

WOTTON LAWN HOSPITAL – ELLIS SUITE
(ECT DEPARTMENT) HALF-YEAR PROGRESS REPORT
2024 (JAN- JUNE)



PREPARED BY: EDIRISURIYA OLGA (ECT LEAD NURSE)
DR. JIM LAIDLAW (ECT LEAD CONSULTANT)

Table of contents	Page
Executive summary	2
Goals & objectives	3
Accomplishments	4-5
Challenges Obstacles	5
Incident reporting (DATIX)	6
Next Steps & Action Items	6-7
Metrics and Data	7-10
Team appreciation by patients and carers	11
Recommendations	12

Executive Summary

The first 6 months of 2024 has been a busy time for the ECT Service at Wotton Lawn Hospital. Preparation for our RCPsych ECTAS (ECT Accreditation Service) visit involved collecting and submitting a large amount of audit data and then hosting the ECTAS Team visit in June. This went well and we now await the final report. Prior to this visit we were very pleased to have run our first ECT Café, in May, which was well received by staff, patients and carers. Clinically the service continues to receive a high number of referrals and we have needed to increase our anaesthetic provision to meet this increased demand. This increase is, in part, due to an increased use of Continuation ECT, where ECT is used, usually along with medication, to reduce risk of relapse in the first 6 months after treatment. Looking to the second 6 months of 2024, we plan to raise standards in our service by continuing with a QI project to improve access for Community patients and starting discussion about moving from our current paper based ECT pathway document to an electronic version on Rio. We gratefully acknowledge the support the service has received from inpatient and community staff, management, the QI Team and patients and carers.

2.Goals and Objectives

ECT team's top priority goal was to complete the ECTAS accreditation requirements before the deadline of 21st May 2024, which include;

✚ A workbook including 211 standards related to ECT under 9 categories.

1. Contextual data
2. The ECT clinic
3. Consent and capacity,
4. Referral and assessment
5. The ECT administration process
6. Monitoring and follow-up
7. Staffing and training
8. Patient and carer experience
9. ECT clinic provision and development

✚ ECTAS Survey questionnaires

ID	Name	Responses
859	ECTAS – Carer questionnaire 16th Edition	10/10
860	ECTAS – Patient questionnaire 16th Edition	9/10
861	ECTAS – Staff questionnaire 16th Edition	10/10
857	ECTAS Case Note Audit 16th Edition	10/10
858	ECTAS Referrer Questionnaire 16th Edition	6/5

ECTAS peer-review group visit for re-accreditation on 19/06/2024



3. Accomplishments

ECTAS standards 136 (Level 3) and 161 (Level 2) were new standards which we achieved:

136. (3) – Staff members can access reflective practice groups at least every six weeks where teams can meet to think about team dynamics and develop their clinical practice.

161. (2)- There are operational multi-disciplinary team meetings to discuss clinical matters, policy, and administration at least every 2 months.

The reflective practice group session was started in March 2024, and conducted by Clinical Psychologist Ms. Bethany Taylor. Schedule as follows for the whole year;

08/03/2024 – Done

23/04/2024 – Done

21/06/2024- Done

Future meetings will be on : 06/08/2024, 20/09/2024, 05/11/2024 and 20/12/2024

Bi-monthly meetings were started in March 2024: This is an interactive session, offering staff Educational sessions, the latest research regarding ECT, and the progress of the service.

12/03/2024 -Done

14/05/2024- Done

Future meetings will be on : 23/07/2024, 10/09/2024 and 08/11/2024



An action from our last ECTAS accreditation visit 3 years ago was to set up an ECT café.

Our first ECT café was conducted on 13/05/2024 in a meeting room in the Therapy department in Wotton Lawn Hospital from 11 am to 1 pm.

It was interactive, and patients and carers shared their experiences and raised questions with the team. Dr Jim Laidlaw (Lead Consultant- ECT), Dr Ikram Mohamed (Consultant Psychiatrist), and Mrs. Olga Edirisuriya (ECT Lead nurse) attended to deliver some educational activities with the patients and carers.

