

ECTAS
ECT ACCREDITATION
SERVICE



ECTAS Accreditation Process

June 2016

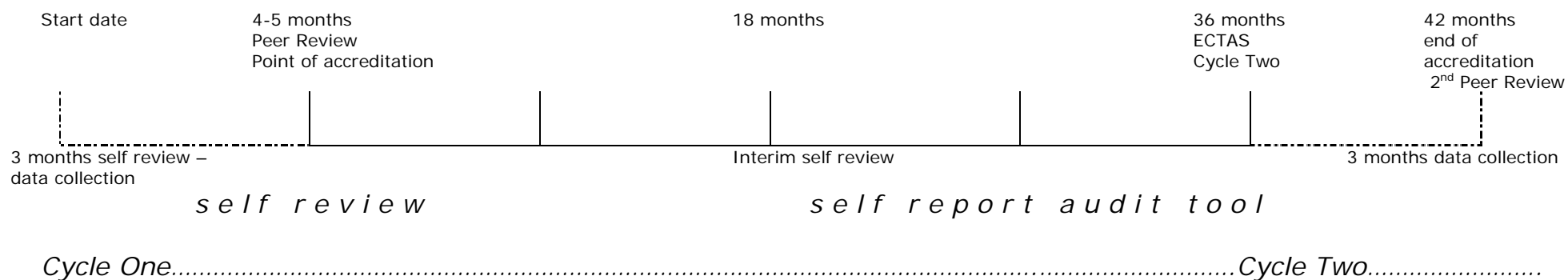
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The Accreditation Process

Cycles One to Two



Aims and Objectives

The purpose of ECTAS is to improve the way in which Electroconvulsive therapy (ECT) is administered in the United Kingdom and Ireland. It will achieve this by:

- Accrediting ECT clinics
- Creating a national network to support ECT staff through:
 - a database of standards in the administration of ECT
 - the ECTAS peer-review process
 - an email discussion group
 - an annual members' forum
- Maintaining a database of standards in the administration of ECT

What accreditation means

Accreditation is against the ECTAS standards which cover the preparation for treatment, assessment for treatment, and administration of treatment. This should not be taken to apply to review or accreditation of any aspect of the service which falls without the remit of the standards. ECTAS standards are available at www.ectas.org.uk.

The Standards

The standards are drawn from key documents including the Royal College of Psychiatrist's ECT Handbook (2013), the NICE Health Technology Appraisal of ECT (2003), and the Scottish National Audit of ECT (2000). The standards also incorporate feedback from representatives of SURE and MIND as well as pilot studies and experts from a range of relevant professions.

The standards cover the following topics:

- Special precautions
- Assessment and preparation
- Consent
- Anaesthetic practice
- The administration of ECT
- Recovery, monitoring and follow up
- The ECT clinic and facilities
- Staff and training
- Protocols
- Nurse-administered ECT

The standards have been approved by the College ECT committee and the ECTAS reference group which includes service users, psychiatrists, nurses and anaesthetists.

The set of standards is comprehensive and aspirational; it is unlikely that any clinic could meet all of them. To support their use in the accreditation process, each standard has been categorised as follows:

Type 1: Essential standards. Failure to meet these would result in a significant threat to patient safety, rights or dignity and/or would breach the law. These standards also include the fundamentals of care, including the provision of evidence based care and treatment.

Type 2: expected standards that all services should meet;

Type 3: desirable standards that high performing services should meet.

A copy of these standards will be sent to every clinic at the beginning of the self-review process.

In the event that the ECT Accreditation Service finds evidence that the Trust's (or other organisation's) ECT service threatens the dignity, safety or rights of service users, the Trust (or other organisation) will take appropriate action. If the Royal College of Psychiatrists is not satisfied that appropriate action has been taken, it reserves the right to inform those with responsibility for the management of the service and/or the relevant regulatory body.

Data Collection Tools

The standards have been incorporated into a set of data collection tools for use in the self- and peer-review process. Some standards have not been included because they cannot be measured reliably.

