

**FY09 Quarterly ECT Facility Summary
For Treatments Given September 1, 2008 to November 30, 2008**

Number of patients, reported quarterly, to have received ECT at Green Oaks Hospital, Dallas 40

| <u>Race/Ethnicity</u> | <u>Gender</u> | <u>Age</u> | <u>40</u> | <u>reports reflected</u> |
|---|----------------------|------------|-----------|--------------------------|
| 35 White/Caucasian | 26 female | 16 | 0 | 30 1 44 1 58 3 72 2 86 0 |
| 2 Black or African American | 14 male | 17 | 0 | 31 0 45 0 59 0 73 0 87 0 |
| 3 Hispanic or Latino | 40 reports reflected | 18 | 0 | 32 0 46 1 60 2 74 1 88 0 |
| 0 Asian | | 19 | 0 | 33 0 47 0 61 0 75 2 89 0 |
| 0 American Indian, Alaska Native, Native Hawaiian, or Pacific Islander | | 20 | 1 | 34 0 48 0 62 0 76 1 90 0 |
| 40 reports reflected | | 21 | 0 | 35 1 49 1 63 0 77 0 91 0 |
| | | 22 | 1 | 36 1 50 1 64 0 78 0 92 0 |
| <u>Hospital admission status</u> | | 23 | 0 | 37 0 51 3 65 0 79 0 93 0 |
| 40 voluntary patient consenting | | 24 | 0 | 38 1 52 2 66 1 80 1 94 0 |
| 0 involuntary patient consenting | | 25 | 0 | 39 2 53 1 67 0 81 0 95 0 |
| 0 guardian consenting for patient | | 26 | 0 | 40 1 54 2 68 0 82 1 96 0 |
| 40 reports reflected | | 27 | 0 | 41 1 55 1 69 1 83 0 97 0 |
| | | 28 | 0 | 42 0 56 0 70 0 84 1 98 0 |
| <u>Primary source of payment for ECT</u> | | 29 | 0 | 43 1 57 0 71 0 85 0 99 0 |
| 22 private 3rd party (insurer, HMO, etc) | | | | |
| 18 public 3rd party (county, state, Medicaid, etc.) | | | | |
| 0 own/family funds | | | | |
| 0 other | | | | |
| 40 reports reflected | | | | |

Any of the following that occurred within fourteen (14) days of ECT

| | |
|------------------|------------------------|
| 0 apnea | 0 reported memory loss |
| 0 fracture | 0 death |
| 0 cardiac arrest | 0 autopsy obtained* |

PHYSICIANS ASSESSMENT

| | <u>none</u> | <u>mild</u> | <u>moderate</u> | <u>severe</u> | <u>extreme</u> | <u>ongoing series</u> | <u>unable to be determined</u> | <u>reports reflected</u> |
|---|-------------|-------------|-----------------|---------------|----------------|-----------------------|--------------------------------|--------------------------|
| <u>Level of memory impairment present</u> | | | | | | | | |
| before ECT | 1 | 18 | 21 | 0 | 0 | n/a | 0 | 40 |
| 2-4 weeks after ECT: | 7 | 20 | 6 | 0 | 0 | 7 | 0 | 40 |
| <u>Level of symptom severity present</u> | | | | | | | | |
| before ECT | 0 | 0 | 7 | 31 | 2 | n/a | 0 | 40 |
| 2-4 weeks after ECT: | 11 | 14 | 8 | 0 | 0 | 7 | 0 | 40 |

Avg Total Treatments administered during this reporting period

| | | |
|-------|-----|--|
| 0.53 | 21 | maintenance treatments administered |
| 0.18 | 7 | average maintenance treatments per month |
| 10.08 | 403 | series treatments planned (in brackets on reporting form) |
| 6.85 | 274 | series treatments administered (circled on reporting form) |
| 5.15 | 206 | complete series of treatments administered |
| 9.10 | 364 | total number of ECT treatments administered |

Status of series treatments

| | |
|----|--------------------------------------|
| 8 | ongoing series treatments reported |
| 23 | concluded series treatments reported |
| 2 | stopped series treatments reported |

Other reportable psychiatric therapies required under Texas Health and Safety Code, Chapter 578

| | |
|---|---|
| 0 | multiple monitoring treatments administered |
| 0 | EEG burst suppression--anesthetic treatment for refractory depression |
| 0 | narcotherapy using deep anesthesia |
| 0 | magnetic seizure therapy |

*Section 578.007(b)(8) of the Health and Safety Code requires ECT providers to report autopsy findings if death followed within 14 days of administration of the therapy. However, the Texas Code of Criminal Procedure, Chapter 49, Article 49.05, provides that proper consent be obtained from the legal next of kin before an autopsy can be performed.

