Webinar on NAEC 2016 Center Accreditation Process

January 8, 2016

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NAEC 2016 Accreditation Process

- Why NAEC Enhanced Accreditation Program
- Criteria and Required Documents for 2016
- How to Complete the Process
- Q&A

Institute of Medicine

- Recommended Accreditation of Epilepsy Centers and an Epilepsy Care Network
  - NAEC and AES should establish criteria and a process with independent external review mechanisms (validation) for the accreditation of epilepsy centers.
  - Accredited centers should form a network that includes data sharing, clinical trial and other research networking, professional education and other activities.

Principles

- Continue to base center accreditation on NAEC's 2010 Guidelines that recognize Level 3 and 4 centers.
  - Level 4 centers must have the resources to provide surgical services
  - Level 3 centers do not have to provide surgery, but if surgery is provided must meet surgical criteria
- Single set of criteria for Adult and Pediatric Centers
- Centers to complete online annual report and submit documents to validate responses

2015: Year of Transition

- Centers completed new process (online form, submission of documents) but were evaluated based on old criteria

- Centers received report cards indicating how they fared on the new criteria to help them address any deficiencies

Two-year accreditation starts with the current 2016 cycle

How Centers Fared on New Criteria

Level 4 Centers (179 total)		
# of Criteria Missing	# of Centers	Cumulative # of Centers
0	64	
1	48	112
2	28	140
3	20	160
4 to 5	8	168
6 to 9	7	175
10 or more	4	179
Level 3 Centers (34 total)		
# of Criteria Missing	# of Centers	Cumulative # of Centers
0	3	
1	4	7
2	5	12
3	3	15
4 to 5	7	22
6 to 9	6	28
10 to 15	5	33
15 or more	1	34

Most Missed Criteria

- A number of centers that identify as pediatric or adult/pediatric did not list or provide CV for a board-certified pediatric neurologist with expertise in epilepsy

- Many centers did not report using all protocols

- Many centers did not upload all documents

- Many Level 3 Centers did not provide written referral arrangement or proof of prior referrals with Level 4 center
  - Multiple options to submit

Changes for 2016

- NAEC Board Retreat after completion of accreditation process to evaluate the 2015 process, criteria, timeline
- In response to center report cards, comments and experiences, NAEC is making a handful of important changes for 2016

2016 Accreditation Process

- Pay Annual Dues of $2,000
- Complete Center Annual Report Online
  - Similar to past years, data pre-populated where possible.
  - Attestation for most services; volume data requested.
- Upload Documents
  - CVs for required personnel
  - Physician Reports for vEEG cases, surgery, other services – de-identified/HIPAA compliant
  - Protocols

2016 Accreditation

- In 2016, **centers must meet all NAEC criteria to achieve full accreditation** at their desired level, which will last two years.
  - Submit online report (no document submission) in intervening year

- Centers missing any criteria will receive provisional accreditation for one year and will have to meet all criteria in 2017.
  - If the center continues to have deficiencies in 2017, it will not be accredited.

2016 Changes: Timeline

- **November 6, 2015**: NAEC 2016 Accreditation Process begins - invoices and instructions distributed to center leadership by email

- **January 31, 2016: Deadline to complete Annual Report, upload documents and pay dues.**

- **February 1-15, 2016:** Review and Revise Period: NAEC staff will review your center's submission for completion and let you know if anything is missing.

- **March 1, 2016: Final deadline for any revisions/additions. No annual reports, documents or dues will be accepted after this date. Level 4 Centers must meet this deadline for their hospital name to be sent to US News and World Report, with no exceptions.**

Documents to be Uploaded

Type of Patient Report	Number
EMU vEEG	5 patients for Level 4 Centers 2 patients for Level 3 Centers From a single month
Intracranial vEEG	1 patient
Cortical Mapping	1 patient
MRI	1 Report
PET or SPECT	1 Report
Neuropsych	1 Report
Operative	1 Report
VNS	1 Report

Type of CV
Medical Director
Second Epileptologist or Child Neurologist
Neurosurgeon
Neuropsychologist

You do not need to re-upload CVs and protocols if you completed this in 2015 and personnel have not changed.

