QUALITY STANDARDS

Major Depression

Technical Specifications

2024 UPDATE

Ontario Health

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How to Use the Technical Specifications

This document provides technical specifications to support the implementation of the *Major Depression* quality standard. Major depression is a common and serious mental illness, and there are significant gaps and inequities in the care that people with major depression receive in Ontario. Recognizing this, Ontario Health released the quality standard to identify opportunities that have a high potential for quality improvement.

This document is intended for use by those looking to implement the *Major Depression* quality standard, including clinicians working in regional or local roles.

This document has dedicated sections to describe the following:

- Indicators that can be used to measure progress toward the overarching goals of the quality standard as a whole
- Statement-specific indicators that can be used to measure improvement for each quality statement within the quality standard

Indicators may be provincially or locally measurable:

- Provincially measurable indicators: how we can monitor the progress being made to improve care at the provincial level using provincial data sources
- Locally measurable indicators: what you can do to assess the quality of care that you provide locally

Measurement to Support Improvement

This document accompanies Ontario Health's *Major Depression* quality standard. The Major Depression Quality Standard Working Group identified 9 overarching indicators to monitor the progress being made to improve care for adults and adolescents with major depression in Ontario. Some overarching indicators are provincially measurable (well defined or validated data sources are available), and some are measurable only locally (the indicators are not well defined, and data sources do not currently exist to measure them consistently across providers and at the system level).

The *Major Depression* quality standard also includes statement-specific indicators that can be used to measure improvement for each quality statement within the quality standard.

Additional information on measuring indicators can be found in the [Quality Standard Measurement Guide](#). The measurement guide also includes descriptions of data sources that can be used to support quality standard indicators that are measured consistently across providers, health care sectors, and across the province.

Equity Considerations

Ontario Health is committed to promoting health equity and reducing disparities and encourages collecting data and measuring indicators using equity stratifications that are relevant and appropriate for your population, such as patient socioeconomic and demographic characteristics. These may include age, income, region/geography, education, language, race and ethnicity, gender, and sex. Please refer to *Appendix 3, Values and Guiding Principles,* in the quality standard for additional equity considerations.

Quality Standard Scope

This quality standard addresses care for people who have major depression or who are suspected to have major depression. The quality standard applies to adults and adolescents aged 13 years and older, and it considers all care settings. It does not apply to people with postpartum depression or to children under 13 years of age. This quality standard focuses on unipolar major depression. Some statements refer specifically to people with major depression that is classified as mild, moderate, or severe.

This quality standard includes 12 quality statements addressing areas that were identified by Ontario Health's Major Depression Quality Standard Advisory Committee as having high potential for quality improvement.

Cohort Identification

For measurement at the provincial level, people with major depression can be identified using administrative data. For local measurement, people with major depression can be identified using local data sources (such as surveys, electronic medical records, or clinical patient records).

Cohort Identification Using Administrative Data

Individuals hospitalized with major depression can be identified through the Discharge Abstract Database (DAD) and the Ontario Mental Health Reporting System (OMHRS). People who have an emergency department (ED) contact for major depression can be identified through the National Ambulatory Care Reporting System (NACRS). Please refer to the measurement guide for more information on these databases.

The following codes can be used to identify hospitalizations for people with a diagnosis of major depression:

- DAD (*International Statistical Classification of Diseases and Related Health Problems*, *Tenth Revision, Canada* [ICD-10-CA]) – acute care hospitalization: diagnosis codes F32.x, F33.x, F34.1
  - Most responsible diagnosis (diagnosis type = M), which characterizes hospitalizations for major depression
  - Type 1 diagnosis (pre-admit comorbidity), which characterizes hospitalizations that include major depression as a comorbidity but not necessarily the reason for admission

- OMHRS (*International Classification of Diseases, Tenth Revision, Clinical Modification* [ICD-10-CM]; *Diagnostic and Statistical Manual of Mental Disorders*, fifth edition [DSM-5], as of 2019/20): discharge diagnosis codes F32.x, F33.x, F34.1x
  - For short stays where the ICD-10-CM code is missing, provisional code = 4 (provisional broad diagnostic categories are used for stays without a final diagnosis, i.e., short stays with only an initial assessment. Code 4 captures category "d. Depressive disorders")