The objective of ECT Cafe is to provide a space for patients, carers, NHS staff, and a variety of other speakers to come together to have collaborative conversations around ECT This takes place in a relaxed, supportive environment, less formal than an outpatient's appointment, where patients and their families/carers can share experiences, ask questions and access information. Our plan is to offer this opportunity regularly so its can be available before the commencement of a course of ECT through to post-treatment.

The next ECT Cafes will be conducted on : 07/10/2024 and 12/01/2025.



Two RMNs were appointed as ECT Deputy nurses.

Two nurses joined the ECT team in March and April. They underwent a day of ECT induction course, and following the training, were deemed competent to perform their job role under supervision for 3 months. At present, they work regularly on alternative days in the ECT department. They joined with the NALNECT group for ECT nurses and attended ECTAS peer review session training and the ECTAS & NALNECT Annual Forum on 30th May. They are due to attend for ECT foundation course in August. Their details are as follows;

Mr. Patrick Laidlaw (RMN from Priory ward)

Ms. Merlin Baby (RMN from Greyfriars ward)

Challenges and Obstacles

ECT documentation in RiO

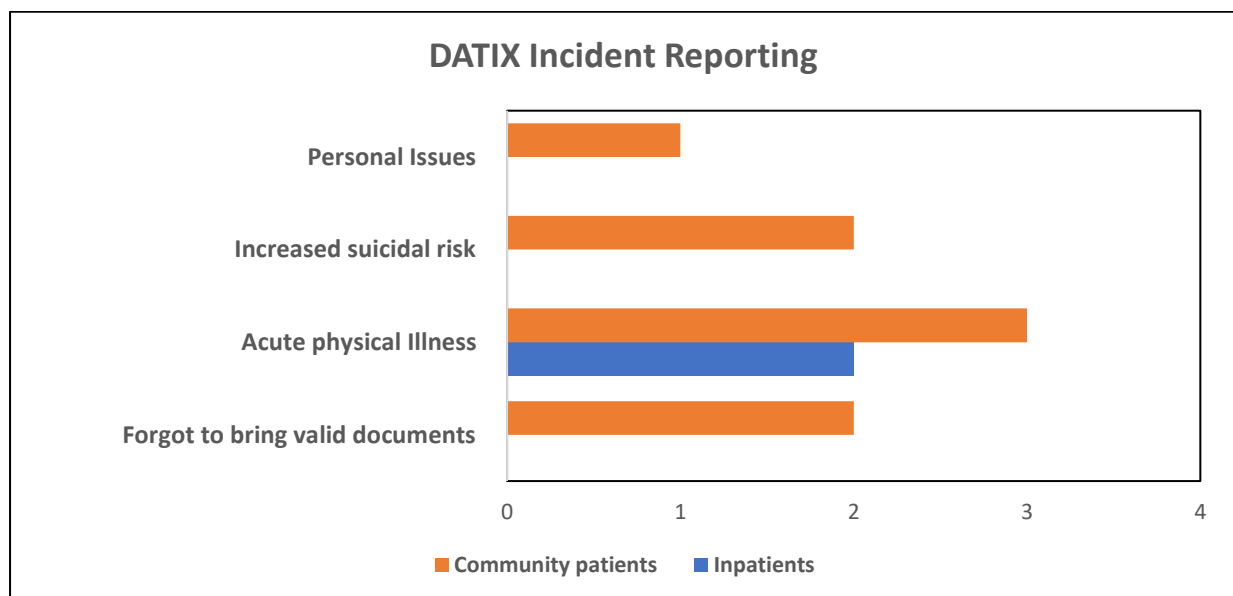
There is an ongoing discussion about how to move our current paper based ECT Pathway to an electronic version on RiO. In current practice, we use the ECT care pathway booklet to prescribe and record treatments, and there were two incidents where treatment was cancelled when an outpatient forgot to bring the pathway on treatment days. During ECTAS peer review it was highly recommended to go for paperless documentation.

Anaesthetist working hours

It was proposed to increase anaesthetist working hours from 2 to 4 hours per ECRT session due to the increased referrals to the service. This is still under discussion and awaiting approval.

