

Quality & Development

The fun of merging organizations &
centralizing treatment

OR

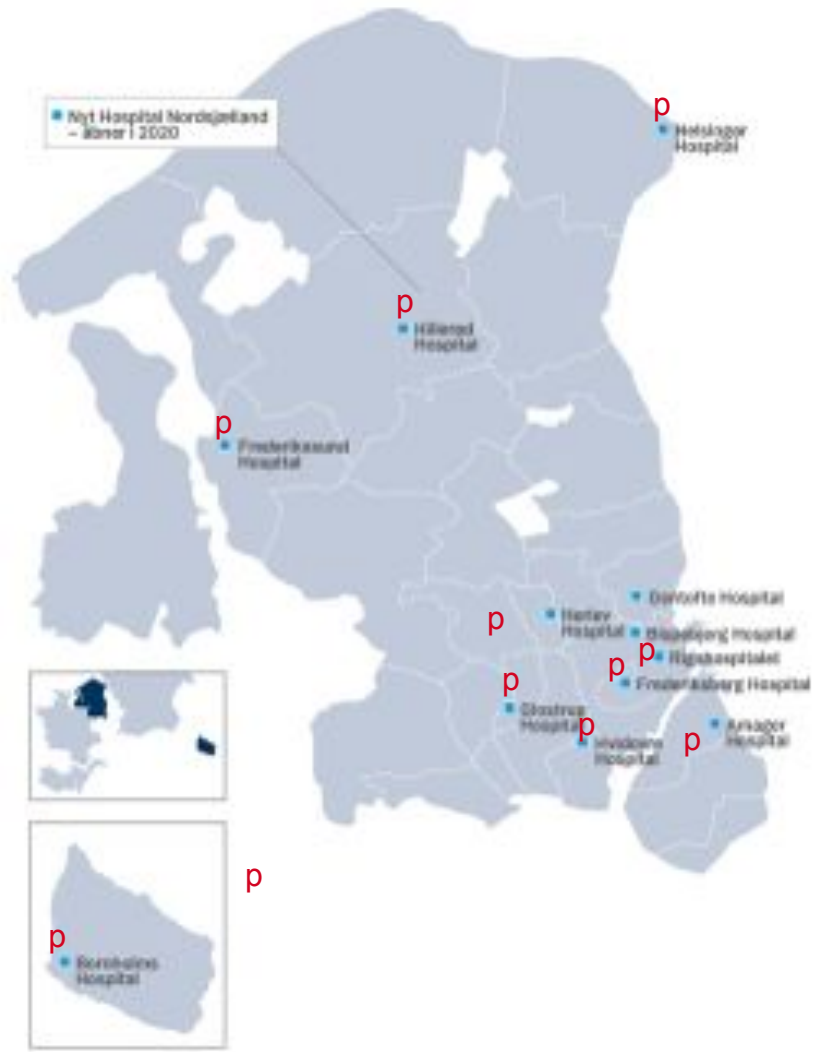
ECT as a hostage for accreditation



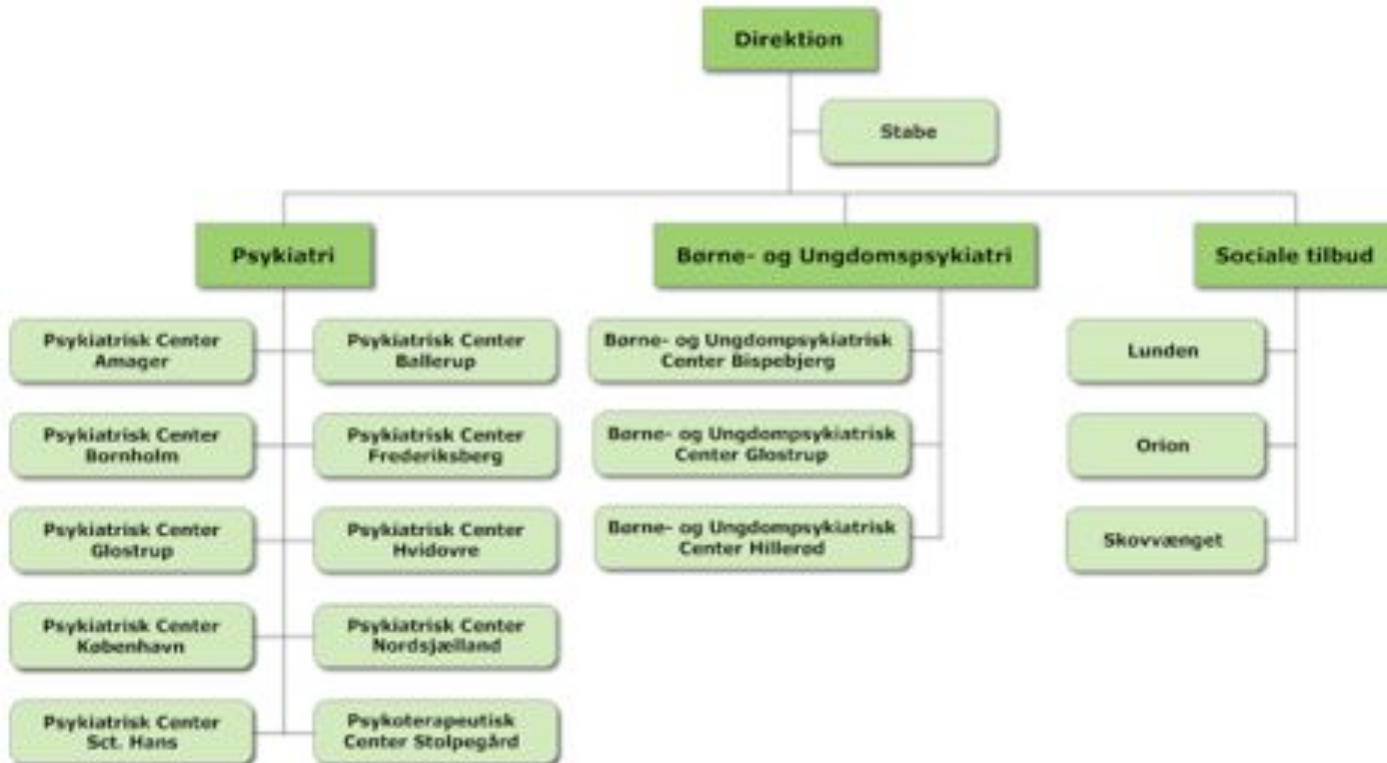


Agenda

- The Marriage & the Divorce – Reasons for developing a common Guideline
- The Content of the Guideline – and why
- The Achievements



Organization & Background





Areas of interest

- Patient Rights
- Patient Safety
- Professional Questions

Patient rights

Care Delivery for All Patients

Standard COP.1

Policies and procedures and applicable laws and regulations guide the uniform care of all patients.

Intent of COP.1

Patients with the same health problems and care needs have a right to receive the same quality of care throughout the organization. To carry out the principle of "one level of quality of care" requires that the leaders plan and coordinate patient care. In particular, services provided to similar patient populations in multiple departments or settings are guided by policies and procedures that result in their uniform delivery. In addi-

- d) The level of care provided to patients (for example, anesthesia care) is the same throughout the organization.
