

February 2, 2004

The Honorable Rick Perry
Governor's Office
P. O. Box 12428
Austin, Texas 78711

Dear Governor Perry:

Attached please find information regarding Electroconvulsive Therapy (ECT) reports received by the Office of the Medical Director, Texas Department of Mental Health and Mental Retardation, for the fiscal year 2003. This information includes annual and quarterly summaries of data reported for all facilities and by individual facility, and report of equipment registration and fees paid.

If you have any questions, or would like additional information, please feel free to contact me or the Medical Director, Steven P. Shon, M.D., at 206-4502.

Sincerely,

A handwritten signature in black ink, appearing to read "Karen F. Hale". The signature is fluid and cursive, with a long horizontal stroke at the end.

Karen F. Hale
Commissioner

Attachments

February 2, 2004

The Honorable Tom Craddick
Texas House of Representatives
P. O. Box 2910
Austin, Texas 78768-2910

Dear Speaker Craddick:

Attached please find information regarding Electroconvulsive Therapy (ECT) reports received by the Office of the Medical Director, Texas Department of Mental Health and Mental Retardation, for the fiscal year 2003. This information includes annual and quarterly summaries of data reported for all facilities and by individual facility, and report of equipment registration and fees paid.

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Karen F. Hale
Commissioner

Attachments

February 2, 2004

The Honorable David Dewhurst
Lt. Governor's Office
P. O. Box 12068
Austin, Texas 78711

Dear Governor Dewhurst:

Attached please find information regarding Electroconvulsive Therapy (ECT) reports received by the Office of the Medical Director, Texas Department of Mental Health and Mental Retardation, for the fiscal year 2003. This information includes annual and quarterly summaries of data reported for all facilities and by individual facility, and report of equipment registration and fees paid.

If you have any questions, or would like additional information, please feel free to contact me or the Medical Director, Steven P. Shon, M.D., at 206-4502.

Sincerely,

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Karen F. Hale
Commissioner

Attachments

**FY03 Annual ECT Summary (All Facilities)
for Treatments Given September 1, 2002 to August 31, 2003**

Number of patients, reported quarterly, to have received ECT: 1559 *

<u>Race</u>	<u>Sex</u>	<u>Age</u>								
1359 White	1115 female	16 0	30 21	44 39	58 11	72 18	86 11			
49 Black	444 male	17 1	31 18	45 28	59 16	73 20	87 5			
124 Latin	1559 reports reflected	18 5	32 26	46 40	60 20	74 12	88 3			
15 Asian		19 9	33 24	47 33	61 21	75 17	89 3			
12 Other		20 6	34 19	48 35	62 26	76 17	90 2			
1559 reports reflected		21 1	35 23	49 65	63 15	77 27	91 3			
		22 2	36 24	50 48	64 10	78 20	92 1			
Hospital admission status		23 7	37 19	51 36	65 19	79 13	93 0			
1523 voluntary patient consenting		24 16	38 20	52 43	66 15	80 13	94 3			
10 involuntary patient consenting		25 10	39 42	53 33	67 22	81 25	95 1			
26 guardian consenting for patient		26 14	40 41	54 23	68 20	82 21	96 0			
1559 reports reflected		27 11	41 44	55 24	69 31	83 19	97 0			
		28 17	42 45	56 17	70 30	84 11	98 2			
Primary source of payment for ECT		29 12	43 48	57 20	71 19	85 6	99 2			
772 private 3rd party (insurer, HMO, etc)										1559 reports reflected
757 public 3rd party (county, state, Medicaid, etc.)										
21 own/family funds										
9 other										
1559 reports reflected										

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

0 apnea	20 reported memory loss
1 fracture	0 death
0 cardiac arrest	0 autopsy obtained**

<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>	<u>Status of series treatments</u>
1.6	2421	maintenance treatments administered	
0.5	807	average maintenance treatments per month	326 ongoing
5.6	8692	series treatments planned	715 concluded
4.3	6718	series treatments administered	92 stopped
5.9	9156	total number of ECT treatments administered	

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

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

<u>Level of memory impairment present</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>
before ECT	418	868	205	60	7	n/a	1	1559
2-4 weeks after ECT	336	863	313	9	2	25	11	1559
<u>Level of symptom severity present</u>								
before ECT	11	112	216	815	404	n/a	1	1559
2-4 weeks after ECT	270	790	397	67	3	24	8	1559

*This number may reflect patients who have received ECT in more than one quarter this year.
 **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.

**FY03 Annual ECT Facility Summary
For Treatments Given September 1, 2002 to August 31, 2003**

Number of patients, reported quarterly, to have received ECT at John Peter Smith Hospital, Fort Worth **2 ***

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
2 White	0 female	16	0	30	0	44	1	58	0	72	0	86	0
0 Black	2 male	17	0	31	0	45	0	59	0	73	0	87	0
0 Latin	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 Other		20	0	34	0	48	1	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
Hospital admission status		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	0	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	0	83	0	97	0
		28	0	42	0	56	0	70	0	84	0	98	0
Primary source of payment for ECT		29	0	43	0	57	0	71	0	85	0	99	0
1 private 3rd party (insurer, HMO, etc)													
1 public 3rd party (county, state, Medicaid, etc.)													2 reports reflected
0 own/family funds													
0 other													
2 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>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	1	1	0	0	n/a	0	2
2-4 weeks after ECT:	0	1	1	0	0	0	0	2
<u>Level of symptom severity present</u>								
before ECT	0	0	0	2	0	n/a	0	2
2-4 weeks after ECT:	1	0	1	0	0	0	0	2

<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>	<u>Status of series treatments</u>
0	0	maintenance treatments administered	
0	0	average maintenance treatments per month	0 ongoing
0	0	series treatments planned	1 concluded
9	18	series treatments administered	0 stopped
9	18	total number of ECT treatments administered	
<u>Other reportable psychiatric therapies required under Texas Health and Safety Code, Chapter 578</u>			
	0	multiple monitoring treatments administered	
	0	EEG burst suppression--anesthetic treatment for refractory depression	
	0	narcotherapy using deep anesthesia	
	0	magnetic seizure therapy	

*This number may reflect patients who have received ECT in more than one quarter this year.

**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.

**FY03 Annual ECT Facility Summary
For Treatments Given September 1, 2002 to August 31, 2003**

Number of patients, reported quarterly, to have received ECT at The Methodist Hospital, Houston 58 *

<u>Race</u>	<u>Sex</u>	<u>Age</u>							
54 White	47 female	16	0	30	0	44	0	58	2
0 Black	11 male	17	0	31	0	45	0	59	0
1 Latin	58 reports reflected	18	0	32	1	46	0	60	0
2 Asian		19	0	33	1	47	0	61	1
1 Other		20	0	34	0	48	0	62	0
58 reports reflected		21	0	35	0	49	0	63	0
		22	0	36	0	50	0	64	0
<u>Hospital admission status</u>		23	0	37	0	51	4	65	1
55 voluntary patient consenting		24	0	38	1	52	0	66	1
0 involuntary patient consenting		25	0	39	0	53	1	67	2
3 guardian consenting for patient		26	0	40	0	54	2	68	0
58 reports reflected		27	0	41	2	55	0	69	0
		28	0	42	0	56	1	70	1
<u>Primary source of payment for ECT</u>		29	0	43	3	57	2	71	3
21 private 3rd party (insurer, HMO, etc)									
37 public 3rd party (county, state, Medicaid, etc.)									
0 own/family funds									
0 other									
58 reports reflected									

58 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>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	34	21	2	0	1	n/a	0	58
2-4 weeks after ECT:	2	56	0	0	0	0	0	58
<u>Level of symptom severity present</u>								
before ECT	0	4	11	37	6	n/a	0	58
2-4 weeks after ECT:	4	51	3	0	0	0	0	58

<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>	<u>Status of series treatments</u>
0.8	46	maintenance treatments administered	
0.3	15.33	average maintenance treatments per month	29 ongoing
5.1	293	series treatments planned	28 concluded
5.4	313	series treatments administered	0 stopped
5.4	314	total number of ECT treatments administered	
<u>Other reportable psychiatric therapies required under Texas Health and Safety Code, Chapter 578</u>			
0		multiple monitoring treatments administered	
0		EEG burst suppression--anesthetic treatment for refractory depression	
0		narcotherapy using deep anesthesia	
0		magnetic seizure therapy	

*This number may reflect patients who have received ECT in more than one quarter this year.

**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.

**FY03 Annual ECT Facility Summary
For Treatments Given September 1, 2002 to August 31, 2003**

Number of patients, reported quarterly, to have received ECT at UT Medical Branch at Galveston 55*

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
53 White	42 female	16	0	30	0	44	3	58	0	72	0	86	0
0 Black	13 male	17	0	31	2	45	0	59	0	73	0	87	0
2 Latin	55 reports reflected	18	0	32	2	46	0	60	4	74	0	88	0
0 Asian		19	0	33	0	47	0	61	3	75	0	89	0
0 Other		20	0	34	0	48	2	62	1	76	0	90	0
55 reports reflected		21	0	35	0	49	5	63	1	77	3	91	1
		22	0	36	2	50	2	64	0	78	0	92	0
<u>Hospital admission status</u>		23	1	37	1	51	1	65	0	79	0	93	0
53 voluntary patient consenting		24	0	38	1	52	2	66	0	80	0	94	0
1 involuntary patient consenting		25	0	39	0	53	0	67	1	81	0	95	0
1 guardian consenting for patient		26	0	40	2	54	0	68	0	82	0	96	0
55 reports reflected		27	1	41	2	55	3	69	0	83	0	97	0
		28	0	42	3	56	1	70	0	84	0	98	0
<u>Primary source of payment for ECT</u>		29	1	43	3	57	1	71	0	85	0	99	0
27 private 3rd party (insurer, HMO, etc)													
23 public 3rd party (county, state, Medicaid, etc.)													
4 own/family funds													
1 other													
55 reports reflected													

55 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>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	30	18	4	2	1	n/a	0	55
2-4 weeks after ECT:	33	16	5	1	0	0	0	55
<u>Level of symptom severity present</u>								
before ECT	0	0	1	33	21	n/a	0	55
2-4 weeks after ECT:	33	17	5	0	0	0	0	55

<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>	<u>Status of series treatments</u>
2.2	123	maintenance treatments administered	
0.7	41	average maintenance treatments per month	12 ongoing
9.8	541	series treatments planned	15 concluded
4.3	238	series treatments administered	0 stopped
6.6	361	total number of ECT treatments administered	
<u>Other reportable psychiatric therapies required under Texas Health and Safety Code, Chapter 578</u>			
	0	multiple monitoring treatments administered	
	0	EEG burst suppression--anesthetic treatment for refractory depression	
	0	narcotherapy using deep anesthesia	
	0	magnetic seizure therapy	

*This number may reflect patients who have received ECT in more than one quarter this year.
 **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.

**FY03 Quarterly ECT Summary (All Facilities)
for Treatments Given June 1, 2003 and August 31, 2003**

Number of patients, reported quarterly, to have received ECT:		432						
<u>Race</u>	<u>Sex</u>	<u>Age</u>						
373 White	307 female	16 0	30 7	44 14	58 4	72 4	86 4	
19 Black	125 male	17 0	31 3	45 7	59 3	73 8	87 2	
29 Latin	432 reports reflected	18 1	32 3	46 17	60 5	74 1	88 1	
5 Asian		19 1	33 10	47 9	61 10	75 5	89 0	
6 Other		20 1	34 2	48 9	62 7	76 3	90 0	
432 reports reflected		21 1	35 5	49 21	63 3	77 9	91 1	
<u>Hospital admission status</u>		22 0	36 4	50 16	64 4	78 9	92 0	
424 voluntary patient consenting		23 2	37 4	51 9	65 5	79 5	93 0	
2 involuntary patient consenting		24 3	38 6	52 8	66 4	80 3	94 1	
6 guardian consenting for patient		25 5	39 10	53 12	67 7	81 7	95 0	
432 reports reflected		26 5	40 12	54 6	68 4	82 4	96 0	
<u>Primary source of payment for ECT</u>		27 1	41 9	55 8	69 9	83 5	97 0	
213 private 3rd party (insurer, HMO, etc)		28 3	42 16	56 5	70 7	84 3	98 0	
211 public 3rd party (county, state, Medicaid, etc.)		29 3	43 10	57 8	71 6	85 2	99 1	
							432 reports reflected	
<u>Any of the following that occurred within fourteen (14) days of ECT</u>								
6 own/family funds		0 apnea		10 reported memory loss				
2 other		0 fracture		0 death				
432 reports reflected		0 cardiac arrest		0 autopsy obtained*				

<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>	<u>Status of series treatments</u>	
1.6	699	maintenance treatments administered	91 ongoing	
0.5	233	average maintenance treatments per month	183 concluded	
5.5	2389	series treatments planned	27 stopped	
4.5	1948	series treatments administered		
6.0	2613	total number of ECT treatments administered		
<u>Other reportable psychiatric therapies required under Texas Health and Safety Code, Chapter 578</u>				
0 multiple monitoring treatments administered				
0 EEG burst suppression--anesthetic treatment for refractory depression				
0 narcotherapy using deep anesthesia				
2 magnetic seizure therapy				

	<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	141	230	51	8	1	n/a	1	432
2-4 weeks after ECT	95	253	70	3	0	9	2	432
<u>Level of symptom severity present</u>								
before ECT	1	31	69	225	105	n/a	1	432
2-4 weeks after ECT	68	204	132	18	0	9	1	432

*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.

**FY03 Quarterly ECT Facility Summary
For Treatments Given June 1, 2003 to August 31, 2003**

Number of patients, reported quarterly, to have received ECT at Baylor All Saints Medical Centers, Fort Worth 42

<u>Race</u>	<u>Sex</u>	<u>Age</u>												
39 White	26 female	16	0	30	0	44	2	58	1	72	0	86	0	
0 Black	16 male	17	0	31	0	45	0	59	0	73	0	87	0	
0 Latin	42 reports reflected	18	0	32	0	46	3	60	0	74	0	88	0	
0 Asian		19	0	33	1	47	3	61	2	75	0	89	0	
3 Other		20	0	34	0	48	2	62	1	76	0	90	0	
42 reports reflected		21	0	35	0	49	2	63	0	77	0	91	0	
		22	0	36	1	50	1	64	0	78	0	92	0	
<u>Hospital admission status</u>		23	0	37	0	51	1	65	1	79	0	93	0	
42 voluntary patient consenting		24	0	38	1	52	1	66	0	80	0	94	0	
0 involuntary patient consenting		25	2	39	0	53	2	67	0	81	0	95	0	
0 guardian consenting for patient		26	1	40	0	54	2	68	0	82	0	96	0	
42 reports reflected		27	0	41	0	55	2	69	2	83	0	97	0	
		28	0	42	3	56	1	70	0	84	0	98	0	
<u>Primary source of payment for ECT</u>		29	0	43	2	57	2	71	0	85	0	99	0	
31 private 3rd party (insurer, HMO, etc)													42 reports reflected	
11 public 3rd party (county, state, Medicaid, etc.)														
0 own/family funds														
0 other														
42 reports reflected														
<u>Any of the following that occurred within fourteen (14) days of ECT</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	6	34	1	0	1	n/a	0	42
2-4 weeks after ECT:	0	28	14	0	0	0	0	42
<u>Level of symptom severity present</u>								
before ECT	0	1	0	0	41	n/a	0	42
2-4 weeks after ECT:	0	15	27	0	0	0	0	42

<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>	<u>Status of series treatments</u>
1.8	77	maintenance treatments administered	
0.6	25.67	average maintenance treatments per month	
4.1	173	series treatments planned	3 ongoing
3.7	156	series treatments administered	11 concluded
5.6	234	total number of ECT treatments administered	3 stopped
<u>Other reportable psychiatric therapies required under Texas Health and Safety Code, Chapter 578</u>			
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.

**FY03 Quarterly ECT Facility Summary
For Treatments Given June 1, 2003 to August 31, 2003**

Number of patients, reported quarterly, to have received ECT at Christus Spohn Hospital Memorial, Corpus Christi 3

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
3 White	2 female	16	0	30	0	44	0	58	0	72	0	86	0
0 Black	1 male	17	0	31	0	45	0	59	0	73	2	87	0
0 Latin	3 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 Other		20	0	34	0	48	0	62	0	76	0	90	0
3 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
3	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	0	81	0	95	0
0	guardian consenting for patient	26	0	40	0	54	0	68	1	82	0	96	0
3 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	0	43	0	57	0	71	0	85	0	99	0
0	private 3rd party (insurer, HMO, etc)												3 reports reflected
3	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>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	1	1	0	0	n/a	0	3
2-4 weeks after ECT:	1	1	1	0	0	0	0	3
<u>Level of symptom severity present</u>								
before ECT	0	1	0	1	1	n/a	0	3
2-4 weeks after ECT:	0	2	1	0	0	0	0	3

Avg Total Treatments administered during this reporting period

1	3	maintenance treatments administered
0.3	1	average maintenance treatments per month
8	24	series treatments planned
1	3	series treatments administered
4	12	total number of ECT treatments administered

Status of series treatments

2	ongoing
1	concluded
0	stopped

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.

**FY03 Quarterly ECT Facility Summary
For Treatments Given June 1, 2003 to August 31, 2003**

Number of patients, reported quarterly, to have received ECT at Christus St. Joseph Hospital, Houston 15

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
12 White	12 female	16	0	30	0	44	1	58	0	72	1	86	0
2 Black	3 male	17	0	31	0	45	0	59	1	73	1	87	0
0 Latin	15 reports reflected	18	0	32	0	46	1	60	0	74	0	88	0
1 Asian		19	0	33	0	47	0	61	0	75	0	89	0
0 Other		20	0	34	0	48	0	62	1	76	1	90	0
15 reports reflected		21	0	35	0	49	0	63	1	77	0	91	0
		22	0	36	1	50	0	64	0	78	0	92	0
Hospital admission status		23	0	37	0	51	0	65	0	79	0	93	0
14	voluntary patient consenting	24	0	38	2	52	1	66	0	80	0	94	0
1	involuntary patient consenting	25	0	39	1	53	0	67	0	81	0	95	0
0	guardian consenting for patient	26	0	40	0	54	0	68	0	82	0	96	0
15 reports reflected		27	0	41	0	55	1	69	0	83	0	97	0
		28	0	42	0	56	0	70	1	84	0	98	0
Primary source of payment for ECT		29	0	43	0	57	0	71	0	85	0	99	0
1	private 3rd party (insurer, HMO, etc)												
13	public 3rd party (county, state, Medicaid, etc.)												15 reports reflected
1	own/family funds												
0	other												
15 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>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	14	0	0	1	0	n/a	0	15
2-4 weeks after ECT:	15	0	0	0	0	0	0	15
<u>Level of symptom severity present</u>								
before ECT	0	0	0	15	0	n/a	0	15
2-4 weeks after ECT:	15	0	0	0	0	0	0	15

Avg Total Treatments administered during this reporting period

1.4	21	maintenance treatments administered
0.5	7	average maintenance treatments per month
3.5	52	series treatments planned
4	60	series treatments administered
5.4	81	total number of ECT treatments administered

Status of series treatments

3	ongoing
7	concluded
1	stopped

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.

**FY03 Quarterly ECT Facility Summary
For Treatments Given June 1, 2003 to August 31, 2003**

Number of patients, reported quarterly, to have received ECT at DePaul Center, Waco

13

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
13 White	11 female	16	0	30	0	44	1	58	0	72	0	86	0
0 Black	2 male	17	0	31	0	45	0	59	0	73	0	87	0
0 Latin	13 reports reflected	18	1	32	1	46	1	60	0	74	0	88	0
0 Asian		19	0	33	0	47	0	61	0	75	0	89	0
0 Other		20	0	34	0	48	0	62	0	76	1	90	0
13 reports reflected		21	0	35	0	49	2	63	0	77	1	91	0
		22	0	36	0	50	0	64	0	78	0	92	0
Hospital admission status		23	0	37	0	51	0	65	0	79	0	93	0
13	voluntary patient consenting	24	0	38	0	52	0	66	0	80	0	94	0
0	involuntary patient consenting	25	1	39	0	53	0	67	0	81	1	95	0
0	guardian consenting for patient	26	0	40	1	54	0	68	0	82	0	96	0
13 reports reflected		27	0	41	0	55	0	69	0	83	0	97	0
		28	0	42	0	56	0	70	1	84	0	98	0
Primary source of payment for ECT		29	0	43	1	57	0	71	0	85	0	99	0
7	private 3rd party (insurer, HMO, etc)												
6	public 3rd party (county, state, Medicaid, etc.)												
0	own/family funds												
0	other												
13 reports reflected													
													13 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>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	13	0	0	0	n/a	0	13
2-4 weeks after ECT:	1	12	0	0	0	0	0	13
<u>Level of symptom severity present</u>								
before ECT	1	0	6	5	1	n/a	0	13
2-4 weeks after ECT:	2	0	6	5	0	0	0	13

Avg Total Treatments administered during this reporting period

3.4	44	maintenance treatments administered
1.1	14.67	average maintenance treatments per month
9	117	series treatments planned
0	0	series treatments administered
9	117	total number of ECT treatments administered

Status of series treatments

13	ongoing
0	concluded
0	stopped

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.

**FY03 Quarterly ECT Facility Summary
For Treatments Given June 1, 2003 to August 31, 2003**

Number of patients, reported quarterly, to have received ECT at John Peter Smith Hospital, Fort Worth **2**

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
2 White	0 female	16	0	30	0	44	1	58	0	72	0	86	0
0 Black	2 male	17	0	31	0	45	0	59	0	73	0	87	0
0 Latin	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 Other		20	0	34	0	48	1	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	0	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	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	0	43	0	57	0	71	0	85	0	99	0
1 private 3rd party (insurer, HMO, etc)													2 reports reflected
1 public 3rd party (county, state, Medicaid, etc.)													
0 own/family funds													
0 other													
2 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*			

	<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	1	1	0	0	n/a	0	2
2-4 weeks after ECT:	0	1	1	0	0	0	0	2
<u>Level of symptom severity present</u>								
before ECT	0	0	0	2	0	n/a	0	2
2-4 weeks after ECT:	1	0	1	0	0	0	0	2

<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>	<u>Status of series treatments</u>
0	0	maintenance treatments administered	
0	0	average maintenance treatments per month	
0	0	series treatments planned	0 ongoing
9	18	series treatments administered	1 concluded
9	18	total number of ECT treatments administered	0 stopped
<u>Other reportable psychiatric therapies required under Texas Health and Safety Code, Chapter 578</u>			
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.

**FY03 Quarterly ECT Facility Summary
For Treatments Given June 1, 2003 to August 31, 2003**

Number of patients, reported quarterly, to have received ECT at Memorial Hermann Baptist Beh Hlth Ctr, Beaumon 6

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
6 White	2 female	16	0	30	0	44	1	58	0	72	0	86	0
0 Black	4 male	17	0	31	0	45	0	59	0	73	0	87	0
0 Latin	6 reports reflected	18	0	32	0	46	1	60	0	74	0	88	0
0 Asian		19	0	33	0	47	0	61	0	75	0	89	0
0 Other		20	0	34	0	48	0	62	0	76	0	90	0
6 reports reflected		21	1	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	0	37	0	51	0	65	0	79	0	93	0
6	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	0	81	0	95	0
0	guardian consenting for patient	26	0	40	0	54	0	68	0	82	0	96	0
6 reports reflected		27	0	41	1	55	0	69	0	83	0	97	0
		28	0	42	1	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
4	private 3rd party (insurer, HMO, etc)												6 reports reflected
2	public 3rd party (county, state, Medicaid, etc.)												
0	own/family funds												
0	other												
6 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*		

	<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	5	0	0	0	n/a	0	6
2-4 weeks after ECT:	1	5	0	0	0	0	0	6
<u>Level of symptom severity present</u>								
before ECT	0	0	0	5	1	n/a	0	6
2-4 weeks after ECT:	0	4	2	0	0	0	0	6

<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>	<u>Status of series treatments</u>
0.5	3	maintenance treatments administered	
0.2	1	average maintenance treatments per month	
6.2	37	series treatments planned	5 ongoing
0.8	5	series treatments administered	0 concluded
6.2	37	total number of ECT treatments administered	1 stopped
<u>Other reportable psychiatric therapies required under Texas Health and Safety Code, Chapter 578</u>			
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.

