Chapter: **CLINICAL PRACTICE**
Title: **ELECTROCONVULSIVE THERAPY (ECT)**

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Proposed by: _____ 11/21/2023
Chief Executive Officer Date

Approved by: Al Lorenzo 11/21/2023
County Executive Office Date

I. ABSTRACT

This policy establishes the standards and procedures of Macomb County Community Mental Health (MCCMH), an official agency of the County of Macomb, for the use of electroconvulsive therapy (ECT) by MCCMH direct-operated and contract network providers.

II. APPLICATION

This policy shall apply to all MCCMH direct-operated and contract network providers who may administer or recommend administration of ECT to MCCMH persons served.

III. POLICY

It is the policy of MCCMH that safe and appropriate standards be maintained on the use of ECT for MCCMH persons served. ECT shall be administered as an integral part of a person's documented treatment /service plan where indications for ECT are present, including but not limited to certain diagnosed conditions, failure of alternative treatments and medications to control symptomatology, medical history, and individual preference. ECT shall be administered only after an ECT evaluation is made, informed consent is secured, and the MCCMH Chief Medical Officer has provided approval.

IV. DEFINITIONS

A. Index ECT
The initial series of ECT provided during the current treatment event either inpatient or outpatient. Such series may be completed during the treatment event or at another level of care. A total of 6 treatment sessions may be approved at a given time.

B. Outpatient Continuation ECT
When a series of ECTs are initiated during a person's hospital stay (the person may be discharged prior to completion of the series). The remaining treatments in that ECT series

are then continued on an outpatient basis. A total of 6 treatment sessions may be approved at a given time.

C. Outpatient Maintenance ECT
Structured schedule of outpatient ECT treatments for the individual who responded well to ECT in the past, and whose symptoms are not well-controlled by medication therapy after an appropriate trial period. A total of 6 treatment sessions may be approved at a given time.

V. STANDARDS

A. ECT is a special procedure that shall be administered only as an integral part of the person's current documented treatment/service plan.

B. Indications for ECT may include but are not limited to the following:

1. Diagnosis/Symptom Complex:

a. Major Depressive Disorder

1) Major Depression, single episode

2) Major Depression, recurrent

3) Bipolar I Disorder, depressed

4) Bipolar I Disorder, mixed

5) Bipolar I Disorder, not otherwise specified

b. Mania

1) Bipolar I Disorder, manic

2) Bipolar I Disorder, mixed

3) Bipolar I Disorder, not otherwise specified

c. Schizophrenia and Other Functional Psychosis

1) Psychotic schizophrenic exacerbation in the following situations:

a) Catatonic

b) When affective symptomatology is prominent

c) When there is a history of favorable response to ECT

2) Related psychotic disorders

a) Schizophreniform disorder

b) Schizoaffective disorder

2. Situations in which ECT may be used prior to trial of psychotropic medication include (but are not limited to):

a. Need for rapid, definitive response on either medical or psychiatric grounds;

b. Risks of other treatments outweigh the risks of ECT;

c. History of poor drug response and/or good ECT response for previous episodes of the illness; and/or

d. Person served preference.

3. After a trial of an alternative treatment, referral for ECT should be based on at least one of the following:

a. Treatment failure;

b. Adverse effects which are unavoidable and which are deemed less likely and/or less severe with ECT; and/or

c. Deterioration of the person's condition such that there is a need for rapid, definitive response on either medical or psychiatric grounds.

C. Contraindications may include but are not limited to:

1. Space-occupying cerebral lesions or increased intra cranial pressure

2. Recent MI with unstable cardiac function

3. Recent CVA

4. Unstable vascular aneurysm or malformation

5. Retinal detachment

6. Pheochromocytoma

7. Anesthetic risk rated at American Society of Anesthesiologists (ASA) level 4 or 5

D. All team members involved in the administration of ECT shall be properly credentialed and

privileged. The hospital shall keep an updated list of physicians who have been credentialed and privileged to do ECT and such list will be available to MCCMH upon request.

E. ECT evaluation shall include:

1. A comprehensive psychiatric history and evaluation to determine indications for ECT; previous history of ECT and response, including adverse side effects.

2. A medical evaluation, including a thorough history and physical exam, to identify medical risk factors and concurrent medical conditions causing or contributing to the psychiatric disorder. Work-up shall include CBC and differential, electrolytes BUN and Creatinine, thyroid function test, SMA-12 and EKG, and pregnancy tests for any women in childbearing age. Other pertinent laboratory or imaging may be included based on clinical appropriateness.

