

Scottish ECT Accreditation Network (SEAN)

SEAN Standards

Version V1.0 January 2010



© National Services Scotland / Crown Copyright 2010
First Published January 2010

SEAN Standards
Version V1.0 January 2010

Brief extracts from this publication may be reproduced provided the source is fully acknowledged. Proposals for reproduction of large extracts should be addressed to:

ISD Scotland Publications
Information Services Division
NHS National Services Scotland
Gyle Square
1 South Gyle Crescent
Edinburgh EH12 9EB

+44 (0) 131 275 6233
nss.isdpublications@nhs.net

This publication can be made available in different languages, larger print or Braille (English only). For information on translation of this publication in your community language, please phone the number below:

本出版品尚有不同語言版本、大型字體印刷版本、盲人點字版本 (僅提供英文版本) 可供您選擇。如需瞭解本出版品是否有翻譯成您當地使用的語言，請透過以下電話號碼與我們聯絡：

Cuirear am foillseachadh seo ri fhaighinn ann an grunn chànan, clò-bhualadh mòr is Braille (Beurla a-mhàin). Cuir fòn dhan àireamh a leanas airson fiosrachaidh mar a gheibhear cadar-theangachadh an fhoillseachaidh seo nad chànan coimhearsnachd:

يمكن أن يتوفر هذا الإعلان بلغات مختلفة، وطباعة بحجم أكبر، وطباعة برايل (باللغة الإنجليزية فقط). للحصول على معلومات حول ترجمة هذا الإعلان بلغتك المحلية، يرجى الاتصال بالرقم الوارد أدناه.

यह प्रकाशन विभिन्न भाषाओं, बड़े अक्षरों, ब्रेल लिपि (सिर्फ अंग्रेजी) में उपलब्ध कराया जा सकता है। आपके समुदाय की भाषा में इसे प्रकाशन के अनुवाद के बारे में जानकारी के लिए कृपया नीचे दिए हुए नम्बर पर टेलीफोन करें।

এই প্রকাশনাটি বিভিন্ন ভাষায়, বড় ছাপার অক্ষর এবং ব্রেইলী-ত (শুধুমাত্র ইং-রাজী-ত) সরবরাহ করা যে-ত পা-রা। এই প্রকাশনাটি আপনার মাতৃভাষায় অনুবাদ সম্পর্কিত তথ্যের প্র-স্নাজ-ন অনুগ্রহপূর্বক নিম্নলিখিত নাম্বা-র টেলি-ফোন করুন :

ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਵੱਖ ਵੱਖ ਭਾਸ਼ਾਵਾਂ ਵਿਚ, ਵੱਡੇ ਫਾਪੇ, ਬ੍ਰੇਲ (ਸਿਰਫ ਅੰਗਰੇਜ਼ੀ ਵਿਚ) ਉਪਲਬਧ ਕੀਤੀ ਜਾ ਸਕਦੀ ਹੈ। ਇਸ ਪ੍ਰਕਾਸ਼ਨ ਦੇ ਆਪਣੇ ਭਾਈਚਾਰੇ ਦੀ ਭਾਸ਼ਾ ਵਿਚ ਅਨੁਵਾਦ ਲਈ ਜਾਣਕਾਰੀ ਲਈ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠ ਲਿਖੇ ਨੰਬਰ ਤੇ ਫੋਨ ਕਰੋ।

یہ طبع مختلف زبانوں اور بڑے چہاب میں دستیاب کی جاسکتی ہے، برائلی (صرف انگریزی میں)۔ اپنی کمیونٹی کے زبان میں اس طبع کے ترجمے کے بارے میں معلومات حاصل کرنے کے لئے، براہ کرم مندرجہ ذیل نمبر پر فون کیجئے۔

Contents

Foreword	3
Introduction and timeline	4
Format of Standards and Definition of Terminology	5
Method.....	6
Accreditation Visits	7
STANDARD 1 ~ Information, consent and prescription	9
STANDARD 2 ~ Preparation for ECT	10
STANDARD 3 ~ Environment	11
STANDARD 4 ~ Equipment	12
STANDARD 5 ~ Drugs.....	13
STANDARD 6 ~ Psychiatry	14
STANDARD 7 ~ Anaesthesia	15
STANDARD 8~ Nursing	16
STANDARD 9 ~ Recovery	17
STANDARD 10 ~ Team Aspects	18
STANDARD 11 ~ Protocols and Documentation	19
References	20
Contacts.....	20

Foreword

I am delighted to welcome this new format for standards at ECT.

