

**FY06 Annual ECT Summary (All Facilities)
for Treatments Given September 1, 2005 to August 31, 2006**

Number of patients, reported quarterly, to have received ECT:		1706 *											
<u>Race</u>	<u>Sex</u>	<u>Age</u>											
1440 White	1223 female	16	1	30	12	44	32	58	30	72	13	86	9
80 Black	483 male	17	2	31	14	45	39	59	40	73	18	87	5
154 Latin	1706 reports reflected	18	4	32	16	46	47	60	20	74	23	88	2
23 Asian		19	2	33	20	47	43	61	14	75	20	89	0
9 Other		20	1	34	17	48	46	62	26	76	20	90	0
1706 reports reflected		21	8	35	23	49	55	63	18	77	11	91	2
		22	13	36	40	50	30	64	33	78	18	92	0
<u>Hospital admission status</u>		23	13	37	31	51	53	65	21	79	4	93	1
1678 voluntary patient consenting		24	13	38	42	52	48	66	19	80	7	94	0
4 involuntary patient consenting		25	11	39	36	53	44	67	23	81	11	95	0
24 guardian consenting for patient		26	17	40	49	54	38	68	25	82	14	96	0
1706 reports reflected		27	15	41	33	55	32	69	34	83	11	97	0
		28	18	42	36	56	32	70	40	84	22	98	0
<u>Primary source of payment for ECT:</u>		29	27	43	45	57	18	71	25	85	11	99	0
867 private 3rd party (insurer, HMO, etc)													1706 reports reflected
816 public 3rd party (county, state, Medicaid, etc.)													
22 own/family funds													
1 other													
1706 reports reflected													
<u>Any of the following that occurred within fourteen (14) days of ECT</u>													
				0	apnea			39	reported memory loss				
				2	fracture			3	death				
				0	cardiac arrest			1	autopsy obtained**				

<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>	<u>Status of series treatments</u>
1.9	3179	maintenance treatments administered	
0.6	1060	average maintenance treatments per month	402 ongoing
5.6	9458	series treatments planned	644 concluded
4.5	7603	series treatments administered	141 stopped
5.9	10035	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	

	<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	524	993	133	54	2	n/a	0	1706
2-4 weeks after ECT	424	1078	157	8	0	37	2	1706
<u>Level of symptom severity present</u>								
before ECT	9	116	238	901	442	n/a	0	1706
2-4 weeks after ECT	230	894	484	55	6	34	3	1706

*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.

**FY06 Quarterly ECT Summary (All Facilities)
for Treatments Given September 1, 2005 to November 30, 2005**

Number of patients, reported quarterly, to have received ECT:		447							
<u>Race</u>	<u>Sex</u>	<u>Age</u>							
383 White	311 female	16 0	30 5	44 9	58 9	72 3	86 3		
16 Black	136 male	17 0	31 5	45 11	59 14	73 3	87 2		
39 Latin	447 reports reflected	18 0	32 5	46 12	60 8	74 9	88 0		
5 Asian		19 1	33 4	47 11	61 2	75 1	89 0		
4 Other		20 0	34 2	48 13	62 4	76 4	90 0		
447 reports reflected		21 2	35 7	49 18	63 4	77 3	91 0		
		22 3	36 12	50 10	64 8	78 5	92 0		
<u>Hospital admission status</u>		23 4	37 10	51 11	65 4	79 1	93 0		
439 voluntary patient consenting		24 5	38 11	52 15	66 5	80 2	94 0		
2 involuntary patient consenting		25 2	39 5	53 9	67 10	81 3	95 0		
6 guardian consenting for patient		26 4	40 12	54 11	68 4	82 7	96 0		
447 reports reflected		27 3	41 7	55 9	69 11	83 5	97 0		
		28 4	42 12	56 7	70 11	84 3	98 0		
<u>Primary source of payment for ECT</u>		29 6	43 7	57 7	71 5	85 3	99 0		
215 private 3rd party (insurer, HMO, etc)								447 reports reflected	
222 public 3rd party (county, state, Medicaid, etc.)									
9 own/family funds									
1 other									
447 reports reflected									
		<u>Any of the following that occurred within fourteen (14) days of ECT</u>							
		0 apnea			6 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>		
2	878	maintenance treatments administered					93 ongoing		
0.7	293	average maintenance treatments per month					171 concluded		
5.4	2386	series treatments planned					35 stopped		
4.3	1927	series treatments administered							
6	2680	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							
		<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	143	257	26	20	1	n/a	0	447
	2-4 weeks after ECT	104	292	35	1	0	15	0	447
<u>Level of symptom severity present</u>									
	before ECT	1	23	64	243	116	n/a	0	447
	2-4 weeks after ECT	51	215	151	13	2	15	0	447

*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.

**FY06 Quarterly ECT Summary (All Facilities)
for Treatments Given December 1, 2005 to February 28, 2006**

Number of patients, reported quarterly, to have received ECT:		424							
<u>Race</u>	<u>Sex</u>	<u>Age</u>							
360 White	314 female	16 0	30 3	44 8	58 6	72 3	86 2		
18 Black	110 male	17 2	31 1	45 10	59 13	73 4	87 1		
39 Latin	424 reports reflected	18 1	32 2	46 10	60 4	74 9	88 0		
6 Asian		19 0	33 5	47 11	61 3	75 6	89 0		
1 Other		20 1	34 6	48 14	62 4	76 5	90 0		
424 reports reflected		21 2	35 9	49 16	63 5	77 2	91 1		
		22 5	36 12	50 7	64 6	78 4	92 0		
<u>Hospital admission status</u>		23 3	37 5	51 16	65 3	79 1	93 0		
418 voluntary patient consenting		24 3	38 17	52 12	66 6	80 2	94 0		
0 involuntary patient consenting		25 3	39 6	53 12	67 5	81 1	95 0		
6 guardian consenting for patient		26 4	40 12	54 8	68 4	82 2	96 0		
424 reports reflected		27 6	41 8	55 7	69 9	83 4	97 0		
		28 3	42 8	56 9	70 6	84 6	98 0		
<u>Primary source of payment for ECT</u>		29 6	43 12	57 4	71 5	85 3	99 0		
228 private 3rd party (insurer, HMO, etc)							424 reports reflected		
191 public 3rd party (county, state, Medicaid, etc.)									
5 own/family funds									
0 other									
424 reports reflected									
<u>Any of the following that occurred within fourteen (14) days of ECT</u>									
		0 apnea			8 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>		
1.8	761	maintenance treatments administered					125 ongoing		
0.6	254	average maintenance treatments per month					163 concluded		
5.4	2309	series treatments planned					30 stopped		
4.8	2046	series treatments administered							
5.7	2429	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							
		<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	101	281	28	14	0	n/a	0	424
	2-4 weeks after ECT	110	268	34	3	0	9	0	424
<u>Level of symptom severity present</u>									
	before ECT	2	35	48	261	78	n/a	0	424
	2-4 weeks after ECT	75	236	94	11	1	7	0	424

*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.

**FY06 Quarterly ECT Summary (All Facilities)
for Treatments Given March 1, 2006 to May 31, 2006**

Number of patients, reported quarterly, to have received ECT: 427

<u>Race</u>	<u>Sex</u>	<u>Age</u>						
354 White	312 female	16 1	30 2	44 5	58 6	72 2	86 2	
23 Black	115 male	17 0	31 4	45 13	59 9	73 3	87 0	
42 Latin	427 reports reflected	18 1	32 7	46 12	60 3	74 3	88 1	
7 Asian		19 0	33 4	47 14	61 5	75 8	89 0	
1 Other		20 0	34 4	48 9	62 7	76 4	90 0	
427 reports reflected		21 2	35 2	49 13	63 4	77 2	91 0	
		22 4	36 11	50 7	64 9	78 3	92 0	
<u>Hospital admission status</u>		23 3	37 9	51 18	65 5	79 0	93 1	
418 voluntary patient consenting		24 3	38 7	52 9	66 5	80 3	94 0	
1 involuntary patient consenting		25 4	39 14	53 15	67 5	81 5	95 0	
8 guardian consenting for patient		26 7	40 10	54 6	68 8	82 2	96 0	
427 reports reflected		27 5	41 10	55 8	69 6	83 1	97 0	
		28 6	42 7	56 9	70 11	84 7	98 0	
<u>Primary source of payment for ECT</u>		29 7	43 14	57 2	71 8	85 1	99 0	
225 private 3rd party (insurer, HMO, etc)								427 reports reflected
196 public 3rd party (county, state, Medicaid, etc.)								
6 own/family funds								
0 other								
427 reports reflected								

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

0 apnea	10 reported memory loss
1 fracture	3 death
0 cardiac arrest	1 autopsy obtained*

Avg Total Treatments administered during this reporting period

1.9	801	maintenance treatments administered
0.6	267	average maintenance treatments per month
5.9	2526	series treatments planned
4.4	1887	series treatments administered
5.7	2453	total number of ECT treatments administered

Status of series treatments

85 ongoing
169 concluded
42 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

	<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	132	241	39	14	1	n/a	0	427
2-4 weeks after ECT	103	270	44	3	0	5	2	427
<u>Level of symptom severity present</u>								
before ECT	2	31	67	202	125	n/a	0	427
2-4 weeks after ECT	58	224	115	20	3	5	2	427

*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.

**FY06 Quarterly ECT Summary (All Facilities)
for Treatments Given June 1, 2006 to August 31, 2006**

Number of patients, reported quarterly, to have received ECT:		408							
<u>Race</u>	<u>Sex</u>	<u>Age</u>							
343 White	286 female	16 0	30 2	44 10	58 9	72 5	86 2		
23 Black	122 male	17 0	31 4	45 5	59 4	73 8	87 2		
34 Latin	408 reports reflected	18 2	32 2	46 13	60 5	74 2	88 1		
5 Asian		19 1	33 7	47 7	61 4	75 5	89 0		
3 Other		20 0	34 5	48 10	62 11	76 7	90 0		
408 reports reflected		21 2	35 5	49 8	63 5	77 4	91 1		
		22 1	36 5	50 6	64 10	78 6	92 0		
<u>Hospital admission status</u>		23 3	37 7	51 8	65 9	79 2	93 0		
403 voluntary patient consenting		24 2	38 7	52 12	66 3	80 0	94 0		
1 involuntary patient consenting		25 2	39 11	53 8	67 3	81 2	95 0		
4 guardian consenting for patient		26 2	40 15	54 13	68 9	82 3	96 0		
408 reports reflected		27 1	41 8	55 8	69 8	83 1	97 0		
		28 5	42 9	56 7	70 12	84 6	98 0		
<u>Primary source of payment for ECT</u>		29 8	43 12	57 5	71 7	85 4	99 0		
199 private 3rd party (insurer, HMO, etc)							408 reports reflected		
207 public 3rd party (county, state, Medicaid, etc.)									
2 own/family funds									
0 other									
408 reports reflected									
<u>Any of the following that occurred within fourteen (14) days of ECT</u>									
		0 apnea		15 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>			
1.8	739	maintenance treatments administered				99 ongoing			
0.6	246	average maintenance treatments per month				141 concluded			
5.5	2237	series treatments planned				34 stopped			
4.3	1743	series treatments administered							
6.1	2473	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							
		<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	148	214	40	6	0	n/a	0	408
	2-4 weeks after ECT	107	248	44	1	0	8	0	408
<u>Level of symptom severity present</u>									
	before ECT	4	27	59	195	123	n/a	0	408
	2-4 weeks after ECT	46	219	124	11	0	7	1	408

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**FY06 Annual ECT Facility Summary
For Treatments Given September 1, 2005 to August 31, 2006**

Number of patients, reported quarterly, to have received ECT at Seton Shoal Creek Hospital, Austin								167 *					
<u>Race</u>	<u>Sex</u>	<u>Age</u>											
147 White	116 female	16	0	30	5	44	4	58	3	72	1	86	0
5 Black	51 male	17	0	31	1	45	9	59	2	73	0	87	0
13 Latin	167 reports reflected	18	0	32	0	46	4	60	4	74	0	88	0
2 Asian		19	0	33	0	47	7	61	0	75	0	89	0
0 Other		20	0	34	1	48	6	62	1	76	0	90	0
167 reports reflected		21	0	35	1	49	4	63	1	77	0	91	0
		22	2	36	7	50	5	64	3	78	0	92	0
<u>Hospital admission status</u>		23	0	37	5	51	6	65	1	79	0	93	0
163 voluntary patient consenting		24	0	38	11	52	4	66	4	80	0	94	0
0 involuntary patient consenting		25	0	39	1	53	9	67	1	81	1	95	0
4 guardian consenting for patient		26	1	40	9	54	4	68	2	82	0	96	0
167 reports reflected		27	1	41	5	55	2	69	0	83	1	97	0
<u>Primary source of payment for ECT</u>		28	2	42	7	56	8	70	1	84	3	98	0
118 private 3rd party (insurer, HMO, etc)		29	3	43	3	57	1	71	0	85	0	99	0
44 public 3rd party (county, state, Medicaid, etc.)		167 reports reflected											
5 own/family funds		<u>Any of the following that occurred within fourteen (14) days of ECT</u>											
0 other							0 apnea		0 reported memory loss				
167 reports reflected							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	134	25	4	0	n/a	0	167				
	2-4 weeks after ECT:	3	114	45	5	0	0	0	167				
<u>Level of symptom severity present</u>													
	before ECT	3	46	39	47	32	n/a	0	167				
	2-4 weeks after ECT:	4	88	70	5	0	0	0	167				
<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>						<u>Status of series treatments</u>					
2	330	maintenance treatments administered											
0.7	110	average maintenance treatments per month						24 ongoing					
4.2	694	series treatments planned						88 concluded					
6.3	1051	series treatments administered						37 stopped					
6.3	1056	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.

FY06 Annual ECT Facility Summary
For Treatments Given September 1, 2005 to August 31, 2006

Number of patients, reported quarterly, to have received ECT at Terrell State Hospital, Terrell										38 *					
<u>Race</u>		<u>Sex</u>		<u>Age</u>											
30	White	23	female	16	0	30	0	44	0	58	3	72	1	86	0
6	Black	15	male	17	0	31	0	45	0	59	0	73	0	87	0
1	Latin	38 reports reflected		18	0	32	0	46	0	60	3	74	0	88	0
1	Asian			19	0	33	1	47	0	61	0	75	0	89	0
0	Other			20	0	34	0	48	4	62	3	76	0	90	0
38	reports reflected			21	0	35	2	49	3	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
29	voluntary patient consenting			24	0	38	0	52	0	66	0	80	0	94	0
0	involuntary patient consenting			25	1	39	1	53	0	67	3	81	0	95	0
9	guardian consenting for patient			26	0	40	2	54	0	68	0	82	0	96	0
38	reports reflected			27	0	41	0	55	1	69	0	83	0	97	0
				28	0	42	0	56	1	70	4	84	0	98	0
<u>Primary source of payment for ECT</u>				29	2	43	1	57	1	71	0	85	0	99	0
0	private 3rd party (insurer, HMO, etc)														
38	public 3rd party (county, state, Medicaid, etc.)														38 reports reflected
0	own/family funds														
0	other														
38	reports reflected														
				<u>Any of the following that occurred within fourteen (14) days of ECT</u>											
				0 apnea			0 reported memory loss								
				0 fracture			1 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	32	4	0	0	n/a	0	38						
2-4 weeks after ECT:		2	32	2	0	0	1	1	38						
<u>Level of symptom severity present</u>															
before ECT		0	3	8	17	10	n/a	0	38						
2-4 weeks after ECT:		2	16	15	3	0	1	1	38						
<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>					<u>Status of series treatments</u>								
1.4	54	maintenance treatments administered					17 ongoing								
0.5	18	average maintenance treatments per month					12 concluded								
7.2	275	series treatments planned					3 stopped								
7.9	301	series treatments administered													
8.8	333	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.