**FY03 Quarterly ECT Facility Summary
For Treatments Given June 1, 2003 to August 31, 2003**

Number of patients, reported quarterly, to have received ECT at Parkland Memorial Hospital, Dallas **3**

<u>Race</u>	<u>Sex</u>	<u>Age</u>													
2 White	2 female	16	0	30	0	44	1	58	0	72	0	86	0		
0 Black	1 male	17	0	31	0	45	0	59	0	73	0	87	0		
1 Latin	3 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 Other		20	0	34	0	48	0	62	0	76	0	90	0		
3 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		
1	involuntary patient consenting	25	0	39	0	53	0	67	0	81	0	95	0		
0	guardian consenting for patient	26	0	40	0	54	0	68	0	82	0	96	0		
3 reports reflected		27	0	41	0	55	0	69	1	83	0	97	0		
		28	0	42	0	56	0	70	1	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)											3 reports reflected			
3	public 3rd party (county, state, Medicaid, etc.)														
0	own/family funds														
0	other														
3 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*

	<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	3	0	0	0	n/a	0	3
2-4 weeks after ECT:	0	3	0	0	0	0	0	3
<u>Level of symptom severity present</u>								
before ECT	0	2	1	0	0	n/a	0	3
2-4 weeks after ECT:	0	2	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>
3.3	10	maintenance treatments administered	
1.1	3.333	average maintenance treatments per month	
0.3	1	series treatments planned	0 ongoing
0.3	1	series treatments administered	0 concluded
4.3	13	total number of ECT treatments administered	1 stopped
<u>Other reportable psychiatric therapies required under Texas Health and Safety Code, Chapter 578</u>			
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.

**FY03 Quarterly ECT Facility Summary
For Treatments Given June 1, 2003 to August 31, 2003**

Number of patients, reported quarterly, to have received ECT at San Jacinto Methodist Hospital, Baytown **4**

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
4 White	4 female	16	0	30	0	44	0	58	0	72	0	86	0
0 Black	0 male	17	0	31	0	45	0	59	0	73	0	87	0
0 Latin	4 reports reflected	18	0	32	0	46	0	60	2	74	0	88	0
0 Asian		19	0	33	0	47	0	61	0	75	0	89	0
0 Other		20	0	34	0	48	0	62	0	76	0	90	0
4 reports reflected		21	0	35	0	49	2	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
4	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	0	81	0	95	0
0	guardian consenting for patient	26	0	40	0	54	0	68	0	82	0	96	0
4 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	0	43	0	57	0	71	0	85	0	99	0
0	private 3rd party (insurer, HMO, etc)												4 reports reflected
4	public 3rd party (county, state, Medicaid, etc.)												
0	own/family funds												
0	other												
4 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>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	2	0	n/a	0	4
2-4 weeks after ECT:	0	2	2	0	0	0	0	4
<u>Level of symptom severity present</u>								
before ECT	0	0	2	2	0	n/a	0	4
2-4 weeks after ECT:	0	2	2	0	0	0	0	4

<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>	<u>Status of series treatments</u>
0	0	maintenance treatments administered	
0	0	average maintenance treatments per month	
12	48	series treatments planned	0 ongoing
6.5	26	series treatments administered	0 concluded
6.5	26	total number of ECT treatments administered	0 stopped
<u>Other reportable psychiatric therapies required under Texas Health and Safety Code, Chapter 578</u>			
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.

**FY03 Quarterly ECT Facility Summary
For Treatments Given June 1, 2003 to August 31, 2003**

Number of patients, reported quarterly, to have received ECT at St. David's Pavilion, Austin **13**

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
12 White	7 female	16	0	30	0	44	0	58	0	72	0	86	2
0 Black	6 male	17	0	31	0	45	0	59	0	73	0	87	0
1 Latin	13 reports reflected	18	0	32	0	46	0	60	0	74	0	88	1
0 Asian		19	0	33	0	47	0	61	0	75	1	89	0
0 Other		20	0	34	0	48	0	62	1	76	0	90	0
13 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
Hospital admission status		23	0	37	0	51	0	65	0	79	0	93	0
12 voluntary patient consenting		24	0	38	0	52	0	66	1	80	1	94	0
0 involuntary patient consenting		25	0	39	0	53	0	67	0	81	1	95	0
1 guardian consenting for patient		26	0	40	0	54	0	68	0	82	0	96	0
13 reports reflected		27	0	41	0	55	0	69	1	83	1	97	0
		28	0	42	0	56	0	70	0	84	1	98	0
Primary source of payment for ECT		29	0	43	0	57	0	71	2	85	0	99	0
0 private 3rd party (insurer, HMO, etc)													13 reports reflected
13 public 3rd party (county, state, Medicaid, etc.)													
0 own/family funds													
0 other													
13 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>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	6	5	2	0	0	n/a	0	13
2-4 weeks after ECT:	5	6	2	0	0	0	0	13
<u>Level of symptom severity present</u>								
before ECT	0	0	2	8	3	n/a	0	13
2-4 weeks after ECT:	7	4	1	1	0	0	0	13

Avg Total Treatments administered during this reporting period

2.4	31	maintenance treatments administered
0.8	10.33	average maintenance treatments per month
4.2	54	series treatments planned
2.6	34	series treatments administered
5	65	total number of ECT treatments administered

Status of series treatments

0 ongoing
6 concluded
0 stopped

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.

**FY03 Quarterly ECT Facility Summary
For Treatments Given June 1, 2003 to August 31, 2003**

Number of patients, reported quarterly, to have received ECT at Terrell State Hospital, Terrell

9

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
8 White	6 female	16	0	30	0	44	0	58	0	72	0	86	0
1 Black	3 male	17	0	31	0	45	0	59	0	73	0	87	0
0 Latin	9 reports reflected	18	0	32	0	46	2	60	1	74	0	88	0
0 Asian		19	0	33	0	47	0	61	0	75	0	89	0
0 Other		20	0	34	0	48	0	62	0	76	0	90	0
9 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
Hospital admission status		23	0	37	0	51	0	65	1	79	0	93	0
7	voluntary patient consenting	24	0	38	0	52	1	66	0	80	0	94	0
0	involuntary patient consenting	25	0	39	0	53	0	67	1	81	0	95	0
2	guardian consenting for patient	26	0	40	0	54	0	68	0	82	0	96	0
9 reports reflected		27	0	41	0	55	0	69	1	83	0	97	0
		28	0	42	1	56	0	70	0	84	0	98	0
Primary source of payment for ECT		29	0	43	0	57	0	71	0	85	0	99	0
0	private 3rd party (insurer, HMO, etc)												9 reports reflected
9	public 3rd party (county, state, Medicaid, etc.)												
0	own/family funds												
0	other												
9 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>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	7	1	0	0	n/a	0	9
2-4 weeks after ECT:	1	8	0	0	0	0	0	9
<u>Level of symptom severity present</u>								
before ECT	0	5	4	0	0	n/a	0	9
2-4 weeks after ECT:	0	6	3	0	0	0	0	9

Avg Total Treatments administered during this reporting period

1.3	12	maintenance treatments administered
0.4	4	average maintenance treatments per month
6	54	series treatments planned
6	54	series treatments administered
6	54	total number of ECT treatments administered

Status of series treatments

3	ongoing
2	concluded
1	stopped

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.

**FY03 Quarterly ECT Facility Summary
For Treatments Given June 1, 2003 to August 31, 2003**

Number of patients, reported quarterly, to have received ECT at Texas West Oaks Hospital, Houston **63**

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
48 White	47 female	16	0	30	3	44	1	58	1	72	1	86	0
9 Black	16 male	17	0	31	0	45	1	59	0	73	1	87	0
4 Latin	63 reports reflected	18	0	32	1	46	0	60	0	74	0	88	0
1 Asian		19	0	33	4	47	0	61	0	75	0	89	0
1 Other		20	0	34	1	48	1	62	0	76	0	90	0
63 reports reflected		21	0	35	0	49	4	63	0	77	0	91	0
		22	0	36	0	50	4	64	1	78	0	92	0
<u>Hospital admission status</u>		23	0	37	0	51	1	65	1	79	1	93	0
63 voluntary patient consenting		24	1	38	2	52	3	66	1	80	0	94	0
0 involuntary patient consenting		25	1	39	3	53	1	67	2	81	0	95	0
0 guardian consenting for patient		26	3	40	3	54	1	68	0	82	0	96	0
63 reports reflected		27	0	41	2	55	1	69	0	83	0	97	0
		28	1	42	5	56	2	70	1	84	0	98	0
<u>Primary source of payment for ECT</u>		29	1	43	0	57	1	71	0	85	1	99	0
40 private 3rd party (insurer, HMO, etc)													
22 public 3rd party (county, state, Medicaid, etc.)													63 reports reflected
1 own/family funds													
0 other													
63 reports reflected													
<u>Any of the following that occurred within fourteen (14) days of ECT</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	4	42	16	1	0	n/a	0	63
2-4 weeks after ECT:	3	42	18	0	0	0	0	63
<u>Level of symptom severity present</u>								
before ECT	0	0	14	44	5	n/a	0	63
2-4 weeks after ECT:	18	39	6	0	0	0	0	63

<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>	<u>Status of series treatments</u>
1.1	69	maintenance treatments administered	
0.4	23	average maintenance treatments per month	
4.0	254	series treatments planned	11 ongoing
4.8	302	series treatments administered	27 concluded
5.9	371	total number of ECT treatments administered	6 stopped
<u>Other reportable psychiatric therapies required under Texas Health and Safety Code, Chapter 578</u>			
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.

**FY03 Quarterly ECT Facility Summary
For Treatments Given June 1, 2003 to August 31, 2003**

Number of patients, reported quarterly, to have received ECT at The Methodist Hospital, Houston **20**

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
18 White	17 female	16	0	30	0	44	0	58	0	72	0	86	1
0 Black	3 male	17	0	31	0	45	0	59	0	73	0	87	1
0 Latin	20 reports reflected	18	0	32	0	46	0	60	0	74	1	88	0
1 Asian		19	0	33	1	47	0	61	1	75	1	89	0
1 Other		20	0	34	0	48	0	62	0	76	1	90	0
20 reports reflected		21	0	35	0	49	0	63	0	77	0	91	0
		22	0	36	0	50	0	64	0	78	1	92	0
<u>Hospital admission status</u>		23	0	37	0	51	2	65	1	79	1	93	0
18 voluntary patient consenting		24	0	38	1	52	0	66	1	80	1	94	0
0 involuntary patient consenting		25	0	39	0	53	0	67	1	81	0	95	0
2 guardian consenting for patient		26	0	40	0	54	1	68	0	82	0	96	0
20 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	0	43	1	57	1	71	1	85	0	99	0
8 private 3rd party (insurer, HMO, etc)													20 reports reflected
12 public 3rd party (county, state, Medicaid, etc.)													
0 own/family funds													
0 other													
20 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*			

	<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	15	4	1	0	0	n/a	0	20
2-4 weeks after ECT:	0	20	0	0	0	0	0	20
<u>Level of symptom severity present</u>								
before ECT	0	1	5	13	1	n/a	0	20
2-4 weeks after ECT:	0	20	0	0	0	0	0	20

<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>	<u>Status of series treatments</u>
1	19	maintenance treatments administered	
0.3	6.333	average maintenance treatments per month	
5.3	106	series treatments planned	8 ongoing
5.7	113	series treatments administered	11 concluded
5.7	113	total number of ECT treatments administered	0 stopped
<u>Other reportable psychiatric therapies required under Texas Health and Safety Code, Chapter 578</u>			
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.

**FY03 Quarterly ECT Facility Summary
For Treatments Given June 1, 2003 to August 31, 2003**

Number of patients, reported quarterly, to have received ECT at Zale Lipshy University Hospital, Dallas 45

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
41 White	30 female	16	0	30	0	44	0	58	0	72	0	86	0
3 Black	15 male	17	0	31	0	45	0	59	0	73	1	87	1
0 Latin	45 reports reflected	18	0	32	1	46	0	60	0	74	0	88	0
1 Asian		19	0	33	2	47	2	61	1	75	1	89	0
0 Other		20	0	34	0	48	0	62	1	76	0	90	0
45 reports reflected		21	0	35	0	49	2	63	0	77	0	91	0
		22	0	36	0	50	4	64	0	78	2	92	0
<u>Hospital admission status</u>		23	0	37	0	51	1	65	0	79	1	93	0
45	voluntary patient consenting	24	0	38	0	52	1	66	1	80	1	94	0
0	involuntary patient consenting	25	0	39	1	53	0	67	1	81	2	95	0
0	guardian consenting for patient	26	0	40	1	54	1	68	2	82	1	96	0
45 reports reflected		27	0	41	0	55	0	69	2	83	2	97	0
		28	0	42	0	56	1	70	0	84	1	98	0
<u>Primary source of payment for ECT</u>		29	0	43	2	57	1	71	2	85	1	99	1
15	private 3rd party (insurer, HMO, etc)												45 reports reflected
27	public 3rd party (county, state, Medicaid, etc.)												
1	own/family funds												
2	other												
45 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>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	20	22	3	0	0	n/a	0	45
2-4 weeks after ECT:	18	23	4	0	0	0	0	45
<u>Level of symptom severity present</u>								
before ECT	0	5	18	13	9	n/a	0	45
2-4 weeks after ECT:	0	28	13	4	0	0	0	45

Avg Total Treatments administered during this reporting period

2.3	103	maintenance treatments administered
0.8	34.33	average maintenance treatments per month
4.4	198	series treatments planned
6.1	276	series treatments administered
6.1	276	total number of ECT treatments administered

Status of series treatments

3	ongoing
16	concluded
1	stopped

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
2	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.

**FY03 Quarterly ECT Facility Summary
For Treatments Given March 1, 2003 to May 31, 2003**

Number of patients, reported quarterly, to have received ECT at Baylor All Saints Medical Centers, Fort Worth 40

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
37 White	26 female	16	0	30	0	44	3	58	0	72	0	86	0
0 Black	14 male	17	0	31	0	45	1	59	0	73	0	87	0
0 Latin	40 reports reflected	18	0	32	0	46	2	60	1	74	0	88	0
0 Asian		19	0	33	0	47	3	61	0	75	0	89	0
3 Other		20	0	34	1	48	1	62	2	76	0	90	0
40 reports reflected		21	0	35	1	49	1	63	0	77	0	91	0
		22	0	36	1	50	2	64	0	78	0	92	0
<u>Hospital admission status</u>		23	0	37	0	51	0	65	0	79	0	93	0
40	voluntary patient consenting	24	1	38	1	52	0	66	0	80	0	94	0
0	involuntary patient consenting	25	1	39	0	53	2	67	0	81	0	95	0
0	guardian consenting for patient	26	0	40	0	54	3	68	0	82	0	96	0
40 reports reflected		27	0	41	1	55	2	69	1	83	0	97	0
		28	1	42	2	56	1	70	0	84	0	98	0
<u>Primary source of payment for ECT</u>		29	0	43	3	57	1	71	1	85	0	99	0
29	private 3rd party (insurer, HMO, etc)												40 reports reflected
11	public 3rd party (county, state, Medicaid, etc.)												
0	own/family funds												
0	other												
40 reports reflected													
<u>Any of the following that occurred within fourteen (14) days of ECT</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	7	33	0	0	0	n/a	0	40
2-4 weeks after ECT:	0	25	15	0	0	0	0	40
<u>Level of symptom severity present</u>								
before ECT	0	0	0	1	39	n/a	0	40
2-4 weeks after ECT:	0	16	20	4	0	0	0	40

Avg Total Treatments administered during this reporting period

1.8	70	maintenance treatments administered
0.6	23.33	average maintenance treatments per month
2.7	109	series treatments planned
2.3	92	series treatments administered
4.1	162	total number of ECT treatments administered

Status of series treatments

3 ongoing
10 concluded
2 stopped

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.

**FY03 Quarterly ECT Facility Summary
For Treatments Given March 1, 2003 to May 31, 2003**

Number of patients, reported quarterly, to have received ECT at Christus Spohn Hospital Memorial, Corpus Christi 9

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
6 White	8 female	16	0	30	0	44	0	58	0	72	0	86	0
0 Black	1 male	17	0	31	0	45	0	59	0	73	0	87	0
3 Latin	9 reports reflected	18	0	32	0	46	1	60	1	74	0	88	0
0 Asian		19	0	33	0	47	0	61	0	75	0	89	0
0 Other		20	0	34	0	48	0	62	0	76	0	90	0
9 reports reflected		21	0	35	0	49	0	63	0	77	0	91	0
		22	0	36	2	50	0	64	0	78	0	92	0
Hospital admission status		23	0	37	0	51	0	65	0	79	0	93	0
9	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	0	81	0	95	0
0	guardian consenting for patient	26	0	40	1	54	0	68	1	82	0	96	0
9 reports reflected		27	2	41	0	55	0	69	0	83	0	97	0
		28	0	42	1	56	0	70	0	84	0	98	0
Primary source of payment for ECT		29	0	43	0	57	0	71	0	85	0	99	0
3	private 3rd party (insurer, HMO, etc)												9 reports reflected
6	public 3rd party (county, state, Medicaid, etc.)												
0	own/family funds												
0	other												
9 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>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	5	1	2	0	n/a	0	9
2-4 weeks after ECT:	1	5	3	0	0	0	0	9
<u>Level of symptom severity present</u>								
before ECT	0	0	0	4	5	n/a	0	9
2-4 weeks after ECT:	0	2	5	2	0	0	0	9

<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>	<u>Status of series treatments</u>
0.1	1	maintenance treatments administered	
0.04	0.333	average maintenance treatments per month	
9.7	87	series treatments planned	1 ongoing
1	9	series treatments administered	2 concluded
3.8	34	total number of ECT treatments administered	5 stopped
<u>Other reportable psychiatric therapies required under Texas Health and Safety Code, Chapter 578</u>			
1		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.

**FY03 Quarterly ECT Facility Summary
For Treatments Given March 1, 2003 to May 31, 2003**

Number of patients, reported quarterly, to have received ECT at Christus St. Joseph Hospital, Houston **14**

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
13 White	12 female	16	0	30	1	44	0	58	0	72	0	86	0
1 Black	2 male	17	0	31	0	45	1	59	0	73	1	87	0
0 Latin	14 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 Other		20	0	34	0	48	0	62	0	76	1	90	0
14 reports reflected		21	0	35	0	49	0	63	0	77	0	91	0
		22	0	36	1	50	0	64	0	78	1	92	0
<u>Hospital admission status</u>		23	0	37	0	51	0	65	0	79	0	93	0
14 voluntary patient consenting		24	1	38	0	52	1	66	0	80	0	94	0
0 involuntary patient consenting		25	0	39	0	53	0	67	0	81	0	95	0
0 guardian consenting for patient		26	0	40	0	54	0	68	1	82	0	96	0
14 reports reflected		27	0	41	0	55	2	69	0	83	0	97	0
		28	0	42	0	56	1	70	1	84	0	98	0
<u>Primary source of payment for ECT</u>		29	0	43	1	57	0	71	0	85	0	99	0
2 private 3rd party (insurer, HMO, etc)													14 reports reflected
12 public 3rd party (county, state, Medicaid, etc.)													
0 own/family funds													
0 other													
14 reports reflected													
<u>Any of the following that occurred within fourteen (14) days of ECT</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	0	14	0	n/a	0	14
2-4 weeks after ECT:	14	0	0	0	0	0	0	14
<u>Level of symptom severity present</u>								
before ECT	0	0	0	14	0	n/a	0	14
2-4 weeks after ECT:	14	0	0	0	0	0	0	14

<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>	<u>Status of series treatments</u>
0.7	10	maintenance treatments administered	
0.2	3.333	average maintenance treatments per month	
7.9	110	series treatments planned	2 ongoing
6.4	90	series treatments administered	9 concluded
7.1	100	total number of ECT treatments administered	0 stopped
<u>Other reportable psychiatric therapies required under Texas Health and Safety Code, Chapter 578</u>			
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.

**FY03 Quarterly ECT Facility Summary
For Treatments Given March 1, 2003 to May 31, 2003**

Number of patients, reported quarterly, to have received ECT at Detar Regional Healthcare System, Victoria **3**

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
3 White	3 female	16	0	30	0	44	0	58	0	72	0	86	0
0 Black	0 male	17	0	31	0	45	0	59	0	73	0	87	0
0 Latin	3 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 Other		20	0	34	0	48	0	62	0	76	0	90	0
3 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	0	37	0	51	0	65	0	79	0	93	0
3	voluntary patient consenting	24	0	38	0	52	1	66	0	80	0	94	0
0	involuntary patient consenting	25	0	39	0	53	0	67	0	81	0	95	0
0	guardian consenting for patient	26	0	40	0	54	1	68	0	82	0	96	0
3 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	0	43	0	57	0	71	0	85	0	99	0
0	private 3rd party (insurer, HMO, etc)												
3	public 3rd party (county, state, Medicaid, etc.)												3 reports reflected
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>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	3	0	0	0	n/a	0	3
2-4 weeks after ECT:	0	0	3	0	0	0	0	3
<u>Level of symptom severity present</u>								
before ECT	0	0	1	0	2	n/a	0	3
2-4 weeks after ECT:	0	1	2	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>
4.7	14	maintenance treatments administered	
1.6	4.667	average maintenance treatments per month	
0	0	series treatments planned	3 ongoing
1.3	4	series treatments administered	0 concluded
4.7	14	total number of ECT treatments administered	0 stopped
<u>Other reportable psychiatric therapies required under Texas Health and Safety Code, Chapter 578</u>			
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.

**FY03 Quarterly ECT Facility Summary
For Treatments Given March 1, 2003 to May 31, 2003**

Number of patients, reported quarterly, to have received ECT at Green Oaks Behavioral Network, Dallas **20**

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
19 White	14 female	16	0	30	0	44	0	58	0	72	0	86	0
0 Black	6 male	17	0	31	0	45	1	59	1	73	0	87	0
1 Latin	20 reports reflected	18	0	32	1	46	1	60	0	74	0	88	0
0 Asian		19	0	33	0	47	0	61	0	75	0	89	0
0 Other		20	0	34	1	48	0	62	0	76	0	90	0
20 reports reflected		21	0	35	0	49	1	63	0	77	0	91	0
		22	0	36	1	50	1	64	0	78	1	92	0
<u>Hospital admission status</u>		23	1	37	1	51	0	65	0	79	0	93	0
20	voluntary patient consenting	24	0	38	0	52	2	66	0	80	0	94	0
0	involuntary patient consenting	25	0	39	2	53	0	67	0	81	0	95	0
0	guardian consenting for patient	26	0	40	0	54	1	68	0	82	0	96	0
20 reports reflected		27	0	41	0	55	0	69	1	83	0	97	0
		28	1	42	0	56	0	70	1	84	0	98	0
<u>Primary source of payment for ECT</u>		29	0	43	0	57	1	71	0	85	0	99	0
12	private 3rd party (insurer, HMO, etc)												20 reports reflected
8	public 3rd party (county, state, Medicaid, etc.)												
0	own/family funds												
0	other												
20 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>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	20	0	0	0	n/a	0	20
2-4 weeks after ECT:	0	0	20	0	0	0	0	20
<u>Level of symptom severity present</u>								
before ECT	0	0	0	20	0	n/a	0	20
2-4 weeks after ECT:	0	20	0	0	0	0	0	20

Avg Total Treatments administered during this reporting period

0.6	11	maintenance treatments administered
0.2	3.667	average maintenance treatments per month
14	281	series treatments planned
1	20	series treatments administered
9.3	185	total number of ECT treatments administered

Status of series treatments

4	ongoing
11	concluded
5	stopped

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.

**FY03 Quarterly ECT Facility Summary
For Treatments Given March 1, 2003 to May 31, 2003**

Number of patients, reported quarterly, to have received ECT at McAllen Medical Center, McAllen **3**

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
0 White	3 female	16	0	30	1	44	0	58	0	72	0	86	0
0 Black	0 male	17	0	31	0	45	0	59	0	73	0	87	0
3 Latin	3 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 Other		20	0	34	0	48	1	62	0	76	0	90	0
3 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
Hospital admission status		23	0	37	0	51	0	65	0	79	0	93	0
3	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	0	81	0	95	0
0	guardian consenting for patient	26	0	40	0	54	0	68	0	82	0	96	0
3 reports reflected		27	0	41	1	55	0	69	0	83	0	97	0
		28	0	42	0	56	0	70	0	84	0	98	0
Primary source of payment for ECT		29	0	43	0	57	0	71	0	85	0	99	0
0	private 3rd party (insurer, HMO, etc)												3 reports reflected
3	public 3rd party (county, state, Medicaid, etc.)												
0	own/family funds												
0	other												
3 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*		

	<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	3	0	0	0	n/a	0	3
2-4 weeks after ECT:	0	3	0	0	0	0	0	3
<u>Level of symptom severity present</u>								
before ECT	0	0	0	3	0	n/a	0	3
2-4 weeks after ECT:	0	0	3	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	0	maintenance treatments administered	
0	0	average maintenance treatments per month	
0	0	series treatments planned	0 ongoing
1	3	series treatments administered	3 concluded
4.3	13	total number of ECT treatments administered	0 stopped
<u>Other reportable psychiatric therapies required under Texas Health and Safety Code, Chapter 578</u>			
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.

