

SAIVMs core audit standards

EIGHT STRAIGHTFORWARD STANDARDS

The Scottish Government's report Delivering for Health required mechanisms for the assessment of performance in neurosciences against standards, and action plans to address areas of improvement. The SAIVMs Steering Committee has approved standards for the care of adults with intracranial vascular malformations (IVMs) in Scotland. Current practice within NHS Scotland could be compared against these standards, under the direction of the SAIVMs steering committee.

Most of the SAIVMs audit standards are derived from existing guidelines for adults with neurological and neurosurgical disorders, published by **SIGN**, or by the three relevant professional organisations (**SBNS**, **ABN**, and **BSNR**). A complete, referenced document can be found at: <http://saivms.org/reports.asp>. The eight core audit standards are:

1. **Every adult diagnosed with an IVM should be informed of their diagnosis.** If the adult has mental incapacity, their guardian, welfare attorney, legal representative, or next of kin should be informed.
2. **Every adult diagnosed with an IVM should be assessed by a consultant neurologist or neurosurgeon.**
3. **Every radiological diagnosis of an IVM should be confirmed by a consultant neuroradiologist, following their review of the adult's brain imaging.**
4. **Patients undergoing neurosurgery** should receive SIGN recommended standards of care for post-operative management.
5. **Patients with one or more epileptic seizures** should receive SIGN recommended standards of care.
6. **Patients who have suffered a stroke** due to their IVM should receive SIGN recommended standards of care, which are themselves audited (<http://www.strokeaudit.scot.nhs.uk>). Subarachnoid haemorrhage management should adhere to the BSNR/SBNS consensus statement.
7. **Patients who are admitted to hospital because they are acutely ill with a neurological problem** should be seen by a neurologist within 24-48 hours (ABN).
8. **The provision of stereotactic radiosurgery** should include prospective audit (SBNS).

Evaluation of SAI VMs standard 5

DO ADULTS WITH SEIZURE(S) RECEIVE SIGN RECOMMENDED STANDARDS OF CARE?

Our fifth audit standard stipulates that adults with an IVM who experience one or more epileptic seizures should receive care consistent with standards set by SIGN in 2005.

SIGN stratifies its recommendations into two overarching categories: Good Practice Points (GPP) practice based on the clinical experience of the guideline development group and Evidence-based Practice Points (EPP) graded 'A' to 'D' based on the strength of evidence behind the recommendation.

AUDIT DATA 1999-2003, BEFORE SIGN STANDARDS

About 15% (57/368) adults diagnosed with an incident IVM 1999-2003 inclusive were identified because of a first-ever seizure. An additional 24 adults already had a diagnosis of epilepsy at the time of their IVM diagnosis.

54% (19/35) of adults with an AVM and 95% (21/22) of adults with a CM were

reviewed by a neurologist (grade C EPP) following a first-ever seizure.

Only one-third of adults with an IVM were documented as having had an ECG (GPP) and 65% received an MRI as part of their initial evaluation (grade C EPP) following a first-ever seizure.

For adults with a first-ever seizure or established epilepsy (n=81), anti-epileptic drug (AED) prescription was delayed until after the second epileptic seizure in 41% (grade B EPP). AEDs recommended as first-line by SIGN were started in 91% of adults.

There was variable documentation of discussion of driving regulations (55/81; 68%), referral to an epilepsy clinical nurse specialist (18/81; 22%), and documented provision of patient information about epilepsy (12/81; 15%) – all of which are GPPs.

IMPLICATIONS

These evaluations prior to the SIGN standards in 2005 provide a useful baseline against which to compare clinical practice in the 2006-2010 cycle of this national audit project.

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