The standards have been designed to be specific and measurable and as such will give us meaningful information on which to base our accreditation assessments. Informing each standard are the elements outlined in various good practice statements, the Royal College of Psychiatrists handbook on ECT, NICE guidelines as endorsed by the Health Technology Board for Scotland and person centred measures of quality as fed back to us since the national audit of 1997.

Our steering group will review these standards regularly and will include feedback from a new reference group of voluntary organisations to ensure that the views of people with experience continue to be included. Any comments or feedback from the wider community would also be welcome.

Clinics will be assessed every two years by a multi-disciplinary team of psychiatrist, nurse and anaesthetist. Feedback will be given in writing as described in this document. The fact that all clinics in Scotland have signed up to this process has paved the way for improvements at ECT that have been user and clinician led and I am confident that this collaboration will continue to help us achieve high standards of care.

Dr Grace Fergusson FRCPsych
SEAN Clinical Lead

Introduction and timeline

The aims of the Scottish ECT Accreditation Network are to:

- Share and promote good practice between clinics by the use of evidence based standards.
- Identify the needs of service users.
- Provide updates on the latest evidence based research & developments in ECT.

Significant developments that lead up to the production of the standards were:

- 1996** The Scottish ECT Accreditation Network (SEAN) started out as a National Audit of ECT Services in Scotland. The first audit was paper based, funded by the Clinical Resource Allocation Group (CRAG) and ran for a three year cycle.
- 2000** Audit findings were published. SEAN continued to grow and develop and has become a Managed National Clinical Network , membership of which includes consultant psychiatrists, consultant anaesthetists, ECT nurses, operating department practitioners and recovery nurses. A Steering Group was formed from elected members of these groups, together with representation from the Scottish Government, Mental Welfare Commission of Scotland and St Andrews University.
- 2003/4** An electronic care pathway / data collection tool was developed.
- 2005/6** The care pathway was adopted by every unit delivering ECT in Scotland and subsequently staff have been using this tool to collect treatment data on all patients receiving ECT in Scotland.
- 2008** SEAN became part of the NHS, National Services Scotland, Information Services Division. This will provide SEAN with access to expertise in national audit, statistical analysis & publishing.
- 2009** Accreditation of ECT Services in Scotland restarted, using the standards contained in this document. Every clinic in Scotland will be visited in a two year cycle, assessed against these standards and awarded appropriate accreditation.

SEAN receives input from a User Reference Group, which currently includes representatives from the Scottish Association for Mental Health, Bipolar Fellowship and Depression Alliance (Scotland).

Format of Standards and Definition of Terminology

The standards have four components:

Title	Summarises the subject of the standard
Standard statement	Describes the level of performance to be achieved
Rationale	Explains why the standard is thought to be important
Criteria	Expands the standard statement and explains what must be achieved for the standard to be reached.

Criteria are ranked:

Level 1	Mandatory criteria. These must all be met by a clinic to achieve accreditation. Failure of these criteria may represent a significant risk to patient or staff safety or a breach of dignity, guidelines from professional bodies, current law or human rights.
Level 2	Additional good practice. A clinic would be expected to meet at least 90% of these to be considered for accreditation with excellence.
Level 3	Additional desirable practice. A clinic would be expected to meet the majority of these to be considered for accreditation with excellence.

