|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Validation** |  |  |
| 1 | visithbpc | Does the record document a HBPC encounter by any member of the HBPC team\* during the study interval?  Yes  No | 1,2\*  **\*If 2, the record is excluded** | **Study interval = the study dates displayed in the software.**  **HBPC encounter** = **home visit, telephone visit, OR documentation by HBPC team member indicating HBPC was providing or managing the patient’s care such as HBPC treatment notes, interdisciplinary plan notes, referral notes, medication review notes**   * The HBPC encounter must have occurred during the study interval dates. * The patient may also have been an inpatient, been seen in an ambulatory care clinic, or had another encounter with VHA during the study interval period; however, at least one HBPC encounter must have occurred during the study interval. * Even if discharge from HBPC occurred during or prior to the last day of the study interval, answer “1” if the patient had at least one HBPC encounter during the study interval. * HBPC telephone visit by any member of the HBPC team is acceptable.   **Exclude: documentation that indicates the patient is no longer enrolled in HBPC such as bereavement note**  \*HBPC team = physician, PA, NP, Clinical Nurse Specialist (CNS), nurse, social worker, chaplain, pharmacy, dietician, or other discipline providing services to the HBPC patient. HBPC encounter by a Home Health Aide is excluded.  **Exclusion Statement: The patient did not have a HBPC encounter during the study interval.** |
| 2 | hbpcdt | Enter the date of the most recent home care encounter for this patient, occurring within the study interval. | mm/dd/yyyy   |  | | --- | | > = stdybeg and <= stdyend | | Exact date must be entered. 01 to indicate unknown day or month may not be used. |
| 3 | justone | Was there only one home care encounter during the time frame from (computer display stdybeg to stdyend)?  1. Yes  2. No | 1,2\*  \*If 2, go to admisdt else go to evalvst | Only one home care encounter =   * the patient was seen only once in his/her home or via telephone visit by any member of the HBPC team or VHA staff (regardless of other VHA encounters that may have occurred) during the study interval, OR * the patient was not seen in his/her home or via telephone visit by HBPC during the study interval AND there is documentation of ONLY ONE note indicating that HBPC was managing or providing the patient’s care. |
| 4 | evalvst | Was this encounter only pre-admission screening for possible enrollment in the HBPC program?  1. Yes  2. No | 1\*,2  **\*If 1, the record is excluded** | Only to assess = the patient was not enrolled in HBPC at the time of the encounter and the encounter was a pre-admission screening to assess the patient’s need for HBPC services.  **Exclusion Statement: The only encounter during the study interval was pre-admission screening to assess the patient for enrollment in HBPC.** |
| 5 | admisdt | Enter the HBPC admission date. **Admission date is date of the progress note documenting admission.** | mm/dd/yyyy   |  | | --- | | Warning if <= 20 years prior to or = stdybeg and < stdyend |   **If hbpcdt – admisdt < 30 days, the case is excluded**   |  | | --- | | If hbpcdt – admisdt > = 30 days and < = 1 yr prior to hbpcdt, auto-fill hcstatus = 2  If hbpcdt – admisdt > 1 year, auto-fill  hcstatus = 3 | | **Admission to HBPC is the note that states the patient is admitted to HBPC.**  **Note:** The first note in the record may be a pre-admission/screening assessment note and should not be considered as the admission date.  HBPC Admission Date guidelines:   * **Review the record carefully to determine the most recent HBPC admission date.** * May be the first or subsequent visit. The note may have many titles, such as initial assessment, admission note, etc. Review the content of the note to verify documentation of HBPC admission date. Date of the admission note is used to calculate the enrollment time period. * If the patient was discharged from HBPC VISTA package for administrative reasons (i.e., was hospitalized and/or placed in short term skilled nursing facility), do not count as a new admission when the Veteran returns home and HBPC plan of care is resumed. * If an exact admission date cannot be determined, month and year must be entered at a minimum. If day cannot be determined, enter 01 as default.   **Exclusion Statement**  **The patient was enrolled in HBPC for less than the 30 days initial assessment period.**  **Suggested Data Sources:** HBPC admission note, HBPC consultation, HBPC care plan |
| 6 | hcstatus | Counting from the most recent HBPC encounter within the study interval, enter the patient’s status in regard to HBPC admission:  2. HBPC admission greater than or equal to 30 days but less than or equal to 1 year  3. HBPC admission greater than one year (>365 days from the admission date) | 2,3  **Computer will auto-fill hcstatus = 2 if hbpcdt – admisdt > = 30 days AND < = 1 yr prior to hbpcdt, OR auto-fill hcstatus = 3**  **if hbpcdt – admisdt** > **1 year**  **If 2, go to inptadm; else go to admmed as applicable** | **Enrollment in HBPC = admission.** The first note in record may be a pre-admission/screening assessment note.  **Admission to HBPC is the note that states the patient is admitted to HBPC.**  This may be the first or subsequent encounter. The note may have many titles, such as initial assessment, admission note, etc. Date of the admission note is used to calculate the admission time period.  Patients enrolled in HBPC less than 30 days from the most recent HBPC visit are excluded. The hierarchy for screening patients enrolled more than 30 days is as follows:  (1) Patients that have been enrolled less than one year should be screened within 30 days of admission.  (2) Patients enrolled in HBPC more than one year (>365 days) should be screened within the past 12 months.  **If the HBPC patient is admitted to an acute care hospital and has a length of stay greater than 15 days, the patient is discharged from home care and must be readmitted. The patient is considered a new enrollment and must be re-screened within 30 days of admission**. |
| 7 | inptadm | During the time frame from (computer display admisdt to admisdt + 30 days), did the record document the patient was hospitalized?  1. Yes  2. No | 1,2  If 2, auto-fill admdate2 as 99/99/9999 and go admmed as applicable | The intent of the question is to determine if the patient was hospitalized during the 30 days following HBPC admission.  If the patient was hospitalized at a non-VHA facility, the dates must be documented in order to determine admission within the specified time frame. |
| 8 | admdate2 | Enter the admission date. | mm/dd/yyyy  If valid date, go to swedacp1  Will be auto-filled as 99/99/9999 if  inptadm = 2   |  | | --- | | >= admisdt and  <= 30 days after admisdt | | Enter the exact date. |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | | **Medication Management** | | |  | | |  |
| **If Hcstatus = 2 and hbpcdt – admisdt <= 120 days, go to admmed; else go to swedacp1 as applicable** | | | | | | | | | | |
| 9 | admmed | | At the time of HBPC admission, was the patient on at least one medication?  1. Yes  2. No | | | 1,2  If 2, go to swedacp1 as applicable; else go to medrev3 | | | Medications include prescribed, OTC, and dietary supplement (such as a vitamin, mineral, herb or other botanical, amino acid, concentrate, metabolite, constituent, and/or extract), topical and systemic medications from VA and non-VA providers as noted in the record.  Suggested data sources: HBPC notes, medication profile | |
| 10 | medrev3 | | During the time frame from (computer to display admisdt to admisdt + 30 days), did the record document the patient’s HBPC medication management plan in a note signed by the pharmacist?   1. Yes 2. No | | | 1,2  If 2, go to swedacp1 as applicable | | | **A medication review of the patient’s medication management plan consists of a review by a pharmacist of all medications.** **To meet the intent of this question, documentation of the patient’s HBPC medication management plan in a note signed by the pharmacist is acceptable.**  All medications include prescribed, OTC, and dietary supplement (such as a vitamin, mineral, herb or other botanical, amino acid, concentrate, metabolite, constituent, and/or extract), topical and systemic medications from VA and non-VA providers as noted in the record. The pharmacist should review all medications for appropriateness (e.g., indication for medications or medication is no longer indicated, dosage), adverse reactions and interactions, and communicate concerns and recommendations to the HBPC provider or primary care provider.  **Note:** The timeframe for review of the patient’s medication management plan is based on the number of days the patient has been admitted to HBPC.   * For patients admitted to HBPC less than or equal to 120 days prior to the most recent HBPC visit date, review is required within 30 days of HBPC admission date. | |
| 11 | medrevdt | | Enter the date of the most recent medication management plan review. | | | mm/dd/yyyy   |  | | --- | | If hcstatus = 2 AND hbpcdt – admisdt <=120 days,  >= admisdt and  <= 30 days after admisdt | | | | Enter the exact date. The use of 01 to indicate missing day or month is not acceptable. | |
| 12 | medchg | | Did the pharmacist make any recommendation for change in the patient’s medication regimen?  1. Yes  2. No | | | 1,2  If 2, go to meddup | | | **If the pharmacist recommends a change to at least one medication (e.g., change in dose, frequency, discontinuation of medication), select “1”.**  For example, pharmacist notes, “Patient’s BP consistently above 150/90; recommend increasing Lisinopril to 20 mg PO daily.”  Pharmacist documentation of a clarification is NOT considered a recommendation for change in the patient’s medication regimen. For example, “Last BP was 160/70. Will discuss with interdisciplinary team that patient is on furosemide, lisinopril and nifedipine and clarify if home BPs are similar.” | |
| 13 | medcomm | | Did the pharmacist communicate any change in the patient’s medication regimen to the HBPC or primary care provider?  1. Yes  2. No | | | 1,2 | | | Pharmacist communication of a change to the medication regimen may be completed by direct communication (e.g., pharmacist calls the provider) or by cosignature of the medication plan review note by the HBPC or primary care provider or documentation of the direct communication..  It is not necessary to see documentation of communication of all recommended changes in the medication regimen. | |
| 14 | meddup | | During the time frame from (computer to display admisdt to admisdt + 30 days), did the pharmacist document medications were assessed for duplications in therapy?   1. Yes 2. No | | | 1,2 | | | To meet the intent of this question, the pharmacist must document that medications were assessed for duplications in therapy and the note must be signed by the pharmacist.  **Note:** The timeframe for review of the patient’s medication management plan is based on the number of days the patient has been admitted to HBPC.   * For patients admitted to HBPC less than or equal to 120 days prior to the most recent HBPC visit date, review is required within 30 days of HBPC admission date. | |
| 15 | medinter | | During the time frame from (computer to display admisdt to admisdt + 30 days), did the pharmacist document medications were assessed for drug-drug interactions?   1. Yes 2. No | | | 1,2 | | | To meet the intent of this question, the pharmacist must document that medications were assessed for drug-drug interactions and the note must be signed by the pharmacist.  **Note:** The timeframe for review of the patient’s medication management plan is based on the number of days the patient has been admitted to HBPC.   * For patients admitted to HBPC less than or equal to 120 days prior to the most recent HBPC visit date, review is required within 30 days of HBPC admission date. | |
| **If hcstatus = 2, go to swedacp1; else go to nuthyd as applicable** | | | | | | | | | | |
| 16 | swedacp1  swedacp2  swedacp3  swedacp99 | | During the time frame from (computer to display admisdt to admisdt + 30 days), did a HBPC social worker document education about alternative caregiving/placement plans was provided to the patient/caregiver/guardian on any of the following components?  **Select all that apply:**   1. Education on potential VA resources (e.g., Respite, Homemaker and Home Health Aide (H/HHA) Care, adult day care, Long Term Care placement, Medical Foster Home (MFH)) 2. Education on potential VA limitations that may impact alternative caregiving/placement plans (e.g. Veterans who are SC less than 70% would not have placement in a contract nursing home (CNH), own long term care insurance, potential placement based on personal preferences and availability in state/out of state) 3. Education on potential non-VA and community resources (Medicaid eligibility, private insurance, personal preferences, Medicaid waivers, other state benefits etc.) that may impact alternative caregiving/placement plan   99. None of the above | | | 1,2,3,99  If 99, auto-fill edacpdt as 99/99/9999 and go to noedrsn | | | Look for documentation of components on the education about alternative caregiving/placement plans in the initial psychosocial assessment in the social worker note.  Education about options for alternative caregiving/placement plans should be provided to all HBPC patients and/or caregiver/guardian.  **Please select all components that are documented.**  Suggested data source: HBPC social work assessment, HBPC psychosocial admission assessment, social work section inter-disciplinary treatment plan (IDTP) | |
| 17 | edacpdt | | Enter the date that the HBPC social worker documented the education about alternative caregiving/placement plans with the patient/caregiver/guardian. | | | mm/dd/yyyy  If valid date and admisdt >= 125 days prior to stdyend, go to  ptstplan; else go to nuthyd as applicable  Will be auto-filled as 99/99/9999 if swedacp99 = -1   |  | | --- | | >= admisdt and <= admisdt + 30 days | | | | Enter the date within 30 days of HBPC admission that the HBPC social worker documented a discussion about alternative caregiving/placement plans with the patient/caregiver/guardian. | |
| 18 | noedrsn | | During the timeframe from (computer to display admisdt to admisdt + 30 days), is there documentation by a HBPC social worker of a reason why the education about alternative caregiving/placement plans did not take place?  1. Yes  2. No  98. Patient/caregiver/guardian refused | | | 1,2,98  If 98 OR if [(1 or 2) and (admisdt < 125 days prior to stdyend)] go to nuthyd as applicable | | | Examples of reasons may include, but are not limited to:  lack of decision making capacity; no caregiver/guardian available, Veteran hospitalized 16 days+.  If there is documentation the patient/caregiver/guardian refused education about alternative caregiving/placement, select 98.  Suggested data sources: HBPC social work assessment, HBPC psychosocial admission assessment, HBPC psychosocial periodic assessment, social work section inter-disciplinary treatment plan (IDTP) | |
| 19 | ptstplan | | During the timeframe from (computer to display admisdt to admisdt + 125 days), did the HBPC social worker document the plan for urgent/emergent care by either documenting the plan or documenting the patient/caregiver/guardian’s choice to decline making a plan?  1. Yes, HBPC social worker documented the plan for urgent/emergent care  2. No, HBPC social worker did not document the plan for urgent/emergent care  98. Patient/caregiver/guardian refused/declined to make a plan for urgent/emergent care | | | 1,2,98 | | | * **Urgent/emergent care planning pertains to plan for care in the event of the unplanned absence of the caregiver.** * Urgent/emergent care planning does NOT pertain to plans related to cardiopulmonary resuscitation (CPR), do not resuscitation (DNR), or life sustaining treatment (LST) such as feeding tube placement. * Look for documentation of the plan for urgent/emergent care in the initial psychosocial assessment or any other Social Worker follow-up documentation within 125 days of the initial assessment (telephone or home visit contacts). * Examples:   + Social worker documents, “Wife currently providing care for the patient. In the event she is not available, daughter Jane Doe, phone number123-456-7890, would be able to provide care; select “1.”   + Social worker notes, “Discussed Veteran’s values, goals and preferences” or “Patient is not interested in SNF;” select “2.” * If there is documentation the patient/caregiver/guardian refused to make a plan for urgent/emergent care, select 98.   Suggested data sources: HBPC social work assessment; HBPC social work note; social work section inter-disciplinary treatment plan (IDTP) | |