**FY09 Quarterly ECT Facility Summary
For Treatments Given September 1, 2008 to November 30, 2008**

Number of patients, reported quarterly, to have received ECT at IntraCare North Hospital, Houston 8

| <u>Race/Ethnicity</u> | <u>Gender</u> | <u>Age</u> | <u>8</u> | <u>reports reflected</u> |
|---|---------------------|------------|----------|--------------------------|
| 7 White/Caucasian | 7 female | 16 | 0 | 30 0 44 0 58 0 72 0 86 0 |
| 1 Black or African American | 1 male | 17 | 0 | 31 0 45 0 59 0 73 0 87 0 |
| 0 Hispanic or Latino | 8 reports reflected | 18 | 0 | 32 0 46 1 60 0 74 0 88 0 |
| 0 Asian | | 19 | 1 | 33 0 47 0 61 0 75 0 89 0 |
| 0 American Indian, Alaska Native, Native Hawaiian, or Pacific Islander | | 20 | 0 | 34 0 48 0 62 0 76 0 90 0 |
| 8 reports reflected | | 21 | 0 | 35 0 49 1 63 0 77 0 91 0 |
| | | 22 | 0 | 36 0 50 0 64 0 78 0 92 0 |
| <u>Hospital admission status</u> | | 23 | 1 | 37 0 51 0 65 0 79 0 93 0 |
| 8 voluntary patient consenting | | 24 | 0 | 38 0 52 1 66 0 80 0 94 0 |
| 0 involuntary patient consenting | | 25 | 1 | 39 0 53 0 67 1 81 0 95 0 |
| 0 guardian consenting for patient | | 26 | 0 | 40 0 54 0 68 0 82 0 96 0 |
| 8 reports reflected | | 27 | 0 | 41 0 55 0 69 0 83 0 97 0 |
| | | 28 | 0 | 42 0 56 0 70 0 84 0 98 0 |
| <u>Primary source of payment for ECT</u> | | 29 | 1 | 43 0 57 0 71 0 85 0 99 0 |
| 6 private 3rd party (insurer, HMO, etc) | | | | |
| 2 public 3rd party (county, state, Medicaid, etc.) | | | | |
| 0 own/family funds | | | | |
| 0 other | | | | |
| 8 reports reflected | | | | |

Any of the following that occurred within fourteen (14) days of ECT

| | |
|------------------|------------------------|
| 0 apnea | 4 reported memory loss |
| 0 fracture | 0 death |
| 0 cardiac arrest | 0 autopsy obtained* |

PHYSICIANS ASSESSMENT

| | <u>none</u> | <u>mild</u> | <u>moderate</u> | <u>severe</u> | <u>extreme</u> | <u>ongoing series</u> | <u>unable to be determined</u> | <u>reports reflected</u> |
|---|-------------|-------------|-----------------|---------------|----------------|-----------------------|--------------------------------|--------------------------|
| <u>Level of memory impairment present</u> | | | | | | | | |
| before ECT | 4 | 4 | 0 | 0 | 0 | n/a | 0 | 8 |
| 2-4 weeks after ECT: | 1 | 7 | 0 | 0 | 0 | 0 | 0 | 8 |
| <u>Level of symptom severity present</u> | | | | | | | | |
| before ECT | 0 | 0 | 0 | 7 | 1 | n/a | 0 | 8 |
| 2-4 weeks after ECT: | 2 | 3 | 3 | 0 | 0 | 0 | 0 | 8 |

Avg Total Treatments administered during this reporting period

| | | |
|------|------|--|
| 0.13 | 1 | maintenance treatments administered |
| 0.04 | 0.33 | average maintenance treatments per month |
| 9.00 | 72 | series treatments planned (in brackets on reporting form) |
| 6.00 | 48 | series treatments administered (circled on reporting form) |
| 5.25 | 42 | complete series of treatments administered |
| 6.13 | 49 | total number of ECT treatments administered |

