Document Links:

CGPI PI Module

CGPI MH Module

CATNUM
Sample category
16. AMI - Outpatient visit
36. SCI Dx
48. Female, age 20-69
50. Random Sample
51. Random Sample MH
54. Frail/Elderly
60. DM Outpatient
61. Inpatient SC
68. Contract CBOC

REVSTAT
REVIEW STATUS (not abstracted)
0. Abstraction has not begun
1. Abstraction in progress
2. Abstraction completed w/o errors
3. TVG failure (exclusion)
4. Record contains missing required answers
5. Administrative exclusion from all measures

FEFLAG (rcvd on pull list)
FE case flagged for CGPI review / scoring?
0. No
1. Yes

DOCHOSPCE (PI module)
Is one of the following documented in the medical record?
-- The patient is enrolled in a VHA or community-based Hospice program
-- The patient has a diagnosis of cancer of the liver, pancreas, or esophagus
-- On the problem list it is documented the patient's life expectancy is less than 6 months?
1. Yes
2. No

DEMENTDX2 (MH)
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:

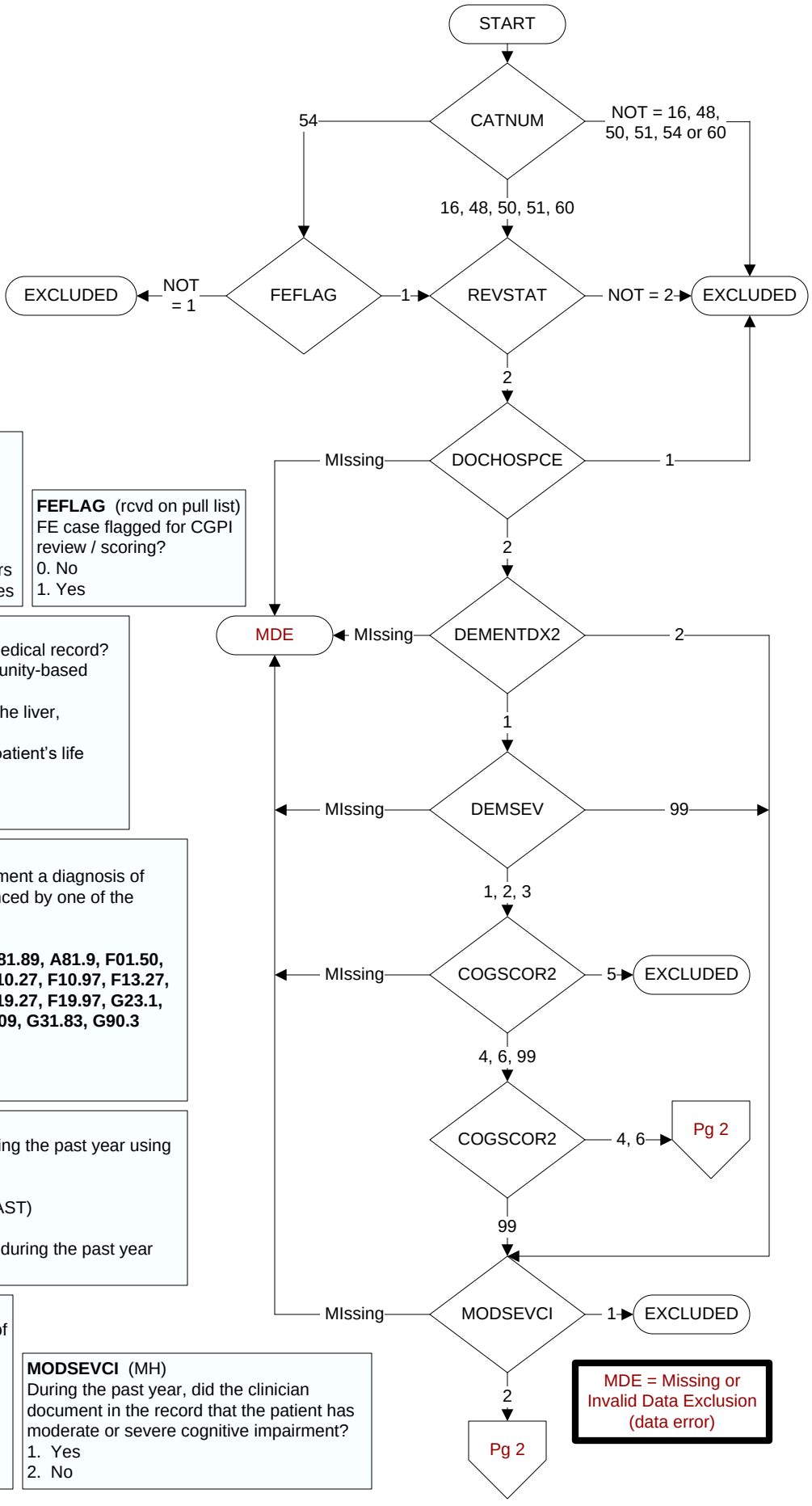
A81.00, A81.01, A81.09, A81.2, A81.82, A81.89, A81.9, F01.50, F01.51, F02.80, F02.81, F03.90, F03.91, F10.27, F10.97, F13.27, F13.97, F18.17, F18.27, F18.97, F19.17, F19.27, F19.97, G23.1, G30.0, G30.1, G30.8, G30.9, G31.01, G31.09, G31.83, G90.3

1. Yes
2. No

DEMSEV (MH)
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

COGSCOR2 (MH)
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

MODSEVCI (MH)
During the past year, did the clinician document in the record that the patient has moderate or severe cognitive impairment?
1. Yes
2. No



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:

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

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:

F30.10 – 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

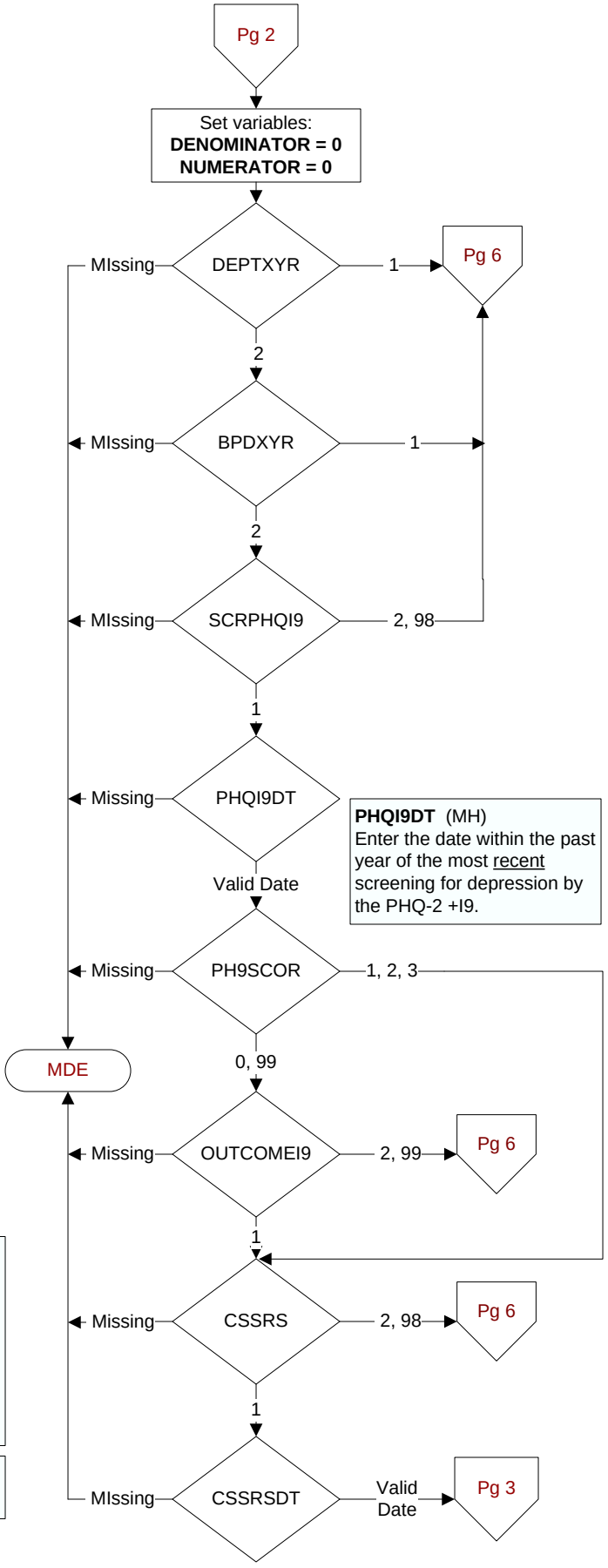
SCRPHQi9 (MH)
During the past year was the patient screened for depression by the PHQ-2 + I9?
1. Yes
2. No
98. Patient refused depression screening by the PHQ-2 + I9

PH9SCOR (MH)
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

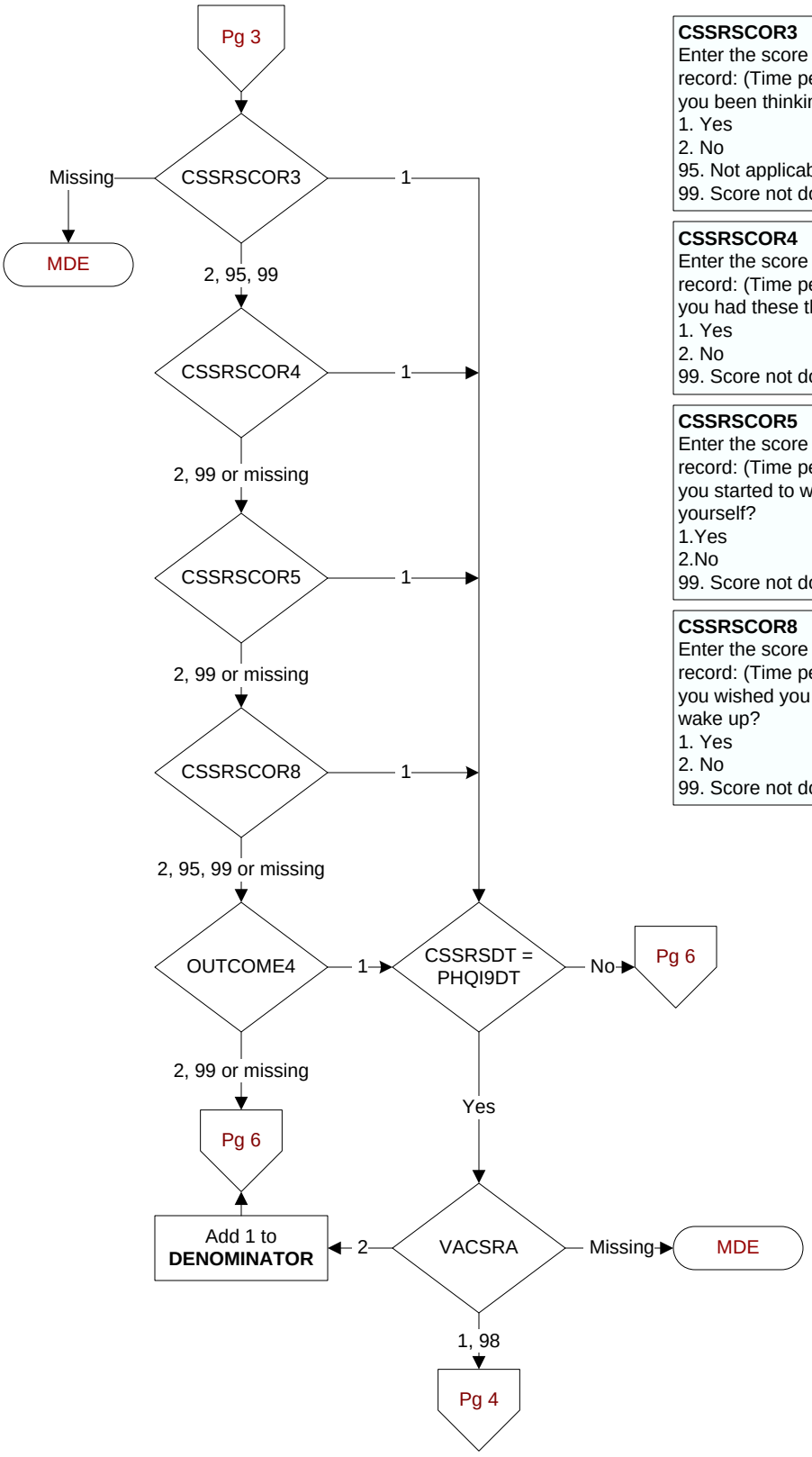
OUTCOMEI9 (MH)
Enter the interpretation of the Primary Suicide Risk Screen (item 9/question #3 of the PHQ-2 +I9 screen) as documented in the medical record.
1. Positive
2. Negative
99. No interpretation documented