| 20 | ptltplan | | During the timeframe from (computer to display admisdt to admisdt + 125 days), did the HBPC social worker document the plan for long term care planning by either documenting the plan or documenting the patient/caregiver/guardian’s choice to decline making a plan?   1. Yes, HBPC social worker documented the plan for long term care 2. No, HBPC social worker did not document the plan for long term care   98. Patient/caregiver/guardian refused/declined to make a plan for long term care | | | 1,2,98 | | | * **Long term care planning pertains to patient/caregiver/guardian/s plan for long term care if the patient’s condition changes.** * Long term care options may include but are not limited to: assisted living facility (ALF) placement, VA or community nursing home (CNH), VA or community skilled nursing facility (SNF), medical foster home (MFH), care by family or friend other than current caregiver. * Look for documentation of the plan for long term care planning with the patient/caregiver/guardian in the initial psychosocial assessment or any other Social Worker follow-up documentation within 125 days of the initial assessment (telephone or home visit contacts). * Examples:   + Social worker notes, “Discussed patient’s values, goals and preferences and options for long term care. Patient does not have family to care for him. He would be agreeable to assisted living facility or nursing home;” select “1.”   + Social worker documents, “Values and goals of care: Family wants patient to stay at home; select “2.” While goal is documented, social worker needs to work with patient/family to identify if staying at home is feasible and caregiving plan. If not feasible, other options should be discussed and documented. * If there is documentation the patient/caregiver/guardian refused to make a plan for long term care, select 98.   Suggested data sources: HBPC social work assessment; HBPC social work note; social work section inter-disciplinary treatment plan (IDTP) | |
| **If Hcstatus=2 and inptadm = 2, go to nuthyd; else go to dochospce** | | | | | | | | | | |
|  |  | | **Nutrition/Hydration** | |  | | |  | | |
| 21 | nuthyd | | During the time frame from (computer to display admisdt – 30 days to admisdt + 30 days), does the record document assessment of the patient’s nutritional and hydration needs by a registered or clinical dietician during a face-to-face or clinical video teleconference (CVT) encounter?  3. Yes, assessment of patient’s nutritional and hydration needs by a registered or clinical dietician was documented during a **face-to-face encounter.**  4. Yes, assessment of patient’s nutritional and hydration needs by a registered or clinical dietician was documented during a **CVT encounter.**  5. No assessment of the patient’s nutritional and hydration needs was documented by a registered or clinical dietician during a face-to-face or clinical video teleconference (CVT) encounter. | | 3,4,5  If 5, go to assesmal | | | **Initial nutritional and hydration assessment must be performed by a registered or clinical dietician during a face-to-face or clinical video teleconference (CVT) encounter in the Veteran’s home within the time frame of 30 days prior to or after HBPC admission date.**  The assessment may contain: biometrics, lab interpretation, nutrition risk/problem, and education.  Education and counseling regarding dietary management of disease, i.e., the need for CHF patient to restrict sodium and fluid intake, nutritional supplements to combat cachexia of cancer, etc., is evidence that assessment occurred.  Telephone encounter is not acceptable.  A dietician student/intern/trainee with appropriate co-signature by registered dietician is acceptable.  **Note to HBPC staff:** CVT may only be used if a Veteran is in a rural location and the HBPC program has less than 40 patients enrolled in those rural locations as outlined in VHA Directive 1411. This is monitored by the Program Office.  Suggested data source: | | |
| 22 | nuthydt | | Enter the date of the initial nutritional and hydration assessment by a registered or clinical dietician. | | mm/dd/yyyy   |  | | --- | | <= 30 days prior to or = admisdt and <= 30 days after admisdt | | | | Enter the exact date of the initial nutritional and hydration assessment by a registered or clinical dietician within 30 days of admission. | | |
| 23 | assesmal | | During the timeframe from (computer display admisdt – 30 days to admisdt + 30 days), was an assessment for malnutrition completed by a Registered Dietitian (RD) or Registered Dietician Nutritionist (RDN) during the initial face to face clinical encounter?   1. Yes, the HBPC RD or RDN initial nutrition assessment contains an assessment for malnutrition that was completed by a RD or RDN during the initial face to face encounter 2. No, the HBPC RD or RDN initial nutrition assessment does not contain an assessment for malnutrition completed by a RD or RDN during a face to face encounter 3. No, documented this HBPC program is rural and face to face encounter cannot be completed 4. No, an assessment for malnutrition was not completed by the HBPC RD or RDN and the initial nutrition assessment contains documentation that the patient/caregiver/guardian refused or declined to participate in the assessment for malnutrition | | 3,4,5,98  If 4,5 or 98 auto-fill asesmaldt as 99/99/9999, and go to envases | | | **The HBPC RD or RDN Initial Nutrition Assessment must contain a malnutrition assessment performed by a Registered Dietician (RD) or Registered Dietician Nutritionist (RDN) during the face to face encounter in the Veteran’s home within the timeframe of 30 days prior to or after HBPC admission date.**  Malnutrition assessment completed by a dietician student/intern/trainee with appropriate co-signature by RD or RDN is acceptable.  **In order to select value 3:**   * The malnutrition assessment must be completed by a HBPC RD or RDN during a face to face encounter; AND * the malnutrition assessment must contain the   ASPEN/AND Malnutrition Diagnosis Guide (see attachment); AND/OR   * the malnutrition assessment must include:   + evaluation of energy intake,   + interpretation of weight loss,   + body fat loss (based on nutrition focused physical exam),   + muscle mass loss (based on nutrition focused physical exam),   + fluid accumulation, AND   + reduced grip strength (**NOTE:** RD/RDN documentation of a reason (e.g., hand contracture, rheumatoid arthritis, etc.) the grip strength cannot be assessed is acceptable.   **Rural HBPC Program:** Veteran is in a rural location and the HBPC program has less than 40 patients enrolled in those rural locations as outlined in VHA Directive 1411. This is monitored by the Program Office.   * If there is documentation that the HBPC Program at this facility is rural and a face to face encounter cannot be completed, select value 5.   Suggested data sources: HBPC RD or RDN Initial Nutrition Assessment | | |
| 24 | asesmaldt | | Enter the date assessment for malnutrition was completed by the HBPC RD or RDN during a face to face encounter. | | mm/dd/yyyy  Will be auto-filled as 99/99/9999 if asesmal = 4, 5 or 98   |  | | --- | | <= 30 days prior to or = admisdt and <= 30 days after admisdt | | | | Enter the exact date of the malnutrition assessment by a RD or RDN during a face to face encounter within 30 days of admission. | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Environment Safety/Risk Assessment** |  |  |
| 25 | envases | During the time frame from (computer to display admisdt – 30 days to admisdt + 30 days), was a home environmental safety/ risk assessment documented by a rehabilitation therapist during a face-to-face or clinical video teleconference (CVT) encounter?  3. Yes, a home environmental safety/ risk assessment documented by a rehabilitation therapist during a **face-to-face encounter** in the patient’s home.  4. Yes, a home environmental safety/ risk assessment documented by a rehabilitation therapist during a **CVT encounter** in the patient’s home.  5. No home environmental safety/ risk assessment was documented by a rehabilitation therapist during a face-to-face or clinical video teleconference (CVT) encounter. | 3,4,5  If 5, go to envoxy | **A home environmental safety/ risk assessment must be performed by a rehabilitation therapist during a face-to-face or clinical video teleconference (CVT)** **encounter in the Veteran’s home within the time frame of 30 days prior to or after HBPC admission date. The home environmental safety/risk assessment may be found in an HBPC progress note and must include:**   * **overall assessment of the patient’s living environment;** * **identification any safety issues;** * **list any adaptive devices/equipment that are already in place;** * **recommendations and/or interventions provided; and** * **education provided to patient/caregiver.**   Home environment is the environment where the patient lives and includes patient’s own home, assisted living facility, personal care home and medical foster home.  Rehabilitation therapist = Occupational therapist (OT), Physical therapist (PT), and Kinesiotherapist (KT)  A rehabilitation therapist student/intern/trainee with appropriate co-signature by rehabilitation therapist is acceptable.  **Note to HBPC staff:** CVT may only be used if a Veteran is in a rural location and the HBPC program has less than 40 patients enrolled in those rural locations as outlined in VHA Directive 1411. This is monitored by the Program Office.  Suggested Data Sources: HBPC Home Environment Assessment note, Rehabilitation Therapy (KT,OT, PT) Assessment note |
| 26 | envasedt | Enter the date of the home environmental safety/risk assessment documented by a rehabilitation therapist. | mm/dd/yyyy   |  | | --- | | <= 30 days prior to or = admisdt and <= 30 days after admisdt | | Enter the exact date of the home environmental safety/risk assessment completed by a rehabilitation therapist within 30 days of admission. |
| 27 | envoxy | Was the patient oxygen dependent?   1. Yes 2. No | 1,2  If 2, go to dochospce | **Oxygen dependent = use of oxygen by the patient in the home.**  Suggested Data Sources: HBPC Environment Assessment, HBPC Rehabilitation Therapy (KT/OT/PT) Assessment, HBPC Nursing Admission Assessment, Oxygen consult, problem list |
| 28 | asesoxy | During the time frame from (computer to display admisdt – 30 days to admisdt + 30 days) at a face-to-face encounter, was a home oxygen safety risk assessment documented by a HBPC team member to include all of the following components?   * Whether there are smoking materials in the home, * Whether or not the home has functioning smoke detectors, and * Whether there are other fire safety risks in the home, such as the potential for open flames  1. Yes 2. No | 1,2  If 2, go to dochospce | **A home oxygen safety risk assessment must be performed by a HBPC team member during a face-to-face encounter in the Veteran’s home within the time frame of 30 days prior to or after HBPC admission date.**  Home oxygen safety risk assessment may be part of the home environmental safety/risk assessment or another assessment, such as the Nursing Initial/Admission Assessment. Any HBPC team member may complete and document the Home Oxygen Safety Risk Assessment.  **Home oxygen safety risk assessment must include documentation of:**   * whether there are smoking materials in the home, * whether or not the home has functioning smoke detectors, and * whether there are other fire safety risks in the home such as the potential for open flames   Suggested Data Sources: HBPC Environment Assessment note, HBPC Home Oxygen Checklist, HBPC Rehabilitation Therapy (KT/OT/PT) Assessment, Nursing Admission Assessment or notes, HBPC Respiratory Therapy notes |
| 29 | asesoxydt | Enter the date of the most recent home oxygen safety risk assessment documented by a HBPC team member during a face-to-face encounter. | mm/dd/yyyy   |  | | --- | | <= 30 days prior to or = admisdt and <= 30 days after admisdt | | Enter the date of the most recent home oxygen safety risk assessment documented by a HBPC team member during a face-to-face encounter.  **Home oxygen safety risk assessment must include documentation of:**   * whether there are smoking materials in the home, * whether or not the home has functioning smoke detectors, and * whether there are other fire safety risks in the home such as the potential for open flames |
| 30 | oxyedu1  oxyedu2  oxyedu3  oxyedu4 | During the HBPC team face-to-face encounter on (computer to display asesoxydt), did the HBPC team member inform and educate the patient/caregiver on home oxygen safety to include:   |  |  | | --- | --- | | 1. The findings of the oxygen safety risk assessment | 1. Yes  2. No | | 2. The causes of fire | 1. Yes  2. No | | 3. Fire risks for neighboring residences and buildings | 1. Yes  2. No | | 4. Precautions that can prevent fire-related injuries | 1. Yes  2. No | | 1,2  If any oxyedu1, oxyedu2,oxyedu3, or oxyedu4 = 2, go to dochospce | Home oxygen safety risk assessment education may be part of the home environmental safety/risk assessment or another assessment, such as the Nursing Initial/Admission Assessment. Any member of the HBPC team may inform and educate the patient/caregiver regarding home oxygen safety.  **The HBPC team member must inform and educate the patient/caregiver about the following:**   * The findings of the oxygen safety risk assessment, * The causes of fire, * Fire risks for neighboring residences and buildings, and * Precautions that can prevent fire-related injuries   Suggested Data Sources: HBPC Environment Assessment note, HBPC Home Oxygen Checklist, HBPC Rehabilitation Therapy (KT/OT/PT) Assessment, Nursing Admission Assessment or notes, HBPC Respiratory Therapy notes |
| 31 | oxyrec | Did a HBPC team member document recommended interventions to address identified oxygen safety risk(s)?  Examples include, but are not limited to:   * Replace non-functioning smoke detector * Family to post “no smoking” signs on the front exterior door * Veteran educated to not use oxygen near open flames   3. Yes  4. No  5. HBPC team member documented that NO oxygen safety risks were identified | 3,4,5  If 4 or 5, go to dochospce | Any member of the HBPC team may document recommendations to address identified oxygen safety risks. Examples of recommended interventions (**intervention documentation is bolded**) to address identified oxygen safety risk(s) include, but are not limited to:  Example 1:   * Safety Risk Assessment:  Existing smoke detector is non-functioning * **Intervention documentation:  Replace non-functioning smoke detector** * Response to intervention:   Smoke detector is now functioning   Example 2:   * Safety Risk Assessment:  “No smoking” signs are not posted on the exterior of the house. * **Intervention documentation:  Family to post “no smoking” signs on the front exterior door.** * Response to intervention: “No smoking” signs are posted on front exterior door.   Example 3:   * Safety Risk Assessment:  Burning candles observed near where patient is using oxygen. * **Intervention documentation:   Veteran educated to not use oxygen near open flames.** * Response to intervention:  No further evidence of candle usage observed at follow up visit.   If HBPC team member documented NO oxygen safety risks were identified, select 5.  Suggested Data Sources: HBPC Environment Assessment note, HBPC Home Oxygen Checklist, HBPC Rehabilitation Therapy (KT/OT/PT) Assessment, Nursing Admission Assessment or notes, HBPC Respiratory Therapy notes |
