Quality and Process Improvement Projects on Best Practices in Epilepsy Care
Travel Award Announcement for 2026

SUMMARY:

NAEC is interested in furthering quality (QI) and process improvement projects with its members through an annual travel award program and promotion at the NAEC Annual Meeting. The NAEC Board encourages projects that address critical areas of epilepsy center care, including patient care processes, clinical workflows and patient outcomes. The award selections will be based on quality of the proposals and acceptance as a poster or presentation at the AES meeting.

Through its accreditation program and recently published guidelines, NAEC requires epilepsy centers to submit protocols that reflect how the center handles clinical and administrative processes. NAEC believes that these protocols are ripe for further evaluation and research to measure their impact on patient care and outcomes, to identify implementation challenges, and to determine if they are effective. NAEC has also identified additional topics that would benefit from evaluation and research.

Awards

The NAEC Board will pilot this effort by awarding three to five QI projects in 2026. Each awardee can apply for expenses up to $3,000. Funds can be used for travel and housing expenses and registration to the AES meeting. In 2026, due to the short timeline, NAEC will review projects that are currently underway, with plans for submission to AES in 2026.

2026 Timeline:

- February 2nd: Announce RFP for 2026
- March 1st: Submission deadline for proposals
- September 1st: Submission deadline for accepted AES abstract (or accepted manuscript if available)
- October 1st: Award selection by NAEC.
- Early December: Award recipients announced at NAEC Annual Meeting held during the AES December Meeting.

Submission Deadline and Contacts: All proposals and accepted abstracts shall be submitted electronically to info@naec-epilepsy.org to the attention of Ellen Riker, NAEC Executive Director, by March 1, 2026. Contact Ellen for more information at 202-800-7072 or eriker@artemispolicygroup.com.

Epilepsy Center Focused Quality and Process Improvement Projects - Details

OVERVIEW

NAEC is interested in promoting quality and process improvement projects with its member centers that address critical areas of epilepsy center care, including patient care processes, clinical workflows and patient outcomes. Eligible applicants include members of NAEC centers' multi-disciplinary teams, fourth year neurology residents, and epilepsy fellows.

Through its accreditation program and recently published guidelines, NAEC requires epilepsy centers applying for accreditation to submit protocols that reflect how the center handles clinical and administrative processes. NAEC seeks further evaluation and research of these protocols to measure their impact on patient care and outcomes, to identify implementation challenges, and to determine if they are effective.

Successful proposals will develop or enhance an epilepsy center process or service, with the goal of improving efficacy or outcome, using strategies which are applicable beyond the individual center's environment. The project goals should be specific, measurable and clearly stated. The methodology should define the timeline for the proposal, follow standard procedure for process or QI project design[1,2] and have specific outcome measures.

POTENTIAL TOPICS – BASED ON NAEC PROTOCOLS AND IMPORTANT ISSUES FOR EPILEPSY CENTERS

NAEC Required Protocols for Accreditation (see attachment 1 for more detail)

1. Seizure Testing
2. Seizure Safety
3. Medication Reduction
4. Care of Head Dressings
5. Status Epilepticus in the EMU
6. EMU education
7. Algorithm for urgent patient scheduling
8. Genetic testing referral
9. PNEE referral

Other Epilepsy Center Issues of High Interest

10. Medication adherence and side effects
11. Transition of Care
12. Nursing communication Outpatient
13. Postictal agitation Inpatient
14. Suicide escalation

OUTLINE FOR SUBMISSION OF PROPOSAL

Introduction and Intent

Methodology

- Descriptive
- Implementation
  - Methodology consultation (NAEC Officers or Data Committee)
  - NAEC center survey or existing NAEC data

Outcome Measure

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[1] Carroll AR, Smith CM, Frazier SB, Weiner JG, Johnson DP. Designing and Conducting Scholarly Quality Improvement: A Practical Guide for Improvers Everywhere. Hosp Pediatr. 2022 Oct 1;12(10):e359-e363. doi: 10.1542/hpeds.2022-006717. PMID: 36172802; PMCID: PMC9645019.

[2] https://www.ihi.org/library/model-for-improvement

AWARD SELECTION PROCESS

- Proposal review
- Review of either accepted AES Poster or Manuscript
- Award to cover travel and housing expenses to AES Meeting

NAEC RESOURCES

We encourage applicants to review the NAEC accreditation program information on its website, www.naec-epilepsy.org, including the criteria for accreditation for 2026 and the description of the protocols required for accreditation attached to this RFP. NAEC's Guidelines, also found on the NAEC website and explained in more detail below, are also an excellent source of information on the future of epilepsy care.