CSSRS (MH)
During the timeframe from (computer to display phqi9dt to phqi9dt +1 day), the day of or 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

CSSRSDT (MH)
Enter the earliest date the C-SSRS Screener was completed.



PHQI9DT (MH)
Enter the date within the past year of the most recent screening for depression by the PHQ-2 +I9.



CSSRSCOR3 (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

CSSRSCOR4 (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

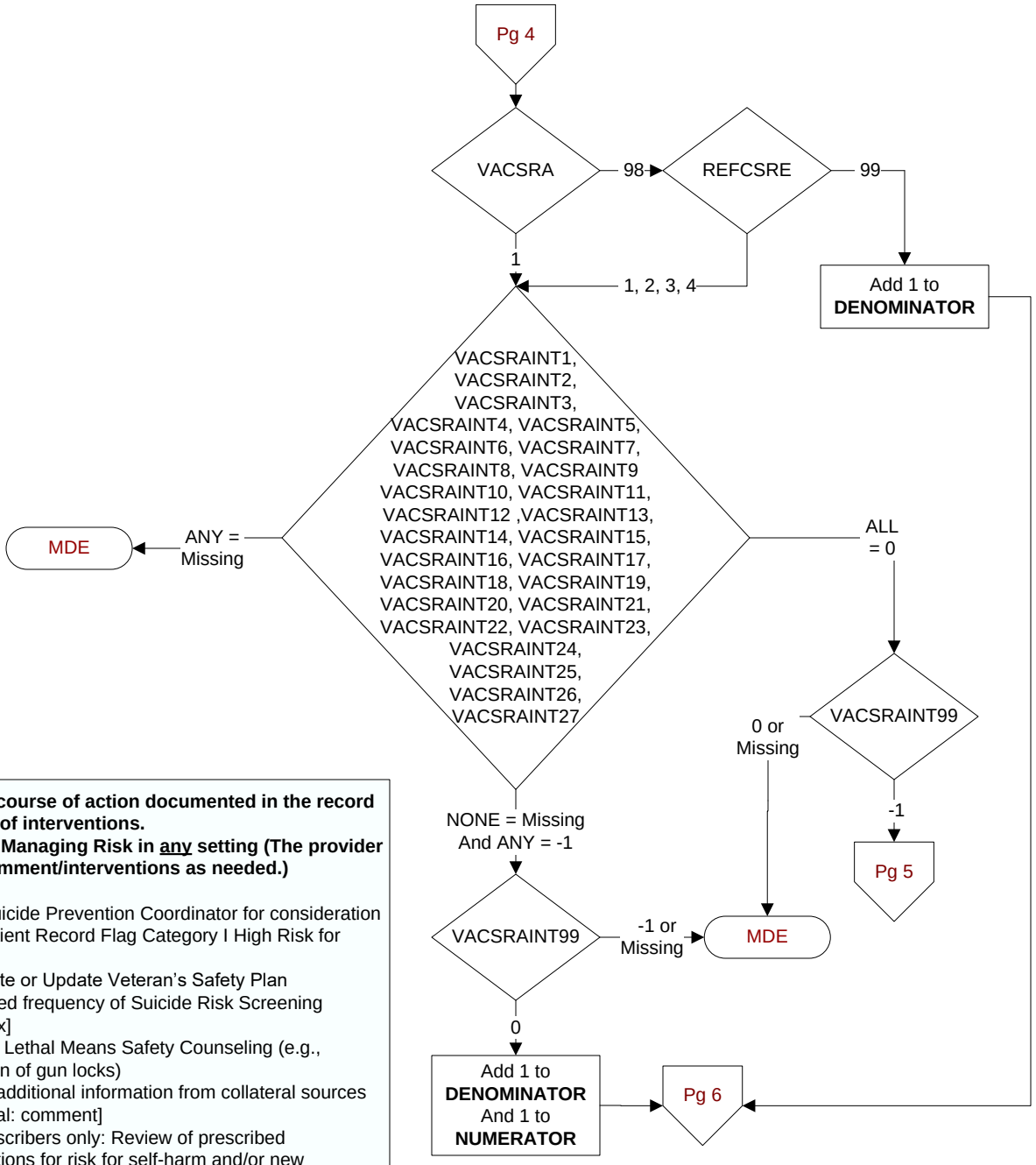
CSSRSCOR5 (MH)
Enter the score for C-SSRS Screener Question 5 documented in the record: (Time period designated e.g., Over the past month) Have you started to work out or worked out the details of how to kill yourself?
1.Yes
2.No
99. Score not documented