Type of Protocols
1. Examination of speech, memory, level of consciousness and motor function during and following a seizure.
2. Number or duration of seizures over given period requiring physician notification
3. Medication reduction to increase seizure yield
4. Measures to be taken if number, duration, or severity of seizures observed is excessive.
5. Care of head-dressings in patients studied with intracranial electrodes
6. Measures to prevent postoperative infections or other complications in patients studied with intracranial electrodes.
7. Management of status epilepticus and seizures in hospitalized patients.
8. EMU Caring: Certificates or proof of completion, if received.
9. Proof of referral arrangement (Level 3 only)

Note: For 2016, electrocorticography criterion was removed

Center Contact Info

NAEC EPILEPSY CENTER

Survey completed by [_____]

Title [_____]

Date [▼] [▼] [____]

Email Address [_____]

Phone [_____]
(XXX) XXX-XXXX

Name of Epilepsy Center [_____]

Address Line 1 [_____]

Address Line 2 [_____]

City [_____] State [▼] Zip [_____]

Phone Number [_____]

Epilepsy Center Web Address [_____]

Select One: ○ Adult Epilepsy Center
             ○ Pediatric Epilepsy Center
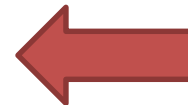   ○ Adult/Pediatric Epilepsy Center

Please list the hospital where your center is located:

Hospital Name [_____]

Hospital address [_____]

City [_____] State [▼] Zip [_____]

Reminder: Starting in 2016, the NAEC Directory will list centers as Adult, Adult/Pediatric and Pediatric Centers. **You must provide name and CV of a pediatric neurologist or epileptologist if you want to be listed as an Adult/Pediatric or Pediatric center.**

This is the hospital reported to *US News and World Report* for Level 4 Centers.
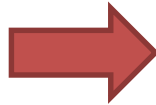
Center Leadership

These are the people who are listed on your center's listing on the NAEC website and receive administrative emails related to dues and accreditation. Please be sure that this information is up to date!

CENTER LEADERSHIP

Medical Director

Medical Director Degree(s)

Phone number
(XXX) XXX-XXXX

Email Address jgray@dc-crd.com

Co-Medical Director

Degree(s)

Phone number
(XXX) XXX-XXXX

Email Address

Epilepsy Center Administrator (person responsible for dues payment)

Epilepsy Center Administrator

Title

Phone Number
(XXX) XXX-XXXX

Email

Electrodiagnostic Services

Electrodiagnostic Services

Does your center provide 24-hour video-EEG with surface electrodes supplemented with appropriate additional electrodes?

○ Yes ○ No

Does your center provide 24-hour video EEG with intracranial electrodes (subdural, epidural, or depth electrodes) under continuous supervision and observation?

○ Yes ○ No

Does your center provide or have access to Wada testing or functional neuroimaging?

○ Yes ○ No

Does your center provide functional cortical mapping by stimulation of subdural electrodes either extraoperatively or intraoperatively?

○ Yes ○ No

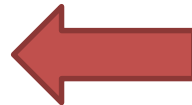*These questions are for research purposes:*

Does your center provide MEG?

○ Yes ○ No

Does your center have ABRET-LTM certification?

○ Yes ○ No

Starting in 2016, NAEC is recognizing the ABRET-LTM accreditation. Centers with this certification should indicate so here.

Note: Centers with ABRET-LTM certification do not need to upload the 5 scalp video-EEG reports or the intracranial video-EEG report.

Inpatient vEEG monitoring is continuously observed by R.EEG.T. monitoring tech or other nursing staff:

○ 8 hours a day or less
○ 16 hours a day
○ More than 16 hours a day but less than 24 hours a day
○ 24 hours a day

Other Center Services

Imaging Services

Does your center provide magnetic resonance imaging (at least 1.5T)?

○ Yes ○ No

Does your center provide computerized axial tomography (CAT)?