There are several data collection tools because it is important that each standard is evaluated using the most appropriate method and source of information. The methods are described more fully in the sections that describe the self-review and the peer-review.

The Accreditation Period

A diagram showing the progress of the clinics through the review process is shown on page 3. You will be expected to meet the deadlines, except in exceptional circumstances. Accreditation is from date of the Accreditation Committee's decision and accreditation level will normally remain the same throughout the Cycle (i.e. between Peer Reviews). Clinics that satisfactorily complete the initial self-and peer-review process within the normal time frames will be accredited for three years. However, maintenance of approved status will be conditional on the satisfactory completion of an interim self-review. A clinic will be contacted with their self-review pack for Cycle 2 six months before Cycle 1 ends. Cycles One and Two of the review process therefore overlap, in order to ensure continuous accreditation.

Please note that only one peer-review visit will be made to the clinic during the three years and that if a further visit is required because it is found that the clinic poses a threat to patient/ staff safety, the re-visit will be charged at the rate of £600 per day.

Review visits which are cancelled by the clinic will also incur a charge of £600 +VAT per day. Review visits which are cancelled by the ECTAS Project Team, or for reasons beyond the control of the clinic, will not incur a charge.

If, during this three year period, the Trust, (or other organisation) is aware of changes to ECT practice that may affect quality, it must report this to ECTAS which will re-consider the clinics' accreditation status. To ensure that accredited clinics are continuing to meet standards, they will be asked to undertake a self-review at the halfway point of the cycle. Any significant changes to the clinic's documentation, staffing or environment outside of self-review periods can be flagged up at any time by emailing the ECTAS Team.

ECTAS acts as a source of information for the CQC and periodically supplies the Care Quality Commission with an updated list of member and accredited clinics.

The College Website

Membership of the ECT Accreditation Service will be listed on the Royal College of Psychiatrists' website. Once a final accreditation rating has been awarded, this will be posted on the website next to the clinic name.

Costs

ECTAS received start-up funding from the Royal College of Psychiatrists, but is now funded and maintained entirely by annual subscription of clinics that participate in the network. The current subscription is three annual instalments of £1500 (plus VAT), or a one off payment of £4050 (plus VAT), which will cover the full three years.

Once a clinic's membership application form is received by the ECTAS Team, the local contact will be asked to set dates for their self- and peer-reviews. The Trust will then be invoiced for the year commencing on the day the joining form was received.

The Accreditation Process

The time from registration to a decision being made about a clinic's accreditation category will be between six and nine months, assuming that

data is collected and returned within the timeframes set out in the diagram on page 3. There are three main phases: self-review, a peer-review visit and a decision about accreditation category and feedback.

Self-review

This is an opportunity for the local multi-professional ECT team to review their local procedures and practices against the ECTAS standards and, if necessary, to make the changes necessary to achieve accreditation.

At the beginning of the self-review period, the local ECT lead will be sent a copy of the ECTAS 'Standards for the Administration of ECT' and the self-review data collection tools. The latter should be completed and returned within three months.

The self-review has a number of components:

- **A clinical audit** of the case notes of 10-20 patients who have completed a course of ECT in the last 6 months. The purpose will be to collect information, relevant to ECTAS standards, which would normally be recorded in the patient record.
- **A patient questionnaire** of the reported experiences of at least 5 patients who have completed a course of ECT in the last 6 months. The clinic will be asked to distribute questionnaires to patients who will then complete and return them directly to the ECTAS team in an envelope provided. The patients will be asked not to identify themselves to us.
- **A carer questionnaire** of the reported experiences of at least 5 carers/relatives/friends who have accompanied patients to the ECT clinic within the last 6 months. The clinic will be asked to distribute questionnaires to carers who will then complete and return them directly to the ECTAS team in an envelope provided. The patients will be asked not to identify themselves to us.
- **A review of key documents** including policies, procedures and protocols.
- **A questionnaire for Lead ECT Nurses**
- **A questionnaire for psychiatrists that have prescribed ECT** covering issues of consent and aftercare.
- **A review of the environment and facilities** by the multi-professional team to review facilities, equipment and medication.