CSSRSCOR8 (MH)
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

OUTCOME4 (MH)
Enter the interpretation of the C-SSRS Screener as documented in the medical record.
1. Positive
2. Negative
99. No interpretation documented

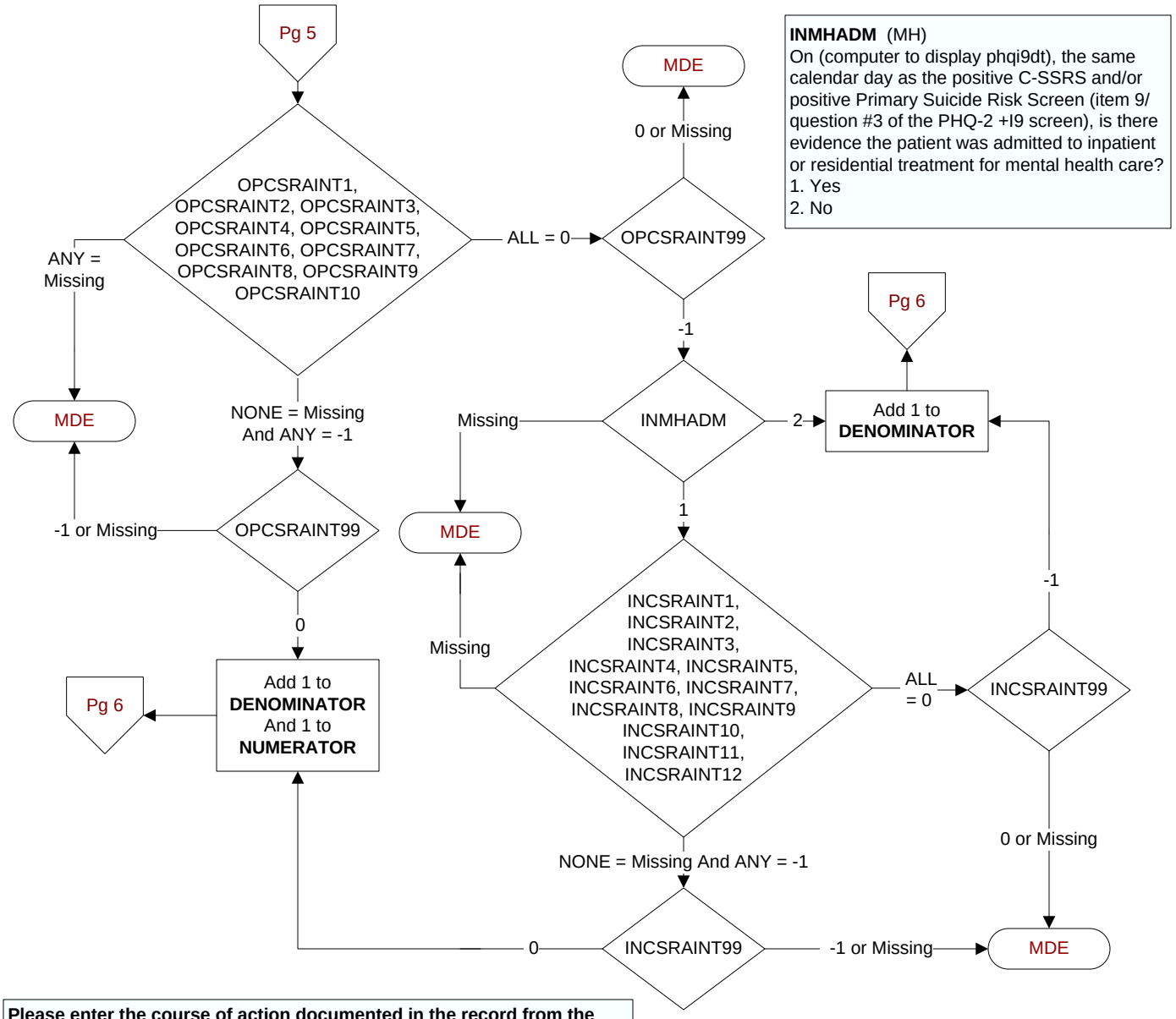
VACSRA (MH)
On (computer to display **phqi9dt),** the same calendar day as the positive C-SSRS and/or positive Primary Suicide Risk Screen (item 9/ question #3 of the PHQ-2 +I9 screen), is there evidence of a signed Comprehensive Suicide Risk Evaluation (CSRE) in the record?
1. Yes
2. No
98. Patient refused to complete CSRE

REFCSRE2 (MH)
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



(MH) **Please enter the course of action documented in the record from the following list of interventions.**
General Strategies for Managing Risk in <u>any</u> setting (The provider may add additional comment/interventions as needed.)
Select all that apply:

VACSRAINT1. Alert Suicide Prevention Coordinator for consideration of a Patient Record Flag Category I High Risk for Suicide
VACSRAINT2. Complete or Update Veteran's Safety Plan
VACSRAINT3. Increased frequency of Suicide Risk Screening [text box]
VACSRAINT4. Provide Lethal Means Safety Counseling (e.g., provision of gun locks)
VACSRAINT5. Obtain additional information from collateral sources [Optional: comment]
VACSRAINT6. For prescribers only: Review of prescribed medications for risk for self-harm and/or new pharmacotherapy intervention to reduce suicide risk (Optional: comment)
VACSRAINT7. Address barriers to treatment engagement by: [text box]
VACSRAINT8. Address psychosocial needs by: [text box]
VACSRAINT9. Address medical conditions by: [text box]
VACSRAINT10. Consult/Referral to additional services and support: [text box for options]
VACSRAINT11. Referral to evidence based psychotherapy
VACSRAINT12. Referral to psychiatry/medication assessment or management
VACSRAINT13. Referral to Chaplaincy/pastoral care
VACSRAINT14. Referral to vocational rehabilitation/occupational rehabilitation services
VACSRAINT15. Referral for PRRC and/or ICMHR services
VACSRAINT16. Referral for residential mental health services
VACSRAINT17. Other Consult submitted to: [text box for user to enter a name]
VACSRAINT18. Discussion with Veteran to continue to see assigned Primary Care Provider for medical care
VACSRAINT19. Discussion with Veteran regarding enhancement of a sense of purpose and meaning
VACSRAINT20. Educate Veteran on smartphone VA applications (e.g. Virtual Hope Box, PTSD Coach)
VACSRAINT21. Conduct medication reconciliation
VACSRAINT22. Involve family/support system in Veteran's care
VACSRAINT23. Provide Opioid Overdose Education and Naloxone Distribution (OEND)
VACSRAINT24. Provide resources/contacts for benefits information
VACSRAINT25. Provide Veteran with phone number for Veteran's Crisis Line: 1-800-273-8255 (press 1)
VACSRAINT26. Other/Comments: [text box]
VACSRAINT27. 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)
VACSRAINT99. No interventions documented by the provider



INMHADM (MH)
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

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.) (MH)
Select all that apply:
INCSRAINT1. Initiate unit-specific suicide precautions protocol
INCSRAINT2. Initiate more frequent rounding: q _____ minute rounding
INCSRAINT3. Initiate one-to-one constant observation per facility policy
INCSRAINT4. Assign bedroom close to unit work station
INCSRAINT5. Offer behavioral activation resources during inpatient stay which may include journaling, bibliotherapy, increased group participation, and/or exercise
INCSRAINT6. Increased symptom monitoring
INCSRAINT7. Engage Veteran in recovery plan during inpatient treatment
INCSRAINT8. Engage Veteran in interdisciplinary treatment planning during inpatient treatment
INCSRAINT9. Engage Veteran in safety plan during inpatient treatment
INCSRAINT10. 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:
INCSRAINT11. 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:
INCSRAINT12. Other
INCSRAINT99. No interventions documented by the provider

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.)(MH)
Select all that apply:
OPCSRAINT1. Initiate 9-1-1/ Rescue
OPCSRAINT2. Initiate Involuntary Hospitalization
OPCSRAINT3. Initiate Voluntary Hospitalization
OPCSRAINT4. Initiate one-on-one observation
OPCSRAINT5. Initiate Health and Welfare Check
OPCSRAINT6. Initiate a Hospital Transportation Plan
OPCSRAINT7. Educate Veteran on emergency services
OPCSRAINT8. Increase frequency of outpatient contacts (Indicate frequency: text box)
OPCSRAINT9. For home-based care: Increase frequency of home visits (Indicate frequency: text box)
OPCSRAINT10. Schedule for follow up appointments (Comment/Date: text box)
OPCSRAINT99. 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:

F43.1, F43.10 - F43.12

1. Yes
2. No

SCRPTSD5I9 (MH)
On or after 10/01/2018, 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

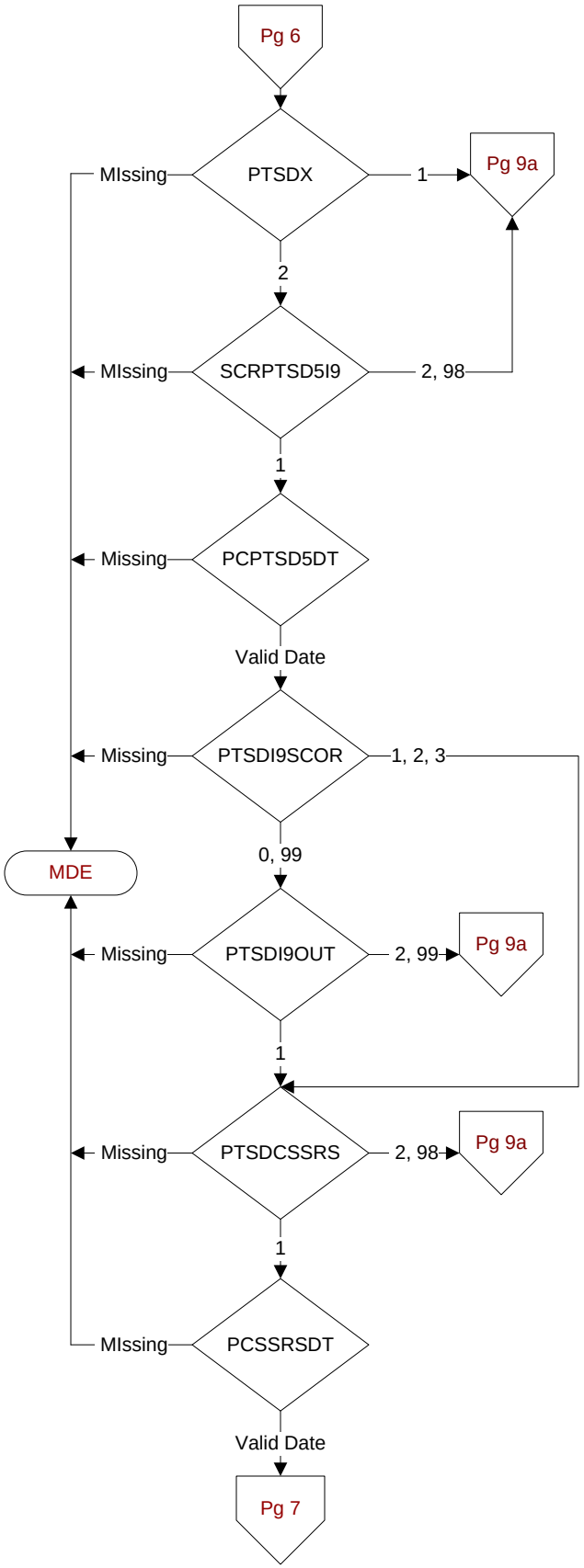
PCPTSD5DT (MH)
Enter the date of the most recent screen for PTSD using the PC-PTSD5+ I9.