○ Yes ○ No

Does your center provide cerebral angiography?

○ Yes ○ No

Does your center have access to interictal positron emission tomography (PET) or ictal/interictal SPECT by established arrangement or on site?

○ Yes ○ No

Pharmacological Services

Does your center have access to a lab that can provide anticonvulsant serum drug levels? ○ Yes ○ No

Neuropsychological/Psychosocial Services

Does your center provide comprehensive neuropsychological test batteries for localization of cerebral dysfunction for evaluation for epilepsy surgery?

○ Yes ○ No

Rehabilitation Services (inpatient and outpatient)

Does your center have capabilities to provide sufficient physical, occupational, and speech therapy for managing complications of surgeries performed at the center?

○ Yes ○ No

Research Questions

Other Epilepsy Center Services

Note: This question is for research purposes. Please check all services provided by your center.

- [ ] Genetics
- [ ] Ketogenic diet
- [ ] Investigational drug trials
- [ ] Investigational device trials
- [ ] Management of women with epilepsy during pregnancy
- [ ] Alternative or complimentary medicine
- [ ] Management of epilepsy in special populations (the elderly, children, developmentally disabled individuals)

Surgical Services

Level 4 centers are required to have the capacity to provide the surgical services listed below. Level 3 centers are not required to provide surgery, though those that do must also answer the questions below and submit any relevant reports.

Does your center provide emergency or elective neurosurgery, including biopsy and removal of incidental lesions and treatment of cerebral complications of epileptic seizures?

○ Yes ○ No

Does your center have the ability to manage surgical complications?

○ Yes ○ No

Does your center provide open and stereotactic biopsy?

○ Yes ○ No

Does your center provide surgical resection of epileptogenic structural lesions with the goal of treating seizures (lesionectomy)?

○ Yes ○ No

Does your center provide any resective or ablative surgeries with the goal of controlling seizures?

○ Yes ○ No

Level 3 Centers that check yes are required to meet surgical criteria and submit surgical reports.

Does your center provide implantation and management of the vagus nerve stimulator or other neuromodulatory devices?

○ Yes ○ No

Surgical Services, cont'd

Surgical Volume

The questions in this section are designed to be used for research purposes. Please note that there are no minimum case numbers required for accreditation as a Level 3 or 4 center.

Please enter a number in each space below for the number of surgeries **for treatment of intractable epilepsy only** in 2015. If your center did not provide any of a type of surgery, please enter zero.

Temporal lobectomies (includes either medial or lateral temporal lobectomies): ⟵ Total temporal lobectomies

Temporal lobectomies that required intracranial electrodes (should be equal to or fewer than the number of total temporal lobectomies):

Extra-temporal resections (any surgery that may involve temporal lobe but primarily resects frontal, parietal or occipital lobe tissue): ⟵ Total extratemporal resections

Extra-temporal resections that required intracranial electrodes (should be equal to or fewer than the number of total extra-temporal lobectomies):

Intracranial electrodes placed but without resection (because resection has not been performed yet or is not planned):

Corpus callosotomy:

Vagus Nerve Stimulator implantation:

Vagus Nerve Stimulator re-do or battery change:

Responsive Neurostimulation (RNS) implantation:

Radiofrequency surgery (gamma knife) for the treatment of epilepsy:

Hemispherotomies:

How many of the epilepsy surgeries above were performed with laser ablation?

Volume Questions

Volume of Patients Seen in Epilepsy Center

Total number of beds in EMU:

Number of beds designated for vEEG monitoring (beds in your EMU) devoted to adults:

Number of beds in your EMU devoted to peds:

Total EMU admissions in 2015 (this should include admissions to the EMU for seizures or spells. It should NOT include continuous/bedside ICU monitoring):

Average length of stay (in days) for EMU admissions in 2015:

Total number of continuous vEEG days (Note: DAYS instead of the number of patients) performed in ICU or locations NOT including the EMU:

Total number of portable vEEG units used at your center:

What **to** report for vEEG:
- Number of **admissions** to the EMU where vEEG is provided
- Both surgical and medical patients

What **not** to report for vEEG:
- ICU vEEG studies
- Outpatient studies
- Days of vEEG

Minimum number of EMU Admissions: 100 for Level 4, 50 for Level 3

General Comments About Personnel

- Personnel should participate in epilepsy patient conferences and center meetings and provide services to epilepsy center patients.

