

I. DESCRIPTION AND MISSION

A. DESCRIPTION

1. Type of Unit: Electroconvulsive Therapy (ECT)

The ECT Unit is located on the fifth floor of the hospital building. It is a multidisciplinary service providing procedures and recovery for Inpatient and Outpatient psychiatric patients requiring ECT.

2. Physical Design/Size of Unit

This dedicated suite for ECT consists of the following:

- a. Waiting Area (H5040) - Accommodates patients and family/friends. Educational material on ECT is accessible.
- b. ECT Preparation Area (H5025) - A confidential area is provided to prepare the patient for ECT procedure. This area contains a recovery chair, portable vital signs monitor, and necessary medical supplies.
- c. ECT Treatment Room (H5023D) - ECT procedures occur in this room. The room contains a stretcher, anesthesia cart, ECT machine (Spectrum 5000Q), backup ECT machine (Thymatron DG), wall suction, and oxygen. Privacy is enhanced by sound proofing, privacy film, and solid door.
- d. Recovery Suite (H5023) - This suite accommodates 3 patients. The area contains 3 stretchers, 3 monitors, and 3 wall oxygen and suction units. Privacy is enhanced by curtains, blinds, and privacy film.
- e. Patient Bathroom - is outfitted for safety for psychiatric patients with a non-breakable mirror, safety handrails, safety screws, and emergency light. A handicap accessible bathroom is located in the main hallway by the 6 bank elevator.
- f. Staff Offices (5023C and H5026) - Space is provided for staff to document and review cases in a confidential area not accessible to patients. The ECT attending office is located next to the ECT Suite to meet with patients/families; complete patient evaluations and provide an area for ECT staff meetings and training.
- g. Supply cabinets - several supply cabinets are located throughout the unit and are stocked by Materials Management.
- h. Code cart including portable oxygen, suction, ECG and defibrillator - is located in the Recovery Suite (H5023).

B. Scope of Nursing/Patient Care Services

1. Clinical

Nursing care is provided to a select group of adult patients requiring ECT. Standards of care are developed according the Nursing Practice Manual. Practice concerns may also be addressed through the Nursing Administrative Council or Clinical Forum.

2. Professional

There is a comprehensive focus on the professional needs of the staff by including them in unit and hospital inservices, unit standards including practice and guidance for advancement through the Clinical Advancement System. Professional concerns may be addressed through each discipline-

specific process and for nursing through unit representation to the Nursing Administrative Council or Clinical Forum.

3. Administration

The structure and organization of the Psychiatric ECT Service is written in these standards for the purpose of planning, organizing, implementing, controlling and evaluating the conduct of the Psychiatric ECT Service. Administrative responsibilities for the unit are addressed through the Psychiatric Service Line. The Inpatient Psychiatry Nurse Manager is responsible for administrative concerns.

C. MISSION

The mission of the Psychiatric ECT Unit is to provide psychiatric care to patients admitted to the ECT Unit of John Dempsey Hospital. The mission is consistent with that of the Department of Nursing, Department of Psychiatry and that of John Dempsey Hospital. Refer to Department of Nursing Structure Standards.

II. PHILOSOPHY AND GOALS

A. PHILOSOPHY

The philosophy of the Psychiatric ECT Service coincides with that of the Department of Nursing, the Department of Psychiatry and that of John Dempsey Hospital. Refer to the Department of Nursing Structure Standards.

B. GOALS

1. Goals are designed to establish the major activities, which reflect the UCHS Clinical Strategic Plan and Work Plan.
2. Unit/Program goals are developed and approved by the ECT Interdisciplinary Team.
3. Many individuals are involved in the implementation of the goals during the year, therefore, participation by all levels of staff is important.

III. ADMINISTRATIVE POLICIES

A. ORGANIZATION

1. Relationships

a. Administrative

The Psychiatric ECT Service is organized as a unit of the Psychiatric/Behavioral Medicine Division within the Department of Nursing. Refer to Department of Nursing Structure Standards, Organizational chart.

b. Interdepartmental

The Psychiatric ECT Service is an integral part of the Psychiatric/Behavioral Medicine Division under the direction of the Nurse Manager who reports to the Director of Nursing.

c. Intra-unit

The overall nursing direction of the ECT unit is the responsibility of the Nurse Manager in collaboration with the Assistant Nurse

Manager. The medical direction is the responsibility of the Vice-Chair, Clinical Affairs, and Department of Psychiatry, appointed by the Chairperson of Psychiatry. Collaboration with the interdisciplinary staff takes place through the Psychiatric Inpatient Planning Committee meeting and ECT Team Meeting. The organization of the Units is consistent with the scope; variety and complexity of patient care services provided. The Psychiatric Inpatient Unit organizational chart is in Appendix 1. Performance descriptions exist for each position on the organization chart and can be found in the Human Resources Department.