With the exception of the patient, carer and referring psychiatrist questionnaires which can be completed on paper and posted directly to the ECTAS team, all data should be entered online through the ECTAS website. A summary of the results will inform the peer-review team.

Peer-review visit by an external team

The purpose of the half-day visit by a peer-review team is to validate the self-review findings and to provide a valuable opportunity for discussion, and for the review team members to share ideas, make suggestions, offer advice and give support.

The half-day peer-review visit will be scheduled for 4-8 weeks after the self-review data has been returned. Typically, the team will consist of 3 staff from other ECT clinics. A service user and a member of the ECTAS team may also attend. Staff from clinics participating in ECTAS will be expected to act as members of peer-review teams. The team will be led by a lead reviewer, and all reviewers will have undergone specific training from the ECTAS Team.

Timetable of a review day.

The ECTAS peer review is a half-day which takes place either in the morning or the afternoon. The team being reviewed has the option if they would like to provide lunch after a morning review, or before an afternoon review.

Time (morning review)	Time (afternoon review)	Activity
-	12:00-13:00	Lunch (optional – afternoon meeting only)
10.00-10.15	13:00-13:15	Introductory meeting for reviewers <ul style="list-style-type: none">• Review timetable• Queries about the day answered
10:15-10:30	13:15-13:30	Introductory meeting with host team <ul style="list-style-type: none">• Brief on the clinic
10.30-12:00	13:30-15:00	Peer Review Booklet: Section 1 <ul style="list-style-type: none">• General standards and clinic walkthrough
12:00-12:30	15:00-15:30	Peer Review Booklet: Section 2 <ul style="list-style-type: none">• Clinic staff will take reviewers through the relevant documentation including clinic procedures, literature available to the patient, health records etc
12:30-13:00	15:30-16:00	Feedback meeting with host team <ul style="list-style-type: none">• Action points summarised and feedback to local staff

13:00-14:00	-	Lunch (optional – morning meeting only)
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Please note:

- the day **does not** require the review team to observe an ECT treatment session;
- review team members will not be allowed to see actual patient health records

How Accreditation Category is Decided

Data from the self- and peer-review will be compiled by the ECTAS team into a summary report of the clinic's strengths and areas for improvement. Once this has been verified by the lead reviewer who visited the clinic, the ECTAS Accreditation Committee will consider the data and recommend an accreditation status. The AC acts as part of the Combined Committee for Accreditation, this Committee has an overall Chair who assures governance and consistency across those projects measuring the quality of services which are managed by the College.

ECTAS communicates any decisions regarding the level of accreditation to the Care Quality Commission.

There are three categories of accreditation status:

- **Category 1: accredited.** The clinic would:
 - meet all type 1 standards;
 - meet the majority of type 2 standards;
 - meet many type 3 standards.
- **Category 2: accreditation deferred.** The clinic would:
 - fail to meet one or more type 1 standards but demonstrate the capacity to meet these within a short time;
 - fail to meet a substantial number of type 2 standards but demonstrate the capacity to meet the majority within a short time.

The clinic will receive a report detailing the strengths and weaknesses that have been identified, with an emphasis on those standards that need to be addressed for accreditation to be awarded. Data will be collected through a further self- and/or peer-review within a 3- or 6-month period to confirm that the clinic now meets the criteria for category 2 approval.

- **Category 3: not accredited.** The clinic would:

- fail to meet one or more type 1 standard and not demonstrate the capacity to meet these within a short time;
- fail to meet a substantial number of type 2 standards and not demonstrate the capacity to meet these within a short time.

The clinic will receive a report detailing the strengths and weaknesses that have been identified and a clear statement of which standards would have to be met for the clinic to be approved.