Accreditation Awards:

Accredited with Excellence

Accredited

Accreditation Defferal

Accreditation Not Achieved

Method

The **SEAN standards** have been derived from those issued by the following organisations:

- Royal College of Psychiatrists (RCPsych)
- Royal College of Anaesthetists (RCoA)
- Association of Anaesthetists of Great Britain and Ireland (AAGBI)
- Royal College of Nursing (RCN)
- NHS Quality Improvement Scotland (NHS QIS)
- National Institute for Clinical Excellence (NICE)

Key reference documents:

1. The Scottish National Audit of ECT. (CRAG Working Group on Mental Illness, 2000)
2. National Institute for Clinical Excellence (NICE) appraisal of ECT, 2003. (National Institute for Clinical Excellence, 2003)
3. The ECT Handbook, second edition, Royal College of Psychiatrists, 2005
4. ECT Accreditation Service Standards (ECTAS), 6th Edition, 2008, The Royal College of Psychiatrists, London
5. Immediate Post-Anaesthetic Recovery. The Association of Anaesthetists of Great Britain and Ireland, 2002.
6. Recommendations for Standards of Monitoring during Anaesthesia & Recovery, 4th Edition. The Association of Anaesthetists of Great Britain and Ireland, 2007.
7. NHS Quality Improvement Scotland (QIS) Standards in Anaesthesia. July 2003.
8. Anaesthesia in Remote Sites, Royal College of Anaesthetists, 2008.

Feedback on the standards was obtained from the steering group, reference group, accreditation teams and ECT teams.

Accreditation Visits

Accreditation visits will be carried out at each ECT Clinic in Scotland every two years. The clinic will be assessed against the standards in this document.

The Accreditation Team will consist of:

- SEAN National Clinical Co-ordinator (Team Leader)
- ECT Nurse currently running an ECT department.
- Consultant psychiatrist currently practicing in ECT.
- Consultant anaesthetist currently delivering anaesthesia for ECT.

Timetable of events:

1. The ECT team will be informed at least six weeks in advance and will receive written information and a programme of the visit.
2. The ECT team will be asked to submit all their documentation three weeks before the visit.
3. The accreditation team will arrive at the clinic approximately one hour before treatment starts, in order to interview all members of the ECT team without causing disruption to the treatment session. Each team member will be interviewed by a member of their own discipline.
4. If the patient agrees, at least one member of the team will observe treatment being administered.
5. Immediately after the visit the accreditation team will meet briefly to discuss its preliminary findings and then meet the ECT team and line manager to provide initial feedback.
6. The accreditation team will write a brief summary report before leaving the clinic. A draft written report will be sent to the ECT team, within twelve weeks, to be checked for accuracy.
7. The ECT team will be asked to discuss the draft report and submit comments to the SEAN Clinical Co-ordinator within three weeks, once the content is agreed it should be "signed off" by the ECT team leader and returned to the Clinical Co-ordinator. If the draft report is not signed and returned within three weeks it will be assumed that the ECT team is satisfied with the contents.
8. The signed off copy of the draft report will be formalised into a final report and circulated to the Steering Group for award of appropriate accreditation.

STANDARD 1 ~ Information, consent and prescription

All patients are provided with up to date, easily understood, information on ECT, including risks and benefits, and anaesthesia. Consent to treatment or appropriate Mental Health (Care and Treatment) (Scotland) Act 2003 (MHA) process should be recorded.

Rationale

Information assists patients with making informed choices, which can reduce anxiety. Information can be produced in several formats and should be available in a way that suits the individual needs. The right to give or withhold consent is a basic principal of healthcare and a fundamental right.

Criteria		Level	Achieved
1.1.	Information should be given both verbally and in writing.	1	<input type="checkbox"/>
1.2.	ECT should be explained by a suitably qualified individual who is familiar with current procedures	1	<input type="checkbox"/>
1.3.	Risk and benefits should be explained and recorded.	1	<input type="checkbox"/>
1.4.	Only a doctor who is fully versed in the procedure should obtain consent.	1	<input type="checkbox"/>
1.5.	Patients giving informed consent should be made aware that they may withdraw consent at any time.	1	<input type="checkbox"/>
1.6.	The consent form should conform to current guidelines laid down by the Scottish Government Health Department and the Mental Welfare Commission (Scotland).	1	<input type="checkbox"/>
1.7.	A signed consent form, and/or appropriate MHA documentation (T2/T3) should be available at each treatment.	1	<input type="checkbox"/>
1.8.	Consent to treatment, or appropriate MHA documentation, should be checked and recorded before each treatment.	1	<input type="checkbox"/>
1.9	No more than 2 ECT treatments should be prescribed at one time.	1	<input type="checkbox"/>

STANDARD 2 ~ Preparation for ECT

There is a procedure for checking and recording preparation of the patient, staffing levels, environment and equipment.