The following ICD-10-CA codes can be used to identify ED visits for people with a diagnosis of major depression:

- NACRS: main diagnosis codes F32.x, F33.x, F34.1

Overarching Indicators That Can Be Measured Using Provincial Data

Indicator 1: Number of inpatient deaths by suicide among people with a primary diagnosis of major depression

DESCRIPTION

Indicator name: Number of inpatient deaths by suicide among people with a primary diagnosis of major depression

Directionality: Lower is better

Measurability: Measurable at the provincial level

Dimensions of quality: effectiveness, safety

Quality statement alignment:

- Quality statement 2: Suicide risk assessment and intervention

CALCULATION

Denominator

Number of people discharged from an acute care episode for whom major depression was the most responsible diagnosis (initial care episodes identified via DAD and OMHRS)

Inclusions
- Age ≥ 13 years and ≤ 105 years
- DAD (ICD-10-CA) – acute care hospitalization: diagnosis codes F32.x, F33.x, F34.1 (as most responsible diagnosis)
- OMHRS – DSM-5 (ICD-10-CM) as of 2019/20: discharge diagnosis codes F32.x, F33.x, F34.1x
  - For short stays where the ICD-10-CM code is missing, provisional code = 4 (d. Depressive disorders)

Exclusions
- Records without a valid Ontario health insurance number
- Age < 13 years or > 105 years
- Records without an Ontario residence
- Gender not recorded as male or female
- Invalid date of birth, admission date/time, or discharge date/time

Numerator

Number of people in the denominator who died by suicide as an inpatient:

- DAD discharge disposition (as of 2018/19): 67 (died while on pass/leave), 74 (suicide in facility)
- OMHRS: discharge reason (data element X90) = 2 (died as a result of suicide)

Data sources

DAD, OMHRS

COMMENTS

This indicator can also be reported by various stratifications: province, Ontario Health region, hospital, income quintile, urban/rural location, immigration status, and age group. Some stratifications would require the use of additional databases such as the Registered Persons Database (RPDB) or Citizenship and Immigration Canada (CIC).

Indicator 2: Percentage of people with major depression discharged from a hospital inpatient stay who die by suicide within 30 days, 3 months, 6 months, and 1 year of discharge

DESCRIPTION

Indicator name: Percentage of people with major depression discharged from a hospital inpatient stay who die by suicide within 30 days, 3 months, 6 months, and 1 year of discharge

Directionality: Lower is better

Measurability: Measurable at the provincial level

Dimensions of quality: effectiveness, safety

Quality statement alignment:

- Quality statement 2: Suicide risk assessment and intervention

Calculation

Denominator

Number of people discharged from an acute care episode for whom major depression was the most responsible diagnosis (initial care episodes identified via DAD and OMHRS)

Inclusions
- Age ≥ 13 years and ≤ 105 years
- DAD (ICD-10-CA) – acute care hospitalization: diagnosis codes F32.x, F33.x, F34.1as most responsible diagnosis)
- OMHRS – DSM-5 (ICD-10-CM) as of 2019/20: discharge diagnosis codes F32.x, F33.x, F34.1x
  - For short stays where the ICD-10-CM code is missing, provisional code = 4 (d. Depressive disorders)

Exclusions
- Records without a valid Ontario health insurance number
- Age < 13 years or > 105 years
- Records without an Ontario residence
- Gender not recorded as male or female
- Invalid date of birth, admission date/time, or discharge date/time
- Discharges for patients who signed themselves out
- Discharges for patients who died during the hospitalization

Note: An admission to another institution within 24 hours of discharge from an institution should be considered part of the same episode of care.

Numerator

Number of people in the denominator who died by suicide within 30 days, 3 months, 6 months, or 1 year of discharge (ICD-10-CA codes X60–X84)

Method

Numerator ÷ denominator × 100

Data sources

DAD, OMHRS, Vital Statistics (Statistics Canada)

LIMITATIONS

Because of the delay in the availability of Vital Statistics data, the data for this indicator will not be available in a timely manner. The ability of organizations to link Vital Statistics data with DAD and OMHRS data is not commonplace.