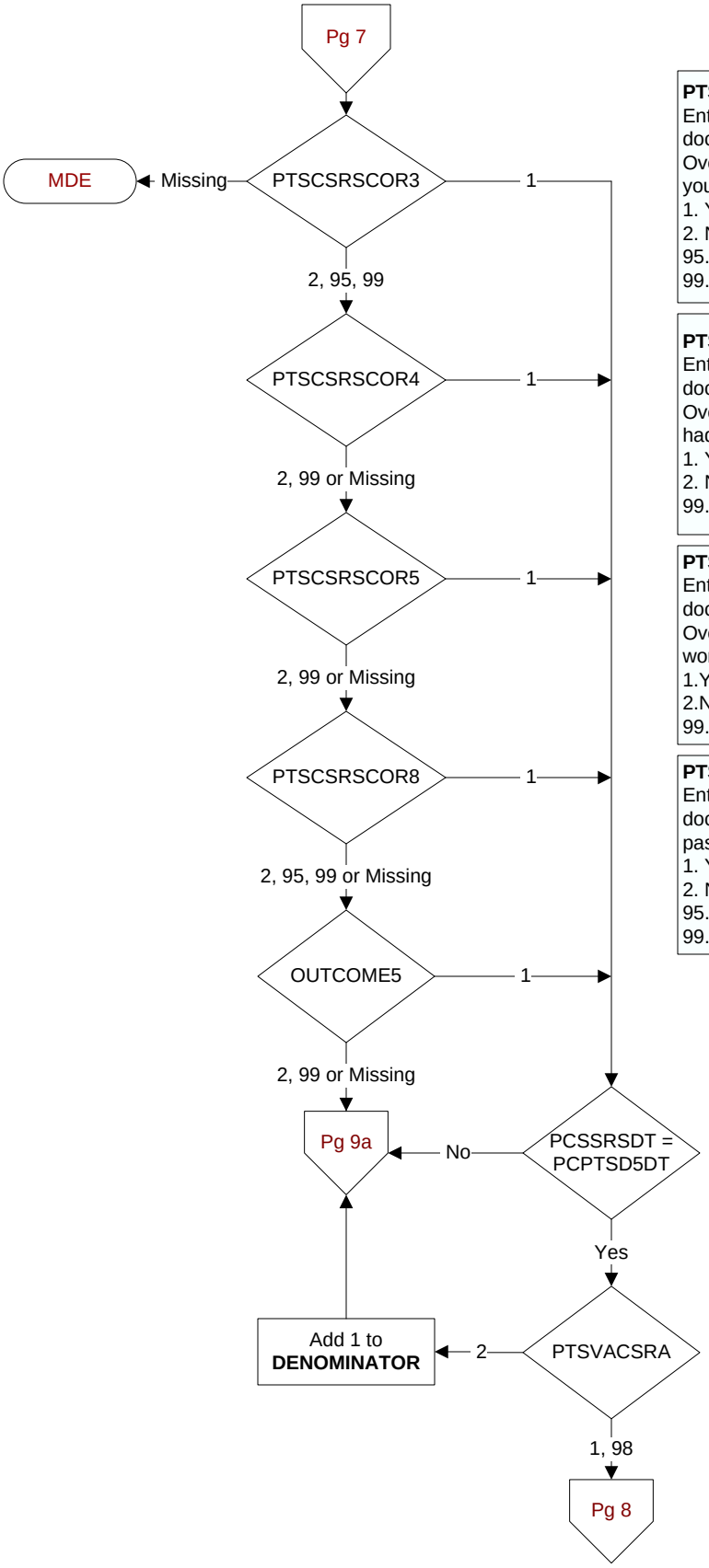
PTSDI9SCOR (MH)
Enter the score for the Primary Suicide Risk Screen (item 9/question #6 of the PC-PTSD5 + I9 screen) documented in the record:
Over the last 2 weeks, how often have you been bothered by thoughts that you would be better off dead, or of hurting yourself in some way?
0. Not at all → 0
1. Several days → 1
2. More than half the days → 2
3. Nearly every day → 3
99. No answer documented

PTSDI9OUT (MH)
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

PTSDCSSRS (MH)
During the timeframe from (computer to display pcptsd5dt to pcptsd5dt + 1 day), the day of 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. Yes
2. No
98. Patient refused to complete the C-SSRS Screener

PCSSRSDT (MH)
Enter the earliest date the C-SSRS Screener was completed.