Rationale

For safe, efficient and effective treatment to be administered the patient should be adequately prepared. Provision of a pre-treatment assessment service improves efficiency, enhances patient care and reduces risks. This should include all disciplines involved with the preparation process (ie prescribing consultant, ECT consultant, consultant anaesthetists, ward nurses, escort nurses and ECT nurses).

Criteria		Level	Achieved
2.1.	A full medical history is taken and a physical examination performed before the episode (course) of treatment starts.	1	<input type="checkbox"/>
2.2.	Both items in 2.1 are recorded and communicated to the anaesthetist	1	<input type="checkbox"/>
2.3.	There is a protocol for pre ECT investigations.	2	<input type="checkbox"/>
2.4.	The results of investigations are recorded legibly on the SEAN record	1	<input type="checkbox"/>
2.5.	Where relevant, MHA documentation should be completed before treatment (see standards 1.7 & 1.8)	1	<input type="checkbox"/>
2.6.	The following checks of patient preparation are carried out and recorded before each treatment. <ul style="list-style-type: none"> • Legal status and consent • Fasting status • Baseline observations: Pulse, BP (blood sugar for diabetic patients) • Medication • Changes to physical or mental health 	1	<input type="checkbox"/>
2.7.	The patient is escorted to ECT by a qualified nurse known to him or her.	1	<input type="checkbox"/>
2.8.	Time spent in waiting room is less than 30 minutes.	2	<input type="checkbox"/>

STANDARD 3 ~ Environment

The ECT suite provides an environment that is fit for purpose.

Rationale

For treatment to be safe and efficient the rooms within the ECT suite should meet the requirements of the patients and staff. Space should be sufficient and laid out appropriately to ensure the comfort and safety of the patient. All areas should enable the ECT team to work safely, efficiently and effectively.

Criteria		Level	Achieved
3.1.	The ECT Clinic should be close to base hospital	2	<input type="checkbox"/>
3.2.	Special arrangements should be in place for clinics remote from base hospital	2	<input type="checkbox"/>
3.3.	There should be disabled access	1	<input type="checkbox"/>
3.4.	Toilet facilities should be easily accessible	1	<input type="checkbox"/>
3.5.	Waiting room layouts should be according to Royal College of Psychiatrists Handbook (2005 Edition).	2	<input type="checkbox"/>
3.6.	Treatment room layout should be according to Royal College of Psychiatrists Handbook (2005 Edition).	1	<input type="checkbox"/>
3.7.	Recovery room layout should be according to Royal College of Anaesthetists Standards	1	<input type="checkbox"/>
3.8.	Second recovery area available for patients to have a drink before returning to Ward.	3	<input type="checkbox"/>

STANDARD 4 ~ Equipment

Equipment for the monitoring of patients, delivery of ECT and emergencies should be up to date and fit for purpose.

Rationale

Equipment involved in the delivery of treatment should meet current guidelines laid down by the Royal College of Psychiatrists ECT Handbook (2005), AAGBI and RCoA. All equipment should be serviced regularly by appropriately trained staff. Servicing and checks should be recorded.

