

EPILEPSY LEARNING HEALTHCARE SYSTEM: Adult Epilepsy Clinic – CHART REVIEW PROTOCOL [Updated 2/28/2020]

<p>OUTCOME MEASURE:</p>	<p>CHART INCLUSION CRITERIA:</p> <ol style="list-style-type: none"> 1) Eligible charts from within 3 months of review start (i.e. review began Feb 2020, cover Nov 2019 – Jan 2020). 2) Charts must be finalized (i.e. signed by provider). 3) One chart per patient. 4) One patient per week unless not enough clinic weeks available due to clinic schedule. 5) At least 10 charts reviewed per provider. <p>CHART EXCLUSION CRITERIA:</p> <ul style="list-style-type: none"> • Chart states epilepsy diagnosis is <u>unlikely</u> OR <u>not suspected</u>. 	<p>POSITIVE FINDING: Input score of “1”</p> <ol style="list-style-type: none"> 1) As stated below for each standard. 2) Chart may indicate “unknown” or “not applicable” to infer physician at least attempted or deferred to obtain the data. 3) Give benefit of doubt if otherwise unsure. <p>PARTIAL FINDING: Input score of “0.5”</p> <ul style="list-style-type: none"> • Fulfills below criteria for some seizure types but not all (e.g. ILAE classification). <p>NEGATIVE FINDING: Input score of “0”</p> <ul style="list-style-type: none"> • Not meeting any of the above.
<p>A. EPISODE OF CARE</p>		
<p>A.1. Does the patient have epilepsy?</p>	<p>Chart includes enough information that fulfills ILAE 2014 Epilepsy criteria OR indicates epilepsy diagnosis is suspected/unsure:</p> <ul style="list-style-type: none"> • At least two unprovoked (or reflex) seizures occurring greater than 24 hours apart OR • One unprovoked (or reflex) seizure and a probability of further seizures similar to the general recurrence risk (at least 60%) after two unprovoked seizures, occurring over the next 10 years OR • Diagnosis of an epilepsy syndrome. 	<p><i>Note: This is essentially mandatory since failure to diagnose or suspect epilepsy would make the patient & chart ineligible for review.</i></p>
<p>B. SEIZURE TYPES & FREQUENCY</p>		
<p>B.1. Seizure Name?</p>	<p>Labels each seizure type by some form of designation.</p>	<ul style="list-style-type: none"> • 1, 2, 3... • A, B, C... • “GTC,” “Petit-mal”, “Staring”...
<p>B.2. Seizure Description?</p>	<p>Describes semiology of seizure events for each seizure type.</p>	
<p>B.3. Seizure ILAE Classification?</p>	<p>Seizure(s) identified in accordance with ILAE 2017 classification.</p>	
<p>B.4. Seizure Frequency?</p>	<p>Number of seizures over given time period for each seizure type.</p>	<ul style="list-style-type: none"> • “X events over Y days/months/years/etc.”
<p>B.5. Date of Last Seizure?</p>	<p>Last known seizure event for each seizure type.</p>	<ul style="list-style-type: none"> • Name date or approximate time period.
<p>B.6. Diagnostic Certainty?</p>	<p>Description of likelihood that patient’s seizures are epileptic.</p>	<ul style="list-style-type: none"> • Possible, probable, definite, unclear, etc.
<p>B.7. Seizure Diary/Journal/Log?</p>	<p>Any inquiry, education or analysis of patient’s method for tracking and recording their seizure events.</p>	<ul style="list-style-type: none"> • “Patient forgot/brought their journal.” • “Instructed patient to keep a seizure calendar and bring to next appointment.” • “According to patient’s seizure log...”

EPILEPSY LEARNING HEALTHCARE SYSTEM: Adult Epilepsy Clinic – CHART REVIEW PROTOCOL [Updated 2/28/2020]

C. MENTAL HEALTH		
C.1. Screened for Depression?	Documentation of depression screening tools.	<ul style="list-style-type: none"> • NDDIE • PHQ-9
C.2. Depression Severity?	Number or verbal score from depression screening.	
C.3. Screened for Anxiety?	Documentation of anxiety screening tools.	<ul style="list-style-type: none"> • GAD-7
C.4. Anxiety Severity?	Number or verbal score from anxiety screening.	
C.5. Psych Treatment plan?	Any reference regarding... 1) Plan to treat mood with current AED's or additional meds. 2) Referral to PCP/psychiatrist for mood management. 3) Statement that intervention for mood is not indicated.	
D. WOMEN'S HEALTH		
Applies to all females unless... 1) Chart confirms hysterectomy or post-menopause status. 2) Patient > 55 years-old (presumed post-menopausal).		
D.1. Family planning method?	Any birth control method either inquired or stated.	
D.2. Pregnancy status?	Any reference regarding... 1) Recent pregnancy test (<1 month). 2) Last menstrual period (<1 month). 3) Confirmed or suspected pregnancy.	
D.3. Taking folic acid?	Any reference regarding Folic acid supplementation.	
D.4. Counseling on contraception/pregnancy?	Any reference regarding... 1) Risks to pregnancy due to AED or other epileptic treatments. 2) Patient education on epilepsy & pregnancy.	
E. MEDICATIONS		
If not currently on AED's = N/A		
E.1. Compliance evaluation?	Any form of assessment of patient adherence to AED's: 1) Direct statements 2) Plan to test AED levels via lab testing 3) Education/instruction on AED compliance	<ul style="list-style-type: none"> • "Patient has (not) been compliant..." • "Patient has missed [___] doses of meds." • "Order labs to test X drug levels." • "Educated patient on risks of missed doses."
E.2. Side-effects assessment?	Any form of assessment of side-effects from currently prescribed AED's.	<ul style="list-style-type: none"> • "Patient has (not) tolerated medications." • "Patient denies/reports the following side-effects..."