| 32 | oxyrecres | Following documentation of the home oxygen safety/risk care plan or intervention, was response to the care plan/ intervention evaluated by a HBPC team member?  Examples include, but are not limited to:   * Smoke detector is now functioning * “No smoking” signs are posted at front exterior door * No further evidence of candle usage observed at follow-up visit   3. Yes  4. No  5. No HBPC visit between home oxygen care plan/intervention and study end date | 3,4,5 | Follow up assessment may be face to face, telephone, clinical video teleconference (CVT) as appropriate to the patient’s needs.  Any member of the HBPC team may document response to care plan/intervention.  Examples of **response to oxygen safety care plan/intervention (response to intervention is bolded)**  include, but are not limited to:  Example 1:   * Safety Risk Assessment:  Existing smoke detector is non-functioning * Intervention documentation:  Replace non-functioning smoke detector * **Response to intervention:   Smoke detector is now functioning**   Example 2:   * Safety Risk Assessment:  “No smoking” signs are not posted on the exterior of the house. * Intervention documentation:  Family to post “no smoking” signs on the front exterior door. * **Response to intervention: “No smoking” signs are posted at front exterior door.**   Example 3:   * Safety Risk Assessment:  Burning candles observed near where patient is using oxygen. * Intervention documentation:   Veteran educated to not use oxygen near open flames. * **Response to intervention:  No further evidence of candle usage observed at follow up visit.**   Suggested Data Sources: HBPC Environment Assessment note, HBPC Home Oxygen Checklist, HBPC Rehabilitation Therapy (KT/OT/PT) Assessment, Nursing Admission Assessment or notes, HBPC Respiratory Therapy notes |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 33 | dochospce | Is one of the following documented in the medical record?The patient is enrolled in a VHA or community-based Hospice programThe patient has a diagnosis of cancer of the liver, pancreas, or esophagusOn the problem list it is documented the patient’s life expectancy is less than 6 months 1. Yes  2. No | \*1,2  \*If 1, go to end | A “yes” answer to this question will exclude the case from the Mental Health and Immunization measures.  Although all noted conditions may be applicable to the case, only one is necessary for exclusion from the Mental Health and Immunization measures.  The stage of cancer of the liver, esophagus, or pancreas is not applicable. Even if the patient is newly diagnosed, the case is excluded.  Patient’s life expectancy of less than six months must be documented on the problem list or in the computer field “health factors,” without exception.  **Acceptable:** Enrollment in a VHA or community-based Hospice  **Unacceptable:** Enrollment in a VHA Palliative Care program or HBPC. |
|  |  | **Assessment of Cognitive Function** |  |  |
| 34 | dementdx2 | During the past year, does the record document a diagnosis of dementia/neurocognitive disorder as evidenced by one of the following ICD-10-CM diagnosis codes:  **A81.00, A81.01, A81.09, A81.2, A81.82, A81.89, A81.9, F01.50, F01.51, F02.80, F02.81, F03.90, F03.91, F10.27, F10.97, F13.27, F13.97, F18.17, F18.27, F18.97, F19.17, F19.27, F19.97, G23.1, G30.0, G30.1, G30.8, G30.9, G31.01, G31.09, G31.83, G90.3**  1. Yes  2. No | 1,2  If 2, go to modsevci | **The problem list or health factors may be used to perform an initial search for the diagnosis of dementia or other condition associated with dementia; however, the documentation of the applicable ICD-10 code must be found in association with an inpatient or outpatient encounter during the past year. Each health factor should have an associated date that represents the date the health factor was recorded.**  **For the purposes of this question, acceptable dementia diagnosis codes are included in the table on the next page.**  Suggested data sources: HBPC notes, clinic/progress notes (e.g. primary care, neurology, geriatrics, psychiatry), history and physical, discharge summary, outpatient encounter diagnosis codes, admission/discharge codes |
| **ICD-10-CM Code Dementia/neurocognitive Disorder Code Table**   |  |  |  |  | | --- | --- | --- | --- | | **ICD-10-CM Code** | **ICD-10-CM Description** | **ICD-10-CM Code** | **ICD-10-CM Description** | | A81.00 | Creutzfeldt-Jakob disease, unspecified | F13.97 | Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced persisting dementia | | A81.01 | Variant Creutzfeldt-Jakob disease | F18.17 | Inhalant abuse with inhalant-induced dementia | | A81.09 | Creutzfeldt-Jakob disease, other | F18.27 | Inhalant dependence with inhalant-induced dementia | | A81.2 | Progressive multifocal leukoencephalopathy | F18.97 | Inhalant use, unspecified with inhalant-induced persisting dementia | | A81.82 | Gerstmann-Straussler-Scheinker Syndrome | F19.17 | Other psychoactive substance use with psychoactive substance-induced persisting dementia | | A81.89 | Other atypical virus infections of central nervous system [included for Prion disease of the CNS NEC] | F19.27 | Other psychoactive substance dependence with psychoactive substance-induced persisting dementia | | A81.9 | Atypical virus infection of central nervous system, unspecified [Prion diseases of the central nervous system NOS] | F19.97 | Other psychoactive substance use, unspecified with psychoactive substance-induced persisting dementia | | F01.50 | Vascular Dementia without Behavioral Disturbance | G23.1 | Progressive supranuclear palsy | | F01.51 | Vascular Dementia with Behavioral Disturbance | G30.0 | Alzheimer's disease with early onset | | F02.80 | Dementia in other diseases classified elsewhere without behavioral disturbance | G30.1 | Alzheimer's disease with late onset | | F02.81 | Dementia in other diseases classified elsewhere with behavioral disturbance | G30.8 | Other Alzheimer's disease | | F03.90 | Unspecified dementia without behavioral disturbance | G30.9 | Alzheimer's Disease, Unspecified | | F03.91 | Unspecified dementia with behavioral disturbance | G31.01 | Pick's Disease | | F10.27 | Alcohol dependence with alcohol-induced persisting dementia | G31.09 | Other Frontotemporal Dementia | | F10.97 | Alcohol use, unspecified with alcohol-induced persisting dementia | G31.83 | Dementia with Lewy Bodies | | F13.27 | Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced persisting dementia | G90.3 | Multi-system atrophy | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 35 | demsev | Was the severity of dementia assessed during the past year using one of the following standardized tools?   1. Clinical Dementia Rating Scale (CDR) 2. Functional Assessment Staging Tool (FAST) 3. Global Deterioration Scale (GDS)   99. Severity of dementia was not assessed during the past year using one of the specified tools | 1,2,3,99  If 99, go to modsevci | **Clinical Dementia Rating Scale** (CDR) = 5-point scale used to characterize six domains of cognitive and functional performance (memory, orientation, judgment & problem-solving, community affairs, home & hobbies, personal care)  **Functional Assessment Staging Tool (FAST)** = charts decline of patients with Alzheimer’s Disease and is broken down into 7 stages.  **Global Deterioration Scale (GDS)** = provides an overview of the stages of cognitive function and is broken down into 7 stages. |
| 36 | cogscor2 | What was the outcome of the assessment of the severity of dementia assessment?  4. Score indicated mild dementia  5. Score indicated moderate to severe dementia  6. Score indicated no dementia  99. No score documented in the record or unable to determine outcome | 4,5,6,99  If 4 or 6, go to deptxyr; else if 99, go to modsevci  **If 5, go to hbpcflu as applicable** | **Abstractor judgment may be used. The record must document the score of the assessment and the abstractor must be able to determine whether the score indicates no dementia, mild dementia, or moderate to severe dementia.** The scoring of the dementia assessment and therefore the outcome will be determined based upon which standardized tool was utilized.  In order to answer “4” or “5,” the abstractor must be able to determine whether the score indicated mild dementia or moderate to severe dementia. For example, patient is assessed with CDR and documented score = 2, select “5.”  **Clinical Dementia Rating Scale:** Score may range from 0 (normal) to 3 (severe dementia)  **Functional Assessment Staging Tool (FAST):** Score may range from 1 (normal) to 7 (severe dementia)  **Global Deterioration Scale (GDS)** : Score (stage) may range from 1 (no cognitive impairment) to 7 (very severe cognitive decline)  For the above tools, scores indicating at least moderate degree of dementia are:   * **FAST >= 5** * **GDS >= 5** * **CDR >= 2**   **If documentation of the outcome of the assessment or the score of the standardized tool does not indicate the severity of dementia, enter “99.”** |
| 37 | modsevci | During the past year, did the clinician document in the record that the patient has moderate or severe cognitive impairment?  1. Yes  2. No | 1,2  If 2, auto-fill cogimpdt as 99/99/9999 and go to deptxyr | Clinician = physician, APN, PA, or psychologist  **In order to answer “1,” there must be clinician documentation in the record that the patient has moderate, moderate to severe, or severe cognitive impairment OR a clinician notation that the patient is too cognitively impaired to be screened.**  In addition, the Clinical Reminder for mental health screening allows providers to establish this exclusion by checking the box to indicate **“Unable to screen due to Moderate or Severe Cognitive Impairment.” This is acceptable documentation of moderate or severe cognitive impairment.**  If the clinician documentation notes “mild cognitive impairment” or “cognitive impairment” without specifying severity, answer “2.”  Although a diagnosis of major neurocognitive disorder may indicate dementia, it does not specify the severity of the dementia. If this is the only documentation related to cognitive impairment, answer “2”.  Sources: HBPC notes, Clinical Reminder for mental health screening, clinician notes. |
| 38 | cogimpdt | Enter the date of the most recent clinician documentation of moderate or severe cognitive impairment. | mm/dd/yyyy  **If modsevci = 1, go to hbpcflu as applicable**   |  | | --- | | < = 1 year prior to or = stdybeg and  < = stdyend | | Enter the exact date. The use of 01 to indicate missing month or day is not acceptable. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Depression** |  |  |
| 39 | deptxyr | Within the past year, did the patient have at least one clinical encounter where depression was identified as a reason for the clinical encounter as evidenced by one of the following ICD-10-CM diagnosis codes:  **F01.51, F32.0 - F32.5, F32.81, F32.89,**  **F32.9 - F33.3, F33.42, F33.9, F34.1, F43.21, F43.23**  1. Yes  2. No | 1,2  If 2, auto-fill recdepdt as 99/99/9999, and go to bpdxyr | **Depression does not have to be listed as the only reason for the clinical encounter, but identified as one of the reasons for the clinical encounter as evidenced by any of the following ICD-10-CM diagnosis codes:**   * **F01.51, F32.0 - F32.5, F32.81, F32.89, F32.9 - F33.3, F33.42, F33.9, F34.1, F43.21, F43.23**   The diagnosis of depression may have been made prior to the past year, but if the patient has at least one clinical encounter within the past year for depression as evidenced by documentation of one of the above ICD-10 diagnosis codes, answer “1.”  Clinical encounter includes HBPC visits, outpatient visits, ED visits, and inpatient admission. |
| 40 | recdepdt | Enter the date within the past year of the most recent clinical encounter where depression was identified as a reason for the clinical encounter. | mm/dd/yyyy  Will be auto-filled as 99/99/9999 if  deptxyr = 2  If deptxyr = 1, go to ptsdx   |  | | --- | | < = 1 year prior to or = stdybeg and  < = stdyend | | Depression does not have to be listed as the only reason for the clinical encounter, but identified as one of the reasons for the clinical encounter as evidenced by documentation of the specified ICD-10 diagnosis code.  Enter the most recent date within the past year documented in the record when the patient was seen for depression.  If the most recent clinical encounter for depression within the past year was an inpatient admission, enter the date of discharge.  Enter the exact date. The use of 01 to indicate missing month or day is not acceptable. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 41 | bpdxyr | Within the past year, did the patient have at least one clinical encounter where bipolar disorder was identified as a reason for the clinical encounter as evidenced by one of the following ICD-10-CM diagnosis codes:  **F30.10 – F30.13, F30.2 – F30.4, F30.8 - F31.0,**  **F31.10 – F31.13, F31.2, F31.30 – F31.32,**  **F31.4, F31.5, F31.60 – F31.64, F31.70 – F31.78,**  **F31.81, F31.89, F31.9**  1. Yes  2. No | 1,2  If 2, go to scrphqi9 | **Bipolar disorder does not have to be listed as the only reason for the clinical encounter, but identified as one of the reasons for the clinical encounter as evidenced by any of the following ICD-10 diagnosis codes:**   * **F30.10 – F30.13, F30.2 – F30.4, F30.8 - F31.0,**   **F31.10 – F31.13, F31.2, F31.30 – F31.32,**  **F31.4, F31.5, F31.60 – F31.64, F31.70 – F31.78,**  **F31.81, F31.89, F31.9**  The diagnosis of bipolar disorder may have been made prior to the past year, but if the patient has at least one clinical encounter within the past year for bipolar disorder as evidenced by documentation of one of the above ICD-10 diagnosis codes, answer “1.”  Clinical encounter includes HBPC visits, outpatient visits, ED visits, and inpatient admission. |
| 42 | recbpdt | Enter the date within the past year of the most recent clinical encounter where bipolar disorder was identified as a reason for the clinical encounter. | mm/dd/yyyy  If bpdxyr = 1, go to ptsdx   |  | | --- | | < = 1 year prior to or = stdybeg and  < = stdyend | | Bipolar disorder does not have to be listed as the only reason for the clinical encounter, but identified as one of the reasons for the clinical encounter as evidenced by one of the specified ICD-10 diagnosis codes.  Enter the date within the past year of the most recent clinical encounter when the patient was seen for bipolar disorder.  If the most recent clinical encounter for bipolar disorder within the past year was an inpatient admission, enter the date of discharge.  Enter the exact date. The use of 01 to indicate missing month or day is not acceptable. |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Depression Screening** | |  | |  | |
| 43 | scrphqi9 | During the past year was the patient screened for depression by the PHQ-2 + I9?  1. Yes  2. No  98. Patient refused depression screening by the PHQ-2 + I9 | | 1,2  If 2 or 98, go to ptsdx | | **NOTE: For depression screening completed on or after 10/01/2018, the VHA will only accept screening completed with the PHQ-2 +I9.**  **PHQ-2 +I9 = Patient Health Questionnaire (2 questions - scaled) plus item 9 of the PHQ-9**  Question 1: “Over the past two weeks, have you often been bothered by little interest or pleasure in doing things?”  Question 2: “Over the past two weeks, have you often been bothered by feeling down, depressed, or hopeless?”  Documentation of the stem time frame (i.e., over the past 2 weeks) in the questions is not required at this time.  **Item 9 question:** Over the last 2 weeks, how often have you been bothered by thoughts that you would be better off dead, or of hurting yourself in some way?  **Item 9 must be included as part of the PHQ-2 + I9 tool.**  Answers to PHQ-2 +I9 are scaled, ranging from “not at all” to “nearly every day.”  **Acceptable setting for depression screening:** outpatient encounter, screening by telephone, and televideo (real time) with face-to-face encounter between the provider and patient, inpatient hospitalization |
| 44 | phqi9dt | Enter the date within the past year of the most recent screening for depression by the PHQ-2 +I9. | | mm/dd/yyyy  **If valid date, go to ph1scor**   |  | | --- | | < = 1 year prior to or = stdybeg and < = stdyend | | | Enter the exact date. The date refers to the date of the signature on the encounter note. The use of 01 to indicate missing month or day is not acceptable. |
| 45 | ph1scor | Enter the score for PHQ-2 Question 1 documented in the record:  **Over the past 2 weeks, have you been bothered by little interest or pleasure in doing things?**  0. Not at all → 0  1. Several days → 1  2. More than half the days → 2  3. Nearly every day → 3  99. No answer documented | | 0,1,2,3,99 | | **Enter the response or score documented for the PHQ-2 question 1:**  Over the past 2 weeks, have you been bothered by little interest or pleasure in doing things?  Not at all → 0  Several days → 1  More than half the days → 2  Nearly every day → 3  **If the patient’s answers are documented in the record, the abstractor may assign the score in accordance with the patient’s response. If the score of Question #1 is documented without the question, the abstractor may enter that score. If neither the question response nor the score of the individual question is documented, enter 99.** |