Criteria		Level	Achieved
4.1.	Easy access to a telephone within the ECT suite.	1	<input type="checkbox"/>
4.2.	Computer and printer with software to run SEAN database available within ECT suite.	2	<input type="checkbox"/>
4.3.	ECT machine in accordance with guidelines in Royal College of Psychiatrists ECT Handbook (2005).	1	<input type="checkbox"/>
4.4.	Back up ECT machine present , or available by arrangement	2	<input type="checkbox"/>
4.5.	Clock or stopwatch available to record observed duration of convulsion.	1	<input type="checkbox"/>
4.6.	2 channel EEG available for every patient.	1	<input type="checkbox"/>
4.7.	Tilting bed or trolley with brakes available for each patient.	1	<input type="checkbox"/>
4.8.	Oxygen by positive pressure.	1	<input type="checkbox"/>
4.9.	Monitoring equipment to include ECG; BP; heart rate; pulse oximetry and capnography.	1	<input type="checkbox"/>
4.10.	Emergency equipment, including a defibrillator, immediately available.	1	<input type="checkbox"/>
4.11.	Airway maintenance and difficult airway equipment immediately available.	1	<input type="checkbox"/>
4.12.	Equipment available for maintaining ventilation and anaesthesia for transfer to Critical Care.	1	<input type="checkbox"/>
4.13.	Pulse oximeter available for each patient in acute stages of recovery.	1	<input type="checkbox"/>
4.14.	Suction, with disposable accessories and bags, available for each patient in acute stages of recovery.	1	<input type="checkbox"/>
4.15.	Separate ECG monitor available for recovery room.	1	<input type="checkbox"/>

STANDARD 5 ~ Drugs

All drugs required for the safe and effective delivery of ECT, the patient's recovery and emergencies will be readily available and checked regularly.

Rationale

All the drugs required for the safe and effective delivery of ECT, recovery and emergency interventions must be licensed for use in the UK and readily available to the ECT team.

Criteria		Level	Achieved
5.1.	A list of all drugs required in the clinic should be available.	2	<input type="checkbox"/>
5.2.	A record of checks on drug stock and expiry dates should be kept. .	2	<input type="checkbox"/>
5.3.	A system for the regular ordering of drugs (including emergency drugs) should be in place.	2	<input type="checkbox"/>
5.4.	Drugs should be stored according to manufactures' guidelines and a refrigerator should be available for drugs requiring cold storage.	1	<input type="checkbox"/>
5.5.	An "in date" emergency drug box or pack should be available within the clinic.	1	<input type="checkbox"/>
5.6.	Dantrolene should be available within the clinic, or a protocol for obtaining the drug urgently should be in place.	1	<input type="checkbox"/>
5.7.	Sufficient supplies of drugs required to maintain anaesthesia in the case of an emergency should be readily available.	1	<input type="checkbox"/>

STANDARD 6 ~ Psychiatry

Psychiatrists of all grades involved with the prescription and delivery of ECT follow the guidelines laid down by the Royal College of Psychiatrists and the legal requirements of the Mental Health (Care & Treatment) (Scotland) Act 2003

Rationale

The psychiatrist delivering ECT should be competent to so do, as described in the Royal College of Psychiatrists' Handbook 2005 and updated on the Royal College of Psychiatrists' website.

Criteria	Level	Achieved
6.1. There is a named consultant psychiatrist responsible for ECT.	1	<input type="checkbox"/>
6.2. ECT consultant psychiatrist has dedicated sessional time, appropriate for the workload of the clinic.	1	<input type="checkbox"/>
6.3. ECT consultant has formally arranged deputy to cover annual leave, sickness etc.	1	<input type="checkbox"/>
6.4. ECT consultant attends Royal College of Psychiatrists Training Day every 3 years.	1	<input type="checkbox"/>
6.5. Deputy ECT consultant attends RCPsych training every 3 years	2	<input type="checkbox"/>
6.6. ECT consultant and deputy have time allocated to attend annual SEAN conference.	2	<input type="checkbox"/>
6.7. Only a doctor trained in ECT, or one supervised by such, should administer ECT.	1	<input type="checkbox"/>
6.8. ECT consultant attends ECT sessions regularly.	1	<input type="checkbox"/>
6.9. Consultant carries out training with prescribing teams.	3	<input type="checkbox"/>
6.10. Trainee doctors receive theoretical training in ECT.	1	<input type="checkbox"/>
6.11. Trainee doctors receive practical demonstration before delivering ECT.	1	<input type="checkbox"/>
6.12. Trainee doctors receive a training and competency pack.	2	<input type="checkbox"/>
6.13. Trainee doctors are supervised for a minimum of 3 sessions before administering ECT without direct supervision.	1	<input type="checkbox"/>
6.14. When an (appropriately trained) trainee doctor is delivering ECT without direct supervision he / she must be able to contact the ECT consultant or deputy for advice.	1	<input type="checkbox"/>
6.15. Trainee doctors receive ongoing supervision or access at least weekly.	2	<input type="checkbox"/>
6.16. Patient should be clinically reviewed at least after every two treatments.	1	<input type="checkbox"/>
6.17. There is clinical feedback available to ECT team on both physical and mental state.	1	<input type="checkbox"/>
6.18. ECT Consultant is available until all patients are stable.	1	<input type="checkbox"/>
6.19. Seizure threshold should be measured in all patients at the first treatment.	2	<input type="checkbox"/>
6.20. Seizure duration measured by 2 channel EEG at each treatment.	2	<input type="checkbox"/>
6.21. Medical staff complete SEAN data at each stage of treatment.	1	<input type="checkbox"/>