**FY03 Quarterly ECT Facility Summary
For Treatments Given March 1, 2003 to May 31, 2003**

Number of patients, reported quarterly, to have received ECT at Memorial Hermann Baptist Beh Hlth Ctr, Beaumon 2

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
2 White	2 female	16	0	30	0	44	0	58	0	72	0	86	0
0 Black	0 male	17	0	31	0	45	0	59	1	73	0	87	0
0 Latin	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 Other		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	0	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	1	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	0	43	0	57	0	71	0	85	0	99	0
1	private 3rd party (insurer, HMO, etc)												2 reports reflected
1	public 3rd party (county, state, Medicaid, etc.)												
0	own/family funds												
0	other												
2	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*		

	<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	1	1	0	0	n/a	0	2
2-4 weeks after ECT:	0	2	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	0	1	1	0	0	0	2

<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>	<u>Status of series treatments</u>
5	10	maintenance treatments administered	
1.7	3.333	average maintenance treatments per month	
5	10	series treatments planned	0 ongoing
1	2	series treatments administered	0 concluded
5	10	total number of ECT treatments administered	0 stopped

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.

**FY03 Quarterly ECT Facility Summary
For Treatments Given March 1, 2003 to May 31, 2003**

Number of patients, reported quarterly, to have received ECT at Methodist Specialty/Transplant Hosp, San Antonio 50

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
31 White	39 female	16	0	30	2	44	2	58	0	72	0	86	1
1 Black	11 male	17	0	31	2	45	1	59	0	73	0	87	0
18 Latin	50 reports reflected	18	0	32	2	46	1	60	0	74	0	88	0
0 Asian		19	1	33	1	47	2	61	0	75	0	89	1
0 Other		20	0	34	1	48	1	62	0	76	0	90	0
50 reports reflected		21	0	35	3	49	3	63	0	77	0	91	0
		22	0	36	1	50	3	64	1	78	0	92	0
<u>Hospital admission status</u>		23	0	37	1	51	1	65	1	79	0	93	0
50 voluntary patient consenting		24	0	38	0	52	2	66	0	80	1	94	0
0 involuntary patient consenting		25	0	39	2	53	0	67	1	81	0	95	0
0 guardian consenting for patient		26	2	40	1	54	1	68	0	82	0	96	0
50 reports reflected		27	0	41	1	55	1	69	1	83	0	97	0
		28	1	42	2	56	0	70	0	84	0	98	0
<u>Primary source of payment for ECT</u>		29	1	43	1	57	0	71	0	85	0	99	0
28 private 3rd party (insurer, HMO, etc)													50 reports reflected
20 public 3rd party (county, state, Medicaid, etc.)													
2 own/family funds													
0 other													
50 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*			

	<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	10	29	7	3	1	n/a	0	50
2-4 weeks after ECT:	6	26	17	1	0	0	0	50
<u>Level of symptom severity present</u>								
before ECT	0	2	3	31	14	n/a	0	50
2-4 weeks after ECT:	2	22	25	1	0	0	0	50

Avg Total Treatments administered during this reporting period

1.3	64	maintenance treatments administered
0.4	21.33	average maintenance treatments per month
3.0	151	series treatments planned
4.3	213	series treatments administered
4.3	217	total number of ECT treatments administered

Status of series treatments

2 ongoing
29 concluded
3 stopped

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.

**FY03 Quarterly ECT Facility Summary
For Treatments Given March 1, 2003 to May 31, 2003**

Number of patients, reported quarterly, to have received ECT at Osteopathic Medical Center of Texas, Fort Worth 8

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
8 White	7 female	16	0	30	0	44	0	58	0	72	0	86	0
0 Black	1 male	17	0	31	0	45	0	59	0	73	0	87	0
0 Latin	8 reports reflected	18	0	32	0	46	0	60	0	74	0	88	0
0 Asian		19	0	33	0	47	0	61	1	75	0	89	0
0 Other		20	0	34	0	48	0	62	0	76	0	90	0
8 reports reflected		21	0	35	0	49	0	63	0	77	0	91	0
		22	0	36	0	50	1	64	1	78	0	92	0
<u>Hospital admission status</u>		23	0	37	1	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	0	39	0	53	0	67	0	81	0	95	0
0	guardian consenting for patient	26	0	40	1	54	0	68	1	82	0	96	0
8 reports reflected		27	0	41	0	55	0	69	0	83	0	97	0
		28	0	42	1	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
5	private 3rd party (insurer, HMO, etc)												8 reports reflected
3	public 3rd party (county, state, Medicaid, etc.)												
0	own/family funds												
0	other												
8 reports reflected													
<u>Any of the following that occurred within fourteen (14) days of ECT</u>													
						0	apnea			0	reported memory loss		
						1	fracture			0	death		
						0	cardiac arrest			0	autopsy obtained*		

	<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	3	5	0	0	0	n/a	0	8
2-4 weeks after ECT:	5	0	0	0	0	2	1	8
<u>Level of symptom severity present</u>								
before ECT	0	0	0	0	8	n/a	0	8
2-4 weeks after ECT:	4	1	0	0	0	2	1	8

<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>	<u>Status of series treatments</u>
0	0	maintenance treatments administered	
0	0	average maintenance treatments per month	
9	72	series treatments planned	2 ongoing
5.4	43	series treatments administered	4 concluded
6.9	55	total number of ECT treatments administered	2 stopped
<u>Other reportable psychiatric therapies required under Texas Health and Safety Code, Chapter 578</u>			
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.

**FY03 Quarterly ECT Facility Summary
For Treatments Given March 1, 2003 to May 31, 2003**

Number of patients, reported quarterly, to have received ECT at Parkland Memorial Hospital, Dallas **3**

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
2 White	3 female	16	0	30	0	44	0	58	0	72	0	86	0
0 Black	0 male	17	0	31	0	45	0	59	0	73	0	87	0
1 Latin	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 Other		20	0	34	0	48	0	62	0	76	0	90	0
3 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
3	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	0	81	0	95	0
0	guardian consenting for patient	26	0	40	0	54	0	68	0	82	0	96	0
3 reports reflected		27	0	41	0	55	0	69	1	83	0	97	0
		28	0	42	0	56	0	70	1	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)												
3	public 3rd party (county, state, Medicaid, etc.)												3 reports reflected
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>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	2	0	0	0	n/a	0	3
2-4 weeks after ECT:	1	2	0	0	0	0	0	3
<u>Level of symptom severity present</u>								
before ECT	0	1	1	1	0	n/a	0	3
2-4 weeks after ECT:	0	3	0	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>
3.7	11	maintenance treatments administered	
1.2	3.667	average maintenance treatments per month	
0.7	2	series treatments planned	0 ongoing
0.7	2	series treatments administered	2 concluded
12	36	total number of ECT treatments administered	0 stopped
<u>Other reportable psychiatric therapies required under Texas Health and Safety Code, Chapter 578</u>			
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.

**FY03 Quarterly ECT Facility Summary
For Treatments Given March 1, 2003 to May 31, 2003**

Number of patients, reported quarterly, to have received ECT at Presbyterian Hospital of Dallas **6**

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
6 White	4 female	16	0	30	0	44	0	58	0	72	0	86	0
0 Black	2 male	17	0	31	0	45	0	59	0	73	0	87	0
0 Latin	6 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 Other		20	0	34	0	48	0	62	0	76	0	90	0
6 reports reflected		21	0	35	0	49	0	63	0	77	1	91	1
		22	0	36	0	50	0	64	0	78	0	92	0
Hospital admission status		23	0	37	0	51	0	65	0	79	0	93	0
6 voluntary patient consenting		24	0	38	0	52	0	66	0	80	0	94	1
0 involuntary patient consenting		25	0	39	0	53	0	67	0	81	2	95	0
0 guardian consenting for patient		26	0	40	0	54	0	68	0	82	0	96	0
6 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
Primary source of payment for ECT		29	0	43	1	57	0	71	0	85	0	99	0
4 private 3rd party (insurer, HMO, etc)													6 reports reflected
2 public 3rd party (county, state, Medicaid, etc.)													
0 own/family funds													
0 other													
6 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>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	5	1	0	0	n/a	0	6
2-4 weeks after ECT:	0	4	1	1	0	0	0	6
<u>Level of symptom severity present</u>								
before ECT	0	0	0	5	1	n/a	0	6
2-4 weeks after ECT:	1	3	0	1	1	0	0	6

<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>	<u>Status of series treatments</u>
2.3	14	maintenance treatments administered	
0.8	4.667	average maintenance treatments per month	
6.8	41	series treatments planned	2 ongoing
3.8	23	series treatments administered	2 concluded
5.3	32	total number of ECT treatments administered	0 stopped
<u>Other reportable psychiatric therapies required under Texas Health and Safety Code, Chapter 578</u>			
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.

**FY03 Quarterly ECT Facility Summary
For Treatments Given March 1, 2003 to May 31, 2003**

Number of patients, reported quarterly, to have received ECT at Richardson Regional Medical Center, Richardson 23

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
22 White	15 female	16	0	30	1	44	0	58	1	72	0	86	0
1 Black	8 male	17	0	31	1	45	0	59	0	73	0	87	0
0 Latin	23 reports reflected	18	0	32	1	46	0	60	0	74	0	88	0
0 Asian		19	0	33	1	47	1	61	0	75	0	89	0
0 Other		20	1	34	0	48	0	62	0	76	0	90	0
23 reports reflected		21	0	35	0	49	2	63	1	77	0	91	0
		22	0	36	1	50	3	64	0	78	0	92	0
<u>Hospital admission status</u>		23	0	37	1	51	1	65	0	79	0	93	0
23 voluntary patient consenting		24	0	38	0	52	0	66	0	80	0	94	0
0 involuntary patient consenting		25	0	39	1	53	0	67	0	81	0	95	0
0 guardian consenting for patient		26	0	40	1	54	0	68	0	82	0	96	0
23 reports reflected		27	1	41	1	55	0	69	0	83	0	97	0
		28	0	42	0	56	3	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
22 private 3rd party (insurer, HMO, etc)													23 reports reflected
0 public 3rd party (county, state, Medicaid, etc.)													
1 own/family funds													
0 other													
23 reports reflected													
<u>Any of the following that occurred within fourteen (14) days of ECT</u>													
						0 apnea				2 reported memory loss			
						0 fracture				0 death			
						0 cardiac arrest				0 autopsy obtained*			

	<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	21	2	0	0	n/a	0	23
2-4 weeks after ECT:	0	23	0	0	0	0	0	23
<u>Level of symptom severity present</u>								
before ECT	0	1	4	18	0	n/a	0	23
2-4 weeks after ECT:	0	18	5	0	0	0	0	23

Avg Total Treatments administered during this reporting period

1.8	42	maintenance treatments administered
0.6	14	average maintenance treatments per month
6.7	154	series treatments planned
6.5	150	series treatments administered
6	138	total number of ECT treatments administered

Status of series treatments

3 ongoing
10 concluded
2 stopped

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.

**FY03 Quarterly ECT Facility Summary
For Treatments Given March 1, 2003 to May 31, 2003**

Number of patients, reported quarterly, to have received ECT at San Jacinto Methodist Hospital, Baytown **6**

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
6 White	4 female	16	0	30	0	44	0	58	0	72	0	86	0
0 Black	2 male	17	0	31	0	45	0	59	0	73	0	87	0
0 Latin	6 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 Other		20	0	34	0	48	0	62	0	76	0	90	0
6 reports reflected		21	0	35	0	49	2	63	0	77	0	91	0
		22	0	36	0	50	0	64	0	78	0	92	0
Hospital admission status		23	0	37	0	51	0	65	0	79	0	93	0
6	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	0	81	0	95	0
0	guardian consenting for patient	26	0	40	0	54	0	68	0	82	0	96	0
6 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
Primary source of payment for ECT		29	0	43	4	57	0	71	0	85	0	99	0
2	private 3rd party (insurer, HMO, etc)												6 reports reflected
4	public 3rd party (county, state, Medicaid, etc.)												
0	own/family funds												
0	other												
6 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>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	6	0	0	0	0	n/a	0	6
2-4 weeks after ECT:	0	4	2	0	0	0	0	6
<u>Level of symptom severity present</u>								
before ECT	0	0	0	4	2	n/a	0	6
2-4 weeks after ECT:	2	4	0	0	0	0	0	6

<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>	<u>Status of series treatments</u>
0	0	maintenance treatments administered	
0	0	average maintenance treatments per month	
12	72	series treatments planned	0 ongoing
7	42	series treatments administered	0 concluded
7	42	total number of ECT treatments administered	0 stopped
<u>Other reportable psychiatric therapies required under Texas Health and Safety Code, Chapter 578</u>			
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.

**FY03 Quarterly ECT Facility Summary
For Treatments Given March 1, 2003 to May 31, 2003**

Number of patients, reported quarterly, to have received ECT at Scott & White Memorial Hospital, Temple 10

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
10 White	9 female	16	0	30	0	44	0	58	0	72	0	86	0
0 Black	1 male	17	0	31	0	45	0	59	1	73	0	87	0
0 Latin	10 reports reflected	18	0	32	0	46	0	60	0	74	1	88	0
0 Asian		19	0	33	0	47	0	61	1	75	0	89	0
0 Other		20	0	34	0	48	0	62	0	76	0	90	0
10 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
Hospital admission status		23	0	37	0	51	0	65	1	79	0	93	0
10 voluntary patient consenting		24	0	38	0	52	0	66	0	80	0	94	0
0 involuntary patient consenting		25	0	39	1	53	1	67	0	81	0	95	0
0 guardian consenting for patient		26	0	40	0	54	0	68	0	82	1	96	0
10 reports reflected		27	0	41	0	55	0	69	0	83	1	97	0
		28	0	42	1	56	0	70	0	84	0	98	0
Primary source of payment for ECT		29	0	43	0	57	0	71	0	85	0	99	0
4 private 3rd party (insurer, HMO, etc)													10 reports reflected
6 public 3rd party (county, state, Medicaid, etc.)													
0 own/family funds													
0 other													
10 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*			

	<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	8	1	1	0	0	n/a	0	10
2-4 weeks after ECT:	8	1	1	0	0	0	0	10
<u>Level of symptom severity present</u>								
before ECT	0	0	5	5	0	n/a	0	10
2-4 weeks after ECT:	0	1	8	1	0	0	0	10

<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>	<u>Status of series treatments</u>
1.8	18	maintenance treatments administered	
0.6	6	average maintenance treatments per month	
15	154	series treatments planned	6 ongoing
4.9	49	series treatments administered	4 concluded
4.9	49	total number of ECT treatments administered	0 stopped
<u>Other reportable psychiatric therapies required under Texas Health and Safety Code, Chapter 578</u>			
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.

**FY03 Quarterly ECT Facility Summary
For Treatments Given March 1, 2003 to May 31, 2003**

Number of patients, reported quarterly, to have received ECT at Seton Shoal Creek Hospital, Austin **24**

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

	<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	16	5	1	0	n/a	0	24
2-4 weeks after ECT:	2	15	6	1	0	0	0	24
<u>Level of symptom severity present</u>								
before ECT	0	6	8	5	5	n/a	0	24
2-4 weeks after ECT:	1	11	10	1	1	0	0	24

<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>	<u>Status of series treatments</u>
2.3	54	maintenance treatments administered	
0.8	18	average maintenance treatments per month	
3	71	series treatments planned	3 ongoing
4.7	113	series treatments administered	15 concluded
5.3	126	total number of ECT treatments administered	2 stopped
<u>Other reportable psychiatric therapies required under Texas Health and Safety Code, Chapter 578</u>			
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.

**FY03 Quarterly ECT Facility Summary
For Treatments Given March 1, 2003 to May 31, 2003**

Number of patients, reported quarterly, to have received ECT at Terrell State Hospital, Terrell **10**

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
10 White	7 female	16	0	30	0	44	1	58	0	72	0	86	0
0 Black	3 male	17	0	31	0	45	0	59	0	73	0	87	0
0 Latin	10 reports reflected	18	0	32	1	46	1	60	1	74	0	88	0
0 Asian		19	1	33	0	47	1	61	0	75	0	89	0
0 Other		20	0	34	0	48	0	62	0	76	0	90	0
10 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
<u>Hospital admission status</u>		23	0	37	0	51	0	65	1	79	0	93	0
7	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
3	guardian consenting for patient	26	0	40	0	54	0	68	0	82	0	96	0
10 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)												
10	public 3rd party (county, state, Medicaid, etc.)												10 reports reflected
0	own/family funds												
0	other												
10 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>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	8	0	0	0	n/a	0	10
2-4 weeks after ECT:	3	7	0	0	0	0	0	10
<u>Level of symptom severity present</u>								
before ECT	0	0	3	6	1	n/a	0	10
2-4 weeks after ECT:	1	3	5	1	0	0	0	10

Avg Total Treatments administered during this reporting period

1.9	19	maintenance treatments administered
0.6	6.333	average maintenance treatments per month
4.9	49	series treatments planned
6	60	series treatments administered
6	60	total number of ECT treatments administered

Status of series treatments

6	ongoing
2	concluded
1	stopped

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.

**FY03 Quarterly ECT Facility Summary
For Treatments Given March 1, 2003 to May 31, 2003**

Number of patients, reported quarterly, to have received ECT at Texas West Oaks Hospital, Houston 55

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
45 White	42 female	16	0	30	2	44	2	58	0	72	0	86	0
5 Black	13 male	17	0	31	0	45	2	59	1	73	3	87	1
4 Latin	55 reports reflected	18	0	32	2	46	0	60	0	74	0	88	0
0 Asian		19	0	33	3	47	1	61	0	75	0	89	0
1 Other		20	0	34	0	48	0	62	0	76	0	90	0
55 reports reflected		21	0	35	0	49	2	63	0	77	1	91	0
		22	1	36	0	50	1	64	1	78	1	92	0
<u>Hospital admission status</u>		23	0	37	0	51	3	65	0	79	0	93	0
53 voluntary patient consenting		24	1	38	0	52	3	66	1	80	0	94	0
2 involuntary patient consenting		25	1	39	3	53	1	67	1	81	0	95	0
0 guardian consenting for patient		26	2	40	2	54	0	68	0	82	0	96	0
55 reports reflected		27	0	41	0	55	2	69	0	83	0	97	0
<u>Primary source of payment for ECT</u>		28	3	42	2	56	1	70	1	84	1	98	0
34 private 3rd party (insurer, HMO, etc)		29	1	43	0	57	0	71	1	85	1	99	0
21 public 3rd party (county, state, Medicaid, etc.)												55 reports reflected	
0 own/family funds													
0 other													
55 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*

	<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	32	16	3	0	n/a	0	55
2-4 weeks after ECT:	2	29	24	0	0	0	0	55
<u>Level of symptom severity present</u>								
before ECT	0	1	4	43	7	n/a	0	55
2-4 weeks after ECT:	15	34	4	2	0	0	0	55

<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>	<u>Status of series treatments</u>
1.4	75	maintenance treatments administered	
0.5	25	average maintenance treatments per month	
3.6	196	series treatments planned	7 ongoing
3.6	199	series treatments administered	22 concluded
5	273	total number of ECT treatments administered	6 stopped
<u>Other reportable psychiatric therapies required under Texas Health and Safety Code, Chapter 578</u>			
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.

**FY03 Quarterly ECT Facility Summary
For Treatments Given March 1, 2003 to May 31, 2003**

Number of patients, reported quarterly, to have received ECT at The Methodist Hospital, Houston **16**

<u>Race</u>	<u>Sex</u>	<u>Age</u>												
15 White	12 female	16	0	30	0	44	0	58	1	72	0	86	2	
0 Black	4 male	17	0	31	0	45	0	59	0	73	0	87	1	
0 Latin	16 reports reflected	18	0	32	0	46	0	60	0	74	1	88	0	
1 Asian		19	0	33	0	47	0	61	0	75	0	89	0	
0 Other		20	0	34	0	48	0	62	0	76	2	90	0	
16 reports reflected		21	0	35	0	49	0	63	0	77	0	91	0	
		22	0	36	0	50	0	64	0	78	2	92	0	
<u>Hospital admission status</u>		23	0	37	0	51	1	65	0	79	1	93	0	
15 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	0	81	0	95	0	
1 guardian consenting for patient		26	0	40	0	54	1	68	0	82	0	96	0	
16 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	0	43	2	57	1	71	1	85	0	99	0	
6 private 3rd party (insurer, HMO, etc)													16 reports reflected	
10 public 3rd party (county, state, Medicaid, etc.)														
0 own/family funds														
0 other														
16 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*

	<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	12	4	0	0	0	n/a	0	16
2-4 weeks after ECT:	0	16	0	0	0	0	0	16
<u>Level of symptom severity present</u>								
before ECT	0	2	2	11	1	n/a	0	16
2-4 weeks after ECT:	1	14	1	0	0	0	0	16

<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>	<u>Status of series treatments</u>
0.4	7	maintenance treatments administered	
0.1	2.333	average maintenance treatments per month	
5.6	89	series treatments planned	10 ongoing
5.4	86	series treatments administered	6 concluded
5.4	86	total number of ECT treatments administered	0 stopped
<u>Other reportable psychiatric therapies required under Texas Health and Safety Code, Chapter 578</u>			
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.

**FY03 Quarterly ECT Facility Summary
For Treatments Given March 1, 2003 to May 31, 2003**

Number of patients, reported quarterly, to have received ECT at UT Medical Branch at Galveston 15

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
15 White	13 female	16	0	30	0	44	0	58	0	72	0	86	0
0 Black	2 male	17	0	31	0	45	0	59	0	73	0	87	0
0 Latin	15 reports reflected	18	0	32	1	46	0	60	1	74	0	88	0
0 Asian		19	0	33	0	47	0	61	0	75	0	89	0
0 Other		20	0	34	0	48	1	62	0	76	0	90	0
15 reports reflected		21	0	35	0	49	2	63	1	77	0	91	0
		22	0	36	1	50	1	64	0	78	0	92	0
<u>Hospital admission status</u>		23	0	37	0	51	0	65	0	79	0	93	0
15 voluntary patient consenting		24	0	38	1	52	1	66	0	80	0	94	0
0 involuntary patient consenting		25	0	39	0	53	0	67	0	81	0	95	0
0 guardian consenting for patient		26	0	40	0	54	0	68	0	82	0	96	0
15 reports reflected		27	0	41	0	55	1	69	0	83	0	97	0
<u>Primary source of payment for ECT</u>		28	0	42	1	56	1	70	0	84	0	98	0
9 private 3rd party (insurer, HMO, etc)		29	0	43	2	57	0	71	0	85	0	99	0
4 public 3rd party (county, state, Medicaid, etc.)		15 reports reflected											
1 own/family funds													
1 other													
15 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*					

	<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	7	8	0	0	0	n/a	0	15
2-4 weeks after ECT:	7	6	2	0	0	0	0	15
<u>Level of symptom severity present</u>								
before ECT	0	0	0	10	5	n/a	0	15
2-4 weeks after ECT:	9	4	2	0	0	0	0	15

<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>	<u>Status of series treatments</u>
2.9	44	maintenance treatments administered	
1	14.67	average maintenance treatments per month	
10	156	series treatments planned	1 ongoing
4.5	67	series treatments administered	5 concluded
7.4	111	total number of ECT treatments administered	0 stopped
<u>Other reportable psychiatric therapies required under Texas Health and Safety Code, Chapter 578</u>			
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.