Indicator 3: Percentage of emergency department visits for major depression that are a person's first contact with health care services for a diagnosis of major depression

DESCRIPTION

Indicator name: Percentage of emergency department visits for major depression that are a person's first contact with health care services for a diagnosis of major depression

Directionality: Lower is better

Measurability: Measurable at the provincial level

Dimensions of quality: effectiveness, timeliness

Quality statement alignment:

- Quality statement 1: Comprehensive assessment

CALCULATION

Denominator

Number of people with an unscheduled ED visit for whom major depression was the main diagnosis

Note: If an individual has multiple ED visits with a main diagnosis of major depression within a fiscal year, use the registration date for their initial visit.

Inclusions
- Age ≥ 13 years and ≤ 105 years
- NACRS (ICD-10-CA): main diagnosis codes F32.x, F33.x, F34.1

Exclusions
- Records without a valid Ontario health insurance number
- Age < 13 years or > 105 years
- Invalid date of birth or registration date/time
- Records without an Ontario residence
- Gender not recorded as male or female
- Planned or scheduled ED visits
- Death date in RPDB before or on ED registration date

Numerator

Number of people in the denominator who had no contact with health care services for an MHA condition in the past 2 years

Note: To determine first-contact status within the past 2 years, consult the look-back for MHA care, which includes all MHA related ED visits (both planned and unplanned).

Exclusions

- People with MHA-related outpatient visits and claims, ED visits, or hospital admissions within the past 2 years

Method

Numerator ÷ denominator × 100

Data sources

DAD, NACRS, Ontario Health Insurance Plan (OHIP) Claims Database, OMHRS

Indicator 4: Percentage of people with major depression who show an improvement in depressive symptoms during an inpatient stay

DESCRIPTION

Indicator name: Percentage of people with major depression who show an improvement in depressive symptoms during an inpatient stay

Directionality: Higher is better

Measurability: Measurable at the provincial level

Dimension of quality: effectiveness

Quality statement alignment

- Quality statement 4: Treatment after initial diagnosis
- Quality statement 6: Monitoring for treatment adherence and response

CALCULATION

Denominator

Number of people admitted to a hospital with a most responsible diagnosis of major depression (if a person has multiple hospitalizations with a most responsible diagnosis of major depression, use their initial hospitalization)

Inclusions
- Age ≥ 13 years and ≤ 105 years
- DAD (ICD-10-CA) – acute care hospitalization: diagnosis codes F32.x, F33.x, F34.1 (as most responsible diagnosis)
- OMHRS – DSM-5 (ICD-10-CM) as of 2019/20: discharge diagnosis codes F32.x, F33.x, F34.1x
  - For short stays where the ICD-10-CM code is missing, provisional code = 4 (d. Depressive disorders)

Exclusions
- Records without a valid Ontario health insurance number
- Age < 13 years or > 105 years
- Records without an Ontario residence
- Gender not recorded as male or female
- Invalid date of birth, admission date/time, or discharge date/time

Numerator

Number of people in the denominator who showed an improvement in depressive symptoms during an inpatient stay

Inclusion

- People with a score on the Depression Severity Index of the Resident Assessment Instrument–Mental Health (RAI-MH) that is lower at discharge than at their initial assessment

Method

Numerator ÷ denominator × 100

Data source

OMHRS

COMMENTS

This indicator is based on an indicator proposed by Perlman et al., Development of mental health quality indicators (MHQIs) for inpatient psychiatry based on the interRAI mental health assessment. BMC Health Serv Res. 2013;13:15.

Indicator 5: Percentage of readmissions to any hospital within 7 days and within 30 days of discharge from an inpatient hospital stay for major depression, stratified by the reason for readmission

DESCRIPTION

Indicator name: Percentage of readmissions to any hospital within 7 days and within 30 days of discharge from an inpatient hospital stay for major depression, stratified by the reason for readmission:

- Any reason
- Reason related to mental health and addictions
- Major depression

Directionality: Lower is better

Measurability: Measurable at the provincial level

Dimension of quality: effectiveness

Quality statement alignment:

- Quality statement 6: Monitoring for treatment adherence and response
- Quality statement 10: Assessment and treatment for recurrent episodes

CALCULATION

Denominator

Number of people discharged from an acute care episode for whom major depression was the most responsible diagnosis (initial care episodes identified via DAD and OMHRS)