3. An anesthesia evaluation to assess risk factors and need for modification of medication and/or anesthesia techniques.

4. A second evaluation by another psychiatrist who concurs with the initial recommendation.

5. In case of pregnancy, OB-GYN clearance.

6. In case of an adolescent person served (less than 18 years of age), parent or guardian consent to the person's having electroconvulsive therapy. Following the Michigan Mental Health Code (Exert Act 258) two (2) child and adolescent psychiatrists, neither of whom may be the treating psychiatrist, must have examined the person and documented in his/her medical record their concurrence with the decision to administer the procedure.

7. Consultation with the person's outpatient team, as applicable. The treating psychiatrist on the outpatient treatment team who provided services to the individual prior to the current hospitalization and who will follow the person after hospitalization must agree that ECT is the best treatment for the person.

F. A minor or advocate designated by the minor shall be informed that he or she has a right to object to the procedure at least 72 hours (excluding Sundays or holidays) before the initiation of ECT. The objection shall be made either orally or in writing to the probate court. The ECT procedure shall not be initiated before a court hearing on the minor's or advocate's objection.

G. If ECT is considered advisable for a person served and an individual eligible to give consent for the procedure is not located after diligent effort, a probate court may, upon petition and after a hearing, consent to administration of the procedure in lieu of the individual eligible to give consent.

H. An informed consent form shall be signed by the person served/ parent/ legal guardian /

representative authorized to consent under a durable power of attorney or other advance directive and the physician. Informed consent shall be properly documented, with a description of ECT procedures including:

1. When, where, and by whom the treatments will be administered; the range of the number of treatment sessions recommended; and a brief overview of the ECT technique itself;

2. A statement of why ECT is being recommended and by whom, including a consideration of reasonable treatment alternatives;

3. A statement that, as with any treatment modality, the therapeutic (or prophylactic) benefits associated with ECT may be transient;

4. A statement as to the likelihood and severity of risks related to anesthesia, muscular relaxation and seizure induction, including mortality, cardiac dysfunction, confusion, acute and persistent memory impairment, musculoskeletal and dental injuries, headaches, and muscle pain;

5. An acknowledgment that, as with any other procedure involving general anesthesia, consent for ECT also implies consent to perform appropriate emergency interventions in the unlikely event this proves necessary during the time the person is not fully conscious;

6. An acknowledgment that consent is voluntary and can be revoked at any time before or during the treatment course;

7. A statement that the individual authorized to give consent is encouraged to ask questions at any time regarding ECT, and whom to contact for such questions;

8. A description of any restrictions on a person's behavior that are likely to be necessary prior to, during, or following ETC.

I. The decision to discontinue use of psychotropic agents is left to the discretion of the attending psychiatrist after assessing risk and benefits.

J. For the purpose of coordinating delivery of ECT on an outpatient basis and to assure compliance and safety for the person served, the ECT facility provider will coordinate release of information to the receiving outpatient physician provider, to include:

1. Admission notes/psychiatric evaluation;

2. ECT procedure notes;

3. Discharge instructions, including medications;

4. Relevant medical, laboratory, and medication information;

5. Telephone numbers of ECT coordinator and ECT administering physician.

K. Continuation ECT - Outpatient

1. Criteria for continuation of ECT on an outpatient basis will include the following:

    a. The person served has completed an adequate number of inpatient ECT and demonstrated tolerance for the procedure with clinical improvement;

    b. The person no longer demonstrates a danger to self, others, or property that would warrant inpatient treatment;

    c. The person has adequate support system resources such that the physician administering ECT might reasonably expect safety and compliance with outpatient ECT;

    d. The person has been referred to an outpatient treatment team that agrees to monitor the person in outpatient ECT therapy and the treating psychiatrist on the outpatient treatment team concurs with continued ECT treatment for the person.

2. All person served/family education, consultations, workups, and consents must be completed during the person's inpatient stay.

3. The person and family member or friend will receive printed instructions regarding parking, scheduling, registration, waiting area, recovery, and discharge procedures for outpatient ECT treatments. Individuals receiving continuation ECT- outpatient must be accompanied by a responsible adult to and from each treatment.

4. Education regarding outpatient ECT will be provided to the person and family (if available) and will be documented in the person's medical record.

5. During outpatient ECT, all relevant documentation regarding consents, consultations, work-up reports, and ECT treatments to-date will be maintained in a secured and accessible area for the physician.

L. Maintenance ECT - Outpatient

1. Criteria for maintenance ECT - Outpatient will include the following:

    a. The person's symptomatology currently is not being well-controlled with other treatment options;

    b. The person does not meet admission criteria for inpatient psychiatric treatment;

    c. The person has adequate support system resources such that the physician might reasonably expect safety and compliance with ECT on an outpatient basis.

