### Domain 1: Diagnostic Assessment

The provider assessed for and found sufficient evidence to support the diagnosis of major depressive disorder (MDD) and determined if complicating medical/psychiatric conditions were present. The initial evaluation included assessment for:

1. **HISTORY AND SYMPTOM PRESENCE AND DURATION** that meet DSM-5 criteria for major depressive disorder
   - 1a. [ ] Yes [ ] No
   - 1b. [ ] Yes [ ] No
   - 1c. [ ] Yes [ ] No

2. **PSYCHOSOCIAL STRESSORS**
   - 1d. [ ] Yes [ ] No

3. **MEDICAL CONDITIONS** that may cause depression and/or complicate treatment
   - 1e. [ ] Yes [ ] No

4. **PSYCHOTIC FEATURES**
   - 1f. [ ] Yes [ ] No

5. **SEVERITY LEVEL OF MDD (E.G., MILD, MODERATE OR SEVERE)**
   - 1g. [ ] Yes [ ] No

6. **DANGEROUSNESS TO OTHERS**
   - 1h. [ ] Yes [ ] No

7. **PAST HISTORY** (of depressive episodes and treatment)
   - 1i. [ ] Yes [ ] No [ ] NA

2. **If provider is a non-M.D., there is documentation of a referral for a medical/psychiatric evaluation if any of the following are present:**
   - (psychotic features, complicating medical psychiatric conditions, severity level of moderate or above)
   - [ ] Yes [ ] No [ ] NA

**Domain 1 Subscore:**

# of items missed (number of “No’s”)
Major Depressive Disorders / Suicide Management
Clinical Practice Guideline Audit Checklist

DOMAIN 2: SUICIDE RISK ASSESSMENT AND MANAGEMENT

During the initial evaluation, the provider conducted a thorough suicide risk assessment that, at a minimum, included assessment for:

3a. CURRENT SUICIDAL IDEATION AND PLANS □ Yes □ No
3b. HISTORY OF SUICIDAL IDEATION AND ATTEMPTS □ Yes □ No
3c. PRESENCE OF HIGH RISK FACTORS, such as significant behavior change in teens, advanced age/debilitating illness/male senior citizens, insomnia, substance use/abuse, anxiety, recent inpatient discharge, history of violence or bullying (victim or perpetrator), and/or gender identity disorder in teens □ Yes □ No
3d. Plan for frequent evaluation for suicidal thinking or behavior in patients prescribed ANTI-DEPRESSANT and/or ANTICONVULSANT MEDICATIONS □ Yes □ No

If suicidal risk was found, the provider implemented a plan to manage the risk, which included:

3e. Assessment of LETHAL INTENT. Documentation shows interventions to address this with patient and response to measures □ Yes □ No □ NA
3f. Assessment for access to any weapons or LETHAL MEANS, if suicidal □ Yes □ No □ NA
4a. Developed plan to DIMINISH ACCESS TO WEAPONS/LETHAL MEANS, if suicidal □ Yes □ No □ NA
4b. Developed PLAN FOR MAINTAINING SOBRIETY and discussed the role of substance use in increasing suicide risk □ Yes □ No □ NA
4c. Attempted to INVOLVE FAMILY AND OTHER SUPPORT SYSTEM MEMBERS in suicide management plans, or documented why not appropriate □ Yes □ No
4d. Documented ACTUAL FAMILY/SUPPORT SYSTEM INVOLVEMENT in suicide management plan □ Yes □ No □ NA

DOMAIN 2 SUBSCORE: _______________
# of items missed (number of “No’s”) _______________

DOMAIN 3: MAJOR DEPRESSIVE DISORDER THERAPEUTIC INTERVENTIONS

The provider documents in the treatment plan the following:

5. The provider assessed if psychotherapy was indicated □ Yes □ No
6. If psychotherapy was indicated, the provider specified the therapy type (e.g., CBT) and specific measurable goals □ Yes □ No □ NA
7. The provider delivered education about MDD and its treatment to the patient, and if appropriate, to the family □ Yes □ No
8. The psychiatrist delivered education about the medication, including signs of new or worsening suicidality and the high-risk times for this side effect  
   □ Yes □ No □ NA

9. If a medical/psychiatric referral had been made (item #2), the provider documented the results of that evaluation and any relevant adjustments to the treatment plan  
   □ Yes □ No □ NA

10. If evidence was found of a comorbid substance use disorder, the provider developed a plan to support sobriety  
    □ Yes □ No □ NA

11. If psychotic features were found, the treatment plan includes the use of either antipsychotic medication or ECT, or clear documentation why not  
    □ Yes □ No □ NA

12. If MDD was of moderate severity or above, the treatment plan uses a combination of psychotherapy and antidepressant medication, or clear documentation why not  
    □ Yes □ No □ NA

<table>
<thead>
<tr>
<th>DOMAIN 3 SUBSCORE: ____________</th>
</tr>
</thead>
<tbody>
<tr>
<td># of items missed (number of “No’s”) ____________</td>
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<tr>
<th>TOTAL SCORE: ____________</th>
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<tr>
<td>TOTAL # of items missed (number of “No’s”) ____________</td>
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</tbody>
</table>

### Instructions

1. **Treatment Record Selection**
   Select medical records with a diagnosis of major depressive disorder.

2. **Audit Process**
   Using this audit tool, review the minimum necessary sections of the medical record, including the medication sheet, initial evaluation, progress notes and treatment plans.

3. **Scoring and Intervention Guidelines**
   After auditing multiple records per provider, calculate the average total scores of items missed, and then apply the table below.

<table>
<thead>
<tr>
<th><strong>Quantitative</strong> (Average score from all records reviewed)</th>
<th><strong>Qualitative (if found on any record reviewed)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 3 average total score</td>
<td>Improvement opportunity, send letter B (unless qualitative applies)</td>
</tr>
<tr>
<td>3.1 - 6 average total score</td>
<td>Requires RNCC or designee review and letter C or individualized alternative to letter C (unless qualitative applies)</td>
</tr>
<tr>
<td>&gt; 6 average total score</td>
<td>If item missed is 4a, or if both 4b and 4c are missed, then should go to RNCC or designee review and letter C, or alternative to letter C</td>
</tr>
</tbody>
</table>

**Actions**
- Essentially compliant, send letter A (unless qualitative applies)
- Improvement opportunity, send letter B (unless qualitative applies)
- Requires RNCC or designee review and letter C or individualized alternative to letter C (unless qualitative applies)
- If item missed is 4a, or if both 4b and 4c are missed, then should go to RNCC or designee review and letter C, or alternative to letter C