| 46 | ph2scor | Enter the score for PHQ-2 Question 2 documented in the record:  **Over the past 2 weeks, have you been bothered by feeling down, depressed, or hopeless?**  0. Not at all → 0  1. Several days → 1  2. More than half the days → 2  3. Nearly every day → 3  99. No answer documented | | 0,1,2,3,99 | | **Enter the response or score documented for the PHQ-2 question 2:**  Over the past 2 weeks, have you been bothered by feeling down, depressed, or hopeless?  Not at all → 0  Several days → 1  More than half the days → 2  Nearly every day → 3  **If the patient’s answers are documented in the record, the abstractor may assign the score in accordance with the patient’s response. If the score of Question #2 is documented without the question, the abstractor may enter that score. If neither the question response nor the score of the individual question is documented, enter 99.** |
| 47 | phqtotal | Enter the total score for the **PHQ-2** documented in the medical record. | | \_\_\_\_\_  **Abstractor may enter default z if no PHQ-2 total score for either question is documented in the record**  **Valid values = 0-6, z** | | **The total score for PHQ-2 questions 1 and 2 must be documented in the medical record. The abstractor may NOT enter the total score if it is not documented in the record, even if both questions have been answered and the total is evident. If there is a score for only one question, and it is called the “total,” enter that score.**  **If no total score is documented in the record, enter default z.** |
| 48 | outcome3 | Enter the interpretation of the depression screen as documented in the medical record.  1. Positive  2. Negative  99. No interpretation documented | | 1,2,99 | | **The interpretation of the depression screen score (positive or negative) must be documented in the record.**  If the record contains both a total score and an interpretation of positive or negative, enter “positive” or “negative” as documented in the record, even if the interpretation conflicts with the score.  If there was no interpretation of the screening outcome in the record, enter “99.”  **NOTE for VHA field: A score of greater than or equal to 3 is considered a positive screen.** |
| 49 | ph9scor | Enter the score for Primary Suicide Risk Screen (item 9/question #3 of the PHQ-2 + I9 screen) documented in the record:  **Over the last 2 weeks, how often have you been bothered by thoughts that you would be better off dead, or of hurting yourself in some way?**  0. Not at all → 0  1. Several days → 1  2. More than half the days → 2  3. Nearly every day → 3  99. No answer documented | | 0,1,2,3,99 | | The answer key for the Primary Suicide Risk Screen (item 9/question #3 of the PHQ-2 + I9 screen) is as follows:  Not at all → 0  Several days → 1  More than half the days → 2  Nearly every day → 3   * **If the patient’s answers are documented in the record, the abstractor may assign the score in accordance with the patient’s response.** * **If the score of the Primary Suicide Risk Screen (item 9/question #3 of the PHQ-2 + I9 screen) is documented without the question, the abstractor may enter that score.** * **If neither the question response nor the score of the individual question is documented, enter 99.** |
| 50 | outcomei9 | Enter the interpretation of the Primary Suicide Risk Screen (item 9/question #3 of the PHQ-2 +I9 screen) as documented in the medical record.  1. Positive  2. Negative  99. No interpretation documented | | 1,2,99  If 1 or ph9scor = 1, 2, or 3, go to cssrs  Else if 2 or 99 AND [ph9scor = 0 or 99] (phqtotal = > 3 OR ph1scor = 3 OR ph2scor = 3), OR[sum (exclude values >3) of ph1scor and ph2scor] = > 3, OR outcome3 = 1, go to deplan; else go to ptsdx | | **The interpretation (positive or negative) of the Primary Suicide Risk Screen (item9/question #3 of the PHQ2 +I9 screen) score must be documented in the record.**  If the record contains both a score and an interpretation of positive or negative, enter “positive” or “negative” as documented in the record, even if the interpretation conflicts with the score.  If there was no interpretation of the screening outcome of the Primary Suicide Risk Screen (item9/question #3 of the PHQ-2 +I9 screen), enter “99.” |
| 51 | cssrs | During the timeframe from (computer to display phqi9dt to phqi9dt +1 day), the day of or the day after the positive Primary Suicide Risk Screen (item 9/question #3 of the PHQ-2 +I9 screen), did the acceptable provider complete the Columbia-Suicide Severity Rating Scale (C-SSRS) Screener? 1. Yes 2. No 98. Patient refused to complete the C-SSRS Screener | | 1,2,98  If 2 or 98, go to vacsra | | **Note: The C-SSRS Screener must be completed on the same calendar date as the positive** Primary Suicide Risk Screen (item 9/question #3 of the PHQ-2 +I9 screen)**.**  **For informational purposes, we will capture C-SSRS Screener completed the day of or day after the positive Primary Suicide Risk Screen.**  **The acceptable provider asks the patient questions 1 and 2 of the C-SSRS Screener:**  1) Have you wished you were dead or wished you could go to sleep and not wake up?  2) Have you had any actual thoughts of killing yourself?  **If YES to 2, acceptable provider asks questions 3, 4, 5, and 7. If NO to 2, go directly to question 7.**  3) Have you been thinking about how you might do this? e.g. “I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it….and I would never go through with it.”  4) Have you had these thoughts and had some intention of acting on them? as opposed to “I have the thoughts but I definitely will not do anything about them.”  5) Have you started to work out or worked out the details of how to kill yourself? **If YES, ask:**  6) Do you intend to carry out this plan?  7) Have you ever done anything, started to do anything, or prepared to do anything to end your life?   * Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn’t swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn’t jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. * If YES, ask:   8) Was this within the past 3 months?   * The C-SSRS Screener can be performed face-to-face, by telemedicine, or by telephone as long as the provider – patient exchange is documented in the medical record and accurately reflects the encounter.   **Cont’d next page** |
|  |  |  | |  | | **CSSR-S cont’d**   * **Acceptable Provider**: For a “provider” to be deemed acceptable to complete the C-SSRS Screener he/she must be an MD, DO, Licensed Psychologist (PhD/PsyD), LCSW, LCSW-C, LMSW, LISW, LMFT, LPMHC, APRN (NP/CNS), PA, RN, clinical pharmacist (RPH/PharmD), clinical pharmacy specialist, mental health pharmacist, psych tech (psychometrician), or rehabilitation counselor . Trainee in ANY of these categories may complete a C-SSRS Screener with appropriate co-signature.   **Suggested sources**: progress notes, ED notes, H&P, consultation, Clinical Reminder |
| 52 | cssrsdt | Enter the earliest date the C-SSRS Screener was completed. | | mm/dd/yyyy   |  | | --- | | >= phqi9dt and <= 1 day after phqi9dt | | | Enter the earliest date the C-SSRS Screener was completed. |
| 53 | cssrscor1 | Enter the score for C-SSRS Screener Question 1 documented in the record: (Time period designated, e.g. Over the past month) Have you wished you were dead or wished you could go to sleep and not wake up?  1. Yes  2. No  99. Score not documented | | 1,2,99 | | The score for the C-SSRS Screener question 1 is “yes” or “no”. Enter the score as documented in the medical record. This item must be completed and cannot be left blank.  If the C-SSRS Screener score for question 1 is not documented in the record, enter “99”. |
| 54 | cssrscor2 | Enter the score for C-SSRS Screener Question 2 documented in the record: (Time period designated, e.g. Over the past month) Have you had any actual thoughts of killing yourself?  1. Yes  2. No 99. Score not documented | | 1,2,99  If 2, auto-fill cssrsccor3 as 95 and go to cssrscor7 | | The score for the C-SSRS Screener question 2 is “yes” or “no”. Enter the score as documented in the medical record. This item must be completed and cannot be left blank  If the C-SSRS Screener score for question 2 is not documented in the record, enter “99”. |
| 55 | cssrscor3 | Enter the score for C-SSRS Screener Question 3 documented in the record: (Time period designated, e.g. Over the past month) Have you been thinking about how you might do this?  1. Yes  2. No  95. Not applicable  99. Score not documented | | 1,2,95,99  Will be auto-filled as 95 if cssrscor2 = 2 | | The score for the C-SSRS Screener question 3 is “yes” or “no”. Enter the score as documented in the medical record. If “yes” to question 2, this item must be completed.  If "no” to question 2, this item DOES NOT have to be completed.  If the C-SSRS Screener score for question 3 is not documented in the record, enter “99”. |
| 56 | cssrscor4 | Enter the score for C-SSRS Screener Question 4 documented in the record: (Time period designated e.g., Over the past month) Have you had these thoughts and had some intention of acting on them?  1. Yes  2. No  99. Score not documented | | 1,2,99 | | The score for the C-SSRS Screener question 4 is “yes” or “no”. Enter the score as documented in the medical record. If “yes” to question 2, this item must be completed.  If “no” to question 2, this item DOES NOT have to be completed.  If the C-SSRS Screener score for question 4 is not documented in the record, enter “99”. |
| 57 | cssrscor5 | Enter the score for C-SSRS Screener Question 5 documented in the record: (Time period designated e.g., Over the past month) Have you started to work out or worked out the details of how to kill yourself?  1.Yes  2.No  99. Score not documented | | 1,2,99  If 2, auto-fill cssrscor6 as 95 and go to cssrscor7 | | The score for the C-SSRS Screener question 5 is “yes” or “no”. Enter the score as documented in the medical record. If “yes” to question 2, this item must be completed.  If “no” to question 2, this item DOES NOT have to be completed.  If the C-SSRS Screener score for question 5 is not documented in the record, enter “99”. |
| 58 | cssrscor6 | Enter the score for C-SSRS Screener Question 6 documented in the record: Do you intend to carry out this plan?  1. Yes  2. No  95. Not applicable 99. Score not documented | | 1,2,95,99  Will be auto-filled as 95 if cssrscor5 = 2 | | The score for the C-SSRS Screener question 6 is “yes” or “no”. Enter the score as documented in the medical record. If “yes” to question 5, this item must be completed.  If the C-SSRS Screener score for question 6 is not documented in the record, enter “99”.  If “no” to question 2 or 5, this item does not have to be completed. |
| 59 | cssrscor7 | Enter the score for C-SSRS Screener Question 7 documented in the record: In your lifetime, have you ever done anything, started to do anything, or prepared to do anything to end your life?  1. Yes  2. No 99. Score not documented | | 1,2,99  If 2 or 99, auto-fill cssrscor8 as 95 and go to outcome4 as applicable | | The score for the C-SSRS Screener question 7 is “yes” or “no”. Enter the score as documented in the medical record. This item must be completed and cannot be left blank.  If the C-SSRS Screener score for question 7 is not documented in the record, enter “99”. |
| 60 | cssrscor8 | Enter the score for C-SSRS Screener Question 8 documented in the medical record: Was this within the past 3 months?  1. Yes  2. No  95. Not applicable  99. Score not documented | | 1,2,95,99  Will be auto-filled as 95 if cssrscor7 = 2 or 99 | | The score for the C-SSRS Screener question 8 is “yes” or “no”. Enter the score as documented in the medical record.  If “yes” to question 7, this item must be completed.  If “no” to question 7, this item does not have to be completed.  If the C-SSRS Screener score for question 8 is not documented in the record, enter “99”. |
| **If [(cssrscor3, cssrscor4, cssrscor5, or cssrscor8 = 1, auto-fill outcome4=1) AND if (cssrsdt = phqi9dt, go to vacsra) OR {(cssrsdt <> phqi9dt and (phqtotal = > 3 OR ph1scor = 3 OR ph2scor = 3), OR[sum (exclude values >3) of ph1scor and ph2scor] = > 3, OR outcome3 = 1)}, go to deplan; else go to ptsdx)] OR if ((cssrscor2 = 2 or (cssrscor3 = 2 and cssrscor4 = 2 and cssrscor5 = 2)) and (cssrscor7 = 2 or cssrscor8 = 2)), autofill outcome4 = 2 AND If (phqtotal = > 3 OR ph1scor = 3 OR ph2scor = 3), OR[sum (exclude values >3) of ph1scor and ph2scor] = > 3, OR outcome3 = 1, go to deplan;  else go to outcome4** | | | | | | |
| 61 | outcome4 | Enter the interpretation of the C-SSRS Screener as documented in the medical record.  1. Positive  2. Negative 99. No interpretation documented | | 1,2,99  If 1 and cssrsdt = phqi9dt, go to vacsra; else if (phqtotal = > 3 OR ph1scor = 3 OR ph2scor = 3), OR[sum (exclude values >3) of ph1scor and ph2scor] = > 3, OR outcome3 = 1, go to deplan;  else go to ptsdx  Will be auto-filled as 1 if cssrscor3, cssrscor4,  cssrscor5, or  cssrscor8 = 1  Will be auto-filled as 2 if ((cssrscor2 = 2 or (cssrscor3, cssrscor4, and  cssrscor5 = 2)) and (cssrscor7 = 2 or cssrscor8 = 2)) | | **NOTE**: Due to an issue with the outcome being passed from the Clinical Reminder to the note, a positive or negative outcome will be auto-filled based on the answers to the questions above.  If there was no interpretation of the screening outcome of the C-SSRS Screener, enter “99.”  Any of the following would result in a positive Columbia Screen:   * YES to Question 3: Have you been thinking about how you might do this? (Time period over the past month) OR * YES to Question 4: Have you had these thoughts and had some intention of acting on them? (Time period over the past month) OR * YES to Question 5: Have you started to work out or worked out the details of how to kill yourself? (Time period over the past month) OR * YES to Question 8: Was this within the past 3 months? |
| 62 | vacsra | On (computer to display phqi9dt), the same calendar day as the positive C-SSRS and/or positive Primary Suicide Risk Screen (item 9/question #3 of the PHQ-2 +I9 screen), is there evidence of a signed Comprehensive Suicide Risk Evaluation (CSRE) in the record?1. Yes 2. No  98. Patient refused to complete CSRE | | 1,2,98  If 1, go to vacsraacu  If 98, go to refcsre  If 2 and (phqtotal = > 3 OR ph1scor = 3 OR ph2scor = 3), OR[sum (exclude values >3) of ph1scor and ph2scor] = > 3, OR outcome3 = 1, go to deplan; else if 2, go to ptsdx | | **The CSRE must be completed on the same calendar date as the positive C-SSRS Screener and the positive Primary Suicide Risk Screen** (item 9/question #3 of the PHQ-2 +I9 screen)**.**  The CSRE must be completed by an acceptable provider and signed on the same calendar day as the positive Primary Suicide Risk Screen(item 9/question #3 of the PHQ-2 +I9 screen). The note title for the CSRE may be labeled Suicide Risk Evaluation-Comprehensive.   * CSRE can be performed face-to-face, by telemedicine, or by telephone as long as the acceptable provider – patient exchange is documented in the medical record and accurately reflects the encounter. * **Acceptable Provider**: For a “provider” to be deemed acceptable to complete the CSRE he/she must be an MD, DO, Licensed Psychologist (PhD/PsyD), LCSW, LCSW-C, LMSW, LISW, LMFT, LPMHC, APRN (NP/CNS), PA, or clinical pharmacist (RPH/PharmD), clinical pharmacy specialist, or mental health pharmacist. Trainee in ANY of these categories may complete a CSREwith appropriate co-signature.   **Note**: RNs are *not* an acceptable provider. Nor is LPN, Addiction Therapist, Peer Support Specialist or Unlicensed Assistive Personnel, including Health Tech, Medical Assistant, and Nursing Assistant. |
| 63 | refcsre | Was there documentation by the acceptable provider that the validity of the information contained within the CSRE was in question? 1. Yes, due to Veteran being under the influence (e.g., drugs, alcohol, etc.)  2. Yes, due to Veteran’s medical condition (e.g., dementia, etc.)  3. Yes, due to Other (e.g., refusal)  4. No (no checkbox indicates validity of the CSRE information was not in question)  99. No documentation whether the validity of the CSRE information was or was not in question | | 1,2,3,4,99 \*If 99 and (phqtotal = > 3 OR ph1scor = 3 OR ph2scor = 3), OR[sum (exclude values >3) of ph1scor and ph2scor] = > 3, OR outcome3 = 1, go to deplan, else if 99, go to ptsdx | | **Note: The CSRE does not contain a refusal option. If there is documentation by the acceptable provider that the patient refused to participate in completion of the CSRE, the documentation below is required.**  (REQUIRED) The validity of the information contained within this evaluation is in question (select all that apply):  🞎 No  🞎 Yes, due to Veteran being under the influence (e.g., drugs, alcohol, etc.). Optional comment may be noted.  🞎 Yes, due to Veteran’s medical condition (e.g., dementia, etc.). Optional comment may be noted.  🞎 Yes, due to Other (e.g., refusal)  If “no” is checked (or documented no reason to question validity of CSRE information), enter “4”.  If none of the above is documented, enter “99”. |