**FY03 Quarterly ECT Facility Summary
For Treatments Given March 1, 2003 to May 31, 2003**

Number of patients, reported quarterly, to have received ECT at Zale Lipshy University Hospital, Dallas 34

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
31 White	21 female	16	0	30	0	44	0	58	0	72	0	86	0
2 Black	13 male	17	0	31	1	45	0	59	0	73	0	87	0
0 Latin	34 reports reflected	18	0	32	2	46	0	60	0	74	0	88	0
1 Asian		19	0	33	0	47	0	61	2	75	2	89	0
0 Other		20	0	34	0	48	1	62	1	76	0	90	0
34 reports reflected		21	0	35	0	49	1	63	0	77	0	91	0
		22	0	36	0	50	2	64	0	78	0	92	0
<u>Hospital admission status</u>		23	0	37	0	51	2	65	0	79	1	93	0
34 voluntary patient consenting		24	0	38	1	52	1	66	1	80	1	94	0
0 involuntary patient consenting		25	0	39	0	53	0	67	1	81	2	95	0
0 guardian consenting for patient		26	0	40	1	54	0	68	2	82	2	96	0
34 reports reflected		27	0	41	0	55	1	69	1	83	1	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	1	57	0	71	1	85	1	99	1
8 private 3rd party (insurer, HMO, etc)													34 reports reflected
23 public 3rd party (county, state, Medicaid, etc.)													
1 own/family funds													
2 other													
34 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*			

	<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	12	21	1	0	0	n/a	0	34
2-4 weeks after ECT:	12	21	1	0	0	0	0	34
<u>Level of symptom severity present</u>								
before ECT	0	4	6	11	13	n/a	0	34
2-4 weeks after ECT:	0	18	13	3	0	0	0	34

<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>	<u>Status of series treatments</u>
2	68	maintenance treatments administered	
0.7	22.67	average maintenance treatments per month	
3.8	128	series treatments planned	6 ongoing
6.1	207	series treatments administered	16 concluded
6.1	209	total number of ECT treatments administered	1 stopped
<u>Other reportable psychiatric therapies required under Texas Health and Safety Code, Chapter 578</u>			
0		multiple monitoring treatments administered	
0		EEG burst suppression--anesthetic treatment for refractory depression	
0		narcotherapy using deep anesthesia	
2		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.

**FY03 Quarterly ECT Summary (All Facilities)
for Treatments Given December 1, 2002 and February 28, 2003**

Number of patients, reported quarterly, to have received ECT:		396						
<u>Race</u>	<u>Sex</u>	<u>Age</u>						
352 White	279 female	16 0	30 2	44 9	58 3	72 5	86 2	
10 Black	117 male	17 1	31 5	45 7	59 2	73 3	87 0	
29 Latin	396 reports reflected	18 1	32 7	46 11	60 5	74 4	88 1	
3 Asian		19 2	33 6	47 9	61 6	75 5	89 2	
2 Other		20 2	34 9	48 11	62 9	76 5	90 1	
396 reports reflected		21 0	35 10	49 17	63 5	77 6	91 0	
<u>Hospital admission status</u>		22 1	36 7	50 10	64 0	78 2	92 1	
388 voluntary patient consenting		23 2	37 7	51 9	65 4	79 2	93 0	
2 involuntary patient consenting		24 3	38 4	52 12	66 6	80 3	94 0	
6 guardian consenting for patient		25 3	39 11	53 7	67 6	81 8	95 1	
396 reports reflected		26 3	40 7	54 3	68 5	82 7	96 0	
<u>Primary source of payment for ECT</u>		27 4	41 17	55 4	69 8	83 3	97 0	
201 private 3rd party (insurer, HMO, etc)		28 4	42 7	56 2	70 9	84 4	98 1	
186 public 3rd party (county, state, Medicaid, etc.)		29 4	43 12	57 5	71 4	85 1	99 0	
							396 reports reflected	
<u>Any of the following that occurred within fourteen (14) days of ECT</u>								
5 own/family funds		0 apnea		6 reported memory loss				
4 other		0 fracture		0 death				
396 reports reflected		0 cardiac arrest		0 autopsy obtained*				

<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>		<u>Status of series treatments</u>
1.5	597	maintenance treatments administered		
0.5	199	average maintenance treatments per month		80 ongoing
5.5	2184	series treatments planned		191 concluded
4.0	1602	series treatments administered		18 stopped
5.7	2270	total number of ECT treatments administered		
<u>Other reportable psychiatric therapies required under Texas Health and Safety Code, Chapter 578</u>				
	0	multiple monitoring treatments administered		
	0	EEG burst suppression--anesthetic treatment for refractory depression		
	0	narcotherapy using deep anesthesia		
	2	magnetic seizure therapy		

	<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	112	207	73	2	2	n/a	0	396
2-4 weeks after ECT	106	207	77	0	1	3	2	396
<u>Level of symptom severity present</u>								
before ECT	5	36	60	201	94	n/a	0	396
2-4 weeks after ECT	71	229	74	18	0	3	1	396

*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.

**FY03 Quarterly ECT Facility Summary
For Treatments Given December 1, 2002 to February 28, 2003**

Number of patients, reported quarterly, to have received ECT at Baylor All Saints Medical Centers, Fort Worth 32

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
30 White	23 female	16	0	30	0	44	2	58	1	72	0	86	0
0 Black	9 male	17	0	31	1	45	1	59	0	73	0	87	0
0 Latin	32 reports reflected	18	0	32	0	46	0	60	2	74	0	88	0
1 Asian		19	0	33	0	47	0	61	0	75	0	89	0
1 Other		20	0	34	1	48	2	62	1	76	0	90	0
32 reports reflected		21	0	35	1	49	2	63	0	77	0	91	0
		22	0	36	0	50	1	64	0	78	0	92	0
<u>Hospital admission status</u>		23	0	37	0	51	1	65	0	79	0	93	0
32 voluntary patient consenting		24	1	38	0	52	0	66	0	80	0	94	0
0 involuntary patient consenting		25	1	39	0	53	2	67	0	81	0	95	0
0 guardian consenting for patient		26	0	40	2	54	1	68	0	82	0	96	0
32 reports reflected		27	0	41	1	55	1	69	1	83	0	97	0
		28	1	42	0	56	0	70	2	84	0	98	0
<u>Primary source of payment for ECT</u>		29	1	43	2	57	0	71	0	85	0	99	0
22 private 3rd party (insurer, HMO, etc)													32 reports reflected
10 public 3rd party (county, state, Medicaid, etc.)													
0 own/family funds													
0 other													
32 reports reflected													
		<u>Any of the following that occurred within fourteen (14) days of ECT</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	14	18	0	0	0	n/a	0	32
2-4 weeks after ECT:	4	25	3	0	0	0	0	32
<u>Level of symptom severity present</u>								
before ECT	0	0	0	1	31	n/a	0	32
2-4 weeks after ECT:	0	23	9	0	0	0	0	32

<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>	<u>Status of series treatments</u>
1.4	45	maintenance treatments administered	
0.5	15	average maintenance treatments per month	
4.7	151	series treatments planned	2 ongoing
3.9	124	series treatments administered	13 concluded
5.3	169	total number of ECT treatments administered	2 stopped
<u>Other reportable psychiatric therapies required under Texas Health and Safety Code, Chapter 578</u>			
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.

**FY03 Quarterly ECT Facility Summary
For Treatments Given December 1, 2002 to February 28, 2003**

Number of patients, reported quarterly, to have received ECT at Christus Spohn Hospital Memorial, Corpus Christi 3

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
3 White	2 female	16	0	30	0	44	1	58	0	72	0	86	0
0 Black	1 male	17	0	31	0	45	0	59	0	73	0	87	0
0 Latin	3 reports reflected	18	0	32	0	46	1	60	0	74	0	88	0
0 Asian		19	0	33	0	47	0	61	0	75	0	89	0
0 Other		20	0	34	0	48	0	62	0	76	0	90	0
3 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
3	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
3 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	0	43	0	57	0	71	0	85	0	99	0
2	private 3rd party (insurer, HMO, etc)												3 reports reflected
1	public 3rd party (county, state, Medicaid, etc.)												
0	own/family funds												
0	other												
3 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*		

	<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	2	0	0	0	n/a	0	3
2-4 weeks after ECT:	1	2	0	0	0	0	0	3
<u>Level of symptom severity present</u>								
before ECT	0	0	0	0	3	n/a	0	3
2-4 weeks after ECT:	0	2	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	0	maintenance treatments administered	
0	0	average maintenance treatments per month	
12	36	series treatments planned	0 ongoing
1	3	series treatments administered	3 concluded
11	32	total number of ECT treatments administered	0 stopped
<u>Other reportable psychiatric therapies required under Texas Health and Safety Code, Chapter 578</u>			
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.

**FY03 Quarterly ECT Facility Summary
For Treatments Given December 1, 2002 to February 28, 2003**

Number of patients, reported quarterly, to have received ECT at Detar Regional Healthcare System, Victoria **2**

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
2 White	2 female	16	0	30	0	44	0	58	0	72	0	86	0
0 Black	0 male	17	0	31	0	45	0	59	0	73	0	87	0
0 Latin	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 Other		20	0	34	0	48	1	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
Hospital admission status		23	0	37	0	51	1	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	0	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	0	83	0	97	0
		28	0	42	0	56	0	70	0	84	0	98	0
Primary source of payment for ECT		29	0	43	0	57	0	71	0	85	0	99	0
1	private 3rd party (insurer, HMO, etc)												2 reports reflected
1	public 3rd party (county, state, Medicaid, etc.)												
0	own/family funds												
0	other												
2 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*		

	<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	0	0	n/a	0	2
2-4 weeks after ECT:	0	1	1	0	0	0	0	2
<u>Level of symptom severity present</u>								
before ECT	0	0	2	0	0	n/a	0	2
2-4 weeks after ECT:	0	1	1	0	0	0	0	2

<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>	<u>Status of series treatments</u>
6	12	maintenance treatments administered	
2	4	average maintenance treatments per month	
0	0	series treatments planned	1 ongoing
0	0	series treatments administered	0 concluded
6	12	total number of ECT treatments administered	0 stopped
<u>Other reportable psychiatric therapies required under Texas Health and Safety Code, Chapter 578</u>			
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.

**FY03 Quarterly ECT Facility Summary
For Treatments Given December 1, 2002 to February 28, 2003**

Number of patients, reported quarterly, to have received ECT at Green Oaks Behavioral Network, Dallas 26

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
25 White	14 female	16	0	30	1	44	0	58	0	72	0	86	0
1 Black	12 male	17	0	31	0	45	0	59	0	73	0	87	0
0 Latin	26 reports reflected	18	0	32	1	46	0	60	1	74	0	88	1
0 Asian		19	0	33	0	47	1	61	0	75	0	89	0
0 Other		20	0	34	1	48	1	62	0	76	0	90	0
26 reports reflected		21	0	35	2	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	1	37	1	51	1	65	0	79	0	93	0
26	voluntary patient consenting	24	0	38	0	52	1	66	0	80	0	94	0
0	involuntary patient consenting	25	1	39	3	53	1	67	0	81	0	95	0
0	guardian consenting for patient	26	0	40	1	54	0	68	0	82	0	96	0
26 reports reflected		27	0	41	1	55	1	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	1	43	1	57	1	71	0	85	1	99	0
22	private 3rd party (insurer, HMO, etc)												26 reports reflected
4	public 3rd party (county, state, Medicaid, etc.)												
0	own/family funds												
0	other												
26 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*		

	<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	26	0	0	0	n/a	0	26
2-4 weeks after ECT:	0	0	26	0	0	0	0	26
<u>Level of symptom severity present</u>								
before ECT	0	0	0	26	0	n/a	0	26
2-4 weeks after ECT:	0	25	0	1	0	0	0	26

<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>	<u>Status of series treatments</u>
0.2	6	maintenance treatments administered	
0.08	2	average maintenance treatments per month	
12	323	series treatments planned	6 ongoing
1	26	series treatments administered	17 concluded
8.5	220	total number of ECT treatments administered	3 stopped
<u>Other reportable psychiatric therapies required under Texas Health and Safety Code, Chapter 578</u>			
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.

**FY03 Quarterly ECT Facility Summary
For Treatments Given December 1, 2002 to February 28, 2003**

Number of patients, reported quarterly, to have received ECT at McAllen Medical Center, McAllen 7

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
1 White	5 female	16	0	30	0	44	0	58	0	72	0	86	0
0 Black	2 male	17	0	31	0	45	1	59	0	73	0	87	0
6 Latin	7 reports reflected	18	1	32	0	46	1	60	0	74	0	88	0
0 Asian		19	0	33	0	47	0	61	0	75	0	89	0
0 Other		20	0	34	0	48	0	62	0	76	0	90	0
7 reports reflected		21	0	35	0	49	0	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	0	65	0	79	0	93	0
7 voluntary patient consenting		24	0	38	0	52	0	66	0	80	0	94	0
0 involuntary patient consenting		25	0	39	0	53	1	67	0	81	0	95	0
0 guardian consenting for patient		26	0	40	0	54	0	68	1	82	0	96	0
7 reports reflected		27	0	41	1	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	0	43	0	57	0	71	0	85	0	99	0
2 private 3rd party (insurer, HMO, etc)													7 reports reflected
5 public 3rd party (county, state, Medicaid, etc.)													
0 own/family funds													
0 other													
7 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*			

	<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	7	0	0	0	n/a	0	7
2-4 weeks after ECT:	0	7	0	0	0	0	0	7
<u>Level of symptom severity present</u>								
before ECT	0	0	0	7	0	n/a	0	7
2-4 weeks after ECT:	0	0	7	0	0	0	0	7

<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>	<u>Status of series treatments</u>
0	0	maintenance treatments administered	
0	0	average maintenance treatments per month	
0	0	series treatments planned	0 ongoing
1	7	series treatments administered	7 concluded
2.6	18	total number of ECT treatments administered	0 stopped
<u>Other reportable psychiatric therapies required under Texas Health and Safety Code, Chapter 578</u>			
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.

**FY03 Quarterly ECT Facility Summary
For Treatments Given December 1, 2002 to February 28, 2003**

Number of patients, reported quarterly, to have received ECT at Memorial Hermann Baptist Beh Hlth Ctr, Beaumon 6

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
6 White	4 female	16	0	30	0	44	0	58	0	72	1	86	0
0 Black	2 male	17	0	31	0	45	0	59	0	73	0	87	0
0 Latin	6 reports reflected	18	0	32	0	46	0	60	0	74	0	88	0
0 Asian		19	0	33	1	47	0	61	0	75	0	89	0
0 Other		20	0	34	0	48	0	62	0	76	0	90	0
6 reports reflected		21	0	35	1	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
6	voluntary patient consenting	24	0	38	0	52	1	66	0	80	0	94	0
0	involuntary patient consenting	25	0	39	0	53	0	67	0	81	0	95	0
0	guardian consenting for patient	26	0	40	0	54	0	68	1	82	0	96	0
6 reports reflected		27	0	41	1	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	0	43	0	57	0	71	0	85	0	99	0
2	private 3rd party (insurer, HMO, etc)												6 reports reflected
4	public 3rd party (county, state, Medicaid, etc.)												
0	own/family funds												
0	other												
6 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*		

	<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	6	0	0	0	n/a	0	6
2-4 weeks after ECT:	0	5	0	0	0	0	1	6
<u>Level of symptom severity present</u>								
before ECT	0	0	0	3	3	n/a	0	6
2-4 weeks after ECT:	0	4	2	0	0	0	0	6

<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>	<u>Status of series treatments</u>
1.5	9	maintenance treatments administered	
0.5	3	average maintenance treatments per month	
8.7	52	series treatments planned	4 ongoing
0.7	4	series treatments administered	1 concluded
8.7	52	total number of ECT treatments administered	1 stopped
<u>Other reportable psychiatric therapies required under Texas Health and Safety Code, Chapter 578</u>			
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.

**FY03 Quarterly ECT Facility Summary
For Treatments Given December 1, 2002 to February 28, 2003**

Number of patients, reported quarterly, to have received ECT at Parkland Memorial Hospital, Dallas **3**

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
2 White	3 female	16	0	30	0	44	0	58	0	72	0	86	0
0 Black	0 male	17	0	31	0	45	0	59	0	73	0	87	0
1 Latin	3 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 Other		20	0	34	0	48	0	62	1	76	0	90	0
3 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
Hospital admission status		23	0	37	0	51	0	65	0	79	0	93	0
3	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	0	81	0	95	0
0	guardian consenting for patient	26	0	40	0	54	0	68	0	82	1	96	0
3 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
Primary source of payment for ECT		29	0	43	0	57	0	71	0	85	0	99	0
0	private 3rd party (insurer, HMO, etc)												3 reports reflected
2	public 3rd party (county, state, Medicaid, etc.)												
0	own/family funds												
1	other												
3 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*		

	<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	2	1	0	0	n/a	0	3
2-4 weeks after ECT:	0	3	0	0	0	0	0	3
<u>Level of symptom severity present</u>								
before ECT	0	2	1	0	0	n/a	0	3
2-4 weeks after ECT:	0	3	0	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>
2.7	8	maintenance treatments administered	
0.9	2.667	average maintenance treatments per month	
0	0	series treatments planned	0 ongoing
2.3	7	series treatments administered	0 concluded
5	15	total number of ECT treatments administered	0 stopped
<u>Other reportable psychiatric therapies required under Texas Health and Safety Code, Chapter 578</u>			
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.

**FY03 Quarterly ECT Facility Summary
For Treatments Given December 1, 2002 to February 28, 2003**

Number of patients, reported quarterly, to have received ECT at Presbyterian Hospital of Dallas **9**

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
9 White	7 female	16	0	30	0	44	0	58	0	72	0	86	0
0 Black	2 male	17	0	31	0	45	0	59	0	73	0	87	0
0 Latin	9 reports reflected	18	0	32	0	46	0	60	0	74	0	88	0
0 Asian		19	0	33	0	47	0	61	1	75	0	89	0
0 Other		20	0	34	0	48	0	62	0	76	0	90	0
9 reports reflected		21	0	35	0	49	0	63	1	77	0	91	0
		22	0	36	0	50	0	64	0	78	0	92	1
Hospital admission status		23	0	37	0	51	0	65	0	79	0	93	0
9	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	0	81	2	95	1
0	guardian consenting for patient	26	0	40	0	54	0	68	1	82	0	96	0
9 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
Primary source of payment for ECT		29	0	43	0	57	2	71	0	85	0	99	0
3	private 3rd party (insurer, HMO, etc)												9 reports reflected
6	public 3rd party (county, state, Medicaid, etc.)												
0	own/family funds												
0	other												
9 reports reflected													
<u>Any of the following that occurred within fourteen (14) days of ECT</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	1	6	2	0	0	n/a	0	9
2-4 weeks after ECT:	2	5	2	0	0	0	0	9
<u>Level of symptom severity present</u>								
before ECT	0	0	0	7	2	n/a	0	9
2-4 weeks after ECT:	3	3	3	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>
0.4	4	maintenance treatments administered	
0.1	1.333	average maintenance treatments per month	
6.8	61	series treatments planned	1 ongoing
6	54	series treatments administered	5 concluded
6	54	total number of ECT treatments administered	0 stopped
<u>Other reportable psychiatric therapies required under Texas Health and Safety Code, Chapter 578</u>			
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.

**FY03 Quarterly ECT Facility Summary
For Treatments Given December 1, 2002 to February 28, 2003**

Number of patients, reported quarterly, to have received ECT at St. David's Pavilion, Austin 10

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
10 White	9 female	16	0	30	0	44	0	58	0	72	0	86	1
0 Black	1 male	17	0	31	0	45	0	59	0	73	0	87	0
0 Latin	10 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	1	89	0
0 Other		20	0	34	0	48	0	62	0	76	0	90	0
10 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
Hospital admission status		23	0	37	0	51	0	65	0	79	0	93	0
8	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
2	guardian consenting for patient	26	0	40	0	54	0	68	1	82	1	96	0
10 reports reflected		27	0	41	0	55	0	69	0	83	2	97	0
		28	0	42	0	56	0	70	1	84	0	98	0
Primary source of payment for ECT		29	0	43	0	57	0	71	1	85	0	99	0
0	private 3rd party (insurer, HMO, etc)												10 reports reflected
10	public 3rd party (county, state, Medicaid, etc.)												
0	own/family funds												
0	other												
10 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>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	3	5	1	1	0	n/a	0	10
2-4 weeks after ECT:	4	3	3	0	0	0	0	10
<u>Level of symptom severity present</u>								
before ECT	0	0	1	4	5	n/a	0	10
2-4 weeks after ECT:	5	4	0	1	0	0	0	10

<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>	<u>Status of series treatments</u>
2.5	25	maintenance treatments administered	
0.8	8.333	average maintenance treatments per month	
2.1	21	series treatments planned	0 ongoing
2.1	21	series treatments administered	2 concluded
4.6	46	total number of ECT treatments administered	0 stopped
<u>Other reportable psychiatric therapies required under Texas Health and Safety Code, Chapter 578</u>			
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.

**FY03 Quarterly ECT Facility Summary
For Treatments Given December 1, 2002 to February 28, 2003**

Number of patients, reported quarterly, to have received ECT at UT Medical Branch at Galveston **16**

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
15 White	11 female	16	0	30	0	44	0	58	0	72	0	86	0
0 Black	5 male	17	0	31	1	45	0	59	0	73	0	87	0
1 Latin	16 reports reflected	18	0	32	1	46	0	60	1	74	0	88	0
0 Asian		19	0	33	0	47	0	61	1	75	0	89	0
0 Other		20	0	34	0	48	1	62	1	76	0	90	0
16 reports reflected		21	0	35	0	49	1	63	0	77	1	91	0
		22	0	36	1	50	0	64	0	78	0	92	0
Hospital admission status		23	0	37	0	51	0	65	0	79	0	93	0
16	voluntary patient consenting	24	0	38	0	52	1	66	0	80	0	94	0
0	involuntary patient consenting	25	0	39	0	53	0	67	0	81	0	95	0
0	guardian consenting for patient	26	0	40	0	54	0	68	0	82	0	96	0
16 reports reflected		27	1	41	1	55	1	69	0	83	0	97	0
		28	0	42	1	56	0	70	0	84	0	98	0
Primary source of payment for ECT		29	1	43	1	57	0	71	0	85	0	99	0
9	private 3rd party (insurer, HMO, etc)												16 reports reflected
4	public 3rd party (county, state, Medicaid, etc.)												
3	own/family funds												
0	other												
16 reports reflected													
<u>Any of the following that occurred within fourteen (14) days of ECT</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	13	2	1	0	0	n/a	0	16
2-4 weeks after ECT:	14	1	1	0	0	0	0	16
<u>Level of symptom severity present</u>								
before ECT	0	0	1	11	4	n/a	0	16
2-4 weeks after ECT:	8	7	1	0	0	0	0	16

<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>	<u>Status of series treatments</u>
2	32	maintenance treatments administered	
0.7	10.67	average maintenance treatments per month	
7.5	120	series treatments planned	4 ongoing
3.4	54	series treatments administered	4 concluded
5.4	86	total number of ECT treatments administered	0 stopped
<u>Other reportable psychiatric therapies required under Texas Health and Safety Code, Chapter 578</u>			
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.

**FY03 Quarterly ECT Facility Summary
For Treatments Given December 1, 2002 to February 28, 2003**

Number of patients, reported quarterly, to have received ECT at Zale Lipshy University Hospital, Dallas 39

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
36 White	26 female	16	0	30	1	44	2	58	0	72	0	86	0
2 Black	13 male	17	0	31	0	45	0	59	0	73	0	87	0
1 Latin	39 reports reflected	18	0	32	0	46	2	60	0	74	2	88	0
0 Asian		19	0	33	0	47	1	61	2	75	2	89	0
0 Other		20	0	34	0	48	0	62	2	76	0	90	0
39 reports reflected		21	0	35	0	49	1	63	0	77	2	91	0
		22	0	36	1	50	1	64	0	78	0	92	0
Hospital admission status		23	0	37	0	51	2	65	1	79	0	93	0
39	voluntary patient consenting	24	0	38	0	52	2	66	1	80	0	94	0
0	involuntary patient consenting	25	0	39	1	53	0	67	0	81	2	95	0
0	guardian consenting for patient	26	0	40	0	54	0	68	0	82	2	96	0
39 reports reflected		27	0	41	2	55	0	69	1	83	0	97	0
		28	1	42	0	56	0	70	1	84	0	98	1
Primary source of payment for ECT		29	0	43	1	57	0	71	2	85	0	99	0
7	private 3rd party (insurer, HMO, etc)												39 reports reflected
30	public 3rd party (county, state, Medicaid, etc.)												
0	own/family funds												
2	other												
39 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*		

	<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	19	20	0	0	0	n/a	0	39
2-4 weeks after ECT:	19	20	0	0	0	0	0	39
<u>Level of symptom severity present</u>								
before ECT	0	9	5	20	5	n/a	0	39
2-4 weeks after ECT:	0	33	4	2	0	0	0	39

<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>	<u>Status of series treatments</u>
1.7	67	maintenance treatments administered	
0.6	22.33	average maintenance treatments per month	
3.7	143	series treatments planned	4 ongoing
5.3	205	series treatments administered	22 concluded
5.4	210	total number of ECT treatments administered	0 stopped
<u>Other reportable psychiatric therapies required under Texas Health and Safety Code, Chapter 578</u>			
0		multiple monitoring treatments administered	
0		EEG burst suppression--anesthetic treatment for refractory depression	
0		narcotherapy using deep anesthesia	
2		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.

