SESLHD PROCEDURE COVER SHEET

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AUTHOR	Dr Brett Simpson Chair, ECT Committee SESLHD Mental Health Service
POSITION RESPONSIBLE FOR THE DOCUMENT	Chair, ECT Committee SESLHD Mental Health Service Brett.Simpson@health.nsw.gov.au
FUNCTIONAL GROUP(S)	Mental Health
KEY TERMS	Electroconvulsive Therapy, ECT, psychiatrist, patient
SUMMARY	This procedure has been developed to facilitate implementation of NSW Ministry of Health Policy Directive PD2011_003 - Electroconvulsive Therapy: ECT Minimum Standard of Practice in NSW and the Guidelines for ECT Minimum Standards of Practice in NSW. It is intended to describe specific procedures in several key areas of ECT practice within SESLHD.

Feedback about this document can be sent to SESLHD-Policy@health.nsw.gov.au

Electroconvulsive Therapy (ECT) Practice – Mental Health Service

SESLHDPR/310

1. POLICY STATEMENT

NSW Ministry of Health Policy Directive PD2011_003 Electroconvulsive Therapy: ECT Minimum Standard of Practice in NSW defines minimum standards that must be met in the delivery of electroconvulsive therapy (ECT) in NSW. These standards apply to all facets of care, including the indications for treatment, potential risks and strategies to minimise them, issues of consent, facilities, anaesthesia, application of the procedure plus the required quality improvement and clinical governance framework.

2. BACKGROUND

NSW Ministry of Health Policy Directive PD2011_003 Electroconvulsive Therapy: ECT Minimum Standard of Practice in NSW incorporates both a set of mandatory minimum standards to be met by local health districts and a guideline that summarises evidence and makes recommendations in relation to all aspects of ECT practice. These documents were developed for implementation with an understanding that there may be variation in the structure and organisation of ECT services between local health districts. As a result, in several key areas the recommendations are broad rather than specific. Therefore, there is a need to develop specific local procedures in relation to several aspects of ECT practice, incorporating existing clinical, administrative and governance structures, to facilitate a successful implementation of the policy.

Definitions:

Auditing an ECT service. This refers to a system of evaluating, at intervals in time, the extent to which an ECT service adheres to, or deviates from, established guidelines and protocols. It also facilitates evaluation of the efficacy of a service, through collecting outcome data, and provides additional information regarding the tolerability of the treatment.

Clinical Privileging. Clinical privileging is a process for defining the scope of clinical practice, which follows credentialing (see below). It involves delineating the extent of a medical practitioner's clinical practice within a particular organisation or health facility, based on the individual's credentials, competence, performance and professional suitability, and the needs and capacity of the organisation or facility to support this type of clinical practice.

Continuation ECT (C-ECT). This is treatment administered following a successful course of ECT, weekly up to monthly, for up to six months after remission from acute illness is achieved. The intention is to prevent relapse.

Credentialing. Credentialing refers to the formal process used to verify the qualifications, experience, professional standing and other relevant professional attributes of medical practitioners. The purpose is to form a view about the practitioner's competence, performance and professional suitability to provide safe, high quality health care services within specific organisational environments.

Index/Acute ECT. This is an acute treatment course, usually given two or three times per week, with the intention of achieving remission of symptoms.

Maintenance ECT (M-ECT). This is treatment administered at weekly to monthly intervals (and occasionally less frequently) more than six months after treatment of the acute illness. The intention is to prevent recurrence.

Monitoring an ECT service. This is a system of continuous data collection designed to detect breaches of protocol and critical incidents or failure of procedures as they occur.

3. RESPONSIBILITIES

3.1 Site ECT Clinical Leads:

Site ECT Clinical Leads are responsible for ensuring they are sufficiently qualified to retain their position. They also have assessment, documentation and reporting responsibilities relating to psychiatrists and psychiatry trainees who administer ECT.

3.2 Psychiatrists/Medical Officers:

All medical officers administering ECT must be adequately trained, able to demonstrate competency in performing the procedure and in following NHSIS 1222 ECT dosing protocol, and either have clinical privileges to administer ECT or be directly supervised by a psychiatrist with clinical privileges in ECT. They must take steps to maintain their clinical privileges in ECT and must seek a second opinion from another psychiatrist in certain circumstances. They also have responsibilities regarding the training of psychiatry trainees who wish to administer ECT.

3.3 Psychiatry Trainees:

Psychiatry trainees administering ECT must be adequately trained and be able to demonstrate competency in performing the procedure. They must ensure that they perform ECT under the supervision of a psychiatrist with clinical privileges in ECT (except in circumstances where the trainee is deemed competent to administer ECT without direct supervision according to the procedure detailed below). They must ensure that they attend the SESLHD ECT course as part of their ECT training and comply with relevant RANZCP ECT training standards.

3.4 Medical and Nursing Staff:

All medical and nursing staff are jointly responsible for the care and clinical monitoring of patients receiving ECT.

4. PROCEDURE

4.1 <u>ECT Credentialing and Clinical Privileging for Medical Officers</u>

Overview and Aim

This section describes the procedure by which psychiatrists may be credentialed and then receive clinical privileges, to administer ECT. It also describes the process by which psychiatry trainees may be credentialed to administer ECT. In addition, it defines a procedure for regular review of credentials and clinical privileges and the roles of site ECT Committee Chairs and Clinical Directors in this process.