**FY06 Annual ECT Facility Summary
For Treatments Given September 1, 2005 to August 31, 2006**

Number of patients, reported quarterly, to have received ECT at Texas West Oaks Hospital, Houston										264 *					
<u>Race</u>	<u>Sex</u>	<u>Age</u>													
205 White	188 female	16	0	30	2	44	9	58	2	72	1	86	1		
34 Black	76 male	17	0	31	2	45	4	59	10	73	1	87	3		
16 Latin	264 reports reflected	18	1	32	6	46	8	60	3	74	4	88	1		
8 Asian		19	1	33	6	47	2	61	2	75	0	89	0		
1 Other		20	0	34	3	48	3	62	2	76	7	90	0		
264 reports reflected		21	2	35	6	49	8	63	7	77	3	91	0		
		22	0	36	7	50	6	64	6	78	2	92	0		
<u>Hospital admission status</u>		23	2	37	4	51	4	65	4	79	1	93	0		
258 voluntary patient consenting		24	4	38	4	52	7	66	0	80	1	94	0		
0 involuntary patient consenting		25	4	39	11	53	14	67	1	81	0	95	0		
6 guardian consenting for patient		26	6	40	5	54	12	68	1	82	0	96	0		
264 reports reflected		27	2	41	5	55	12	69	0	83	0	97	0		
		28	0	42	3	56	6	70	5	84	0	98	0		
<u>Primary source of payment for ECT</u>		29	6	43	6	57	2	71	1	85	0	99	0		
120 private 3rd party (insurer, HMO, etc)													264 reports reflected		
139 public 3rd party (county, state, Medicaid, etc.)													reflected		
5 own/family funds															
0 other															
264 reports reflected															
												<u>Any of the following that occurred within fourteen (14) days of ECT</u>			
												0	apnea	0	reported memory loss
												0	fracture	1	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	202	30	2	0	n/a	0	264						
2-4 weeks after ECT:		26	204	30	2	0	1	1	264						
<u>Level of symptom severity present</u>															
before ECT		1	3	30	196	34	n/a	0	264						
2-4 weeks after ECT:		112	136	12	1	0	1	2	264						
<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>							<u>Status of series treatments</u>						
1.7	456	maintenance treatments administered							35 ongoing						
0.6	152	average maintenance treatments per month							74 concluded						
2.9	759	series treatments planned							24 stopped						
3.2	851	series treatments administered													
5	1308	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.

**FY06 Annual ECT Facility Summary
For Treatments Given September 1, 2005 to August 31, 2006**

Number of patients, reported quarterly, to have received ECT at The Methodist Hospital, Houston										68 *							
<u>Race</u>		<u>Sex</u>		<u>Age</u>													
53	White	47	female	16	0	30	0	44	0	58	2	72	1	86	1		
5	Black	21	male	17	0	31	0	45	0	59	0	73	0	87	0		
4	Latin	68 reports reflected		18	0	32	1	46	2	60	0	74	0	88	0		
3	Asian			19	0	33	1	47	1	61	0	75	0	89	0		
3	Other			20	0	34	3	48	0	62	1	76	0	90	0		
68 reports reflected				21	0	35	0	49	3	63	1	77	0	91	0		
				22	0	36	1	50	3	64	0	78	0	92	0		
<u>Hospital admission status</u>				23	1	37	0	51	2	65	2	79	0	93	0		
66	voluntary patient consenting			24	0	38	0	52	0	66	1	80	0	94	0		
0	involuntary patient consenting			25	0	39	0	53	1	67	0	81	4	95	0		
2	guardian consenting for patient			26	0	40	2	54	2	68	2	82	2	96	0		
68 reports reflected				27	0	41	2	55	0	69	5	83	0	97	0		
				28	1	42	0	56	0	70	10	84	0	98	0		
<u>Primary source of payment for ECT</u>				29	2	43	3	57	1	71	3	85	1	99	0		
31	private 3rd party (insurer, HMO, etc)														68 reports reflected		
34	public 3rd party (county, state, Medicaid, etc.)														reflected		
3	own/family funds																
0	other																
68 reports reflected				<u>Any of the following that occurred within fourteen (14) days of ECT</u>													
				0 apnea						2 reported memory loss							
				1 fracture						0 death							
				0 cardiac arrest						0 autopsy obtained**							
										<u>ongoing</u>	<u>unable to be</u>	<u>reports</u>					
										<u>series</u>	<u>determined</u>	<u>reflected</u>					
<u>Level of memory impairment present</u>										<u>none</u>	<u>mild</u>	<u>moderate</u>	<u>severe</u>	<u>extreme</u>	<u>ongoing</u>	<u>unable to be</u>	<u>reports</u>
										<u>series</u>	<u>determined</u>	<u>reflected</u>					
before ECT										34	29	3	1	1	n/a	0	68
2-4 weeks after ECT:										26	38	4	0	0	0	0	68
<u>Level of symptom severity present</u>										<u>none</u>	<u>mild</u>	<u>moderate</u>	<u>severe</u>	<u>extreme</u>	<u>ongoing</u>	<u>unable to be</u>	<u>reports</u>
										<u>series</u>	<u>determined</u>	<u>reflected</u>					
before ECT										2	0	17	40	9	n/a	0	68
2-4 weeks after ECT:										10	52	5	1	0	0	0	68
<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>								<u>Status of series treatments</u>							
1.5	104	maintenance treatments administered															
0.5	34.7	average maintenance treatments per month								44 ongoing							
4.8	323	series treatments planned								24 concluded							
3.8	255	series treatments administered								0 stopped							
5.4	368	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.

FY06 Annual ECT Facility Summary
For Treatments Given September 1, 2005 to August 31, 2006

Number of patients, reported quarterly, to have received ECT at Zale Lipshy University Hospital, Dallas									186 *						
<u>Race</u>		<u>Sex</u>		<u>Age</u>											
176	White	132	female	16	0	30	0	44	2	58	0	72	2	86	2
4	Black	54	male	17	0	31	0	45	2	59	6	73	6	87	0
3	Latin	186 reports reflected		18	2	32	0	46	3	60	2	74	4	88	0
3	Asian			19	0	33	1	47	6	61	3	75	4	89	0
0	Other			20	0	34	3	48	7	62	5	76	4	90	0
186	reports reflected			21	1	35	1	49	5	63	3	77	1	91	0
				22	2	36	1	50	1	64	11	78	6	92	0
<u>Hospital admission status</u>				23	0	37	2	51	4	65	1	79	0	93	0
186	voluntary patient consenting			24	1	38	0	52	1	66	1	80	2	94	0
0	involuntary patient consenting			25	0	39	4	53	0	67	7	81	0	95	0
0	guardian consenting for patient			26	2	40	2	54	3	68	8	82	1	96	0
186	reports reflected			27	2	41	2	55	5	69	4	83	3	97	0
				28	0	42	1	56	1	70	2	84	10	98	0
<u>Primary source of payment for ECT</u>				29	2	43	5	57	0	71	10	85	4	99	0
69	private 3rd party (insurer, HMO, etc)													186 reports	
114	public 3rd party (county, state, Medicaid, etc.)													reflected	
3	own/family funds													reflected	
0	other													reflected	
186	reports reflected													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**									
											186 reports reflected				
		<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		103	81	2	0	0	n/a	0	186						
2-4 weeks after ECT:		103	81	2	0	0	0	0	186						
<u>Level of symptom severity present</u>															
before ECT		0	26	48	76	36	n/a	0	186						
2-4 weeks after ECT:		1	80	94	11	0	0	0	186						
<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>						<u>Status of series treatments</u>							
2.8	514	maintenance treatments administered													
0.9	171	average maintenance treatments per month						28 ongoing							
4.6	852	series treatments planned						81 concluded							
7.8	1453	series treatments administered						3 stopped							
7.8	1458	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.

**FY06 Quarterly ECT Facility Summary
For Treatments Given September 1, 2005 to November 30, 2005**

Number of patients, reported quarterly, to have received ECT at DePaul Center, Waco										13	
<u>Race</u>	<u>Sex</u>	<u>Age</u>									
11 White	6 female	16	0	30	0	44	0	58	0	86	1
0 Black	7 male	17	0	31	1	45	0	59	0	87	0
1 Latin	13 reports reflected	18	0	32	0	46	0	60	0	88	0
0 Asian		19	0	33	0	47	0	61	0	89	0
1 Other		20	0	34	0	48	2	62	0	90	0
13 reports reflected		21	0	35	0	49	0	63	0	91	0
		22	0	36	0	50	0	64	0	92	0
<u>Hospital admission status</u>		23	1	37	2	51	0	65	0	93	0
13 voluntary patient consenting		24	0	38	0	52	1	66	0	94	0
0 involuntary patient consenting		25	0	39	0	53	0	67	0	95	0
0 guardian consenting for patient		26	0	40	0	54	1	68	0	96	0
13 reports reflected		27	1	41	0	55	0	69	0	97	0
<u>Primary source of payment for ECT</u>		28	0	42	0	56	0	70	0	98	0
7 private 3rd party (insurer, HMO, etc)		29	0	43	1	57	0	71	0	99	0
5 public 3rd party (county, state, Medicaid, etc.)											13 reports reflected
1 own/family funds		<u>Any of the following that occurred within fourteen (14) days of ECT</u>									
0 other								0 apnea		0 reported memory loss	
13 reports reflected								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		9	4	0	0	0	n/a	0	13		
2-4 weeks after ECT:		6	7	0	0	0	0	0	13		
<u>Level of symptom severity present</u>											
before ECT		0	0	3	6	4	n/a	0	13		
2-4 weeks after ECT:		5	2	3	3	0	0	0	13		
<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>					<u>Status of series treatments</u>				
2.4	31	maintenance treatments administered									
0.8	10.3	average maintenance treatments per month									
7.1	92	series treatments planned					8 ongoing				
0.5	7	series treatments administered					0 concluded				
8.9	116	total number of ECT treatments administered					5 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.

**FY06 Quarterly ECT Facility Summary
For Treatments Given September 1, 2005 to November 30, 2005**

Number of patients, reported quarterly, to have received ECT at Methodist Specialty/Transplant Hosp, San Antonio 60									
<u>Race</u>	<u>Sex</u>	<u>Age</u>							
47 White	53 female	16	0	30	0	44	2	58	1
1 Black	7 male	17	0	31	1	45	2	59	2
12 Latin	60 reports reflected	18	0	32	2	46	3	60	0
0 Asian		19	1	33	0	47	2	61	0
0 Other		20	0	34	0	48	0	62	1
60 reports reflected		21	0	35	1	49	4	63	0
		22	0	36	1	50	4	64	1
<u>Hospital admission status</u>		23	1	37	2	51	0	65	2
59 voluntary patient consenting		24	0	38	2	52	3	66	2
1 involuntary patient consenting		25	0	39	2	53	0	67	3
0 guardian consenting for patient		26	0	40	0	54	0	68	0
60 reports reflected		27	0	41	1	55	0	69	3
		28	0	42	0	56	0	70	1
<u>Primary source of payment for ECT</u>		29	0	43	0	57	3	71	1
26 private 3rd party (insurer, HMO, etc)									
33 public 3rd party (county, state, Medicaid, etc.)									60 reports reflected
1 own/family funds		<u>Any of the following that occurred within fourteen (14) days of ECT</u>							
0 other									0 apnea
60 reports reflected									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		37	20	2	1	0	n/a	0	60
2-4 weeks after ECT:		26	32	2	0	0	0	0	60
<u>Level of symptom severity present</u>									
before ECT		0	4	16	8	32	n/a	0	60
2-4 weeks after ECT:		1	15	39	3	2	0	0	60
<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>							
2.8	169	maintenance treatments administered							
0.9	56.3	average maintenance treatments per month							
2.7	159	series treatments planned							
3.7	219	series treatments administered							
5.8	348	total number of ECT treatments administered							
		<u>Status of series treatments</u>							
		2 ongoing							
		24 concluded							
		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.

**FY06 Quarterly ECT Facility Summary
For Treatments Given September 1, 2005 to November 30, 2005**

Number of patients, reported quarterly, to have received ECT at Richardson Regional Medical Center, Richardson										15			
<u>Race</u>	<u>Sex</u>	<u>Age</u>											
15 White	12 female	16	0	30	0	44	0	58	0	72	0	86	0
0 Black	3 male	17	0	31	0	45	0	59	1	73	0	87	0
0 Latin	15 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
15 reports reflected		21	0	35	2	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	1	79	0	93	0
15 voluntary patient consenting		24	0	38	0	52	3	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
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	3	56	1	70	0	84	0	98	0
11 private 3rd party (insurer, HMO, etc)		29	0	43	1	57	0	71	0	85	0	99	0
4 public 3rd party (county, state, Medicaid, etc.)		15 reports reflected											
0 own/family funds		<u>Any of the following that occurred within fourteen (14) days of ECT</u>											
0 other						0 apnea	6 reported memory loss						
15 reports reflected						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	14	1	0	0	n/a	0	15				
2-4 weeks after ECT:		0	13	2	0	0	0	0	15				
<u>Level of symptom severity present</u>													
before ECT		0	0	2	13	0	n/a	0	15				
2-4 weeks after ECT:		0	11	4	0	0	0	0	15				
<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>											
2.1	31	maintenance treatments administered											
0.7	10.3	average maintenance treatments per month											
3.5	53	series treatments planned											
4.3	65	series treatments administered											
4.3	65	total number of ECT treatments administered											
<u>Status of series treatments</u>													
2 ongoing													
3 concluded													
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.

**FY06 Quarterly ECT Facility Summary
For Treatments Given September 1, 2005 to November 30, 2005**

Number of patients, reported quarterly, to have received ECT at Terrell State Hospital, Terrell										13			
<u>Race</u>	<u>Sex</u>	<u>Age</u>											
10 White	7 female	16	0	30	0	44	0	58	3	72	0	86	0
2 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	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	1	62	0	76	0	90	0
13 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
11 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	1	81	0	95	0
2 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
<u>Primary source of payment for ECT</u>		28	0	42	0	56	0	70	1	84	0	98	0
0 private 3rd party (insurer, HMO, etc)		29	0	43	1	57	0	71	0	85	0	99	0
13 public 3rd party (county, state, Medicaid, etc.)													13 reports reflected
<u>Any of the following that occurred within fourteen (14) days of ECT</u>													
0 own/family funds								0 apnea		0 reported memory loss			
0 other								0 fracture		0 death			
13 reports reflected								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:		0	13	0	0	0	0	0	13				
<u>Level of symptom severity present</u>													
before ECT		0	0	0	11	2	n/a	0	13				
2-4 weeks after ECT:		0	6	6	1	0	0	0	13				
<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>											
0.8	11	maintenance treatments administered											
0.3	3.67	average maintenance treatments per month											
8.7	113	series treatments planned											
9.3	121	series treatments administered											
9.5	123	total number of ECT treatments administered											
		<u>Status of series treatments</u>											
		5 ongoing											
		6 concluded											
		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.

**FY06 Quarterly ECT Facility Summary
For Treatments Given September 1, 2005 to November 30, 2005**

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>											
53 White	44 female	16	0	30	1	44	2	58	0	72	0	86	0
5 Black	19 male	17	0	31	0	45	1	59	4	73	0	87	2
4 Latin	63 reports reflected	18	0	32	2	46	1	60	1	74	1	88	0
1 Asian		19	0	33	2	47	0	61	0	75	0	89	0
0 Other		20	0	34	0	48	2	62	0	76	2	90	0
63 reports reflected		21	0	35	2	49	2	63	3	77	0	91	0
		22	0	36	2	50	1	64	2	78	0	92	0
<u>Hospital admission status</u>		23	1	37	1	51	2	65	0	79	1	93	0
62 voluntary patient consenting		24	1	38	1	52	1	66	0	80	0	94	0
0 involuntary patient consenting		25	2	39	1	53	2	67	0	81	0	95	0
1 guardian consenting for patient		26	1	40	0	54	5	68	1	82	0	96	0
63 reports reflected		27	1	41	0	55	3	69	0	83	0	97	0
		28	0	42	0	56	2	70	1	84	0	98	0
<u>Primary source of payment for ECT</u>		29	0	43	2	57	1	71	0	85	0	99	0
28 private 3rd party (insurer, HMO, etc)													63 reports reflected
34 public 3rd party (county, state, Medicaid, etc.)													
1 own/family funds													
0 other													
63 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	48	5	0	0	n/a	0	63
2-4 weeks after ECT:	9	46	8	0	0	0	0	63
<u>Level of symptom severity present</u>								
before ECT	1	2	8	42	10	n/a	0	63
2-4 weeks after ECT:	24	35	3	1	0	0	0	63

<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>	<u>Status of series treatments</u>
1.8	114	maintenance treatments administered	
0.6	38	average maintenance treatments per month	
2.0	129	series treatments planned	11 ongoing
2.5	155	series treatments administered	14 concluded
4.3	269	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.

