and parent/guardian satisfaction survey was also conducted over the same period involving the same study population. The children and parents/guardians were asked to return a postal questionnaire relating to staff courtesy, information provided, and clinic visits. The degree of satisfaction was scored on a Likert scale of 1–5.⁵ Scores of four or more were considered to imply satisfaction. Standards that were not met 90% of the times (maximum threshold of standard set for quality indicators for epilepsy in the new GMS Contract) were considered as having been failed. The questionnaire was sent by the Clinical Audit department independently of the clinicians and they also collated the results.

Results

During the period, 60 children attended the paediatric epilepsy clinic. Fifty-four of these children were diagnosed as having epilepsy. Six other children were undergoing further investigations. Twenty-three were girls. The demography of the study population is given in Table 1. The audit criteria under each key priority are given in Table 2.

Key priority 1: children with recent onset seizures should be seen urgently by a specialist within 2 weeks of referral

In our clinic, only 24 of the 60 (40%) children with recent onset suspected seizures were seen by the

Table 1 Demography of the study population

Total number of children	54
Sex	
Boys	31
Girls	23
Age	
<5 years	10
6–10 years	16
11–16 years	28
Seizure type	
Primary generalized epilepsy	26
Complex partial epilepsy	12
Absence epilepsy	11
Simple partial epilepsy	2
Myoclonic epilepsy	2
Benign rolandic epilepsy	1

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