Status of series treatments

| |
|--|
| 0 ongoing series treatments reported |
| 5 concluded series treatments reported |
| 2 stopped series treatments reported |

Other reportable psychiatric therapies required under Texas Health and Safety Code, Chapter 578

| |
|---|
| 0 multiple monitoring treatments administered |
| 0 EEG burst suppression--anesthetic treatment for refractory depression |
| 0 narcotherapy using deep anesthesia |
| 0 magnetic seizure therapy |

*Section 578.007(b)(8) of the Health and Safety Code requires ECT providers to report autopsy findings if death followed within 14 days of administration of the therapy. However, the Texas Code of Criminal Procedure, Chapter 49, Article 49.05, provides that proper consent be obtained from the legal next of kin before an autopsy can be performed.

**FY09 Quarterly ECT Facility Summary
For Treatments Given September 1, 2008 to November 30, 2008**

Number of patients, reported quarterly, to have received ECT at Las Palmas Medical Center, El Paso

3

| <u>Race/Ethnicity</u> | <u>Gender</u> | <u>Age</u> | <u>3</u> | <u>reports reflected</u> |
|---|---------------------|------------|----------|--------------------------|
| 2 White/Caucasian | 3 female | 16 | 0 | 30 0 44 0 58 0 72 0 86 0 |
| 0 Black or African American | 0 male | 17 | 0 | 31 0 45 0 59 0 73 0 87 0 |
| 1 Hispanic or Latino | 3 reports reflected | 18 | 0 | 32 0 46 0 60 1 74 0 88 0 |
| 0 Asian | | 19 | 0 | 33 0 47 0 61 0 75 0 89 0 |
| 0 American Indian, Alaska Native, Native Hawaiian, or Pacific Islander | | 20 | 0 | 34 0 48 0 62 0 76 0 90 0 |
| 3 reports reflected | | 21 | 0 | 35 0 49 0 63 0 77 1 91 0 |
| | | 22 | 0 | 36 0 50 0 64 0 78 0 92 0 |
| | | 23 | 0 | 37 0 51 0 65 0 79 0 93 0 |
| <u>Hospital admission status</u> | | 24 | 0 | 38 0 52 0 66 0 80 0 94 0 |
| 3 voluntary patient consenting | | 25 | 0 | 39 0 53 0 67 0 81 0 95 0 |
| 0 involuntary patient consenting | | 26 | 0 | 40 0 54 0 68 0 82 0 96 0 |
| 0 guardian consenting for patient | | 27 | 0 | 41 0 55 0 69 0 83 1 97 0 |
| 3 reports reflected | | 28 | 0 | 42 0 56 0 70 0 84 0 98 0 |
| | | 29 | 0 | 43 0 57 0 71 0 85 0 99 0 |
| <u>Primary source of payment for ECT</u> | | | | |
| 1 private 3rd party (insurer, HMO, etc) | | | | |
| 2 public 3rd party (county, state, Medicaid, etc.) | | | | |
| 0 own/family funds | | | | |
| 0 other | | | | |
| 3 reports reflected | | | | |

Any of the following that occurred within fourteen (14) days of ECT

| | |
|------------------|------------------------|
| 0 apnea | 0 reported memory loss |
| 0 fracture | 0 death |
| 0 cardiac arrest | 0 autopsy obtained* |

| <u>PHYSICIANS ASSESSMENT</u> | <u>none</u> | <u>mild</u> | <u>moderate</u> | <u>severe</u> | <u>extreme</u> | <u>ongoing series</u> | <u>unable to be determined</u> | <u>reports reflected</u> |
|---|-------------|-------------|-----------------|---------------|----------------|-----------------------|--------------------------------|--------------------------|
| <u>Level of memory impairment present</u> | | | | | | | | |
| before ECT | 0 | 0 | 2 | 1 | 0 | n/a | 0 | 3 |
| 2-4 weeks after ECT: | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 3 |
| <u>Level of symptom severity present</u> | | | | | | | | |
| before ECT | 0 | 0 | 2 | 1 | 0 | n/a | 0 | 3 |
| 2-4 weeks after ECT: | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 3 |