**FY03 Quarterly ECT Summary (All Facilities)
for Treatments Given September 1, 2002 and November 30, 2002**

Number of patients, reported quarterly, to have received ECT:		344						
<u>Race</u>	<u>Sex</u>	<u>Age</u>						
296 White	244 female	16 0	30 3	44 8	58 2	72 7	86 1	
9 Black	100 male	17 0	31 6	45 6	59 6	73 3	87 1	
34 Latin	344 reports reflected	18 3	32 6	46 6	60 4	74 4	88 1	
5 Asian		19 3	33 2	47 6	61 1	75 4	89 0	
0 Other		20 2	34 4	48 10	62 5	76 5	90 1	
344 reports reflected		21 0	35 4	49 11	63 5	77 7	91 1	
		22 0	36 5	50 8	64 2	78 3	92 0	
<u>Hospital admission status</u>		23 2	37 4	51 9	65 6	79 3	93 0	
334 voluntary patient consenting		24 5	38 5	52 10	66 2	80 3	94 1	
4 involuntary patient consenting		25 0	39 12	53 9	67 5	81 4	95 0	
6 guardian consenting for patient		26 2	40 12	54 7	68 6	82 4	96 0	
344 reports reflected		27 3	41 13	55 3	69 6	83 4	97 0	
		28 4	42 9	56 3	70 8	84 2	98 1	
<u>Primary source of payment for ECT</u>		29 2	43 11	57 4	71 4	85 0	99 0	
165 private 3rd party (insurer, HMO, etc)							344 reports reflected	
176 public 3rd party (county, state, Medicaid, etc.)								
3 own/family funds								
0 other								
344 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>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>	<u>Status of series treatments</u>
1.5	508	maintenance treatments administered	
0.5	169.3	average maintenance treatments per month	
6.1	2083	series treatments planned	78 ongoing
4.7	1620	series treatments administered	180 concluded
6.3	2154	total number of ECT treatments administered	18 stopped
<u>Other reportable psychiatric therapies required under Texas Health and Safety Code, Chapter 578</u>			
0 multiple monitoring treatments administered			
0 EEG burst suppression--anesthetic treatment for refractory depression			
0 narcotherapy using deep anesthesia			
0 magnetic seizure therapy			

	<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	75	198	43	25	3	n/a	0	344
2-4 weeks after ECT	64	199	69	1	1	6	4	344
<u>Level of symptom severity present</u>								
before ECT	3	24	45	181	91	n/a	0	344
2-4 weeks after ECT	65	178	79	12	1	5	4	344

*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.

**FY03 Quarterly ECT Facility Summary
For Treatments Given September 1, 2002 to November 30, 2002**

Number of patients, reported quarterly, to have received ECT at Christus Spohn Hospital Memorial, Corpus Christi 5

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
4 White	5 female	16	0	30	0	44	0	58	0	72	0	86	0
0 Black	0 male	17	0	31	0	45	0	59	0	73	1	87	0
1 Latin	5 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 Other		20	1	34	0	48	0	62	1	76	0	90	0
5 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
Hospital admission status		23	0	37	0	51	1	65	0	79	0	93	0
5	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	0	81	0	95	0
0	guardian consenting for patient	26	1	40	0	54	0	68	0	82	0	96	0
5 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
Primary source of payment for ECT		29	0	43	0	57	0	71	0	85	0	99	0
1	private 3rd party (insurer, HMO, etc)												5 reports reflected
4	public 3rd party (county, state, Medicaid, etc.)												
0	own/family funds												
0	other												
5 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*		

	<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	3	2	0	0	n/a	0	5
2-4 weeks after ECT:	0	3	2	0	0	0	0	5
<u>Level of symptom severity present</u>								
before ECT	0	0	0	1	4	n/a	0	5
2-4 weeks after ECT:	0	2	2	0	1	0	0	5

<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>	<u>Status of series treatments</u>
0	0	maintenance treatments administered	
0	0	average maintenance treatments per month	
10	50	series treatments planned	0 ongoing
1	5	series treatments administered	1 concluded
2.8	14	total number of ECT treatments administered	4 stopped
<u>Other reportable psychiatric therapies required under Texas Health and Safety Code, Chapter 578</u>			
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.

**FY03 Quarterly ECT Facility Summary
For Treatments Given September 1, 2002 to November 30, 2002**

Number of patients, reported quarterly, to have received ECT at Covenant Medical Center Lakeside, Lubbock **7**

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
6 White	3 female	16	0	30	0	44	0	58	0	72	0	86	0
1 Black	4 male	17	0	31	0	45	0	59	0	73	0	87	0
0 Latin	7 reports reflected	18	0	32	1	46	0	60	0	74	0	88	0
0 Asian		19	0	33	0	47	0	61	0	75	0	89	0
0 Other		20	0	34	1	48	0	62	0	76	0	90	0
7 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
6 voluntary patient consenting		24	1	38	0	52	0	66	0	80	0	94	0
1 involuntary patient consenting		25	0	39	1	53	0	67	0	81	1	95	0
0 guardian consenting for patient		26	0	40	0	54	0	68	0	82	0	96	0
7 reports reflected		27	0	41	0	55	1	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
3 private 3rd party (insurer, HMO, etc)													7 reports reflected
4 public 3rd party (county, state, Medicaid, etc.)													
0 own/family funds													
0 other													
7 reports reflected													
<u>Any of the following that occurred within fourteen (14) days of ECT</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	5	2	0	0	0	n/a	0	7
2-4 weeks after ECT:	3	2	0	0	0	2	0	7
<u>Level of symptom severity present</u>								
before ECT	1	1	0	3	2	n/a	0	7
2-4 weeks after ECT:	2	2	1	0	0	2	0	7

<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>	<u>Status of series treatments</u>
0.4	3	maintenance treatments administered	
0.1	1	average maintenance treatments per month	
3.7	26	series treatments planned	2 ongoing
3.9	27	series treatments administered	3 concluded
4.7	33	total number of ECT treatments administered	1 stopped
<u>Other reportable psychiatric therapies required under Texas Health and Safety Code, Chapter 578</u>			
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.

**FY03 Quarterly ECT Facility Summary
For Treatments Given September 1, 2002 to November 30, 2002**

Number of patients, reported quarterly, to have received ECT at Green Oaks Behavioral Network, Dallas **21**

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
20 White	15 female	16	0	30	0	44	1	58	0	72	0	86	0
0 Black	6 male	17	0	31	1	45	1	59	0	73	0	87	0
0 Latin	21 reports reflected	18	1	32	0	46	0	60	1	74	0	88	1
1 Asian		19	0	33	0	47	1	61	0	75	0	89	0
0 Other		20	0	34	0	48	0	62	0	76	0	90	0
21 reports reflected		21	0	35	0	49	2	63	1	77	0	91	0
		22	0	36	1	50	0	64	0	78	0	92	0
Hospital admission status		23	0	37	0	51	0	65	0	79	0	93	0
21 voluntary patient consenting		24	0	38	0	52	2	66	0	80	0	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	0	54	1	68	1	82	0	96	0
21 reports reflected		27	0	41	1	55	0	69	0	83	0	97	0
		28	1	42	0	56	0	70	0	84	0	98	0
Primary source of payment for ECT		29	0	43	0	57	1	71	0	85	0	99	0
18 private 3rd party (insurer, HMO, etc)													21 reports reflected
3 public 3rd party (county, state, Medicaid, etc.)													
0 own/family funds													
0 other													
21 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*			

	<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	21	0	0	0	n/a	0	21
2-4 weeks after ECT:	0	0	20	0	0	1	0	21
<u>Level of symptom severity present</u>								
before ECT	0	0	0	21	0	n/a	0	21
2-4 weeks after ECT:	0	21	0	0	0	0	0	21

<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>	<u>Status of series treatments</u>
0.1	3	maintenance treatments administered	
0.05	1	average maintenance treatments per month	
12	245	series treatments planned	5 ongoing
1.2	25	series treatments administered	15 concluded
9.4	198	total number of ECT treatments administered	1 stopped
<u>Other reportable psychiatric therapies required under Texas Health and Safety Code, Chapter 578</u>			
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.

**FY03 Quarterly ECT Facility Summary
For Treatments Given September 1, 2002 to November 30, 2002**

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

2

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
0 White	2 female	16	0	30	0	44	0	58	0	72	0	86	0
0 Black	0 male	17	0	31	0	45	0	59	0	73	0	87	0
2 Latin	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 Other		20	0	34	0	48	0	62	0	76	0	90	0
2 reports reflected		21	0	35	1	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	0	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	0	83	0	97	0
		28	0	42	0	56	1	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
1	private 3rd party (insurer, HMO, etc)												2 reports reflected
1	public 3rd party (county, state, Medicaid, etc.)												
0	own/family funds												
0	other												
2	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*		

	<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	0	0	n/a	0	2
2-4 weeks after ECT:	0	2	0	0	0	0	0	2
<u>Level of symptom severity present</u>								
before ECT	0	0	0	2	0	n/a	0	2
2-4 weeks after ECT:	0	2	0	0	0	0	0	2

<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>	<u>Status of series treatments</u>
0	0	maintenance treatments administered	
0	0	average maintenance treatments per month	
4	8	series treatments planned	0 ongoing
0	0	series treatments administered	2 concluded
4	8	total number of ECT treatments administered	0 stopped
<u>Other reportable psychiatric therapies required under Texas Health and Safety Code, Chapter 578</u>			
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.

**FY03 Quarterly ECT Facility Summary
For Treatments Given September 1, 2002 to November 30, 2002**

Number of patients, reported quarterly, to have received ECT at Memorial Hermann Baptist Beh Hlth Ctr, Beaumon 3

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
3 White	3 female	16	0	30	0	44	0	58	0	72	1	86	0
0 Black	0 male	17	0	31	0	45	0	59	0	73	0	87	0
0 Latin	3 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 Other		20	0	34	0	48	0	62	0	76	0	90	0
3 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
3	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	0	81	0	95	0
0	guardian consenting for patient	26	0	40	1	54	0	68	0	82	0	96	0
3 reports reflected		27	0	41	1	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	0	43	0	57	0	71	0	85	0	99	0
0	private 3rd party (insurer, HMO, etc)												
3	public 3rd party (county, state, Medicaid, etc.)												3 reports reflected
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>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	1	0	0	0	n/a	0	3
2-4 weeks after ECT:	0	3	0	0	0	0	0	3
<u>Level of symptom severity present</u>								
before ECT	0	0	0	1	2	n/a	0	3
2-4 weeks after ECT:	0	1	2	0	0	0	0	3

Avg Total Treatments administered during this reporting period

4.7	14	maintenance treatments administered
1.6	4.667	average maintenance treatments per month
1.3	4	series treatments planned
0.3	1	series treatments administered
5.7	17	total number of ECT treatments administered

Status of series treatments

3	ongoing
0	concluded
0	stopped

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.

**FY03 Quarterly ECT Facility Summary
For Treatments Given September 1, 2002 to November 30, 2002**

Number of patients, reported quarterly, to have received ECT at Parkland Memorial Hospital, Dallas **2**

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
2 White	2 female	16	0	30	0	44	0	58	0	72	0	86	0
0 Black	0 male	17	0	31	0	45	0	59	1	73	0	87	0
0 Latin	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 Other		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
Hospital admission status		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	0	81	0	95	0
0	guardian consenting for patient	26	0	40	0	54	0	68	1	82	0	96	0
2 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
Primary source of payment for ECT		29	0	43	0	57	0	71	0	85	0	99	0
0	private 3rd party (insurer, HMO, etc)												2 reports reflected
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	0	reported memory loss
0	fracture	0	death
0	cardiac arrest	0	autopsy obtained*

	<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	0	0	n/a	0	2
2-4 weeks after ECT:	0	2	0	0	0	0	0	2
<u>Level of symptom severity present</u>								
before ECT	0	0	0	2	0	n/a	0	2
2-4 weeks after ECT:	0	2	0	0	0	0	0	2

<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>	<u>Status of series treatments</u>
3.5	7	maintenance treatments administered	
1.2	2.333	average maintenance treatments per month	
1	2	series treatments planned	0 ongoing
1	2	series treatments administered	2 concluded
9.5	19	total number of ECT treatments administered	0 stopped
<u>Other reportable psychiatric therapies required under Texas Health and Safety Code, Chapter 578</u>			
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.

**FY03 Quarterly ECT Facility Summary
For Treatments Given September 1, 2002 to November 30, 2002**

Number of patients, reported quarterly, to have received ECT at Presbyterian Hospital of Dallas **3**

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
3 White	2 female	16	0	30	0	44	0	58	0	72	0	86	0
0 Black	1 male	17	0	31	0	45	0	59	0	73	0	87	0
0 Latin	3 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 Other		20	0	34	0	48	0	62	0	76	0	90	1
3 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	1	93	0
3	voluntary patient consenting	24	0	38	0	52	0	66	0	80	0	94	1
0	involuntary patient consenting	25	0	39	0	53	0	67	0	81	0	95	0
0	guardian consenting for patient	26	0	40	0	54	0	68	0	82	0	96	0
3 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	0	43	0	57	0	71	0	85	0	99	0
0	private 3rd party (insurer, HMO, etc)												3 reports reflected
3	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>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	2	1	0	0	n/a	0	3
2-4 weeks after ECT:	0	3	0	0	0	0	0	3
<u>Level of symptom severity present</u>								
before ECT	0	0	0	1	2	n/a	0	3
2-4 weeks after ECT:	2	1	0	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>
0.7	2	maintenance treatments administered	
0.2	0.667	average maintenance treatments per month	
3.3	10	series treatments planned	1 ongoing
3.3	10	series treatments administered	2 concluded
3.3	10	total number of ECT treatments administered	0 stopped
<u>Other reportable psychiatric therapies required under Texas Health and Safety Code, Chapter 578</u>			
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.

**FY03 Quarterly ECT Facility Summary
For Treatments Given September 1, 2002 to November 30, 2002**

Number of patients, reported quarterly, to have received ECT at San Jacinto Methodist Hospital, Baytown **5**

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
5 White	5 female	16	0	30	0	44	1	58	0	72	0	86	0
0 Black	0 male	17	0	31	0	45	2	59	0	73	0	87	0
0 Latin	5 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 Other		20	0	34	0	48	0	62	0	76	0	90	0
5 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
5	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	0	81	0	95	0
0	guardian consenting for patient	26	0	40	0	54	0	68	0	82	0	96	0
5 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	0	43	0	57	0	71	0	85	0	99	0
4	private 3rd party (insurer, HMO, etc)												5 reports reflected
0	public 3rd party (county, state, Medicaid, etc.)												
1	own/family funds												
0	other												
5 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*		

	<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	2	3	0	0	n/a	0	5
2-4 weeks after ECT:	2	1	1	0	1	0	0	5
<u>Level of symptom severity present</u>								
before ECT	0	0	4	1	0	n/a	0	5
2-4 weeks after ECT:	0	2	2	1	0	0	0	5

<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>	<u>Status of series treatments</u>
0	0	maintenance treatments administered	
0	0	average maintenance treatments per month	
13	64	series treatments planned	1 ongoing
6.6	33	series treatments administered	1 concluded
6.6	33	total number of ECT treatments administered	2 stopped
<u>Other reportable psychiatric therapies required under Texas Health and Safety Code, Chapter 578</u>			
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.

**FY03 Quarterly ECT Facility Summary
For Treatments Given September 1, 2002 to November 30, 2002**

Number of patients, reported quarterly, to have received ECT at Seton Shoal Creek Hospital, Austin **25**

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

	<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	3	16	5	1	0	n/a	0	25
2-4 weeks after ECT:	4	15	5	1	0	0	0	25
<u>Level of symptom severity present</u>								
before ECT	0	7	8	9	1	n/a	0	25
2-4 weeks after ECT:	1	18	5	1	0	0	0	25

<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>	<u>Status of series treatments</u>
2.9	73	maintenance treatments administered	
1	24.33	average maintenance treatments per month	
2.4	61	series treatments planned	2 ongoing
5.4	134	series treatments administered	22 concluded
5.4	134	total number of ECT treatments administered	0 stopped
<u>Other reportable psychiatric therapies required under Texas Health and Safety Code, Chapter 578</u>			
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.

**FY03 Quarterly ECT Facility Summary
For Treatments Given September 1, 2002 to November 30, 2002**

Number of patients, reported quarterly, to have received ECT at St. David's Pavilion, Austin **10**

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
10 White	10 female	16	0	30	0	44	0	58	0	72	1	86	1
0 Black	0 male	17	0	31	0	45	0	59	0	73	0	87	0
0 Latin	10 reports reflected	18	0	32	0	46	0	60	0	74	2	88	0
0 Asian		19	0	33	0	47	0	61	0	75	0	89	0
0 Other		20	0	34	0	48	0	62	0	76	0	90	0
10 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
<u>Hospital admission status</u>		23	0	37	0	51	0	65	0	79	0	93	0
8	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	0	81	1	95	0
2	guardian consenting for patient	26	0	40	0	54	0	68	1	82	0	96	0
10 reports reflected		27	0	41	0	55	0	69	0	83	2	97	0
		28	0	42	0	56	0	70	1	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)												
10	public 3rd party (county, state, Medicaid, etc.)												10 reports reflected
0	own/family funds												
0	other												
10 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>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	4	3	1	0	n/a	0	10
2-4 weeks after ECT:	2	6	2	0	0	0	0	10
<u>Level of symptom severity present</u>								
before ECT	0	0	0	6	4	n/a	0	10
2-4 weeks after ECT:	3	4	3	0	0	0	0	10

<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>	<u>Status of series treatments</u>
2.7	27	maintenance treatments administered	
0.9	9	average maintenance treatments per month	
3.4	34	series treatments planned	0 ongoing
2.9	29	series treatments administered	3 concluded
5.2	52	total number of ECT treatments administered	0 stopped
<u>Other reportable psychiatric therapies required under Texas Health and Safety Code, Chapter 578</u>			
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.

**FY03 Quarterly ECT Facility Summary
For Treatments Given September 1, 2002 to November 30, 2002**

Number of patients, reported quarterly, to have received ECT at St. Lukes Baptist Hospital, San Antonio **2**

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
1 White	2 female	16	0	30	0	44	0	58	0	72	0	86	0
0 Black	0 male	17	0	31	0	45	0	59	0	73	0	87	0
1 Latin	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 Other		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	1	92	0
Hospital admission status		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	0	83	0	97	0
		28	0	42	0	56	0	70	0	84	0	98	0
Primary source of payment for ECT		29	0	43	0	57	0	71	0	85	0	99	0
0	private 3rd party (insurer, HMO, etc)												2 reports reflected
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	0	reported memory loss
0	fracture	0	death
0	cardiac arrest	0	autopsy obtained*

	<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	1	0	1	n/a	0	2
2-4 weeks after ECT:	1	0	1	0	0	0	0	2
<u>Level of symptom severity present</u>								
before ECT	0	1	0	0	1	n/a	0	2
2-4 weeks after ECT:	1	0	1	0	0	0	0	2

<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>	<u>Status of series treatments</u>
0	0	maintenance treatments administered	
0	0	average maintenance treatments per month	
8.5	17	series treatments planned	0 ongoing
8.5	17	series treatments administered	2 concluded
8.5	17	total number of ECT treatments administered	0 stopped
<u>Other reportable psychiatric therapies required under Texas Health and Safety Code, Chapter 578</u>			
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.

**FY03 Quarterly ECT Facility Summary
For Treatments Given September 1, 2002 to November 30, 2002**

Number of patients, reported quarterly, to have received ECT at St. Paul Medical Center, Dallas **2**

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
2 White	2 female	16	0	30	0	44	0	58	1	72	0	86	0
0 Black	0 male	17	0	31	0	45	0	59	0	73	0	87	0
0 Latin	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 Other		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
Hospital admission status		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	1	53	0	67	0	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	0	83	0	97	0
		28	0	42	0	56	0	70	0	84	0	98	0
Primary source of payment for ECT		29	0	43	0	57	0	71	0	85	0	99	0
2 private 3rd party (insurer, HMO, etc)													2 reports reflected
0 public 3rd party (county, state, Medicaid, etc.)													
0 own/family funds													
0 other													
2 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*			

	<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	0	2	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	0	2	n/a	0	2
2-4 weeks after ECT:	2	0	0	0	0	0	0	2

<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>	<u>Status of series treatments</u>
0	0	maintenance treatments administered	
0	0	average maintenance treatments per month	
12	24	series treatments planned	0 ongoing
8	16	series treatments administered	2 concluded
8	16	total number of ECT treatments administered	0 stopped
<u>Other reportable psychiatric therapies required under Texas Health and Safety Code, Chapter 578</u>			
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.

**FY03 Quarterly ECT Facility Summary
For Treatments Given September 1, 2002 to November 30, 2002**

Number of patients, reported quarterly, to have received ECT at Terrell State Hospital, Terrell **13**

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
12 White	9 female	16	0	30	0	44	0	58	0	72	0	86	0
1 Black	4 male	17	0	31	0	45	0	59	0	73	0	87	0
0 Latin	13 reports reflected	18	0	32	0	46	0	60	1	74	0	88	0
0 Asian		19	0	33	0	47	1	61	0	75	0	89	0
0 Other		20	0	34	0	48	1	62	0	76	0	90	0
13 reports reflected		21	0	35	0	49	0	63	1	77	1	91	0
		22	0	36	0	50	2	64	0	78	0	92	0
<u>Hospital admission status</u>		23	0	37	0	51	0	65	0	79	0	93	0
9	voluntary patient consenting	24	0	38	1	52	0	66	0	80	0	94	0
2	involuntary patient consenting	25	0	39	1	53	0	67	1	81	0	95	0
2	guardian consenting for patient	26	0	40	0	54	0	68	1	82	0	96	0
13 reports reflected		27	1	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	0	43	1	57	0	71	0	85	0	99	0
0	private 3rd party (insurer, HMO, etc)												
13	public 3rd party (county, state, Medicaid, etc.)												13 reports reflected
0	own/family funds												
0	other												
13 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>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	9	0	0	0	n/a	0	13
2-4 weeks after ECT:	4	9	0	0	0	0	0	13
<u>Level of symptom severity present</u>								
before ECT	1	4	0	6	2	n/a	0	13
2-4 weeks after ECT:	2	10	1	0	0	0	0	13

<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>	<u>Status of series treatments</u>
2.8	37	maintenance treatments administered	
0.9	12.33	average maintenance treatments per month	
6.5	85	series treatments planned	5 ongoing
6.5	85	series treatments administered	8 concluded
6.5	85	total number of ECT treatments administered	0 stopped
<u>Other reportable psychiatric therapies required under Texas Health and Safety Code, Chapter 578</u>			
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.

**FY03 Quarterly ECT Facility Summary
For Treatments Given September 1, 2002 to November 30, 2002**

Number of patients, reported quarterly, to have received ECT at UT Medical Branch at Galveston 11

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
11 White	7 female	16	0	30	0	44	0	58	0	72	0	86	0
0 Black	4 male	17	0	31	1	45	0	59	0	73	0	87	0
0 Latin	11 reports reflected	18	0	32	0	46	0	60	2	74	0	88	0
0 Asian		19	0	33	0	47	0	61	0	75	0	89	0
0 Other		20	0	34	0	48	0	62	0	76	0	90	0
11 reports reflected		21	0	35	0	49	1	63	0	77	0	91	1
		22	0	36	0	50	0	64	0	78	0	92	0
Hospital admission status		23	0	37	0	51	1	65	0	79	0	93	0
9	voluntary patient consenting	24	0	38	0	52	0	66	0	80	0	94	0
1	involuntary patient consenting	25	0	39	0	53	0	67	1	81	0	95	0
1	guardian consenting for patient	26	0	40	1	54	0	68	0	82	0	96	0
11 reports reflected		27	0	41	1	55	0	69	0	83	0	97	0
		28	0	42	1	56	0	70	0	84	0	98	0
Primary source of payment for ECT		29	0	43	0	57	1	71	0	85	0	99	0
3	private 3rd party (insurer, HMO, etc)												
8	public 3rd party (county, state, Medicaid, etc.)												11 reports reflected
0	own/family funds												
0	other												
11 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*		

	<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	3	2	1	n/a	0	11
2-4 weeks after ECT:	5	6	0	0	0	0	0	11
<u>Level of symptom severity present</u>								
before ECT	0	0	0	4	7	n/a	0	11
2-4 weeks after ECT:	7	3	1	0	0	0	0	11

<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>	<u>Status of series treatments</u>
0.8	9	maintenance treatments administered	
0.3	3	average maintenance treatments per month	
13	145	series treatments planned	5 ongoing
7.1	78	series treatments administered	6 concluded
7.9	87	total number of ECT treatments administered	0 stopped
<u>Other reportable psychiatric therapies required under Texas Health and Safety Code, Chapter 578</u>			
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.