Initial Credentialing and Clinical Privileging for Psychiatrists
Psychiatrists can apply to be credentialed for ECT at several points during their appointment in SESLHD:

- At the commencement of employment as a staff specialist/clinical academic or a Visiting Medical Officer (VMO) contract period.
- At a routine performance appraisal.
- As the need arises within a local service (eg following the resignation of another ECT-privileged psychiatrist).

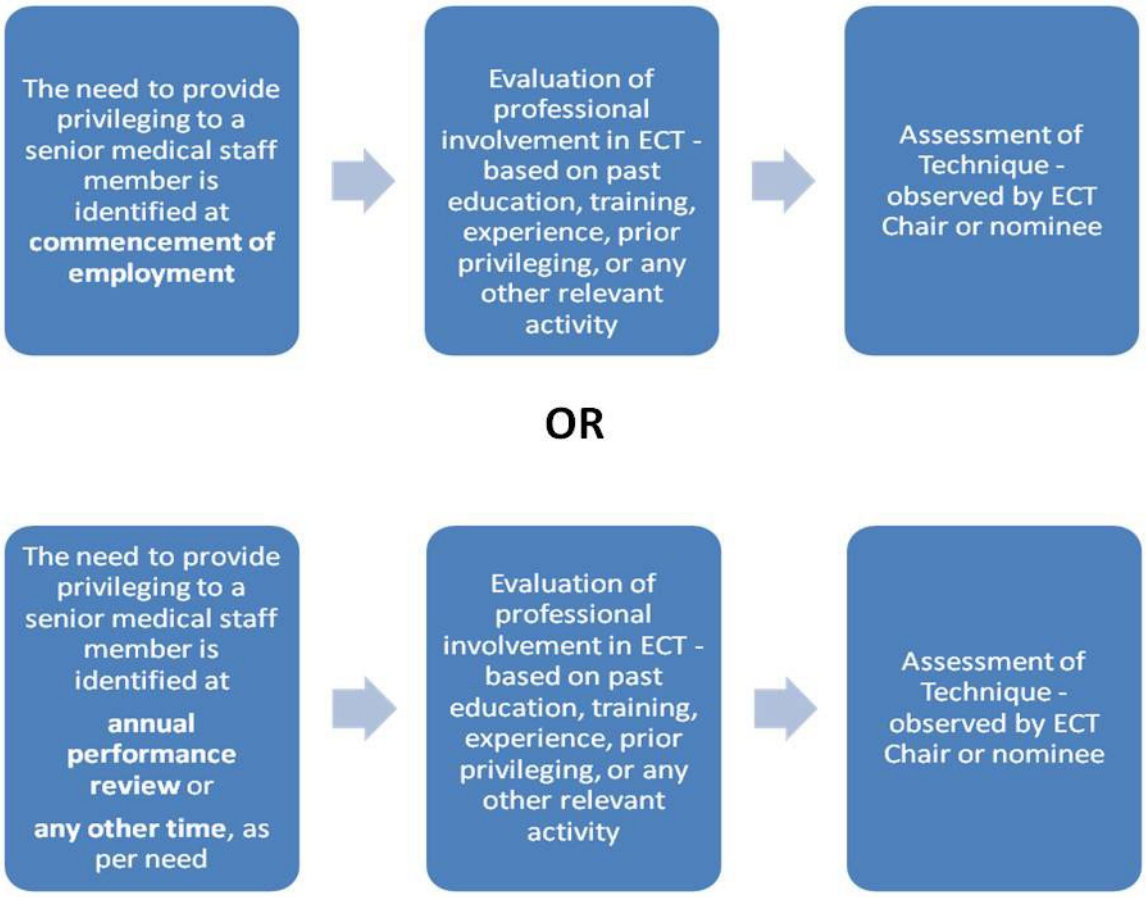
A psychiatrist wishing to be credentialed in ECT administration should make an application in writing to the site Clinical Director. Following this application, an evaluation of the psychiatrist's ECT experience and knowledge should be conducted by the Site ECT Clinical Leads. An assessment of the psychiatrist's practical skills should also be carried out by the Site ECT Clinical Leads or their delegate.

The outcome of the evaluation and assessment should be recorded on the SESLHD ECT Credentialing Evaluation Form (APPENDIX A) and SESLHD Assessment of Practical ECT Technique Form (APPENDIX B)

The Site ECT Clinical Leads should then make a recommendation to the site Clinical Director regarding the applicant's suitability for clinical privileges in ECT and copies of the forms should be submitted.

Where a psychiatrist is deemed suitable for credentialing, the Clinical Director makes a recommendation to the SESLHD MHS Medical and Dental Appointments Advisory Committee (MDAAC), then on to the SESLHD Credentialing Committee and the SESLHD MDAAC, which then grants clinical privileges for the administration of ECT.

The following diagram illustrates the process of assessment for credentialing, which occurs prior to the granting of clinical privileges.



If the outcome of an initial credentialing assessment is that the psychiatrist is deemed unsuitable for credentialing, they should be offered further education (e.g. attendance at an SESLHD ECT course) and/or ongoing direct supervision by a psychiatrist with clinical privileges in ECT to develop their skills and knowledge. They may then undergo a repeat assessment with the Site ECT Clinical Leads.