2. Communication Mechanisms

a. Administrative

Verbal and written communication to and from the ECT Unit, Department of Psychiatry, and Hospital and Health Center Administration is delivered, received and transmitted through the Nursing Manager and/or Vice Chairman for Clinical Affairs, Clinical Chief.

b. Interdepartmental

Communication channels to and from the ECT Unit and the Department of Nursing are based on the Departmental Organizational chart (Department of Nursing Structure Standards). The flow of information to and from the staff is appended.

c. Intra-unit

Communication channels in ECT are based on the unit organizational chart.

d. Mechanisms

A variety of communication mechanisms are available, such as nursing report, telephone/paging system throughout the Hospital, email, bulletin boards/mailboxes on the unit, unit staff meetings, meeting minutes and memos, and the availability interpreters.

3. Unity/Extent of Command

- a. Overall management of the unit is the responsibility of the Nurse Manager with supervision, direction, and support from the Associate Vice President / Director of Nursing. Collaboration with physicians and other department heads takes place through formal and informal meetings.
- b. The Nurse Manager is a registered nurse with appropriate clinical and management skills. He/she is responsible for the effective organization and management of the ECT Unit. He/she has 24-hour accountability for the effective functioning of the nursing staff including their development and evaluation, and the quality of patient care provided in the setting. The Associate Hospital Vice President/Director of Nursing appoints an Interim Nurse Manager when necessary.
- c. The authority, final responsibility for, and control of all actions directed toward the medical goals of the ECT Unit are vested in the Vice Chairman for Clinical Affairs, Clinical Chief. The Vice Chairman for Clinical Affairs, Clinical Chief appoints a qualified alternate in his absence. The Chief of Staff appoints an Interim Vice Chairman for Clinical Affairs, Clinical Chief when necessary.

4. Evaluation of Organizational Structure

The organizational structure reflecting the philosophy of the ECT Unit reviewed every 3 years by the multiple members of the nursing and medical staff. The organizational structure is approved by the Nursing Administrative Council and the Medical Board.

B. GOVERNANCE

1. Functions of the Psychiatric ECT Service

a. Institutional and Interdepartmental

The various disciplines have a discipline-specific selection process to determine how representation occurs in the institution and interdepartmentally.

Qualified nurses are selected to represent the Psychiatric ECT Unit on Division, Department, Hospital and Health Center committees based on the recommendation of the Nursing Manager.

Refer to Department of Nursing Structure Standards for nursing's role and responsibilities in Hospital and Health Center Committees. Refer to Administrative Protocol: Committee/Council Membership for Department of Nursing for role and responsibilities on Department of Nursing Committees/Councils.

b. Intradepartmental

The functions listed in the Department of Nursing Structure Standards are performed by the appropriate members of the nursing leadership group on the Psychiatric Inpatient Unit.

2. Nursing Direction

a. Type of Governance

The Psychiatric ECT Unit is organized under the Division of Psychiatric/ Behavioral Medicine and conforms to the Philosophy of the Department of Nursing and the Department of Psychiatry (see Department of Nursing Structure Standards).

b. Unit Control

1) The authority, responsibility and accountability for assisting the Nurse Manager in directing operations of the ECT Unit to fulfill unit function is vested in the ECT Planning Committee and the Associate Vice President/Director of Nursing.

2) Psychiatric ECT Committees

a) Inpatient Planning Committee

CHAIRPERSON: Nurse Manager

MEMBERSHIP: An interdisciplinary committee designated by position or appointed by the appropriate medical department.

1-Chair, Inpatient Nurse Manager

1-Day Assistant Nurse Manager

2-ECT RNs

1-ECT CAN

1-ECT Attending Ad Hoc

- PURPOSE:
- To provide approval/advice on standards concerning admission and discharge, area of responsibility, nursing and medical procedures, annual budget for capital items, efficient utilization of personnel and space.
 - To review and evaluate the quality, safety and propriety of patient care within the unit.
 - To recommend corrective action when necessary.
 - To review and approve recommended standards for operation of the unit.
 - To accept and approve requests for interdisciplinary staff for special program development.