- e) Patients with the same nursing care needs receive comparable levels of nursing care throughout the organization.

Patient Safety

International Patient Safety Goals

- IPSPG.1 Identify Patients Correctly
- IPSPG.2 Improve Effective Communication
- IPSPG.3 Improve the Safety of High-Alert Medications
- IPSPG.4 Ensure Correct-Site, Correct-Procedure, Correct-Patient Surgery
- IPSPG.5 Reduce the Risk of Health Care–Associated Infections
- IPSPG.6 Reduce the Risk of Patient Harm Resulting from Falls

Central professional questions in the proces

- Bilateral versus unilateral ECT?
- ECT 3 x week – or 2?
- Dosisscheme or **dosistitration**?
- Seizure – 25 seconds?
- Anesthesia...

Mission

1. Guideline for Treatment with ECT
2. Guideline for nursing relating to Treatment with ECT
3. Documentation of informed consent to Treatment with ECT
4. Guideline for Training & Education of staff
5. Proposal for quality improvement of anesthesia in connexion to Treatment with ECT
6. Develop patient information about ECT

Project Timeline



Anesthesia

Standard COP.1

Policies and procedures and applicable laws and regulations guide the uniform care of all patients.

- d) The level of care provided to patients (for example, anesthesia care) is the same throughout the organization.