**FY06 Quarterly ECT Facility Summary
For Treatments Given September 1, 2005 to November 30, 2005**

Number of patients, reported quarterly, to have received ECT at The Methodist Hospital, Houston								15
<u>Race</u>	<u>Sex</u>	<u>Age</u>						
11 White	8 female	16	0	30	0	44	0	58 0 72 0 86 0
1 Black	7 male	17	0	31	0	45	0	59 0 73 0 87 0
1 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
1 Other		20	0	34	0	48	0	62 0 76 0 90 0
15 reports reflected		21	0	35	0	49	1	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	0	65 0 79 0 93 0
14 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
1 guardian consenting for patient		26	0	40	1	54	0	68 1 82 2 96 0
15 reports reflected		27	0	41	0	55	0	69 1 83 0 97 0
<u>Primary source of payment for ECT</u>		28	0	42	0	56	0	70 3 84 0 98 0
5 private 3rd party (insurer, HMO, etc)		29	1	43	1	57	0	71 0 85 0 99 0
8 public 3rd party (county, state, Medicaid, etc.)								15 reports reflected
2 own/family funds		<u>Any of the following that occurred within fourteen (14) days of ECT</u>						
0 other					0 apnea			0 reported memory loss
15 reports reflected					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	9	6	0	0	0	n/a	0	15
2-4 weeks after ECT:	5	10	0	0	0	0	0	15
<u>Level of symptom severity present</u>								
before ECT	0	0	4	10	1	n/a	0	15
2-4 weeks after ECT:	0	15	0	0	0	0	0	15

<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>	
0.7	11	maintenance treatments administered	
0.2	3.67	average maintenance treatments per month	
5.3	80	series treatments planned	<u>Status of series treatments</u>
5.5	82	series treatments administered	7 ongoing
5.5	82	total number of ECT treatments administered	8 concluded
			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.

**FY06 Quarterly ECT Facility Summary
For Treatments Given September 1, 2005 to November 30, 2005**

Number of patients, reported quarterly, to have received ECT at Zale Lipshy University Hospital, Dallas										38			
<u>Race</u>	<u>Sex</u>	<u>Age</u>											
36 White	29 female	16	0	30	0	44	1	58	0	72	0	86	0
0 Black	9 male	17	0	31	0	45	1	59	2	73	1	87	0
1 Latin	38 reports reflected	18	0	32	0	46	0	60	1	74	2	88	0
1 Asian		19	0	33	0	47	1	61	0	75	0	89	0
0 Other		20	0	34	1	48	2	62	1	76	0	90	0
38 reports reflected		21	0	35	0	49	1	63	0	77	1	91	0
		22	0	36	0	50	0	64	0	78	2	92	0
<u>Hospital admission status</u>		23	0	37	0	51	0	65	0	79	0	93	0
38 voluntary patient consenting		24	1	38	0	52	0	66	0	80	0	94	0
0 involuntary patient consenting		25	0	39	0	53	0	67	3	81	0	95	0
0 guardian consenting for patient		26	0	40	0	54	1	68	0	82	1	96	0
38 reports reflected		27	0	41	2	55	1	69	3	83	1	97	0
<u>Primary source of payment for ECT</u>		28	0	42	1	56	0	70	0	84	2	98	0
12 private 3rd party (insurer, HMO, etc)		29	1	43	0	57	0	71	2	85	2	99	0
25 public 3rd party (county, state, Medicaid, etc.)													38 reports reflected
1 own/family funds		<u>Any of the following that occurred within fourteen (14) days of ECT</u>											
0 other								0 apnea					0 reported memory loss
38 reports reflected								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		25	13	0	0	0		n/a	0				38
2-4 weeks after ECT:		25	13	0	0	0		0	0				38
<u>Level of symptom severity present</u>													
before ECT		0	1	10	22	5		n/a	0				38
2-4 weeks after ECT:		0	14	22	2	0		0	0				38
<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>											
3	113	maintenance treatments administered											
1	37.7	average maintenance treatments per month											
4.7	173	series treatments planned											
8.5	324	series treatments administered											
8.5	324	total number of ECT treatments administered											
		<u>Status of series treatments</u>											
		5 ongoing											
		19 concluded											
		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.

Facility December-February

**FY06 Quarterly ECT Facility Summary
For Treatments Given December 1, 2005 to February 28, 2006**

Number of patients, reported quarterly, to have received ECT at **Baylor All Saints Medical Centers, Fort Worth** 37

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
36 White	28 female	16	0	30	0	44	0	58	1	72	0	86	0
0 Black	9 male	17	0	31	0	45	1	59	3	73	0	87	0
0 Latin	37 reports reflected	18	0	32	0	46	0	60	0	74	2	88	0
1 Asian		19	0	33	0	47	2	61	1	75	0	89	0
0 Other		20	0	34	0	48	1	62	1	76	1	90	0
37 reports reflected		21	0	35	1	49	2	63	0	77	0	91	0
		22	0	36	0	50	2	64	1	78	0	92	0
<u>Hospital admission status</u>		23	0	37	1	51	1	65	0	79	0	93	0
37 voluntary patient consenting		24	0	38	3	52	2	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	1	54	0	68	0	82	0	96	0
37 reports reflected		27	0	41	2	55	0	69	3	83	0	97	0
		28	1	42	1	56	1	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
29 private 3rd party (insurer, HMO, etc)													37 reports reflected
8 public 3rd party (county, state, Medicaid, etc.)													
0 own/family funds													
0 other													
37 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	9	26	2	0	0	n/a	0	37
2-4 weeks after ECT:	10	25	0	0	0	2	0	37
<u>Level of symptom severity present</u>								
before ECT	0	0	0	1	36	n/a	0	37
2-4 weeks after ECT:	6	24	7	0	0	0	0	37

<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>	<u>Status of series treatments</u>
1.3	49	maintenance treatments administered	
0.4	16.3	average maintenance treatments per month	
5.4	199	series treatments planned	4 ongoing
2.9	109	series treatments administered	10 concluded
4.5	167	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.

**FY06 Quarterly ECT Facility Summary
For Treatments Given December 1, 2005 to February 28, 2006**

Number of patients, reported quarterly, to have received ECT at Christus Spohn Hospital Memorial, Corpus Christi 1

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
0 White	1 female	16	0	30	0	44	1	58	0	72	0	86	0
0 Black	0 male	17	0	31	0	45	0	59	0	73	0	87	0
1 Latin	1 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
1 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
1 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
1 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)													1 reports reflected
1 public 3rd party (county, state, Medicaid, etc.)													
0 own/family funds													
0 other													
1 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	0	0	0	0	n/a	0	1
2-4 weeks after ECT:	1	0	0	0	0	0	0	1
<u>Level of symptom severity present</u>								
before ECT	0	1	0	0	0	n/a	0	1
2-4 weeks after ECT:	0	1	0	0	0	0	0	1

<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	12	series treatments planned	0 ongoing
1	1	series treatments administered	1 concluded
9	9	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.

**FY06 Quarterly ECT Facility Summary
For Treatments Given December 1, 2005 to February 28, 2006**

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

8

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
6 White	6 female	16	0	30	0	44	0	58	0	72	0	86	0
0 Black	2 male	17	0	31	0	45	0	59	1	73	1	87	0
1 Latin	8 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	1	89	0
1 Other		20	0	34	0	48	0	62	0	76	0	90	0
8 reports reflected		21	0	35	0	49	1	63	0	77	0	91	0
		22	0	36	0	50	0	64	0	78	0	92	0
<u>Hospital admission status</u>		23	0	37	0	51	0	65	0	79	0	93	0
8 voluntary patient consenting		24	1	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
8 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	1	71	0	85	0	99	0
3 private 3rd party (insurer, HMO, etc)													8 reports reflected
5 public 3rd party (county, state, Medicaid, etc.)													
0 own/family funds													
0 other													
8 reports reflected													

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

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

Avg Total Treatments administered during this reporting period

1.3	10	maintenance treatments administered
0.4	3.33	average maintenance treatments per month
4.4	35	series treatments planned
1.9	15	series treatments administered
5	40	total number of ECT treatments administered

Status of series treatments

2 ongoing
3 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.

**FY06 Quarterly ECT Facility Summary
For Treatments Given December 1, 2005 to February 28, 2006**

Number of patients, reported quarterly, to have received ECT at Cypress Creek Hospital, Houston										47			
<u>Race</u>	<u>Sex</u>	<u>Age</u>											
40 White	39 female	16	0	30	1	44	1	58	0	72	0	86	0
2 Black	8 male	17	0	31	1	45	1	59	1	73	0	87	0
5 Latin	47 reports reflected	18	0	32	0	46	2	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	4	62	0	76	0	90	0
47 reports reflected		21	1	35	0	49	2	63	0	77	0	91	0
		22	3	36	3	50	0	64	0	78	1	92	0
<u>Hospital admission status</u>		23	2	37	0	51	1	65	0	79	0	93	0
47 voluntary patient consenting		24	0	38	2	52	0	66	0	80	0	94	0
0 involuntary patient consenting		25	1	39	1	53	2	67	0	81	0	95	0
0 guardian consenting for patient		26	1	40	3	54	0	68	1	82	0	96	0
47 reports reflected		27	0	41	0	55	1	69	0	83	0	97	0
<u>Primary source of payment for ECT</u>		28	2	42	1	56	2	70	0	84	0	98	0
30 private 3rd party (insurer, HMO, etc)		29	1	43	1	57	1	71	0	85	0	99	0
17 public 3rd party (county, state, Medicaid, etc.)													47 reports reflected
0 own/family funds		<u>Any of the following that occurred within fourteen (14) days of ECT</u>											
0 other								0 apnea		0 reported memory loss			
47 reports reflected								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	44	0	0	0	n/a	0	47				
2-4 weeks after ECT:		1	46	0	0	0	0	0	47				
<u>Level of symptom severity present</u>													
before ECT		0	0	1	44	2	n/a	0	47				
2-4 weeks after ECT:		0	31	13	3	0	0	0	47				
<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>											
1.5	71	maintenance treatments administered											
0.5	23.7	average maintenance treatments per month											
11	499	series treatments planned											
5.3	249	series treatments administered											
5.4	254	total number of ECT treatments administered											
		<u>Status of series treatments</u>											
		25 ongoing											
		16 concluded											
		5 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.

**FY06 Quarterly ECT Facility Summary
For Treatments Given December 1, 2005 to February 28, 2006**

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

53

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
51 White	40 female	16	0	30	0	44	0	58	0	72	0	86	0
0 Black	13 male	17	0	31	0	45	0	59	2	73	2	87	0
1 Latin	53 reports reflected	18	0	32	0	46	0	60	0	74	2	88	0
1 Asian		19	0	33	0	47	1	61	1	75	2	89	0
0 Other		20	0	34	1	48	2	62	1	76	1	90	0
53 reports reflected		21	1	35	1	49	2	63	2	77	0	91	0
		22	0	36	0	50	0	64	3	78	1	92	0
<u>Hospital admission status</u>		23	0	37	1	51	2	65	0	79	0	93	0
53 voluntary patient consenting		24	0	38	0	52	1	66	0	80	1	94	0
0 involuntary patient consenting		25	0	39	1	53	0	67	2	81	0	95	0
0 guardian consenting for patient		26	1	40	0	54	1	68	1	82	0	96	0
53 reports reflected		27	1	41	0	55	2	69	0	83	2	97	0
<u>Primary source of payment for ECT</u>		28	0	42	0	56	1	70	0	84	2	98	0
22 private 3rd party (insurer, HMO, etc)		29	1	43	3	57	0	71	3	85	2	99	0
30 public 3rd party (county, state, Medicaid, etc.)													53 reports reflected
1 own/family funds		<u>Any of the following that occurred within fourteen (14) days of ECT</u>											
0 other							0 apnea	0 reported memory loss					
53 reports reflected							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	30	23	0	0	0	n/a	0	53
2-4 weeks after ECT:	30	23	0	0	0	0	0	53
<u>Level of symptom severity present</u>								
before ECT	0	7	12	24	10	n/a	0	53
2-4 weeks after ECT:	0	22	29	2	0	0	0	53

Avg Total Treatments administered during this reporting period

2.5	131	maintenance treatments administered
0.8	43.7	average maintenance treatments per month
4.7	251	series treatments planned
7.6	402	series treatments administered
7.6	401	total number of ECT treatments administered

Status of series treatments

10 ongoing
25 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.

Facility March-May

**FY06 Quarterly ECT Facility Summary
For Treatments Given March 1, 2006 to May 31, 2006**

Number of patients, reported quarterly, to have received ECT at Baylor All Saints Medical Centers, Fort Worth 39

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

Avg Total Treatments administered during this reporting period

1.1	41	maintenance treatments administered
0.4	13.7	average maintenance treatments per month
5.6	218	series treatments planned
3.9	154	series treatments administered
5	195	total number of ECT treatments administered

Status of series treatments

3 ongoing
14 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.

FY06 Quarterly ECT Facility Summary
For Treatments Given March 1, 2006 to May 31, 2006

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>											
7 White	5 female	16	0	30	1	44	0	58	0	72	0	86	0
1 Black	4 male	17	0	31	0	45	0	59	0	73	0	87	0
1 Latin	9 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
9 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
9 voluntary patient consenting		24	1	38	0	52	0	66	1	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
9 reports reflected		27	1	41	1	55	0	69	0	83	0	97	0
		28	0	42	0	56	0	70	2	84	0	98	0
<u>Primary source of payment for ECT</u>		29	1	43	0	57	0	71	0	85	0	99	0
0 private 3rd party (insurer, HMO, etc)													9 reports reflected
8 public 3rd party (county, state, Medicaid, etc.)													
1 own/family funds													
0 other													
9 reports reflected													

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

0 apnea	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	3	3	2	0	n/a	0	9
2-4 weeks after ECT:	2	3	4	0	0	0	0	9
<u>Level of symptom severity present</u>								
before ECT	0	2	0	4	3	n/a	0	9
2-4 weeks after ECT:	0	5	4	0	0	0	0	9

<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>	<u>Status of series treatments</u>
1.1	10	maintenance treatments administered	
0.4	3.33	average maintenance treatments per month	
9.3	84	series treatments planned	5 ongoing
0.2	2	series treatments administered	2 concluded
4.9	44	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.

FY06 Quarterly ECT Facility Summary
For Treatments Given March 1, 2006 to May 31, 2006

Number of patients, reported quarterly, to have received ECT at Cypress Creek Hospital, Houston 49

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

<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>	<u>Status of series treatments</u>
1.7	85	maintenance treatments administered	
0.6	28.3	average maintenance treatments per month	
11	540	series treatments planned	22 ongoing
4.8	236	series treatments administered	18 concluded
5.1	252	total number of ECT treatments administered	7 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.

13 reports reflected

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	9	4	0	0	0	n/a	0	13
2-4 weeks after ECT:	2	1	6	4	0	0	0	13

<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>	
3.5	46	maintenance treatments administered	
1.2	15.3	average maintenance treatments per month	
7.8	101	series treatments planned	<u>Status of series treatments</u>
0.9	12	series treatments administered	10 ongoing
8.7	113	total number of ECT treatments administered	0 concluded
			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.