EVALUATION CRITERIA

The following criteria will also be used to evaluate proposals. Priority will be given to projects directly related to NAEC's accreditation criteria, protocols and Guidelines. Applicants are requested to also address these elements in their submission:

- ☐ Proposed approach to project steps
- ☐ Proposed project timeline
- ☐ Personal Information and qualifications

ABOUT NAEC

NAEC is a non-profit association with a membership of 330 specialized epilepsy centers in the United States. NAEC's mission is to support epilepsy centers in delivering quality comprehensive care to people with epilepsy by setting standards of care, advocating for access to high quality epilepsy center services, providing knowledge and resources to its member centers, and actively engaging with the epilepsy community in activities of shared interest.

NAEC was founded in 1987 by physicians committed to setting a national agenda for quality epilepsy care. NAEC published its first iteration of its *Guidelines for Essential Services, Personnel, and Facilities in Specialized Epilepsy Centers* in 1990 and has developed updated guidelines every decade since. The Association continues its work to develop standards of care and promote their adoption by epilepsy centers through its accreditation program. NAEC pursues an active agenda, educating public and private insurers, policymakers, and government officials about the complexities of and need for patient access to specialized epilepsy services.

In 2023, NAEC developed updated guidelines that outline the comprehensive services and resources epilepsy centers should provide to improve quality of care for people whose epilepsy is not well-controlled. An Executive Summary of the 2023 *Guidelines for Specialized Epilepsy Centers: Report of the National Association of Epilepsy Centers Guideline Panel* was published online on February 2, 2024, in *Neurology*®, the medical journal of the American Academy of Neurology. The complete NAEC guidelines are published as an eAppendix on the journal's website.

The 2023 guidelines include 52 recommendations that span the range of services that should be part of high-quality epilepsy centers, including inpatient evaluation, therapeutic options, and outpatient chronic disease management. The guidelines recognize the importance of multi-disciplinary care teams in coordinating the effort of different specialists working together to diagnose and treat patients.

Additional information can be found at www.naec-epilepsy.org.

Attachment 1 - NAEC Required Protocols - 2026
1. Examination of speech, memory, level of consciousness and motor function during and following a seizure. *Protocol should mention center's strategy to ensure that patients with other primary languages can be tested. Protocol should discuss process for giving feedback to staff on accuracy and timing of testing*.
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, and when a clinician should be at the bedside to assess patients. *Pediatric centers: include a pediatric specific protocol with age/weight appropriate doses for both IV and non IV options. Protocol should specifically mention the patient-specific circumstances that would alter these thresholds. Protocol should also mention general postictal safety measures, including handoff in case of transfer or on call team*.
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). Protocol should also mention evaluation of whether patients should undergo medication reduction.*
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. (not needed if level 3*)
5. Management of status epilepticus and seizures in hospitalized patients. *Protocol should specifically mention medication(s), dosage, and timing as well as both IV and non-IV option. Protocol should include timing of treatment. For example: At 5 min, treat with benzodiazepine. At 10 min repeat the dose. At 20 min, give next-line medicine. *If center treats children, include age/weight appropriate doses. Protocol should specify when a clinician should be at the bedside to assess patients. Protocol should include escalation criteria and when patients are transferred to higher-level care*.
6. Protocol of verbal and written patient and caregiver education in preparation for EMU admission. *Protocol should include all logistics for admission (date, time, location) and a contact name and number, along with information on what to expect and what patient should bring to hospital for the EMU stay*.
7. Protocol for the identification of patients who would most likely benefit from genetic testing, even if their seizures are well controlled. *Protocol should provide guidance in identifying appropriate patients for genetic testing, which may include: age of onset, epilepsy type, comorbidities that trigger testing and family history of epilepsy; the workflow for testing and counseling if done at center or referral, and steps for sharing results with patients and referring physicians*.
8. Protocol of nursing procedure for patient communication utilizing telephone and virtual healthcare access services with prompt response to patient concerns for outpatients. *Protocol should differentiate patient requests that need immediate attention, response needed that day, response needed within 3-days – a week*.

9. Protocol for how center involves both epileptologists and mental health providers in diagnosis and follow-up planning for patients with PNEE / functional seizures.

Protocol should explain how patients are evaluated and the PNEE diagnosis is confirmed; that a psycho/social evaluation or a referral for such evaluation is provided and that a referral for therapy is provided. Protocol should include that patient education on the diagnosis is provided.