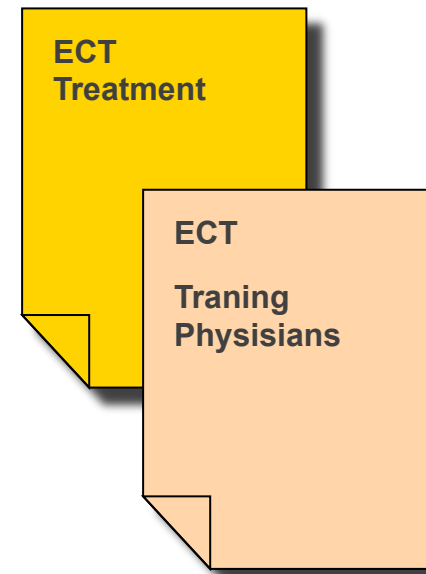
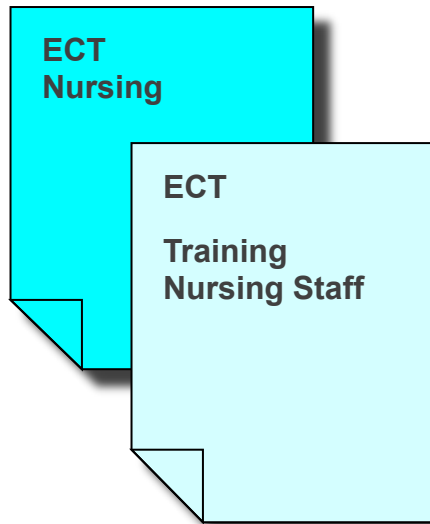
Standard ASC.4

A qualified individual conducts a preanesthesia assessment and preinduction assessment.

The preinduction assessment is separate from the preanesthesia assessment, as it focuses on the physiologic stability and readiness of the patient for anesthesia and occurs immediately prior to the induction of anesthesia.

When anesthesia must be provided emergently, the preanesthesia assessment and preinduction assessment may be performed immediately following one another, or simultaneously, but are documented independently.

Guidelines



Goals reached I

- All centers use the same ECT-record
- The psychiatric physician obtains consent to both ECT & anesthesia
- The consent is valid for 10 treatments
- The clinical examination & review is made by a physician from the patients parent department
- The patient history & clinical examination must be no older than 30 days
- A common sheet of information for patients is developed – covering both ECT & anesthesia

Goals reached II

- The anesteasiologist does not have to consult the patient prior to the first treatment
 - " The first treatment incorporates both the pre-anesthesiological assesment and the pre-inductive assesment"
- The pre-anesthesiological assesment & og paraclinical data/ samples are valid for 2 months
- The anesthesiological staff is responsible for the dicharge of the patient from the recovery room
- The theoretical education of physisians and ECT-responsible nurses is centralized (performed 8 x year)
- A 7-item Time-Out is completed at all treatments

Time-Out

1. Is it the right patient?
2. Are the settings of the ECT-device correct?
3. Is it the right anesthetic pharmaca?
4. Are the **electrodes** placed right and tight?
5. Is baseline activity registred?
6. Is the **teething rail** ready for use?
7. Is the treatment bi- or unilateral ECT?

Pt. label

Psykiatrisk Center _____

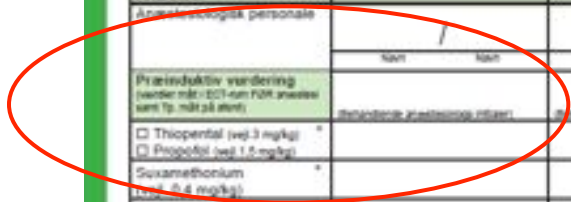
Indledende vurdering før ECT behandling i universel anæstesi – udfyldes af psykiatrisk læge

Anamnese		Ja	Nej	Tilsvarende notat (stages, behandlings)
Allergi	Overfølsomhed overfor medicin, latex eller patientens egenlæge			
Disposition	Familiar disposition for alvorlig reaktion på generel anæstesi			
Anæstesi	Tidligere problemer forbindelse med generel anæstesi			
Cirkulation	Tidligere eller nuværende hjerte- eller kredsløgsproblemer			SLC:
Respiration	Tidligere eller nuværende lungeproblemer			SLP:
Endokrinologi/Neuromuskulære sygdomme	Oplysning om andre sygdomme (f.eks. diabetes, thyreoidea sygdom, eller hypothyreoidisme)			
Medicinalforbrug (inkl. bl.a. alkohol)				
Urin	Undersøgt for albumin, blod og sukker: resultat A: B: C:			
Lidelsebehandling	Ja <input type="checkbox"/> Nej <input type="checkbox"/>	Antal P-Ha: P-K: P-Kreatinin: P-L: _____		
Højde	_____ cm			
Vægt	_____ kg			
Sign., psykiatrisk læge		Dato:		

Indledende vurdering før ECT behandling i universel anæstesi – udfyldes af anæstesiologisk læge