**FY03 Quarterly ECT Facility Summary
For Treatments Given September 1, 2002 to November 30, 2002**

Number of patients, reported quarterly, to have received ECT at Zale Lipshy University Hospital, Dallas **20**

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
19 White	12 female	16	0	30	0	44	0	58	0	72	0	86	0
1 Black	8 male	17	0	31	0	45	0	59	0	73	0	87	0
0 Latin	20 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	2	89	0
0 Other		20	0	34	0	48	1	62	0	76	1	90	0
20 reports reflected		21	0	35	0	49	0	63	0	77	1	91	0
		22	0	36	0	50	0	64	1	78	0	92	0
Hospital admission status		23	0	37	0	51	0	65	1	79	0	93	0
20	voluntary patient consenting	24	0	38	1	52	0	66	1	80	1	94	0
0	involuntary patient consenting	25	0	39	0	53	0	67	0	81	1	95	0
0	guardian consenting for patient	26	0	40	1	54	0	68	0	82	1	96	0
20 reports reflected		27	0	41	0	55	0	69	0	83	0	97	0
		28	0	42	0	56	0	70	1	84	0	98	1
Primary source of payment for ECT		29	0	43	1	57	0	71	2	85	0	99	0
3	private 3rd party (insurer, HMO, etc)												20 reports reflected
17	public 3rd party (county, state, Medicaid, etc.)												
0	own/family funds												
0	other												
20 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*		

	<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	16	2	0	0	n/a	0	20
2-4 weeks after ECT:	1	17	2	0	0	0	0	20
<u>Level of symptom severity present</u>								
before ECT	0	3	12	5	0	n/a	0	20
2-4 weeks after ECT:	0	13	6	1	0	0	0	20

<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>	<u>Status of series treatments</u>
3.8	76	maintenance treatments administered	
1.3	25.33	average maintenance treatments per month	
5.6	111	series treatments planned	1 ongoing
7.7	153	series treatments administered	11 concluded
7.8	156	total number of ECT treatments administered	0 stopped
<u>Other reportable psychiatric therapies required under Texas Health and Safety Code, Chapter 578</u>			
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.

ECT EQUIPMENT REGISTRATION HISTORY

(Active) Baylor All Saints Medical Centers

Payments Received

Address	1400 8th Avenue	Machine 1	Machine 2	Machine 3	1994	12/17/93, 09/13/94	\$100.00	
City/Zip	Fort Worth 76104				1995	06/08/98	\$100.00	
Phone	817-922-2022	Make	Somatic	Somatic	n/a	1996	03/01/96	\$100.00
Form By	Michael P. Gilmore	Model	DG	Thymatron D	n/a	1997	04/21/97	\$100.00
Title	Dir, Biomedical Eng	Acquired	1992	1992	n/a	1998	06/08/98	\$100.00
		Serial #	2240	2143	n/a	1999	07/19/99	\$100.00
First Use	7/17/1993	Registered	12/13/93	09/12/94	n/a	2000	01/30/01	\$100.00
Last Use	11/27/2003	Disposition	active	active	n/a	2001	01/30/01	\$100.00
Comments	Formerly All Saints Episcopal Hospital.				2002	4/25/02	\$100.00	
					2003		\$0.00	
					2004		\$0.00	
					Total		\$900.00	

(Active) Baylor/Richardson Medical Center

Payments Received

Address	401 W. Campbell Rd.	Machine 1	Machine 2	Machine 3	1994	12/27/93	\$50.00	
City/Zip	Richardson 75080				1995	02/10/97	\$50.00	
Phone	972-498-4975	Make	Mecta	Mecta	Mecta	1996	03/12/96	\$50.00
Form By	Maj-Britt Gazda	Model	SR1C	SR1	Spectrum	1997	03/22/99	\$50.00
Title	Program Director	Acquired	1988	1988	2001	1998	12/31/97	\$50.00
		Serial #	2314	2326	10635	1999	03/22/99	\$50.00
First Use	7/10/1993	Registered	12/27/93	12/31/97	10/15/01	2000	01/28/00	\$50.00
Last Use	12/20/2003	Disposition	active	n/a	active	2001	12/19/00,10/15/01	\$100.00
Comments	Machine 2 retired in 1999.				2002	01/07/02	\$100.00	
					2003	01/21/03	\$100.00	
					2004	01/23/04	\$100.00	
					Total		\$750.00	

(Active) Bellaire Medical Center

Payments Received

Address	5314 Dashwood	Machine 1	Machine 2	Machine 3	1994	10/22/93	\$50.00	
City/Zip	Houston 77081				1995	01/28/97	\$50.00	
Phone	713-512-1339	Make	Somatics	n/a	n/a	1996	03/12/96	\$50.00
Form By	Marlene Lee	Model	DG	n/a	n/a	1997	01/28/97	\$50.00
Title	Asst. Director	Acquired	1989	n/a	n/a	1998	02/19/98	\$50.00
		Serial #	2018	n/a	n/a	1999	06/01/99	\$50.00
First Use	7/25/1994	Registered	10/22/93	n/a	n/a	2000	n/a	\$0.00
Last Use	5/16/2003	Disposition	active	n/a	n/a	2001	n/a	\$0.00
Comments	No reports received 2000-2001.				2002	04/02/02	\$50.00	
					2003		\$0.00	
					2004		\$0.00	
					Total		\$350.00	

(Active) Christus Spohn Memorial Hospital

Payments Received

Address	2606 Hospital Blvd	Machine 1	Machine 2	Machine 3	1994	03/08/94	\$50.00	
City/Zip	Corpus Christi 78405				1995	03/20/95	\$50.00	
Phone	512-902-4292	Make	Mecta	Somatics	n/a	1996	01/19/96	\$50.00
Form By	Melanie Kasper, RN	Model	Model D	Thymatron	n/a	1997	01/28/97	\$50.00
Title	Manager II, OR/PACU	Acquired	1987	1996	n/a	1998	08/22/96	\$50.00
		Serial #	7412D	3007	n/a	1999	02/19/99	\$50.00
First Use	10/8/1993	Registered	03/08/94	08/22/96	n/a	2000	02/03/00	\$50.00
Last Use	9/24/2003	Disposition	n/a	active	n/a	2001	02/02/01	\$50.00
Comments	Machine 1 disposed of 8/96.				2002	02/08/02	\$50.00	
					2003	01/14/03	\$50.00	
					2004		\$0.00	
					Total		\$500.00	

ECT EQUIPMENT REGISTRATION HISTORY

(Active) Christus St. Joseph Hospital**Payments Received**

Address	1919 LaBranch	Machine 1	Machine 2	Machine 3	1994	02/21/97	\$50.00	
City/Zip	Houston 77002				1995	02/21/97	\$50.00	
Phone	713-756-5657	Make	Somatics	n/a	n/a	1996	09/13/96	\$50.00
Form By	Farida Jivan	Model	DG	n/a	n/a	1997	01/21/97	\$50.00
Title	Assoc. Dir. Recovery	Acquired	1993	n/a	n/a	1998	01/20/98	\$50.00
		Serial #	2392	n/a	n/a	1999	07/23/99	\$50.00
First Use	8/30/1993	Registered	09/13/96	n/a	n/a	2000	01/31/00	\$50.00
Last Use	8/29/2003	Disposition	active	n/a	n/a	2001	03/26/01	\$50.00
Comments	None.				2002		\$0.00	
					2003		\$0.00	
					2004		\$0.00	
						Total	\$400.00	

(Active) Covenant Medical Center Lakeside**Payments Received**

Address	4000 24th St	Machine 1	Machine 2	Machine 3	1994	10/05/93, 04/08/94	\$100.00	
City/Zip	Lubbock 79410				1995	10/24/94	\$100.00	
Phone	806-796-6000	Make	Somatics	Somatics	n/a	1996	01/19/96	\$100.00
Form By	L. Loper, RN BSN	Model	Thymatron D	Thymatron 1	n/a	1997	01/28/97	\$100.00
Title	ECT Coordinator	Acquired	1992	1986	n/a	1998	02/17/98	\$100.00
		Serial #	2228	001169	n/a	1999	03/12/99	\$100.00
First Use	10/8/1993	Registered	10/05/93	04/08/94	n/a	2000	01/10/01	\$100.00
Last Use	4/20/2003	Disposition	active	back-up	n/a	2001	01/10/01	\$100.00
Comments	Formerly St. Mary Plains Hospital.				2002	01/10/02	\$100.00	
					2003	12/30/02	\$100.00	
					2004	12/09/03	\$100.00	
						Total	\$1,100.00	

(Active) DePaul Center**Payments Received**

Address	301 Londonderry	Machine 1	Machine 2	Machine 3	1994	01/21/97	\$100.00	
City/Zip	Waco 76712				1995	10/27/94, 01/21/97	\$100.00	
Phone	817-776-5970	Make	Mecta	Mecta	Mecta	1996	03/12/96, 01/21/97	\$100.00
Form By	John Murry	Model	SR1C	SR1A	Spectrum	1997	01/21/97	\$100.00
Title	Bio-Med Tech	Acquired	1993	1985	2002	1998	12/02/97	\$100.00
		Serial #	3718	2095	200210792	1999	12/21/98	\$100.00
First Use	9/8/1993	Registered	10/27/94	10/27/94	12/31/03	2000	01/10/00	\$100.00
Last Use	12/18/2003	Disposition	back-up	n/a	active	2001	01/22/01	\$100.00
Comments	Machine 2 disposed of.				2002	01/10/02	\$100.00	
					2003	12/31/03	\$100.00	
					2004		\$0.00	
						Total	\$1,000.00	

(Active) Detar Regional Healthcare System**Payments Received**

Address	101 Medical Dr.	Machine 1	Machine 2	Machine 3	1994	02/22/94	\$50.00	
City/Zip	Victoria 77904				1995	04/03/95	\$100.00	
Phone	512-573-6100	Make	Hittman	Somatics	Somatics	1996	01/26/96	\$100.00
Form By	Melissa Coffey	Model	B24	Thymatron	Thymatron	1997	07/15/97	\$50.00
Title	RN, BSN	Acquired	1984	1989	1994	1998	12/02/97	\$50.00
		Serial #	323	1315	2686	1999	05/07/99	\$100.00
First Use	6/8/1993	Registered	02/22/94	04/03/95	12/02/97	2000	05/05/00	\$100.00
Last Use	5/28/2003	Disposition	n/a	storage	active	2001	01/22/01	\$50.00
Comments	Machine 1 disposed of 7/97. Formerly Victoria Regional Hospital.				2002	08/21/03	\$50.00	
					2003		\$0.00	
					2004		\$0.00	
						Total	\$650.00	

ECT EQUIPMENT REGISTRATION HISTORY

(Active) Green Oaks Behavioral Network

Payments Received

Address	POBox 515639	Machine 1	Machine 2	Machine 3	1994	12/17/93	\$50.00	
City/Zip	Dallas 75251				1995	10/11/94	\$50.00	
Phone	972-991-9504	Make	Mecta	Mecta	n/a	1996	07/22/96	\$50.00
Form By	Brian Montgomery	Model	5000Q	SR1	n/a	1997	05/08/97, 08/25/97	\$100.00
Title	RN	Acquired	1999	1988	n/a	1998	12/03/98	\$50.00
		Serial #	10318	3082	n/a	1999	03/17/99	\$50.00
First Use	9/15/1993	Registered	01/12/00	12/17/93	n/a	2000	01/12/00	\$50.00
Last Use	11/28/2003	Disposition	active	n/a	n/a	2001	12/27/00	\$50.00
Comments	Machine 2 inactive since 1999.					2002	12/20/01	\$50.00
						2003	01/17/03	\$50.00
						2004		\$0.00
						Total		\$550.00

(Active) Las Palmas Medical Center

Payments Received

Address	1801 Oregon	Machine 1	Machine 2	Machine 3	1994	10/25/93	\$50.00	
City/Zip	El Paso 79902				1995	09/20/94	\$50.00	
Phone	915-521-1178	Make	Mecta	Somatics	n/a	1996	06/13/96	\$50.00
Form By	Tess Servo, RN	Model	D	Thymatron	n/a	1997	02/24/97	\$50.00
Title	Nurse Manager	Acquired	1985	1997	n/a	1998	01/28/98	\$50.00
		Serial #	7525	3320	n/a	1999	04/29/99	\$50.00
First Use	9/3/1993	Registered	10/25/93	04/29/99	n/a	2000	12/21/99	\$50.00
Last Use	2/25/2003	Disposition	n/a	active	n/a	2001	02/14/01	\$50.00
Comments	Machine 1 disposed of 4/99. Formerly Columbia Medical Center West.					2002	10/23/01	\$50.00
						2003	11/5/02	\$50.00
						2004	01/21/04	\$50.00
						Total		\$550.00

(Active) McAllen Medical Center

Payments Received

Address	301 W. Expwy 83	Machine 1	Machine 2	Machine 3	1994	03/08/94	\$50.00	
City/Zip	McAllen 78503				1995	08/03/98	\$50.00	
Phone	210-632-4000	Make	Somatics	Hittman	Somatics	1996	08/03/98	\$50.00
Form By	Joe Rodriguez	Model	Thymatron D	B24 III	Thymatron	1997	02/03/97	\$50.00
Title	Director, MH Svcs.	Acquired	1993	unknown	2000	1998	02/23/98	\$50.00
		Serial #	2124	6021	40062	1999	02/05/99	\$50.00
First Use	2/2/1994	Registered	03/08/94	03/08/94	03/01/01	2000	02/08/00	\$50.00
Last Use	3/13/2003	Disposition	inactive	n/a	active	2001	03/01/01	\$100.00
Comments	Machine 2 disposed of in 1994, Machine 1 in storage.					2002	11/5/02	\$100.00
						2003		\$0.00
						2004		\$0.00
						Total		\$550.00

(Active) Memorial Hermann Baptist Hospital

Payments Received

Address	3250 Fannin Street	Machine 1	Machine 2	Machine 3	1994	07/15/94	\$50.00	
City/Zip	Beaumont 77701				1995	07/26/95	\$50.00	
Phone	409-654-2917	Make	Mecta	n/a	n/a	1996	01/23/97	\$50.00
Form By	Renee Wood, Adm.	Model	SR1	n/a	n/a	1997	01/15/97	\$50.00
Title	Psych Services	Acquired	1987	n/a	n/a	1998	02/23/98	\$50.00
		Serial #	3053	n/a	n/a	1999	02/22/99	\$50.00
First Use	9/18/1995	Registered	7/15/94	n/a	n/a	2000	12/22/99	\$50.00
Last Use	8/29/2003	Disposition	active	n/a	n/a	2001	01/28/02	\$50.00
Comments	Formerly Fannin Behavioral Health Center and Beaumont Medical & Surgical Hospital.					2002	01/28/02	\$50.00
						2003	07/18/03	\$50.00
						2004		\$0.00
						Total		\$500.00

ECT EQUIPMENT REGISTRATION HISTORY

(Active) Memorial Hospital Southwest

Payments Received

Address	7600 Beechnut	Machine 1	Machine 2	Machine 3	1994	12/29/93, 04/28/94	\$100.00	
City/Zip	Houston 77074				1995	03/29/95	\$100.00	
Phone	713-776-5070	Make	Medcraft	Somatics	n/a	1996	02/07/96	\$100.00
Form By	Mildred Jones	Model	B24-ECT	Thymatron D	n/a	1997	02/05/97	\$100.00
Title	RN	Acquired	1978	1992	n/a	1998	02/18/98	\$100.00
		Serial #	5231	2239	n/a	1999	01/19/99	\$100.00
First Use	7/20/1993	Registered	12/29/93	04/28/94	n/a	2000	03/12/01	\$50.00
Last Use	8/31/2001	Disposition	active	active	n/a	2001	03/12/01	\$50.00
Comments	Requested clarification from hospital regarding disposition of Machine 1.					2002	03/05/02	\$50.00
						2003		\$0.00
						2004		
						Total		

(Active) Methodist Specialty & Transplant Hospital

Payments Received

Address	8026 Floyd Curl Dr	Machine 1	Machine 2	Machine 3	1994	06/08/94	\$50.00	
City/Zip	San Antonio 78229				1995	03/20/95	\$50.00	
Phone	210-692-8110	Make	Somatics	Somatics	n/a	1996	08/13/97	\$50.00
Form By	Bill L. Steele	Model	Thymatron	Thymatron	n/a	1997	01/21/97	\$50.00
Title	Mental Health Svcs	Acquired	1994	1993	n/a	1998	01/20/98	\$50.00
		Serial #	2515	40617	n/a	1999	12/31/98	\$50.00
First Use	6/22/1994	Registered	06/08/94	12/31/03	n/a	2000	01/31/00	\$50.00
Last Use	6/11/2004	Disposition	active	active	n/a	2001	06/05/01, 06/16/01	\$60.00
Comments	Formerly San Antonio Community Hospital.					2002	12/21/01	\$50.00
						2003	01/13/03	\$50.00
						2004	12/31/03	\$100.00
						Total		\$610.00

(Active) Osteopathic Medical Center

Payments Received

Address	1000 Montgomery	Machine 1	Machine 2	Machine 3	1994	12/20/93, 05/05/94	\$100.00	
City/Zip	Fort Worth 76107				1995	10/24/94, 02/09/95	\$150.00	
Phone	817-731-4311	Make	Somatics	Somatics	Somatics	1996	01/09/96	\$100.00
Form By	Kathryn Stephan	Model	Thymatron D	Thymatron	Thymatron	1997	12/27/96	\$100.00
Title	Director, Psych Svcs	Acquired	1992	1979	1994	1998	12/30/97	\$100.00
		Serial #	2144	1009	2688	1999	01/04/99	\$100.00
First Use	9/22/1993	Registered	12/20/93	05/05/94	10/24/94	2000	12/28/99	\$100.00
Last Use	8/29/2003	Disposition	active	n/a	active	2001	01/23/01	\$100.00
Comments	Machine 2 disposed of in 1994.					2002	12/26/01	\$100.00
						2003	01/08/03	\$100.00
						2004		
						Total		

(Active) Presbyterian Hospital of Dallas

Payments Received

Address	8200 Walnut Hill Ln	Machine 1	Machine 2	Machine 3	1994	02/26/97	\$100.00	
City/Zip	Dallas 75231				1995	02/26/97	\$150.00	
Phone	214-345-6789	Make	Mecta	Mecta	Mecta	1996	03/27/96	\$150.00
Form By	Susan Mendoza, MSN	Model	824III	D	SR1	1997	02/05/97	\$150.00
Title	Nurse Manager	Acquired	1988	1984	1995	1998	01/20/98	\$150.00
		Serial #	7046	7113	3735	1999	03/05/99	\$150.00
First Use	11/16/1993	Registered	03/27/96	03/27/96	03/27/96	2000	02/04/00	\$150.00
Last Use	8/30/2003	Disposition	active	inactive	active	2001	01/03/01	\$150.00
Comments	Machine 2 retired, possibly destroyed 2002.					2002	01/22/02	\$100.00
						2003	01/21/03	\$100.00
						2004		\$0.00
						Total		\$1,350.00

ECT EQUIPMENT REGISTRATION HISTORY

(Active) San Jacinto Methodist Hospital

Payments Received

Address 4401 Garth Road	Machine 1	Machine 2	Machine 3	1994 12/31/93	\$50.00
City/Zip Baytown 77521-3				1995 03/20/95	\$50.00
Phone 281-420-8675	Make Mecta	Somatics	n/a	1996 07/12/96	\$50.00
Form By Lester Laskowski	Model JR1	Thymatron	n/a	1997 01/21/97	\$50.00
Title Supervisor, Biomed	Acquired 1987	2002	n/a	1998 11/12/97	\$50.00
	Serial # 3024	40358	n/a	1999 12/04/98	\$50.00
First Use 2/11/1994	Registered 12/31/93	10/7/02	n/a	2000 01/10/00	\$50.00
Last Use 8/15/2003	Disposition active	active	n/a	2001 04/12/01	\$50.00
				2002 10/07/02	\$50.00
Comments None.				2003 11/15/02	\$100.00
				2004	\$0.00
				Total	\$550.00

(Active) Scott & White Memorial Hospital

Payments Received

Address 2401 S. 31st St.	Machine 1	Machine 2	Machine 3	1994 04/18/94, 10/22/94	\$100.00
City/Zip Temple 76508				1995 03/20/95	\$50.00
Phone 817-774-3210	Make Mecta	Mecta	Mecta	1996 02/07/96	\$50.00
Form By Paul Hicks	Model C	SR1	5000	1997 12/27/00	\$50.00
Title MD	Acquired 1979	1994	2000	1998 02/09/98	\$50.00
	Serial # 3221	3855	10415	1999 02/25/99	\$50.00
First Use 9/7/1993	Registered 04/18/93	10/22/93	07/17/00	2000 07/17/00	\$100.00
Last Use 8/31/2003	Disposition n/a	inactive	active	2001 12/27/00	\$50.00
				2002 01/08/02	\$100.00
Comments Machine 3 new, but not being used yet.				2003	\$0.00
				2004	\$0.00
				Total	\$600.00

(Active) Seton Shoal Creek Hospital

Payments Received

Address 3501 Mills Ave	Machine 1	Machine 2	Machine 3	1994 02/17/94	\$100.00
City/Zip Austin 78731				1995 Corresp in file.	\$0.00
Phone 452-0361	Make Mecta	Medcraft	n/a	1996 01/19/96	\$100.00
Form By Mary Ann Dale	Model SR 1B	B24	n/a	1997 01/21/97	\$100.00
Title ECT Coordinator	Acquired 1989	1981	n/a	1998 02/02/98	\$100.00
	Serial # 2078	3375	n/a	1999 05/04/98	\$100.00
First Use 9/24/1993	Registered 02/17/94	02/17/94	n/a	2000 01/29/01	\$50.00
Last Use 12/20/2003	Disposition active	archived	n/a	2001 01/29/01	\$50.00
				2002 02/06/02	\$50.00
Comments Shoal Creek bought by Seton 5/1/98.				2003 06/18/03	\$50.00
				2004 01/23/04	\$50.00
				Total	\$750.00

(Active) St. David's Pavilion

Payments Received

Address P.O.Box 4280	Machine 1	Machine 2	Machine 3	1994 10/08/93	\$50.00
City/Zip Austin 78765				1995 09/19/94	\$50.00
Phone 476-7111	Make Mecta	Mecta	Mecta	1996 11/21/95	\$50.00
Form By Ruth Kidwell	Model SR1	SR1	Spectrum	1997 01/21/97	\$50.00
Title RN	Acquired 1989	1998	2003	1998 12/02/97	\$50.00
	Serial # 3293	2333	10933	1999 12/04/98	\$50.00
First Use 9/6/1993	Registered 10/8/93	1/6/00	12/15/02	2000 01/06/00	\$50.00
Last Use 11/28/2003	Disposition n/a	n/a	active	2001 01/09/01	\$50.00
				2002 12/14/01	\$50.00
Comments Machine 1 disposed of 1/00. Machine 2 disposed of 12/03.				2003 12/23/02	\$50.00
				2004 12/15/03	\$50.00
				Total	\$550.00