Review of Clinical Privileging
In order to maintain clinical privileges in ECT, each psychiatrist must:

- Complete at least 20 ECT treatments per year, of which at least 10 are personally conducted by the psychiatrist. The Site ECT Clinical Leads is responsible for ensuring that each credentialed psychiatrist is rostered for an adequate number of sessions to meet this requirement.
- Undergo an annual assessment of skills in ECT administration conducted by the Site ECT Clinical Leads or their delegate. This involves the ECT Chair or delegate attending an ECT session and observing the psychiatrist administering ECT. This assessment should ensure that the psychiatrist is familiar with NHSIS 1222 SESLHD ECT Dosing Protocol. The outcome of this assessment should be documented on the SESLHD Assessment of Practical ECT Technique Form (APPENDIX B).

Requirements for Site ECT Clinical Leads
NSW ECT minimum standards require that a Site ECT Clinical Leads has attended an appropriate ECT course or has obtained equivalent professional education on ECT in the previous five years.

The roles of the Site ECT Clinical Leads in relation to ECT credentialing include:

- Maintain a record of credentialed and privileged senior medical officers, including copies of SESLHD ECT Evaluation forms and SESLHD Assessment of Practical ECT Technique Forms (APPENDIX B).
- Schedule and perform initial evaluations and assessments of practical ECT technique, then conduct annual reviews.
- Meet annually with the site Clinical Director to report on current accreditation status of psychiatrists administering ECT and provide copies of relevant documentation.
- Regularly report to the site ECT committee on current credentialed psychiatrists and psychiatry trainees.

Credentialing for psychiatry trainees
Whenever possible, ECT should be performed by a psychiatry trainee under the direct supervision of a psychiatrist with clinical privileges in ECT.

Although psychiatry trainees are required by the Royal Australian and New Zealand College of Psychiatrists (RANZCP) to undergo training in ECT, completion of RANZCP requirements does not equate to credentialing to perform ECT without direct supervision within SESLHD.

Trainees may apply for credentialing for the administration of ECT within SESLHD. In these circumstances the process of evaluation and practical assessment is similar to that conducted for a psychiatrist seeking clinical privileges. Trainees must meet the same standards of knowledge and skill as a psychiatrist with clinical privileges for ECT. The Site ECT Clinical Leads must be satisfied that the trainee is competent to perform ECT without direct supervision from a psychiatrist. This includes an ability to respond to unusual or complex situations in the ECT suite.

A trainee with credentials to administer ECT **cannot** provide ECT supervision to a trainee without credentials. In this circumstance, supervision must be provided by a psychiatrist with clinical privileges in ECT.

Trainees seeking credentials to administer ECT are required to undergo an initial credentialing assessment, including an assessment of practical ECT technique, with the Site ECT Clinical Leads or their delegate. It is expected that all trainees attend the SESLHD ECT course prior to an application for credentials to administer ECT. The practical assessment should involve observation of enough treatments to demonstrate correct technique for all electrode placements and pulse parameter settings within SESLHD treatment guidelines. The purpose of this assessment is to ensure that the trainee is competent to administer ECT without direct consultant supervision. At least one of the observed treatments must be a stimulus titration.

The Site ECT Clinical Leads must then complete the:

- SESLHD ECT Credentialing Evaluation Form (APPENDIX A).
- SESLHD Assessment of Practical ECT Technique Form (APPENDIX B).

In performing the initial ECT credentialing evaluation, the Site ECT Clinical Leads should also seek, and take into account, feedback regarding the competency of the trainee from psychiatrists who have been providing ECT supervision to the trainee on a regular basis.

If a trainee is deemed competent to be credentialed to administer ECT, this must be recorded by the Site ECT Clinical Leads and reported to the site Clinical Director, along with copies of the relevant documentation. This must also be tabled at the next site ECT Committee meeting.

Review of credentialing for psychiatry trainees

In order to maintain credentialing for ECT administration, trainees are required to:

- Undergo an annual review of their practical ECT technique, performed by the Site ECT Clinical Leads or their delegate. This must include observation of at least one stimulus dose titration. This assessment should be documented on the SESLHD Assessment of Practical ECT Technique Form (APPENDIX B).
- Perform a minimum of 20 ECT treatments per year, all of which must be directly performed by the trainee. The Site ECT Clinical Leads is responsible for ensuring that each credentialed trainee performs at least 20 treatments annually to maintain credentialing.

Requirements for Site ECT Clinical Leads

The Site ECT Clinical Lead is required to:

- Maintain a record of credentialed psychiatry trainees, including copies of the SESLHD ECT Credentialing Evaluation Form (APPENDIX A), SESLHD Assessment of Practical ECT Technique Form (APPENDIX B) and to ensure that each credentialed practitioner meets criteria for minimum number of treatments administered per year.
- Schedule and perform initial evaluations and assessments of practical ECT technique, plus subsequent annual assessment reviews for trainees.
- Meet annually with the site Clinical Director to report on which trainees are credentialed to administer ECT and provide copies of relevant documentation detailing annual review.
- Report regularly which trainees are credentialed to administer ECT to the site ECT Committee.

Psychiatrists and trainees who move between sites in SESLHD

Each site within SESLHD must have a system of accreditation following the same guidelines. As such it is envisaged that privileging of psychiatrists and accreditation of trainees occurs across the District and is valid for every site. Site ECT Clinical Leads may choose to conduct an assessment of a new psychiatrist or trainee from another SESLHD site, however this would not be considered mandatory.