**FY06 Quarterly ECT Facility Summary
For Treatments Given March 1, 2006 to May 31, 2006**

Number of patients, reported quarterly, to have received ECT at Green Oaks Behavioral Network, Dallas 14

<u>Race</u>	<u>Sex</u>	<u>Age</u>												
12 White	9 female	16	0	30	0	44	0	58	1	72	0	86	0	
0 Black	5 male	17	0	31	0	45	0	59	0	73	0	87	0	
2 Latin	14 reports reflected	18	0	32	0	46	1	60	0	74	0	88	0	
0 Asian		19	0	33	1	47	2	61	0	75	0	89	0	
0 Other		20	0	34	0	48	1	62	0	76	0	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	0	92	0	
<u>Hospital admission status</u>		23	0	37	1	51	1	65	0	79	0	93	0	
14 voluntary patient consenting		24	0	38	0	52	1	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	
14 reports reflected		27	0	41	0	55	0	69	0	83	0	97	0	
<u>Primary source of payment for ECT</u>		28	0	42	1	56	0	70	0	84	0	98	0	
11 private 3rd party (insurer, HMO, etc)		29	0	43	1	57	0	71	0	85	0	99	0	
3 public 3rd party (county, state, Medicaid, etc.)													14 reports reflected	
0 own/family funds		<u>Any of the following that occurred within fourteen (14) days of ECT</u>												
0 other								0 apnea	0 reported memory loss					
14 reports reflected								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	13	0	0	0	n/a	0	14
2-4 weeks after ECT:	1	6	3	1	0	3	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:	2	8	1	0	0	3	0	14

<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>	<u>Status of series treatments</u>
0.5	7	maintenance treatments administered	
0.2	2.33	average maintenance treatments per month	
13	186	series treatments planned	3 ongoing
0.07	1	series treatments administered	8 concluded
8.9	124	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.

**FY06 Quarterly ECT Facility Summary
For Treatments Given March 1, 2006 to May 31, 2006**

Number of patients, reported quarterly, to have received ECT at Las Palmas Medical Center, El Paso 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	1	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	1	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	1	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	0	1	2	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:	2	1	0	0	0	0	0	3

<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>	
3.3	10	maintenance treatments administered	
1.1	3.33	average maintenance treatments per month	<u>Status of series treatments</u>
0	0	series treatments planned	0 ongoing
0	0	series treatments administered	0 concluded
0	0	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.

<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	1 male	17	0	31	0	45	0	59	0	73	0	87	0
<u>Hospital admission status</u>	<u>6 reports reflected</u>	18	0	32	0	46	0	60	0	74	0	88	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
<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)													
1 public 3rd party (county, state, Medicaid, etc.)													
0 own/family funds													
0 other													
6 reports reflected													
													6 reports reflected

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

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

	<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	1	1	0	0	n/a	0	6
2-4 weeks after ECT:	1	2	2	0	0	1	0	6
<u>Level of symptom severity present</u>								
before ECT	0	0	0	1	5	n/a	0	6
2-4 weeks after ECT:	0	2	2	1	0	1	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	
15	90	series treatments planned	1 ongoing
7.5	45	series treatments administered	0 concluded
7.5	45	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.

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
14 White	13 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
1 Latin	15 reports reflected	18	0	32	0	46	0	60	0	74	0	88	0
		19	0	33	0	47	0	61	0	75	0	89	0
15 voluntary patient consenting		24	1	38	1	52	1	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
15 reports reflected		27	0	41	0	55	0	69	0	83	0	97	0
		28	0	42	2	56	0	70	0	84	0	98	0
		29	0	43	2	57	1	71	0	85	0	99	0
<u>Primary source of payment for ECT</u>													
11 private 3rd party (insurer, HMO, etc)													15 reports reflected
3 public 3rd party (county, state, Medicaid, etc.)													
1 own/family funds													
0 other													
15 reports reflected													
<u>Any of the following that occurred within fourteen (14) days of ECT</u>													
								0 apnea		5 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	15	0	0	0	n/a	0	15
2-4 weeks after ECT:	0	12	3	0	0	0	0	15
<u>Level of symptom severity present</u>								
before ECT	0	0	3	9	3	n/a	0	15
2-4 weeks after ECT:	0	10	5	0	0	0	0	15

Avg Total Treatments administered during this reporting period

3.1	46	maintenance treatments administered
1.0	15.3	average maintenance treatments per month
4.5	67	series treatments planned
7.2	108	series treatments administered
7.2	108	total number of ECT treatments administered

Status of series treatments

1 ongoing
5 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.

**FY06 Quarterly ECT Facility Summary
For Treatments Given March 1, 2006 to May 31, 2006**

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

67

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

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

0	apnea	0	reported memory loss
0	fracture	1	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	51	9	1	0	n/a	0	67
2-4 weeks after ECT:	6	55	3	1	0	1	1	67
<u>Level of symptom severity present</u>								
before ECT	0	0	9	54	4	n/a	0	67
2-4 weeks after ECT:	29	34	2	0	0	1	1	67

Avg Total Treatments administered during this reporting period

2	132	maintenance treatments administered
0.7	44	average maintenance treatments per month
2.7	183	series treatments planned
2.3	157	series treatments administered
4.3	289	total number of ECT treatments administered

Status of series treatments

3	ongoing
19	concluded
8	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.

**FY06 Quarterly ECT Facility Summary
For Treatments Given March 1, 2006 to May 31, 2006**

Number of patients, reported quarterly, to have received ECT at Zale Lipshy University Hospital, Dallas								50					
<u>Race</u>	<u>Sex</u>	<u>Age</u>											
47 White	35 female	16	0	30	0	44	0	72	0	86	1		
2 Black	15 male	17	0	31	0	45	1	59	1	73	1	87	0
0 Latin	50 reports reflected	18	1	32	0	46	2	60	0	74	0	88	0
1 Asian		19	0	33	1	47	2	61	1	75	2	89	0
0 Other		20	0	34	0	48	2	62	1	76	1	90	0
50 reports reflected		21	0	35	0	49	1	63	1	77	0	91	0
		22	1	36	1	50	0	64	3	78	1	92	0
<u>Hospital admission status</u>		23	0	37	0	51	2	65	0	79	0	93	0
50 voluntary patient consenting		24	0	38	0	52	0	66	1	80	1	94	0
0 involuntary patient consenting		25	0	39	3	53	0	67	1	81	0	95	0
0 guardian consenting for patient		26	1	40	0	54	1	68	4	82	0	96	0
50 reports reflected		27	1	41	0	55	1	69	0	83	0	97	0
<u>Primary source of payment for ECT</u>		28	0	42	0	56	0	70	1	84	4	98	0
21 private 3rd party (insurer, HMO, etc)		29	0	43	2	57	0	71	2	85	0	99	0
28 public 3rd party (county, state, Medicaid, etc.)		<u>Any of the following that occurred within fourteen (14) days of ECT</u>											
1 own/family funds							0 apnea	0 reported memory loss					
0 other							0 fracture	0 death					
50 reports reflected							0 cardiac arrest	0 autopsy obtained*					
		50 reports reflected											
		<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		28	22	0	0	0	n/a	0	50				
2-4 weeks after ECT:		28	22	0	0	0	0	0	50				
<u>Level of symptom severity present</u>													
before ECT		0	12	14	12	12	n/a	0	50				
2-4 weeks after ECT:		1	25	20	4	0	0	0	50				
<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>											
3.0	151	maintenance treatments administered					<u>Status of series treatments</u>						
1.0	50.3	average maintenance treatments per month					7 ongoing						
4.5	227	series treatments planned					21 concluded						
7.3	367	series treatments administered					0 stopped						
7.5	373	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												

*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.

**FY06 Quarterly ECT Facility Summary
For Treatments Given June 1, 2006 to August 31, 2006**

Number of patients, reported quarterly, to have received ECT at Christus Spohn Hospital Memorial, Corpus Christi										6					
<u>Race</u>	<u>Sex</u>	<u>Age</u>													
4 White	2 female	16	0	30	1	44	0	58	0	72	0	86	0		
1 Black	4 male	17	0	31	0	45	0	59	0	73	0	87	0		
1 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	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	1	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	1	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		
1 private 3rd party (insurer, HMO, etc)												6 reports reflected			
5 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		3	2	1	0	0	n/a	0	6						
2-4 weeks after ECT:		1	4	1	0	0	0	0	6						
<u>Level of symptom severity present</u>															
before ECT		0	1	0	1	4	n/a	0	6						
2-4 weeks after ECT:		1	3	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>			
0.7	4	maintenance treatments administered													
0.2	1.33	average maintenance treatments per month													
6.7	40	series treatments planned										2 ongoing			
1	6	series treatments administered										3 concluded			
5.8	35	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.

**FY06 Quarterly ECT Facility Summary
For Treatments Given June 1, 2006 to August 31, 2006**

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

15

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
14 White	8 female	16	0	30	0	44	1	58	0	72	0	86	0
0 Black	7 male	17	0	31	0	45	0	59	0	73	0	87	0
1 Latin	15 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	1	62	0	76	0	90	0
15 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	1	65	1	79	0	93	0
15 voluntary patient consenting		24	0	38	1	52	3	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
15 reports reflected		27	0	41	0	55	0	69	0	83	1	97	0
<u>Primary source of payment for ECT</u>		28	1	42	0	56	0	70	0	84	1	98	0
6 private 3rd party (insurer, HMO, etc)		29	0	43	0	57	0	71	0	85	1	99	0
9 public 3rd party (county, state, Medicaid, etc.)													15 reports reflected
0 own/family funds		<u>Any of the following that occurred within fourteen (14) days of ECT</u>											
0 other								0 apnea		0 reported memory loss			
15 reports reflected								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	9	6	0	0	0	n/a	0	15
2-4 weeks after ECT:	7	8	0	0	0	0	0	15
<u>Level of symptom severity present</u>								
before ECT	0	0	1	9	5	n/a	0	15
2-4 weeks after ECT:	2	5	5	3	0	0	0	15

<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>	<u>Status of series treatments</u>
3.9	58	maintenance treatments administered	
1.3	19.3	average maintenance treatments per month	
7.6	114	series treatments planned	11 ongoing
0.2	3	series treatments administered	0 concluded
7.8	117	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.

FY06 Quarterly ECT Facility Summary
For Treatments Given June 1, 2006 to August 31, 2006

Number of patients, reported quarterly, to have received ECT at Green Oaks Behavioral Network, Dallas 18

<u>Race</u>	<u>Sex</u>	<u>Age</u>												
16 White	13 female	16	0	30	0	44	0	58	0	72	0	86	0	
1 Black	5 male	17	0	31	0	45	1	59	1	73	2	87	0	
1 Latin	18 reports reflected	18	0	32	0	46	1	60	0	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	
18 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	
<u>Hospital admission status</u>		23	0	37	1	51	0	65	2	79	0	93	0	
18 voluntary patient consenting		24	0	38	0	52	2	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	2	54	1	68	0	82	0	96	0	
18 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	
9 private 3rd party (insurer, HMO, etc)													18 reports reflected	
9 public 3rd party (county, state, Medicaid, etc.)														
0 own/family funds														
0 other														
18 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	1	15	1	0	n/a	0	18
2-4 weeks after ECT:	6	3	2	0	0	7	0	18
<u>Level of symptom severity present</u>								
before ECT	0	0	0	18	0	n/a	0	18
2-4 weeks after ECT:	3	6	3	0	0	6	0	18

<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>	<u>Status of series treatments</u>
0.7	13	maintenance treatments administered	
0.2	4.33	average maintenance treatments per month	
5.2	93	series treatments planned	11 ongoing
2.4	43	series treatments administered	6 concluded
9.1	163	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.

**FY06 Quarterly ECT Facility Summary
For Treatments Given June 1, 2006 to August 31, 2006**

Number of patients, reported quarterly, to have received ECT at Richardson Regional Medical Center, Richardson 17

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
14 White	14 female	16	0	30	0	44	0	58	0	72	0	86	0
2 Black	3 male	17	0	31	0	45	0	59	0	73	0	87	0
1 Latin	17 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
17 reports reflected		21	0	35	0	49	0	63	0	77	0	91	0
		22	0	36	3	50	0	64	0	78	0	92	0
<u>Hospital admission status</u>		23	1	37	0	51	1	65	0	79	0	93	0
17 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	1	54	0	68	0	82	0	96	0
17 reports reflected		27	1	41	0	55	0	69	0	83	0	97	0
		28	0	42	2	56	0	70	0	84	0	98	0
<u>Primary source of payment for ECT</u>		29	0	43	3	57	0	71	0	85	0	99	0
16 private 3rd party (insurer, HMO, etc)													17 reports reflected
1 public 3rd party (county, state, Medicaid, etc.)													
0 own/family funds													
0 other													
17 reports reflected													

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

0 apnea	9 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	15	2	0	0	n/a	0	17
2-4 weeks after ECT:	0	14	3	0	0	0	0	17
<u>Level of symptom severity present</u>								
before ECT	0	1	6	10	0	n/a	0	17
2-4 weeks after ECT:	0	13	4	0	0	0	0	17

<u>Avg</u>	<u>Total</u>	<u>Treatments administered during this reporting period</u>	<u>Status of series treatments</u>
1.6	28	maintenance treatments administered	
0.5	9.33	average maintenance treatments per month	
6.1	103	series treatments planned	2 ongoing
6.6	112	series treatments administered	9 concluded
6.6	112	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.

**FY06 Quarterly ECT Facility Summary
For Treatments Given June 1, 2006 to August 31, 2006**

Number of patients, reported quarterly, to have received ECT at The Methodist Hospital, Houston 21

<u>Race</u>	<u>Sex</u>	<u>Age</u>											
17 White	16 female	16	0	30	0	44	0	58	1	72	1	86	0
1 Black	5 male	17	0	31	0	45	0	59	0	73	0	87	0
1 Latin	21 reports reflected	18	0	32	1	46	0	60	0	74	0	88	0
1 Asian		19	0	33	0	47	1	61	0	75	0	89	0
1 Other		20	0	34	1	48	0	62	0	76	0	90	0
21 reports reflected		21	0	35	0	49	1	63	1	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	1	65	1	79	0	93	0
20 voluntary patient consenting		24	0	38	0	52	0	66	1	80	0	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	1	54	2	68	0	82	0	96	0
21 reports reflected		27	0	41	1	55	0	69	1	83	0	97	0
		28	0	42	0	56	0	70	2	84	0	98	0
<u>Primary source of payment for ECT</u>		29	0	43	1	57	0	71	1	85	1	99	0
10 private 3rd party (insurer, HMO, etc)													21 reports reflected
11 public 3rd party (county, state, Medicaid, etc.)													
0 own/family funds													
0 other													
21 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	10	10	0	1	0	n/a	0	21
2-4 weeks after ECT:	5	14	2	0	0	0	0	21
<u>Level of symptom severity present</u>								
before ECT	0	0	3	17	1	n/a	0	21
2-4 weeks after ECT:	3	14	4	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>
2.3	48	maintenance treatments administered	
0.8	16	average maintenance treatments per month	
6.3	133	series treatments planned	17 ongoing
1	20	series treatments administered	4 concluded
6.3	133	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	817-927-6137	Make	Somatic	Somatic	Somatic	1996	03/01/96	\$100.00
Form By	Michael P. Gilmore	Model	DG	Thymatron D	Thymatron	1997	04/21/97	\$100.00
Title	Dir, Biomedical Eng	Acquired	1992	1992	2004	1998	06/08/98	\$100.00
		Serial #	2240	2143	40736	1999	07/19/99	\$100.00
		Registered	12/13/93	09/12/94	8/6/04	2000	01/30/01	\$100.00
		Disposition	active	broken	active	2001	01/30/01	\$100.00
First Use	7/17/1993				2002	04/25/02	\$100.00	
Last Use	8/30/2006				2003	08/10/04	\$100.00	
Comments	Formerly All Saints Episcopal Hospital.				2004	08/06/04,08/26/04	\$100.00	
					2005		\$0.00	
					2006		\$0.00	
					2007		\$0.00	
					Total		\$1,100.00	

(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
		Registered	03/08/94	08/22/96	n/a	2000	02/03/00	\$50.00
		Disposition	n/a	active	n/a	2001	02/02/01	\$50.00
First Use	10/8/1993				2002	02/08/02	\$50.00	
Last Use	8/30/2006				2003	01/14/03	\$50.00	
Comments	Machine 1 disposed of 8/96.				2004		\$0.00	
					2005		\$0.00	
					2006	1/27/06	\$50.00	
					2007		\$0.00	
					Total		\$550.00	