| 64 | vacsraacu | Enter the Clinical Impression of Acute Risk as documented in the medical record: 1. High Risk - (as evidenced by):  2. Intermediate Risk – (as evidenced by):  3. Low Risk – (as evidenced by):  99. Acute risk not documented | | 1,2,3,99  If 99, go to vacsrachr | | Only one risk level is selected by the acceptable provider and an explanation is provided in the “as evidenced by section” for that risk level.  Note: This item must be completed and cannot be left blank. |
| 65 | csracutext | Enter the evidence of Acute Risk documented by the acceptable provider.  |  | | --- | |  | | | Free text entry | | Enter the explanation of Acute Risk as documented in the record by the acceptable provider. |
| 66 | vacsrachr | Enter the Clinical Impression of Chronic Risk as documented in the medical record: 1. High Risk - (as evidenced by):  2. Intermediate Risk – (as evidenced by):  3. Low Risk – (as evidenced by):  99. Chronic risk not documented | | 1,2,3,99  If 99, go to vacsraint1 | | Only one risk level is selected by the acceptable provider and an explanation is provided in the as evidenced by section for that risk level.  Note: This item must be completed and cannot be left blank. |
| 67 | csrachrtext | Enter the evidence of Chronic Risk documented by the acceptable provider.  |  | | --- | |  | | | Free text entry | | Enter the explanation of Chronic Risk as documented in the record by the acceptable provider. |
| 68 | vacsraint1  vacsraint2  vacsraint3  vacsraint4  vacsraint5  vacsraint6  vacsraint7  vacsraint8  vacsraint9  vacsraint10  vacsraint11  vacsraint12  vacsraint13  vacsraint14  vacsraint15  vacsraint16  vacsraint17  vacsraint18  vacsraint19  vacsraint20  vacsraint21  vacsraint22  vacsraint23  vacsraint24  vacsraint25  vacsraint26  vacsraint27  vacsraint99 | **Please enter the course of action documented in the record from the following list of interventions.** **General Strategies for Managing Risk in any setting (The provider may add additional comment/interventions as needed.)****Select all that apply:**   1. Alert Suicide Prevention Coordinator for consideration of a Patient Record Flag Category I High Risk for Suicide 2. Complete or Update Veteran’s Safety Plan 3. Increased frequency of Suicide Risk Screening [text box] 4. Provide Lethal Means Safety Counseling (e.g., provision of gun locks) 5. Obtain additional information from collateral sources [Optional: comment] 6. For prescribers only: Review of prescribed medications for risk for self-harm and/or new pharmacotherapy intervention to reduce suicide risk (Optional: comment) 7. Address barriers to treatment engagement by: [text box] 8. Address psychosocial needs by: [text box] 9. Address medical conditions by: [text box] 10. Consult/Referral to additional services and support: [text box for options] 11. Referral to evidence based psychotherapy 12. Referral to psychiatry/medication assessment or management 13. Referral to Chaplaincy/pastoral care 14. Referral to vocational rehabilitation/occupational rehabilitation services 15. Referral for PRRC and/or ICMHR services 16. Referral for residential mental health services 17. Other Consult submitted to: [text box for user to enter a name]   **Cont’d next page** | | 1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,  19,20,21,22,23,24,25,  26,27,99   |  | | --- | | **Hard Edit:** If vacsraint11,12,13,  14,15, or 16 = -1, vacsraint10  must = -1 |   If vacsraint7,  vacsraint8, and/or  vacsraint9 = -1, enable and go to csratext7,  csratext8, and/or  csratext9 as applicable  If vacsraint7,  vacsraint8, and  vacsraint9 <> -1, go to opcsraint1 | | **Please select all interventions documented by the acceptable provider in the CSRE template.**  The wording in the option does not have to exactly match the intervention in the record; however, the intent must be the same. For example, option 8, provider may document “Updated Veteran’s safety plan.”  The provider may add additional comment/interventions as needed as indicated by [text box].  If the provider does not have any documentation in the text box for the applicable options, do not select that option as an intervention.   * **Acceptable Provider**: For a “provider” to be deemed acceptable to complete the CSRE, he/she must be an MD, DO, Licensed Psychologist (PhD/PsyD), LCSW, LCSW-C, LMSW, LISW, LMFT, LPMHC, APRN (NP/CNS), PA, clinical pharmacist (RPH/PharmD), clinical pharmacy specialist, or mental health pharmacist. Trainee in ANY of these categories may complete a CSRE with appropriate co-signature.   **Note:** RNs are *not* an acceptable provider. Nor is LPN, Addiction Therapist, Peer Support Specialist, or Unlicensed Assistive Personnel, including Health Tech, Medical Assistant and Nursing Assistant. |
|  |  | **Interventions cont’d**  1. Discussion with Veteran to continue to see assigned Primary Care Provider for medical care 2. Discussion with Veteran regarding enhancement of a sense of purpose and meaning 3. Educate Veteran on smartphone VA applications (e.g. Virtual Hope Box, PTSD Coach) 4. Conduct medication reconciliation 5. Involve family/support system in Veteran’s care 6. Provide Opioid Overdose Education and Naloxone Distribution (OEND) 7. Provide resources/contacts for benefits information 8. Provide Veteran with phone number for Veteran's Crisis Line: 1-800-273-8255 (press 1) 9. Other/Comments: [text box] 10. Obtain consultation from Suicide Risk Management Consultation Program on ways to address Veteran’s risk by sending a request for consultation by email to: Email (Left Click and Allow)   99. No interventions documented by the provider | |  | |  |
| 69 | csratext7  csratext8  csratext9 | Enter the additional comment/interventions documented by the acceptable provider for the following questions as applicable.   |  |  | | --- | --- | | **Intervention** | **Free Text Entry**  Applicable question(s) will be enabled if vacsraint7, vacsraint8, and/or vacsraint9 = -1 | | 7. Address barriers to treatment engagement by: |  | | 8. Address psychosocial needs by: |  | | 9. Address medical conditions by: |  | | | | | The acceptable provider may add additional comment/interventions as needed as indicated by [text box]. Enter the comment/intervention as documented by the provider in the medical record. |
| 70 | opcsraint1  opcsraint2  opcsraint3  opcsraint4  opcsraint5  opcsraint6  opcsraint7  opcsraint8  opcsraint9  opcsraint10  opcsraint99 | **Please enter the course of action documented in the record from the following list of interventions.**  **General Strategies for Managing Risk in the Outpatient setting (The provider may add additional comment/interventions as needed.)**  **Select all that apply:**   1. Initiate 9-1-1/ Rescue 2. Initiate Involuntary Hospitalization 3. Initiate Voluntary Hospitalization 4. Initiate one-on-one observation 5. Initiate Health and Welfare Check 6. Initiate a Hospital Transportation Plan 7. Educate Veteran on emergency services 8. Increase frequency of outpatient contacts (Indicate frequency: text box) 9. For home-based care: Increase frequency of home visits (Indicate frequency: text box) 10. Schedule for follow up appointments (Comment/Date: text box)   99. No interventions documented by the provider | 1,2,3,4,5,6,7,8,9,10,99 | | **Please select all interventions documented by the acceptable provider in the CSRE template.**  The wording in the option does not have to exactly match the intervention in the record; however, the intent must be the same. For example, option 1, provider may document “Called 911.”  The provider may add additional comment/interventions as needed as indicated by [text box].  If the provider does not have any documentation in the text box for the applicable options, do not select that option as an intervention.   * **Acceptable Provider**: For a “provider” to be deemed acceptable to complete the CSRE, he/she must be an MD, DO, Licensed Psychologist (PhD/PsyD), LCSW, LCSW-C, LMSW, LISW, LMFT, LPMHC, APRN (NP/CNS), PA, clinical pharmacist (RPH/PharmD), clinical pharmacy specialist, or mental health pharmacist.. Trainee in ANY of these categories may complete a CSRE with appropriate co-signature.   **Note:** RNs are *not* an acceptable provider. Nor is LPN, Addiction Therapist, Peer Support Specialist, or Unlicensed Assistive Personnel, including Health Tech, Medical Assistant and Nursing Assistant. | | |
| 71 | inmhadm | On (computer to display phqi9dt), the same calendar day as the positive C-SSRS and/or positive Primary Suicide Risk Screen (item 9/question #3 of the PHQ-2 +I9 screen), is there evidence the patient was admitted to inpatient or residential treatment for mental health care?  1. Yes  2. No | 1,2  If 2, go to ptsdx | | **If the provider that completed the CSRE template admits the patient to inpatient or residential treatment for mental health OR sends the patient to the Emergency Department for inpatient admission, select value 1.** | | |
| 72 | incsraint1  incsraint2  incsraint3  incsraint4  incsraint5  incsraint6  incsraint7  incsraint8  incsraint9  incsraint10  incsraint11  incsraint12  incsraint99 | **Please enter the course of action documented in the record from the following list of interventions.**  **General Strategies for Managing Risk in the inpatient or residential treatment setting (The provider may add additional comment/interventions as needed.)**  **Select all that apply:**  1. Initiate unit-specific suicide precautions protocol  2. Initiate more frequent rounding: q \_\_\_\_\_ minute rounding  3. Initiate one-to-one constant observation per facility policy  4. Assign bedroom close to unit work station  5. Offer behavioral activation resources during inpatient stay which may include journaling, bibliotherapy, increased group participation, and/or exercise  6. Increased symptom monitoring  7. Engage Veteran in recovery plan during inpatient treatment  8. Engage Veteran in interdisciplinary treatment planning during inpatient treatment  9. Engage Veteran in safety plan during inpatient treatment  10. For Veterans not at high risk for suicide, prior to discharge ensure that a minimum of 3 mental health visits are scheduled within 30 days of discharge. Date and time of first appointment:  11. For Veterans at high risk for suicide, prior to discharge ensure that a minimum of 4 follow-up appointments are scheduled within 30 days of discharge. Date and time of first appointment:  12. Other  99. No interventions documented by the provider | 1,2,3,4,5,6,7,8,9,  10,11,12,99 | | **Please select all interventions documented by the acceptable provider in the CSRE template. This template may be completed in the Emergency Department prior to admission for inpatient or residential treatment.**  The wording in the option does not have to exactly match the intervention in the record; however, the intent must be the same. For example, option 3, provider may document “Initiated one-to-one observation around the clock.”  The provider may add additional comment/interventions as needed as indicated by [text box].  If the provider does not have any documentation in the text box for the applicable options, do not select that option as an intervention.   * **Acceptable Provider:** For a “provider” to be deemed acceptable to complete the CSRE, he/she must be an MD, DO, Licensed Psychologist (PhD/PsyD), LCSW, LCSW-C, LMSW, LISW, LMFT, LPMHC, APRN (NP/CNS), PA, clinical pharmacist (RPH/PharmD), clinical pharmacy specialist, or mental health pharmacist.. Trainee in ANY of these categories may complete a CSRE with appropriate co-signature.   **Note:** RNs are not an acceptable provider. Nor is LPN, Addiction Therapist, Peer Support Specialist, or Unlicensed Assistive Personnel, including Health Tech, Medical Assistant and Nursing Assistant. | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Depression Disposition** |  |  |
| 73 | deplan | During the time frame from (computer to display phqi9dt to phqi9dt + 14 days), did a HBPC team member (physician/APN/PA, RN, Pharmacist, Psychologist, Social Worker) document a follow-up evaluation and/or plan for treatment?  1. Yes  2. No  98. Veteran refused follow-up intervention for positive depression screen | 1,2,98 | **Follow-up evaluation and/or plan for treatment:  The intent of this question is that a positive depression screen, in addition to flagging the need for a suicide risk evaluation, should always lead to further evaluation for possible depression or other medical/psychological conditions that could lead to a positive screening result.**  Documentation should indicate follow-up related to the positive PHQ-2 and may include indication of any of the following:   * Discussion of positive depression screen with the HBPC interdisciplinary team with plan for follow-up evaluation by the PCP, psychologist, psychiatrist, or licensed clinical social worker * Further depression evaluation documented by the professional who completed the screen (e.g., completion of a full PHQ-9 is acceptable) * Further depression evaluation documented by the PCP or mental health professional * Provision of patient and/or family psychoeducation regarding depression and options for treatment * Discussion with Veteran regarding interest in referral for consultation/treatment (e.g., for consideration for antidepressant medication and/or participation in a psychotherapy intervention, bereavement support, or other psychosocial or behavioral intervention as indicated * Documentation of follow-up lab work or additional medical evaluation for potential physiologic cause for depression   **Suggested data sources:** HBPC progress note including the note in which positive PHQ-2 was documented or subsequent notes by PCP, RN, psychologist, psychiatrist, or social worker within 14 days after the positive PHQ-2 screen, mental health consultation |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Screening for PTSD** |  |  |
| 74 | ptsdx | Within the past year, did the patient have at least one clinical encounter where PTSD was identified as a reason for the clinical encounter as evidenced by one of the following ICD-10-CM diagnosis codes:  **F43.1, F43.10 - F43.12**  1. Yes  2. No | 1,2  **If 2, go to leavduty** | PTSD does not have to be listed as the only reason for the clinical encounter, but identified as one of the reasons for the clinical encounter as evidenced by one of the following ICD-10-CM diagnosis codes:   * + **F43.1, F43.10 - F43.12**   The diagnosis of PTSD may have been made prior to the past year, but if the patient has at least one clinical encounter within the past year for PTSD as evidenced by documentation of the specified ICD-10 diagnosis code, answer “1.”  Clinical encounter includes outpatient visits, ED visits, and inpatient admission. |
| 75 | recptsdt | Enter the date within the past year of the most recent clinical encounter where PTSD was identified as a reason for the clinical encounter. | mm/dd/yyyy  **\*If ptsdx = 1, go to hbpcflu as applicable**   |  | | --- | | < = 1 year prior to or = stdybeg and  < = stdyend | | Enter the date of the most recent clinical encounter within the past year where PTSD was identified as a reason for the clinical encounter by evidence of the specified ICD-10 diagnosis code.  If the most recent clinical encounter for PTSD within the past year was an inpatient admission, enter the date of discharge.  Enter the exact date. The use of 01 to indicate missing month or day is not acceptable. |
| 76 | leavduty | Enter the patient’s most recent date of separation from active military duty. | mm/dd/yyyy  **Abstractor can enter 99/99/9999 if no date of separation can be found**   |  | | --- | | > = 01/01/1930 and <= stdyend | | If the facility has installed the latest clinical reminder, the date should come forward from the administration files.  If you click on the reminder from the cover sheet or on the clinical maintenance button, it will show the most recent last service separation date. This date is critical in determining the frequency of PTSD screening. **If the veteran has more than one tour of duty, enter the most recent date of separation (only the most recently entered last service separation date shows).**  **Annual screening is required if no separation date is found; therefore, it is critical that the date of separation be located. Ask the Liaison to retrieve the date from the administrative file if it is not present in the Clinical Reminder.**  As a last resort, if no date can be found, the abstractor can enter default 99/99/9999 |