4.2 ECT documentation

Overview and Aim
NSW Ministry of Health Policy Directive PD2011_003 - Electroconvulsive Therapy: ECT Minimum Standard of Practice in NSW requires that the medical records of any patient undergoing ECT must include documentation of:

- Continuing consent to ECT.
- Results of investigations and/or anaesthetic review.
- Side effects of ECT.
- Results of mandatory cognitive testing.
- Results of symptom based objective assessments.
- Chronologically filed electroencephalography (EEG) records.

In order to standardise ECT documentation across SESLHD and streamline the process by which relevant information is recorded and located in the patient file, an SESLHD Electroconvulsive Therapy Pack has been developed. In addition to this, specific packs of forms have been developed in collaboration with the C.A.R.E. network which contain all relevant forms to be used for collecting clinical data in relation to ECT.

Procedure
Each person receiving ECT in SESLHD should have the following documentation completed:

- NHSIS0486 Electroconvulsive Therapy Pack (completed prior to commencing ECT).
- NHSIS0489 ECT Prescription & Record (1-12).
- Or NHSIS0490 ECT Prescription & Record Continuation/Maintenance (13-24)
- Or NHSIS0665 ECT Prescription & Record Continuation/Maintenance (Blank) as needed.
- NHSIS1222 ECT Dosing Protocol
- NHSIS1232 Pre and Post Procedure Handover for every treatment.
- NHSIS1224 ECT procedure Safety Checklist for every treatment

4.3 Clinical monitoring of ECT

NSW Ministry of Health Policy Directive PD2011_003 - Electroconvulsive Therapy: ECT Minimum Standard of Practice in NSW mandates the assessment of cognitive function prior to, during and at completion of an ECT course. In addition, it is recommended that patients who are cognitively impaired at completion of an ECT course should have a repeat cognitive assessment one month later and further assessments as clinically indicated. SESLHD is also a member of the “C.A.R.E.” network (Clinical Alliance and Research in ECT) and all ECT patients should complete the C.A.R.E. battery of cognitive and symptom-based measures (detailed below).

This Policy Directive also recommends the routine use of structured rating scales, administered prior to ECT and at completion of an ECT course, in order to objectively assess response. They should also be administered during a course of ECT to assess

incremental improvement, particularly in situations where more than 12 Index/Acute ECT are prescribed.

Within SESLHD it is recommended that, whenever possible, patients should undergo the following cognitive assessments at the following time points:

- **Immediately prior to Index/Acute ECT (at baseline):**
  a. Montreal Cognitive Assessment (MoCA)
  b. Orientation Questionnaire
  c. Subjective Assessment of Memory Impairment (SAMI)
- **30 minutes after each ECT:**
  a. Orientation questionnaire
- **Prior to treatment six or seven:**
  a. MoCA
- **Within one week of completion of the Index/Acute ECT course:**
  a. MoCA
  b. SAMI
- **If impaired at completion of the course, then one month later:**
  a. MoCA.
- **Additionally, as clinically indicated.**

In SESLHD it is recommended that whenever possible, the Montreal Cognitive Assessment (MoCA) should be used for the assessment of ECT-related cognitive impairment. For patients from non-English speaking or limited education backgrounds, the Rowland Universal Dementia Assessment Scale (RUDAS) may be used, though this instrument has not been validated as a measure of ECT-related cognitive impairment. The Mini-Mental State Examination is not considered an adequate tool for the assessment of ECT-related cognitive impairment.

The following symptom rating scales should be used at baseline and at the end of an ECT course to assess response:

- Montgomery Asberg Depression Rating Scale (MADRS) for patients receiving ECT for depression.
- Young Mania Rating Scale (YMRS) for patients receiving ECT for mania.
- Brief Psychiatric Rating Scale (BPRS) for patients receiving ECT for schizophrenia.
- Bush-Francis Catatonia Rating Scale for patients with catatonia
- Clinical Global Impression – Severity and Improvement (CGI-S & CGI-I) may be used in any patient receiving ECT.
- ReQol -10, which is a self-report rating scale of quality of life. This should be completed by the patient with the assistance of their nurse on the day prior to ECT and on the day after completion of Index/Acute ECT.

Each of these rating scales should be available on the mental health unit that is providing ECT and complete packs of forms for before, during and after ECT should be available (see appendix). Each site ECT Coordinator is responsible for ensuring that the rating scales are made available, and that medical and nursing staff complete these rating scales as

required. Compliance with this requirement is audited via the SESLHD Minimum Standards Audit Tools (see section below on Audit processes).

4.4 Psychiatrist second opinions in ECT

Overview and Aim
NSW Ministry of Health Policy Directive PD2011_003 - Electroconvulsive Therapy: ECT Minimum Standard of Practice in NSW mandates a minimum standard for review of psychiatrist decisions to prescribe ECT. The policy requires that a second opinion should be obtained **from a psychiatrist experienced in ECT** when:

- There is uncertainty about the recommendation for ECT.
- ECT is being considered for indications **other than** the standard indications listed under NSW Ministry of Health Policy Directive PD2011_003 - Electroconvulsive Therapy: ECT Minimum Standard of Practice in NSW. In SESLHD a more specific procedure for psychiatrist second opinions in relation to ECT has been approved. This procedure is detailed below.

