

QUARTERLY REPORT FOR CONVULSIVE TREATMENTS AND PSYCHOSURGERY ADMINISTERED

County	Reporting Facility or Doctor	Report Date
For Quarter Ending	Number of Patients Treated by Major Source of Payment Source of	Private: _____ 3 rd Party: _____ Public: _____ Other: _____

SECTION 1		NUMBER OF PATIENTS RECEIVING TREATMENT																						
PATIENT DISTRIBUTION	PATIENT TYPE	AGE							GENDER					RACE										
		12-15	16-17	18-24	25-44	45-64	65+	Unknown	Totals	Male	Female	Non-Binary	Not Disclosed	Totals	White	Black	Hispanic	Asian	American Indian	Filipino	Other	Not Disclosed	Totals	
<i>Voluntary Patient-With Informed Consent</i>																								
<i>Voluntary Patient-Not Capable of Informed Consent</i>																								
<i>Involuntary Patient-With Informed Consent</i>																								
<i>Involuntary Patient-Not Capable of Informed Consent</i>																								
TOTALS																								

SECTION 2		TOTAL TREATMENTS GIVEN																						
Convulsive Treatments																								

SECTION 3		COMPLICATIONS ATTRIBUTABLE TO TREATMENT																						
<i>Cardiac Arrest - Nonfatal</i>																								
<i>Memory Loss - Reported</i>																								
Fractures																								
Apnea																								
<i>Death - No Coroner Report</i>																								
<i>Death - With Coroner Report</i>																								
TOTALS																								

SECTION 4									EXCESSIVE TREATMENTS														
PATIENT DISTRIBUTION	AGE								GENDER					RACE									
	12-15	16-17	18-24	25-44	45-64	65+	Unknown	Totals	Male	Female	Non-Binary	Not Disclosed	Totals	White	Black	Hispanic	Asian	American Indian	Filipino	Other	Not Disclosed	Totals	
Patient-Excessive Treatments																							

SUBMIT TO:

County Mental Health Director

PREPARED BY: _____

TELEPHONE NUMBER
(including area code): _____

REPORTING INSTRUCTIONS:

1. Complete all heading items

Note: Under “Number of Patients Treated by Major Source of Payment”, enter the number of patients given Convulsive Therapy Treatments according to their Major Source of Payment for Treatment. Categorize Source of Payment into one of the following types: (a) Private, (b) Public (including but not limited to Medicare, Medi-Cal, and Short-Doyle), (c) Third Party Payor, (d) Other (Specify).

2. SECTION 1 “NUMBER OF PATIENTS RECEIVING TREATMENT”

A. For each Patient Type (i.e., Voluntary Patient – With Informed Consent, Voluntary Patient – Not Capable of Informed consent, *Involuntary Patient – With Informed consent, and *Involuntary Patient – Not capable of Informed Consent) indicate the number of patients receiving treatment during the report quarter by age group, sex, and race. The PDF form will automatically total the columns and rows. (If totals do not match, verify data posting.)

Involuntary patients include patients under guardianship or conservatorship

3. SECTION 2 “TOTAL TREATMENTS GIVEN”

A. Enter the total number of treatments given during the report quarter for all Patient Types by age group, sex, and race. The Excel spreadsheet will automatically total the row. **(If totals do not match, verify data posting.)**

4. SECTION 3 “COMPLICATIONS ATTRIBUTABLE TO TREATMENT”

A. For each type of complication, enter the number of complications attributable to Convulsive Therapy Treatments that occurred by age group, sex, and race of the patient. The PDF form will automatically total the columns and rows. **(If totals do not match, verify data posting.)**

B. Complications to be reported:

- a. Non-fatal cardiac arrests or arrhythmias, which required resuscitative efforts.
- b. Memory loss reported by the patient extending more than 3 months following the completion of the course of treatment (when reporting memory loss subsequent to a course of treatment which was reported on a previous quarterly report, designate separately with an asterisk).
- c. Fractures, with a medical diagnosis of the fracture accompanying quarterly.
- d. Apnea persisting 20 minutes or more after initiation of treatment.
- e. Deaths which 1) occur during or within first 24 hours after a treatment; or 2) occur subsequently but are attributable to the treatment. All deaths in the first category shall be reported to the coroner and the coroner’s report shall accompany the quarterly report. In all cases in which an autopsy is performed, the autopsy report shall also accompany the quarterly report.

The required accompanying reports in c) and e) above shall observe the confidentiality requirements of section 5328 of the Welfare and Institutions Code (W&I Code).

5. SECTION 4 "EXCESSIVE TREATMENT"

A. Indicate the number of patients by age group, sex, and race who receive more than 15 treatments within a 30-day period during the quarter or who received more than 30 treatments within the immediately preceding one year. Attach documentation of the prior approval. The PDF form will automatically total the row. **(If totals do not match, verify data posting.)**

6. REPORTS must be submitted to the County Mental Health Director as indicated in the lower right corner on the front of this form by the 15th of the month following the completion of the quarter.

7. THE COUNTY MENTAL HEALTH DIRECTOR shall email, fax, or mail the accumulated quarterly reports by the last day of the month, following the end of the quarter to:

Email Address: MHData@dhcs.ca.gov

Fax Number: (916) 324-0993

Mailing Address: DEPARTMENT OF HEALTH CARE SERVICES
Mental Health Licensing Section, Licensing Branch 2
Licensing and Certification Division
P.O. Box 997413, MS 2800
Sacramento, CA 95899-7413

NOTE: W&I Code section 5326.9 addresses violations of the laws governing the denials of rights.

If you need assistance preparing this report, please call the Department of Health Care Services at (916) 323-1864 or email MHData@dhcs.ca.gov.