ECT EQUIPMENT REGISTRATION HISTORY

(Active) St. Lukes Baptist Hospital

Payments Received

Address	7930 Floyd Curl	Machine 1	Machine 2	Machine 3	1994	n/a	\$0.00
City/Zip	San Antonio 78229				1995	n/a	\$0.00
Phone	210-692-8780	Make	Somatics	Mecta	n/a	1996	08/22/96 \$50.00
Form By	Gus Belitzen	Model	Thymatron D	SR1	n/a	1997	01/28/97 \$50.00
Title	Nurse Manager	Acquired	1996	1997	n/a	1998	Reminder in file. \$0.00
		Serial #	3005	4491	n/a	1999	02/26/99 \$50.00
First Use	9/2/1996	Registered	08/22/96	02/26/99	n/a	2000	01/28/00 \$100.00
Last Use	3/26/2003	Disposition	active	active	n/a	2001	02/06/01 \$100.00
Comments	None.					2002	01/09/02 \$100.00
						2003	03/10/03 \$100.00
						2004	01/07/04 \$100.00
						Total	\$650.00

(Active) St. Paul Medical Center

Payments Received

Address	5909 Harry Hines	Machine 1	Machine 2	Machine 3	1994	05/27/94	\$100.00
City/Zip	Dallas 75235				1995	03/29/95	\$100.00
Phone	214-879-3080	Make	Mecta	Mecta	Mecta	1996	02/05/97 \$50.00
Form By	Fran Gilbert, RN	Model	D	SR1	Spectrum	1997	02/05/97 \$50.00
Title	Nurse Manager	Acquired	1984	1988	1998	1998	12/31/97, 10/12/98 \$100.00
		Serial #	7442	3078	10129	1999	01/05/99 \$100.00
First Use	3/24/1995	Registered	05/27/94	05/27/94	10/12/98	2000	12/21/99 \$100.00
Last Use	11/10/2003	Disposition	n/a	active	active	2001	12/27/00 \$100.00
Comments	Machine 1 disposed of in 1996.					2002	12/31/01 \$100.00
						2003	01/08/03 \$100.00
						2004	12/15/03 \$100.00
						Total	\$1,000.00

(Active) Terrell State Hospital

Payments Received

Address	P.O.Box 70	Machine 1	Machine 2	Machine 3	1994	See comments.	\$0.00
City/Zip	Terrell 75160				1995	02/08/95	\$50.00
Phone	972-551-8225	Make	Mecta	Somatics	Mecta	1996	06/12/95 \$50.00
Form By	Patti Tabraham	Model	SR1	Thymatron	Spectrum	1997	10/29/96 \$50.00
Title	Unit Administrator	Acquired	1991	2000	2002	1998	10/27/97 \$50.00
		Serial #	3428	40081	10782	1999	11/04/98 \$50.00
First Use	10/1/1993	Registered	02/10/95	11/10/00	02/28/03	2000	10/07/99 \$50.00
Last Use	11/26/2003	Disposition	n/a	active	back-up	2001	11/10/00 \$50.00
Comments	Initial fee not collected as facility is part of TDMHMR. Machine 1 disposed of 12/99.					2002	12/18/01 \$50.00
						2003	02/28/03 \$100.00
						2004	
						Total	

(Active) Texas West Oaks Hospital

Payments Received

Address	6500 Hornwood	Machine 1	Machine 2	Machine 3	1994	n/a	\$0.00
City/Zip	Houston 77074				1995	n/a	\$0.00
Phone	713-995-0909	Make	Mecta	Mecta	n/a	1996	04/04/96 \$50.00
Form By	Mei Leng Lee	Model	SR	Spectrum	n/a	1997	01/28/97 \$50.00
Title	RN	Acquired	1990	2001	n/a	1998	01/20/98 \$50.00
		Serial #	1081	10678	n/a	1999	01/20/99 \$50.00
First Use	4/12/1996	Registered	04/04/96	01/10/02	n/a	2000	01/10/00 \$50.00
Last Use	8/31/2003	Disposition	n/a	active	n/a	2001	01/10/01 \$50.00
Comments	Machine 1 will be disposed of January 2002.					2002	01/10/02 \$50.00
						2003	01/13/03 \$50.00
						2004	01/12/04 \$50.00
						Total	\$450.00

ECT EQUIPMENT REGISTRATION HISTORY

(Active) The Methodist Hospital

Payments Received

Address 6565 Fannin	Machine 1	Machine 2	Machine 3	1994 11/22/93, 04/19/94	\$100.00
City/Zip Houston 77030				1995 04/20/95	\$100.00
Phone 713-790-4775	Make Somatics	Somatics	n/a	1996 04/16/96	\$100.00
Form By Ginny Maripolsky	Model Thymatron D	Thymatron D	n/a	1997 01/15/97	\$100.00
Title Nurse Manager	Acquired 1994	1991	n/a	1998 11/03/97	\$100.00
	Serial # 2014	2343	n/a	1999 06/10/99	\$100.00
First Use 7/13/1993	Registered 11/22/93	04/19/94	n/a	2000 03/06/02	\$100.00
Last Use 8/29/2003	Disposition active	active	n/a	2001 03/06/02	\$100.00
Comments None.				2002 03/06/02	\$100.00
				2003	\$0.00
				2004	\$0.00
				Total	\$900.00

(Active) Trinity Springs Pavilion

Payments Received

Address 1500 Main	Machine 1	Machine 2	Machine 3	1994 10/15/93	\$50.00
City/Zip Fort Worth 76104				1995 02/26/96	\$100.00
Phone 817-927-3636	Make Somatics	Mecta	n/a	1996 05/17/96	\$50.00
Form By Robert Denney	Model Thymatron D	5002	n/a	1997 02/05/97	\$50.00
Title MD	Acquired 1991	2002	n/a	1998 02/26/98	\$50.00
	Serial # 2209	10800	n/a	1999 11/16/98	\$50.00
First Use 9/23/1993	Registered 10/15/93	7/7/03	n/a	2000 12/09/99	\$50.00
Last Use 10/24/2003	Disposition n/a	active	n/a	2001 01/11/01	\$50.00
Comments None.				2002 02/25/02	\$50.00
				2003 07/07/03	\$50.00
				2004 01/26/04	\$50.00
				Total	\$600.00

(Active) UT Medical Branch at Galveston

Payments Received

Address 301 University Blvd.	Machine 1	Machine 2	Machine 3	1994 05/23/94	\$100.00
City/Zip Galveston 77555-0				1995 01/10/95	\$100.00
Phone 409-772-2257	Make Mecta	Mecta	Mecta	1996 07/24/96	\$100.00
Form By Alan R. Felthous MD	Model SR1	SR1B	Spectrum	1997 12/20/96	\$100.00
Title Dir, Adult Division	Acquired 1992	1986	2000	1998 12/18/97	\$100.00
	Serial # 3661	2051	10301	1999 03/11/99	\$100.00
First Use 8/6/1993	Registered 05/23/94	05/23/94	8/7/02	2000 08/07/02	\$100.00
Last Use 11/15/2003	Disposition active	n/a	active	2001 08/07/02	\$100.00
Comments Machine 2 disposed of 1/00.				2002 08/07/02	\$100.00
				2003 01/22/03	\$100.00
				2004	\$0.00
				Total	\$1,000.00

(Active) Zale Lipshy University Hospital

Payments Received

Address 5151 Harry Hines	Machine 1	Machine 2	Machine 3	1994 12/31/93	\$50.00
City/Zip Dallas 75235				1995 04/12/95	\$50.00
Phone 214-590-3400	Make Mecta	Thymatron	n/a	1996 04/09/96	\$50.00
Form By Salomie DeVassy, RN	Model SR1C	DG	n/a	1997 01/08/97	\$50.00
Title Clin Mgr Psych Unit	Acquired 1989	1997	n/a	1998 12/02/97, 01/28/98	\$100.00
	Serial # 3248	3296	n/a	1999 01/08/99	\$100.00
First Use 6/11/1993	Registered 12/31/93	12/02/97	n/a	2000 04/28/00	\$100.00
Last Use 8/29/2003	Disposition	active	n/a	2001 01/29/01	\$100.00
Comments Machine 1 disposed of 10/03.				2002 12/27/01	\$100.00
				2003 01/06/03	\$100.00
				2004 12/31/03	\$50.00
				Total	\$850.00

ECT EQUIPMENT REGISTRATION HISTORY

(Inactive) Baptist Hospital

Payments Received

Address	3576 College @ 11th	Machine 1	Machine 2	Machine 3	1994	07/06/94	\$50.00
City/Zip	Beaumont 77701				1995	12/22/95	\$50.00
Phone	409-835-3781	Make	Mecta	Mecta	n/a	1996	n/a \$0.00
Form By	Sandy Batson, RN	Model	SR	SR2	n/a	1997	n/a \$0.00
Title	Administrator	Acquired	1986	1995	n/a	1998	n/a \$0.00
		Serial #	2191	4147	n/a	1999	n/a \$0.00
First Use	2/21/1994	Registered	07/06/94	12/22/95	n/a	2000	n/a \$0.00
Last Use	8/31/1995	Disposition	n/a	n/a	n/a	2001	n/a \$0.00
						2002	n/a \$0.00
Comments	No reports received since 8/95. Machine 1 disposed of 12/95.					2003	n/a \$0.00
						2004	n/a \$0.00
						Total	\$100.00

(Inactive) Bay Area Medical Center

Payments Received

Address	7101 S. Padre Island	Machine 1	Machine 2	Machine 3	1994	n/a	\$0.00
City/Zip	Corpus Christi 78412				1995	11/08/94	\$50.00
Phone	512-985-1200	Make	Mecta	n/a	n/a	1996	04/17/97 \$50.00
Form By	Kirk G. Wilson	Model	SR2	n/a	n/a	1997	n/a \$0.00
Title	CEO	Acquired	1994	n/a	n/a	1998	n/a \$0.00
		Serial #	3991	n/a	n/a	1999	n/a \$0.00
First Use	11/22/1994	Registered	11/08/94	n/a	n/a	2000	n/a \$0.00
Last Use	4/30/1996	Disposition	n/a	n/a	n/a	2001	n/a \$0.00
						2002	n/a \$0.00
Comments	No reports received since 4/96.					2003	n/a \$0.00
						2004	n/a \$0.00
						Total	\$100.00

(Inactive) BayCoast Medical Center

Payments Received

Address	1700 James Bowie Dr.	Machine 1	Machine 2	Machine 3	1994	10/13/93	\$50.00
City/Zip	Baytown 77520				1995	n/a	\$0.00
Phone	713-420-6100	Make	Mecta	n/a	n/a	1996	n/a \$0.00
Form By	David McKenney	Model	SR1	n/a	n/a	1997	n/a \$0.00
Title	Clin Equip Manager	Acquired	1989	n/a	n/a	1998	n/a \$0.00
		Serial #	3304SR-1C	n/a	n/a	1999	n/a \$0.00
First Use	7/23/1993	Registered	10/13/93	n/a	n/a	2000	n/a \$0.00
Last Use	11/30/1993	Disposition	n/a	n/a	n/a	2001	n/a \$0.00
						2002	n/a \$0.00
Comments	No reports received since 11/93.					2003	n/a \$0.00
						2004	n/a \$0.00
						Total	\$50.00

(Inactive) Baylor University Medical Ctr

Payments Received

Address	3500 Gaston Avenue	Machine 1	Machine 2	Machine 3	1994	11/04/93, 03/07/94	\$100.00
City/Zip	Dallas 75246				1995	n/a	\$0.00
Phone	214-820-3576	Make	Mecta	Mecta	n/a	1996	n/a \$0.00
Form By	Connie Bowling	Model	D	SR1	n/a	1997	n/a \$0.00
Title	Clinical Manager	Acquired	1983	1987	n/a	1998	n/a \$0.00
		Serial #	1212D	2326	n/a	1999	n/a \$0.00
First Use	2/4/1994	Registered	11/04/93	03/07/94	n/a	2000	n/a \$0.00
Last Use	12/30/1994	Disposition	n/a	n/a	n/a	2001	n/a \$0.00
						2002	n/a \$0.00
Comments	Hospital discontinued ECT 12/94; letter in file.					2003	n/a \$0.00
						2004	n/a \$0.00
						Total	\$100.00

ECT EQUIPMENT REGISTRATION HISTORY

(Inactive) Bayshore Medical Center

Payments Received

Address	4000 Spencer Highway	<u>Machine 1</u>	<u>Machine 2</u>	<u>Machine 3</u>	1994	02/09/94	\$50.00	
City/Zip	Pasadena 77504				1995	n/a	\$0.00	
Phone	713-944-6666	Make	Somatics	n/a	n/a	1996	n/a	\$0.00
Form By	Joseph W. Portwood	Model	Thymatron	n/a	n/a	1997	n/a	\$0.00
Title	Lazer Safety Officer	Acquired	1987	n/a	n/a	1998	n/a	\$0.00
		Serial #	1185	n/a	n/a	1999	n/a	\$0.00
First Use	12/3/1993	Registered	02/09/94	n/a	n/a	2000	n/a	\$0.00
Last Use	7/31/1994	Disposition	n/a	n/a	n/a	2001	n/a	\$0.00
						2002	n/a	\$0.00
Comments	Hospital discontinued ECT 7/94; letter in file.					2003	n/a	\$0.00
						2004	n/a	\$0.00
						Total	\$50.00	

(Inactive) Ben Taub Hospital

Payments Received

Address	1504 Taub Loop	<u>Machine 1</u>	<u>Machine 2</u>	<u>Machine 3</u>	1994	05/06/97	\$50.00	
City/Zip	Houston 77030				1995	05/06/97	\$50.00	
Phone	713-793-2000	Make	Thymatron	Hittman	n/a	1996	03/05/96	\$50.00
Form By	Jacqueline Bickham	Model	DG	B24	n/a	1997	05/06/97	\$50.00
Title	MD	Acquired	1992	1989	n/a	1998	02/11/98	\$50.00
		Serial #	2345	unknown	n/a	1999	07/05/99	\$50.00
First Use	3/15/1994	Registered	03/05/96	03/05/96	n/a	2000	n/a	\$0.00
Last Use	6/10/1998	Disposition	n/a	n/a	n/a	2001	01/12/01	\$50.00
						2002	n/a	\$0.00
Comments	No reports received since 6/98.					2003	n/a	\$0.00
						2004	n/a	\$0.00
						Total	\$350.00	

(Inactive) Brazosport Memorial Hospital

Payments Received

Address	100 Medical Drive	<u>Machine 1</u>	<u>Machine 2</u>	<u>Machine 3</u>	1994	01/25/94	\$50.00	
City/Zip	Lake Johnson 77566				1995	03/20/95	\$50.00	
Phone	409-297-4411	Make	Somatics	n/a	n/a	1996	02/27/96	\$50.00
Form By	Pamela Medley	Model	Thymatron D	n/a	n/a	1997	01/15/97	\$50.00
Title	Care Manager	Acquired	1991	n/a	n/a	1998	02/02/98	\$50.00
		Serial #	2140	n/a	n/a	1999	01/20/99	\$50.00
First Use	3/25/1994	Registered	01/25/94	n/a	n/a	2000	n/a	\$0.00
Last Use	12/22/1998	Disposition	n/a	n/a	n/a	2001	n/a	\$0.00
						2002	n/a	\$0.00
Comments	No reports 5/95 to 4/98.					2003	n/a	\$0.00
						2004	n/a	\$0.00
						Total	\$300.00	

(Inactive) Charter Hospital of Dallas

Payments Received

Address	6800 Preston	<u>Machine 1</u>	<u>Machine 2</u>	<u>Machine 3</u>	1994	11/29/93	\$50.00	
City/Zip	Plano 75024				1995	n/a	\$0.00	
Phone	214-618-3939	Make	Mecta	n/a	n/a	1996	04/09/96	\$50.00
Form By	Paul Stenson	Model	SR	n/a	n/a	1997	n/a	\$0.00
Title	Director of Nursing	Acquired	1988	n/a	n/a	1998	n/a	\$0.00
		Serial #	2367	n/a	n/a	1999	n/a	\$0.00
First Use	9/17/1993	Registered	11/29/93	n/a	n/a	2000	n/a	\$0.00
Last Use	11/30/1996	Disposition	n/a	n/a	n/a	2001	n/a	\$0.00
						2002	n/a	\$0.00
Comments	Hospital discontinued ECT 11/96; letter in file.					2003	n/a	\$0.00
						2004	n/a	\$0.00
						Total	\$100.00	

ECT EQUIPMENT REGISTRATION HISTORY

(Inactive) Charter Real Hospital

Payments Received

Address	8550 Huebner	Machine 1	Machine 2	Machine 3	1994	09/30/93	\$50.00	
City/Zip	San Antonio 78240				1995	06/20/95	\$50.00	
Phone	210-699-8585	Make	Mecta	n/a	n/a	1996	06/04/96	\$50.00
Form By	Pam Kniffin	Model	SR1	n/a	n/a	1997	01/15/97	\$50.00
Title	QA Director	Acquired	1995	n/a	n/a	1998	n/a	\$0.00
		Serial #	4065	n/a	n/a	1999	n/a	\$0.00
First Use	7/2/1993	Registered	09/30/93	n/a	n/a	2000	n/a	\$0.00
Last Use	8/15/1997	Disposition	n/a	n/a	n/a	2001	n/a	\$0.00
Comments	Hospital discontinued ECT 8/15/97; letter in file.				2002	n/a	\$0.00	
					2003	n/a	\$0.00	
					2004	n/a	\$0.00	
					Total		\$200.00	

(Inactive) Covenant Behavioral Health

Payments Received

Address	8550 Huebner	Machine 1	Machine 2	Machine 3	1994	12/20/93, 04/28/94	\$100.00	
City/Zip	San Antonio 78240				1995	11/10/94	\$100.00	
Phone	210-699-8585	Make	Somatics	Somatics	n/a	1996	04/01/96	\$100.00
Form By	Roberta Rostellini	Model	Thymatron	Thymatron	n/a	1997	02/02/97	\$100.00
Title	RN	Acquired	1997	1987	n/a	1998	08/25/97	\$50.00
		Serial #	3202	1096	n/a	1999	02/04/99	\$100.00
First Use	8/11/1993	Registered	12/20/93	04/28/94	n/a	2000	12/13/99	\$50.00
Last Use	8/30/2000	Disposition	n/a	n/a	n/a	2001	n/a	\$0.00
Comments	Formerly Villa Rosa Hospital. Machine 2 disposed of 8/97. No reports received since 8/00.				2002	n/a	\$0.00	
					2003	n/a	\$0.00	
					2004	n/a	\$0.00	
					Total		\$600.00	

(Inactive) Doctors Hospital of Dallas

Payments Received

Address	9440 Poppy Drive	Machine 1	Machine 2	Machine 3	1994	05/22/97	\$50.00	
City/Zip	Dallas 75218				1995	01/05/95	\$50.00	
Phone	214-324-6340	Make	Mecta	n/a	n/a	1996	05/22/97	\$50.00
Form By	Rebecca Johnson, RN	Model	SR	n/a	n/a	1997	02/10/97	\$50.00
Title	Chief Nursing Officer	Acquired	1987	n/a	n/a	1998	03/09/98	\$50.00
		Serial #	2268	n/a	n/a	1999	03/08/99	\$50.00
First Use	11/1/1993	Registered	01/05/95	n/a	n/a	2000	n/a	\$0.00
Last Use	3/10/1999	Disposition	n/a	n/a	n/a	2001	n/a	\$0.00
Comments	No reports received since 3/99.				2002	n/a	\$0.00	
					2003	n/a	\$0.00	
					2004	n/a	\$0.00	
					Total		\$300.00	

(Inactive) Doctors Hospital, Groves

Payments Received

Address	5500 39th Street	Machine 1	Machine 2	Machine 3	1994	n/a	\$0.00	
City/Zip	Groves 77619				1995	n/a	\$0.00	
Phone	409-963-5150	Make	Somatics	n/a	n/a	1996	11/10/95	\$50.00
Form By	Diane Joubert, RN	Model	DGI	n/a	n/a	1997	11/14/96	\$50.00
Title	Clin Dir Surgery	Acquired	1995	n/a	n/a	1998	n/a	\$0.00
		Serial #	2827	n/a	n/a	1999	n/a	\$0.00
First Use	7/1/1996	Registered	11/10/95	n/a	n/a	2000	n/a	\$0.00
Last Use	3/31/1997	Disposition	n/a	n/a	n/a	2001	n/a	\$0.00
Comments	No reports received since 3/97.				2002	n/a	\$0.00	
					2003	n/a	\$0.00	
					2004	n/a	\$0.00	
					Total		\$100.00	

ECT EQUIPMENT REGISTRATION HISTORY

(Inactive) El Paso Psychiatric Center

Payments Received

Address	4615 Alameda	Machine 1	Machine 2	Machine 3	1994	n/a	\$0.00	
City/Zip	El Paso 79905				1995	n/a	\$0.00	
Phone	915-534-5352	Make	Mecta	n/a	n/a	1996	n/a	\$0.00
Form By	H.G. Whittington	Model	SR1	n/a	n/a	1997	12/13/96	\$50.00
Title	MD	Acquired	1996	n/a	n/a	1998	n/a	\$0.00
		Serial #	4311	n/a	n/a	1999	n/a	\$0.00
First Use		Registered	12/13/96	n/a	n/a	2000	n/a	\$0.00
Last Use		Disposition	n/a	n/a	n/a	2001	n/a	\$0.00
Comments	No use reported.				2002	n/a	\$0.00	
					2003	n/a	\$0.00	
					2004	n/a	\$0.00	
					Total		\$50.00	

(Inactive) Good Shepherd Medical Center

Payments Received

Address	700 E. Marshall Ave.	Machine 1	Machine 2	Machine 3	1994	n/a	\$0.00	
City/Zip	Longview 75601				1995	09/29/95	\$50.00	
Phone	903-236-2000	Make	Mecta	n/a	n/a	1996	01/17/96	\$50.00
Form By	Kathy Bratz	Model	D	n/a	n/a	1997	01/15/97	\$50.00
Title	Charge Nurse	Acquired	1985	n/a	n/a	1998	02/23/98	\$50.00
		Serial #	7005B	n/a	n/a	1999	02/11/99	\$50.00
First Use	1/17/1995	Registered	09/29/95	n/a	n/a	2000	02/22/00	\$50.00
Last Use	11/15/1999	Disposition	n/a	n/a	n/a	2001	02/05/01	\$50.00
Comments	No reports received since 11/99.				2002	n/a	\$0.00	
					2003	n/a	\$0.00	
					2004	n/a	\$0.00	
					Total		\$350.00	

(Inactive) Gulf Coast Medical Center

Payments Received

Address	1400 Hwy 59	Machine 1	Machine 2	Machine 3	1994	02/02/94	\$50.00	
City/Zip	Wharton 77488				1995	n/a	\$0.00	
Phone	409-532-2500	Make	Elcott	n/a	n/a	1996	n/a	\$0.00
Form By	Joy Fairley	Model	MF1000	n/a	n/a	1997	n/a	\$0.00
Title	Director, Psych Unit	Acquired	1990	n/a	n/a	1998	n/a	\$0.00
		Serial #	1045	n/a	n/a	1999	n/a	\$0.00
First Use		Registered	02/24/94	n/a	n/a	2000	n/a	\$0.00
Last Use		Disposition	n/a	n/a	n/a	2001	n/a	\$0.00
Comments	No use reported.				2002	n/a	\$0.00	
					2003	n/a	\$0.00	
					2004	n/a	\$0.00	
					Total		\$50.00	

(Inactive) Haven Hospital

Payments Received

Address	800 Kirmwood Drive	Machine 1	Machine 2	Machine 3	1994	02/26/97	\$50.00	
City/Zip	DeSoto 75115				1995	n/a	\$0.00	
Phone	214-709-3700	Make	Mecta	n/a	n/a	1996	n/a	\$0.00
Form By	None	Model	SR1	n/a	n/a	1997	n/a	\$0.00
Title	None	Acquired	unknown	n/a	n/a	1998	n/a	\$0.00
		Serial #	unknown	n/a	n/a	1999	n/a	\$0.00
First Use	9/24/1993	Registered	not	n/a	n/a	2000	n/a	\$0.00
Last Use	11/30/1994	Disposition	n/a	n/a	n/a	2001	n/a	\$0.00
Comments	No reports received since 11/94.				2002	n/a	\$0.00	
					2003	n/a	\$0.00	
					2004	n/a	\$0.00	
					Total		\$50.00	