Procedure
All psychiatrist second opinions in relation to ECT should be documented as per SESLHD Policy Directive SESLHDPD/269 - Obtaining a Second Opinion from a Consultant Psychiatrist within Acute Inpatient Mental Health Units. When reviewing an ongoing ECT prescription, if ongoing ECT is supported, the psychiatrist providing the opinion should complete the section on page 2 of the SESLHD ECT prescription form NHSIS0489, identifying the indication for the second opinion and the date upon which it was conducted.

When should a psychiatrist second opinion be obtained? (see APPENDIX C)
A second psychiatrist opinion should be obtained prior to commencing ECT when ECT is being prescribed for indications **other than**:

- Major depressive episode-
  - Manic episode.
  - Mixed episode
  - Schizoaffective disorder (mood episode or exacerbation of positive psychotic symptoms).
  - Catatonia
  - Neuroleptic Malignant Syndrome
  - Schizophrenia (acute or treatment-resistant schizophrenia).

- There is significant uncertainty about whether ECT should be administered e.g. when there is diagnostic uncertainty or in situations of increased anaesthetic risk.

- There is strong opposition to the administration of ECT from the family/designated carer.

Index/Acute ECT (see APPENDIX C)

- A second psychiatrist opinion must be obtained if more than 12 ECT are to be given in an Index/Acute ECT course.
- A second opinion must be obtained from the Site ECT Clinical Lead, or their delegate, if more than 20 Index/Acute ECT are to be given in a single course. The case should also be presented and discussed in a peer-reviewed context e.g., a clinical case conference attended by peers.
- In exceptional circumstances, where more than 20 Index/Acute ECT are to be given, there should be ongoing collaborative involvement of the Site ECT Clinical Lead in the management of ECT.

Continuation and Maintenance ECT (see APPENDIX C)

A second psychiatrist opinion should be obtained:

- When transitioning from C-ECT to M-ECT which occurs 6 months after Index/Acute course has been completed.
- If more than 18 ECT are to be given within the 6-month period of C-ECT.
- Annually for people having M-ECT, or after every 18 treatments if this occurs within 12 months. At the time of this review, a certificate recommending ECT should be completed by the prescriber and the second opinion psychiatrist and must be available in the ECT pack.

4.5 Continuation ECT and Maintenance ECT

Overview and Aim

NSW Ministry of Health Policy Directive PD2011_003 - Electroconvulsive Therapy: ECT Minimum Standard of Practice in NSW mandates several key processes for prescribing and monitoring Continuation and/or Maintenance ECT. These are summarised below along with procedures for prescription, plus renewal of informed consent.

Procedure

- An identified psychiatrist must be responsible for the ongoing treatment and care of any person receiving Continuation or Maintenance ECT (C-ECT or M-ECT). Clinical review and prescription of ECT may be delegated to a trainee psychiatrist under the supervision of the treating psychiatrist.
- Any person receiving C-ECT or M-ECT must be reviewed by the treating psychiatrist or delegate at sufficient frequency to adequately monitor clinical progress and adjust ECT treatment. This should be at least after every three treatments for people having C-ECT and four treatments of M-ECT to assess progress and the continuing need for ECT.
- No more than three ECT treatments should be prescribed in advance for any person receiving C-ECT and four treatments for M- ECT.
- The treating psychiatrist (or their delegate) of any patient receiving C-ECT or M- ECT must make an entry in the file at least every six months documenting:
    - The ongoing need for ECT.

- A discussion of treatment options, including treatment cessation, with the person and/or family/designated carer.

- Any person receiving C-ECT or M- ECT must have a formal pre-anaesthetic assessment completed at least every six months.
- Any person receiving C-ECT or M-ECT must have formal cognitive assessment with a standardised tool (preferably a MoCA) completed at least every three months for C-ECT and six months for M-ECT, or more often if clinically indicated.
- People receiving C-ECT or M-ECT who have provided informed consent should repeat the informed consent process with their treating psychiatrist or delegate every 6 months. Informed consent is considered valid for six months. A current consent must be available in the SESLHD Electroconvulsive Therapy Pack at every ECT session.
- The NSW Health Guideline GL2021_006 - Physical Health Care for People Living with Mental Health Issues outlines the minimum requirements for physical health care for people receiving treatment from mental health services. This guideline requires the completion of physical examinations every 3, 6 or 12 months depending on the setting in which they are receiving care, their age and level of physical co-morbidities.
- Given that C-ECT and M-ECT involves repeated procedures with the administration of general anaesthesia it is essential that all outpatients have a physical examination completed at least every 6 months. This may need to occur more frequently in those with complex medical co-morbidities. The person's GP can carry out the physical examination if documentation of the physical examination is available within the medical record. Alternatively, it may be carried out by a medical officer within the Mental Health Service.
- Those who receive C-ECT or M-ECT with consent provided by the MHRT, are generally considered to be inpatients of mental health facilities on extended leave. In these circumstances a physical examination must also be completed at least every 6 months. However, for those who are 65 years or older or are known to have significant active physical illness or disability, physical examination should be completed at least every 3 months.
- People having C-ECT and M-ECT need to have a medication reconciliation completed prior to all treatments either via a health summary from GPs, current list of medication for those on a Webster pack (chemist or residential aged care facility) and for those managing their own medications a current list from consumer or carer themselves.
- This reconciliation should be documented as an eMR note titled "Medication Reconciliation" with any changes clearly identified.

A summarised version of all requirements in relation to C-ECT and M-ECT is available in APPENDIX E.