STANDARD 7 ~ Anaesthesia

Standards for anaesthesia including assessment, preparation and recovery, should be the same as those for patients undergoing any other treatment under general anaesthesia.

Rationale

ECT is often provided at sites away from the main theatre suite or department of anaesthesia and where it cannot be guaranteed that the help of another competent anaesthetist, or other support, will be rapidly available. Thus, the highest standards are required, and there must be provision for summoning help and / or the transfer of a sick patient to the base hospital. Checking anaesthesia and monitoring equipment minimises the risk of anaesthesia.

Criteria	Level	Achieved
7.1. There is a named consultant anaesthetist with overall responsibility for ECT.	1	<input type="checkbox"/>
7.2. Anaesthesia should be provided by a small core team of anaesthetists who attend regularly.	2	<input type="checkbox"/>
7.3. Trainee anaesthetists must be supervised (the name of the supervising consultant, and whether present or remote, should be recorded).	1	<input type="checkbox"/>
7.4. Only trainees in the last three years of training, who are making satisfactory progress and have gained experience by accompanying consultants or experienced SAS trainers can work alone in remote sites. The Clinical Director, or other responsible consultant must agree and record that the trainee (who should be familiar with the site) has the necessary knowledge, skills, experience and confidence.	1	<input type="checkbox"/>
7.5. Registered ODP, or a registered nurse in possession of an appropriate qualification in anaesthetic assistance which is approved by RCoA, attends every session.	1	<input type="checkbox"/>
7.6. Anaesthetic team prepare and check all anaesthetic drugs.	1	<input type="checkbox"/>
7.7. Anaesthetic team check, and record, all anaesthetic equipment .	1	<input type="checkbox"/>
7.8. ASA score is assessed and recorded for each patient.	1	<input type="checkbox"/>
7.9. The anaesthetist introduces him / her self and explains to the patient what will happen.	2	<input type="checkbox"/>
7.10. The anaesthetist assesses dentition and inserts a bite block if appropriate.	1	<input type="checkbox"/>
7.11. Patients breath oxygen during induction of anaesthesia.	1	<input type="checkbox"/>
7.12. An anaesthesia record is maintained (RCoA / AAGBI minimum dataset).	1	<input type="checkbox"/>
7.13. Mandatory SEAN fields relevant to anaesthesia are recorded.	1	<input type="checkbox"/>
7.14. There is provision for high risk patients to be treated near critical care.	1	<input type="checkbox"/>
7.15. The anaesthetist remains in clinic until all patients are awake and stable.	1	<input type="checkbox"/>
7.16. Anaesthesia team have time to attend annual SEAN conference.	2	<input type="checkbox"/>
7.17. Anaesthesia team have time to attend regular ECT team meetings and ECT training sessions.	2	<input type="checkbox"/>

STANDARD 8~ Nursing

Nurses caring for patients receiving ECT should follow guidelines laid down by the Royal College of Nursing and the Royal College of Psychiatrists Handbook on ECT 2005 Edition.

Rationale

Nursing staff provide a pivotal role within the ECT Core Team. (Nursing Guidelines from Royal College of Psychiatrists Handbook of ECT 2005 Edition).

