Electroconvulsive Therapy (ECT) Suite

Tyrone County Hospital

Western Health and Social Care Trust

Date of Inspection 5 July 2016

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1.0 Summary of this Inspection

This report provides information on the findings of RQIA following the inspection of Electroconvulsive Therapy (ECT) in Tyrone County Hospital on 5 July 2016. Tyrone County was selected as it is not ECT Accreditation Service (ECTAS) accredited.

For patients who reside in the Southern Sector of the Western Trust, ECT is carried out in the Day Procedures Unit (DPU), Tyrone County Hospital. The ECT suite was last inspected on 29 November 2013. The review was based on ECTAS standards which are recognised and endorsed by the Royal College of Psychiatrists. The purpose of ECTAS standards is to assure and improve the quality of the administration of ECT.

Prior to the inspection ECTAS standards were cross referenced to the four domains used by RQIA in inspections in 2016-17 and this report highlights the levels of compliance in relation to safe, effective, compassionate and well led care. RQIA noted a high level of conformity with the ECTAS standards. Improvement was noted in the following area

- It is recommended that escort nurses who accompany the patient from the ward should have training in monitoring of vital signs and their role should be defined.

Given that the trust has achieved a high level of compliance in relation to ECTAS standards it is encouraged to apply for ECTAS accreditation.

The views of service users who have experienced ECT are obtained separately. At the time of inspection no service user was available for interview.

We would like to thank all staff involved in returning information on ECT to RQIA and those who participated in the inspection process.

This inspection focused on the theme of **Person Centred Care.**
This means that patients are treated as individuals, and the care and treatment provided to them is based around their specific needs and choices.

2.0 Inspection Methodology

RQIA agreed a number of Inspection standards based on ECT Accreditation Service (ECTAS) standards.

The standards selected were as follows:

- Policies and Procedures
- Staff induction, training records and rotas
- Review of patient notes and ECT records
- ECT pathway
- Maintenance of equipment records
- Incident records
- Patient experience/ feedback
- Environmental assessment
- Quality of environment
- Patient experience questionnaire

On 10 May 2016 RQIA informed the Western Trust of the inspection date of 5 July 2016 and forwarded the associated inspection documentation, to enable the trust to complete a self-assessment against the agreed standards.

Return of this self-assessment questionnaire to RQIA was requested by 7 June 2016.

The inspection process included an analysis of the trust's self-assessment documentation, other associated information, and discussions with key staff. These staff included lead consultant, lead consultant anaesthetist, the administering doctor and nurses involved in the administration of ECT. A range of multi-disciplinary records were also examined as part of the inspection process.

The individual's right to privacy, dignity and autonomy, and the patient experience, is central to the work of the MHLD Directorate.
Although patients were not interviewed as part of this review, RQIA sought the views of patients by using an amended ECTAS patient questionnaire which was distributed by the trust to patients following their course of ECT. A separate batch of 40 questionnaires was given to WHSCT for onward distribution to all patients post ECT treatment from April 2016. There was no requirement by RQIA to observe ECT being carried out in each suite.

What the inspectors did:

- Reviewed self assessment documentation sent to RQIA prior to the inspection
- Talked to staff
- Reviewed other documentation on the days of the inspection
- Reviewed the progress made in the administration of ECT since the last inspection

3.0 ECT Introduction

ECT is a medical procedure in which an electric current is passed briefly through the brain, via electrodes applied to the scalp, to induce generalised seizure activity. The person receiving the treatment is placed under general anaesthetic and muscle relaxants are given to prevent muscle spasms. Repeated treatments induce several molecular and cellular changes in the brain that are believed to stimulate antidepressant mechanisms. Normally ECT is given twice a week up to a maximum of 12 treatments per course of ECT.

ECT is usually provided to patients who have not responded to other treatments and for whom there are no other effective treatments. It is often a life-saving treatment for those who are actively suicidal or refusing food and fluids or who are physically debilitated by depression. Guidelines produced by NICE advises that ECT should be used when other treatments have failed, or in emergency situations.

Depressive disorders continue to be indicated as the diagnostic group who require the majority of ECT courses: treatment resistant mania and, in some circumstances, schizophrenia are occasional indications for treatment with ECT.