Inclusions
- Age ≥ 13 and ≤ 105 years
- DAD (ICD-10-CA) – acute care hospitalization: diagnosis codes F32.x, F33.x, F34.1 (as most responsible diagnosis)
- OMHRS – DSM-5 (ICD-10-CM) as of 2019/20: discharge diagnosis codes F32.x, F33.x, F34.1x
  - For short stays where the ICD-10-CM code is missing, provisional code = 4 (d. Depressive disorders)

Exclusions
- Records without a valid Ontario health insurance number
- Age < 13 years or > 105 years
- Records without an Ontario residence
- Gender not recorded as male or female
- Invalid date of birth, admission date/time, or discharge date/time
- Discharges for patients who signed themselves out

- Discharges for patients who died during the hospitalization

Note: Admission to another institution within 24 hours of discharge from an institution should be considered part of the same episode of care.

Numerator
- **Any reason:** Number of people in the denominator who were readmitted to an acute care hospital within 7 days and within 30 days of discharge from their initial acute care hospitalization for major depression (initial care episodes identified via DAD and OMHRS)
  - Exclusion: Elective readmission in DAD (admit category = L)

- **Reason related to mental health and addictions:** Number of people in the denominator who were readmitted to an acute care hospital within 7 days and within 30 days of discharge from an acute care hospitalization for an MHA-related condition in one of the following categories:
  - Substance-related disorders
  - Schizophrenia, delusional, and nonorganic psychotic disorders
  - Mood/affective disorders
  - Anxiety disorders
  - Selected disorders of adult personality and behaviour

  Exclusion: Elective readmission in DAD (admit category = L)

- **Major depression:** Number of people in the denominator who were readmitted to an acute care hospital with 7 days and within 30 days of discharge from an acute care hospitalization for major depression (initial care episodes identified via DAD and OMHRS):
  - DAD (ICD-10-CA) – acute care hospitalization: diagnosis codes F32.x, F33.x, F34.1 (as most responsible diagnosis)
  - OMHRS – DSM-5 (ICD-10-CM) as of 2019/20: discharge diagnosis codes F32.x, F33.x, F34.1x
    - For short stays where the ICD-10-CM code is missing, provisional code = 4 (d. Depressive disorders)
  - Exclusion: Elective readmission in DAD (admit category = L)

Method

Numerator ÷ denominator × 100

Data sources

DAD, OMHRS

LIMITATIONS

It is not possible to differentiate between elective and nonelective admissions in OMHRS. Both planned and unplanned readmissions are counted in OMHRS.

COMMENTS

This indicator excludes patients in the denominator who signed themselves out of hospital, as these patients could have left before being adequately treated or before a post-discharge follow-up appointment could be arranged. Subsequent readmissions in these cases may therefore be outside the hospital's control.

Indicator 6: Percentage of unscheduled emergency department visits within 7 days and within 30 days of discharge from an inpatient hospital stay for major depression, stratified by the reason for the visit

DESCRIPTION

Indicator name: Percentage of unscheduled emergency department visits within 7 days and within 30 days after discharge from a hospital inpatient stay for major depression, stratified by the reason for the visit:

- Any reason
- Reason related to mental health and addictions
- Major depression
- Self-harm

Directionality: Lower is better

Measurability: Measurable at the provincial level

Dimensions of quality: effectiveness

Quality statement alignment:

- Quality statement 6: Monitoring for treatment adherence and response
- Quality statement 10: Assessment and treatment for recurrent episodes

CALCULATION

Denominator

Number of people discharged from acute care for whom major depression was the most responsible diagnosis (index cases identified via DAD and OMHRS)

Inclusions
- Age ≥ 13 and ≤ 105 years
- DAD (ICD-10-CA) – acute care hospitalization: diagnosis codes F32.x, F33.x, F34.1 (as most responsible diagnosis)
- OMHRS – DSM-5 (ICD-10-CM) as of 2019/20: discharge diagnosis codes F32.x, F33.x, F34.1x
  - For short stays where the ICD-10-CM code is missing, provisional code = 4 (d. Depressive disorders)

Exclusions
- Records without a valid Ontario health insurance number
- Records without an Ontario residence
- Age < 13 years or > 105 years
- Gender not recorded as male or female
- Invalid date of birth, admission date/time, or discharge date/time

- Discharges for patients who signed themselves out
- Patients who died

Note: Admission to another institution within 24 hours of discharge from an institution should be considered part of the same episode of care.