Incident reporting (DATIX)

10 incidents were reported during the first 6 months. All the incidents involved the cancellation of treatment due to several reasons. There were 2 occurrences of cancellation of treatment for inpatients due to acute illness and 8 patients from the community had treatment cancelled for various reasons.



Next Steps & Action Items

1. Paperless initiatives “go green” in Rio

ECTAS peer group members recommended going for digital documentation instead of paper documentation. Transferring the ECT care pathway booklet contents into a digital format and all ECT-related documentation in a separate folder is under discussion.

2. ECT link nurses training

ECT training for band 5 nurses in Wotton Lawn and Charlton Lane Hospital will be beneficial;

- To familiarise with the ECT procedure and related documents
- To prepare patients and families in inpatient units
- To follow up and coordinate with the ECT department regarding any concerns.

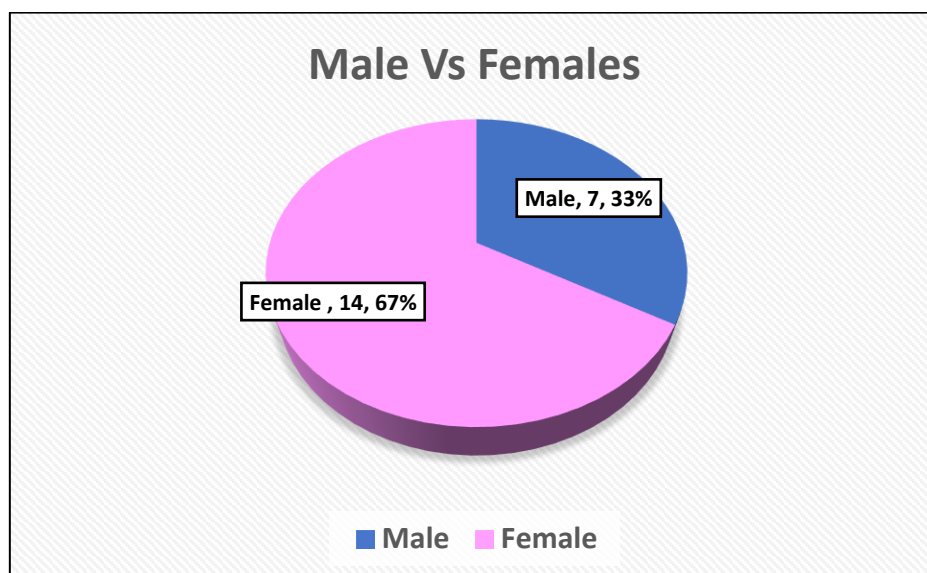
3. Reduced waste and recycling/ reusing

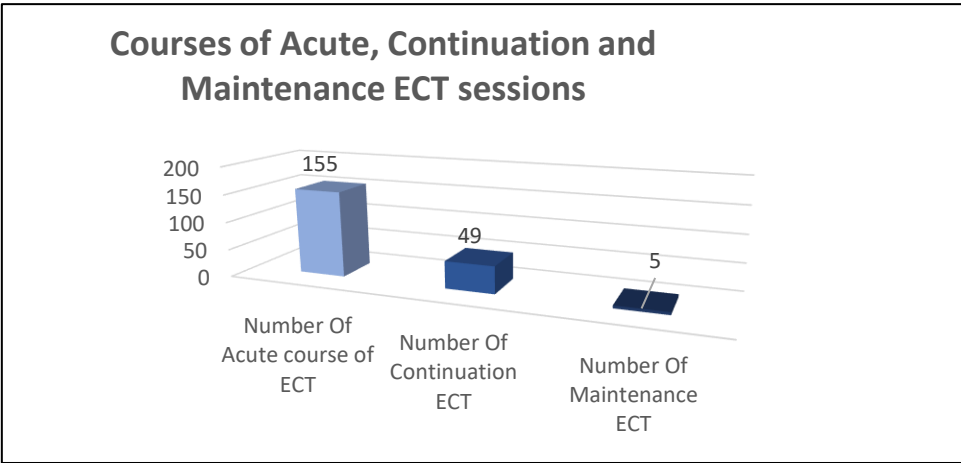
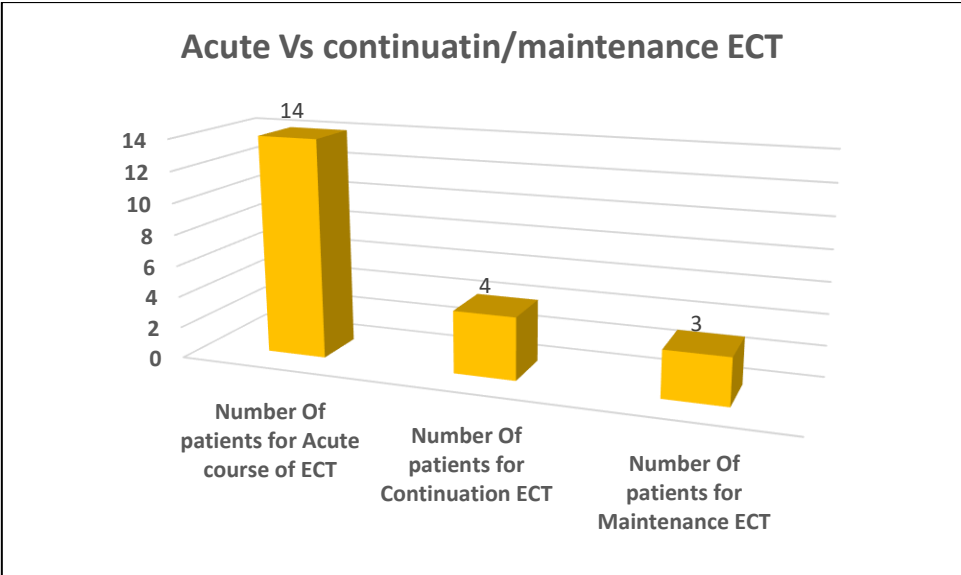
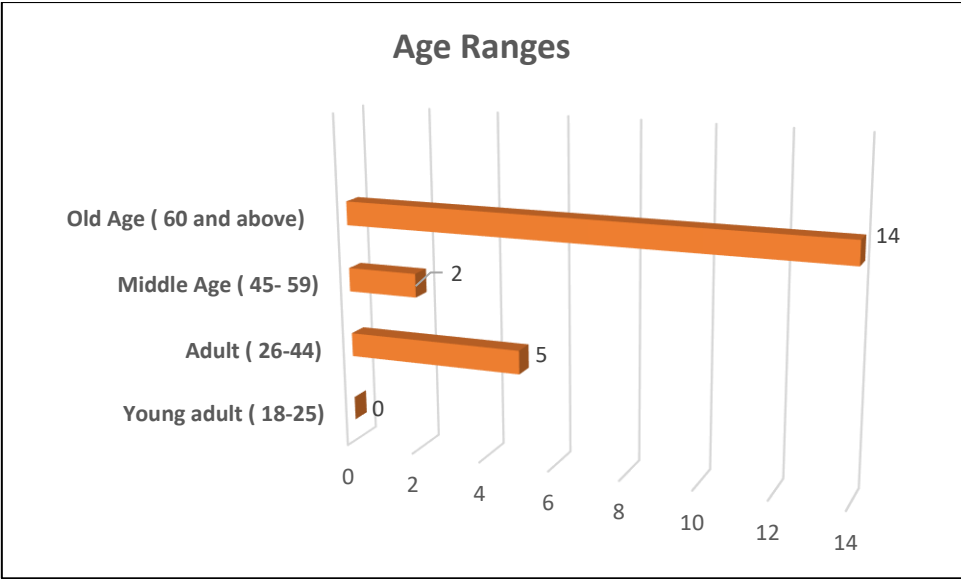
Finding out how to manage the service cost-effectively is challenging, as anaesthetic equipment can be used once and medications are costly. Involvement from the GHC infection control team to get further advice.