4.6 Monitoring of ECT services

Overview and Aim

NSW Ministry of Health Policy Directive PD2011_003 - Electroconvulsive Therapy: ECT Minimum Standard of Practice in NSW requires that SESLHD must establish:

- A system that monitors the achievement and maintenance of minimum standards of clinical practice across all ECT programs within its jurisdiction.
- A system of monitoring and auditing ECT services at individual hospitals.

SESLHD is then required to report against a set of key performance indicators established by NSW Health. This system works in parallel with the NSW Health Policy Directive PD2020_047 - Incident Management.

Monitoring Procedure

Each Site ECT Clinical Leads and ECT Coordinator should implement a system to ensure that ECT-related incidents and events are appropriately reported, recorded and responded to.

All clinicians involved in the provision of ECT are expected to document any relevant systems or individual treatment issues as per NSW Ministry of Health Policy Directive PD2011_003 - Electroconvulsive Therapy: ECT Minimum Standard of Practice in NSW (page 50) in the patient's file. They should make notifications of any incidents via the Incident Information Management System (IIMS) according to NSW Health Policy Directive PD2020_047 - Incident Management.. Such incidents would be reviewed according to existing mechanisms of incident review and management.

All clinicians should ensure that site ECT staff (Site ECT Clinical Leads and/or ECT Coordinator) and the medical team responsible for care of the patient (trainee psychiatrist and/or psychiatrist) are notified of ECT incidents, systems or treatment issues as they arise. This is to ensure a timely response, appropriate intervention and an ongoing process of data collection in relation to ECT. Regular pathways for notification of nursing unit managers in operating theatres, recovery suites and mental health units should be followed for reporting of events related to nursing care of ECT patients. Nursing unit managers should then liaise with the treating team and Site ECT Clinical Leads/Clinical Director to address issues that may arise. Data in relation to ECT incidents and events should be recorded by the ECT Coordinator and Site ECT Clinical Leads and reported as a standing item to the site ECT Committee.

In circumstances where an incident or treatment event requires **urgent intervention** (eg a machine malfunction) there should be a direct notification to the Site ECT Clinical Leads (by phone or in person). This should be supplemented by a brief email to the Site ECT Clinical Leads to enable recording of the event, with inclusion of the site ECT Coordinator and site Clinical Director in the email.

If urgent action is **not** thought to be required, notification should occur by email including the same recipients.

Each Site ECT Clinical Leads should establish a database for recording systems or treatment issues as they occur, which is stored securely on the network drive of both the Site ECT Clinical Leads and the ECT Coordinator. This database should be reported upon as a standing item at each site ECT Committee meeting, along with all IIMS reports. In addition, this data should be analysed as a component of regular auditing of ECT services. (APPENDIX D)

5. DOCUMENTATION

The following documents must be used to implement this procedure:

APPENDIX A:	SESLHD ECT Credentialing Evaluation Form
APPENDIX B:	SESLHD Assessment of Practical ECT Technique Form
APPENDIX C:	SESLHD Guide for ECT 2nd Opinions – Indications, Index/Acute, C-ECT/M-ECT
APPENDIX D:	Guide for ECT Service Monitoring Guide (page 17)
APPENDIX E:	Continuation and Maintenance ECT requirements

6. AUDIT

Each site ECT coordinator and Site ECT Clinical Leads is responsible for ensuring there is ongoing auditing of the ECT service. Results of the ECT audits should be reported at least every six months to the site ECT committee. The file of every patient receiving ECT should be audited to collect relevant clinical data and this constitutes a key role of the site ECT Coordinator. This data should also be provided annually to senior medical staff and managers within each ECT service and reported annually to the SESLHD ECT committee to enable an ongoing process of quality improvement within the service.

Clinical Outcomes Auditing

The C.A.R.E. network clinical assessment forms and database should be maintained by each ECT service in SESLHD and collects detailed demographic and clinical data in relation to ECT for each patient for the purposes of assessing clinical outcomes of ECT.

Auditing Compliance with NSW Minimum ECT standards

Each ECT file should be audited to assess compliance with NSW Minimum Standards. This audit should be conducted by the ECT co-ordinator using the following compliance audit tools:

Patient files should be audited at the following points in treatment:

- At completion of an Index/Acute ECT course (QARS: SESLHD_MH_Index/AcuteECT_Audit)
- After six months of C-ECT or at completion of C-ECT if this occurs sooner (QARS: SESLHD_MH_C-ECT_Audit)
- Every 12 months during a course of M-ECT (QARS: SESLHD_MH_M-ECT_Audit)

7. REFERENCES

NSW Health

- PD2011_003 - Electroconvulsive Therapy: ECT Minimum Standard of Practice in NSW
- PD2020_047 - Incident Management

SESLHD

- SESLHDPD/269 - Obtaining a Second Opinion from a Consultant Psychiatrist within Acute Inpatient Mental Health Units