- They **do not** need to be full-time staff of the epilepsy center.

- Personnel must have special expertise in epilepsy, defined as –
  - **Epileptologists**: completion of the ABPN epilepsy board certification; and/or at least two years of experience post-fellowship in an epilepsy center. Special competence in epilepsy or clinical neurophysiology are encouraged but not required. NAEC has an exemption policy for level 3 rural centers to have only one epileptologist.
    - Board options: ABPN Epilepsy, ABPN Neurology, ABPN Child Neurology, ABPN Psychiatry, ABPN Clinical Neurophysiology, ABCN Clinical Neurophysiology
  - **Neurosurgeon:** ABNS certification and at least two years of experience post-fellowship.
  - **Social Worker:** Expertise in epilepsy, neurology or related field and receiving ongoing education and training in epilepsy care.
  - **Nurses, Nurse Practitioners, Physician Assistants:** Expertise in epilepsy, neurology or related field and receiving ongoing education and training in epilepsy care.

Physicians

3 spaces for Epileptologists

Medical Director name [　　　　　　　] Degree(s) [　　　　　　　]

Full time with epilepsy center? ○ Yes ○ No

Epilepsy fellowship? ○ Yes ○ No

Number of years of experience (not including fellowship): [　　　　　]

Board certification(s) (check all that apply)
- ☐ ABPN Epilepsy
- ☐ ABPN Neurology
- ☐ ABPN Child Neurology
- ☐ ABPN Psychiatry
- ☐ ABPN Clinical Neurophysiology
- ☐ ABCN Clinical Neurophysiology

1 space for Neurosurgeon

Name [　　　　　　　] Degree(s) [　　　　　　　]

Board certified (ABNS Neurological Surgery) ○ Yes ○ No

Number of years of experience (not including fellowship): [　　　　　]

Note: These are the physicians whose CVs you must upload.

There are spaces to enter information for the required number of physicians. You do not need to enter information nor upload CVs for your entire group of providers.

Additional Providers

Neuropsychologist

Name [   ] Degree(s) [   ]

Board certification (check all that apply) ☐ ABPP Professional Psychology/Clinical Neuropsychology

☐ ABPN Professional Neuropsychology

☐ Other Board

If other, please name type of Board certification: [   ]

Full time with epilepsy center? ○ Yes ○ No

Social Worker

Every center must have at least access to a social worker with special expertise in epilepsy,

Name [   ] Degree(s) [   ]

Full-time with epilepsy center? ○ Yes ○ No

Phone number [   ]

Nursing/Physician Assistants

Inpatient EMU nurse/nurse practitioner/physician assistant:

Name [   ] Degree(s) [   ]

Full time with epilepsy center? ○ Yes ○ No

Phone number [   ]

Outpatient clinic nurse/nurse practitioner/physician assistant:

Name [   ] Degree(s) [   ]

Full time with epilepsy center? ○ Yes ○ No

Phone number [   ]

Additional Providers

EEG staff

Centers are required to have at least one technologist who is board-certified by ABRET.

Name [ ] Degree(s) [ ] ABRET number [ ]

Full time with epilepsy center? ◯ Yes ◯ No

Phone number [ ]

Total number of FT EEG staff [ ] Total number of PT EEG staff [ ]

Total number of EEG staff with R.EEG.T [ ]

Total number of EEG staff with R.EEG.T *and with* additional LTM credentials [ ]

Neuroradiologist

Name [ ] Degree(s) [ ]

Board certification [ ]

Phone number [ ]

This person's name must match the MRI report that you upload.

