



# Determination of Psychiatric ECT Movement by ECTAS Standards by Developing the Quality Assurance Strategies

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## INTRODUCTION

In today's medical context, quality assurance is an important and important step in creating and monitoring evidence-based standard therapies. Clinical governance is based on quality assurance and clinical trials. To this end, patient care is systematically evaluated against defined criteria to enable service improvement at individual, team, and service levels. According to the American Institute of Medicine, good health care needs to be safe, effective, patient-centric, timely, efficient and impartial, and advocates putting quality improvement initiatives at the forefront of healthcare organizations. Electro Convulsive Therapy (ECT) is an efficient and reliable treatment for many serious mental illnesses, but its use has declined in Western countries in recent years. The uncorrected media depiction of ECT may have contributed to ECT's poor recognition and associated stigma. International guidelines have been created to promote ECT management best practices. In Ireland, ECT is compliant with the 2001 Mental Health Act. To improve the quality of ECT management, the Royal College of Psychiatrists in the United Kingdom has created ECTAS guidelines for accredited services for electroconvulsive therapy. The local unit has been derived. ECTAS standards and standards are divided into 10 components. Staff and training, evaluation and preparation, consent and information, anesthesia practice, ECT management, recovery, monitoring and follow-up, special precautionary protocols and clinics.

## DESCRIPTION

The study was conducted in a 40-bed acute psychiatric ward in the Midwestern Ireland. The University Hospital Limlick Psychiatric Department manages ECT on an inpatient and outpatient basis for a population of 390,000 from three representative urban and rural districts. Investigate ECTAS criteria related to ECT suite needs, review case notes for all patients who underwent

ECT between January 2017 and October 2017 and between January 2018 and October 2018 by re-auditing to the quality standards checklist. The checklist for audit quality assurance has been divided into two parts. The first component included ECT suite specifications for room numbers, equipment, anesthesia, ECT methods, and staffing. In the second part, the criteria for ECT treatment for individual patients were discussed. Vital statistics and clinical information for individual patients, ECT treatment data, pre-ECT close examination, informed consent documentation, compliance with prescription ECT guidelines, use of pre and post ECT depression and cognitive assessments, and ECT care checks. All list completions have been evaluated. The results were edited from various sources and summary statistics were calculated. After the initial audit, the author redesigned the regional ECT pamphlet to make it easier for clinicians to fill out. A training seminar was held to introduce a new booklet and emphasize the importance of thorough records management. Complete test guidelines are available from the author on request. The psychiatric ECT movement has generally been determined to comply with ECTAS standards. During the audit period, 29 affected individuals completed the ECT course. The implicit age was 56 years and the gender distribution was the same. Two-sided ECT was used in all cases. The highest and rarest sign of ECT treatment was severe depressive contamination observed with the help of catatonia and excessive suicidal tendencies. The ECT prescription was completed on all patient records of each test with the assistance of a representative psychiatrist performing the treatment. However, the doctor's signature was no longer found in 40% of the first and 21% of the second tests [1-4].

## CONCLUSION

High ECTs are no longer easy for secure ECTs, but they are also an important step in getting rid of the stigma surrounding this powerful and sometimes life-saving procedure. This complete

<b>Received:</b>	01-June-2022	<b>Manuscript No:</b>	ipbjr-22-13874
<b>Editor assigned:</b>	03-June-2022	<b>PreQC No:</b>	ipbjr-22-13874 (PQ)
<b>Reviewed:</b>	17-June-2022	<b>QC No:</b>	ipbjr-22-13874
<b>Revised:</b>	22-June-2022	<b>Manuscript No:</b>	ipbjr-22-13874 (R)
<b>Published:</b>	29-June-2022	<b>DOI:</b>	10.21767/2394-3718-9.6.91

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**Citation** Poe EA (2022) Determination of Psychiatric ECT Movement by ECTAS Standards by Developing the Quality Assurance Strategies. Br J Res Rev. 9:91

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review cycle shows the cost of analyzing ECT coverage by highlighting areas of performance in addition to areas that require additional development.

21(6): 510-3.

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