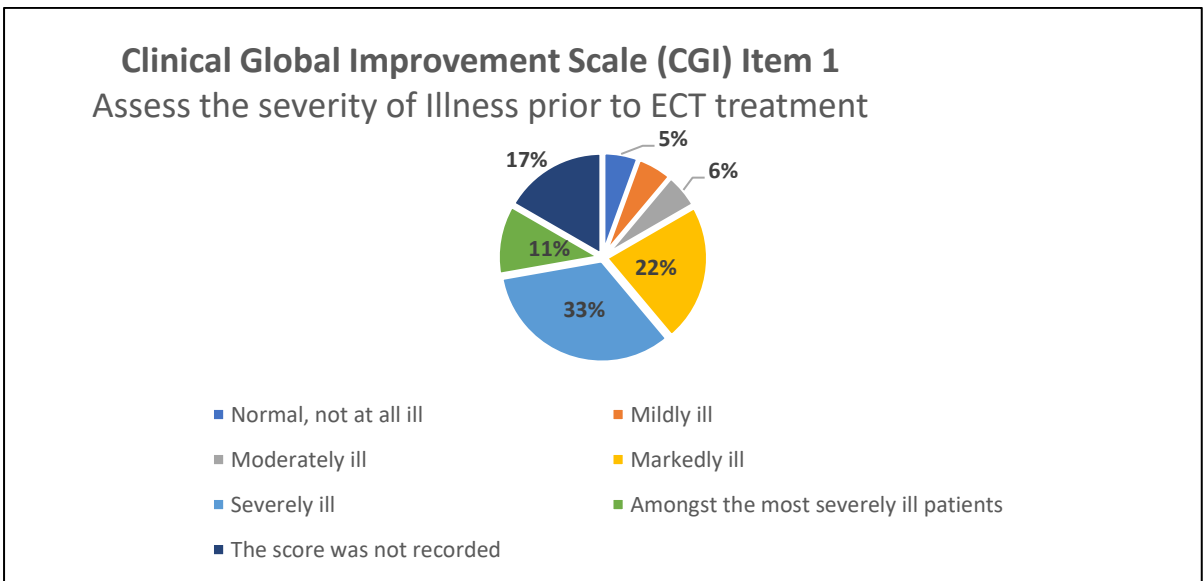
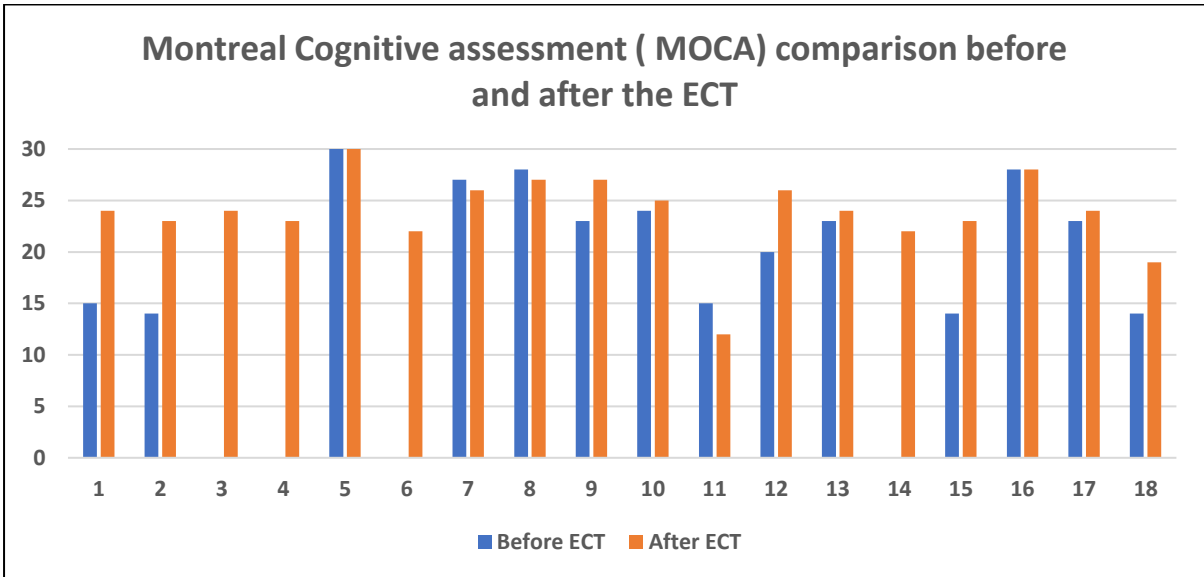