| 77 | scrptsd5i9 | On or after 9/01/2018, was the patient screened for PTSD using the Primary Care PTSD5 +I9?  1. Yes  2. No  98. Patient refused screening by the PC-PTSD5 +I9 | 1,2, 98  If 2 or 98, go to ptsrnpc | **The PC-PTSD5 +I9 is a five item screen plus item 9 of the PHQ-9.**  **NOTE: For PTSD screening completed on or after 10/01/2018, the VHA will only accept screening completed with the PC-PTSD5 + I9.**  **The PC-PTSD5 +I9 screen begins with an item to assess whether the veteran has had any exposure to traumatic events:**  Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example:   * + a serious accident or fire   + a physical or sexual assault or abuse   + an earthquake or flood   + a war   + seeing someone be killed or seriously injured   + having a loved one die through homicide or suicide. * **Have you ever experienced this kind of event? Yes/No**   **If the veteran denies exposure, the PC-PTSD5 is complete with a score of 0.**  **If the veteran indicates he/she has experienced a traumatic event in the past, five additional yes/no questions will be asked.**  **In the past month, have you:**  1. Had nightmares about the event(s) or thought about the event(s) when you did not want to?  2. Tried hard not to think about the event(s) or went out of your way to avoid situations that remind you of the event(s)?  3. Been constantly on guard, watchful, or easily startled?  4. Felt numb or detached from people, activities, or your surroundings?  5. Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?  **Cont’d next page** |
|  |  |  |  | PC-PTSD5 +I9 screen cont’d  **“Item 9” or question #6 of this instrument:** Over the last 2 weeks, how often have you been bothered by thoughts that you would be better off dead, or of hurting yourself in some way?  Answers to Item 9 (or question 6) are scaled, ranging from “not at all” to “nearly every day.”  **Item 9 (or question 6) must be included as part of the PC-PTSD5 + I9 tool.**  **The PC-PTSD5 + I9 screen must be documented in a clinic/progress note.**  **Acceptable setting for PTSD screening:** outpatient encounter, screening by telephone, and televideo (real time) with face-to-face encounter between the provider and patient, inpatient hospitalization |
| 78 | pcptsd5dt | Enter the date of the most recent screen for PTSD using the PC-PTSD5+ I9. | mm/dd/yyyy   |  | | --- | | >=9/01/2018 and < = stdyend | | Enter the date of the most recent screen for PTSD using the PC-PTSD5 +I9.  The date refers to the date of the signature on the encounter note.  The use of 01 to indicate missing month or day is not acceptable. |
| 79 | traumevt | Enter the response documented in the record for PC-PTSD5 +I9 exposure to traumatic event(s).  **Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example:**   * a serious accident or fire * a physical or sexual assault or abuse * an earthquake or flood * a war * seeing someone be killed or seriously injured * having a loved one die through homicide or suicide.   **Have you ever experienced this kind of event?**  1. Yes  2. No  99. Response not documented | 1,2,99  If 2, go to ptsdi9scor | **The PC-PTSD5 +I9 screen must be documented in a clinic/progress note.**  **The PC-PTSD5 +I9 is a five item screen. The screen begins with an item to assess whether the veteran has had any exposure to traumatic events:**  Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example:   * a serious accident or fire * a physical or sexual assault or abuse * an earthquake or flood * a war * seeing someone be killed or seriously injured * having a loved one die through homicide or suicide.   **Have you ever experienced this kind of event? Yes/No**  **If the veteran denies exposure, the PC-PTSD5 +I9 is complete with a score of 0.**  **Documentation of examples of traumatic events is not required.**  **If no response is documented, enter “99”.** |
| 80 | scrptsd1  scrptsd2  scrptsd3  scrptsd4  scrptsd5 | Enter the patient’s answers to each of the PC-PTSD5 +I9 Screen questions: **In the past month, have you:**  1. Had nightmares about the event(s) or thought about the event(s) when you did not want to?  2. Tried hard not to think about the event(s) or went out of your way to avoid situations that remind you of the event(s)?  3. Been constantly on guard, watchful, or easily startled?  4. Felt numb or detached from people, activities, or your surroundings?  5. Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?  1. Yes  2. No  99. Response not documented | 1,2,99 | **The PC-PTSD5 +I9 screen must be documented in a clinic/progress note.**  **For each question, enter the veteran’s “yes” or “no” answer to the question.**  **If the question was not asked or the answer not recorded, enter “99.”** |
| 81 | scorptsd5 | Enter the total score for the PTSD screen documented in the record. | \_\_\_  **Abstractor can enter default z if no total score is documented**   |  | | --- | | Whole numbers  0 – 5 | | **The total score must be documented in a clinic note. The abstractor may NOT enter total score if it is not documented in the record, even if all the questions have been answered and the total is evident.**  **If more than one PTSD screen was performed on the date of the most recent screening AND any PTSD screen was positive, enter the total score for the positive PTSD screen.**  **A positive PTSD screening is a score of 4 or greater. The I9 score is captured separately.**  If the total score is NOT documented in the record, enter default z. |
| 82 | ptsd5out | Enter the interpretation of the PTSD screen as documented in the medical record.  1. Positive 2. Negative 99. No interpretation documented | 1,2,99 | **The interpretation of the PTSD screen score (positive or negative) must be documented in the record. If the record contains both a total score and an interpretation of positive or negative, enter “positive” or “negative” as documented in the record, even if the interpretation conflicts with the score.**  **If there was no interpretation of the screening outcome, enter “99.”** |
| 83 | ptsdi9scor | Enter the score for the Primary Suicide Risk Screen (item 9/question #6 of the PC-PTSD5 + I9 screen) documented in the record:  **Over the last 2 weeks, how often have you been bothered by thoughts that you would be better off dead, or of hurting yourself in some way?**  0. Not at all → 0  1. Several days → 1  2. More than half the days → 2  3. Nearly every day → 3  99. No answer documented | 0,1,2,3,99 | The answer key for the Primary Suicide Risk Screen (item 9 question #6 of thePC-PTSD5 + I9 screen) is as follows:  Not at all → 0  Several days → 1  More than half the days → 2  Nearly every day → 3   * **If the patient’s answers are documented in the record, the abstractor may assign the score in accordance with the patient’s response.** * **If the score of** the Primary Suicide Risk Screen (**item 9/question #6** of the PC-PTSD5 + I9 screen) **is documented without the question, the abstractor may enter that score.** * **If neither the question response nor the score of the individual question is documented, enter 99.** |
| 84 | ptsdi9out | Enter the interpretation of the Primary Suicide Risk Screen (item 9/question #6 of the PC-PTSD5- +I9 screen) as documented in the medical record.  1. Positive  2. Negative  99. No interpretation documented | 1,2,99  If 1 or ptsdi9scor =1, 2, or 3, go to ptsdcssrs If  2 or 99 AND [ptsdi9scor =0 or 99] AND (scorptsd5 > 4) or  [sum (exclude values > 1) of scrptsd1,  scrptsd2, scrptsd3,  scrptsd4, and scrptsd5  > 4, OR ptsd5out =1], go to ptsdeval; else  go to hbpcflu as applicable | **The interpretation of the Primary Suicide Risk Screen (item 9/question #6 of the PC-PTSD5 +I9 screen) score (positive or negative) must be documented in the record. If the record contains both a score and an interpretation of positive or negative, enter “positive” or “negative” as documented in the record, even if the interpretation conflicts with the score.**  If there was no interpretation of the screening outcome of the Primary Suicide Risk Screen (item 9/question #6 of the PC-PTSD5 +I9 screen), enter “99.” |
| 85 | ptsrnpc | Within the past five years and prior to 10/01/2018, was the patient screened for PTSD using the Primary Care PTSD Screen (PC-PTSD)?  1. Yes  2. No | 1,\*2  **\*If 2, go to hbpcflu as applicable** | **NOTE: For PTSD screening completed on or after 10/01/2018, the VHA will only accept screening completed with the PC-PTSD5 +I9.**  The **Primary Care PTSD Screen** is a standardized tool consisting of four questions. **In order to answer “1”, the abstractor must see the exact wording of questions 1 through 4 below.** Documentation of the stem question (text prior to question #1) is not required.  Have you ever had any experience that was so frightening, horrible, or upsetting that, **IN THE PAST MONTH**, you:   1. Have had any nightmares about it or thought about it when you did not want to? 2. Tried hard not to think about it or went out of your way to avoid situations that remind you of it? 3. Were constantly on guard, watchful, or easily startled? 4. Felt numb or detached from others, activities, or your surroundings?   **Acceptable setting for PTSD screening:** outpatient encounter, inpatient hospitalization, screening by telephone, and televideo (real time) with face-to-face encounter between the provider and patient |
| 86 | pcptsdt | Enter the date of the most recent screen for PTSD using the PC-PTSD. | mm/dd/yyyy   |  | | --- | | < = 5 years prior or = stdybeg and  < = 9/30/2018 | | Enter the exact date. The date refers to the date of the signature on the encounter note. The use of 01 to indicate missing month or day is not acceptable. |
| 87 | pcptsd  pcptsd1  pcptsd2  pcptsd3  pcptsd4 | Enter the patient’s answers to each of the Primary Care PTSD Screen questions:  Have you ever had any experience that was so frightening, horrible, or upsetting that, **IN THE PAST MONTH**, you:  1. Have had any nightmares about it or thought about it when you did not want to?  2. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?  3. Were constantly on guard, watchful, or easily startled?  4. Felt numb or detached from others, activities, or your surroundings?  1. Yes  2. No  99. No answer documented | 1,2,99 | **If more than one PC-PTSD screen was performed on the date of the most recent screening AND any PC-PTSD screen was positive, enter the responses for the positive PC-PTSD screen.**  A positive Primary Care PTSD screen is a score of 3 or greater.  **The PC-PTSD screen must be documented in a clinic note.**  **For each question, enter the veteran’s “yes” or “no” answer to the question. If the question was not asked or the answer not recorded, enter “99.”** |
| 88 | ptsdscor | Enter the total score for the PC-PTSD screen documented in the record. | \_\_\_  **Abstractor can enter default z if no total score is documented**   |  | | --- | | Whole numbers  0 – 4 | | **If more than one PC-PTSD screen was performed on the date of the most recent screening AND any PC-PTSD screen was positive, enter the total score for the positive PC-PTSD screen.**  A positive Primary Care PTSD screen is a score of 3 or greater.  **The total score must be documented in a clinic note. The abstractor may NOT enter total score if it is not documented in the record, even if all the questions have been answered and the total is evident.**  **If the total score is NOT documented in the record, enter default z.** |
| 89 | scorintrp | Enter the interpretation of the PC-PTSD score, as documented in the medical record.   1. Positive 2. Negative   99. No interpretation documented | 1,2,99  \*If (pcptsdt <= 1 year prior to stdybeg and <= stdyend) AND (ptsdscor > 3) or  [sum (exclude values > 1) of pcptsd1 and  pcptsd2 and pcptsd3 and pcptsd4 > 3] or (scorintrp = 1), go to ptsdeval; else  go to hbpcflu as applicable   |  | | --- | | Warning window if ptsrnpc = 1, ptsdscor 3 or > and scorintrp = 2; or if ptsrnpc = 1, ptsdscor < 3 and scorintrp = 1 | | **If more than one PC-PTSD screen was performed on the date of the most recent screening AND any PC-PTSD screen was positive, enter the outcome for the positive PC-PTSD screen.**  If the record contains both a total score and an interpretation of positive or negative, enter “positive” or “negative” as documented in the record, even if the interpretation conflicts with the score.  If there was no interpretation of the screening outcome in the record, enter “99.” |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 90 | ptsdcssrs | During the timeframe from (computer to display pcptsd5dt to pcptsd5dt + 1 day), the day or the day after the positive Primary Suicide Risk Screen (item 9/question #6 of the PC-PTSD5- +I9 screen), did the acceptable provider complete the Columbia-Suicide Severity Rating Scale (C-SSRS) Screener?1. Yes2. No98. Patient refused to complete the C-SSRS Screener | | 1,2,98  If 2 or 98, go to ptsdvacsra   |  | | --- | | Hard Edit: If phqi9dt = pcptsd5dt, then ptsdcssrs must = cssrs | | | **Note: The C-SSRS Screener must be completed on the same calendar date as the positive Primary Suicide Risk Screen (item 9/question #6 of the PC-PTSD5 +I9 screen).**  **For informational purposes, we will capture C-SSRS Screener completed the day of or day after the positive Primary Suicide Risk Screen.**  **The acceptable provider asks the patient questions 1 and 2 of the C-SSRS Screener:**  1) Have you wished you were dead or wished you could go to sleep and not wake up?  2) Have you had any actual thoughts of killing yourself?  If YES to 2, provider asks questions 3, 4, 5, and 7. If NO to 2, go directly to question 7.  3) Have you been thinking about how you might do this? e.g. “I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it….and I would never go through with it.”  4) Have you had these thoughts and had some intention of acting on them? as opposed to “I have the thoughts but I definitely will not do anything about them.”  5) Have you started to work out or worked out the details of how to kill yourself? **If YES, ask:**  6) Do you intend to carry out this plan?  7) Have you ever done anything, started to do anything, or prepared to do anything to end your life?   * Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn’t swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn’t jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. * If YES, ask:   8) Was this within the past 3 months?   * The C-SSRS Screener can be performed face-to-face, by telemedicine, or by telephone as long as the provider – patient exchange is documented in the medical record and accurately reflects the encounter.   Cont’d next page |
|  |  |  | |  | | * **Acceptable Provider**: For a “provider” to be deemed acceptable to complete the C-SSRS Screener he/she must be an MD, DO, Licensed Psychologist (PhD/PsyD), LCSW, LCSW-C, LMSW, LISW, LMFT, LPMHC, APRN (NP/CNS), PA, RN, clinical pharmacist (RPH/PharmD), clinical pharmacy specialist, mental health pharmacist, psych tech (psychometrician), or rehabilitation counselor. Trainee in ANY of these categories may complete a C-SSRS Screener with appropriate co-signature.   Suggested sources: progress notes, ED notes, H&P, consultation, Clinical Reminder |
| 91 | pcssrsdt | Enter the earliest date the C-SSRS Screener was completed. | | mm/dd/yyyy   |  | | --- | | >= pcptsd5dt and <= 1 day after pcptsd5dt | | | Enter the earliest date the C-SSRS Screener was completed. |
| 92 | ptscsrscor1 | Enter the score for C-SSRS Screener Question 1 documented in the record: (Time period designated, e.g. Over the past month) Have you wished you were dead or wished you could go to sleep and not wake up?1. Yes2. No99. Score not documented | | 1,2,99 | | The score for the C-SSRS Screener question 1 is “yes” or “no”. Enter the score as documented in the medical record. This item must be completed and cannot be left blank.  If the C-SSRS Screener score for question 1 is not documented in the record, enter “99”. |
| 93 | ptscsrscor2 | Enter the score for C-SSRS Screener Question 2 documented in the record: (Time period designated, e.g. Over the past month) Have you had any actual thoughts of killing yourself?1. Yes2. No 99. Score not documented | | 1,2,99  If 2, auto-fill ptscsrscor3 as 95 and go to ptscsrscor7 | | The score for the C-SSRS Screener question 2 is “yes” or “no”. Enter the score as documented in the medical record. This item must be completed and cannot be left blank  If the C-SSRS Screener score for question 2 is not documented in the record, enter “99”. |
| 94 | ptscsrscor3 | Enter the score for C-SSRS Screener Question 3 documented in the record: (Time period designated, e.g. Over the past month) Have you been thinking about how you might do this?1. Yes2. No95. Not applicable99. Score not documented | | 1,2,95,99  Will be auto-filled as 95 if ptscsrscor2 = 2 | | The score for the C-SSRS Screener question 3 is “yes” or “no”. Enter the score as documented in the medical record. If “yes” to question 2, this item must be completed.  If “no” to question 2, this item DOES NOT have to be completed.  If the C-SSRS Screener score for question 3 is not documented in the record, enter “99”. |
