2024 Required Documents to Upload Checklist

Centers seeking accreditation must upload several types of documents to comply with accreditation criteria. The checklist below is broken out by document type and includes helpful reminders to avoid common pitfalls centers encounter when submitting these documents. If you have any questions regarding uploading required documents, please contact NAEC at (202) 800-7074 or info@naec-epilepsy.org.

CVs
- Upload all required CVs to the CVs subfolder.
- If you uploaded CVs in a prior year, these are still in your center's CVs folder. Check to ensure that the **uploaded CVs match the names of the individuals listed in your center's 2024 Center Annual Report.**
- Each file must be **uploaded as a separate document with a descriptive name** (e.g. CV_MedicalDirector).
- **Level 3 centers**: You are only required to upload a neurosurgeon's CV if you perform surgery.
- NAEC has a policy related to requirements for level 3 centers in isolated geographic areas. More information may be found here.

CV Type	Uploaded?	CV Matches Name in Center Annual Report?
Medical Director		
Second Epileptologist		
Pediatric Epileptologist (if necessary)		
Neurosurgeon		
Neuropsychologist		

EMU Caring Certificate
- Upload EMU Caring certificates to the EMU Caring subfolder.
- If you uploaded certificates in a prior year, these will still be in the EMU Caring folder. Check to ensure that the **uploaded certificates match the names of the individuals listed in your center's 2024 Center Annual Report.**
- More information on EMU Caring is available on the NAEC website.
- If your personnel did not receive a certificate upon completion of the training program, enter their names in the Center Annual Report. NAEC will verify completion with AES, who runs the program.

EMU Caring Certificate	Uploaded?	Names match the Center Annual Report?
Epileptologist		
Nurse or Tech		

Referral Arrangement (Level 3 Centers Only)
- Upload document verifying referral relationship with a level 4 center to the Referral subfolder.
- If you uploaded a document in past years, it will appear in your Referral folder.
- An acceptable referral document may be a written memorandum of understanding between the two centers or letters/emails with evidence of an established referral pattern.
- If you are an adult/ped or ped center, please name the level 4 center with whom you have a referral agreement for surgeries or other services not provided by your center for pediatric patients and referral agreement for surgeries or other services not provided by your center for adult patients:

Document	Uploaded?
Referral Arrangement	

Patient Reports
- **All patient reports must be from 2023 (except for Intracranial vEEG. See instructions below).**
- Upload all required reports to the Patient Reports subfolder.
- Each report must be **uploaded separately with a descriptive name** to aid reviewers (e.g. EMU Report1 or MRI Report).
- **De-identify** all information provided to NAEC in accordance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule. For additional information on the requirements for HIPAA compliance see Attachment 4. **Remove all dates (except the year) from your reports,** including dates of services, dates of past services, and the dates the physician signs the report. Also remove all order numbers that can be tied to a specific patient.
- Centers may submit different types of reports for the same surgical patient or for multiple surgical patients to meet the requirements.

Report Type	Number of Reports	Notes	Uploaded?
EMU vEEG	Level 3: 2 Level 4: 5	• Upload the vEEG summary report or all vEEG reports generated during each patient's EMU hospitalization. • All patient reports must be from patients admitted in the same month in 2023. When uploading the reports, you are attesting that these reports came from the same month. Do not leave any information in the report that would identify the month. • *Pediatric and Adult/Pediatric centers: at least 1 report must be a pediatric EMU vEEG report on a patient under the age of 2.* • If your center is ABRET-LTM accredited, you do not need to upload vEEG reports.	
Intracranial vEEG	6	• Level 4 centers must submit at least 1 intracranial video EEG case from 2023 and 5 others from 2021-2023. • If your center is ABRET-LTM accredited with invasive monitoring, you do not need to upload these reports. **Level 3 centers**: If your center does not provide this service, these reports are not required.	
MRI	1	• Report must reflect expertise in epilepsy signed/approved by the neuroradiologist listed in the Center Annual Report.	
PET or SPECT	1	• Either a PET or SPECT report reflecting expertise in epilepsy. • **Level 3 centers** do not need to upload this report.	
Neuropsych	1	• Neuropsychology report for evaluation of epilepsy.	
Operative	1	• Report for any resective or ablative surgery that must be signed by the neurosurgeon listed in the Center Annual Report. • **Level 3 centers**: If your center does not perform surgery, this report is not required.	
VNS	1	• Operative report for placement of VNS. • **Level 3 centers**: If your center does not provide this service, this report is not required.	