Numerator
- **Any reason:** Number of people in the denominator with an unscheduled ED visit within 7 days and within 30 days of discharge from an acute care hospitalization for any reason
  - Exclusion: ED visits that result in admission (i.e., visit disposition = 06 or 07) are excluded from the calculation of this indicator as this subset is captured in the readmission indicator

- **Reason related to mental health and addictions:** Number of people in the denominator with an unscheduled ED visit within 7 days and within 30 days of discharge from an acute care hospitalization for a main diagnosis of a mental health or addictions–related condition:
  - Substance-related disorders (ICD-10-CA): F55, F10 to F19
  - Schizophrenia, delusional, and nonorganic psychotic disorders (ICD-10-CA): F20 (excluding F20.4), F22, F23, F24, F25, F28, F29, F53.1
  - Mood/affective disorders (ICD-10-CA): F30, F31, F32, F33, F34, F38, F39, F53.0
  - Anxiety disorders (ICD-10-CA): F40, F41, F42, F43, F48.8, F48.9
  - Selected disorders of adult personality and behaviour (ICD-10-CA): F60, F61, F62, F69, F21

  Exclusion: ED visits that result in admission (i.e., visit disposition = 06 or 07) are excluded from the calculation of this indicator as this subset is captured in the readmission indicator

- **Major depression:** Number of people in the denominator with an unscheduled ED visit within 7 days and within 30 days of discharge from an acute care hospitalization for a main diagnosis of major depression: ICD-10-CA: F32.x, F33.x, F34.1
  - Exclusion: ED visits that result in admission (i.e., visit disposition = 06 or 07) are excluded from the calculation of this indicator as this subset is captured in the readmission indicator

- **Self-harm:** Number of people in the denominator with an unscheduled ED visit within 7 days and within 30 days of discharge from an acute care hospitalization for a main or other diagnosis of self-harm (ICD-10-CA: X60 to X84, intentional self-harm)
  - Exclusion: ED visits that result in admission (i.e., visit disposition = 06 or 07) are excluded from the calculation of this indicator as this subset is captured in the readmission indicator

Method

Numerator ÷ denominator × 100

Data sources

DAD, NACRS, OMHRS

LIMITATIONS

Capturing intention of self-harm with available data sources is difficult. Unintentional or undetermined injuries are excluded from this indicator, despite the fact that, in some cases, the injuries may have been intentional. There are known limitations for the underreporting of intentional self-harm.

Overarching Indicators That Can Be Measured Using Only Local Data

You might want to assess the quality of care you provide to people with major depression. You might also want to monitor your own quality improvement efforts. It could be possible to do this using your own clinical records, or you might need to collect additional data. We recommend the following potential indicators, some of which cannot be measured provincially using currently available data:

- Percentage of people with major depression, or family members of people with major depression, whose overall ratings of services received are good or very good
  - o Denominator: number of people with a diagnosis of major depression, or family members of people with a diagnosis of major depression, who completed the Ontario Perception of Care Questionnaire for Mental Health and Addictions (OPOC-MHA) in any setting
  - o Numerator: number of people in the denominator whose overall ratings of services received are good or very good
  - o Potential data source: locally administered and collected survey data from a tool such as the OPOC-MHA where applicable

- Percentage of people with major depression who rate the care they receive in the hospital as excellent, very good, or good
  - o Denominator: number of people with a diagnosis of major depression who completed a survey about the care they received in the hospital
  - o Numerator: number of people in the denominator who rate the care they received in the hospital as excellent, very good, or good
  - o Potential data source: locally administered and collected survey data from a tool such as the NRC Picker where applicable

- Percentage of people with major depression who show a decrease in their unmet needs over time
  - o Denominator: number of people with a diagnosis of major depression who have had at least 2 assessments of their unmet needs completed in any setting using a tool such as the Ontario Common Assessment of Need (OCAN)
  - o Numerator: number of people in the denominator who show a decrease in their unmet needs between their most recent and previous assessments
  - o Potential data source: locally administered and collected survey data from a tool such as OCAN

Statement-Specific Indicators

The *Major Depression* quality standard includes statement-specific indicators that are provided as examples; you may wish to create your own quality improvement indicators based on the needs of your population. We recommend you identify areas to focus on in the quality standard and then use one or more of the associated indicators to guide and evaluate your quality improvement efforts.