| 95 | ptscsrscor4 | Enter the score for C-SSRS Screener Question 4 documented in the record: (Time period designated e.g., Over the past month) Have you had these thoughts and had some intention of acting on them?1. Yes2. No99. Score not documented | | 1,2,99 | | The score for the C-SSRS Screener question 4 is “yes” or “no”. Enter the score as documented in the medical record. If “yes” to question 2, this item must be completed.  If “no” to question 2, this item DOES NOT have to be completed.  If the C-SSRS Screener score for question 4 is not documented in the record, enter “99”. |
| 96 | ptscsrscor5 | Enter the score for C-SSRS Screener Question 5 documented in the record: (Time period designated e.g., Over the past month) Have you started to work out or worked out the details of how to kill yourself?1.Yes2.No99. Score not documented | | 1,2,99  If 2, auto-fill ptscsrscor6 as 95 and go to ptscsrscor7 | | The score for the C-SSRS Screener question 5 is “yes” or “no”. Enter the score as documented in the medical record. If “yes” to question 2, this item must be completed.  If “no” to question 2, this item DOES NOT have to be completed.  If the C-SSRS Screener score for question 5 is not documented in the record, enter “99”. |
| 97 | ptscsrscor6 | Enter the score for C-SSRS Screener Question 6 documented in the record: Do you intend to carry out this plan?1. Yes2. No95. Not applicable 99. Score not documented | | 1,2,95,99  Will be auto-filled as 95 if ptscsrscor5 = 2 | | The score for the C-SSRS Screener question 6 is “yes” or “no”. Enter the score as documented in the medical record. If “yes” to question 5, this item must be completed.  If “no” to question 2 or 5, this item does not have to be completed.  If the C-SSRS Screener score for question 6 is not documented in the record, enter “99”. |
| 98 | ptscsrscor7 | Enter the score for C-SSRS Screener Question 7 documented in the record: In your lifetime, have you ever done anything, started to do anything, or prepared to do anything to end your life?1. Yes2. No 99. Score not documented | | 1,2,99  If 2 or 99, auto-fill ptscsrscor8 as 95 and go to outcome5 as applicable | | The score for the C-SSRS Screener question 7 is “yes” or “no”. Enter the score as documented in the medical record. This item must be completed and cannot be left blank.  If the C-SSRS Screener score for question 7 is not documented in the record, enter “99”. |
| 99 | ptscsrscor8 | Enter the score for C-SSRS Screener Question 8 documented in the medical record: Was this within the past 3 months?1. Yes2. No95. Not applicable 99. Score not documented | | 1,2,95,99  Will be auto-filled as 95 if ptscsrscor7 = 2 or 99 | | The score for the C-SSRS Screener question 8 is “yes” or “no”. Enter the score as documented in the medical record.  If “yes” to question 7, this item must be completed.  If “no” to question 7, this item does not have to be completed.  If the C-SSRS Screener score for question 8 is not documented in the record, enter “99”. |
| **If [(ptscsrscor3, ptscsrscor4, ptscsrscor5, or ptscsrscor8 = 1, auto-fill outcome5=1) AND if (pcssrsdt = pcptsd5dt, go to ptsvacsra) OR (pcssrsdt <> pcptsd5dt, go to hbpcflu as applicable)]; OR if ((ptscsrscor2 = 2 or (ptscsrscor3 = 2 and ptscsrscor4 = 2 and ptscsrscor5 = 2)) and (ptscsrscor7 = 2 or ptscsrscor8 = 2)), auto-fill outcome5 = 2 and go to hbpcflu as applicable; else go to outcome5** | | | | | | |
| 100 | outcome5 | Enter the interpretation of the C-SSRS Screener as documented in the medical record.1. Positive2. Negative 99. No interpretation documented | | 1,2,99  If 1 and pcssrsdt = pcptsd5dt, go to ptsvacsra, else go to hbpcflu as applicable  Will be auto-filled as 1 if ptscsrscor3, ptscsrscor4, ptscsrscor5 or ptscsrscor8 = 1  Will be auto-filled as 2 if ((ptscsrscor2 = 2) or (ptscsrscor3, ptscsrscor4, and  ptscsrscor5 = 2) and  ((ptscsrscor7 = 2 or ptscsrscor8 = 2)) | | **NOTE**: Due to an issue with the outcome being passed from the Clinical Reminder to the note, a positive or negative outcome will be auto-filled based on the answers to any of the questions above.  If there was no interpretation of the screening outcome of the C-SSRS Screener, enter “99.”  Any of the following would result in a positive Columbia Screen:   * YES to Question 3: Have you been thinking about how you might do this? (Time period over the past month) OR * YES to Question 4: Have you had these thoughts and had some intention of acting on them? (Time period over the past month) OR * YES to Question 5: Have you started to work out or worked out the details of how to kill yourself? (Time period over the past month) OR * YES to Question 8: Was this within the past 3 months? |
| 101 | ptsvacsra | On (computer to display pcptsd5dt), the same calendar day as the positive C-SSRS Screener and/or positive Primary Suicide Risk Screen (item 9/question #6 of the PC-PTSD5- +I9 screen), is there evidence of a signed Comprehensive Suicide Risk Evaluation (CSRE) in the record?1. Yes2. No98. Patient refused to complete CSRE | | 1,2,98  If 1, go to ptsdcsraacu  If 2, go to hbpcflu as applicable   |  | | --- | | Hard Edit: If phqi9dt = pcptsd5dt, then ptsvacsra must = vacsra except when vacsra = null | | | **The CSRE must be completed on the same calendar date as the positive C-SSRS Screener and the positive Primary Suicide Risk Screen (item 9/question #6 of the PC-PTSD5 +I9 screen).**  The CSRE must be completed by an acceptable provider and signed on the same calendar day as the positive I9. The note title for the CSRE may be labeled Suicide Risk Evaluation-Comprehensive.   * CSRE can be performed face-to-face, by telemedicine, or by telephone as long as the acceptable provider – patient exchange is documented in the medical record and accurately reflects the encounter. * **Acceptable Provider:** For a “provider” to be deemed acceptable to complete the CSRE he/she must be an MD, DO, Licensed Psychologist (PhD/PsyD), LCSW, LCSW-C, LMSW, LISW, LMFT, LPMHC, APRN (NP/CNS), PA, clinical pharmacist (RPH/PharmD), clinical pharmacy specialist, mental health pharmacist. Trainee in ANY of these categories may complete a CSRE with appropriate co-signature.   **Note:** RNs are not an acceptable provider. Nor is LPN, Addiction Therapist, Peer Support Specialist, or Unlicensed Assistive Personnel, including Health Tech, Medical Assistant and Nursing Assistant. |
| 102 | refcsre2 | Was there documentation by the acceptable provider that the validity of the information contained within the CSRE was in question? 1. Yes, due to Veteran being under the influence (e.g., drugs, alcohol, etc.)  2. Yes, due to Veteran’s medical condition (e.g., dementia, etc.)  3. Yes, due to Other (e.g., refusal)  4. No (no checkbox indicates validity of the CSRE information was not in question) 99. No documentation whether the validity of the CSRE information was or was not in question | | 1,2,3,4,99  \*If 99, go to hbpcflu as applicable | | **Note: The CSRE does not contain a refusal option. If there is documentation by the acceptable provider that the patient refused to participate in completion of the CSRE, the additional documentation below is required.**  (REQUIRED) The validity of the information contained within this evaluation is in question (select all that apply):  🞎 No  🞎 Yes, due to Veteran being under the influence (e.g., drugs, alcohol, etc.). Optional comment may be noted.  🞎 Yes, due to Veteran’s medical condition (e.g., dementia, etc.). Optional comment may be noted.  🞎 Yes, due to Other (e.g., refusal)  If “no” is checked (or documented no reason to question validity of CSRE information, enter “4”.  If none of the above is documented, enter “99”. |
| 103 | ptsdcsraacu | Enter the Clinical Impression of Acute Risk as documented in the medical record:1. High Risk - (as evidenced by):2. Intermediate Risk – (as evidenced by):3. Low Risk – (as evidenced by):99. Acute risk not documented | | 1,2,3,99  If 99, go to ptsdcsrachr | | Only one risk level is selected by the acceptable provider and an explanation is provided in the “as evidenced by section” for that risk level.  Note: This item must be completed and cannot be left blank. |
| 104 | ptsracutex | Enter the evidence of Acute Risk documented by the acceptable provider.  |  | | --- | |  | | | Free text entry | | Enter the explanation of Acute Risk as documented in the record by the acceptable provider. |
| 105 | ptsdcsrachr | Enter the Clinical Impression of Chronic Risk as documented in the medical record:1. High Risk - (as evidenced by):2. Intermediate Risk – (as evidenced by):3. Low Risk – (as evidenced by):99. Chronic risk not documented | | 1,2,3,99  If 99, go to ptcsraint1 | | Only one risk level is selected by the acceptable provider and an explanation is provided in the as evidenced by section for that risk level.  Note: This item must be completed and cannot be left blank. |
| 106 | ptsrachrtex | Enter the evidence of Chronic Risk documented by the acceptable provider.  |  | | --- | |  | | | Free text entry | | Enter the explanation of Chronic Risk as documented in the record by the acceptable provider. |
| 107 | ptcsraint1  ptcsraint2  ptcsraint3  ptcsraint4  ptcsraint5  ptcsraint6  ptcsraint7  ptcsraint8  ptcsraint9  ptcsraint10  ptcsraint11  ptcsraint12  ptcsraint13  ptcsraint14  ptcsraint15  ptcsraint16  ptcsraint17  ptcsraint18  ptcsraint19  ptcsraint20  ptcsraint21  ptcsraint22  ptcsraint23  ptcsraint24  ptcsraint25  ptcsraint26  ptcsraint27  ptcsraint99 | **Please enter the course of action documented in the record from the following list of interventions****General Strategies for Managing Risk in any setting (The provider may add additional comment/interventions as needed.)**  **Select all that apply:**   1. Alert Suicide Prevention Coordinator for consideration of a Patient Record Flag Category I High Risk for Suicide 2. Complete or Update Veteran’s Safety Plan 3. Increased frequency of Suicide Risk Screening [text box] 4. Provide Lethal Means Safety Counseling (e.g., provision of gun locks) 5. Obtain additional information from collateral sources [Optional: comment] 6. For prescribers only: Review of prescribed medications for risk for self-harm and/or new pharmacotherapy intervention to reduce suicide risk (Optional: comment) 7. Address barriers to treatment engagement by: [text box] 8. Address psychosocial needs by: [text box] 9. Address medical conditions by: [text box] 10. Consult/Referral to additional services and support: [text box for options] 11. Referral to evidence based psychotherapy 12. Referral to psychiatry/medication assessment or management 13. Referral to Chaplaincy/pastoral care 14. Referral to vocational rehabilitation/occupational rehabilitation services 15. Referral for PRRC and/or ICMHR services 16. Referral for residential mental health services 17. Other Consult submitted to: [text box for user to enter a name]  **Cont’d next page** | | 1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,  19,20,21,22,23,24,25,  26,27, 99   |  | | --- | | Hard Edit: If ptcsraint11,12,13,  14,15, or 16 = -1, ptcsraint10  must = -1 |   if ptcsraint7, ptcsraint8, and/or ptcsraint9 = -1, enable and go to pcsratext7,  pcsratext8, and/or  pcsratext9  as applicable  If ptcsraint7, ptcsraint8, and ptcsraint9 <> -1, go to optcsraint1 | | **Please select all interventions documented by the acceptable provider in the CSRE template.**  The wording in the option does not have to exactly match the intervention in the record; however, the intent must be the same. For example, option 8, provider may document “Updated Veteran’s safety plan.”  The provider may add additional comment/interventions as needed as indicated by [text box].  If the provider does not have any documentation in the text box for the applicable options, do not select that option as an intervention.   * **Acceptable Provider**: For a “provider” to be deemed acceptable to complete the CSRE, he/she must be an MD, DO, Licensed Psychologist (PhD/PsyD), LCSW, LCSW-C, LMSW, LISW, LMFT, LPMHC, APRN (NP/CNS), PA, clinical pharmacist (RPH/PharmD), clinical pharmacy specialist, mental health pharmacist. Trainee in ANY of these categories may complete a CSRE with appropriate co-signature.   **Note:** RNs are *not* an acceptable provider. Nor is LPN, Addiction Therapist, Peer Support Specialist, or Unlicensed Assistive Personnel, including Health Tech, Medical Assistant and Nursing Assistant. |
|  |  | **Interventions cont’d**  1. Discussion with Veteran to continue to see assigned Primary Care Provider for medical care 2. Discussion with Veteran regarding enhancement of a sense of purpose and meaning 3. Educate Veteran on smartphone VA applications (e.g. Virtual Hope Box, PTSD Coach) 4. Conduct medication reconciliation 5. Involve family/support system in Veteran’s care 6. Provide Opioid Overdose Education and Naloxone Distribution (OEND) 7. Provide resources/contacts for benefits information 8. Provide Veteran with phone number for Veteran's Crisis Line: 1-800-273-8255 (press 1) 9. Other/Comments: [text box] 10. Obtain consultation from Suicide Risk Management Consultation Program on ways to address Veteran’s risk by sending a request for consultation by email to: Email (Left Click and Allow)   99. No interventions documented by the provider | |  | |  |
| 108 | pcsratext7  pcsratext8  pcsratext9 | Enter the additional comment/interventions documented by the acceptable provider for the following questions as applicable.   |  |  | | --- | --- | | **Intervention** | **Free Text Entry**  Applicable question(s) will be enabled if ptcsraint7, ptcsraint8, and/or ptcsraint9 = -1 | | 7. Address barriers to treatment engagement by: |  | | 8. Address psychosocial needs by: |  | | 9. Address medical conditions by: |  | | | | | The acceptable provider may add additional comment/interventions as needed as indicated by [text box]. Enter the comment/intervention as documented by the provider in the medical record. |
| 109 | optcsraint1  optcsraint2  optcsraint3  optcsraint4  optcsraint5  optcsraint6  optcsraint7  optcsraint8  optcsraint9  optcsraint10  optcsraint99 | **Please enter the course of action documented in the record from the following list of interventions.**  **General Strategies for Managing Risk in the Outpatient setting (The provider may add additional comment/interventions as needed.) Select all that apply:**   1. Initiate 9-1-1/ Rescue 2. Initiate Involuntary Hospitalization 3. Initiate Voluntary Hospitalization 4. Initiate one-on-one observation 5. Initiate Health and Welfare Check 6. Initiate a Hospital Transportation Plan 7. Educate Veteran on emergency services 8. Increase frequency of outpatient contacts (Indicate frequency: text box) 9. For home-based care: Increase frequency of home visits (Indicate frequency: text box) 10. Schedule for follow up appointments (Comment/Date: text box)   99. No interventions documented by the provider | 1,2,3,4,5,6,7,8,9,10,99 | | **Please select all interventions documented by the acceptable provider in the CSRE template.**  The wording in the option does not have to exactly match the intervention in the record; however, the intent must be the same. For example, option 1, provider may document “Called 911.”  The provider may add additional comment/interventions as needed as indicated by [text box].  If the provider does not have any documentation in the text box for the applicable options, do not select that option as an intervention.   * **Acceptable Provider**: For a “provider” to be deemed acceptable to complete the CSRE, he/she must be an MD, DO, Licensed Psychologist (PhD/PsyD), LCSW, LCSW-C, LMSW, LISW, LMFT, LPMHC, APRN (NP/CNS), PA, clinical pharmacist (RPH/PharmD), clinical pharmacy specialist, or mental health pharmacist.. Trainee in ANY of these categories may complete a CSRE with appropriate co-signature.   **Note:** RNs are *not* an acceptable provider. Nor is LPN, Addiction Therapist, Peer Support Specialist, or Unlicensed Assistive Personnel, including Health Tech, Medical Assistant and Nursing Assistant. | | |
| 110 | inptsdm | On (computer to display pcptsd5dt), the same calendar day as the positive C-SSRS and/or positive Primary Suicide Risk Screen (item 9/question #6 of the PC-PTSD5 +I9 screen), is there evidence the patient was admitted to inpatient or residential treatment for mental health care?  1. Yes  2. No | 1,2  If 2, go to hbpcflu as applicable | | **If the provider that completed the CSRE template admits the patient to inpatient or residential treatment for mental health OR sends the patient to the Emergency Department for inpatient admission, select value 1.** | | |