(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	Somatics	n/a	1996	09/13/96	\$50.00
Form By	Farida Jivan	Model	DG	Thymatron	n/a	1997	01/21/97	\$50.00
Title	Assoc. Dir. Recovery	Acquired	1993	2002	n/a	1998	01/20/98	\$50.00
		Serial #	2392	40349	n/a	1999	07/23/99	\$50.00
		Registered	09/13/96	01/27/04	n/a	2000	01/31/00	\$50.00
		Disposition	n/a	active	n/a	2001	03/26/01	\$50.00
First Use	8/30/1993				2002	01/23/02	\$50.00	
Last Use	8/30/2006				2003	01/23/02	\$50.00	
Comments	None.				2004	01/27/04	\$50.00	
					2005		\$0.00	
					2006		\$0.00	
					2007		\$0.00	
					Total		\$550.00	

ECT EQUIPMENT REGISTRATION HISTORY

(Active) Cypress Creek Hospital

Address 17750 Cole Drive
 City/Zip Houston 77090
 Phone 713-586-7600
 Form By Sharon Prien
 Title RN

Machine 1 Machine 2 Machine 3

Make Mecta n/a n/a
 Model Spectrum n/a n/a
 Acquired 2004 n/a n/a
 Serial # 6729 n/a n/a
 Registered 2/18/04 n/a n/a
 Disposition n/a n/a

First Use 2/19/2004
 Last Use 8/31/2006

Payments Received:

1994	n/a	\$0.00
1995	n/a	\$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	02/18/04	\$50.00
2005		\$0.00
2006		\$0.00
2007		\$0.00
Total		\$50.00

Comments

(Active) DePaul Center

Address 301 Londonderry
 City/Zip Waco 76712
 Phone 817-776-5970
 Form By John Murry
 Title Bio-Med Tech

Machine 1 Machine 2 Machine 3

Make Mecta Mecta Mecta
 Model SR1C SR1A Spectrum
 Acquired 1993 1985 2002
 Serial # 3718 2095 200210792
 Registered 10/27/94 10/27/94 12/31/03
 Disposition back-up n/a active

First Use 9/8/1993
 Last Use 11/30/2006

Payments Received:

1994	01/21/97	\$100.00
1995	10/27/94, 01/21/97	\$100.00
1996	03/12/96, 01/21/97	\$100.00
1997	01/21/97	\$100.00
1998	12/02/97	\$100.00
1999	12/21/98	\$100.00
2000	01/10/00	\$100.00
2001	01/22/01	\$100.00
2002	01/10/02	\$100.00
2003	12/31/03	\$100.00
2004	12/23/04	\$100.00
2005	12/16/05	\$100.00
2006		\$0.00
2007	12/15/06	\$100.00
Total		\$1,300.00

Comments Machine 2 disposed of.

(Active) Green Oaks Behavioral Network

Address POBox 515639
 City/Zip Dallas 75251
 Phone 972-991-9504
 Form By Judy Turner
 Title RN

Machine 1 Machine 2 Machine 3

Make Mecta Mecta n/a
 Model 5000Q SR1 n/a
 Acquired 1999 1988 n/a
 Serial # 10318 3082 n/a
 Registered 01/12/00 12/17/93 n/a
 Disposition active n/a n/a

First Use 9/15/1993
 Last Use 12/16/2006

Payments Received:

1994	12/17/93	\$50.00
1995	10/11/94	\$50.00
1996	07/22/96	\$50.00
1997	05/08/97, 08/25/97	\$100.00
1998	12/03/98	\$50.00
1999	03/17/99	\$50.00
2000	01/12/00	\$50.00
2001	12/27/00	\$50.00
2002	12/20/01	\$50.00
2003	01/17/03	\$50.00
2004	1/11/05	\$50.00
2005		\$0.00
2006		\$0.00
2007		\$0.00
Total		\$600.00

Comments Machine 2 inactive since 1999.

ECT EQUIPMENT REGISTRATION HISTORY

(Active) Las Palmas Medical Center

						<u>Payments Received:</u>		
						1994	10/25/93	\$50.00
						1995	09/20/94	\$50.00
						1996	06/13/96	\$50.00
						1997	02/24/97	\$50.00
						1998	01/28/98	\$50.00
						1999	04/29/99	\$50.00
						2000	12/21/99	\$50.00
						2001	02/14/01	\$50.00
						2002	10/23/01	\$50.00
						2003	11/5/02	\$50.00
						2004	01/21/04	\$50.00
						2005	05/01/05	\$50.00
						2006		\$0.00
						2007		\$0.00
						Total		\$600.00
Address	1801 Oregon		<u>Machine 1</u>	<u>Machine 2</u>	<u>Machine 3</u>			
City/Zip	El Paso	79902						
Phone	915-521-1178		Make	Mecta	Somatics	n/a		
Form By	Tess Servo, RN		Model	D	Thymatron	n/a		
Title	Nurse Manager		Acquired	1985	1997	n/a		
			Serial #	7525	3320	n/a		
			Registered	10/25/93	04/29/99	n/a		
			Disposition	n/a	active	n/a		
First Use	9/3/1993							
Last Use	5/30/2006							
Comments	Machine 1 disposed of 4/99. Formerly Columbia Medical Center West.							

(Active) Methodist Specialty & Transplant Hospital

						<u>Payments Received:</u>		
						1994	06/08/94	\$50.00
						1995	03/20/95	\$50.00
						1996	08/13/97	\$50.00
						1997	01/21/97	\$50.00
						1998	01/20/98	\$50.00
						1999	12/31/98	\$50.00
						2000	01/31/00	\$50.00
						2001	06/05/01, 06/16/01	\$60.00
						2002	12/21/01	\$50.00
						2003	01/13/03	\$50.00
						2004	12/31/03	\$100.00
						2005	5/19/05	\$100.00
						2006		\$0.00
						2007		\$0.00
						Total		\$710.00
Address	8026 Floyd Curl Dr		<u>Machine 1</u>	<u>Machine 2</u>	<u>Machine 3</u>			
City/Zip	San Antonio	78229						
Phone	210-692-8110		Make	Somatics	Somatics	n/a		
Form By	Bill L. Steele		Model	Thymatron	Thymatron	n/a		
Title	Mental Health Svcs		Acquired	1994	1993	n/a		
			Serial #	2515	40617	n/a		
			Registered	06/08/94	12/31/03	n/a		
			Disposition	active	active	n/a		
First Use	6/22/1994							
Last Use	8/31/2006							
Comments	Formerly San Antonio Community Hospital.							

(Active) Millwood Hospital

						<u>Payments Received:</u>		
						1994	n/a	\$0.00
						1995	n/a	\$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
						2005	05/24/05	\$100.00
						2006		\$0.00
						2007		\$0.00
						Total		\$100.00
Address	1011 N. Cooper		<u>Machine 1</u>	<u>Machine 2</u>	<u>Machine 3</u>			
City/Zip	Arlington	76011						
Phone	817-261-3121		Make	Somatics	Somatics	n/a		
Form By	Debbie Wilkes		Model	Thymatron D	Thymatron D	n/a		
Title	LVN		Acquired	4/22/05	4/22/05	n/a		
			Serial #	2688	2144	n/a		
			Registered	05/24/05	5/24/05	n/a		
			Disposition	active	back-up	n/a		
First Use	8/31/2005							
Last Use	6/5/2006							
Comments	None.							

ECT EQUIPMENT REGISTRATION HISTORY

(Active) Presbyterian Hospital of Dallas

Address 8200 Walnut Hill Ln
 City/Zip Dallas 75231
 Phone 214-345-6789
 Form By Susan Mendoza, MSN
 Title Nurse Manager

Machine 1 Machine 2 Machine 3

Make Mecta Mecta Mecta
 Model SR1 B24III Spectrum
 Acquired 1988 1995 2004
 Serial # 3735 7046 10977
 Registered 03/27/96 03/27/96 04/30/04
 Disposition active back-up active

First Use 11/16/1993
 Last Use 8/30/2006

Payments Received:

1994 02/26/97 \$100.00
 1995 02/26/97 \$150.00
 1996 03/27/96 \$150.00
 1997 02/05/97 \$150.00
 1998 01/20/98 \$150.00
 1999 03/05/99 \$150.00
 2000 02/04/00 \$150.00
 2001 01/03/01 \$150.00
 2002 01/22/02 \$100.00
 2003 01/21/03 \$100.00
 2004 04/30/04 \$100.00
 2005 03/10/05 \$100.00
 2006 \$0.00
 2007 \$0.00

Total \$1,550.00

Comments

(Active) Richardson Regional Medical Center

Address 401 W. Campbell Rd.
 City/Zip Richardson 75080
 Phone 972-498-8636
 Form By Vicki Stoker
 Title Dir of Psyc Nursg

Machine 1 Machine 2 Machine 3

Make Mecta Mecta Mecta
 Model SR1C SR1 Spectrum
 Acquired 1988 1988 2001
 Serial # 2314 2326 10635
 Registered 12/27/93 12/31/97 10/15/01
 Disposition n/a n/a active

First Use 7/10/1993
 Last Use 8/30/2006

Payments Received:

1994 12/27/93 \$50.00
 1995 02/10/97 \$50.00
 1996 03/12/96 \$50.00
 1997 03/22/99 \$50.00
 1998 12/31/97 \$50.00
 1999 03/22/99 \$50.00
 2000 01/28/00 \$50.00
 2001 12/19/00,10/15/01 \$100.00
 2002 01/07/02 \$100.00
 2003 01/21/03 \$100.00
 2004 01/23/04 \$100.00
 2005 01/07/05 \$50.00
 2006 01/05/06 \$50.00
 2007 \$0.00

Total \$850.00

Comments Machine 2 retired in 1999, machine 1 in 2002.

(Active) San Jacinto Methodist Hospital

Address 4401 Garth Road
 City/Zip Baytown 77521-31
 Phone 281-420-8765
 Form By Lester Laskowski
 Title Supervisor, Biomed

Machine 1 Machine 2 Machine 3

Make Mecta Somatics n/a
 Model JR1 Thymatron n/a
 Acquired 1987 2002 n/a
 Serial # 3024 40358 n/a
 Registered 12/31/93 10/7/02 n/a
 Disposition active active n/a

First Use 2/11/1994
 Last Use 6/7/2006

Payments Received:

1994 12/31/93 \$50.00
 1995 03/20/95 \$50.00
 1996 07/12/96 \$50.00
 1997 01/21/97 \$50.00
 1998 11/12/97 \$50.00
 1999 12/04/98 \$50.00
 2000 01/10/00 \$50.00
 2001 04/12/01 \$50.00
 2002 10/07/02 \$50.00
 2003 11/15/02 \$100.00
 2004 07/26/04 \$100.00
 2005 \$0.00
 2006 12/1/06 \$50.00
 2007 \$0.00

Total \$700.00

Comments None.

ECT EQUIPMENT REGISTRATION HISTORY

(Active) Scott & White Memorial Hospital

Address 2401 S. 31st St.
 City/Zip Temple 76508
 Phone 254-724-3210
 Form By Judith Hyer
 Title Director

Machine 1 Machine 2 Machine 3

Make Mecta Mecta Mecta
 Model C SR1 5000
 Acquired 1979 1994 2000
 Serial # 3221 3855 10415
 Registered 04/18/93 10/22/93 07/17/00
 Disposition n/a inactive active

First Use 9/7/1993
 Last Use 8/24/2006

Payments Received:

1994	04/18/94, 10/22/94	\$100.00
1995	03/20/95	\$50.00
1996	02/07/96	\$50.00
1997	12/27/00	\$50.00
1998	02/09/98	\$50.00
1999	02/25/99	\$50.00
2000	07/17/00	\$100.00
2001	12/27/00	\$50.00
2002	01/08/02	\$100.00
2003		\$0.00
2004	03/29/04	\$50.00
2005	10/05/05	\$50.00
2006		\$0.00
2007		\$0.00
Total		\$700.00

Comments

(Active) Seton Shoal Creek Hospital

Address 3501 Mills Ave
 City/Zip Austin 78731
 Phone 452-0361
 Form By Mary Ann Dale
 Title ECT Coordinator

Machine 1 Machine 2 Machine 3

Make Mecta Medcraft n/a
 Model SR 1B B24 n/a
 Acquired 1989 1981 n/a
 Serial # 2078 3375 n/a
 Registered 02/17/94 02/17/94 n/a
 Disposition active archived n/a

First Use 9/24/1993
 Last Use 8/30/2006

Payments Received:

1994	02/17/94	\$100.00
1995	Corresp in file.	\$0.00
1996	01/19/96	\$100.00
1997	01/21/97	\$100.00
1998	02/02/98	\$100.00
1999	05/04/98	\$100.00
2000	01/29/01	\$50.00
2001	01/29/01	\$50.00
2002	02/06/02	\$50.00
2003	06/18/03	\$50.00
2004	01/23/04	\$50.00
2005		\$0.00
2006		\$0.00
2007		\$0.00
Total		\$750.00

Comments Shoal Creek bought by Seton 5/1/98.

(Active) St. David's Pavilion

Address P.O.Box 4280
 City/Zip Austin 78765
 Phone 476-7111
 Form By Ruth Kidwell
 Title RN

Machine 1 Machine 2 Machine 3

Make Mecta Mecta Mecta
 Model SR1 SR1 Spectrum
 Acquired 1989 1998 2003
 Serial # 3293 2333 10933
 Registered 10/8/93 1/6/00 12/15/02
 Disposition n/a n/a active

First Use 9/6/1993
 Last Use 8/30/2006

Payments Received:

1994	10/08/93	\$50.00
1995	09/19/94	\$50.00
1996	11/21/95	\$50.00
1997	01/21/97	\$50.00
1998	12/02/97	\$50.00
1999	12/04/98	\$50.00
2000	01/06/00	\$50.00
2001	01/09/01	\$50.00
2002	12/14/01	\$50.00
2003	12/23/02	\$50.00
2004	12/15/03	\$50.00
2005	01/05/06	\$50.00
2006		\$0.00
2007		\$0.00
Total		\$600.00

Comments Machine 1 disposed of 1/00. Machine 2 disposed of 12/03.

ECT EQUIPMENT REGISTRATION HISTORY

(Active) Terrell State Hospital

Address P.O.Box 70
 City/Zip Terrell 75160
 Phone 972-551-8225
 Form By Patti Tabraham
 Title Unit Administrator

Machine 1 **Machine 2** **Machine 3**

Make Mecta Somatics Mecta
 Model SR1 Thymatron Spectrum
 Acquired 1991 2000 2002
 Serial # 3428 40081 10782
 Registered 02/10/95 11/10/00 02/28/03
 Disposition n/a active back-up

First Use 10/1/1993
 Last Use 8/30/2006

Comments Machine 1 disposed of 12/99.

Payments Received:

1994 \$0.00
 1995 02/08/95 \$50.00
 1996 06/12/95 \$50.00
 1997 10/29/96 \$50.00
 1998 10/27/97 \$50.00
 1999 11/04/98 \$50.00
 2000 10/07/99 \$50.00
 2001 11/10/00 \$50.00
 2002 12/18/01 \$50.00
 2003 02/28/03 \$100.00
 2004 03/09/04 \$100.00
 2005 \$0.00
 2006 \$0.00
 2007 \$0.00
Total \$600.00

(Active) Texas West Oaks Hospital

Address 6500 Hornwood
 City/Zip Houston 77074
 Phone 713-995-0909
 Form By Mei Leng Lee
 Title RN

Machine 1 **Machine 2** **Machine 3**

Make Mecta Mecta n/a
 Model SR Spectrum n/a
 Acquired 1990 2001 n/a
 Serial # 1081 10678 n/a
 Registered 04/04/96 01/10/02 n/a
 Disposition n/a active n/a

First Use 4/12/1996
 Last Use 8/30/2006

Comments Machine 1 will be disposed of January 2002.

