

DEPTXYR (MH)

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:

F32, F320 - F325, F328, F329, F33, F330, F331, F332, F333, F334, F3340, F3341, F3342, F339, F341, F338, F0631, F0632

- 1. Yes
- 2. No

BPDXYR (MH)

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, F301, F3010 - F3013, F302 - F304, F308, F309, F31, F310, F311, F3110 - F3113, F312, F313, F3130 - F3132, F314 - F316, F3160 - F3164, F317, F3170 - F3178, F318, F3181, F3189, F319

- 1. Yes
- 2. No

SCRPHQ2 (MH)

During the past year was the patient screened for depression by the PHQ-2?

- 1. Yes
- 2. No

SCRPHQi9 (MH)

During the past year was the patient screened for depression by the PHQ-2 + I9?

- 1. Yes
- 2. No

98. Patient refused depression screening

PH9SCOR (MH)

Enter the score for 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 \rightarrow 0
- 1. Several days → 1
- 2. More than half the days \rightarrow 2
- 3. Nearly every day → 3
- 99. No answer documented

OUTCOMEI9 (MH)

Enter the interpretation of item 9/question #3 of the PHQ-2 +19 screen as documented in the medical record.

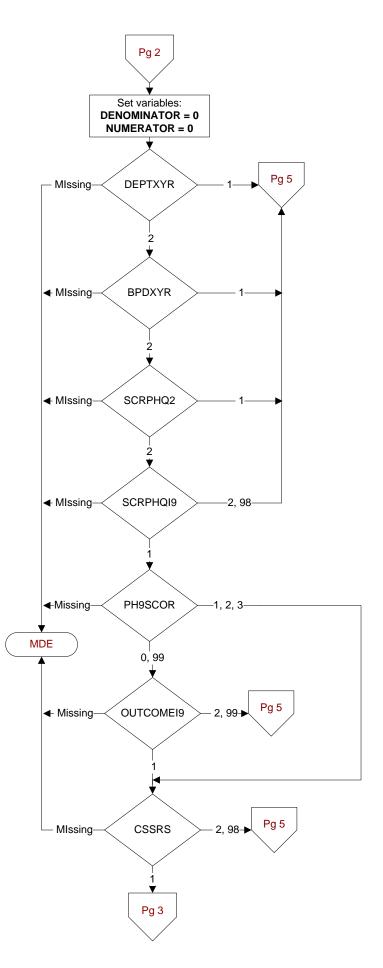
- 1. Positive
- 2. Negative
- 99. No interpretation documented

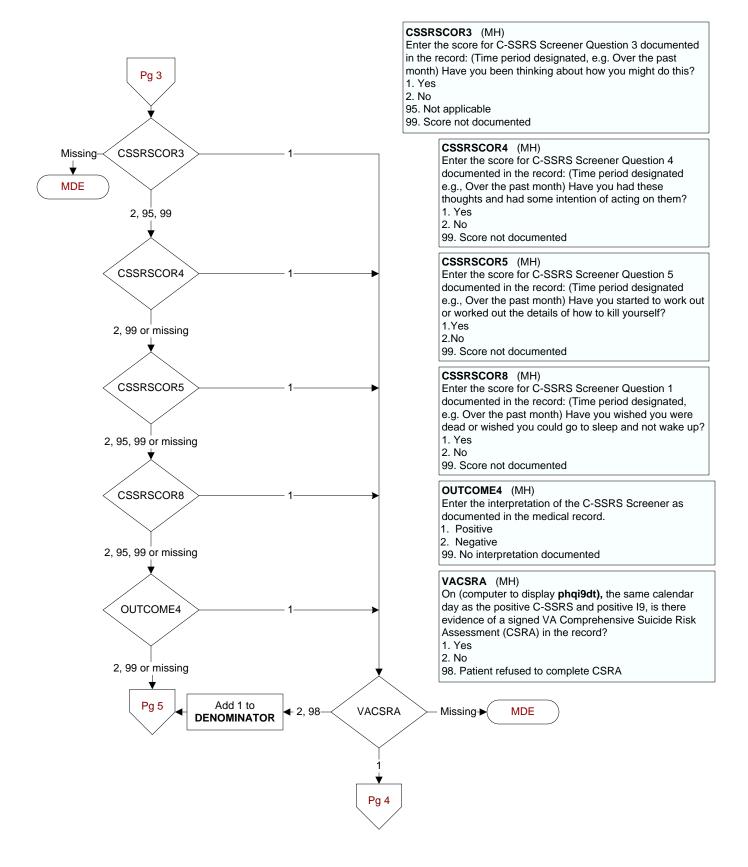
CSSRS (MH)

