

Administering Ketamine Infusions for Depression: Embracing Change Across Practice Settings in a Community Hospital

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Background

- Major depressive disorder (MDD) is a debilitating psychiatric diagnosis (Khorassani & Talreja, 2020; Oliveira-Maia et al., 2024).
- Treatment-resistant depression (TRD), a subset of MDD, is defined as a “a lack of response to at least two adequate trials of antidepressants from different pharmacological classes” (Khorassani & Talreja, 2020, p. 1382).
- Approximately 30% of patients with MDD are resistant to conventional treatments (Khorassani & Talreja, 2020; Voineskos et al., 2020).
- Ketamine has emerged as a unique treatment for patients with TRD due to its robust and rapid effect on depression (Bayes et al., 2021).
- Improving timely access to this effective treatment is important to meet the care needs for individuals with TRD.

Setting

- A 171-bed Magnet *with Distinction*™ designated community teaching hospital in the Northeast U.S.

Purpose

- To identify and implement workflow and nursing practice changes to support administration of ketamine infusions, a nontraditional treatment procedure for TRD, in a community hospital.

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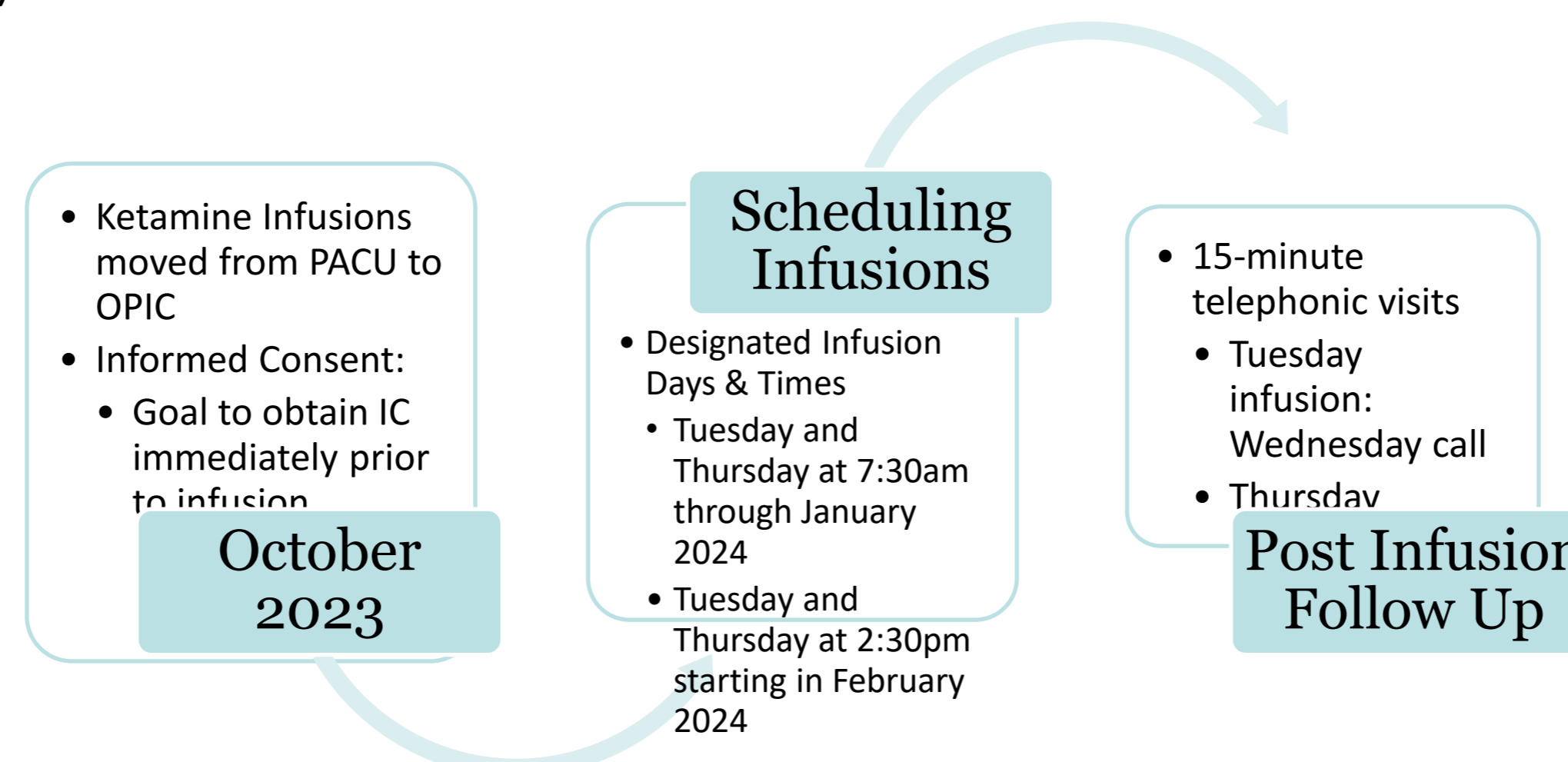
Practice Changes Across Units