2. The work-up will be completed on an outpatient basis and documented in the person's medical record; this may include the following as deemed necessary by the ECT treating physician:

    a. At a minimum, a history and physical exam and anesthesia consult;

    b. EKG, CBC and Differential, Chemistry Profile, Urinalysis, pregnancy tests for any women in childbearing age, Chest X-ray;

    c. Spinal X-ray, EEG, and Brain CT Scan, when deemed necessary.

3. Person served and family education regarding ECT must be reflected in the person's record. The incorporation of a person's relatives during the process of obtaining informed consent for ECT is strongly encouraged. Individuals are entitled to refuse to view the ECT videotape if it may have a negative effect on the person's psychiatric condition. This refusal to view the videotape must be approved by the attending psychiatrist and the reasons documented in the person's medical record.

4. Maintenance ECT will be provided on a schedule that is deemed to provide maximum benefit to the patient, not to exceed six (6) ECTs or six (6) months, whichever is less.

M. Individuals discharged from an inpatient setting with recommendations for outpatient continuation/maintenance ECT will be seen by the receiving outpatient physician within seven (7) days for a psychiatric evaluation. The outpatient attending physician will coordinate/collaborate with the outpatient ECT administering physician as to the clinical appropriateness of ECT to the overall outpatient management of the person served.

N. Facility providers shall demonstrate compliance with the current and accepted community and/or national practice standards and/or guidelines in the administration and use of ECT.

O. Quality assurance (QA) activities to review and monitor the use of ECT as medically necessary shall be documented. Upon request, the facility provider shall provide MCCMH access to reports of QA activities related to MCCMH persons served.

P. This policy shall be reviewed and updated at least annually, or sooner if necessary, by the appropriate MCCMH Division and Executive Leadership of MCCMH, and must be approved by the MCCMH Chief Executive Officer.

VI. PROCEDURES

A. MCCMH ECT Authorization

The Facility or Program Provider requesting ECT shall forward the following within 72 hours (minimum) prior to ECT:

1. Completed MCCMH ECT Request Form (Exhibit A);

2. The current copy of the required certificate of need/continued stay review (CON/CSR) authorization;

3. Any necessary supporting medical records/documents.

NOTE: ECTs done without Prior Authorization will not be reimbursed by MCCMH.

The above documents must be faxed to:

MCCMH Managed Care Operations Manager
c/o Manage Care Operations
19800 Hall Rd, Clinton Township 48038
Fax (586) 948-0223:

B. When a person served must be transferred to a contracted hospital for ECT treatment, the referring Facility or Program shall request authorization from MCCMH Managed Care Operations by following the above procedures.

C. The MCCMH Managed Care Operations Manager and the Utilization Management (UM) Physician Reviewer shall review submitted request forms and clinical records. Clinical review will not occur unless all required information (oral and written) is available for determination of medical necessity.

D. The MCCMH UM Physician Reviewer/MCCMH Managed Care Operations Manager shall notify the Facility Utilization Review Coordinator of disposition by phone and/or fax.

E. All ECT dispositions/authorizations are made using the MCCMH ECT Authorization Form (Exhibit B).

NOTE: All related/non-related Inpatient/Partial Hospitalization Program (PHP) Pre-Admission screening service authorizations and continued stay review authorizations must occur on a prospective basis, as stipulated in the Inpatient/PIHP Contract Service Agreement with MCCMH.

F. Denial of ECT Request

1. If the MCCMH UM Physician Reviewer denies the attending physician's request for ECT, the Rationale for Denial section of the MCCMH ECT Authorization Form shall state the rationale for the decision. The MCCMH UM Physician Reviewer shall ensure that the original form is mailed or faxed to the attending physician, while retaining a copy at MCCMH.

2. The attending physician shall ensure that the person is informed of his/her right to appeal the denial, including: the informal resolution process of person served/provider disagreements as provided in MCCMH MCO Policy 2-009 ; the Local Dispute Resolution Process as provided in MCCMH MCO Policy 9-170; the Second Opinion Process as

provided in MCCMH Policy 4-005; or the submission of a Recipient Rights Complaint, as provided in MCCMH MCO Policy 9-510.

VII. REFERENCES / LEGAL AUTHORITY

A. MCL 330.1716; MSA 14.800(716)

B. MCL 330.1717; MSA 14.800(717)

C. American Psychiatric Association's Special Task Force on ECT, 1990

D. MCCMH MCO Policy 2-009, "Consumer/Provider Grievances"

E. MCCMH MCO Policy 4-005; "Second Opinion Rights"

F. MCCMH MCO Policy 9-670; "Services for Recipients Affected By Physical Barriers"

G. MCCMH MCO Policy 9-510; "Recipient Rights Investigation"

VIII. EXHIBITS

A. MCCMH ECT Request Form

B. MCCMH ECT Authorization Form