There is robust scientific evidence that ECT is medically safe and effective. It is most commonly prescribed for severe depression. Many patients receiving ECT do so voluntarily and provide fully informed consent, based on an understanding of the treatment, the reasons why it is being offered and possible risks and side effects.
In cases where this is not possible, a second opinion of a Part IV doctor is sought from RQIA.

4.0 How We Carried Out This Inspection

An announced inspection took place of Tyrone County Hospital ECT Suite on 5 July 2016, the inspection was underpinned by a range of ECTAS standards which are best practice standards endorsed by the Royal College of Psychiatrists.

This inspection focused on the theme of **Person Centred Care.**
This means that patients are treated as individuals, and the care and treatment provided to them is based around their specific needs and choices.

What the inspector(s) did:

- Reviewed self assessment documentation sent to RQIA prior to the inspection
- Talked to staff
- Reviewed other documentation on the days of the inspection
- Reviewed the progress made in the administration of ECT since the last inspection

5.0 Follow up on Previous Recommendations

Eleven key areas required improvement by WHSCT following inspection on 29 November 2013 these are set out below;

- an identification of a suitably qualified and fully competent lead consultant psychiatrist with protected time to administer ECT contained in their job plan
- the development of policies, procedures and protocols defining line management accountability in addition to clarification of roles and responsibilities should be prioritised
- the agreement of dedicated sessional time for all staff involved in the management and administration of ECT
- an ECT Care Pathway requires to be developed further and implemented
- a dedicated ECT budget for training and staff development should be considered by the trust
- consideration should be given to the appointment of a designated lead ECT nurse to manage clinic and patient care
- the lead nurse should attend RCP training
- formal multidisciplinary ECT team meetings should be held regularly and multidisciplinary team working requires to be developed to improve communication between general hospital and mental health/older peoples directorates
- pathway documentation should be available in colour where this is specified to be completed in colour
- recording in case notes and records should be consistent and signed by all professionals involved in ECT administration
- data regarding any administration of ECT in Tyrone County Hospital requires to be sent to RQIA quarterly on the template agreed by the trust with RQIA

Action taken by the trust since 29 November 2013

An identification of a suitably qualified and fully competent lead consultant psychiatrist with protected time to administer ECT contained in their job plan.

There is a fully competent and suitably qualified lead consultant. The consultant has facilitated regional ECT training recently and has protected time to administer ECT in their job plan. He has led the changes in the ECT service in the Western trust and regionally.

The development of policies, procedures and protocols defining line management accountability in addition to clarification of roles and responsibilities should be prioritised.

The ECT Care Pathway has been developed for the WHSCT and is fully implemented. Up to date protocols for the management of cardiac arrest, anaphylaxis and malignant hyperthermia are prominently displayed.

The agreement of dedicated sessional time for all staff involved in the management and administration of ECT

There is dedicated sessional time for staff. There is a lead consultant and lead nurse and there is a named consultant anaesthetist with dedicated sessional time devoted to direct clinical care in the provision of anaesthesia for ECT. ECT is a key component of the lead consultant's current job plan.

An ECT Care Pathway requires to be developed further and implemented

The ECT Integrated Care Pathway has been developed and is fully implemented. This is consistent across the trust and there is improved joint working with the northern sector in the development of this pathway. There was evidence that this was reviewed recently. There is an ECT Policy which details and outlines individual roles and responsibilities for each member of the MDT involved in the administration of ECT.

A dedicated ECT budget for training and staff development should be considered by the trust

The training needs of ECT clinic staff are formally assessed and there is a budget for training related to ECT. There is evidence that staff keep up to date with best practice and latest information, and ECT staff attend appropriate training and conference events. There is evidence that such training is incorporated into their continuing professional development plans.

Consideration should be given to the appointment of a designated lead ECT nurse to manage clinic and patient care

A lead ECT nurse has been appointed since the last inspection in December 2013.

The lead nurse should attend RCP training

The lead nurse has attended RCP training and monitors the training records for all nursing staff in relation to ECT. The lead nurse is a named ECT nurse who has dedicated sessional time and has been assessed as competent to carry out the required role. She has undertaken relevant trust-wide training for ECT and has appropriate clinical and ECT experience. She is trained in ILS and assumes responsibility for management of the clinic and care of the patient. Following discussions included in this role will be ensuring patient experience questionnaires are distributed, and also ensuring follow-up appointments are made to complete CGIs and monitor for side-effects.