Practice Changes in the PACU

Initial Practice Changes	Ketamine Workflow Changes	Ketamine Infusion Policy Revisions
<ul style="list-style-type: none"> Clinical nurse champions identified Updates to the electronic health record <ul style="list-style-type: none"> Developed the ketamine navigator Smart phrases for progress notes Homecare instructions Development of education and competency requirements Collaborated with Pharmacy on the process for obtaining and infusing ketamine in a timely manner 	<ul style="list-style-type: none"> Updated nurse-to-patient ratios <ul style="list-style-type: none"> Increase from 1:1 to 2:1 Staggered infusion times <ul style="list-style-type: none"> 15-minute delay between start of infusion for 1st and then 2nd patient Two designated Ketamine Infusion beds Collaborated with Pharmacy on the process for obtaining and infusing ketamine in a timely manner 	<ul style="list-style-type: none"> Updated consent process Nurse to patient ratio no longer specified Changes to required physical distance of provider to patient Emergency PRN orders Contingency based discharge Ketamine classified as outpatient infusion, not conscious sedation <ul style="list-style-type: none"> Encourage, but do not require, responsible adult present for discharge

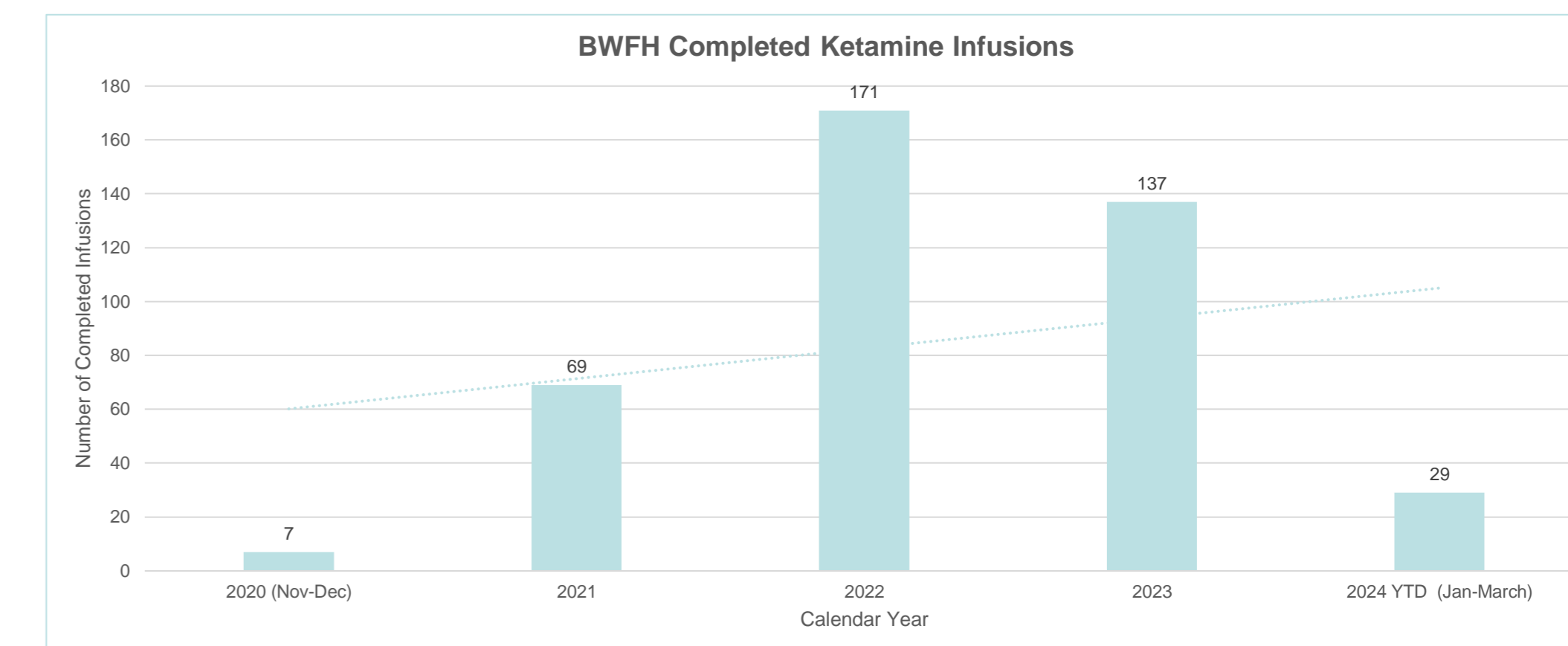
Transition to OPIC

- The successful practice changes in the PACU later supported the smooth transition of ketamine infusions to a new practice setting in the outpatient infusion center (OPIC).



Outcomes

- Annual administration of completed ketamine infusions has steadily increased from seven in CY20 to 137 in CY23.
- Between 2020 and 2023, 373 ketamine infusions were administered in the PACU.
- Based on the success of the program in the PACU, with no adverse outcomes related to the infusions identified during recovery, administration of ketamine infusions permanently moved from the PACU to the OPIC in the fall of 2023.
- Since November 2023, 40 ketamine infusions have been safely administered in OPIC.



Discussion

- Successful implementation of this practice change is the result of clinical nurses in the PACU and OPIC being directly involved in the planning, implementation, and on-going evaluation of this initiative.
- By embracing change for a new psychiatric therapeutic modality in their practice setting, clinical nurses in the PACU and OPIC have improved access to care for patients with TRD in settings that ensure the delivery of high quality, safe care.
- As organizations across the country explore options to increase revenue sources that meet patient health care needs, nurses will play an important role in addressing strategic initiatives by embracing unique treatment therapies.



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