Protocols

PROTOCOLS

Safety, Treatment and Referral Protocols

All centers are required to have the protocols listed below, which can be modified as necessary to account for individual situations. Please attest below regarding the utilization of these protocols at your center.

What protocols exist at your center (check all that apply)?

- ☐ 1. Examination of speech, memory, level of consciousness and motor function during and following a seizure.
- ☐ 2. Number or duration of seizures over given period requiring physician notification.
- ☐ 3. Medication reduction to increase seizure yield
- ☐ 4. Measures to be taken if number, duration, or severity of seizures observed is excessive.
- ☐ 5. Care of head-dressings in patients studied with intracranial electrodes
- ☐ 6. Measures to prevent postoperative infections or other complications in patients studied with intracranial electrodes.
- ☐ 7. Management of status epilepticus and seizures in hospitalized patients.

Does your center's layout and furnishings allow easy access to and continuous observation of patients and minimize risk of injury due to falls and other safety concerns?

○ Yes ○ No

EMU Caring

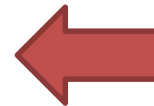Name of physician who has completed EMU Caring [   ]

Email [   ]

Phone number [   ]

Name of technician or nurse who has completed EMU Caring [   ]

Email [   ]

Phone number [   ]

If you completed this requirement in 2015, you do not need to have additional providers complete EMU Caring.

Referral Arrangements

Referral Arrangements

Is your center a Level 3 center? ○ Yes ○ No

If so, please name the level 4 center with which you have a referral agreement for surgeries [＿＿＿＿＿＿]

Level 3 centers must list a Level 4 center to whom you refer surgical cases. This center must match the center listed in the documents uploaded to verify relationship. Examples include:

- Memorandum of Understanding
- Letter signed by both medical directors
- Proof of past referrals (screenshots/exports from medical records, etc)

Comment Box

Comments

In the text box below, please enter any comments about your center's data or any other information that you would like NAEC to know about your center's designation.

This is where to enter any additional information for NAEC to consider that affects your accreditation, such as losing an epileptologist or surgeon, which impacts your volume numbers, or moving to another hospital.

Final Attestation

2016 NAEC Center Annual Report

CENTER DESIGNATION

By clicking below, I assert that my epilepsy center meets the criteria of a Level 3 or Level 4 specialized epilepsy center as stated in the NAEC *Guidelines for Essential Services, Personnel, and Facilities in Specialized Epilepsy Centers in the United States*.

I hereby certify that I have read and fully understand the contents of the NAEC Guidelines and that

Center Name [   ] at Name of Hospital [   ] ← Hospital Reported to *US News*

meets the criteria as stated in the said guidelines of a (please select one of the following):

Center Accreditation Level ○ Level 3 Center ○ Level 4 Center

Electronic Signature [   ] ← Must be Medical Director

Date [   ]

Please note that completed reports and dues are due to NAEC by February 1st to be listed with a center level on NAEC's website and to meet the deadline for submission to *US News and World Report* for their annual ranking of *Best Hospitals*.

Final Confirmation

Confirmation ☐ I have completed and am ready to submit my report.

Please only hit submit when you are ready to submit your report.

Questions?

How to Complete the 2016 Process

- Pay dues
- Complete Center Annual Report
- Upload Materials to Box

- NAEC sent materials by email to centers on November 7th

Center Annual Report

- Form completed online – each center has single, unique log-in
- Data pre-populated where possible.
- Report can be completed in multiple sessions or by multiple people – as long as you use same log-in
  - Select "continue working on a previously-started form"
- Report automatically saves when you hit "continue" to go to next page.
  - To ensure saving: only one person can be logged in at a time.
- If you accidentally submit, just log back in to update your report.

Uploading Documents

- To submit documents, NAEC has switched from Citrix Sharefile to Box, another cloud-based storage system
  - Box is a HIPAA-compliant environment and will be easier for centers and NAEC staff to use.

- NAEC moved CVs and protocols you uploaded in 2015 into your Box folder
  - Patient reports were deleted after review.
  - You do not need to upload protocols and CVs again (if you list the same providers in your annual report).

