



Quality and standards in ECT: a role for nursing leadership? A UK perspective



NALNECT

NATIONAL ASSOCIATION OF LEAD NURSES IN ECT

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The benefits of good leadership

- Wales aspires to embed principles of compassionate and collective leadership into health care (Health Education and Improvement Wales, 2020, 2021)
- Compassionate leadership embraces *attending, understanding, empathising* and *helping*, and the incorporation of these into effective, inclusive and collective systems leadership
- There is now significant evidence to show a clear correlation between leadership and improved patient outcomes (Kline, 2013)
- When staff have greater satisfaction in the clinical area, so patient experience improves (West, 2020)



How are standards in ECT maintained in the UK?

- ECT clinics in Wales, England and the island of Ireland can join the ECT Accreditation Service (ECTAS), which is part of the Royal College of Psychiatrists Centre for Quality Improvement (CCQI)
- ECTAS sets standards and oversees a system of peer review to accredit ECT clinics
- All clinics in Scotland are part of the Scottish ECT Audit Network (SEAN)
- Lead nurses have a wide range of responsibilities including managing staff, coordinating the multidisciplinary team, organising patients' ECT journeys and their nursing care, ensuring quality and standards and implementing improvements





Leading and influencing



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The National Association of Lead Nurses in ECT (NALNECT):

- promotes ECT research, audit and benchmarking
- represents ECT nurses on committees at the RCPsych, including ECTAS
- influences, disseminates and implements ECT policies and procedures in consultation with ECT nurses, service users, carers and colleagues from other disciplines
- develops and maintains links with other national and international professional bodies and ECT nurses globally

The 'one stop shop' in Cardiff

- Proactively managing the referral process and ECT treatment journey
- Improving service users' assessments and reviews
- Ensuring national standards are consistently met
- Monitoring of efficacy of treatment and of side effects
- Developing roles and career opportunities for nurses and psychiatrists specialising in ECT
- Streamlining processes to increase patient access to appropriate treatment



The 'one stop shop' in Cardiff

Having accepted a referral for outpatient or maintenance treatment:

- the patient is invited to the clinic for bloods, ECG, physical exam, cognitive assessment, mood assessment using the HAM-D rating scale, anaesthetic assessment and the ECT pathway is completed
- the ECT nurse meets with the patient and family to discuss and explain ECT
- the ECT nurse asks referrers to obtain and record consent
- clinic staff monitor and review effectiveness, prescribe each ECT, liaise with referring team, and offer advice and make joint decisions on ECT care



Advantages of the one stop shop approach

- Proactive management of the referral process and ECT treatment journey
- Ensuring ECTAS accreditation standards are met
- Improving and offering consistency in standards of care for ECT patients locally and nationally
- Consistent monitoring of efficacy of treatment and of side effects
- Role development and career opportunities for nurses and psychiatrists to specialise in ECT
- A more streamlined process may lead to increases in referrals
- Allows teams to become more involved in audit and research



Challenges to the one stop shop approach

- Nurse staffing levels and time in the clinic
- Lack of dedicated ECT nursing teams
- Psychiatrists' sessional time
- Training for ECT nurses
- Referring teams reluctant to have less control
- Restricted time during treatment sessions
- Team working

Nurse-administered ECT (NAECT)



- A pilot study in the UK (Hardy et al 2015) led to the inclusion of nurse-administered ECT being added to the fourteenth edition of the ECTAS standards in 2018 (ECTAS 2018)
- Nurse-administered ECT in England and Wales is introduced through local clinical governance arrangements (Hannigan 2019)
- In the UK NAECT has recently led to polarised views on the role of ECT nurses
- Different views around NAECT have led to changes to the standards and some difficulties between professional groups
- NAECT is now practiced in multiple countries around the world, including Wales, England, USA, Singapore, Denmark...

Advanced nurse practice in ECT

- Career development for nurses is important: not just for individuals, but also if we want to retain senior specialist ECT practitioners
- Aligns ECT with the rest of health care practice
- Pathways are needed for ECT nurses to become clinical nurse specialists, advanced nurse practitioners, nurse prescribers and consultant nurses in ways that are now common in other parts of mental health services and elsewhere
- Developing nursing skills in audit, research and publishing will improve knowledge about ECT, particularly in areas not addressed at present: e.g., qualitative research on patient care and experience, MDT working, quality and safety

What could an advanced nurse role look like?

- Everything a specialist ECT nurse brings at the moment
- Administering ECT
- Carrying out physical examinations and investigations prior to ECT
- Providing expert knowledge and advice to other mental health care providers
- Working in a team of ECT specialists, complementing the contributions of members of other professional groups
- Supervising and training of junior doctors
- Consenting patients for ECT
- Prescribing
- Consulting

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