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

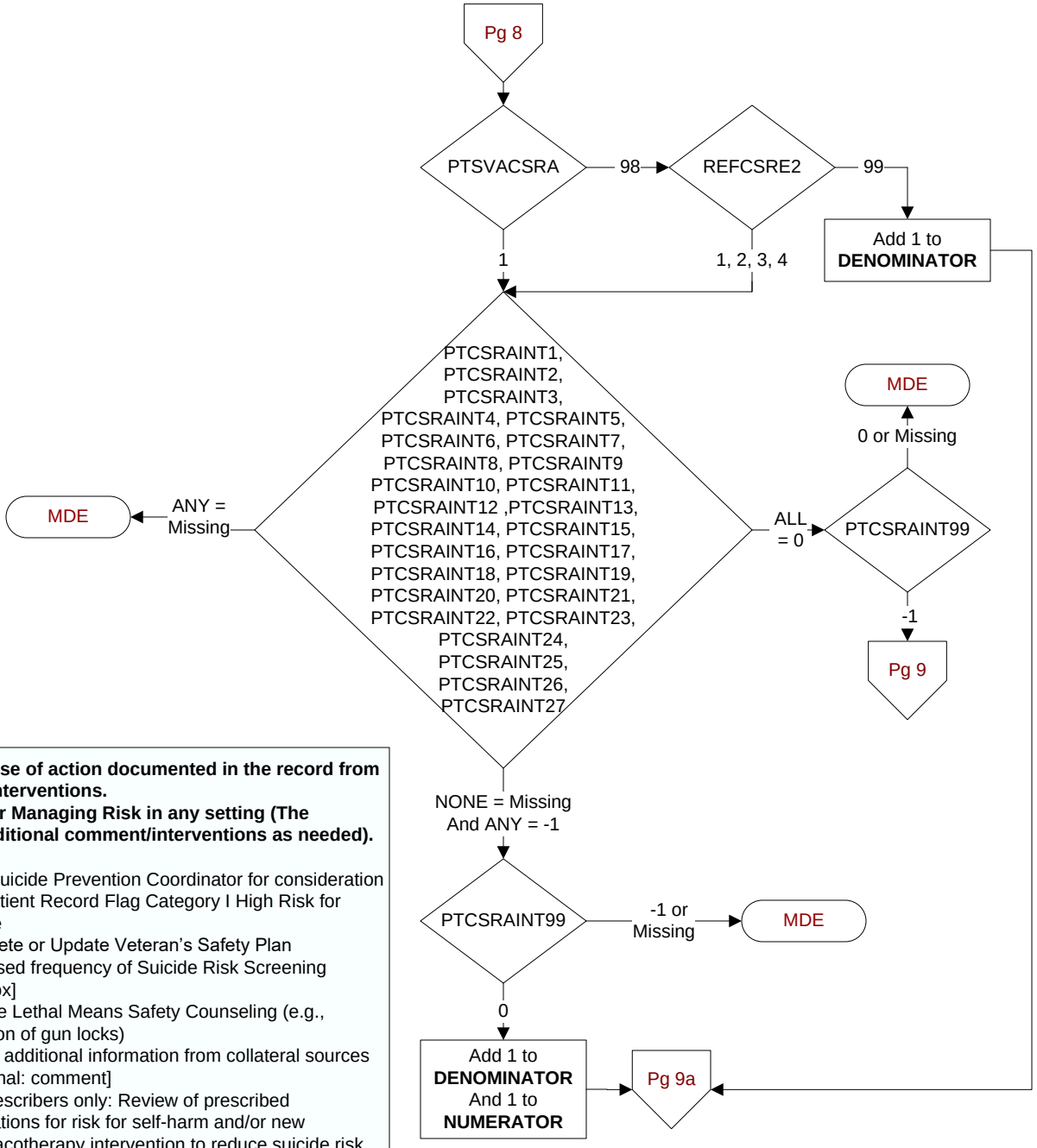
PTSCSRSCOR4 (MH)
Enter the score for C-SSRS Screener Question 4 documented in the record: (Time period designated e.g., Over the past month) Have you had these thoughts and had some intention of acting on them?
1. Yes
2. No
99. Score not documented

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

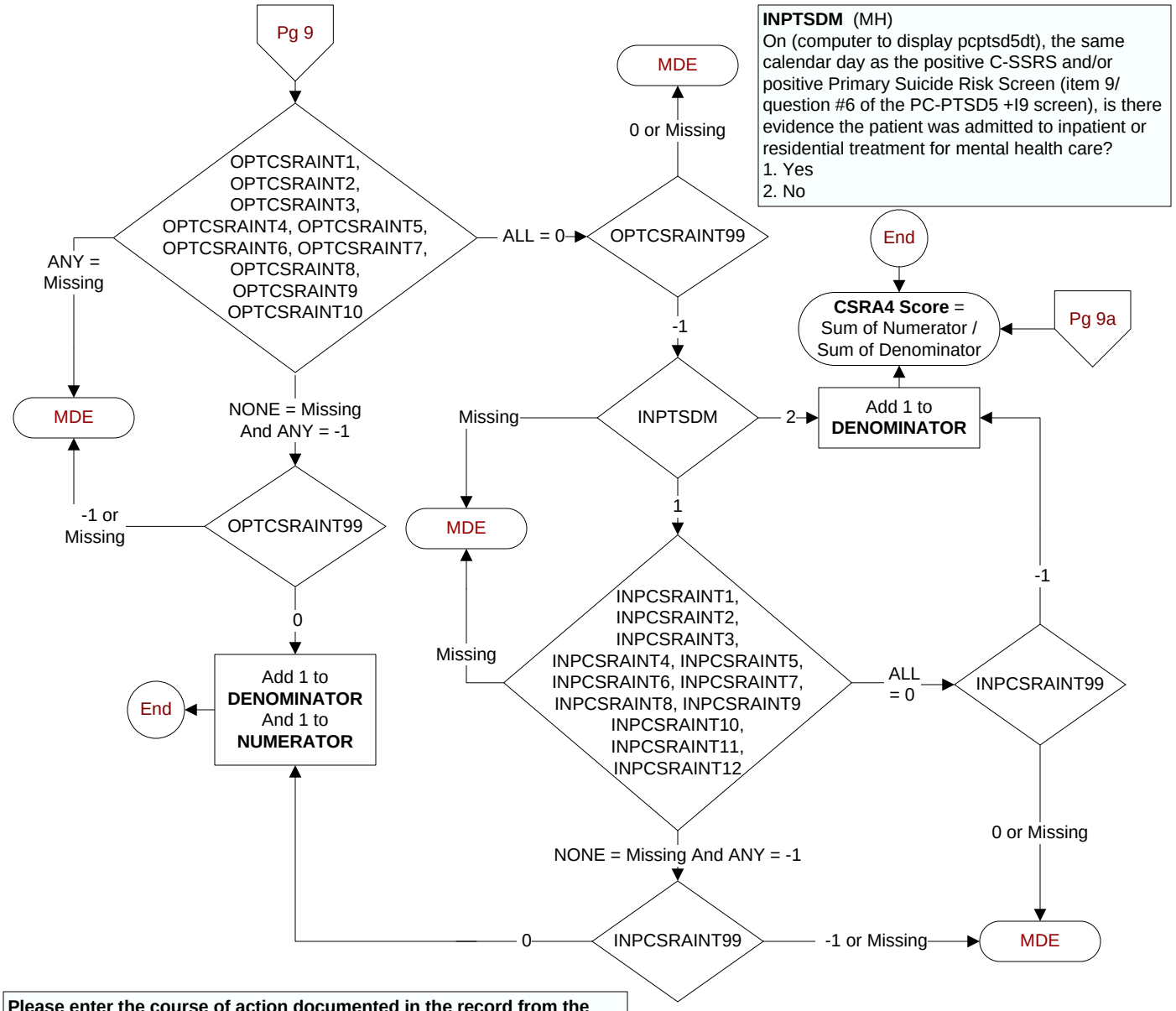
OUTCOME5 (MH)
Enter the interpretation of the C-SSRS Screener as documented in the medical.
1. Positive
2. Negative
99. No interpretation documented