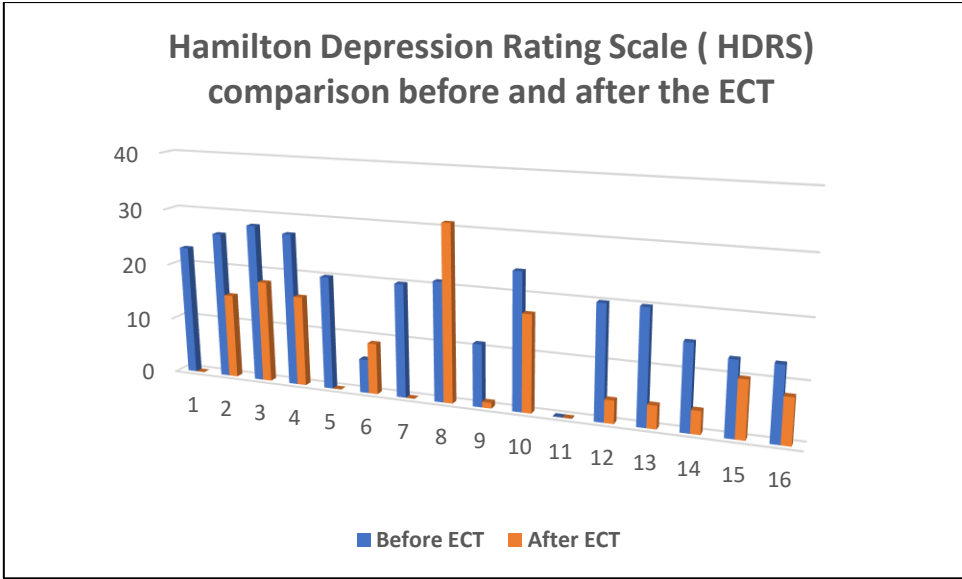
4. To complete the ECT QI Project