| 111 | inpcsraint1  inpcsraint2  inpcsraint3  inpcsraint4  inpcsraint5  inpcsraint6  inpcsraint7  inpcsraint8  inpcsraint9  inpcsraint10  inpcsraint11  inpcsraint12  inpcsraint99 | **Please enter the course of action documented in the record from the following list of interventions.**  **General Strategies for Managing Risk in the inpatient or residential treatment setting (The provider may add additional comment/interventions as needed.)**  **Select all that apply:**  1. Initiate unit-specific suicide precautions protocol  2. Initiate more frequent rounding: q \_\_\_\_\_ minute rounding  3. Initiate one-to-one constant observation per facility policy  4. Assign bedroom close to unit work station  5. Offer behavioral activation resources during inpatient stay which may include journaling, bibliotherapy, increased group participation, and/or exercise  6. Increased symptom monitoring  7. Engage Veteran in recovery plan during inpatient treatment  8. Engage Veteran in interdisciplinary treatment planning during inpatient treatment  9. Engage Veteran in safety plan during inpatient treatment  10. For Veterans not at high risk for suicide, prior to discharge ensure that a minimum of 3 mental health visits are scheduled within 30 days of discharge. Date and time of first appointment:  11. For Veterans at high risk for suicide, prior to discharge ensure that a minimum of 4 follow-up appointments are scheduled within 30 days of discharge. Date and time of first appointment:  12. Other  99. No interventions documented by the provider | 1,2,3,4,5,6,7,8,9,  10,11,12,99 | | **Please select all interventions documented by the acceptable provider in the CSRE template. This template may be completed in the Emergency Department prior to admission for inpatient or residential treatment.**  The wording in the option does not have to exactly match the intervention in the record; however, the intent must be the same. For example, option 3, provider may document “Initiated one-to-one observation around the clock.”  The provider may add additional comment/interventions as needed as indicated by [text box].  If the provider does not have any documentation in the text box for the applicable options, do not select that option as an intervention.   * **Acceptable Provider**: For a “provider” to be deemed acceptable to complete the CSRE, he/she must be an MD, DO, Licensed Psychologist (PhD/PsyD), LCSW, LCSW-C, LMSW, LISW, LMFT, LPMHC, APRN (NP/CNS), PA, clinical pharmacist (RPH/PharmD), clinical pharmacy specialist, or mental health pharmacist.. Trainee in ANY of these categories may complete a CSRE with appropriate co-signature.   **Note:** RNs are *not* an acceptable provider. Nor is LPN, Addiction Therapist, Peer Support Specialist, or Unlicensed Assistive Personnel, including Health Tech, Medical Assistant and Nursing Assistant. | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **PTSD Disposition** |  |  |
| 112 | ptsdeval | On (computer to display pcptsdt or pcptsd5dt) did the provider document the patient needed further intervention for the positive PTSD screen?1. Yes, documented further intervention needed2. Documented no further intervention needed98. Documented patient refused further intervention for positive PTSD screen99. No documentation regarding further intervention | 1,2,98,99  If 2,98 or 99, go to hbpcflu as applicable | **Acceptable Provider:** MD, DO, Licensed Psychologist (PhD/PsyD), LCSW, LCSW-C, LMSW, LISW, LMFT, LPMHC, APRN (NP/CNS), PA, Clinical Pharmacist (RHP/PharmD), clinical pharmacy specialist, mental health pharmacist, or rehabilitation counselor. Trainee in any of these categories with appropriate co-signature is acceptable.  If the provider documented that the patient needed further intervention for depression, select “1.”  For example, provider documents, “PC-PTSD screen positive. Patient reports having difficulty sleeping and is very anxious. Needs mental health evaluation.” Select “1.”  If the provider documented that no further intervention was needed for PTSD, select “2.” For example, clinician documents, “PC-PTSD positive, but no problems with day-to-day functioning reported by patient No further intervention necessary.” Select “2.”  If there is no documentation by the provider regarding whether the patient needed further intervention, select “99.” |
| 113 | ptsfolint1 ptsfolint2  ptsfolint3  ptsfolint4 ptsfolint5 ptsfolint6 ptsfolint7 ptsfolint99 | On (computer to display pcptsdt or pcptsd5dt), select the further intervention(s) documented by the provider as follow-up to the positive PTSD screen:**Indicate all that apply:**1. Documented the patient is already receiving treatment for PTSD2. Documented the patient is receiving care for PTSD outside VHA3. Documented referral/consult for stat/emergent mental evaluation was placed4. Documented referral/consult for routine/non-emergent mental health evaluation was placed/will be placed5. Documented the patient’s PTSD will be managed in Primary Care6. Documented provider contact information was provided to the patient7. Documented emergency contact information was provided to the patient99. None of the above documented | 1,2,3,4,5,6,7.99  Cannot enter 99 with any other number   |  | | --- | | Warning if 99 | | On the same date as the positive PTSD screen, please indicate all further interventions documented by the provider.  **Acceptable Provider:** MD, DO, Licensed Psychologist (PhD/PsyD) , LCSW, LCSW-C, LMSW, LISW, LMFT, LPMHC, APRN (NP/CNS), PA, Clinical Pharmacist (RPH/PharmD), clinical pharmacy specialist, mental health pharmacist, or rehabilitation counselor. Trainee in any of these categories with appropriate co-signature is acceptable.  If none of the interventions are documented, enter 99. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **If [hcstatus = 2 and (admisdt or hbpcdt >= 7/01/2019 and <= 6/30/2020) OR (hcstatus = 3), auto-fill hbpcflu = 1 and go to fluvac19; else go to hbpcflu** | | | | | |
|  |  | **Immunizations** |  |  | |
| 114 | hbpcflu | Was the patient enrolled in HBPC during the timeframe from 7/01/2019 to 6/30/2020?  1. Yes  2. No | 1,2  Will be auto-filled as 1 if hcstatus = 2 and (admisdt or hbpcdt >= 7/01/2019 and <= 6/30/2020) OR(hcstatus = 3)  If 2, go to bnmrtrns   |  | | --- | | **Hard edit: Cannot enter 2 if hbpcdt >=7/01/2019 and <=6/30/2020** | | If the patient was enrolled in HBPC anytime from 7/01/2019 to 6/30/2020, answer “1”. | |
| 115 | fluvac19 | During the period from (computer display 7/01/2019 to (pulldt or <= stdyend if stdyend > pulldt)), did the patient receive influenza vaccination?  1. received vaccination from VHA  3. received vaccination from private sector provider  4. patient’s only visit during immunization period preceded availability of vaccine  98. patient refused vaccination  99. no documentation patient received  vaccination | 1,3,4,98,99  **If 4, go to bnmrtrns**  **If 98 or 99, go to allerflu** | | **Note:** The intent is to look for influenza immunization on or after 7/01/2019 and up to the pull list date (unless the study end date is after the pull list date.  **Acceptable documentation of influenza immunization:**   * Notation of “flu shot given” entered in paper or electronic record. The month and year (or the fact it was flu vaccination season) when the patient received the vaccine must be known. * Influenza vaccine given in another setting, i.e., acute care, NHCU, etc., and the month and year are known * Patient self-report of flu shot at community facility if month and year are known and documented. * Checkmark on a checklist, if there is a month and year, and the checkmark is accompanied by the clinician’s signature or initials. The patient must have had a clinic visit or visit to a vaccination clinic on the date indicated on the checklist. * Historical information obtained by telephone by a member of the healthcare team and entered in a CPRS progress note is acceptable. * Documentation in the Immunization Health Summary (under the reports tab in CPRS) that the vaccine was provided by Walgreens, which will be noted as the facility. The month and year must be known.   **Unacceptable documentation:**   * Patient is told to return later for flu vaccine. * “Shortfall” of flu vaccine, unless nationally publicized shortage * Documented assumption “patient gets annual flu shot or vaccination” * Documentation of the vaccine in the Immunization Health Summary, **WITHOUT** verification in a progress note that the vaccine was actually given (with the only exception of Walgreens as noted above).   **Cont next page** |
|  |  |  |  | | **Cont from previous page**  **Additional guidelines:**  **Value 4** = The abstractor must see the pharmacy record stating the date the vaccine arrived on station (shipping slip, inventory record, etc.). **The patient’s only visit during the immunization period must have occurred prior to receipt of the facility’s flu vaccine.** (Example: patient’s only visit during immunization season of 7/01/19 – 6/30/20 was on 8/26/19. Facility did not receive vaccine until 9/05/19. Enter response #4.)  **Value 98 (Patient refusal) = during the vaccination season, when flu shot was offered, patient stated he did not wish to receive flu vaccination**  **Value 99 = For patients who had no visits at all during immunization season and did not receive vaccine at this VAMC or elsewhere, answer “99.”** |
| 116 | fluvacdt | Enter the date influenza vaccination was given. | mm/dd/yyyy  If fluvac = 1 or 3, go to bnmrtrns   |  | | --- | | >= 7/01/2019 and  <= 6/30/2020 and  (<= pulldt or <= stdyend if > pulldt) | | | Although the day may be entered as day = 01, if the specific date is unknown, the exact month and year must be entered accurately.  **If the exact month is unknown, but there is documentation the patient received the flu vaccine in fall or winter, enter “10” as the default month.** |
| 117 | allerflu | Is one of the following documented in the medical record?   * Previous severe allergic reaction to any component of the influenza vaccine, or after a previous dose of any influenza vaccine * History of Guillain-Barre Syndrome   1. Yes  2. No | 1,2 | | **Severe allergic reaction to any influenza vaccine component must be documented in the medical record. Notation does not have to state “anaphylactic.”**   * A previous severe allergic reaction to influenza vaccine, regardless of the component suspected of being responsible for the reaction, is a contraindication to future receipt of the vaccine.   **History of Guillain-Barre Syndrome** - may be anytime in the patient’s history and must be documented in the medical record. |
| 118 | bnmrtrns | Is there documentation in the medical record the patient had a bone marrow transplant during the past year?  1. Yes  2. No | 1,2  If 1, go to end | | **Bone marrow transplant - must be documented the procedure occurred during the past year.** |
| 119 | chemoexc | Is there documentation in the medical record the patient received chemotherapy during the past year?  1. Yes  2. No | 1, 2  If 1, go to end | | **Documentation the patient received chemotherapy during the past year excludes the case from the pneumococcal measures.**  **Received chemotherapy: the abstractor should look for evidence of a diagnosis of cancer and documentation that the patient received some type of chemotherapy for the cancer during the past year. For example, a PCP note in the appropriate timeframe states “Patient is undergoing chemotherapy at XYZ Cancer Center.” or an Oncology note in the appropriate timeframe states: “Here today for IV chemo treatment.”** |
| 120 | immcomp | At any time in the patient’s history through (computer to display stdyend), is there documentation of any of the following in the medical record?   * Immunocompromising conditions * Anatomic or functional asplenia * Sickle cell disease and HB-S disease * Cerebrospinal fluid leak(s) * Cochlear implant(s)   1. Yes  2. No | 1,2  If 1, go to end | | **Individuals with immunocompromising conditions, anatomic or functional asplenia, cerebrospinal fluid leaks, or cochlear implants are excluded from the pneumococcal measures.**   * **Immunocompromising conditions may include but are not limited to:** immunoglobulin deficiencies, antibody deficiencies, other specified immune-deficiencies, graft-versus-host disease, end stage renal disease. (Refer to Table 1-Immunocompromising Conditions.) * **Anatomic or functional asplenia includes** congenital absence of the spleen, surgical removal of the spleen or diseases of the spleen. * **Sickle cell disease** isa group of disorders that affects hemoglobin. Individuals with this disorder have atypical hemoglobin molecules called hemoglobin S (or HB-S) which can distort red blood cells into a sickle shape.   **Suggested Data Sources:** History and Physical, Problem List |
| 121 | pcvvac | At any time, not later than the study end date, did the veteran receive the **PCV13** pneumococcal vaccination, either as an inpatient or outpatient?   1. received **PCV13** pneumococcal vaccination from VHA 2. received **PCV13** pneumococcal vaccination from private sector provider   98. patient refused **PCV13** pneumococcal vaccination 99. no documentation patient received **PCV13** pneumococcal vaccination | 1,3,98,99  If 98 or 99, go to ppsvvac | | **There are two kinds of pneumococcal vaccines in the United States:**   * Pneumococcal conjugate vaccine (PCV 13 or Prevnar 13®) * Pneumococcal polysaccharide vaccine (PPSV23 or Pneumovax23®, Pnu-Imune 23®)   **The intent of this question is to determine if the patient received the PCV13 or Prevnar 13® pneumococcal vaccination. Only documentation of the PCV13 or Prevnar 13®vaccine is acceptable for this question.**   * At a minimum the year of the PCV13 vaccination must be documented. * Historical information obtained by telephone by a member of the healthcare team and entered in a CPRS progress note is acceptable.   Unacceptable:   * Notation in the record that patient has had a PCV13 vaccination if year of administration is not documented. * Documentation the patient received the PPSV23 vaccination * Documentation the patient received a pneumococcal vaccination, but type is unable to be determined   **Patient refusal** = each time it was offered, patient stated he/she states he does not want the **PCV13** vaccination |
| 122 | pcvdt | Enter the date of the PCV13 pneumococcal vaccination. | mm/dd/yyyy   |  | | --- | | Warning if >15 years prior to stdybeg and <= stdyend | | | Notation in the record that patient has had the PCV13 pneumococcal vaccination is not acceptable unless, at a minimum, the year is documented.  Enter the year if that is the only information known, with 01 for month and day. |
| 123 | ppsvvac | At any time, not later than the study end date, did the veteran receive the **PPSV23** (or pneumococcal) vaccination, either as an inpatient or outpatient?   1. received **PPSV23** (or pneumococcal) vaccination from VHA 2. received **PPSV23** (or pneumococcal) vaccination from private sector provider   98. patient refused **PPSV23** (or pneumococcal) vaccination  99. no documentation patient received **PPSV23** (or pneumococcal) vaccination | 1,3,98,99  If 98 or 99, go to pneurxn | | **The intent of this question is to determine if the patient received the PPSV23 (Pneumovax 23®, Pnu-Imune 23®) or pneumococcal (Pneumovax) vaccination.**   * At a minimum the year of the PPSV23 (or pneumococcal) vaccination must be documented. * Historical information obtained by telephone by a member of the healthcare team and entered in a CPRS progress note is acceptable.   Unacceptable:   * Notation in the record that patient has had a PPSV23 (or pneumococcal) vaccination if year of administration is not documented. * Documentation the patient received the PCV13 pneumococcal vaccination   **Patient refusal** = each time it was offered, patient stated he/she states he does not want the **PPSV23** (or pneumococcal) vaccination |
| 124 | ppsvdt | Enter the date of the **PPSV23** (or pneumococcal) vaccination. | mm/dd/yyyy   |  | | --- | | Warning if >15 years prior to stdybeg and <= stdyend | | | Notation in the record that patient has had the **PPSV23** (or pneumococcal) vaccination is not acceptable unless, at a minimum, year is documented.  Enter the year if that is the only information known, with 01 for month and day. |
| 125 | pneurxn | Is there documentation in the medical record of a prior anaphylactic reaction to a pneumococcal vaccine?  1. Yes  2. No | 1,2 | | **Prior anaphylactic reaction to a pneumococcal vaccine must be documented in the medical record.**  **Anaphylactic reaction -** Sudden, potentially severe and life-threatening allergic reaction. Symptoms may start with a feeling of uneasiness, tingling sensations and dizziness and rapidly progress to generalized itching and hives, swelling, wheezing and difficulty breathing, and fainting. |