Payments Received:

1994 n/a \$0.00
 1995 n/a \$0.00
 1996 04/04/96 \$50.00
 1997 01/28/97 \$50.00
 1998 01/20/98 \$50.00
 1999 01/20/99 \$50.00
 2000 01/10/00 \$50.00
 2001 01/10/01 \$50.00
 2002 01/10/02 \$50.00
 2003 01/13/03 \$50.00
 2004 01/12/04 \$50.00
 2005 01/06/05 \$50.00
 2006 \$0.00
 2007 \$0.00
Total \$500.00

(Active) The Methodist Hospital

Address 6565 Fannin M375
 City/Zip Houston 77030
 Phone 713-441-1034
 Form By Phoebe DelaCalzada
 Title Material Coordinator

Machine 1 **Machine 2** **Machine 3**

Make Somatics Somatics Somatrics
 Model Thymatron D Thymatron D Thymatron
 Acquired 1994 1991 2004
 Serial # 2014 2343 40677
 Registered 11/22/93 04/19/94 06/21/04
 Disposition active active active

First Use 7/13/1993
 Last Use 8/31/2006

Comments None.

Payments Received:

1994 11/22/93, 04/19/94 \$100.00
 1995 04/20/95 \$100.00
 1996 04/16/96 \$100.00
 1997 01/15/97 \$100.00
 1998 11/03/97 \$100.00
 1999 06/10/99 \$100.00
 2000 03/06/02 \$100.00
 2001 03/06/02 \$100.00
 2002 03/06/02 \$100.00
 2003 07/30/04 \$100.00
 2004 06/21/04,07/31/04 \$150.00
 2005 \$0.00
 2006 \$0.00
 2007 \$0.00
Total \$1,150.00

ECT EQUIPMENT REGISTRATION HISTORY

(Active) Zale Lipshy University Hospital

Address	5151 Harry Hines	<u>Machine 1</u>	<u>Machine 2</u>	<u>Machine 3</u>
City/Zip	Dallas 75235			
Phone	214-590-3400	Make	Mecta	Thymatron
Form By	Salomie DeVassy, RN	Model	SR1C	DG
Title	Clin Mgr Psych Unit	Acquired	1989	1997
		Serial #	3248	3296
		Registered	12/31/93	12/02/97
		Disposition		active
				back-up
First Use	6/11/1993			
Last Use	8/31/2006			
Comments	Equipment transferred from St. Paul 5/1/04.			

Payments Received:

1994	12/31/93	\$50.00
1995	04/12/95	\$50.00
1996	04/09/96	\$50.00
1997	01/08/97	\$50.00
1998	12/02/97, 01/28/98	\$100.00
1999	01/08/99	\$100.00
2000	04/28/00	\$100.00
2001	01/29/01	\$100.00
2002	12/27/01	\$100.00
2003	01/06/03	\$100.00
2004	12/31/03, 02/09/04	\$100.00
2005	12/21/05	\$150.00
2006		\$0.00
2007		\$0.00
Total		\$1,050.00

(Inactive) Baptist Hospital

Address	3576 College @ 11th	<u>Machine 1</u>	<u>Machine 2</u>	<u>Machine 3</u>
City/Zip	Beaumont 77701			
Phone	409-835-3781	Make	Mecta	Mecta
Form By	Sandy Batson, RN	Model	SR	SR2
Title	Administrator	Acquired	1986	1995
		Serial #	2191	4147
		Registered	07/06/94	12/22/95
		Disposition	n/a	n/a
First Use	2/21/1994			
Last Use	8/31/1995			
Comments	No reports received since 8/95. Machine 1 disposed of 12/95.			

Payments Received:

1994	07/06/94	\$50.00
1995	12/22/95	\$50.00
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
2005	n/a	\$0.00
2006	n/a	\$0.00
2007		\$0.00
Total		\$100.00

(Inactive) Bay Area Medical Center

Address	7101 S. Padre Island	<u>Machine 1</u>	<u>Machine 2</u>	<u>Machine 3</u>
City/Zip	Corpus Christi 78412			
Phone	512-985-1200	Make	Mecta	n/a
Form By	Kirk G. Wilson	Model	SR2	n/a
Title	CEO	Acquired	1994	n/a
		Serial #	3991	n/a
		Registered	11/08/94	n/a
		Disposition	n/a	n/a
First Use	11/22/1994			
Last Use	4/30/1996			
Comments	No reports received since 4/96.			

Payments Received:

1994	n/a	\$0.00
1995	11/08/94	\$50.00
1996	04/17/97	\$50.00
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
2005	n/a	\$0.00
2006	n/a	\$0.00
2007		\$0.00
Total		\$100.00

ECT EQUIPMENT REGISTRATION HISTORY

(Inactive) BayCoast Medical Center

Address	1700 James Bowie Dr.	<u>Machine 1</u>	<u>Machine 2</u>	<u>Machine 3</u>
City/Zip	Baytown 77520			
Phone	713-420-6100	Make	Mecta	n/a
Form By	David McKenney	Model	SR1	n/a
Title	Clin Equip Manager	Acquired	1989	n/a
		Serial #	3304SR-1C	n/a
		Registered	10/13/93	n/a
		Disposition	n/a	n/a

Payments Received:

1994	10/13/93	\$50.00
1995	n/a	\$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
2005	n/a	\$0.00
2006	n/a	\$0.00
2007		\$0.00
Total		\$50.00

First Use 7/23/1993
Last Use 11/30/1993

Comments No reports received since 11/93.

(Inactive) Baylor University Medical CtrPayments Received:

1994	11/04/93, 03/07/94	\$100.00
1995	n/a	\$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
2005	n/a	\$0.00
2006	n/a	\$0.00
2007		\$0.00
Total		\$100.00

Address	3500 Gaston Avenue	<u>Machine 1</u>	<u>Machine 2</u>	<u>Machine 3</u>
City/Zip	Dallas 75246			
Phone	214-820-3576	Make	Mecta	Mecta
Form By	Connie Bowling	Model	D	SR1
Title	Clinical Manager	Acquired	1983	1987
		Serial #	1212D	2326
		Registered	11/04/93	03/07/94
		Disposition	n/a	n/a

First Use 2/4/1994
Last Use 12/30/1994

Comments Hospital discontinued ECT 12/94; letter in file.

(Inactive) Bayshore Medical CenterPayments Received:

1994	02/09/94	\$50.00
1995	n/a	\$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
2005	n/a	\$0.00
2006	n/a	\$0.00
2007		\$0.00
Total		\$50.00

Address	4000 Spencer Highway	<u>Machine 1</u>	<u>Machine 2</u>	<u>Machine 3</u>
City/Zip	Pasadena 77504			
Phone	713-944-6666	Make	Somatics	n/a
Form By	Joseph W. Portwood	Model	Thymatron	n/a
Title	Lazer Safety Officer	Acquired	1987	n/a
		Serial #	1185	n/a
		Registered	02/09/94	n/a
		Disposition	n/a	n/a

First Use 12/3/1993
Last Use 7/31/1994

Comments Hospital discontinued ECT 7/94; letter in file.

ECT EQUIPMENT REGISTRATION HISTORY

(Inactive) Bellaire Medical CenterPayments Received:

		<u>Machine 1</u>	<u>Machine 2</u>	<u>Machine 3</u>			
Address	5314 Dashwood				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
		Registered	10/22/93	n/a	n/a	2000	n/a \$0.00
		Disposition	active	n/a	n/a	2001	n/a \$0.00
First Use	7/25/1994				2002	04/02/02 \$50.00	
Last Use	3/12/2004				2003	08/30/04 \$50.00	
Comments	No reports received 2000-2001.				2004	08/30/04 \$50.00	
					2005	n/a \$0.00	
					2006	n/a \$0.00	
					2007	\$0.00	
					Total	\$450.00	

(Inactive) Ben Taub General HospitalPayments Received:

		<u>Machine 1</u>	<u>Machine 2</u>	<u>Machine 3</u>			
Address	1504 Taub Loop				1994	05/06/97 \$50.00	
City/Zip	Houston 77030				1995	05/06/97 \$50.00	
Phone	713-873-2000	Make	Thymatron	Hittman	Somatics	1996	03/05/96 \$50.00
Form By	Michael Barber	Model	DG	B24	Thymatron	1997	05/06/97 \$50.00
Title	MD	Acquired	1992	1989	2001	1998	02/11/98 \$50.00
		Serial #	2345	unknown	40318	1999	07/05/99 \$50.00
		Registered	03/05/96	03/05/96	06/22/04	2000	n/a \$0.00
		Disposition	n/a	n/a	active	2001	01/12/01 \$50.00
First Use	3/15/1994				2002	n/a \$0.00	
Last Use	9/29/2004				2003	06/22/04 \$50.00	
Comments	Machines 1 & 2 disposed of in 2001.				2004	06/22/04 \$50.00	
					2005	01/27/06 \$50.00	
					2006	01/27/06 \$50.00	
					2007	\$0.00	
					Total	\$550.00	

(Inactive) Brazosport Memorial HospitalPayments Received:

		<u>Machine 1</u>	<u>Machine 2</u>	<u>Machine 3</u>			
Address	100 Medical Drive				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
		Registered	01/25/94	n/a	n/a	2000	n/a \$0.00
		Disposition	n/a	n/a	n/a	2001	n/a \$0.00
First Use	3/25/1994				2002	n/a \$0.00	
Last Use	12/22/1998				2003	n/a \$0.00	
Comments	No reports 5/95 to 4/98.				2004	n/a \$0.00	
					2005	n/a \$0.00	
					2006	n/a \$0.00	
					2007	\$0.00	
					Total	\$300.00	

ECT EQUIPMENT REGISTRATION HISTORY

(Inactive) Charter Hospital of Dallas

Address 6800 Preston
 City/Zip Plano 75024
 Phone 214-618-3939
 Form By Paul Stenson
 Title Director of Nursing

Machine 1 Machine 2 Machine 3

Make Mecta n/a n/a
 Model SR n/a n/a
 Acquired 1988 n/a n/a
 Serial # 2367 n/a n/a
 Registered 11/29/93 n/a n/a
 Disposition n/a n/a n/a

First Use 9/17/1993
 Last Use 11/30/1996

Comments Hospital discontinued ECT 11/96; letter in file.

Payments Received:

1994	11/29/93	\$50.00
1995	n/a	\$0.00
1996	04/09/96	\$50.00
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
2005	n/a	\$0.00
2006	n/a	\$0.00
2007		\$0.00
Total		\$100.00

(Inactive) Charter Real Hospital

Address 8550 Huebner
 City/Zip San Antonio 78240
 Phone 210-699-8585
 Form By Pam Kniffin
 Title QA Director

Machine 1 Machine 2 Machine 3

Make Mecta n/a n/a
 Model SR1 n/a n/a
 Acquired 1995 n/a n/a
 Serial # 4065 n/a n/a
 Registered 09/30/93 n/a n/a
 Disposition n/a n/a n/a

First Use 7/2/1993
 Last Use 8/15/1997

Comments Hospital discontinued ECT 8/15/97; letter in file.

Payments Received:

1994	09/30/93	\$50.00
1995	06/20/95	\$50.00
1996	06/04/96	\$50.00
1997	01/15/97	\$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
2005	n/a	\$0.00
2006	n/a	\$0.00
2007		\$0.00
Total		\$200.00

(Inactive) Covenant Behavioral Health

Address 8550 Huebner
 City/Zip San Antonio 78240
 Phone 210-699-8585
 Form By Roberta Rostellini
 Title RN

Machine 1 Machine 2 Machine 3

Make Somatics Somatics n/a
 Model Thymatron Thymatron n/a
 Acquired 1997 1987 n/a
 Serial # 3202 1096 n/a
 Registered 12/20/93 04/28/94 n/a
 Disposition n/a n/a n/a

First Use 8/11/1993
 Last Use 8/30/2000

Comments Formerly Villa Rosa Hospital. Machine 2 disposed of 8/97. No reports received since 8/00.

Payments Received:

1994	12/20/93, 04/28/94	\$100.00
1995	11/10/94	\$100.00
1996	04/01/96	\$100.00
1997	02/02/97	\$100.00
1998	08/25/97	\$50.00
1999	02/04/99	\$100.00
2000	12/13/99	\$50.00
2001	n/a	\$0.00
2002	n/a	\$0.00
2003	n/a	\$0.00
2004	n/a	\$0.00
2005	n/a	\$0.00
2006	n/a	\$0.00
2007		\$0.00
Total		\$600.00

ECT EQUIPMENT REGISTRATION HISTORY

(Inactive) Covenant Medical Center Lakeside

Address 4000 24th St
 City/Zip Lubbock 79410
 Phone 806-796-6000
 Form By L. Loper, RN BSN
 Title ECT Coordinator

Machine 1 **Machine 2** **Machine 3**

Make Somatics Somatics n/a
Model Thymatron D Thymatron 1 n/a
Acquired 1992 1986 n/a
Serial # 2228 001169 n/a
Registered 10/05/93 04/08/94 n/a
Disposition active back-up n/a

First Use 10/8/1993
Last Use 5/26/2005

Comments Formerly St. Mary Plains Hospital.

Payments Received:

1994	10/05/93, 04/08/94	\$100.00
1995	10/24/94	\$100.00
1996	01/19/96	\$100.00
1997	01/28/97	\$100.00
1998	02/17/98	\$100.00
1999	03/12/99	\$100.00
2000	01/10/01	\$100.00
2001	01/10/01	\$100.00
2002	01/10/02	\$100.00
2003	12/30/02	\$100.00
2004	12/09/03	\$100.00
2005		\$0.00
2006		\$0.00
2007		\$0.00
Total		\$1,100.00

(Inactive) Detar Regional Healthcare System

Address 101 Medical Dr.
 City/Zip Victoria 77904
 Phone 512-573-6100
 Form By Melissa Coffey
 Title RN, BSN

Machine 1 **Machine 2** **Machine 3**

Make Hittman Somatics Somatics
Model B24 Thymatron Thymatron
Acquired 1984 1989 1994
Serial # 323 1315 2686
Registered 02/22/94 04/03/95 12/02/97
Disposition n/a storage active

First Use 6/8/1993
Last Use 5/28/2003

Comments Machine 1 disposed of 7/97. Formerly Victoria Regional Hospital.

Payments Received:

1994	02/22/94	\$50.00
1995	04/03/95	\$100.00
1996	01/26/96	\$100.00
1997	07/15/97	\$50.00
1998	12/02/97	\$50.00
1999	05/07/99	\$100.00
2000	05/05/00	\$100.00
2001	01/22/01	\$50.00
2002	08/21/03	\$50.00
2003	n/a	\$0.00
2004	n/a	\$0.00
2005	n/a	\$0.00
2006	n/a	\$0.00
2007		\$0.00
Total		\$650.00

(Inactive) Doctors Hospital of Dallas

Address 9440 Poppy Drive
 City/Zip Dallas 75218
 Phone 214-324-6340
 Form By Rebecca Johnson, RN
 Title Chief Nursing Officer

Machine 1 **Machine 2** **Machine 3**

Make Mecta n/a n/a
Model SR n/a n/a
Acquired 1987 n/a n/a
Serial # 2268 n/a n/a
Registered 01/05/95 n/a n/a
Disposition n/a n/a n/a

First Use 11/1/1993
Last Use 3/10/1999

Comments No reports received since 3/99.

Payments Received:

1994	05/22/97	\$50.00
1995	01/05/95	\$50.00
1996	05/22/97	\$50.00
1997	02/10/97	\$50.00
1998	03/09/98	\$50.00
1999	03/08/99	\$50.00
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
2005	n/a	\$0.00
2006	n/a	\$0.00
2007		\$0.00
Total		\$300.00

ECT EQUIPMENT REGISTRATION HISTORY

(Inactive) Doctors Hospital, Groves

Address	5500 39th Street	Machine 1	Machine 2	Machine 3
City/Zip	Groves 77619			
Phone	409-963-5150	Make	Somatics	n/a
Form By	Diane Joubert, RN	Model	DGI	n/a
Title	Clin Dir Surgery	Acquired	1995	n/a
		Serial #	2827	n/a
		Registered	11/10/95	n/a
		Disposition	n/a	n/a
First Use	7/1/1996			
Last Use	3/31/1997			
Comments	No reports received since 3/97.			