3 Steps to Access Box

1. Click that link that NAEC sent you to set up your Box account
   - Share this with anyone at your center who you want to be able to access folder

2. Box send you an email to confirm that your email address is correct.
   - The email is sent right away, so check your spam filter if you don't receive it.

3. Click on the link in the confirmation email you get from Box, and you'll be set!
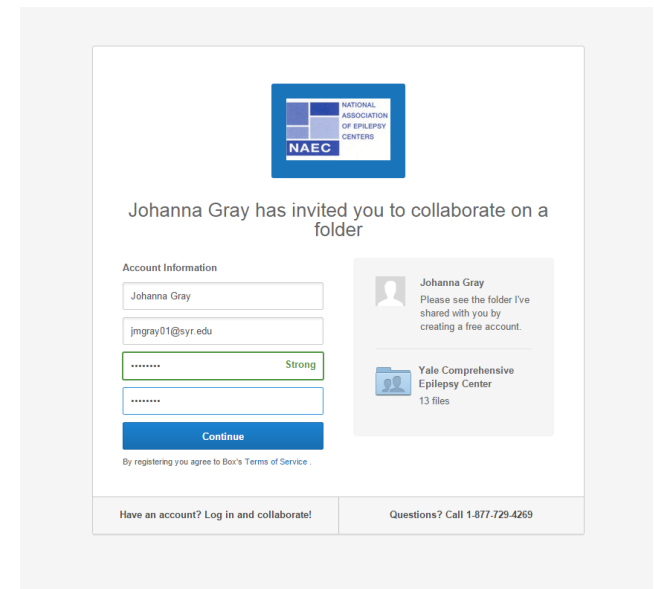
Note: For security reasons, NAEC cannot see your password. If you forget your password, click the "reset password" button on the www.naec.box.com log-in page and a link to reset your password will be emailed to you.

Your Box Folder

Upload files to the correct folder as individual documents with descriptive names!

Uploading Documents

Documents to be Uploaded

Type of Patient Report	Number
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Note: For 2016, electrocorticography criterion was removed

HIPAA Compliance

All patient reports must be de-identified and HIPAA-compliant

- Centers will be notified if PHI is found in a report and will be required to properly de-identify and resubmit all reports.
  - Center will not be accredited if reports are not properly de-identified.

- Instructions list the 18 components to be removed
  - Common question: Delete date and month of the procedure, but leave year.

- NAEC is evaluating whether/how to establish a HIPAA compliance program to be able to collect PHI in future years.

HIPAA Safe Harbor Standard

Remove these elements on every page!

(A) Names

(B) All geographic subdivisions smaller than a state, including street address, city, county, precinct, ZIP code, and their equivalent geocodes, except for the initial three digits of the ZIP code if, according to the current publicly available data from the Bureau of the Census:

(1) The geographic unit formed by combining all ZIP codes with the same three initial digits contains more than 20,000 people; and

(2) The initial three digits of a ZIP code for all such geographic units containing 20,000 or fewer people is changed to 000

(C) All elements of dates (except year) for dates that are directly related to an individual, including birth date, admission date, discharge date, death date, and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older

(D) Telephone numbers	(L) Vehicle identifiers and serial numbers, including license plate numbers
(E) Fax numbers	(M) Device identifiers and serial numbers
(F) Email addresses	(N) Web Universal Resource Locators (URLs)
(G) Social security numbers	(O) Internet Protocol (IP) addresses
(H) Medical record numbers	(P) Biometric identifiers, including finger and voice prints
(I) Health plan beneficiary numbers	(Q) Full-face photographs and any comparable images
(J) Account numbers	(R) Any other unique identifying number, characteristic, or code, except
(K) Certificate/license numbers	as permitted by paragraph (c) of this section; and

Reminder: Dates and Deadlines

All three steps of center designation process must be completed by January 31, 2016!

1. Dues
2. Center Annual Report
3. Uploading documents to Box

Questions?

info@naec-epilepsy.org
202-524-6767