| <u>Avg</u> | <u>Total</u> | <u>Treatments administered during this reporting period</u> | <u>Status of series treatments</u> |
|------------|--------------|---|--|
| 0.00 | 0 | maintenance treatments administered | |
| 0.00 | 0 | average maintenance treatments per month | |
| 9.67 | 29 | series treatments planned (in brackets on reporting form) | 0 ongoing series treatments reported |
| 5.67 | 17 | series treatments administered (circled on reporting form) | 1 concluded series treatments reported |
| 3.33 | 10 | complete series of treatments administered | 0 stopped series treatments reported |
| 5.67 | 17 | total number of ECT treatments administered | |

Other reportable psychiatric therapies required under Texas Health and Safety Code, Chapter 578

| | |
|---|---|
| 0 | multiple monitoring treatments administered |
| 0 | EEG burst suppression--anesthetic treatment for refractory depression |
| 0 | narcotherapy using deep anesthesia |
| 0 | magnetic seizure therapy |

*Section 578.007(b)(8) of the Health and Safety Code requires ECT providers to report autopsy findings if death followed within 14 days of administration of the therapy. However, the Texas Code of Criminal Procedure, Chapter 49, Article 49.05, provides that proper consent be obtained from the legal next of kin before an autopsy can be performed.

**FY09 Quarterly ECT Facility Summary
For Treatments Given September 1, 2008 to November 30, 2008**

Number of patients, reported quarterly, to have received ECT at Methodist Richardson Medical Center, Richardson 9

| <u>Race/Ethnicity</u> | <u>Gender</u> | <u>Age</u> | <u>9</u> | <u>reports reflected</u> |
|---|---------------------|------------|----------|--------------------------|
| 9 White/Caucasian | 7 female | 16 | 0 | 30 0 44 0 58 1 72 0 86 0 |
| 0 Black or African American | 2 male | 17 | 0 | 31 0 45 1 59 0 73 0 87 0 |
| 0 Hispanic or Latino | 9 reports reflected | 18 | 0 | 32 0 46 1 60 0 74 0 88 0 |
| 0 Asian | | 19 | 0 | 33 0 47 0 61 1 75 0 89 0 |
| 0 American Indian, Alaska Native, Native Hawaiian, or Pacific Islander | | 20 | 0 | 34 0 48 0 62 1 76 0 90 0 |
| 9 reports reflected | | 21 | 0 | 35 0 49 0 63 0 77 0 91 0 |
| | | 22 | 0 | 36 1 50 1 64 0 78 0 92 0 |
| | | 23 | 0 | 37 0 51 1 65 0 79 0 93 0 |
| <u>Hospital admission status</u> | | 24 | 0 | 38 0 52 0 66 0 80 0 94 0 |
| 9 voluntary patient consenting | | 25 | 0 | 39 0 53 0 67 0 81 0 95 0 |
| 0 involuntary patient consenting | | 26 | 0 | 40 0 54 0 68 0 82 0 96 0 |
| 0 guardian consenting for patient | | 27 | 0 | 41 0 55 1 69 0 83 0 97 0 |
| 9 reports reflected | | 28 | 0 | 42 0 56 0 70 0 84 0 98 0 |
| <u>Primary source of payment for ECT</u> | | 29 | 0 | 43 0 57 0 71 0 85 0 99 0 |
| 6 private 3rd party (insurer, HMO, etc) | | | | |
| 2 public 3rd party (county, state, Medicaid, etc.) | | | | |
| 1 own/family funds | | | | |
| 0 other | | | | |
| 9 reports reflected | | | | |

Any of the following that occurred within fourteen (14) days of ECT
 0 apnea 3 reported memory loss
 0 fracture 0 death
 0 cardiac arrest 0 autopsy obtained*

| <u>PHYSICIANS ASSESSMENT</u> | <u>none</u> | <u>mild</u> | <u>moderate</u> | <u>severe</u> | <u>extreme</u> | <u>ongoing series</u> | <u>unable to be determined</u> | <u>reports reflected</u> |
|---|-------------|-------------|-----------------|---------------|----------------|-----------------------|--------------------------------|--------------------------|
| <u>Level of memory impairment present</u> | | | | | | | | |
| before ECT | 2 | 3 | 4 | 0 | 0 | n/a | 0 | 9 |
| 2-4 weeks after ECT: | 2 | 3 | 1 | 3 | 0 | 0 | 0 | 9 |
| <u>Level of symptom severity present</u> | | | | | | | | |
| before ECT | 2 | 2 | 1 | 4 | 0 | n/a | 0 | 9 |
| 2-4 weeks after ECT: | 2 | 3 | 4 | 0 | 0 | 0 | 0 | 9 |