Quality Statement 1: Comprehensive Assessment

Percentage of people with suspected severe major depression, identified by a clinician, who receive a comprehensive assessment within 7 days of initial contact

- Denominator: total number of people with suspected severe major depression identified by a clinician
- Numerator: number of people in the denominator who receive a comprehensive assessment within 7 days of initial contact
- Data source: local data collection

Percentage of people with suspected mild to moderate major depression, identified by a clinician, who receive a comprehensive assessment within 4 weeks of initial contact

- Denominator: total number of people with suspected mild to moderate major depression identified by a clinician
- Numerator: number of people in the denominator who receive a comprehensive assessment within 4 weeks of initial contact
- Data source: local data collection

Quality Statement 2: Suicide Risk Assessment and Intervention

Percentage of people with major depression identified by a clinician to be at considerable risk to themselves or others, or who show psychotic signs or report experiencing psychotic symptoms, who receive immediate access to suicide risk assessment and, if necessary, preventive intervention

- Denominator: total number of people with major depression identified by a clinician to be at considerable risk to themselves or others or who show psychotic signs or report experiencing psychotic symptoms
- Numerator: number of people in the denominator who receive immediate access to suicide risk assessment and, if necessary, preventive intervention
- Data source: local data collection

Quality Statement 3: Shared Decision-Making

Percentage of people with major depression who report making joint decisions about their care with their clinician

- Denominator: total number of people with major depression who are receiving care from a clinician
- Numerator: number of people in the denominator who report making joint decisions about their care with their clinician
- Data source: local data collection

Percentage of people with major depression who have access to a decision aid while making decisions about their care with their clinician

- Denominator: total number of people with major depression who are receiving care from a clinician
- Numerator: number of people in the denominator who have access to a decision aid while making decisions about their care with their clinician
- Data source: local data collection

Quality Statement 4: Treatment After Initial Diagnosis

Percentage of people with severe major depression who receive a combination of medication and psychotherapy within 7 days of their assessment

- Denominator: total number of people with severe major depression who have been assessed
- Numerator: number of people in the denominator who receive medication and psychotherapy within 7 days of their assessment
- Data source: local data collection

Percentage of people with mild to moderate major depression who receive medication or psychotherapy within 4 weeks of their assessment

- Denominator: total number of people with mild to moderate major depression
- Numerator: number of people in the denominator who receive medication or psychotherapy within 4 weeks of their assessment
- Data source: local data collection

Availability of evidence-based psychotherapy

- Data source: local data collection

Quality Statement 5: Adjunct Therapies and Self-Management

Percentage of people with major depression who receive information about adjunct therapies and self-management strategies

- Denominator: total number of people with major depression
- Numerator: number of people in the denominator who receive information about adjunct therapies and self-management strategies
- Data source: local data collection

Quality Statement 6: Monitoring for Treatment Adherence and Response

Percentage of people taking medication for major depression who are monitored for an onset of, or increase in, suicidal ideation for at least 6 weeks following the initiation of the medication

- Denominator: total number of people who have started a new medication for major depression
- Numerator: number of people in the denominator who are monitored for an onset of, or increase in, suicidal ideation for at least 6 weeks following the initiation of the medication
- Data source: local data collection

Quality Statement 7: Optimizing, Switching, or Adding Therapies

Percentage of people who receive medication for major depression and who are monitored for 2 weeks for the onset of effects of therapy

- Denominator: total number of people who have started a new medication for major depression
- Numerator: number of people in the denominator who are monitored for the onset of effects of therapy for 2 weeks after starting the medication
- Data source: local data collection

Percentage of people who do not experience a response to their medication for major depression within 8 weeks and who are offered another or an additional medication or psychotherapy

- Denominator: total number of people receiving medication for major depression who do not experience a response to the medication within 8 weeks of treatment
- Numerator: number of people in the denominator who are offered another or an additional medication for major depression or psychotherapy
- Data source: local data collection

Quality Statement 8: Continuation of Medication

Percentage of people in remission from their first episode of major depression who are advised to continue their medication for at least 6 months after remission

- Denominator: total number of people in remission from their first episode of major depression with medication for major depression
- Numerator: number of people in the denominator who are advised to continue their medication for at least 6 months after remission
- Data source: local data collection