Formal multidisciplinary ECT team meetings should be held regularly and multidisciplinary team working requires to be developed to improve communication between general hospital and mental health/older peoples directorates

There is a trust-wide ECT group which meets, and the local group meets regularly, as well as attending the regional forum.
The T&F/TCH ECT staff meet regularly informally, formal meetings are planned once the new lead anaesthetist is well established in role.
Regular ECT-specific meetings occurred frequently during the service improvement project, ECT is a part of other meetings

Pathway documentation should be available in colour where this is specified to be completed in colour

There is a colour-coded ECT Care pathway which is used for the administration and monitoring.

Recording in case notes and records should be consistent and signed by all professionals involved in ECT administration

A record is kept of treatment doses, seizure quality and duration and whether bilateral or unilateral has been administered. A record is kept of the patients physiological parameters. A record is kept of the anaesthetic induction agent dose, muscle relaxant dose and any other ancillary medication used.
There is an area to record any problems encountered however not a specific section re time to recovery. It does track time to reorientation with repeated checks of cognition.
The design of the pathway allows easy comparison with previous treatments and responses.

Data regarding any administration of ECT in Tyrone County Hospital requires to be sent to RQIA quarterly on the template agreed by the trust with RQIA

This has been completed and is evidenced by the timely statistical returns which are forwarded to RQIA. The methodology for data collection has been reviewed and ECT statistics are sent to RQIA on a quarterly basis.

6.0 The Four Stakeholder Outcomes, and What We Found

6.1 Is Care Safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Examples of Evidence:

- ✓ Stage 1 recovery is a large area immediately adjacent to theatre and fully equipped. It has a doorway large enough to admit a trolley and is able to accommodate the throughput of patients lying on trolleys with additional space to allow room for manoeuvre.
- ✓ Stage 2 recovery is the ward area. ECT patients are normally nursed in a side room or 2-bedded room and nursed separately from any other theatre and endoscopy patients.
- ✓ All clinic staff involved in the administration of ECT have appropriate induction and training including basic life support techniques.
- ✓ Up to date protocols for the management of cardiac arrest, anaphylaxis and malignant hyperthermia are prominently displayed.
- ✓ There is a fully equipped emergency trolley with resuscitation equipment, drugs as agreed with the ECT anaesthetist or pharmacy and a defibrillator.
- ✓ There is no specific ECT staff office, however ECT staff from Tyrone and Fermanagh can use the telephone and computer in sister's office as needed. This is on the main corridor in Day Procedure and has a door which closes and locks.
- ✓ The lead nurse is a named ECT nurse who has dedicated sessional time and has been assessed as competent to carry out the required role. She has undertaken relevant trust-wide training for ECT and has appropriate clinical and ECT experience. She is trained in ILS and assumes responsibility for management of the clinic and care of the patient.
- ✓ All of the staff within DPU Tyrone County Hospital receive their ILS (intermediate life support) every 2 years and there basic airway and breathing the alternate year. Anaesthetists are advanced life support (ALS) trained. The psychiatry staff receive ILS every year as per trust protocol. There is always one person competent in CPR for every

unconscious patient. The number of staff in the recovery area exceeds the number of unconscious patients by at least one.