Objektivt		Ja	Nej	
Cirkulation	Præmedicinsk eksamen af hjerte- eller lungesygdomme (stages, edemer, særligt tryk, hyperæstesi)			Palp. / min. / mmHg
Luftrøspvurdering	Taktil eksamen			Udvalgte "Calm" / "Sung" / "Sung"
	ASA risiko-score	1	2	3
Sign., anæstesiolog		Dato:		KL

<p>Patienten er informert om anæstesi, forløb, smerter, risiko og mulige komplikationer. Patienten giver informert samtykke til anæstesi til én ECT behandlingsserie. Vedligeholdelse ECT betragtes som en behandlingsserie. Samtykket gælder for op til 10 behandlinger.</p>	<p>Patienten er informert om ECT-behandling, forløb, smerter, risiko og mulige komplikationer. Patienten giver informert samtykke til én ECT behandlingsserie. Vedligeholdelse ECT betragtes som en behandlingsserie. Samtykket gælder for op til 10 behandlinger.</p>
Sign., Psykiatrisk læge	Sign., Psykiatrisk læge
Dato:	Dato:



Dato & behandlingsnummer																											
På sengeafsnit																											
Værdier målt på afsnit				Tp				BT				P															
Præmedicin																											
ArtVidspunkt																											
Får behandling																											
Patient identifikation *				<input type="checkbox"/> Patientens id er fejlet				<input type="checkbox"/> Patientens id er fejlet				<input type="checkbox"/> Patientens id er fejlet															
Anæstesi																											
Anæstetologisk personale																											
/				/				/				/															
/				/				/				/															
Præinduktiv vurdering (værdier målt i ECT-sal FOR anæstesi samt Tp, målt på afsnit)																											
Behandende anæstetolog (navn)				Behandende anæstetolog (navn)				Behandende anæstetolog (navn)				Behandende anæstetolog (navn)															
<input type="checkbox"/> Thiopental (vej 3 mg/kg) <input type="checkbox"/> Propofol (vej 1.5 mg/kg)																											
Suxamethonium (vej 0.4 mg/kg)																											
Anden medicin (Ex. Atropin, Diazepam o.l.)																											
Behandling																											
Behandelende psykiater																											
Elektrodeplacering *				<input type="checkbox"/> Unilateral <input type="checkbox"/> Bilateral				<input type="checkbox"/> Unilateral <input type="checkbox"/> Bilateral				<input type="checkbox"/> Unilateral <input type="checkbox"/> Bilateral															
Thymatron % / Energi mC																											
Baseline aktivitet *				<input type="checkbox"/> OK				<input type="checkbox"/> OK				<input type="checkbox"/> OK															
Observationer																											
Måleelektrodeplacering *				<input type="checkbox"/> OK				<input type="checkbox"/> OK				<input type="checkbox"/> OK															
Anfalds art (EEG)																											
Anfalds varighed (EEG)																											
Synlige kramper (varighed, +, ++ eller +++)																											
Time-out udført (se feltet med * samt se af telexerne)				Time-out udført (se feltet med * samt se af telexerne)				Time-out udført (se feltet med * samt se af telexerne)				Time-out udført (se feltet med * samt se af telexerne)															
Værdier				Får anæstesi				Efter ECT (måles med min. 10 minutters interval - første gang umiddelbart efter behandlingen)				Får anæstesi				Efter ECT (måles med min. 10 minutters interval - første gang umiddelbart efter behandlingen)				Får anæstesi				Efter ECT (måles med min. 10 minutters interval - første gang umiddelbart efter behandlingen)			
Klokken:																											
Puls (slag/ minut)																											
Blodtryk (mmHg syst./diast.)																											
Saturation % O ₂																											
Bevidsthedsniveau 0-3																											
Dignitet																											
Komplikationer																											
Plan for næste behandling																											
Bemærkninger fra OPV																											
Udskrevet fra OPV (anæstetologisk personale)				Pl. udskrevet efter anæstesi				Kl.				Pl. udskrevet efter anæstesi				Kl.				Pl. udskrevet efter anæstesi				Kl.			

Taking care of competencies

- The ECT-responsible psychiatrist is responsible for each physician having adequate knowledge and training, to enable him/her to perform ECT independently. The authorization of each physician to perform ECT is documented in the personal file
- 10 treatments under supervision (+ theory central) gives adequate routine in the treatment, for it to be performed independently
- The Mental Health Center carries a list of all the physicians who are authorized to perform ECT



HR-afdeling

Psykiatri

Kursusbevis

Få basisviden af høj faglig kvalitet om ECT-behandling

Kursusens navn:

Stilling: Sygeplejerske
Cpr-nr.