MEETING FREQUENCY: At least monthly.

AGENDA/MINUTES: The agenda is developed by the chairperson with input from committee members. Meetings minutes are typed and circulated to the Director of Nursing and kept in a manual on the unit for all staff to access.

b) Inpatient Psychiatry Nursing Staff Meeting

CHAIRPERSON: Nurse Manager

MEMBERSHIP: Psych. ECT Nursing Staff

PURPOSE: To enhance the flow of information to and from staff as noted in the Dempsey Model (refer to Department of Nursing Structure Standards).

MEETING FREQUENCY: 1 time per month

AGENDA/MINUTES: Agendas are developed by the Chair with input from the staff. Minutes are in ink and filed on the unit for staff to read and initial. Copies are circulated to the Associate Vice President/Director of Nursing.

c) Day-to-Day Operations

d) Support Services within the Psychiatric Inpatient Unit

(1) Authority, responsibility and accountability for the daily provision of nursing services is vested in the unit hierarchy.

(2) Unit Hierarchy

- (a) Certified Nurses Assistants are responsible for providing care to a specific patient assignment. They are responsible to a designated staff nurse and accountable to the charge nurse.
- (b) Staff Nurses are responsible for providing nursing care to a specific patient assignment for an 8-hour shift. Primary nursing is practiced when possible. Each staff nurse is accountable to the charge nurse.
- (c) Charge Nurses. The charge nurse is responsible for decision-making and facilitating unit communication, coordination and delivery of patient care.
- (d) Nurse Manager is responsible for the effective organization and management of the Psychiatric ECT Service. He/she has 24-hour accountability for the effective functioning of the staff including their development and evaluation, the efficient functioning of the unit subsystem, and the quality of patient care provided in the setting.
- (e) Support Services within the Psychiatric Inpatient Unit
 - 1. Preceptor - Refer to Orientation Protocol, NPM.
 - 2. Non-Nursing Support
 - a. Office Assistants are available during service hours, Monday through Friday, to carry out all aspects of their performance description. They are responsible to the Nurse Manager.

3. Medical Direction of Patient Care

- a. Chief of Clinical Operations - The Chief of Clinical Operations is responsible for overseeing the clinical direction in collaborating with the Hospital regarding the administrative functioning of the Adult Psychiatry areas including:

The JDH Psychiatric Inpatient Units (First and Third Floors)
The Partial Hospital Program
Intensive Outpatient Services ECT Services
Crisis Service
Consultation/Liaison Service
Outpatient Psychiatric Services

The Chief of Clinical Operations has the responsibility of overseeing the integration of the various services into a continuum of care. Clinical care will be coordinated across boundaries of the various services in such a manner that it is of the highest quality and the most efficient.

The Chief of Clinical Operations, in collaboration with the Nurse Manager determines the clinical philosophy/assumptions and their operational implementation, consistent with the overall clinical mission of the hospital and the Department of Psychiatry.

- b. An Attending is a faculty member of the Department of Psychiatry who has been credentialed by the Medical Board of the John Dempsey Hospital.

C. RESOURCE DEVELOPMENT/ALLOCATION/UTILIZATION

1. Financial

Refer to the Department of Nursing Structure Standards.

2. Facilities

a. Patient Care Areas

The Psychiatric ECT Service provides ambulatory service to psychiatric Inpatient and Outpatients requiring ECT. Current days of operation are Monday, Wednesday, and Friday. ECT staff are available Monday through Friday.

3. Admissions

a. Admission Criteria

1) Patients are considered candidates for admission to the ECT Service if they are experiencing acute and/or potentially life threatening behavioral symptoms of their psychiatric illness that have been clinically evaluated for this procedure.

2) Clinical Criteria - Referral for ECT

Referrals for ECT will be based on a combination of factors, including the patient's diagnosis, nature and severity of symptomatology, treatment history, consideration of risk/benefit of viable treatment options, and patient preference. Prior to the start of ECT treatment, a psychiatrist will determine its appropriateness. This will be documented in the patient's medical record.

- a) Generally, ECT will be used following treatment failure of psychotropic agents.