Other

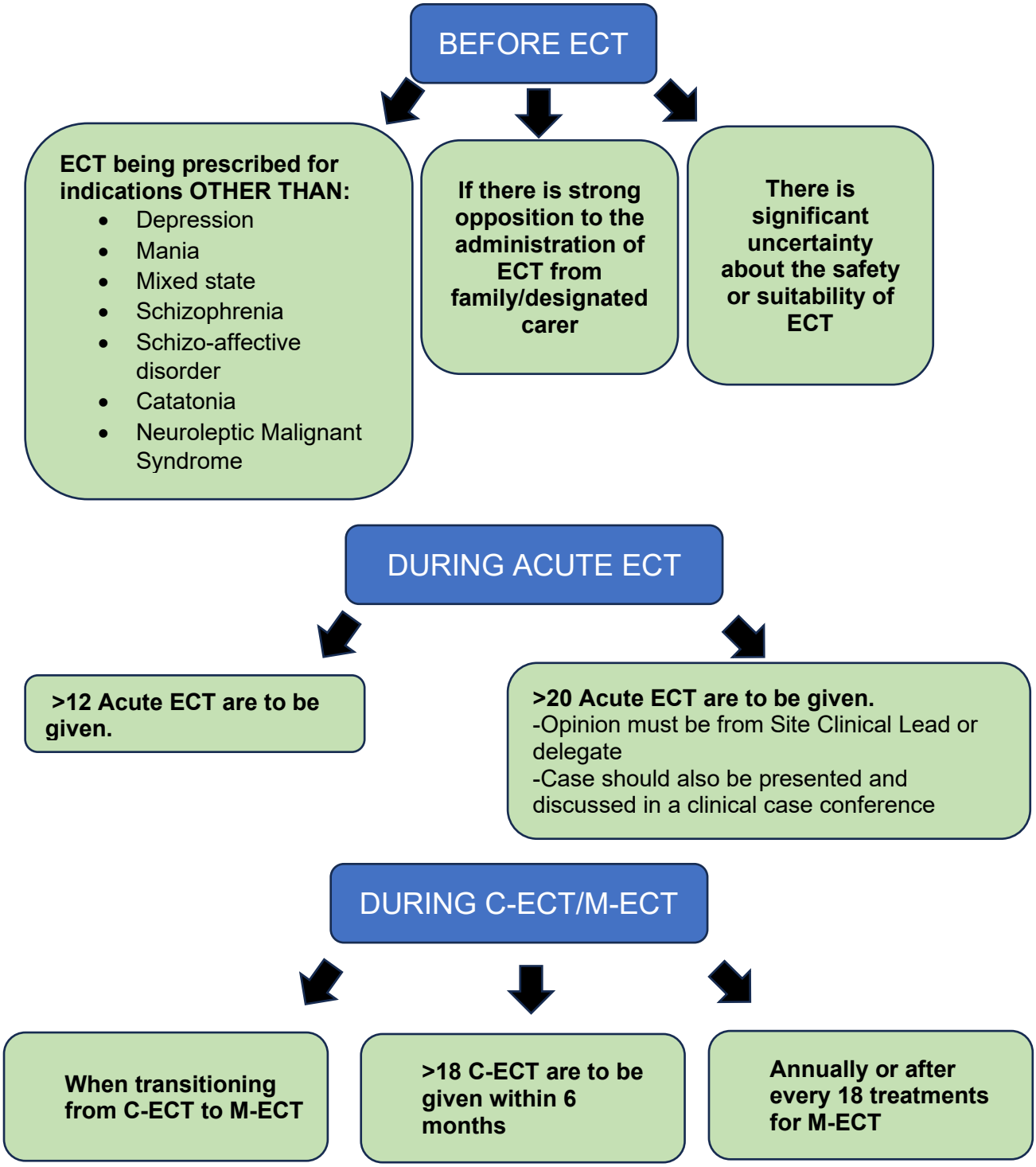
- National Safety and Quality Health Service Standards Second Edition: Standard 1.23 Credentialling and Scope of Clinical Practice, Standard 1.28 Variation in Clinical Practice and Health Outcomes