- ✓ There is a recently appointed consultant anaesthetist who has dedicated sessional time devoted to direct clinical care in the provision of anaesthesia for ECT and ensures that appropriate audits are undertaken.
- ✓ ECT is usually administered by a consultant anaesthetist. When it is not administered by a consultant it is by a very experienced staff grade. No junior training grades administer the anaesthetic.
- ✓ The anaesthetist remains onsite until the patient meets the discharge criteria to exit stage one recovery, and checks patient is recovering well in stage two recovery.
- ✓ During ECT a full theatre team is supplied by day procedure Tyrone county hospital (3 trained nurses) for the duration of the treatment and the first stage recovery.
- ✓ Second stage recovery is staffed by the Tyrone and Fermanagh staff, with one member of trained staff per patient and supported by the staff in DPU if back-up is required.
- ✓ The ECT is delivered usually by a staff grade psychiatrist who is suitably trained. Usually the ECT consultant is also present. If the ECT is delivered by a trainee doctor, they are supervised by the ECT consultant or deputy.
- ✓ There are at least one trained nurse in the treatment room, at least one trained nurse in the recovery area, one experienced anaesthetist present during treatment and recovery and at least one suitably trained psychiatrist present during treatment.
- ✓ In the event of a patient being assessed as too complex or unwell to have ECT within the Tyrone County, ECT is undertaken in Altnagelvin.
- ✓ ECT patients are nursed in a side ward or bay separate from any theatre and endoscopy patients.
- ✓ The patients have staff from the Tyrone and Fermanagh Hospital with them at all times. This is usually a trained nurse per patient so patient is never left alone.
- ✓ In the event of emergency there is a nurse call and an emergency nurse call on the wall of the room, and there are always day procedure staff close at hand.

- ✓ If an emergency should happen then a crash call can be placed and this will be responded to by the nurse led team in Tyrone County Hospital which the leads are ALS(Advanced Life Support) trained.
- ✓ ECT nurses receive training via the CEC. The lead nurse attends the relevant courses, or is enabled to do so by the Trust as part of her role. The service leads are involved in the regional ECT forum.
- ✓ The clinical notes are conveyed along with the ECT care pathway including consent documentation and any relevant MHO documentation. Valid consent is documented in the care pathway along with consideration of capacity. The care pathway contains a specific section for communication between ward and ECT teams. Stimulus dosing is used following a standardised protocol.
- ✓ Fully trained theatre nurse from day procedure is responsible for the unconscious patient, and is able to spot signs of deterioration and use aspiration/suction equipment, inform the anaesthetist and perform BLS. They ensure the patient awakes appropriately and meets the discharge criteria to exit stage one recovery and move to second stage recovery. The nurse from Tyrone and Fermanagh follows the patient through this to have a familiar face/voice on awakening.
- ✓ There were no adverse incidents reported since the last inspection in 2013.

Area for Improvement:

- X It is recommended that escort nurses who accompany the patient from the ward should have training in monitoring of vital signs and their role should be defined.

6.2 Is Care Effective?

The right care, at the right time in the right place with the best outcome.

Examples of Evidence:

- ✓ The ECT nurse checks the function of the machine using a variable dose prior to beginning any ECT treatment. This is recorded in a log book which is kept with the primary ECT machine. Drugs are re-ordered through the theatres restocking process as per their standard procedures. The disposable equipment relevant to the ECT machine such as EEG electrode pads, gel, paste are ordered and stocked by the nurse leading each treatment.
- ✓ The ECT machine is capable of providing stimuli according to the current guidelines and has stimulus settings that may be altered easily and quickly. There are two channel EEG monitoring facilities available.
- ✓ The ECT machines in use are two Sectra SpECTrum 5000M ECT machines, both with dual channel EEG monitoring. They deliver stimuli as per the guidance. The backup device was recently replaced as it had only single channel EEG. Both machines are functionally identical to ensure that should the backup be needed there is no need to familiarise staff with a different machine. The stimulus settings may be altered easily and quickly be turning of a single rotating switch.
- ✓ The lead psychiatrist has dedicated time for ECT on the treatment days and time for CPD related to ECT. He has undergone appraisal and a cycle of revalidation. He is assessed as competent to carry out the role and has completed the competencies from the RCPsych document, and also arranged the NI training day to ensure others had the competencies completed. He is chair of the RCPsych in NI ECT Consultants' group. He developed the WHSCT ECT care pathway and policy including protocols, and is present for most ECT sessions.
- ✓ The lead psychiatrist is covered in their absence by a suitably competent psychiatrist.
- ✓ At times trainees may be allowed to administer ECT once they have completed appropriate competencies, this is under full observation and guidance by the lead psychiatrist.
- ✓ There is clear management within the nursing line, the medical line and the DPU. The same DPU staff work in the ECT clinic. The pool of staff from the Tyrone and Fermanagh is small and the same staff are there

most of the time. The medical staff work on a rota, but all are there frequently.