Protocols
- Upload all required protocol documentation to the Protocols subfolder.
- If you uploaded protocols in a past year, they are still in your center's Protocols folder. **NAEC is providing greater guidance on the key elements to be included in center protocols. Centers should evaluate their protocols to see that they meet NAEC's criteria.**
- NAEC provides sample protocols which are on the NAEC website that can be tailored to your center.

Centers can use the sample protocols available on NAEC's website to meet these requirements.

- All pediatric and adult/pediatric centers are required to upload pediatric specific protocols for protocols #2 and #5.
- An acceptable protocol document is any document that includes the protocol information, such as a center manual, screenshots from your electronic medical record or order sets. When uploading these files, use a descriptive name that clearly identifies the protocol. Please clearly annotate where each protocol may be found if the protocol type is not included in the page title.

Protocol Type	Uploaded?
1. Examination of speech, memory, level of consciousness and motor function during and following a seizure.	
2. Measures to be taken if number, duration, or severity of seizures observed is excessive, including number or duration of seizures requiring physician notification. *Protocol should specifically mention medication(s) and dosage. *Pediatric and Adult/Pediatric centers: include a pediatric specific protocol with age/weight appropriate doses for both IV and non IV options.*	
3. Medication reduction to increase seizure yield. *Protocol should specifically mention patient/family counseling regarding risk of medication reduction, guidelines for restarting medication prior to EMU discharge, and measures taken to reduce risk (e.g. requiring IV access).*	
4. Care of head-dressings and measures to prevent postoperative infections or other complications in patients studied with intracranial electrodes. *Protocol should specifically mention frequency of dressing changes for invasive electrodes and use of prophylactic antibiotics.*	
5. Management of status epilepticus and seizures in hospitalized patients. *Protocol should specifically mention medication(s) and dosage and should include both IV and non IV option. *Pediatric and Adult/Pediatric centers: include a pediatric specific protocol with age/weight appropriate doses.*	

Admission Order Set

- Please upload an admission order set.
- A typical order set may include:
    - Safety measures: e.g. bed side rails, suction equipment, oxygen
    - Rescue medications for prolonged/frequent seizures: both IV and non-IV medication
    - Who to call if seizures increase in frequency or duration, and parameters for when to call
    - Fall precautions/activity restrictions

Document	Uploaded?
Order Set	

EMU Policy

- To meet the new EMU criteria, centers must **upload an EMU policy document that addresses compliance with all criteria:**
    1. Designated hospital beds where video and EEG data is captured and sent to a central location
    2. Remote-control video cameras with 24/7 recording available (not a fixed camera)
    3. Trained personnel dedicated 24/7 to monitoring video and EEG-someone trained in seizure recognition and recording integrity. (Not necessarily required to be traditional EEG technologist)
    4. EMU safety-trained inpatient nurses
    5. Epilepsy-specific staff training and protocols for seizure safety
    6. Clinical decision-making by an epileptologist
- Centers are asked to provide this information in a concise document (only a few pages). **If longer center manuals are uploaded, they MUST be highlighted and annotated with locations of specific information**

identified.

EMU Policy Required Elements	Uploaded?
Documentation of dedicated single location for EMU admissions staffed by epilepsy-trained nurses and nursing assistants.	
Documentation of remote-control video cameras with 24/7 recording available (not a fixed camera)	
Documentation of video continuously monitored and adequate staffing to ensure 24/7/365 coverage. (NAEC does not require a specific ratio of patients to monitor watchers)	
Monitor watchers should be either in a central location in hospital or can be off-site. In all cases, the watchers must have direct access to EMU EEG technologists, nurses and physician with data readily accessible to physician reviewer in real-time.	
Documentation of epilepsy-specific staff training and protocols for seizure safety. *Must discuss of how all staff – physicians, EEG technologists, nurses, monitor watchers, and any other relevant staff people – are trained on how to observe safety protocols. Training must be age-appropriate for the patient community served by the center. EEG Techs, EMU Nurses, and Monitor Watchers should receive training in seizure recognition and patient safety - Seizure semiology, seizure safety, center-specific protocol education and implementation. Centers should indicate frequency of continuing education on these topics.*	
Verification of completion of the ASET/NAEC Neurodiagnostic Assistant course for one monitor watcher or documentation of center training methodology for monitor watchers.	
Verification of completion of the NAEC/AANN 8-course training program for at least one EMU nurse.	
Verification that EMU reports, including invasive monitoring reports, are signed by an epileptologist to show that EMU clinical decision-making is done by an epileptologist.	