| <u>Avg</u> | <u>Total</u> | <u>Treatments administered during this reporting period</u> | <u>Status of series treatments</u> |
|------------|--------------|---|--|
| 1.33 | 12 | maintenance treatments administered | |
| 0.44 | 4 | average maintenance treatments per month | |
| 5.11 | 46 | series treatments planned (in brackets on reporting form) | 0 ongoing series treatments reported |
| 3.56 | 32 | series treatments administered (circled on reporting form) | 5 concluded series treatments reported |
| 3.56 | 32 | complete series of treatments administered | 0 stopped series treatments reported |
| 4.89 | 44 | total number of ECT treatments administered | |

Other reportable psychiatric therapies required under Texas Health and Safety Code, Chapter 578

- 0 multiple monitoring treatments administered
- 0 EEG burst suppression--anesthetic treatment for refractory depression
- 0 narcotherapy using deep anesthesia
- 0 magnetic seizure therapy

*Section 578.007(b)(8) of the Health and Safety Code requires ECT providers to report autopsy findings if death followed within 14 days of administration of the therapy. However, the Texas Code of Criminal Procedure, Chapter 49, Article 49.05, provides that proper consent be obtained from the legal next of kin before an autopsy can be performed.

**FY09 Quarterly ECT Facility Summary
For Treatments Given September 1, 2008 to November 30, 2008**

Number of patients, reported quarterly, to have received ECT at Presbyterian Hospital of Dallas 2

| <u>Race/Ethnicity</u> | <u>Gender</u> | <u>Age</u> | <u>2</u> | <u>reports reflected</u> | | | | | | | | | |
|---|---------------------|------------|----------|--------------------------|---|----|---|----|---|----|---|----|---|
| 2 White/Caucasian | 2 female | 16 | 0 | 30 | 0 | 44 | 0 | 58 | 0 | 72 | 0 | 86 | 0 |
| 0 Black or African American | 0 male | 17 | 0 | 31 | 0 | 45 | 0 | 59 | 0 | 73 | 0 | 87 | 0 |
| 0 Hispanic or Latino | 2 reports reflected | 18 | 0 | 32 | 0 | 46 | 0 | 60 | 0 | 74 | 0 | 88 | 0 |
| 0 Asian | | 19 | 0 | 33 | 0 | 47 | 0 | 61 | 0 | 75 | 0 | 89 | 0 |
| 0 American Indian, Alaska Native, Native Hawaiian, or Pacific Islander | | 20 | 0 | 34 | 0 | 48 | 0 | 62 | 0 | 76 | 0 | 90 | 0 |
| 2 reports reflected | | 21 | 0 | 35 | 0 | 49 | 0 | 63 | 0 | 77 | 0 | 91 | 0 |
| | | 22 | 0 | 36 | 0 | 50 | 0 | 64 | 0 | 78 | 0 | 92 | 0 |
| <u>Hospital admission status</u> | | 23 | 0 | 37 | 0 | 51 | 0 | 65 | 0 | 79 | 0 | 93 | 0 |
| 2 voluntary patient consenting | | 24 | 0 | 38 | 0 | 52 | 0 | 66 | 0 | 80 | 0 | 94 | 0 |
| 0 involuntary patient consenting | | 25 | 0 | 39 | 0 | 53 | 0 | 67 | 1 | 81 | 0 | 95 | 0 |
| 0 guardian consenting for patient | | 26 | 0 | 40 | 0 | 54 | 0 | 68 | 0 | 82 | 0 | 96 | 0 |
| 2 reports reflected | | 27 | 0 | 41 | 0 | 55 | 0 | 69 | 1 | 83 | 0 | 97 | 0 |
| | | 28 | 0 | 42 | 0 | 56 | 0 | 70 | 0 | 84 | 0 | 98 | 0 |
| <u>Primary source of payment for ECT</u> | | 29 | 0 | 43 | 0 | 57 | 0 | 71 | 0 | 85 | 0 | 99 | 0 |
| 0 private 3rd party (insurer, HMO, etc) | | | | | | | | | | | | | |
| 2 public 3rd party (county, state, Medicaid, etc.) | | | | | | | | | | | | | |
| 0 own/family funds | | | | | | | | | | | | | |
| 0 other | | | | | | | | | | | | | |
| 2 reports reflected | | | | | | | | | | | | | |