In the opinion of the Royal College of Psychiatrists any clinic which does not meet all type 1 standards is not an appropriate environment to administer ECT and therefore the College will recommend that treatment ceases.

The Appeals' Process

The grounds for an appeal against a decision about accreditation category are that:

- The decision has been made on the basis of a summary report that contains factual inaccuracies about the clinic at the time of the review;
- The decision is not consistent with stated criteria that determine categories of accreditation.

An appeal must be lodged within eight weeks of the accreditation decision having been communicated to the local ECT lead consultant. Appellants are asked to provide documentary evidence to support claims of factual inaccuracy and/or a clear statement of in what way(s) they consider the decision to be inconsistent with the stated criteria for the category of accreditation awarded. A detailed description of the stages of the appeals process is available on request.

Activities and support during a clinic's accredited period

Standards revision

The standards will be revised and updated annually to take account of new developments.

Once the updated standards have been ratified, a copy will be sent to all member clinics.

Interim self-review

During the period for which they are accredited, clinics will be asked to undertake an interim self-review at 18 months. This will be to confirm that the criteria for accreditation are still met and to review progress against the recommendations contained in the previous year's report. Any significant changes to the clinic's documentation, staffing or environment outside of the self review period can be flagged up at any time by emailing the ECTAS Team.

Peer-review

No further peer-review visits will take place during the clinic's accredited period except in exceptional circumstances.

E-mail discussion group

Throughout the period of accreditation, clinic staff will have access to advice and support from the ECTAS Team and their peers through the email discussion group.

Joining a peer review team

It is expected that ECT Staff from member clinics will wish to visit other clinics as a member of a review team. This will normally involve spending half a day at a clinic and possibly commenting on a draft of the clinic's report summary. Travel expenses will be reimbursed according to the policy of the Royal College of Psychiatrists.

In order to become a reviewer, staff must attend a one-day training course at the Royal College of Psychiatrists. Clinics will be contacted with the dates for training and booking forms. Training takes place twice a year. Those staff who have been trained and attended at least 3 reviews will also be given the opportunity to act as lead reviewers should they so wish.

Information sharing about clinics and membership

A list of known ECT clinics including all current members of ECTAS is available from the website and updated quarterly. The list states whether a clinic is not a member, in review process, accredited, deferred, or dormant (no treatments currently taking place). A clinic may also be listed as closed if it has recently ceased to operate altogether.

Clinics which undertake the process and are not accredited are so designated in this list. ECTAS reserves the right to contact regulatory and professional bodies if issues affecting patient safety, rights and dignity are identified.

Reports created from clinic review data are seen by the CCQI team, the reviewer team, and the Accreditation Committee. Information about the performance of individual clinics apart from accreditation status is not published without permission. Anonymised, amalgamated data from the review process may be published in research papers and in the bi-annual ECTAS National Report.

ECTAS – SUMMARY OF TERMS AND CONDITIONS OF MEMBERSHIP

ECTAS Accreditation is based on a continuous review process. Clinical standards are assessed by self- and peer- review at the start of each three-year cycle. Accreditation is maintained by yearly self-assessment between the three-yearly peer review.

Accreditation is dependent on:

- 1) Remaining in good standing as a member of the ECTAS network

- 2) Continuing to meet ECTAS standards, which are revised on a yearly basis
- 3) Fulfilling ECTAS self review conditions, as laid out in the ECTAS Self Review Guidance and Interim Self Review Guidance documents.

Failure to meet any of these conditions will result in accreditation being withdrawn by ECTAS. In this case, the name of the clinic concerned will be removed from the list of clinics who are members which appears on the Royal College of Psychiatrists website and will appear on a separate list of clinics who have had membership withdrawn. Organisations who receive updates on ECTAS membership such as the Care Quality Commission will also be informed that membership has been withdrawn.

Clinics whose accreditation is withdrawn will be asked to return their certificate of accreditation forthwith.

Clinics who withdraw their own membership during a three-year cycle will also be removed from the list of members on the website as above and asked to return their certificate of accreditation.

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