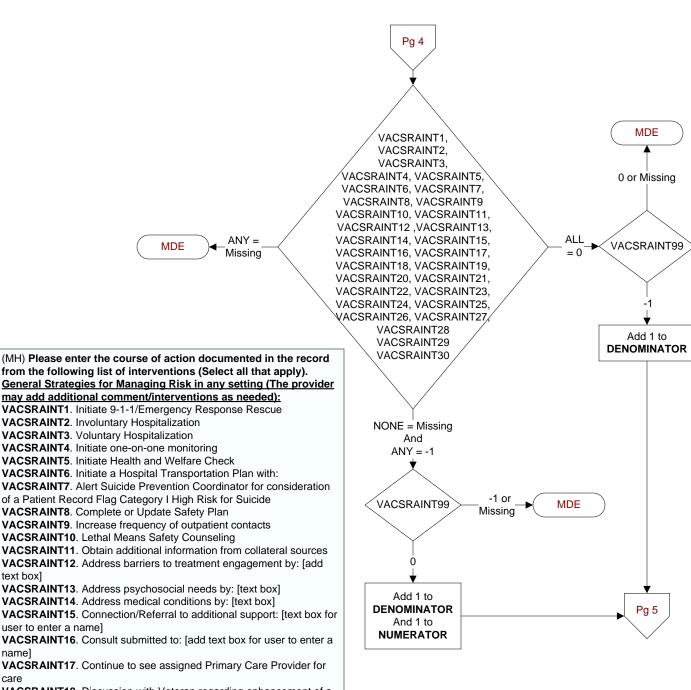
On (computer to display **phqi9dt)**, the day of the positive **I 9**, did the acceptable provider complete the Columbia-Suicide Severity Rating Scale (C-SSRS) Screener?

- 1. Yes
- 2. No

98. Patient refused to complete the C-SSRS screener







from the following list of interventions (Select all that apply). General Strategies for Managing Risk in any setting (The provider may add additional comment/interventions as needed): VACSRAINT1. Initiate 9-1-1/Emergency Response Rescue

VACSRAINT2. Involuntary Hospitalization

VACSRAINT3. Voluntary Hospitalization

VACSRAINT4. Initiate one-on-one monitoring

VACSRAINT5. Initiate Health and Welfare Check

VACSRAINT6. Initiate a Hospital Transportation Plan with:

VACSRAINT7. Alert Suicide Prevention Coordinator for consideration

of a Patient Record Flag Category I High Risk for Suicide

VACSRAINT8. Complete or Update Safety Plan

VACSRAINT9. Increase frequency of outpatient contacts

VACSRAINT10. Lethal Means Safety Counseling

VACSRAINT11. Obtain additional information from collateral sources VACSRAINT12. Address barriers to treatment engagement by: [add text box]

VACSRAINT13. Address psychosocial needs by: [text box]

VACSRAINT14. Address medical conditions by: [text box]

VACSRAINT15. Connection/Referral to additional support: [text box for user to enter a namel

VACSRAINT16. Consult submitted to: [add text box for user to enter a namel

VACSRAINT17. Continue to see assigned Primary Care Provider for

VACSRAINT18. Discussion with Veteran regarding enhancement of a sense of purpose and meaning

VACSRAINT19. Educate on smartphone VA applications (e.g. Virtual Hope Box, PTSD Coach, and Breathe2Relax)

VACSRAINT20. Education on emergency services

VACSRAINT21. Follow-up appointments: [text box]

VACSRAINT22. Initiate/refer for evidence based psychotherapy

VACSRAINT23. Involve family/support system in: [text box]

VACSRAINT24. Medication reconciliation

VACSRAINT25. Pharmacotherapy intervention to reduce suicide risk (e.g., consideration of medications shown to reduce suicide risk)

VACSRAINT26. Provide Veteran with phone number for Veteran's

Crisis Line: 1-800-273-8255 (press 1)

VACSRAINT27. Reevaluate current treatment plan

VACSRAINT28. Referral to Chaplaincy/pastoral care

VACSRAINT29. Referral to peer support

VACSRAINT30. Other/Comments: [text box]

VACSRAINT99. No interventions documented by the provider

PTSDX (MH)

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:

F431, F4310 - F4312

- 1. Yes
- 2. No

PTSRNPC (MH)

Within the past five years, was the patient screened for PTSD using the Primary Care PTSD Screen (PC-PTSD)?

- 1. Yes
- 2. No

SCRPTSD5I9 (MH)

Within the past year, was the patient screened for PTSD using the Primary Care PTSD5 +19?

- 1. Yes
- 2. No

98. Patient refused to complete PC-PTSD5 +I9

PTSDI9SCOR (MH)

Enter the score for 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 \rightarrow 0
- 1. Several days \rightarrow 1
- 2. More than half the days \rightarrow 2
- 3. Nearly every day \rightarrow 3
- 99. No answer documented

PTSDI9OUT (MH)

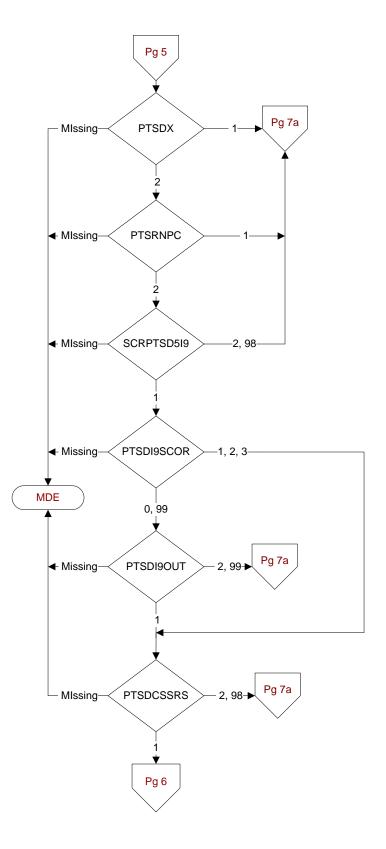
Enter the interpretation of item 9 question #6 of the PC-PTSD5- +I9 screen as documented in the medical record.