Percentage of people in remission from their first episode of major depression who continue their medication for at least 6 months after remission

- Denominator: total number of people in remission from their first episode of major depression with medication for major depression
- Numerator: number of people in the denominator who continue their medication for at least 6 months after remission
- Data source: local data collection

Percentage of people with recurrent episodes of major depression in remission with medication who are advised to continue their medication for at least 2 years after remission

- Denominator: total number of people with recurrent episodes of major depression who are in remission with medication
- Numerator: number of people in the denominator who are advised to continue their medication for at least 2 years after remission
- Data source: local data collection

Percentage of people with recurrent episodes of major depression in remission with medication who continue their medication for at least 2 years after remission

- Denominator: total number of people with recurrent episodes of major depression who are in remission with medication
- Numerator: number of people in the denominator who continue their medication for at least 2 years after remission
- Data source: local data collection

Quality Statement 9: Electroconvulsive Therapy

Percentage of people with severe major depression or difficult-to-treat depression who are offered electroconvulsive therapy

- Denominator: total number of people with severe major depression or difficult-to-treat depression
- Numerator: number of people in the denominator who are offered electroconvulsive therapy
- Data source: local data collection

Percentage of people with severe major depression or difficult-to-treat depression who receive electroconvulsive therapy

- Denominator: total number of people with severe major depression or difficult-to-treat depression
- Numerator: number of people in the denominator who receive electroconvulsive therapy
- Data sources: local data collection, Ontario Health Insurance Plan Claims Database

Availability of electroconvulsive therapy

- Data source: local data collection

Quality Statement 10: Assessment and Treatment for Recurrent Episodes

Percentage of people with mild to moderate major depression in full remission who receive a comprehensive assessment within 4 weeks of initial contact for a recurrent episode of major depression

- Denominator: total number of people with mild to moderate major depression in full remission who experience a recurrent episode of major depression
- Numerator: number of people in the denominator who receive a comprehensive assessment within 4 weeks of initial contact for a recurrent episode of major depression
- Data source: local data collection

Percentage of people with severe major depression in full remission who receive a comprehensive assessment within 7 days of initial contact for a recurrent episode of major depression

- Denominator: total number of people with severe major depression in full remission who experience a recurrent episode of major depression
- Numerator: number of people in the denominator who receive a comprehensive assessment within 7 days of initial contact for a recurrent episode of major depression
- Data source: local data collection

Quality Statement 11: Education and Support

Percentage of people with major depression who, along with their families and care partners, are offered education on major depression and information regarding community supports and crisis services

- Denominator: total number of people with major depression
- Numerator: number of people in the denominator who, along with their families and care partners, are offered education on major depression and information regarding community supports and crisis services
- Data source: local data collection

Quality Statement 12: Transitions in Care

Percentage of people with major depression who transition from one clinician or care setting to another and have a documented care plan

- Denominator: total number of people with major depression who transition from one clinician or care setting to another
- Numerator: number of people in the denominator who have a documented care plan
- Data source: local data collection

Percentage of people with major depression who transition from one clinician or care setting to another whose care plan specifies a timeline for follow-up

- Denominator: total number of people with major depression who transition from one clinician or care setting to another who have a documented care plan
- Numerator: number of people in the denominator whose care plan specifies a timeline for follow-up
- Data source: local data collection

Percentage of people with major depression who transition from one clinician or care setting to another and have their care plan made available to the receiving clinician within 7 days

- Denominator: total number of people with major depression who transition from one clinician or care setting to another who have a documented care plan
- Numerator: number of people in the denominator whose care plan is made available to the receiving clinician within 7 days
- Data source: local data collection

Percentage of people with major depression who are discharged from hospital who see a psychiatrist or primary care clinician within 7 days of discharge

- Denominator: total number of people with major depression who are discharged from hospital
- Numerator: number of people in the denominator who have at least 1 psychiatrist or primary care clinician visit within 7 days of discharge from the index hospitalization
- Data sources: Discharge Abstract Database, Ontario Health Insurance Plan Claims Database Ontario Mental Health Reporting System

Looking for More Information?

Visit hqontario.ca or contact us at QualityStandards@OntarioHealth.ca if you have any questions or feedback about this quality standard.

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