ECT EQUIPMENT REGISTRATION HISTORY

(Inactive) HCA Medical Center

Payments Received

Address	8081 Greenbriar	Machine 1	Machine 2	Machine 3	1994	11/04/93	\$50.00	
City/Zip	Houston 66054				1995	11/21/94	\$50.00	
Phone	713-790-8100	Make	Mecta	n/a	n/a	1996	n/a	\$0.00
Form By	Pam Pruitt	Model	SR	n/a	n/a	1997	n/a	\$0.00
Title	Nurse Manager	Acquired	1992	n/a	n/a	1998	n/a	\$0.00
		Serial #	2394	n/a	n/a	1999	n/a	\$0.00
First Use	1/21/1994	Registered	11/04/93	n/a	n/a	2000	n/a	\$0.00
Last Use	8/31/1995	Disposition	n/a	n/a	n/a	2001	n/a	\$0.00
Comments	Hospital closed 8/95; letter in file.				2002	n/a	\$0.00	
					2003	n/a	\$0.00	
					2004	n/a	\$0.00	
					Total		\$100.00	

(Inactive) Heights Hospital

Payments Received

Address	1917 Ashland	Machine 1	Machine 2	Machine 3	1994	01/07/94	\$50.00	
City/Zip	Houston 77008				1995	n/a	\$0.00	
Phone	713-861-6161	Make	Mecta	n/a	n/a	1996	n/a	\$0.00
Form By	Mary Ann Saunders	Model	JR1	n/a	n/a	1997	n/a	\$0.00
Title	RN, MSN	Acquired	1991	n/a	n/a	1998	n/a	\$0.00
		Serial #	3473JR-1C	n/a	n/a	1999	n/a	\$0.00
First Use	10/13/1993	Registered	01/07/94	n/a	n/a	2000	n/a	\$0.00
Last Use	8/31/1994	Disposition	n/a	n/a	n/a	2001	n/a	\$0.00
Comments	Hospital closed 8/94; letter in file.				2002	n/a	\$0.00	
					2003	n/a	\$0.00	
					2004	n/a	\$0.00	
					Total		\$50.00	

(Inactive) Huguley Memorial Medical Center

Payments Received

Address	POBox 6337	Machine 1	Machine 2	Machine 3	1994	n/a	\$0.00	
City/Zip	Fort Worth 76115				1995	09/29/94	\$50.00	
Phone	817-568-3336	Make	Somatics	n/a	n/a	1996	09/04/96	\$50.00
Form By	Linda Francis	Model	Thymatron D	n/a	n/a	1997	01/28/97	\$50.00
Title	RN	Acquired	1994	n/a	n/a	1998	02/10/98	\$50.00
		Serial #	2628	n/a	n/a	1999	06/01/99	\$50.00
First Use	10/7/1994	Registered	09/29/94	n/a	n/a	2000	03/28/00	\$50.00
Last Use	11/1/2000	Disposition	active	n/a	n/a	2001	01/31/01	\$50.00
Comments	No reports received since 11/00.				2002	n/a	\$0.00	
					2003	n/a	\$0.00	
					2004	n/a	\$0.00	
					Total		\$350.00	

(Inactive) Intracare Medical Center

Payments Received

Address	7601 Fannin	Machine 1	Machine 2	Machine 3	1994	n/a	\$0.00	
City/Zip	Houston 77054				1995	09/14/95	\$50.00	
Phone	713-790-0949	Make	Thymatron	n/a	n/a	1996	04/10/96	\$50.00
Form By	James T. Muska	Model	DG	n/a	n/a	1997	n/a	\$0.00
Title	Administrator	Acquired	1995	n/a	n/a	1998	n/a	\$0.00
		Serial #	2826	n/a	n/a	1999	n/a	\$0.00
First Use	9/20/1995	Registered	09/14/95	n/a	n/a	2000	n/a	\$0.00
Last Use	2/14/1996	Disposition	n/a	n/a	n/a	2001	n/a	\$0.00
Comments	Hospital discontinued ECT 2/14/96; letter in file.				2002	n/a	\$0.00	
					2003	n/a	\$0.00	
					2004	n/a	\$0.00	
					Total		\$100.00	

ECT EQUIPMENT REGISTRATION HISTORY

(Inactive) Laurel Ridge Hospital

Payments Received

Address 17720 Corp. Woods
City/Zip San Antonio 78259-3
Phone 210-491-9400
Form By Allan Cross
Title CEO
First Use 4/1/1994
Last Use 12/31/1997

Machine 1
Machine 2
Machine 3

Make Mecta n/a n/a
Model SR1 n/a n/a
Acquired 1991 n/a n/a
Serial # 3633 n/a n/a
Registered 05/16/94 n/a n/a
Disposition n/a n/a n/a

1994 05/16/94 \$50.00
1995 04/12/95 \$50.00
1996 11/14/96 \$50.00
1997 02/03/97 \$50.00
1998 02/19/98 \$50.00
1999 n/a \$0.00
2000 n/a \$0.00
2001 n/a \$0.00
2002 n/a \$0.00
2003 n/a \$0.00
2004 n/a \$0.00

Comments No reports received since 2/98.

Total \$250.00

(Inactive) Pavilion Hospital

Payments Received

Address 1501 S. Coulter
City/Zip Amarillo 79175
Phone 806-354-1800
Form By Sharon Prien
Title RN, BSN
First Use 6/2/1993
Last Use 5/31/1997

Machine 1
Machine 2
Machine 3

Make Thymatron Thymatron n/a
Model I DG n/a
Acquired 1984 1995 n/a
Serial # 001238 2686 n/a
Registered 12/01/93 07/22/96 n/a
Disposition n/a n/a n/a

1994 12/01/93 \$50.00
1995 09/07/94, 01/10/95 \$100.00
1996 07/22/96 \$100.00
1997 01/21/97 \$100.00
1998 n/a \$0.00
1999 n/a \$0.00
2000 n/a \$0.00
2001 n/a \$0.00
2002 n/a \$0.00
2003 n/a \$0.00
2004 n/a \$0.00

Comments Hospital discontinued ECT 5/97; letter in file.

Total \$350.00

(Inactive) Physicians & Surgeons Hospital

Payments Received

Address 1802 W. Wall
City/Zip Midland 79701
Phone 915-682-0652
Form By Juan Garcia, MD
Title Physician
First Use 2/8/1994
Last Use 6/30/1995

Machine 1
Machine 2
Machine 3

Make Thymatron n/a n/a
Model DG n/a n/a
Acquired unknown n/a n/a
Serial # unknown n/a n/a
Registered not n/a n/a
Disposition n/a n/a n/a

1994 See comments. \$0.00
1995 See comments. \$0.00
1996 n/a \$0.00
1997 n/a \$0.00
1998 n/a \$0.00
1999 n/a \$0.00
2000 n/a \$0.00
2001 n/a \$0.00
2002 n/a \$0.00
2003 n/a \$0.00
2004 n/a \$0.00

Comments No ECTs done since 6/95; letter from physician in file.

Total \$0.00

(Inactive) Plaza Medical Center

Payments Received

Address 900 8th Avenue
City/Zip Fort Worth 76104
Phone 817-281-6775
Form By Oralee Zidek
Title RN
First Use 10/20/1993
Last Use 2/28/1997

Machine 1
Machine 2
Machine 3

Make Somatics n/a n/a
Model Thymatron n/a n/a
Acquired 1990 n/a n/a
Serial # 2091 n/a n/a
Registered 01/25/94 n/a n/a
Disposition n/a n/a n/a

1994 01/25/94 \$50.00
1995 05/18/95 \$50.00
1996 04/09/96 \$50.00
1997 01/28/97 \$50.00
1998 n/a \$0.00
1999 n/a \$0.00
2000 n/a \$0.00
2001 n/a \$0.00
2002 n/a \$0.00
2003 n/a \$0.00
2004 n/a \$0.00

Comments Formerly St. Joseph; discontinued ECT 2/97, letter in file.

Total \$200.00

ECT EQUIPMENT REGISTRATION HISTORY

(Inactive) Presbyterian Hospital Plano

Payments Received

Address	5200 W. Parker Rd.	<u>Machine 1</u>	<u>Machine 2</u>	<u>Machine 3</u>	1994	02/08/94	\$50.00	
City/Zip	Plano 75093				1995	n/a	\$0.00	
Phone	214-608-8000	Make	Mecta	n/a	n/a	1996	n/a	\$0.00
Form By	Kent Heath	Model	SR1	n/a	n/a	1997	n/a	\$0.00
Title	Assistant Director	Acquired	1994	n/a	n/a	1998	n/a	\$0.00
		Serial #	3735-SR1C	n/a	n/a	1999	n/a	\$0.00
First Use	2/14/1994	Registered	02/08/94	n/a	n/a	2000	n/a	\$0.00
Last Use	12/31/1994	Disposition	n/a	n/a	n/a	2001	n/a	\$0.00
						2002	n/a	\$0.00
Comments	No reports received since 12/94.					2003	n/a	\$0.00
						2004	n/a	\$0.00
						Total	\$50.00	

(Inactive) Providence Memorial

Payments Received

Address	2001 N. Oregon	<u>Machine 1</u>	<u>Machine 2</u>	<u>Machine 3</u>	1994	02/07/94	\$50.00	
City/Zip	El Paso 79902				1995	05/18/95	\$50.00	
Phone	915-577-6011	Make	Mecta	n/a	n/a	1996	n/a	\$0.00
Form By	Ellen Sand	Model	SR1	n/a	n/a	1997	n/a	\$0.00
Title	RN	Acquired	1993	n/a	n/a	1998	n/a	\$0.00
		Serial #	3009	n/a	n/a	1999	n/a	\$0.00
First Use	3/29/1995	Registered	02/02/94	n/a	n/a	2000	n/a	\$0.00
Last Use	6/30/1995	Disposition	n/a	n/a	n/a	2001	n/a	\$0.00
						2002	n/a	\$0.00
Comments	No reports received since 6/95.					2003	n/a	\$0.00
						2004	n/a	\$0.00
						Total	\$100.00	

(Inactive) Red River Medical Center

Payments Received

Address	1505 Eighth St.	<u>Machine 1</u>	<u>Machine 2</u>	<u>Machine 3</u>	1994	01/10/94	\$50.00	
City/Zip	Wichita Falls 76301				1995	12/09/94	\$50.00	
Phone	817-322-3171	Make	Mecta	n/a	n/a	1996	01/12/96	\$50.00
Form By	Ricky Powell	Model	SR	n/a	n/a	1997	12/18/96	\$50.00
Title	Administrator	Acquired	1986	n/a	n/a	1998	n/a	\$0.00
		Serial #	2090SR-1B	n/a	n/a	1999	n/a	\$0.00
First Use	11/3/1993	Registered	01/10/94	n/a	n/a	2000	n/a	\$0.00
Last Use	3/28/1997	Disposition	n/a	n/a	n/a	2001	n/a	\$0.00
						2002	n/a	\$0.00
Comments	Hospital discontinued ECT 3/97; letter in file.					2003	n/a	\$0.00
						2004	n/a	\$0.00
						Total	\$200.00	

(Inactive) Rose Street Clinic

Payments Received

Address	1808 Rose Street	<u>Machine 1</u>	<u>Machine 2</u>	<u>Machine 3</u>	1994	n/a	\$0.00	
City/Zip	Wichita Falls 76301				1995	n/a	\$0.00	
Phone	817-723-4488	Make	Mecta	n/a	n/a	1996	n/a	\$0.00
Form By	Harvey C. Martin	Model	SR	n/a	n/a	1997	03/26/97	\$50.00
Title	MD	Acquired	1986	n/a	n/a	1998	n/a	\$0.00
		Serial #	2090	n/a	n/a	1999	n/a	\$0.00
First Use		Registered	03/26/97	n/a	n/a	2000	n/a	\$0.00
Last Use		Disposition	n/a	n/a	n/a	2001	n/a	\$0.00
						2002	n/a	\$0.00
Comments	Clinic to open in April 1997; no reports received.					2003	n/a	\$0.00
						2004	n/a	\$0.00
						Total	\$50.00	

ECT EQUIPMENT REGISTRATION HISTORY

(Inactive) Rosewood Medical Center

Payments Received

Address	9200 Westheimer	Machine 1	Machine 2	Machine 3	1994	12/03/93	\$50.00	
City/Zip	Houston 77063				1995	03/10/97	\$50.00	
Phone	713-780-7900	Make	Medcraft	n/a	n/a	1996	03/10/97	\$50.00
Form By	Sharon McDonough	Model	B24 ECT	n/a	n/a	1997	03/10/97	\$50.00
Title	VP Patient Services	Acquired	1987	n/a	n/a	1998	02/23/98	\$50.00
First Use	9/10/1993	Serial #	7051	n/a	n/a	1999	n/a	\$0.00
Last Use	2/13/1998	Registered	12/03/93	n/a	n/a	2000	n/a	\$0.00
Comments	No reports received 6/95 to 9/96.	Disposition	n/a	n/a	n/a	2001	n/a	\$0.00
					2002	n/a	\$0.00	
					2003	n/a	\$0.00	
					2004	n/a	\$0.00	
					Total		\$250.00	

(Inactive) Shannon Medical Center

Payments Received

Address	120 East Harris	Machine 1	Machine 2	Machine 3	1994	n/a	\$0.00	
City/Zip	San Angelo 76903				1995	n/a	\$0.00	
Phone	915-657-5369	Make	Mecta	n.a	n/a	1996	n/a	\$0.00
Form By	John Haydn	Model	Spectrum	n/a	n/a	1997	n/a	\$0.00
Title	PACU Manager	Acquired	1999	n/a	n/a	1998	n/a	\$0.00
First Use	5/5/1999	Serial #	10240	n/a	n/a	1999	04/13/99	\$50.00
Last Use	3/6/2000	Registered	04/13/99	n/a	n/a	2000	08/21/00	\$50.00
Comments	Machine 1 acquired used (new in 1986). No reports received since 3/00.	Disposition	n/a	n/a	n/a	2001	01/29/01	\$50.00
					2002	n/a	\$0.00	
					2003	n/a	\$0.00	
					2004	n/a	\$0.00	
					Total		\$150.00	

(Inactive) Spring Shadows Glen

Payments Received

Address	POBox 19173	Machine 1	Machine 2	Machine 3	1994	12/14/93	\$50.00	
City/Zip	Houston 77224				1995	Reminder in file.	\$0.00	
Phone	713-462-4000	Make	Somatics	n/a	n/a	1996	n/a	\$0.00
Form By	Elaine Evans	Model	Thymatron D	n/a	n/a	1997	n/a	\$0.00
Title	RN	Acquired	1989	n/a	n/a	1998	n/a	\$0.00
First Use	11/8/1993	Serial #	2029	n/a	n/a	1999	n/a	\$0.00
Last Use	3/31/1995	Registered	12/14/93	n/a	n/a	2000	n/a	\$0.00
Comments	No reports received since 3/95.	Disposition	n/a	n/a	n/a	2001	n/a	\$0.00
					2002	n/a	\$0.00	
					2003	n/a	\$0.00	
					2004	n/a	\$0.00	
					Total		\$50.00	

(Inactive) St. Mary Hospital Galveston

Payments Received

Address	404 St. Mary's Blvd	Machine 1	Machine 2	Machine 3	1994	n/a	\$0.00	
City/Zip	Galveston 77550				1995	n/a	\$0.00	
Phone	409-763-5301	Make	Mecta	n/a	n/a	1996	n/a	\$0.00
Form By	None	Model	SR2	n/a	n/a	1997	n/a	\$0.00
Title	None	Acquired	unknown	n/a	n/a	1998	n/a	\$0.00
First Use	9/1/1993	Serial #	unknown	n/a	n/a	1999	n/a	\$0.00
Last Use	1/28/1994	Registered	not	n/a	n/a	2000	n/a	\$0.00
Comments	No report received since 1/94.	Disposition	n/a	n/a	n/a	2001	n/a	\$0.00
					2002	n/a	\$0.00	
					2003	n/a	\$0.00	
					2004	n/a	\$0.00	
					Total		\$0.00	

ECT EQUIPMENT REGISTRATION HISTORY

(Inactive) St. Mary Hospital Port Arthur

Payments Received

Address	3600 Gates Blvd.	Machine 1	Machine 2	Machine 3	1994	01/04/94	\$50.00	
City/Zip	Port Arthur 77642				1995	02/18/97	\$50.00	
Phone	409-989-5400	Make	Somatics	n/a	n/a	1996	07/17/96	\$50.00
Form By	Gerald Duhon	Model	Thymatron D	n/a	n/a	1997	01/21/97	\$50.00
Title	RN	Acquired	1992	n/a	n/a	1998	01/05/98	\$50.00
		Serial #	2353	n/a	n/a	1999	01/27/99	\$50.00
First Use	9/29/1993	Registered	01/04/94	n/a	n/a	2000	n/a	\$0.00
Last Use	6/3/1998	Disposition	n/a	n/a	n/a	2001	n/a	\$0.00
Comments	No reports received since 6/98.				2002	n/a	\$0.00	
					2003	n/a	\$0.00	
					2004	n/a	\$0.00	
					Total		\$300.00	

(Inactive) Timberlawn Mental Health System

Payments Received

Address	460 Samuell Blvd	Machine 1	Machine 2	Machine 3	1994	01/03/94	\$50.00	
City/Zip	Dallas 75228				1995	03/20/95	\$50.00	
Phone	214-381-7181	Make	Somatics	n/a	n/a	1996	02/13/96	\$50.00
Form By	Gloria Goodwin	Model	Thymatron 1	n/a	n/a	1997	01/28/97	\$50.00
Title	RN	Acquired	1988	n/a	n/a	1998	08/20/98	\$50.00
		Serial #	001288	n/a	n/a	1999	03/17/99	\$50.00
First Use	9/13/1993	Registered	01/03/94	n/a	n/a	2000	n/a	\$0.00
Last Use	11/9/1998	Disposition	n/a	n/a	n/a	2001	n/a	\$0.00
Comments	No reports received since 11/98.				2002	n/a	\$0.00	
					2003	n/a	\$0.00	
					2004	n/a	\$0.00	
					Total		\$300.00	

(Inactive) United Regional Healthcare System

Payments Received

Address	1600 8th Street	Machine 1	Machine 2	Machine 3	1994	n/a	\$0.00	
City/Zip	Wichita Falls 76301				1995	n/a	\$0.00	
Phone	940-723-1461	Make	Mecta	n/a	n/a	1996	n/a	\$0.00
Form By	Jackie Powell	Model	SR	n/a	n/a	1997	n/a	\$0.00
Title	Director Surgical Sv	Acquired	1997	n/a	n/a	1998	05/27/98	\$50.00
		Serial #	2090	n/a	n/a	1999	06/28/99	\$50.00
First Use	3/17/1998	Registered	05/27/98	n/a	n/a	2000	04/19/01	\$50.00
Last Use	4/22/2002	Disposition	n/a	n/a	n/a	2001	04/19/01	\$50.00
Comments	No reports received since 11/98. Hosp discontinued ECT 9/02; letter in file.				2002	7/24/03	\$500.00	
					2003	n/a	\$0.00	
					2004	n/a	\$0.00	
					Total		\$700.00	

(Inactive) University Hospital Bexar County

Payments Received

Address	4502 Medical Drive	Machine 1	Machine 2	Machine 3	1994	01/19/94	\$50.00	
City/Zip	San Antonio 78229-4				1995	05/31/95	\$50.00	
Phone	210-616-1260	Make	Mecta	n/a	n/a	1996	07/31/96	\$50.00
Form By	C. Jean Smith	Model	SR1	n/a	n/a	1997	01/21/97	\$50.00
Title	RN	Acquired	1995	n/a	n/a	1998	02/19/98	\$50.00
		Serial #	3821	n/a	n/a	1999	n/a	\$0.00
First Use	11/22/1993	Registered	01/19/94	n/a	n/a	2000	n/a	\$0.00
Last Use	3/31/1997	Disposition	n/a	n/a	n/a	2001	n/a	\$0.00
Comments	No reports received since 3/97.				2002	n/a	\$0.00	
					2003	n/a	\$0.00	
					2004	n/a	\$0.00	
					Total		\$250.00	

ECT EQUIPMENT REGISTRATION HISTORY

(Inactive) UT Southwestern Medical Center**Payments Received**

Address	5323 Harry Hines	Machine 1	Machine 2	Machine 3	1994	n/a	\$0.00	
City/Zip	Dallas 75235-9				1995	n/a	\$0.00	
Phone	214-590-6317	Make	Somatics	n/a	n/a	1996	n/a	\$0.00
Form By	Carol J. Nunley	Model	Thymatron D	n/a	n/a	1997	03/31/97	\$50.00
Title	ASA II	Acquired	1997	n/a	n/a	1998	n/a	\$0.00
		Serial #	3113	n/a	n/a	1999	n/a	\$0.00
First Use		Registered	03/31/97	n/a	n/a	2000	n/a	\$0.00
Last Use		Disposition	n/a	n/a	n/a	2001	n/a	\$0.00
						2002	n/a	\$0.00
Comments	No use reported.					2003	n/a	\$0.00
						2004	n/a	\$0.00
						Total		\$50.00

(Inactive) Wichita Falls/Vernon State Hospital**Payments Received**

Address	POBox 300	Machine 1	Machine 2	Machine 3	1994	n/a	\$0.00	
City/Zip	Wichita Falls 76307				1995	n/a	\$0.00	
Phone	817-692-1220	Make	Mecta	n/a	n/a	1996	n/a	\$0.00
Form By	Janet Stagg	Model	SR2	n/a	n/a	1997	n/a	\$0.00
Title	RN	Acquired	1988	n/a	n/a	1998	n/a	\$0.00
		Serial #	2060SR1C	n/a	n/a	1999	n/a	\$0.00
First Use		Registered	10/21/93	n/a	n/a	2000	n/a	\$0.00
Last Use		Disposition	n/a	n/a	n/a	2001	n/a	\$0.00
						2002	n/a	\$0.00
Comments	No use reported.					2003	n/a	\$0.00
						2004	n/a	\$0.00
						Total		\$0.00

(Inactive) Wilson Jones Memorial**Payments Received**

Address	500 N. Highland	Machine 1	Machine 2	Machine 3	1994	12/01/93	\$50.00	
City/Zip	Sherman 75090				1995	n/a	\$0.00	
Phone	903-870-4590	Make	Somatics	n/a	n/a	1996	n/a	\$0.00
Form By	David Wells, MD	Model	Thymatron D	n/a	n/a	1997	n/a	\$0.00
Title	Assoc. Clin. Dir.	Acquired	1989	n/a	n/a	1998	n/a	\$0.00
		Serial #	2058	n/a	n/a	1999	n/a	\$0.00
First Use		Registered	12/01/93	n/a	n/a	2000	n/a	\$0.00
Last Use		Disposition	n/a	n/a	n/a	2001	n/a	\$0.00
						2002	n/a	\$0.00
Comments	No use reported.					2003	n/a	\$0.00
						2004	n/a	\$0.00
						Total		\$50.00

(Inctive) Parkland Memorial Hospital**Payments Received**

Address	5201 Harry Hines Bvd	Machine 1	Machine 2	Machine 3	1994	01/27/94	\$100.00	
City/Zip	Dallas 75235				1995	06/07/95	\$100.00	
Phone	214-590-6133	Make	Mecta	Mecta	Somatics	1996	01/13/96	\$100.00
Form By	Emerlinda Salapong	Model	SR	SR	Thymatron	1997	01/21/97	\$100.00
Title	Unit Manager	Acquired	1987	1994	1997	1998	01/20/98	\$150.00
		Serial #	2034	3809	3113	1999	12/18/98	\$150.00
First Use	9/27/1993	Registered	01/27/94	01/27/94	01/21/97	2000	01/18/00	\$100.00
Last Use	8/27/2003	Disposition	active	n/a	active	2001	12/28/00	\$100.00
						2002	01/09/02	\$100.00
Comments	Machine 2 disposed of in 1999. Hosp. discontinued ECT 12/1/03; letter in file.					2003	n/a	\$0.00
						2004	n/a	\$0.00
						Total		\$1,000.00

ECT EQUIPMENT REGISTRATION HISTORY

<u>Number of Hospitals Registered</u>		<u>Number of Machines Registered</u>		<u>Total Payments Received</u>	
1994	52	1994	66	1994	\$3,300.00
1995	46	1995	62	1995	\$3,100.00
1996	48	1996	62	1996	\$3,100.00
1997	48	1997	62	1997	\$3,100.00
1998	40	1998	54	1998	\$2,700.00
1999	39	1999	55	1999	\$2,750.00
2000	33	2000	47	2000	\$2,350.00
2001	33	2001	47	2001	\$2,360.00
2002	29	2002	52	2002	\$2,600.00
2003	16	2003	31	2003	\$1,550.00
2004	8	2004	16	2004	\$800.00
				Grand Total	\$27,710.00