<u>Payments Received:</u>		
1994	n/a	\$0.00
1995	n/a	\$0.00
1996	11/10/95	\$50.00
1997	11/14/96	\$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
2005	n/a	\$0.00
2006	n/a	\$0.00
2007		\$0.00
Total		\$100.00

(Inactive) El Paso Psychiatric Center

Address	4615 Alameda	Machine 1	Machine 2	Machine 3
City/Zip	El Paso 79905			
Phone	915-534-5352	Make	Mecta	n/a
Form By	H.G. Whittington	Model	SR1	n/a
Title	MD	Acquired	1996	n/a
		Serial #	4311	n/a
		Registered	12/13/96	n/a
		Disposition	n/a	n/a
First Use				
Last Use				
Comments	No use reported.			

<u>Payments Received:</u>		
1994	n/a	\$0.00
1995	n/a	\$0.00
1996	n/a	\$0.00
1997	12/13/96	\$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
2005	n/a	\$0.00
2006	n/a	\$0.00
2007		\$0.00
Total		\$50.00

(Inactive) Good Shepherd Medical Center

Address	700 E. Marshall Ave.	Machine 1	Machine 2	Machine 3
City/Zip	Longview 75601			
Phone	903-236-2000	Make	Mecta	n/a
Form By	Kathy Bratz	Model	D	n/a
Title	Charge Nurse	Acquired	1985	n/a
		Serial #	7005B	n/a
		Registered	09/29/95	n/a
		Disposition	n/a	n/a
First Use	1/17/1995			
Last Use	11/15/1999			
Comments	No reports received since 11/99.			

<u>Payments Received:</u>		
1994	n/a	\$0.00
1995	09/29/95	\$50.00
1996	01/17/96	\$50.00
1997	01/15/97	\$50.00
1998	02/23/98	\$50.00
1999	02/11/99	\$50.00
2000	02/22/00	\$50.00
2001	02/05/01	\$50.00
2002	n/a	\$0.00
2003	n/a	\$0.00
2004	n/a	\$0.00
2005	n/a	\$0.00
2006	n/a	\$0.00
2007		\$0.00
Total		\$350.00

ECT EQUIPMENT REGISTRATION HISTORY

(Inactive) Gulf Coast Medical Center

Address 1400 Hwy 59
 City/Zip Wharton 77488
 Phone 409-532-2500
 Form By Joy Fairley
 Title Director, Psych Unit

Machine 1 **Machine 2** **Machine 3**

Make Elcott n/a n/a
 Model MF1000 n/a n/a
 Acquired 1990 n/a n/a
 Serial # 1045 n/a n/a
 Registered 02/24/94 n/a n/a
 Disposition n/a n/a n/a

First Use
 Last Use

Comments No use reported.

Payments Received:

1994 02/02/94 \$50.00
 1995 n/a \$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
 2005 n/a \$0.00
 2006 n/a \$0.00
 2007 \$0.00

Total \$50.00

(Inactive) Haven Hospital

Address 800 Kirnwood Drive
 City/Zip DeSoto 75115
 Phone 214-709-3700
 Form By None
 Title None

Machine 1 **Machine 2** **Machine 3**

Make Mecta n/a n/a
 Model SR1 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

First Use 9/24/1993
 Last Use 11/30/1994

Comments No reports received since 11/94.

Payments Received:

1994 02/26/97 \$50.00
 1995 n/a \$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
 2005 n/a \$0.00
 2006 n/a \$0.00
 2007 \$0.00

Total \$50.00

(Inactive) HCA Medical Center

Address 8081 Greenbriar
 City/Zip Houston 66054
 Phone 713-790-8100
 Form By Pam Pruitt
 Title Nurse Manager

Machine 1 **Machine 2** **Machine 3**

Make Mecta n/a n/a
 Model SR n/a n/a
 Acquired 1992 n/a n/a
 Serial # 2394 n/a n/a
 Registered 11/04/93 n/a n/a
 Disposition n/a n/a n/a

First Use 1/21/1994
 Last Use 8/31/1995

Comments Hospital closed 8/95; letter in file.

Payments Received:

1994 11/04/93 \$50.00
 1995 11/21/94 \$50.00
 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
 2005 n/a \$0.00
 2006 n/a \$0.00
 2007 \$0.00

Total \$100.00

ECT EQUIPMENT REGISTRATION HISTORY

(Inactive) Heights Hospital

Address 1917 Ashland
 City/Zip Houston 77008
 Phone 713-861-6161
 Form By Mary Ann Saunders
 Title RN, MSN

Machine 1 **Machine 2** **Machine 3**

Make Mecta n/a n/a
Model JR1 n/a n/a
Acquired 1991 n/a n/a
Serial # 3473JR-1C n/a n/a
Registered 01/07/94 n/a n/a
Disposition n/a n/a n/a

First Use 10/13/1993
Last Use 8/31/1994

Comments Hospital closed 8/94; letter in file.

Payments Received:

1994 01/07/94 \$50.00
 1995 n/a \$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
 2005 n/a \$0.00
 2006 n/a \$0.00
 2007 \$0.00
Total \$50.00

(Inactive) Huguley Memorial Medical Center

Address POBox 6337
 City/Zip Fort Worth 76115
 Phone 817-568-3336
 Form By Linda Francis
 Title RN

Machine 1 **Machine 2** **Machine 3**

Make Somatics n/a n/a
Model Thymatron D n/a n/a
Acquired 1994 n/a n/a
Serial # 2628 n/a n/a
Registered 09/29/94 n/a n/a
Disposition active n/a n/a

First Use 10/7/1994
Last Use 11/1/2000

Comments No reports received since 11/00.

Payments Received:

1994 n/a \$0.00
 1995 09/29/94 \$50.00
 1996 09/04/96 \$50.00
 1997 01/28/97 \$50.00
 1998 02/10/98 \$50.00
 1999 06/01/99 \$50.00
 2000 03/28/00 \$50.00
 2001 01/31/01 \$50.00
 2002 n/a \$0.00
 2003 n/a \$0.00
 2004 n/a \$0.00
 2005 n/a \$0.00
 2006 n/a \$0.00
 2007 \$0.00
Total \$350.00

(Inactive) Intracare Medical Center

Address 7601 Fannin
 City/Zip Houston 77054
 Phone 713-790-0949
 Form By James T. Muska
 Title Administrator

Machine 1 **Machine 2** **Machine 3**

Make Thymatron n/a n/a
Model DG n/a n/a
Acquired 1995 n/a n/a
Serial # 2826 n/a n/a
Registered 09/14/95 n/a n/a
Disposition n/a n/a n/a

First Use 9/20/1995
Last Use 2/14/1996

Comments Hospital discontinued ECT 2/14/96; letter in file.

Payments Received:

1994 n/a \$0.00
 1995 09/14/95 \$50.00
 1996 04/10/96 \$50.00
 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
 2005 n/a \$0.00
 2006 n/a \$0.00
 2007 \$0.00
Total \$100.00

ECT EQUIPMENT REGISTRATION HISTORY

(Inactive) Laurel Ridge Hospital

Address 17720 Corp. Woods
 City/Zip San Antonio 78259-35
 Phone 210-491-9400
 Form By Allan Cross
 Title CEO

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

First Use 4/1/1994
 Last Use 12/31/1997

Comments No reports received since 2/98.

Payments Received:

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
2005	n/a	\$0.00
2006	n/a	\$0.00
2007		\$0.00
Total		\$250.00

(Inactive) McAllen Medical Center

Address 301 W. Expwy 83
 City/Zip McAllen 78503
 Phone 210-632-4000
 Form By Joe Rodriguez
 Title Director, MH Svcs.

Machine 1 **Machine 2** **Machine 3**

Make Somatics Hittman Somatics
Model Thymatron D B24 III Thymatron
Acquired 1993 unknown 2000
Serial # 2124 6021 40062
Registered 03/08/94 03/08/94 03/01/01
Disposition inactive n/a active

First Use 2/2/1994
 Last Use 3/13/2003

Comments Machine 2 disposed of in 1994, Machine 1 in storage.

Payments Received:

1994	03/08/94	\$50.00
1995	08/03/98	\$50.00
1996	08/03/98	\$50.00
1997	02/03/97	\$50.00
1998	02/23/98	\$50.00
1999	02/05/99	\$50.00
2000	02/08/00	\$50.00
2001	03/01/01	\$100.00
2002	11/5/02	\$100.00
2003	n/a	\$0.00
2004	n/a	\$0.00
2005	n/a	\$0.00
2006	n/a	\$0.00
2007		\$0.00
Total		\$550.00

(Inactive) Memorial Hermann Baptist Hospital

Address 3250 Fannin Street
 City/Zip Beaumont 77701
 Phone 409-654-2917
 Form By Renee Wood, Adm.
 Title Psych Services

Machine 1 **Machine 2** **Machine 3**

Make Mecta n/a n/a
Model SR1 n/a n/a
Acquired 1987 n/a n/a
Serial # 3053 n/a n/a
Registered 7/15/94 n/a n/a
Disposition active n/a n/a

First Use 9/18/1995
 Last Use 12/29/2004

Comments Formerly Fannin Behavioral Health Center and Beaumont Medical & Surgical Hospital.

Payments Received:

1994	07/15/94	\$50.00
1995	07/26/95	\$50.00
1996	01/23/97	\$50.00
1997	01/15/97	\$50.00
1998	02/23/98	\$50.00
1999	02/22/99	\$50.00
2000	12/22/99	\$50.00
2001	01/28/02	\$50.00
2002	01/28/02	\$50.00
2003	07/18/03	\$50.00
2004	06/28/04	\$50.00
2005	n/a	\$0.00
2006	n/a	\$0.00
2007		\$0.00
Total		\$550.00

ECT EQUIPMENT REGISTRATION HISTORY

(Inactive) Memorial Hospital Southwest

Address	7600 Beechnut	<u>Machine 1</u>	<u>Machine 2</u>	<u>Machine 3</u>
City/Zip	Houston 77074			
Phone	713-776-5070	Make	Medcraft	Somatics
Form By	Mildred Jones	Model	B24-ECT	Thymatron D
Title	RN	Acquired	1978	1992
		Serial #	5231	2239
		Registered	12/29/93	04/28/94
		Disposition	active	active
First Use	7/20/1993			
Last Use	8/31/2001			
Comments	Requested clarification from hospital regarding disposition of Machine 1.			

Payments Received:

1994	12/29/93, 04/28/94	\$100.00
1995	03/29/95	\$100.00
1996	02/07/96	\$100.00
1997	02/05/97	\$100.00
1998	02/18/98	\$100.00
1999	01/19/99	\$100.00
2000	03/12/01	\$50.00
2001	03/12/01	\$50.00
2002	03/05/02	\$50.00
2003	n/a	\$0.00
2004	n/a	\$0.00
2005	n/a	\$0.00
2006	n/a	\$0.00
2007		\$0.00
	Total	\$750.00

(Inactive) Osteopathic Medical Center

Address	1000 Montgomery	<u>Machine 1</u>	<u>Machine 2</u>	<u>Machine 3</u>
City/Zip	Fort Worth 76107			
Phone	817-731-4311	Make	Somatics	Somatics
Form By	Kathryn Stephan	Model	Thymatron D	Thymatron
Title	Director, Psych Svcs	Acquired	1992	1979
		Serial #	2144	1009
		Registered	12/20/93	05/05/94
		Disposition	active	dispd '94
First Use	9/22/1993			
Last Use	8/29/2003			
Comments	Hospital discontinued ECT Oct 04; letter in file.			

Payments Received:

1994	12/20/93, 05/05/94	\$100.00
1995	10/24/94, 02/09/95	\$150.00
1996	01/09/96	\$100.00
1997	12/27/96	\$100.00
1998	12/30/97	\$100.00
1999	01/04/99	\$100.00
2000	12/28/99	\$100.00
2001	01/23/01	\$100.00
2002	12/26/01	\$100.00
2003	01/08/03	\$100.00
2004	12/30/03	\$100.00
2005	n/a	\$0.00
2006	n/a	\$0.00
2007		\$0.00
	Total	\$1,150.00

(Inactive) Parkland Memorial Hospital

Address	5201 Harry Hines Blvd	<u>Machine 1</u>	<u>Machine 2</u>	<u>Machine 3</u>
City/Zip	Dallas 75235			
Phone	214-590-6133	Make	Mecta	Mecta
Form By	Emerlinda Salapong	Model	SR	SR
Title	Unit Manager	Acquired	1987	1994
		Serial #	2034	3809
		Registered	01/27/94	01/27/94
		Disposition	active	n/a
First Use	9/27/1993			
Last Use	8/27/2003			
Comments	Machine 2 disposed of in 1999. Hosp. discontinued ECT 12/1/03; letter in file.			

Payments Received:

1994	01/27/94	\$100.00
1995	06/07/95	\$100.00
1996	01/13/96	\$100.00
1997	01/21/97	\$100.00
1998	01/20/98	\$150.00
1999	12/18/98	\$150.00
2000	01/18/00	\$100.00
2001	12/28/00	\$100.00
2002	01/09/02	\$100.00
2003	n/a	\$0.00
2004	n/a	\$0.00
2005	n/a	\$0.00
2006	n/a	\$0.00
2007		\$0.00
	Total	\$1,000.00

ECT EQUIPMENT REGISTRATION HISTORY

(Inactive) Pavilion Hospital

Address	1501 S. Coulter		<u>Machine 1</u>	<u>Machine 2</u>	<u>Machine 3</u>
City/Zip	Amarillo	79175			
Phone	806-354-1800		Make	Thymatron	Thymatron
Form By	Sharon Prien		Model	I	DG
Title	RN, BSN		Acquired	1984	1995
			Serial #	001238	2686
			Registered	12/01/93	07/22/96
			Disposition	n/a	n/a
First Use	6/2/1993				
Last Use	5/31/1997				

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

Payments Received:

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
2005	n/a	\$0.00
2006	n/a	\$0.00
2007		\$0.00
	Total	\$350.00

(Inactive) Physicians & Surgeons Hospital

Address	1802 W. Wall		<u>Machine 1</u>	<u>Machine 2</u>	<u>Machine 3</u>
City/Zip	Midland	79701			
Phone	915-682-0652		Make	Thymatron	n/a
Form By	Juan Garcia, MD		Model	DG	n/a
Title	Physician		Acquired	unknown	n/a
			Serial #	unknown	n/a
			Registered	not	n/a
			Disposition	n/a	n/a
First Use	2/8/1994				
Last Use	6/30/1995				

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

Payments Received:

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
2005	n/a	\$0.00
2006	n/a	\$0.00
2007		\$0.00
	Total	\$0.00

(Inactive) Plaza Medical Center

Address	900 8th Avenue		<u>Machine 1</u>	<u>Machine 2</u>	<u>Machine 3</u>
City/Zip	Fort Worth	76104			
Phone	817-281-6775		Make	Somatics	n/a
Form By	Oralee Zidek		Model	Thymatron	n/a
Title	RN		Acquired	1990	n/a
			Serial #	2091	n/a
			Registered	01/25/94	n/a
			Disposition	n/a	n/a
First Use	10/20/1993				
Last Use	2/28/1997				

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

Payments Received:

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
2005	n/a	\$0.00
2006	n/a	\$0.00
2007		\$0.00
	Total	\$200.00

ECT EQUIPMENT REGISTRATION HISTORY

(Inactive) Presbyterian Hospital Plano

Address 5200 W. Parker Rd.
 City/Zip Plano 75093
 Phone 214-608-8000
 Form By Kent Heath
 Title Assistant Director

Machine 1 **Machine 2** **Machine 3**

Make Mecta n/a n/a
Model SR1 n/a n/a
Acquired 1994 n/a n/a
Serial # 3735-SR1C n/a n/a
Registered 02/08/94 n/a n/a
Disposition n/a n/a n/a

First Use 2/14/1994
Last Use 12/31/1994

Comments No reports received since 12/94.

Payments Received:

1994	02/08/94	\$50.00
1995	n/a	\$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
2005	n/a	\$0.00
2006	n/a	\$0.00
2007		\$0.00
Total		\$50.00

(Inactive) Providence Memorial

Address 2001 N. Oregon
 City/Zip El Paso 79902
 Phone 915-577-6011
 Form By Ellen Sand
 Title RN

Machine 1 **Machine 2** **Machine 3**

Make Mecta n/a n/a
Model SR1 n/a n/a
Acquired 1993 n/a n/a
Serial # 3009 n/a n/a
Registered 02/02/94 n/a n/a
Disposition n/a n/a n/a

First Use 3/29/1995
Last Use 6/30/1995

Comments No reports received since 6/95.