I perioden fra d. 13-09-2011 til d. 13-09-2011

Antal timer: 1,5 timer

Indhold: - Forundersøgelser

- Indikationer
- Kontraindikationer
- Risici
- Bivirkninger
- Samtidig behandling med medicin
- Samtidig somatisk lidelse anæstesi-forhold
- Anfaldsmonitorering
- Stimulusdoserering
- Elektrodeplacering
- Informeret samtykke
- Demonstration og brug af apparatur
- Lokale procedurer

Underviser(e):

Dags dato: 21. august 2012

Camilla Alvensbo
Kursusleder

ECT- Training
Physicians

Taking care of competencies

- ECT responsible nurse
- Nursing staff who participates in the treatment team
- Accompanying staff

- **The ECT- responsible nurse**

- Has vast experience with ECT treatment
- Has participated in the central theoretical education
- Participates in the annual ECT conference by the Danish Psychiatric Society

- **Staff who participates in the treatment team**

- Theory - locally
- 10 directly supervised treatments, before autonomous participation in ECT treatment team
- Documentation of approval in personal file
- Each Health Care Center has a list of staff authorized to participate in ECT treatment team

- **Accompanying staff**

- Staff under training must participate as observer before, during and after a series of ECT treatments - at least three treatments
- The staff nurse makes sure that the necessary qualifications are met
- A list of literature is locally manufactured.

**ECT –
Training
Nursing
Staff**

Patient Information

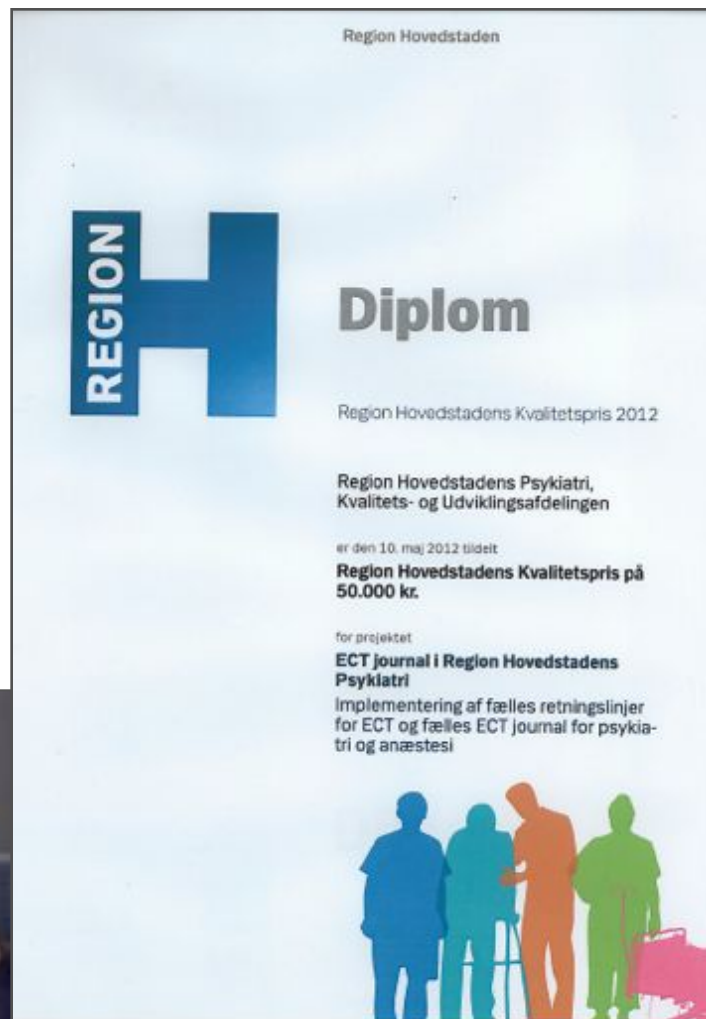
Psykatri



REGION

ECT – bedøvelse og behandling

The reward...



Is it worth it?

- The Healthcare System is mainly public financed in DK = the top decisions are political
- The merger was politically decided
- The merger was a marriage and a divorce at the same time
- To support the merger the decision to be accredited by JCI was wise – several of the parties had already been accredited as part of their parent hospital
- By subjecting to the international standards there was a commitment across the hospital to follow the standards – and by doing that we helped at least some of the formal merger
- In other words – the field of accreditation is a tool in the field of governance and leadership