Chief Psychiatrist Standard: Compliance is mandatory

Electroconvulsive Therapy Chief Psychiatrist Standard

Objective file number: 2013-13690
Standard developed by: Mental Health Strategy, Policy and Legislation
Approved by the Minister on: 1 July 2014
Next review due: 31 July 2016

Compliance with this Chief Psychiatrist Standard is mandated under section 90 of the Mental Health Act 2009.

Summary
The Electroconvulsive Therapy Chief Psychiatrist Standard defines the requirements for the administration of electroconvulsive therapy (ECT) in South Australia. The requirements apply to all facets of care, including the indications for treatment, potential risks and strategies to minimise them, issues of consent, facilities, anaesthesia, application the procedure, and the required quality improvement framework.

Keywords
Electroconvulsive Therapy, ECT minimum requirements, indications for ECT treatment, ECT risks, ECT procedure, staff training, credentialing and privileging, consent, ECT facility accreditation, Chief Psychiatrist Standard

Policy history
Is this a new policy? Y
Does this policy amend or update an existing standard? N
Does this policy replace an existing standard? N

Applies to
SA Health and private health facilities that administer ECT.

Staff impacted
All staff of SA Health and private health facilities that carry out ECT.

PDS reference
S00002

Version control and change history

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ElectroConvulsive Therapy
Chief Psychiatrist Standard
Document control information

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Endorsements

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<td>11/02/14</td>
<td>Safety and Quality Strategic Governance Committee, SA Health</td>
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<td>05/12/14</td>
<td>Portfolio Executive, SA Health</td>
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Approvals

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1. Objective

The purpose of this Standard is to outline the mandatory requirements for the administration of ECT in South Australia, within the framework of the accompanying ElectroConvulsive Therapy Policy Guideline.

2. Scope

These Standards apply to all staff of SA Health facilities and private health facilities administering ECT in South Australia.

3. Principles

Services, managers and clinicians will be guided by the following principles in the provision of ECT:

> ECT services should be designed to bring about the best therapeutic outcomes for patients and, as far as possible, their recovery and participation in community life.
> ECT services should be guided by evidence-based best-practice.
> ECT should be provided on a voluntary basis whenever possible.
> There should be regular medical examination of every patient’s mental and physical health.
> The needs of patients, their families and carers including cultural and linguistic requirements should be considered in providing treatment that is accessible and responsive to these specific needs.
> Patients, and their families and carers, should be provided with information about their illness, treatment options and rights, unless there are specific reasons that it is not practicable and safe to do so.
> All aspects of the provision of ECT should be documented.
4. ElectroConvulsive Therapy Chief Psychiatrist Standard

The ECT Chief Psychiatrist Standards are mandatory for public and private hospitals incorporated under the Health Care Act 2008 that administer ECT. Each standard herein contains the mandatory elements of practice from the corresponding guideline of the ECT Policy Guideline.

Standard 1 – Indications for ECT

1.1 The indications for the use of ECT must be clearly documented in the patient’s record. This documentation must include the diagnosis, target symptoms, and the reason for choice of ECT.

1.2 A second opinion from a psychiatrist experienced in the practice of ECT must be sought:
   - When there is any uncertainty about the recommendation of ECT.
   - When ECT is being considered for treatment of indications other than those listed at 1.1 – 1.7 of the South Australian Electroconvulsive Therapy Policy Guideline (2014)

Standard 2 – Adverse Effects of ECT

2.1 The clinician must conduct a comprehensive assessment of the risks and the expected benefits of ECT for every patient. This risk assessment must be documented and include the actions taken to manage and minimise these risks.

2.2 All patients receiving ECT must undergo a clinical assessment of cognitive function and memory capacity prior to ECT, during a course of ECT, and at the completion of the course.

2.3 Assessments must include a patient assessment of quality of life (QoL) that monitors the patient’s perspective of the outcomes of ECT treatment for them.

2.4 These assessments must be conducted using recognised and standardised clinical assessment tools.

2.5 These assessments must be documented in the patient’s record.

2.6 Unusual levels of confusion or memory problems identified during the ECT course must prompt a review of ECT prescription and technique and be discussed with the patient and carer.

Standard 3 – Consent and Legal Framework

3.1 The administration of ECT must comply with the provisions of the South Australian Mental Health Act (2009).

3.2 Consent for ECT must be in writing, and be both informed and effective.

3.3 A competent adult has the right to complete an Advanced Care Directive in regards to their consent to ECT in accordance with the Advance Care Directive Act (2013).
3.4 An Advance Care Directive may include written instructions about the patient’s wishes to receive or not to receive ECT treatment in the event that their decision-making capacity to consent to ECT is impaired in the future.

Standard 4 – ECT Facilities

4.1 Each ECT facility will also comply with:

- South Australian Mental Health Act 2009.
- National Standards for Mental Health Services 2010.
- National Safety and Quality Health Service Standards 2012.
- National Practice Standards for the Mental Health Workforce 2013.
- Relevant standards of professional bodies.
- SA Health, Local Health Network and/or private health care provider requirements.

Standard 5 – Preparing the Patient for ECT

5.1 A pre-ECT work-up must be completed and documented to include a thorough history, physical examination, clinically relevant investigations and specialist consultations.

5.2 An anaesthetic assessment of the patient is mandatory.

5.3 All medications must be reviewed and adjusted as appropriate prior to commencing a course of ECT.

5.4 A check list of pre-ECT procedures and observations must be completed before each treatment.

Standard 6 – Administration of ECT

6.1 Clinical decisions must be in accordance with evidence-based guidelines regarding the placement of ECT electrodes, stimulus parameters and electrical dosage for each patient, and adjusted on measured treatment efficacy and cognitive outcomes.

