

The Successful Expansion of the Electroconvulsive Therapy Program to Outpatients in the PACU

Maria del Mar Rodriguez AGCNS, MSHI, RN, CNOR, CPAN, Sharon Llerena DNP, RN-BC, CCTN, CPAN, Kevin Cantwell MSN, RN, CNL, PMH-BC, Linda Rohback BSN, BA, RN, PMH-BC, Katherine Babcock MPA, BSN, RN, CPAN



BACKGROUND

- Electroconvulsive Therapy (ECT) is a treatment option for psychiatric disorders that involves a mild electrical current to induce a brief, controlled seizure under anesthesia. ECT is available both inpatient or outpatient.
- As the demand for ambulatory ECT services has increased within the institution's behavioral health service line, a decision was made to include outpatient care. The outpatient ECT program was launched in the PACU at New York Presbyterian Weill Cornell (WC) in November 2023.
- This initiative aimed to improve patients' access to specialized psychiatric treatment, eliminate the need for patient referrals to external facilities, and integrate outpatient ECT into the existing PACU flow, ensuring patient safety and operational efficiency.

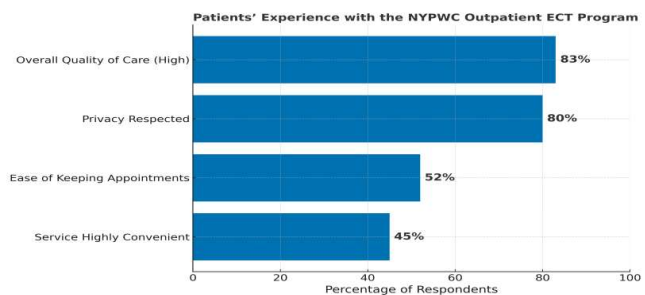
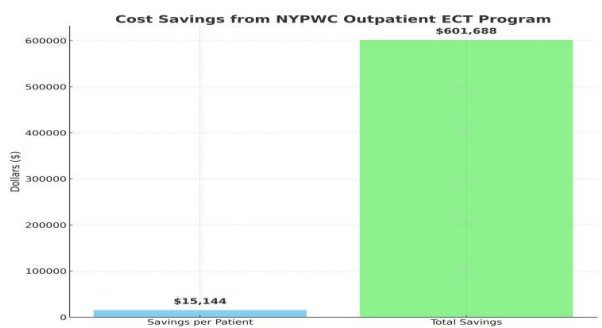
METHODS

The *Donabedian model* addressed structure, process, and outcomes to support outpatient ECT integration into the existing PACU flow.



RESULTS

- From November 2023 to 2024, the ECT program completed 1,690 ECT treatments, 64% (1,081) of which were delivered to outpatients.
- 20 of the 50 ECT inpatients transitioned to outpatient stepdown care, reducing hospital length of stay (LOS) by 4.1 days per patient. At an average hospital cost savings of \$15,144 per patient and total cost savings of \$601,688.
- Additionally, the 90-day psychiatric readmission rate dropped to 4.3%, indicating improved care continuity.



KEY FINDINGS

- Establishing an outpatient ECT program in the PACU at WC led to significant improvements in treatment volume, LOS, hospital cost savings, readmission rates, and patient satisfaction.
- This integration demonstrated substantial clinical and operational benefits, enhancing access to care while maintaining safety and efficiency.

DISCUSSION

- These findings support the scalability and sustainability of embedding ECT services within the PACU setting.

Strengths:

- Use of a structured QI framework (Donabedian model), collaboration across departments, and clear clinical/financial outcomes.

Limitations:

- Small patient satisfaction sample size (N=25) and absence of a formal comparison group, which limits generalizability.

Recommendations:

- Adapting this model across other hospital systems seeking to integrate high-value psychiatric interventions into existing perioperative infrastructure.
- Expand outpatient ECT capacity and formalize stepdown eligibility criteria to optimize transitions from inpatient care.

REFERENCES

Agbese, E., Leslie, D.L., Ba, D.M. et al. Does Electroconvulsive Therapy for Patients with Mood Disorders Extend Hospital Length of Stays and Increase Inpatient Costs?. *Adm Policy Ment Health* 49, 71–78 (2022). <https://doi.org/10.1007/s10488-021-01145-3>

Agbese, E., Leslie, D. L., & Rosenheck, R. (2024). Receipt of electroconvulsive therapy in outpatient settings in a national sample of privately insured patients with mood disorders. *The Journal of ECT*, 40(1), 31–36. <https://doi.org/10.1097/YCT.0000000000000950>

Donabedian, A. (1966). *Evaluating the quality of medical care*. The Milbank Memorial Fund Quarterly, 44(3), 166–206. <https://doi.org/10.2307/3348969>

Wilkinson, S.T., Kitay, B.M., Harper, A. et al (2021). Barriers to the Implementation of Electroconvulsive Therapy (ECT): Results From a Nationwide Survey of ECT Practitioners. *Psychiatric Services*, 72(7). Available at: <https://psychiatryonline.org/doi/10.1176/appi.ps.20200387>