Situations where the patient's attending psychiatrist and treating psychiatrist (ECT) may recommend use of ECT prior to psychotropic intervention include, but are not limited to:

- (1) Where the need for rapid definitive response exists on either medical or psychiatric grounds (i.e. acutely suicidal and/or catatonic).
- (2) When risks of other treatments outweigh the risk of ECT.
- (3) When a history of poor drug response and/or good ECT response exists for previous episodes of the illness.
- (4) Patient preference when clinically appropriate.

- b) In other situations, a trial of an alternative therapy will be considered prior to referral for ECT. Subsequent referral for ECT will be based on at least one of the following:

- (1) Treatment failure.
- (2) Adverse effects which are unavoidable and which are deemed less likely and/or less severe with ECT.
- (3) Deterioration of patient's condition, such that there is need for a rapid, definitive response on either medical or psychiatric grounds.

- c) Diagnostic Criteria

Major diagnostic indications for ECT include but are not limited to:

- (1) Major Depression
 - a. Includes all subtypes
- (2) Bipolar Disorder
 - a. Includes all subtypes
- (3) Catatonia
 - a. Includes schizophrenia, major affective disorders, and other etiologies.
- (4) Schizoaffective Disorder
 - a. Acute

- (5) Atypical psychosis when clinical features are similar to those of other major diagnostic indications.

All patients who receive ECT will undergo a medical clearance prior to administration of treatment. While current literature suggest no pre-existing medical condition is in itself a reason to rule out ECT, a careful benefits/risk analysis must be conducted by the patient's attending psychiatrist, medical physician, and anesthesiologist. Additional consultations by appropriate specialists will be conducted if a medical condition exists which might affect the treatment.

- d) Conditions which may substantially increase the risk of treatment with ECT include but are not limited to:

- (1) Space-occupying brain lesions.
- (2) Other causes of increased intracranial pressure.
- (3) Recent myocardial infarction.
- (4) Recent intracerebral hemorrhage, bleeding or otherwise unstable aneurysms or vascular malformations.
- (5) Conditions associated with increased anesthetic risk.

- e) Use of ECT in Special Populations

- (1) Elderly

a. Age-related issues must be considered.

1. Potential for increased seizure threshold.
2. Adjustment of medication doses used with ECT.
3. Ensure adequate ventilation.
4. Modify doses of barbiturate anesthesia as indicated by patient's general condition. The risk of compression fractures can be minimized through effective anesthesia techniques.

- (2) Pregnancy

a. Consultation with obstetrician prior to commencement of treatments.

b. Consultation with anesthesiologist prior to treatment.

- f) Criteria for Outpatient ECT

- (1) Patients who have initiated ECT in an inpatient setting and no longer have risk factors requiring 24-hour intensive supervision.
- (2) Patients who do not meet criteria for inpatient hospitalization, but for whom ECT has been shown to be the treatment of choice.
- (3) Patients who are receiving maintenance ECT.

g) Exclusion criteria for Outpatient ECT:

- (1) Patient gravely disabled or acute danger to self/others.
- (2) Prior history of adverse reactions to ECT.
- (3) Specific relative contraindication to ECT.
- (4) Inability to comply with treatment requirements.

b. Modes of Admission

Patients are admitted to the ECT Unit via the following modes:

- 1) Inpatient
- 2) Outpatient

c. Admitting MD Responsibilities:

Provide orders for ECT treatment.

d. Admitting RN Responsibilities:

- 1) Refer to unit practice manual and NPM protocols.
- 2) If patient doesn't show up for treatment, then must be addressed in a Progress Note, and MD notified.

4. Discharge

- a. Duration of stay / recovery in ECT is determined by treatment scheduled and patient's physiologic status. Planning for discharge is a collaborative effort by ECT physician, Anesthesiologist, ECT nurse and other support services when deemed necessary for the patient.
- b. Modes of discharge include: home, community health care facility, or admission / transfer to an inpatient psychiatry unit. In the event of need for an unscheduled admission to an inpatient psychiatry unit, Bed Control and the receiving units must be notified by ECT Staff.

D. Human Resource Development

1. Orientation

a. Health Center/Hospital

Refer to NPM Structure Standards

b. Department of Nursing

1) General Nursing Orientation

Refer to NPM Structure Standards

2) ECT Orientation

All new ECT staff will participate in an orientation program consisting of clinical orientation with a preceptor.

An orientation competency checklist is reviewed with all new nursing personnel. This tool is reviewed again periodically by the preceptor, orientee, and Nursing Manager during the working test period until all critical elements are met.