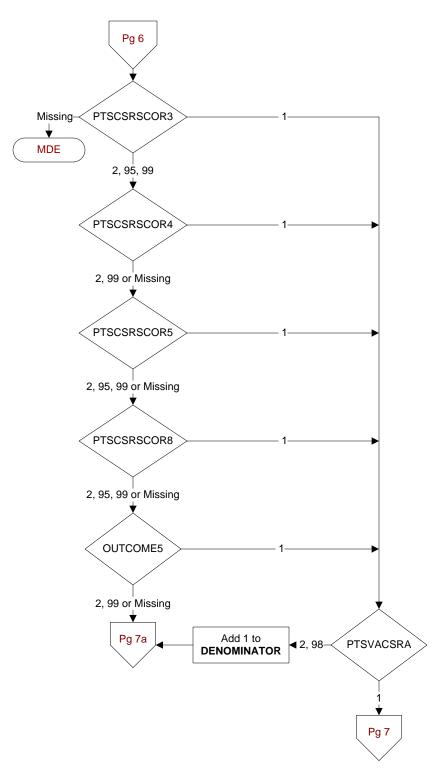
- 1. Positive
- 2. Negative
- 99. No interpretation documented

PTSDCSSRS (MH)

On (computer to display pcptsd5dt), the day of the positive I 9, 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





PTSCSRSCOR3 (MH)

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

PTSCSRSCOR4 (MH)

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

PTSCSRSCOR5 (MH)

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

PTSCSRSCOR8 (MH)

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

OUTCOME5 (MH)

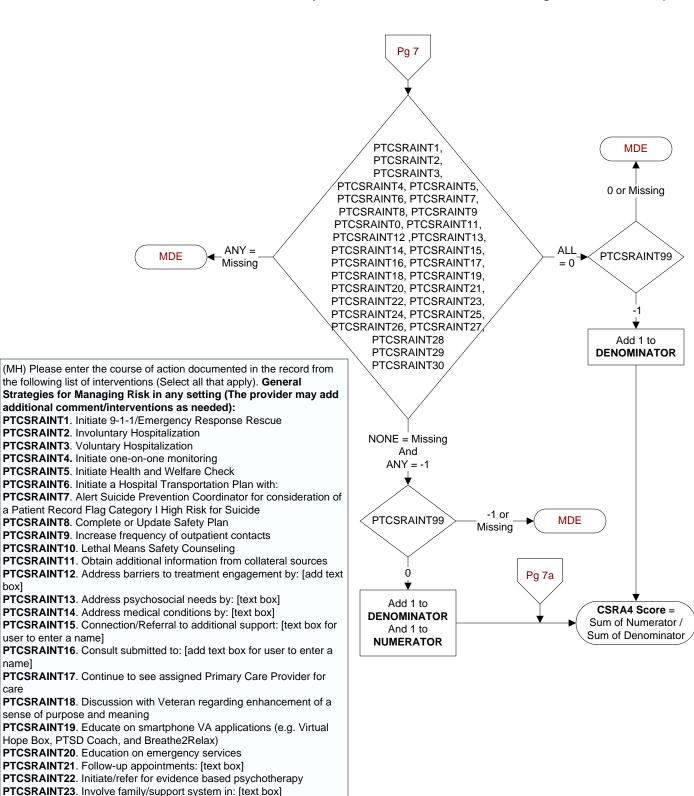
Enter the interpretation of the C-SSRS Screener as documented in the medical.

- 1. Positive
- 2. Negative
- 99. No interpretation documented

PTSVACSRA (MH)

On (computer to display pcptsd5dt), the same calendar day as the positive I9, is there evidence of a signed VA Comprehensive Suicide Risk Assessment (CSRA) in the record?

- 1. Yes
- 2. No
- 98. Patient refused to complete CSRA



user to enter a name]

PTCSRAINT24. Medication reconciliation

PTCSRAINT29. Referral to peer support PTCSRAINT30. Other/Comments: [text box]

PTCSRAINT27. Reevaluate current treatment plan PTCSRAINT28. Referral to Chaplaincy/pastoral care

PTCSRAINT99. No interventions documented by the provider

Line: 1-800-273-8255 (press 1)

PTCSRAINT25. Pharmacotherapy intervention to reduce suicide risk (e.g., consideration of medications shown to reduce suicide risk) PTCSRAINT26. Provide Veteran with phone number for Veteran's Crisis

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