PTSVACSRA (MH)
On (computer to display pcptsd5dt), the same calendar day as the positive C-SSRS Screener and 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. Yes
2. No
98. Patient refused to complete CSRE



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:

PTCSRAINT1. Alert Suicide Prevention Coordinator for consideration of a Patient Record Flag Category I High Risk for Suicide
PTCSRAINT2. Complete or Update Veteran's Safety Plan
PTCSRAINT3. Increased frequency of Suicide Risk Screening [text box]
PTCSRAINT4. Provide Lethal Means Safety Counseling (e.g., provision of gun locks)
PTCSRAINT5. Obtain additional information from collateral sources [Optional: comment]
PTCSRAINT6. For prescribers only: Review of prescribed medications for risk for self-harm and/or new pharmacotherapy intervention to reduce suicide risk (Optional: comment)
PTCSRAINT7. Address barriers to treatment engagement by: [text box]
PTCSRAINT8. Address psychosocial needs by: [text box]
PTCSRAINT9. Address medical conditions by: [text box]
PTCSRAINT10. Consult/Referral to additional services and support: [text box for options]
PTCSRAINT11. Referral to evidence based psychotherapy
PTCSRAINT12. Referral to psychiatry/medication assessment or management
PTCSRAINT13. Referral to Chaplaincy/pastoral care
PTCSRAINT14. Referral to vocational rehabilitation/occupational rehabilitation services
PTCSRAINT15. Referral for PRRC and/or ICMHR services
PTCSRAINT16. Referral for residential mental health services
PTCSRAINT17. Other Consult submitted to: [text box for user to enter a name]
PTCSRAINT18. Discussion with Veteran to continue to see assigned Primary Care Provider for medical care
PTCSRAINT19. Discussion with Veteran regarding enhancement of a sense of purpose and meaning
PTCSRAINT20. Educate Veteran on smartphone VA applications (e.g. Virtual Hope Box, PTSD Coach)
PTCSRAINT21. Conduct medication reconciliation
PTCSRAINT22. Involve family/support system in Veteran's care
PTCSRAINT23. Provide Opioid Overdose Education and Naloxone Distribution (OEND)
PTCSRAINT24. Provide resources/contacts for benefits information
PTCSRAINT25. Provide Veteran with phone number for Veteran's Crisis Line: 1-800-273-8255 (press 1)
PTCSRAINT26. Other/Comments: [text box]
PTCSRAINT27. 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)
PTCSRAINT99. No interventions documented by the provider



INPTSDM (MH)
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

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.) (MH)
Select all that apply:
INPCSRAINT1. Initiate unit-specific suicide precautions protocol
INPCSRAINT2. Initiate more frequent rounding: q _____ minute rounding
INPCSRAINT3. Initiate one-to-one constant observation per facility policy
INPCSRAINT4. Assign bedroom close to unit work station
INPCSRAINT5. Offer behavioral activation resources during inpatient stay which may include journaling, bibliotherapy, increased group participation, and/or exercise
INPCSRAINT6. Increased symptom monitoring
INPCSRAINT7. Engage Veteran in recovery plan during inpatient treatment
INPCSRAINT8. Engage Veteran in interdisciplinary treatment planning during inpatient treatment
INPCSRAINT9. Engage Veteran in safety plan during inpatient treatment
INPCSRAINT10. 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:
INPCSRAINT11. 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:
INPCSRAINT12. Other
INPCSRAINT99. No interventions documented by the provider

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.)(MH)
Select all that apply:
OPTCSRAINT1. Initiate 9-1-1/ Rescue
OPTCSRAINT2. Initiate Involuntary Hospitalization
OPTCSRAINT3. Initiate Voluntary Hospitalization
OPTCSRAINT4. Initiate one-on-one observation
OPTCSRAINT5. Initiate Health and Welfare Check
OPTCSRAINT6. Initiate a Hospital Transportation Plan
OPTCSRAINT7. Educate Veteran on emergency services
OPTCSRAINT8. Increase frequency of outpatient contacts (Indicate frequency: text box)
OPTCSRAINT9. For home-based care: Increase frequency of home visits (Indicate frequency: text box)
OPTCSRAINT10. Schedule for follow up appointments (Comment/Date: text box)
OPTCSRAINT99. No interventions documented by the provider