Any of the following that occurred within fourteen (14) days of ECT

| | |
|------------------|------------------------|
| 0 apnea | 1 reported memory loss |
| 0 fracture | 0 death |
| 0 cardiac arrest | 0 autopsy obtained* |

PHYSICIANS ASSESSMENT

| | <u>none</u> | <u>mild</u> | <u>moderate</u> | <u>severe</u> | <u>extreme</u> | <u>ongoing series</u> | <u>unable to be determined</u> | <u>reports reflected</u> |
|---|-------------|-------------|-----------------|---------------|----------------|-----------------------|--------------------------------|--------------------------|
| <u>Level of memory impairment present</u> | | | | | | | | |
| before ECT | 2 | 0 | 0 | 0 | 0 | n/a | 0 | 2 |
| 2-4 weeks after ECT: | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 2 |
| <u>Level of symptom severity present</u> | | | | | | | | |
| before ECT | 0 | 0 | 0 | 1 | 1 | n/a | 0 | 2 |
| 2-4 weeks after ECT: | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 2 |

Avg Total Treatments administered during this reporting period

| | | |
|------|----|--|
| 0.00 | 0 | maintenance treatments administered |
| 0.00 | 0 | average maintenance treatments per month |
| 7.00 | 14 | series treatments planned (in brackets on reporting form) |
| 6.00 | 12 | series treatments administered (circled on reporting form) |
| 3.00 | 6 | complete series of treatments administered |
| 6.00 | 12 | total number of ECT treatments administered |

Status of series treatments

| |
|--|
| 1 ongoing series treatments reported |
| 1 concluded series treatments reported |
| 0 stopped series treatments reported |

Other reportable psychiatric therapies required under Texas Health and Safety Code, Chapter 578

| |
|---|
| 0 multiple monitoring treatments administered |
| 0 EEG burst suppression--anesthetic treatment for refractory depression |
| 0 narcotherapy using deep anesthesia |
| 0 magnetic seizure therapy |

*Section 578.007(b)(8) of the Health and Safety Code requires ECT providers to report autopsy findings if death followed within 14 days of administration of the therapy. However, the Texas Code of Criminal Procedure, Chapter 49, Article 49.05, provides that proper consent be obtained from the legal next of kin before an autopsy can be performed.

**FY09 Quarterly ECT Facility Summary
For Treatments Given September 1, 2008 to November 30, 2008**

Number of patients, reported quarterly, to have received ECT at Zale Lipshy University Hospital, Dallas 36