Criteria		Standard level	
8.1.	There is a designated named nurse in overall charge of the ECT clinic.	1	<input type="checkbox"/>
8.2.	The ECT nurse in charge must be a minimum of a band 6. RCN & RCPsych guidelines	1	<input type="checkbox"/>
8.3.	The ECT nurse in charge must regularly attend ECT sessions.	1	<input type="checkbox"/>
8.4.	The ECT Nurse should have protected time, appropriate to the workload.	1	<input type="checkbox"/>
8.5.	The ECT Nurse in charge should have relevant ECT and clinical experience.	1	<input type="checkbox"/>
8.6.	ECT nurse is given time to attend 3 annual Committee of Nurses at ECT in Scotland (CONNECTS) meetings.	2	<input type="checkbox"/>
8.7.	ECT nurse is given time to attend annual SEAN conference.	2	<input type="checkbox"/>
8.8.	There should be a registered nurse at each stage of the treatment.	1	<input type="checkbox"/>
8.9.	The patient should be escorted to, and accompanied throughout, treatment by a qualified nurse familiar to him or her.	1	<input type="checkbox"/>
8.10.	Escort nurses should have up to date CPR training.	1	<input type="checkbox"/>
8.11.	Escort nurses should receive induction and training in ECT.	2	<input type="checkbox"/>
8.12.	Escort nurse completes SEAN Pre-ECT nursing checklist.	1	<input type="checkbox"/>
8.13.	Escort nurses receive a competency training pack.	3	<input type="checkbox"/>
8.14.	Training is carried out with ward nurses.	3	<input type="checkbox"/>
8.15.	Nurses complete SEAN data at each stage of treatment.	1	<input type="checkbox"/>

STANDARD 9 ~ Recovery

A high standard of clinical care, observation and monitoring is maintained until the patient is fully recovered.

Rationale

One to one patient care is required until the patient is fully conscious and able to maintain a clear airway. (NHS QIS Anaesthesia Standards – July 2003).

Criteria		Level	Achieved
9.1.	Nurse in charge of recovery should be supra-numery and hold an up to date ILS certificate.	1	<input type="checkbox"/>
9.2.	Nurse in charge of recovery should have up to date training and relevant experience in recovery procedures.	1	<input type="checkbox"/>
9.3.	All patients are cared for on a one-to-one basis by qualified and appropriately trained staff until fully conscious and able to maintain their own airway.	1	<input type="checkbox"/>
9.4.	All staff recovering patients have received current CPR training.	1	<input type="checkbox"/>
9.5.	All staff recovering patients have received appropriate recovery training and competency pack.	2	<input type="checkbox"/>
9.6.	Nurse in charge of recovery room ensures that all patients are fit for discharge from the recovery room and meet the agreed discharge criteria.	1	<input type="checkbox"/>
9.7.	Recovery nurse completes SEAN data.	1	<input type="checkbox"/>

STANDARD 10 ~ Team Aspects

The ECT staff work effectively as a multi - disciplinary team.

Rationale

Good teamwork and communications ensure that standards are applied and protocols are followed. Continued professional development is essential to promote knowledge, understanding and improvements in patient care.

Criteria		Level	Achieved
10.1.	All disciplines communicate well within the ECT clinic.	2	<input type="checkbox"/>
10.2.	ECT team liaise with prescribing team and ward based staff.	2	<input type="checkbox"/>
10.3.	All members of ECT Team meet regularly (outside treatment times) to review protocols and discuss current local and national issues.	2	<input type="checkbox"/>
10.4.	CPD is available for all members of the ECT team.	2	<input type="checkbox"/>

STANDARD 11 ~ Protocols and Documentation

Protocols should be up to date and consistent with current legislation and guidelines.

Rationale

Up to date protocols and documentation are important for the safe and efficient delivery of care.