NURSE PRO staff and agency personnel are required to complete modified orientation activities as outlined by the Educational Services Department and the Nurse Manager.

2. Staff Development

- a. Clinical and professional educational programs are scheduled based on input from the staff, needs of the patient populations, and to introduce or maintain competencies, and is the responsibility of nursing leadership. All educational programs are documented and the records maintained by the Nurse Manager according to Department of Nursing Standards.
- b. An educational activity record for each staff member is maintained as part of the annual evaluation process. See Administrative Procedure: "Educational Activity Record".
- c. All Department of Nursing programs, including Mandatory Inservices, are coordinated through the Educational Services Department.

3. Continuing Education

Refer to Department of Nursing Structure Standards. Support for nurses to attend educational programs is provided through the UHP contract.

4. Support Services Outside of the Department of Nursing

Refer to Department of Nursing Structure Standards.

5. Consultants

a. Medical/Anesthesiology

Specialty physicians provide care/consultation according to the treatment plan. Refer to Department of Nursing Structure Standards.

b. Nursing

Additional nursing resources can be found in the Clinical Nurse Specialist who are Master's prepared in a clinical specialty.

c. Management

Consultation about management can be obtained from appropriated Administrative officers, members of the Nursing Administrative Council and Educational Services Department. Networks have been established with peer groups outside the hospital.

E. Materials Management

1. Equipment

Refer to Department of Nursing Structure Standards.

2. Supplies

Refer to Department of Nursing Structure Standards.

3. Linen

Refer to Department of Nursing Structure Standards.

4. Product Safety Evaluation

Refer to Department of Nursing Structure Standards.

F. Evaluation of Resources

1. Refer to Department of Nursing Structure Standards.

G. Staff

1. Professional

Refer to Department of Nursing Structure Standards and Nursing Practice Manual. Staff may be hired full-time or part-time, as determined by the Nursing Manager and based on unit needs.

H. Staffing

1. Responsibility for Providing Adequate Staffing

Refer to Department of Nursing Structure Standards.

2. Administrative Staffing

Refer to Department of Nursing Structure Standards.

3. Master Staffing

Refer to Department of Nursing Structure Standards.

4. Unit Staffing

Refer to Department of Nursing Structure Standards.

5. Delivery of Care Methodology

Refer to Department of Nursing Structure Standards.

6. Shift Assignments

Refer to Department of Nursing Structure Standards.

7. Scheduling

Refer to Department of Nursing Structure Standards. Refer to Department of Nursing Structure Standards. ECT has 10 projected average daily treatments.

I. Quality Improvement Plan

Refer to Hospital Quality Improvement Plan.

IV. NURSING PROFESSIONAL PRACTICE POLICIES

A. NURSING PROCESS

1. Assessment (Supplement to Department of Nursing Structure Standards)

- a. Each patient is assessed within 30 minutes of admission by a registered nurse.
- b. Each patient is re-assessed by a registered nurse every 15 minutes, and more frequently as their condition warrants it.

2. Planning

Collaborates with multidisciplinary team members to establish or review the ECT treatment plan.

3. Nursing Interventions

Identifies specific nursing interventions and teaching strategies for directed at patient-specific goals.

4. Evaluation

Review, revision and evaluation of patient care plan are completed by the RN and are patient oriented and based on outcome criteria.

5. Documentation/Retention of Records

Refer to Department of Nursing Structure Standards.

B. NURSING RESPONSIBILITIES

The role of the professional nurse at JDH is consistent with the scope of practice outlined in the State of Connecticut Nurse Practice Act.

Registered Nurses are authorized to perform all JDH protocols and procedures contained in the Department and Unit-specific manuals, along with identified procedures from the current Lippincott Manual. Orientation programs, ongoing educational activities and completed annual evaluations, which include competency checklists, ensure that individual nurses are competent.

C. PROFESSIONAL BEHAVIORS

Refer to Department of Nursing Structure Standards.

D. CREDENTIALING

Refer to Department of Nursing Structure Standards.

E. RESEARCH

Refer to Department of Nursing Structure Standards.

F. STANDARDS

Refer to Department of Nursing Structure Standards.

The Unit Standards are reviewed on a regular basis by the Nurse Manager and Assistant Nurse Manager.

V. CLINICAL POLICIES

Refer to Department of Nursing Structure Standards and the Unit Practice Manuals.

Revised 10/23/09

APPENDIX 1

ORGANIZATIONAL CHART

ECT