6.2 ECT treatment may only be administered to an anaesthetised patient.

6.3 The ECT machine must have EEG monitoring capacity, be maintained in good working order and serviced at least every 12 months.

6.4 Sine-wave ECT is not used.

6.5 EEG monitoring should be routinely performed and EEG reports easily accessible to review the treatment course and guide clinical decisions about dosing.

6.6 The policy “correct patient, correct procedure, correct site” must be observed during the ECT procedure.

6.7 A minimum of three people must be present at the treatment:
- medical officer appropriately trained and credentialed in ECT,
• medical officer appropriately trained and skilled in anaesthesia, and
• nurse trained and credentialed in anaesthetic and resuscitation techniques.

Standard 7 – Anaesthesia for ECT

7.1 A medical officer appropriately trained and skilled in anaesthesia (consultant anaesthetists or anaesthetic registrar) must be responsible for anaesthetic assessment prior to ECT and for administration of the anaesthesia during the delivery of ECT.

7.2 The anaesthetic applied must be documented in the patient record in accordance with guidelines of the Australian and New Zealand College of Anaesthetists.

Standard 8 – ECT in Children and Adolescents

8.1 All young patients must have a comprehensive medical assessment and a psychiatric assessment.

8.2 A specialist in child and adolescent psychiatry must conduct a direct assessment to recommend ECT, or be consulted in an emergency situation when direct assessment is not possible.

8.3 Consent for treatment for children under the age of 16 years must be given by a parent or legal guardian. The ECT procedure must be clearly explained to the patient and family.

8.4 A person aged 16 years of age and over can consent to treatment. Gaining informed and effective consent requires specific attention and careful consideration of the patient’s age.

Standard 9 – Continuation and Maintenance ECT

9.1 Continuation and maintenance ECT should only be considered in patients who have shown improvements as a result of an initial course of ECT and where there is a history of relapse despite adequate pharmacotherapy; the patient has shown an intolerance of alternative treatments; or, the patient has stated a preference for ECT treatment.

9.2 ECT schedule, electrode placement, stimulus parameters and course duration must be individually tailored for each patient.

9.3 ECT treatment and the informed effective consent must be fully documented in the patient records and all relevant aspects of the Mental Health Act (2009) must be complied with.

9.4 The patient must be reviewed by the treating psychiatrist or a psychiatry registrar at least monthly. This review must be documented and include assessment and monitoring of the ECT treatment. The patient must also be reassessed by an anaesthetist at least every six months.

9.5 Patients having outpatient ECT must be able to comply with following conditions:

• adherence with the ECT schedule,
• not driving on the day of ECT treatment,
• fast prior to ECT treatment, continuing to take appropriate medications, and
• after ECT treatment, a responsible person must be at home with the patient for the recommended post-anaesthetic recovery time period.

Standard 10 – Training, Credentialing and Clinical Privileging

10.1 To be granted ECT clinical privileges at a particular site, the psychiatrist or advanced psychiatric trainee must be credentialed at that site and must demonstrate that they have achieved competence in the administration of ECT.

10.2 To be eligible to train psychiatry registrars, supervise EPA demonstration and credential other psychiatrists in ECT, the specialist psychiatrist must be ECT credentialed, have achieved competence in the administration of ECT and hold privileging status at the particular site.

10.3 The ECT nurse coordinator must be credentialed in the administration of ECT in accordance with the South Australian Guidelines for Electroconvulsive Therapy (2014).

10.4 ECT services in training hospitals should have mechanisms in place for the appropriate and required supervision of trainees.

Standard 11 – Nursing Coordination Requirements for ECT

11.1 The ECT nurse coordinator, in conjunction with the medical leader of the ECT service, will oversee the supervision, organisation and planning of all aspects of ECT delivery, evaluation and reporting requirements.

11.2 The ECT nurse coordinator ensures and may conduct the monitoring of patient outcomes and potential adverse effects of ECT, prior to ECT, during a course of ECT, and at the completion of the course.

11.3 Dedicated hours must be provided by the organisation for an identified ECT nurse coordinator, appropriate to the workload of the unit.

Standard 12 – ECT Facility Requirements

12.1 The Chief Psychiatrist Office will coordinate the formal inspection of all public and private ECT facilities in South Australia once every three (3) years, and assess the facility according to ECT Facility Requirements Criteria (Section 12 - Guidelines for Electroconvulsive Therapy in South Australia).

12.2 The administration of ECT must include a continuous quality improvement framework and must meet National Safety and Quality Standards.
5. Roles and Responsibilities

See section 5 of the ECT Policy Guideline.

6. Reporting

See section 6 of the ECT Policy Guideline.

7. EPAS

EPAS and other e-health process and system requirements have been incorporated in the ECT Chief Psychiatrist Standard.

8. Exemption

Compliance with standard 4 of this document, ECT Facilities, will not be required at individual sites until the next accreditation cycle when compliance with the National Standards for Mental Health Services begins. This accreditation cycle will commence from January 2016 onwards for South Australian facilities.

9. Associated Policy Directives / Policy Guidelines

ElectroConvulsive Therapy Policy Guideline.

10. References, Resources and Related Documents

See section 9 of the ECT Policy Guideline.

11. Other

N/A
12. National Safety and Quality Health Service Standards

The ECT Chief Psychiatrist Standard aligns with the following National Safety and Quality Health Care Standards:

|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|

13. Risk Management

See section 12 of the ECT Policy Guideline.

14. Evaluation

See section 13 of the ECT Policy Guideline.

15. Attachments

N/A

16. Definitions

Definitions of specialist clinical and technical elements for the administration of ECT are included throughout Section 4 of the Electroconvulsive Therapy Policy Guideline.