Criteria	Level	Achieved
11.1. Machine maintenance checks recorded and maintenance contract in place.	1	<input type="checkbox"/>
11.2. There is a record sheet of demographic data.	1	<input type="checkbox"/>
11.3. Indication for ECT is recorded.	1	<input type="checkbox"/>
11.4. There is a protocol for pre ECT investigations.	1	<input type="checkbox"/>
11.5. There is a record of medical history and physical examination.	1	<input type="checkbox"/>
11.6. Patients pre ECT medical assessment is available to ECT team.	1	<input type="checkbox"/>
11.7. Clinical information on mental state is recorded and available to ECT team.	1	<input type="checkbox"/>
11.8. Cognitive function assessed and recorded pre ECT.	3	<input type="checkbox"/>
11.9. Protocol for laterality of treatment	1	<input type="checkbox"/>
11.10. Protocol for dose titration	1	<input type="checkbox"/>
11.11. Dosing protocol according to effect	1	<input type="checkbox"/>
11.12. Protocol for timing seizure activity	1	<input type="checkbox"/>
11.13. Protocol for missed seizures	1	<input type="checkbox"/>
11.14. Protocol for prolonged seizures	1	<input type="checkbox"/>
11.15. There is a specific ECT record kept including EEG tracings	1	<input type="checkbox"/>
11.16. Patients response to ECT is recorded during course	1	<input type="checkbox"/>
11.17. Cognitive and non cognitive side effects are recorded.	1	<input type="checkbox"/>
11.18. Record of subjective experience of side effects	1	<input type="checkbox"/>
11.19. Protocol for transfer to critical care	1	<input type="checkbox"/>
11.20. Protocol for observation levels of patients following ECT on return to ward.	1	<input type="checkbox"/>
11.21. Medical record of fitness for Day Case (Out Patient) ECT	1	<input type="checkbox"/>
11.22. Protocol for prescribing Day Case (Out Patient) ECT	1	<input type="checkbox"/>
11.23. Protocol for admission of Day Case (Out Patient) ECT patients	1	<input type="checkbox"/>
11.24. Protocol for discharging Day Case (Out Patient) ECT patients	1	<input type="checkbox"/>
11.25. Protocol for reviewing Day Case (Out Patient) ECT patients	1	<input type="checkbox"/>
11.26. Protocol for patients receiving ECT and later going out on pass	1	<input type="checkbox"/>
11.27. Protocol for maintenance of improvement post ECT	3	<input type="checkbox"/>
11.28. Clinical review recorded at 3 and 6 months post ECT	3	<input type="checkbox"/>
11.29. Cognitive review recorded at 3 and 6 months post ECT	3	<input type="checkbox"/>

References

1. *National Audit of Electroconvulsive Therapy (ECT) in Scotland, 2000*. Clinical Resource and Allocation Group (CRAG) Working Group on Mental Illness, Scottish Executive Health Department
2. *Guidance on the Use of Electroconvulsive Therapy*. National Institute for Clinical Excellence (NICE) 2003, Technology Appraisal 59.
3. *The ECT Handbook (2nd edition)* Royal College of Psychiatrists (2005) Council Report CR128.
4. The Royal College of Psychiatrists Centre for Quality Improvement *ECT Accreditation Service (ECTAS) Standards, 2008, 6th edition* Pub No. CRU033
5. *Immediate Post-Anaesthetic Recovery*. The Association of Anaesthetists of Great Britain and Ireland, 2002.
6. *Recommendations for Standards of Monitoring during Anaesthesia & Recovery*, 4th Edition 2007. The Association of Anaesthetists of Great Britain and Ireland.
7. *Anaesthesia - Care Before, During and After Anaesthesia*. NHS Quality Improvement Scotland (2003) Clinical Standards.
8. Royal College of Anaesthetists (2002) *Interim statement from The Royal College of Anaesthetists on Electro-Convulsive Therapy provided in 'remote' sites*. Royal College of Anaesthetists.

Contacts

Dr Grace Fergusson SEAN Chairman	Argyll & Bute Hospital	01546 604 908 grace.fergusson@nhs.net
Dr Alistair Hay SEAN Vice Chairman	New Craigs Hospital	01463 253 614 alistair.hay@nhs.net
Mrs Linda Cullen SEAN Clinical co-ordinator	Information Services Division NHS National Services Scotland	0131 275 6382 Linda.Cullen2@nhs.net
Dr Charles Morton Consultant Anaesthetist	Royal Infirmary of Edinburgh	0131 242 3152 charles.morton@luht.scot.nhs.uk
Ms Diana Beard National Project Manager	Information Services Division NHS National Services Scotland	0131 275 6333 diana.beard@nhs.net