The ongoing ECT QI project will discuss the challenges to offering ECT in the community and seeks to improve access for community based patients.

Metrics and Data From January to June 2024

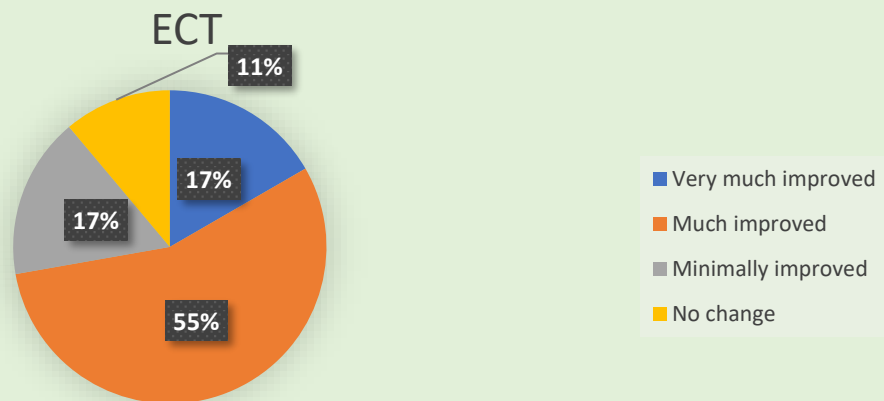




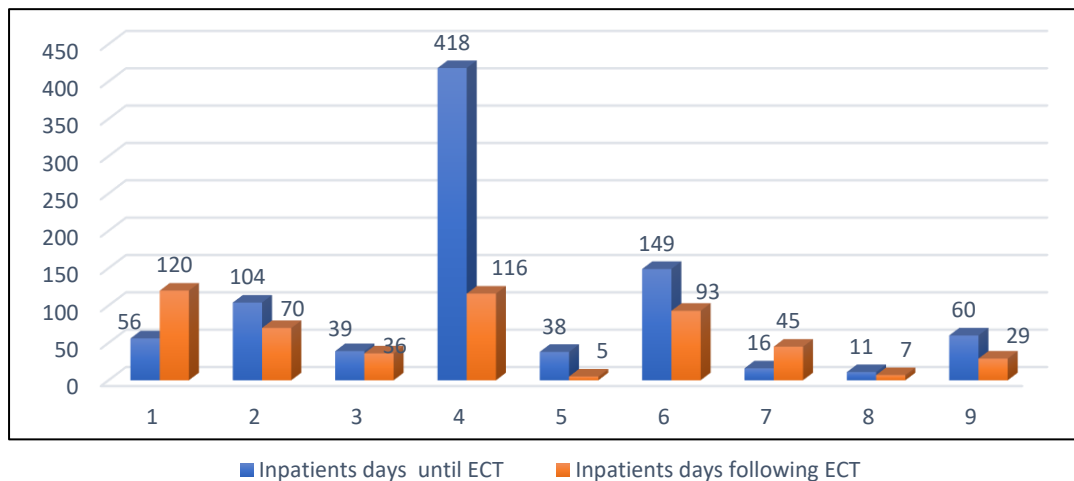


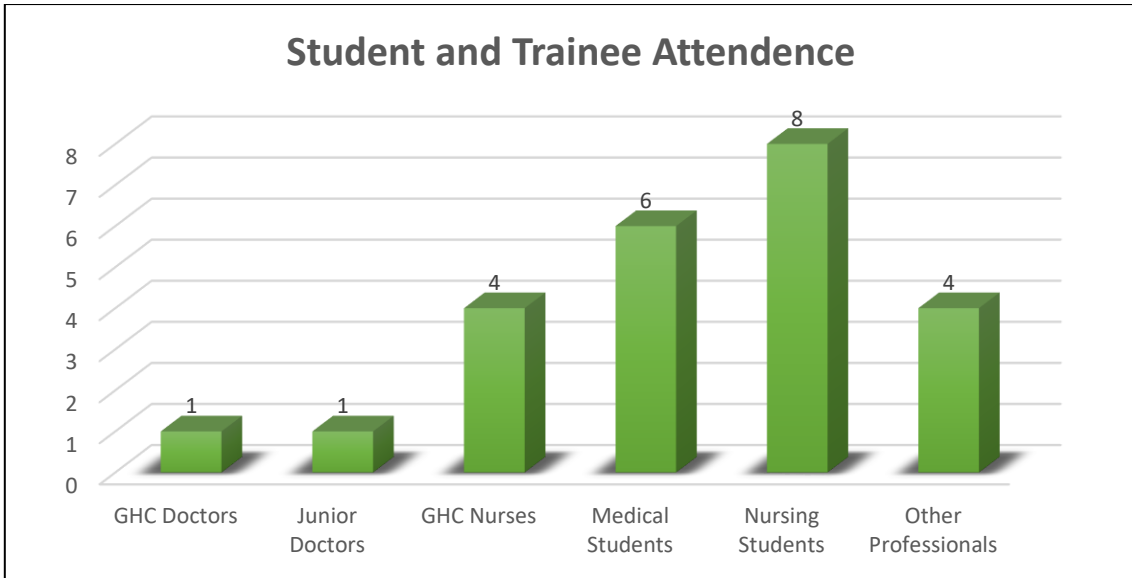
Clinical Global Improvement scale (CGI) Item2

To assess the improvement/ worsened following



Inpatients days before and after ECT Treatment





Appreciations and compliments from patients and Carers



Recommendations

- 1) Await full ECTAS report and develop and action plan to meet any recommendations
- 2) Consolidate the increased anaesthetic time for each session
- 3) Develop some training for staff around Continuation and Maintenance ECT
- 4) Develop the ECT Link Nurse role
- 5) Complete the ECT QI project
- 6) Commence project to develop an electronic Care Pathway to replace our current paper document.

Thank you