

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 I "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 II "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 spread sheet will automatically total the row. **(If totals do not match, verify data posting.)**

4. SECTION III "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.

5. SECTION IV "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 transmit the accumulated quarterly reports, by the last day of the month following the end of the quarter, to:**

Department of Health Care Services
Mental Health Analytics Section, MS2704
P.O. Box 997413
Sacramento, CA 95899-7413

NOTE: Section 5326.9 of the welfare and Institutions Code addresses violations of the laws governing the denials of rights.

If you need assistance preparing this report, please send an email to: MHSDATA@dhcs.ca.gov

DO NOT MODIFY THIS FORM FOR SUBMITTAL TO THE DEPARTMENT OF HEALTH CARE SERVICES."