8. VERSION AND APPROVAL HISTORY

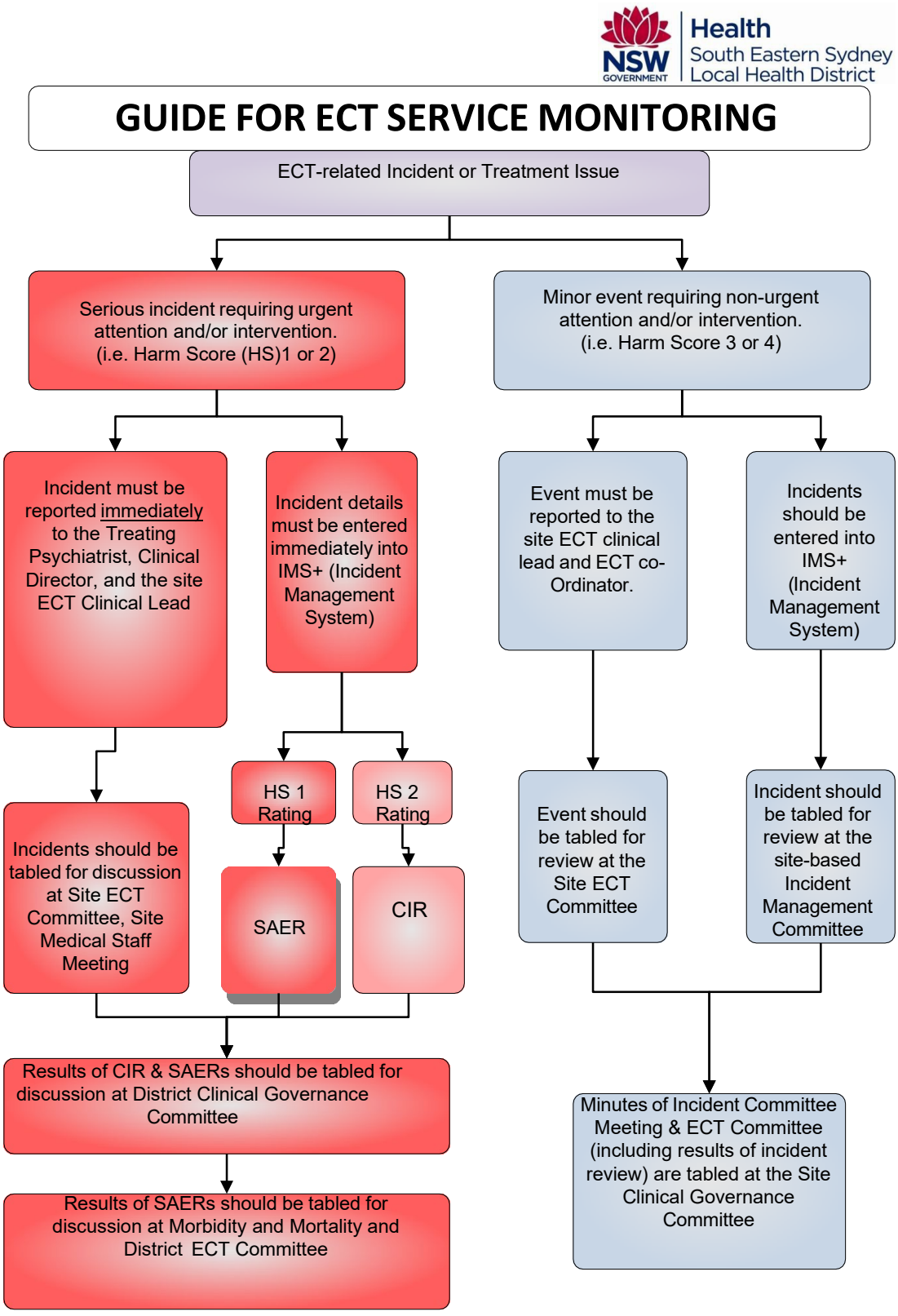
Date	Version	Author and approval notes
June 2014	1	Endorsed by SESLHD MHS Clinical Council.
January 2016	2v1	Scheduled update by author, STG MHS Staff Specialist Brett Simpson, in conjunction with SESLHD MHS ECT Committee. Minor changes include slight rewording of Psychiatry Trainees' responsibilities (Section 3.3), addition of requirement for Site ECT Clinical Leads to regularly report to the site ECT Committee on credentialed psychiatrists and registrars (Section 4.1), addition of 'Mixed Episode' and removal of 'Parkinson's Disease' in ECT Indications (Section 4.4), slight rewording of anaesthetic requirements (Section 4.5). Change in risk rating from 'Extreme' to 'Medium' following 12 months of operation since document was rewritten to support NSW Ministry of Health PD2011_003.
February 2016	2v1	Endorsed by SESLHD MHS Clinical Council.
March 2016	2	Published
December 2018	3	Revised by Dr. Brett Simpson
February 2019	3	Pending final approval from Clinical Directors and DDCC endorsement.
May 2019	3	Updated to most recent template Endorsed by ECT Committee
June 2019	3.1	Appendices relabelled Links confirmed as current and working Circulated to DDCC for review
August 2019	3.2	Minor review with procedure updated and consolidated. Approved by MH DDCC and SESLHD MHS Clinical Council. Processed by Executive Services prior to publishing.
July 2020	3.3	Title of document changed to '*Electroconvulsive Therapy (ECT) Practice – Mental Health Service'.* Risk rating reduced to Medium (approved in January 2016 but not actioned). Review

		date now aligned to a Medium Risk and commences from last minor review (Aug 2019). Approved by Executive Sponsor.
10 May 2024	3.4	Minor review by working group review: updated Appendices, add in new QARS audit, change of titles. Endorsed Document Development and Control Committee. Endorsed Clinical Council.

APPENDIX C: SESLHD GUIDE FOR WHEN ECT 2nd OPINIONS ARE NEEDED



APPENDIX D



Endorsed by the SESLHD MHS ECT Committee & SESLHD MHS Clinical Council

APPENDIX E

Continuation and Maintenance ECT requirements:

Prior to every ECT	Post every ECT	Post 3 ECTs	Post 4 ECTs	Every 3 months	Every 6 months	Every 12 months
Medication reconciliation documented in eMR	Orientation test	Psychiatric review for those having **CECT**	Psychiatric review for those having **MECT**	Physical health assessment for those over 65yrs or with significant physical illness or disability	eMR entry outlining ongoing ECT needs, options discussed with patient, family, or carers.	**MECT** second opinion (Or post 18 if in a year)
				Symptoms test for those having **CECT** e.g. MADRS	Anaesthetic assessment	
				Cognitive test for those having **CECT** e.g. MoCA	Physical health assessment	
					Renew Informed consent	
					Second opinion: transition from **CECT** to **MECT**	
					Symptoms and Cognitive test for those having **MECT** e.g MADRS and MoCA	

For those with MHTR consents: a valid ECT consent and IPO must be present in their ECT file.

CECT: **3** ECT prescriptions can be written in advance.

MECT: **4** ECT prescriptions can be written in advance.