| <u>Race/Ethnicity</u> | <u>Gender</u> | <u>Age</u> | <u>36</u> | <u>reports</u> | <u>reflected</u> | | | | | | | | |
|---|----------------------|--|-----------|----------------|------------------|------------------|------------------------|----|---|----|---|----|---|
| 33 White/Caucasian | 22 female | 16 | 0 | 30 | 0 | 44 | 0 | 58 | 0 | 72 | 1 | 86 | 0 |
| 3 Black or African American | 14 male | 17 | 0 | 31 | 0 | 45 | 0 | 59 | 1 | 73 | 0 | 87 | 0 |
| 0 Hispanic or Latino | 36 reports reflected | 18 | 0 | 32 | 0 | 46 | 0 | 60 | 2 | 74 | 2 | 88 | 0 |
| 0 Asian | | 19 | 0 | 33 | 0 | 47 | 1 | 61 | 0 | 75 | 1 | 89 | 0 |
| 0 American Indian, Alaska Native, Native Hawaiian, or Pacific Islander | | 20 | 0 | 34 | 1 | 48 | 1 | 62 | 1 | 76 | 0 | 90 | 0 |
| 36 reports reflected | | 21 | 0 | 35 | 2 | 49 | 1 | 63 | 0 | 77 | 0 | 91 | 0 |
| | | 22 | 0 | 36 | 1 | 50 | 0 | 64 | 0 | 78 | 0 | 92 | 0 |
| <u>Hospital admission status</u> | | 23 | 0 | 37 | 0 | 51 | 1 | 65 | 1 | 79 | 0 | 93 | 0 |
| 36 voluntary patient consenting | | 24 | 1 | 38 | 0 | 52 | 0 | 66 | 2 | 80 | 0 | 94 | 0 |
| 0 involuntary patient consenting | | 25 | 0 | 39 | 2 | 53 | 2 | 67 | 0 | 81 | 1 | 95 | 0 |
| 0 guardian consenting for patient | | 26 | 0 | 40 | 1 | 54 | 2 | 68 | 2 | 82 | 1 | 96 | 0 |
| 36 reports reflected | | 27 | 0 | 41 | 0 | 55 | 0 | 69 | 3 | 83 | 0 | 97 | 0 |
| | | 28 | 1 | 42 | 0 | 56 | 0 | 70 | 0 | 84 | 0 | 98 | 0 |
| <u>Primary source of payment for ECT</u> | | 29 | 0 | 43 | 0 | 57 | 1 | 71 | 0 | 85 | 0 | 99 | 0 |
| 19 private 3rd party (insurer, HMO, etc) | | | | | | | | | | | | | |
| 17 public 3rd party (county, state, Medicaid, etc.) | | | | | | | | | | | | | |
| 0 own/family funds | | | | | | | | | | | | | |
| 0 other | | | | | | | | | | | | | |
| 36 reports reflected | | | | | | | | | | | | | |
| | | <u>Any of the following that occurred within fourteen (14) days of ECT</u> | | | | | | | | | | | |
| | | | | | | 0 apnea | 0 reported memory loss | | | | | | |
| | | | | | | 0 fracture | 0 death | | | | | | |
| | | | | | | 0 cardiac arrest | 0 autopsy obtained* | | | | | | |

PHYSICIANS ASSESSMENT

| | <u>none</u> | <u>mild</u> | <u>moderate</u> | <u>severe</u> | <u>extreme</u> | <u>ongoing series</u> | <u>unable to be determined</u> | <u>reports reflected</u> |
|---|-------------|-------------|-----------------|---------------|----------------|-----------------------|--------------------------------|--------------------------|
| <u>Level of memory impairment present</u> | | | | | | | | |
| before ECT | 1 | 35 | 0 | 0 | 0 | n/a | 0 | 36 |
| 2-4 weeks after ECT: | 33 | 3 | 0 | 0 | 0 | 0 | 0 | 36 |
| <u>Level of symptom severity present</u> | | | | | | | | |
| before ECT | 0 | 0 | 0 | 35 | 1 | n/a | 0 | 36 |
| 2-4 weeks after ECT: | 3 | 33 | 0 | 0 | 0 | 0 | 0 | 36 |

Avg Total Treatments administered during this reporting period

| | | |
|-------|-----|--|
| 1.17 | 42 | maintenance treatments administered |
| 0.39 | 14 | average maintenance treatments per month |
| 13.03 | 469 | series treatments planned (in brackets on reporting form) |
| 7.19 | 259 | series treatments administered (circled on reporting form) |
| 0.11 | 4 | complete series of treatments administered |
| 7.19 | 259 | total number of ECT treatments administered |

Status of series treatments

| | |
|---|--------------------------------------|
| 0 | ongoing series treatments reported |
| 1 | concluded series treatments reported |
| 0 | stopped series treatments reported |

Other reportable psychiatric therapies required under Texas Health and Safety Code, Chapter 578

| | |
|---|---|
| 0 | multiple monitoring treatments administered |
| 0 | EEG burst suppression--anesthetic treatment for refractory depression |
| 0 | narcotherapy using deep anesthesia |
| 0 | magnetic seizure therapy |

*Section 578.007(b)(8) of the Health and Safety Code requires ECT providers to report autopsy findings if death followed within 14 days of administration of the therapy. However, the Texas Code of Criminal Procedure, Chapter 49, Article 49.05, provides that proper consent be obtained from the legal next of kin before an autopsy can be performed.