- ✓ ECT is only administered by a psychiatrist with formal training and appropriate competencies. There is direct supervision, examination of charts and for trainees use of workplace based assessments for formative feedback. Treatment charts are examined by the administering doctor at each treatment.
- ✓ The patient's orientation and memory is assessed before, after the first ECT treatment and re-assessed at intervals throughout the course of ECT using a standardised cognitive assessment tool.

Area(s) for Improvement: None identified

6.3 Is Care Compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Examples of Evidence:

- ✓ Patients for ECT are looked after in side-rooms or bays within the day procedure ward area well away from the treatment area. The transport arranges for the patients to arrive about 8.50am to allow for the last few checks before going into theatre to reduce the waiting time, every effort is made that the pre and post patients don't see each other once the treatment commences.
- ✓ The ECT waiting room has access to toilet facilities and patients waiting for ECT cannot see into the treatment area whilst treatment is taking place. Patients waiting for treatment are not in the same area as patients in post recovery.
- ✓ Water available from kitchen and tea and toast provided at the bedside and magazines are available while they wait.

Area(s) for Improvement: None identified

6.4 Is The Service Well Led?

Effective leadership, management and governance which creates a culture focused on the needs and experiences of patients in order to deliver safe, effective and compassionate care.

Examples of Evidence:

- ✓ The training needs of ECT clinic staff are formally assessed and there is a budget for training related to ECT. There is evidence that staff keep up to date with best practice and latest information. ECT staff attend appropriate training and conference events. There is evidence that training is incorporated into their continuing professional development plans.
- ✓ Patient experience questionnaires are distributed via the ward or via the ECT consultant. The ECT lead nurse is leading on ensuring all wards have a stock of questionnaires and that they are provided to the patients following their treatment.
- ✓ The ECT consultant has a standard procedure for accurately recording information on the administration of ECT for prompt onward transmission to RQIA on a quarterly basis.
- ✓ Information is recorded in the care pathway, and will be captured using the RQIA Audit Sheet. The ECT patients are identified using the EPEX IT system, which has a specific search to allow easy identification of ECT patients.
- ✓ Policies relating to ECT are reviewed at least once every two years.
- ✓ There is a trust-wide ECT group which meets, and the local group meets regularly, as well as attending the regional forum.
- ✓ The T&F/TCH ECT staff meet regularly informally, formal meetings are planned once the new lead anaesthetist is well established in role.
- ✓ Regular ECT-specific meetings occurred frequently during the service improvement project. Subsequent regular meetings occurred around the two-site/one-site model, and how to facilitate patients in Omagh with anaesthetic risk factors necessitating transfer to Altnagelvin.
- ✓ There are regular meetings between the ECT Team and senior management within the Trust to address the budget issues, training needs, development of the service, quality improvement, safety issues and adverse incidents/near misses.

- ✓ Academic teaching and training sessions are held regularly for all ECT clinical staff and the referring clinical teams to attend.
- ✓ Regular audits are carried out to inform service improvement. ECT audit figures are fed back to RQIA for the regional audit. Local ECT audit is one of the standard audits the audit department recommends, one is to be undertaken this year.
- ✓ There are teaching programmes within Psychiatry and Anaesthetics which teams attend, and ECT is discussed at these.

Area(s) for Improvement: None identified

7.0 Conclusion and Next Steps

This report is sent to the trust for factual accuracy and the trust is requested to return this within 28 days. The report will be published on RQIA website. This is a report on the findings of RQIA following an inspection of ECT suite, Day Procedures unit Tyrone County Hospital on 5 July 2016. The following area of improvement was identified;

- It is recommended that escort nurses who accompany the patient from the ward should have training in monitoring of vital signs and their role should be defined.

RQIA will:

- provide the trust with the individual inspection report
- include the findings of this inspection report on the RQIA website
- encourage the trust to sign up to ECTAS
- continue to gather the return of information quarterly on the administration of ECT from the trusts in order to monitor trends and any emerging issues or themes
- facilitate patients with a copy of the RQIA patient experience questionnaire and accompanying guidance to complete and return to RQIA in the SAE following their period of treatment so that RQIA can monitor the quality of the patient experience
- provide a separate report of findings of patient experience from analysis of questionnaires