Payments Received:

1994	02/07/94	\$50.00
1995	05/18/95	\$50.00
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
2005	n/a	\$0.00
2006	n/a	\$0.00
2007		\$0.00
Total		\$100.00

(Inactive) Red River Medical Center

Address 1505 Eighth St.
 City/Zip Wichita Falls 76301
 Phone 817-322-3171
 Form By Ricky Powell
 Title Administrator

Machine 1 **Machine 2** **Machine 3**

Make Mecta n/a n/a
Model SR n/a n/a
Acquired 1986 n/a n/a
Serial # 2090SR-1B n/a n/a
Registered 01/10/94 n/a n/a
Disposition n/a n/a n/a

First Use 11/3/1993
Last Use 3/28/1997

Comments Hospital discontinued ECT 3/97; letter in file.

Payments Received:

1994	01/10/94	\$50.00
1995	12/09/94	\$50.00
1996	01/12/96	\$50.00
1997	12/18/96	\$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
2005	n/a	\$0.00
2006	n/a	\$0.00
2007		\$0.00
Total		\$200.00

ECT EQUIPMENT REGISTRATION HISTORY

(Inactive) Rose Street Clinic

Address 1808 Rose Street
 City/Zip Wichita Falls 76301
 Phone 817-723-4488
 Form By Harvey C. Martin
 Title MD

Machine 1 **Machine 2** **Machine 3**

Make Mecta n/a n/a
Model SR n/a n/a
Acquired 1986 n/a n/a
Serial # 2090 n/a n/a
Registered 03/26/97 n/a n/a
Disposition n/a n/a n/a

First Use
 Last Use

Comments Clinic to open in April 1997; no reports received.

Payments Received:

1994	n/a	\$0.00
1995	n/a	\$0.00
1996	n/a	\$0.00
1997	03/26/97	\$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
2005	n/a	\$0.00
2006	n/a	\$0.00
2007		\$0.00
Total		\$50.00

(Inactive) Rosewood Medical Center

Address 9200 Westheimer
 City/Zip Houston 77063
 Phone 713-780-7900
 Form By Sharon McDonough
 Title VP Patient Services

Machine 1 **Machine 2** **Machine 3**

Make Medcraft n/a n/a
Model B24 ECT n/a n/a
Acquired 1987 n/a n/a
Serial # 7051 n/a n/a
Registered 12/03/93 n/a n/a
Disposition n/a n/a n/a

First Use 9/10/1993
 Last Use 2/13/1998

Comments No reports received 6/95 to 9/96.

Payments Received:

1994	12/03/93	\$50.00
1995	03/10/97	\$50.00
1996	03/10/97	\$50.00
1997	03/10/97	\$50.00
1998	02/23/98	\$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
2005	n/a	\$0.00
2006	n/a	\$0.00
2007		\$0.00
Total		\$250.00

(Inactive) Shannon Medical Center

Address 120 East Harris
 City/Zip San Angelo 76903
 Phone 915-657-5369
 Form By John Haydn
 Title PACU Manager

Machine 1 **Machine 2** **Machine 3**

Make Mecta n/a n/a
Model Spectrum n/a n/a
Acquired 1999 n/a n/a
Serial # 10240 n/a n/a
Registered 04/13/99 n/a n/a
Disposition n/a n/a n/a

First Use 5/5/1999
 Last Use 3/6/2000

Comments Machine 1 acquired used (new in 1986). No reports received since 3/00.

Payments Received:

1994	n/a	\$0.00
1995	n/a	\$0.00
1996	n/a	\$0.00
1997	n/a	\$0.00
1998	n/a	\$0.00
1999	04/13/99	\$50.00
2000	08/21/00	\$50.00
2001	01/29/01	\$50.00
2002	n/a	\$0.00
2003	n/a	\$0.00
2004	n/a	\$0.00
2005	n/a	\$0.00
2006	n/a	\$0.00
2007		\$0.00
Total		\$150.00

ECT EQUIPMENT REGISTRATION HISTORY

(Inactive) Spring Shadows Glen

Address POBox 19173
 City/Zip Houston 77224
 Phone 713-462-4000
 Form By Elaine Evans
 Title RN

Machine 1 **Machine 2** **Machine 3**

Make Somatics n/a n/a
Model Thymatron D n/a n/a
Acquired 1989 n/a n/a
Serial # 2029 n/a n/a
Registered 12/14/93 n/a n/a
Disposition n/a n/a n/a

First Use 11/8/1993
 Last Use 3/31/1995

Comments No reports received since 3/95.

Payments Received:

1994	12/14/93	\$50.00
1995		\$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
2005	n/a	\$0.00
2006	n/a	\$0.00
2007		\$0.00
Total		\$50.00

(Inactive) St. Lukes Baptist Hospital

Address 7930 Floyd Curl
 City/Zip San Antonio 78229
 Phone 210-692-8780
 Form By Gus Belitzen
 Title Nurse Manager

Machine 1 **Machine 2** **Machine 3**

Make Somatics Mecta n/a
Model Thymatron D SR1 n/a
Acquired 1996 1997 n/a
Serial # 3005 4491 n/a
Registered 08/22/96 02/26/99 n/a
Disposition active active n/a

First Use 9/2/1996
 Last Use 1/28/2005

Comments Hospital discontinued ECT 2/05; letter in file.

Payments Received:

1994	n/a	\$0.00
1995	n/a	\$0.00
1996	08/22/96	\$50.00
1997	01/28/97	\$50.00
1998	Reminder in file.	\$0.00
1999	02/26/99	\$50.00
2000	01/28/00	\$100.00
2001	02/06/01	\$100.00
2002	01/09/02	\$100.00
2003	03/10/03	\$100.00
2004	01/07/04	\$100.00
2005	n/a	\$0.00
2006	n/a	\$0.00
2007		\$0.00
Total		\$650.00

(Inactive) St. Mary Hospital Galveston

Address 404 St. Mary's Blvd
 City/Zip Galveston 77550
 Phone 409-763-5301
 Form By None
 Title None

Machine 1 **Machine 2** **Machine 3**

Make Mecta n/a n/a
Model SR2 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

First Use 9/1/1993
 Last Use 1/28/1994

Comments No report received since 1/94.

Payments Received:

1994	n/a	\$0.00
1995	n/a	\$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
2005	n/a	\$0.00
2006	n/a	\$0.00
2007		\$0.00
Total		\$0.00

ECT EQUIPMENT REGISTRATION HISTORY

(Inactive) St. Mary Hospital Port Arthur

Payments Received:

Address	3600 Gates Blvd.	<u>Machine 1</u>	<u>Machine 2</u>	<u>Machine 3</u>	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
		Registered	01/04/94	n/a	n/a	2000 n/a	\$0.00
		Disposition	n/a	n/a	n/a	2001 n/a	\$0.00
First Use	9/29/1993					2002 n/a	\$0.00
Last Use	6/3/1998					2003 n/a	\$0.00
Comments	No reports received since 6/98.					2004 n/a	\$0.00
						2005 n/a	\$0.00
						2006 n/a	\$0.00
						2007	\$0.00
						Total	\$300.00

(Inactive) St. Paul Medical Center

Payments Received:

Address	5909 Harry Hines	<u>Machine 1</u>	<u>Machine 2</u>	<u>Machine 3</u>	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
		Registered	05/27/94	05/27/94	10/12/98	2000 12/21/99	\$100.00
		Disposition	n/a	active	active	2001 12/27/00	\$100.00
First Use	3/24/1995					2002 12/31/01	\$100.00
Last Use	11/10/2003					2003 01/08/03	\$100.00
Comments	Machine 1 disposed of in 1996. Registration transferred to Zale Lipshy 2004.					2004 12/15/03	\$100.00
						2005 n/a	\$0.00
						2006 n/a	\$0.00
						2007	\$0.00
						Total	\$1,000.00

(Inactive) Timberlawn Mental Health System

Payments Received:

Address	460 Samuell Blvd	<u>Machine 1</u>	<u>Machine 2</u>	<u>Machine 3</u>	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
		Registered	01/03/94	n/a	n/a	2000 n/a	\$0.00
		Disposition	n/a	n/a	n/a	2001 n/a	\$0.00
First Use	9/13/1993					2002 n/a	\$0.00
Last Use	11/9/1998					2003 n/a	\$0.00
Comments	No reports received since 11/98.					2004 n/a	\$0.00
						2005 n/a	\$0.00
						2006 n/a	\$0.00
						2007	\$0.00
						Total	\$300.00

ECT EQUIPMENT REGISTRATION HISTORY

(Inactive) Trinity Springs Pavilion

Address	1500 Main		<u>Machine 1</u>	<u>Machine 2</u>	<u>Machine 3</u>
City/Zip	Fort Worth	76104			
Phone	817-927-3636		Make	Somatics	Mecta
Form By	Lily Wong		Model	Thymatron D	5002
Title	Dir of Psyc Svcs		Acquired	1991	2002
			Serial #	2209	10800
			Registered	10/15/93	7/7/03
			Disposition	n/a	active
First Use	9/23/1993				
Last Use	10/24/2003				
Comments	None.				

<u>Payments Received:</u>		
1994	10/15/93	\$50.00
1995	02/26/96	\$100.00
1996	05/17/96	\$50.00
1997	02/05/97	\$50.00
1998	02/26/98	\$50.00
1999	11/16/98	\$50.00
2000	12/09/99	\$50.00
2001	01/11/01	\$50.00
2002	02/25/02	\$50.00
2003	07/07/03	\$50.00
2004	01/26/04	\$50.00
2005	02/04/05	\$50.00
2006	n/a	\$0.00
2007		\$0.00
Total		\$650.00

(Inactive) United Regional Healthcare System

Address	1600 8th Street		<u>Machine 1</u>	<u>Machine 2</u>	<u>Machine 3</u>
City/Zip	Wichita Falls	76301			
Phone	940-723-1461		Make	Mecta	n/a
Form By	Jackie Powell		Model	SR	n/a
Title	Director Surgical Sv		Acquired	1997	n/a
			Serial #	2090	n/a
			Registered	05/27/98	n/a
			Disposition	n/a	n/a
First Use	3/17/1998				
Last Use	4/22/2002				
Comments	No reports received since 11/98. Hosp discontinued ECT 9/02; letter in file.				

<u>Payments Received:</u>		
1994	n/a	\$0.00
1995	n/a	\$0.00
1996	n/a	\$0.00
1997	n/a	\$0.00
1998	05/27/98	\$50.00
1999	06/28/99	\$50.00
2000	04/19/01	\$50.00
2001	04/19/01	\$50.00
2002	7/24/03	\$500.00
2003	n/a	\$0.00
2004	n/a	\$0.00
2005	n/a	\$0.00
2006	n/a	\$0.00
2007		\$0.00
Total		\$700.00

(Inactive) University Hospital Bexar County

Address	4502 Medical Drive		<u>Machine 1</u>	<u>Machine 2</u>	<u>Machine 3</u>
City/Zip	San Antonio	78229-44			
Phone	210-616-1260		Make	Mecta	n/a
Form By	C. Jean Smith		Model	SR1	n/a
Title	RN		Acquired	1995	n/a
			Serial #	3821	n/a
			Registered	01/19/94	n/a
			Disposition	n/a	n/a
First Use	11/22/1993				
Last Use	3/31/1997				
Comments	No reports received since 3/97.				

<u>Payments Received:</u>		
1994	01/19/94	\$50.00
1995	05/31/95	\$50.00
1996	07/31/96	\$50.00
1997	01/21/97	\$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
2005	n/a	\$0.00
2006	n/a	\$0.00
2007		\$0.00
Total		\$250.00

ECT EQUIPMENT REGISTRATION HISTORY

(Inactive) UT Medical Branch at Galveston

Address 301 University Blvd. **Machine 1** **Machine 2** **Machine 3**
 City/Zip Galveston 77555-04
 Phone 409-747-8307 **Make** Mecta Mecta Mecta
 Form By Doris Chimera **Model** SR1 SR1B Spectrum
 Title Admin Director **Acquired** 1992 1986 2000
Serial # 3661 2051 10301
Registered 05/23/94 05/23/94 8/7/02
Disposition active n/a active
 First Use 8/6/1993
 Last Use 11/15/2003
 Comments Machine 2 disposed of 1/00.

Payments Received:

1994	05/23/94	\$100.00
1995	01/10/95	\$100.00
1996	07/24/96	\$100.00
1997	12/20/96	\$100.00
1998	12/18/97	\$100.00
1999	03/11/99	\$100.00
2000	08/07/02	\$100.00
2001	08/07/02	\$100.00
2002	08/07/02	\$100.00
2003	01/22/03	\$100.00
2004	01/22/04	\$100.00
2005	01/27/05	\$100.00
2006		\$0.00
2007		\$0.00
Total		\$1,200.00

(Inactive) UT Southwestern Medical Center

Address 5323 Harry Hines **Machine 1** **Machine 2** **Machine 3**
 City/Zip Dallas 75235-90
 Phone 214-590-6317 **Make** Somatics n/a n/a
 Form By Carol J. Nunley **Model** Thymatron D n/a n/a
 Title ASA II **Acquired** 1997 n/a n/a
Serial # 3113 n/a n/a
Registered 03/31/97 n/a n/a
Disposition n/a n/a n/a
 First Use
 Last Use
 Comments No use reported.

Payments Received:

1994	n/a	\$0.00
1995	n/a	\$0.00
1996	n/a	\$0.00
1997	03/31/97	\$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
2005	n/a	\$0.00
2006	n/a	\$0.00
2007		\$0.00
Total		\$50.00

(Inactive) Wichita Falls/Vernon State Hospital

Address POBox 300 **Machine 1** **Machine 2** **Machine 3**
 City/Zip Wichita Falls 76307
 Phone 817-692-1220 **Make** Mecta n/a n/a
 Form By Janet Stagg **Model** SR2 n/a n/a
 Title RN **Acquired** 1988 n/a n/a
Serial # 2060SR1C n/a n/a
Registered 10/21/93 n/a n/a
Disposition n/a n/a n/a
 First Use
 Last Use
 Comments No use reported.

Payments Received:

1994	n/a	\$0.00
1995	n/a	\$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
2005	n/a	\$0.00
2006	n/a	\$0.00
2007		\$0.00
Total		\$0.00

ECT EQUIPMENT REGISTRATION HISTORY

(Inactive) Wilson Jones Memorial

Address	500 N. Highland	<u>Machine 1</u>	<u>Machine 2</u>	<u>Machine 3</u>	
City/Zip	Sherman 75090				
Phone	903-870-4590	Make	Somatics	n/a	n/a
Form By	David Wells, MD	Model	Thymatron D	n/a	n/a
Title	Assoc. Clin. Dir.	Acquired	1989	n/a	n/a
		Serial #	2058	n/a	n/a
		Registered	12/01/93	n/a	n/a
		Disposition	n/a	n/a	n/a
First Use					
Last Use					
Comments	No use reported.				

Payments Received:

1994	12/01/93	\$50.00
1995	n/a	\$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
2005	n/a	\$0.00
2006	n/a	\$0.00
2007		\$0.00
	Total	\$50.00

Number of Hospitals Registered

1994	52
1995	46
1996	48
1997	48
1998	40
1999	39
2000	33
2001	33
2002	30
2003	25
2004	26
2005	13
2006	4
2007	1

Number of Machines Registered

1994	66
1995	62
1996	62
1997	62
1998	54
1999	55
2000	47
2001	47
2002	53
2003	38
2004	41
2005	20
2006	4
2007	2

Total Payments Received

1994	\$3,300.00
1995	\$3,100.00
1996	\$3,100.00
1997	\$3,100.00
1998	\$2,700.00
1999	\$2,750.00
2000	\$2,350.00
2001	\$2,360.00
2002	\$2,650.00
2003	\$1,900.00
2004	\$2,050.00
2005	\$1,000.00
2006	\$200.00
2007	\$100.00

Grand Total **\$30,660.00**