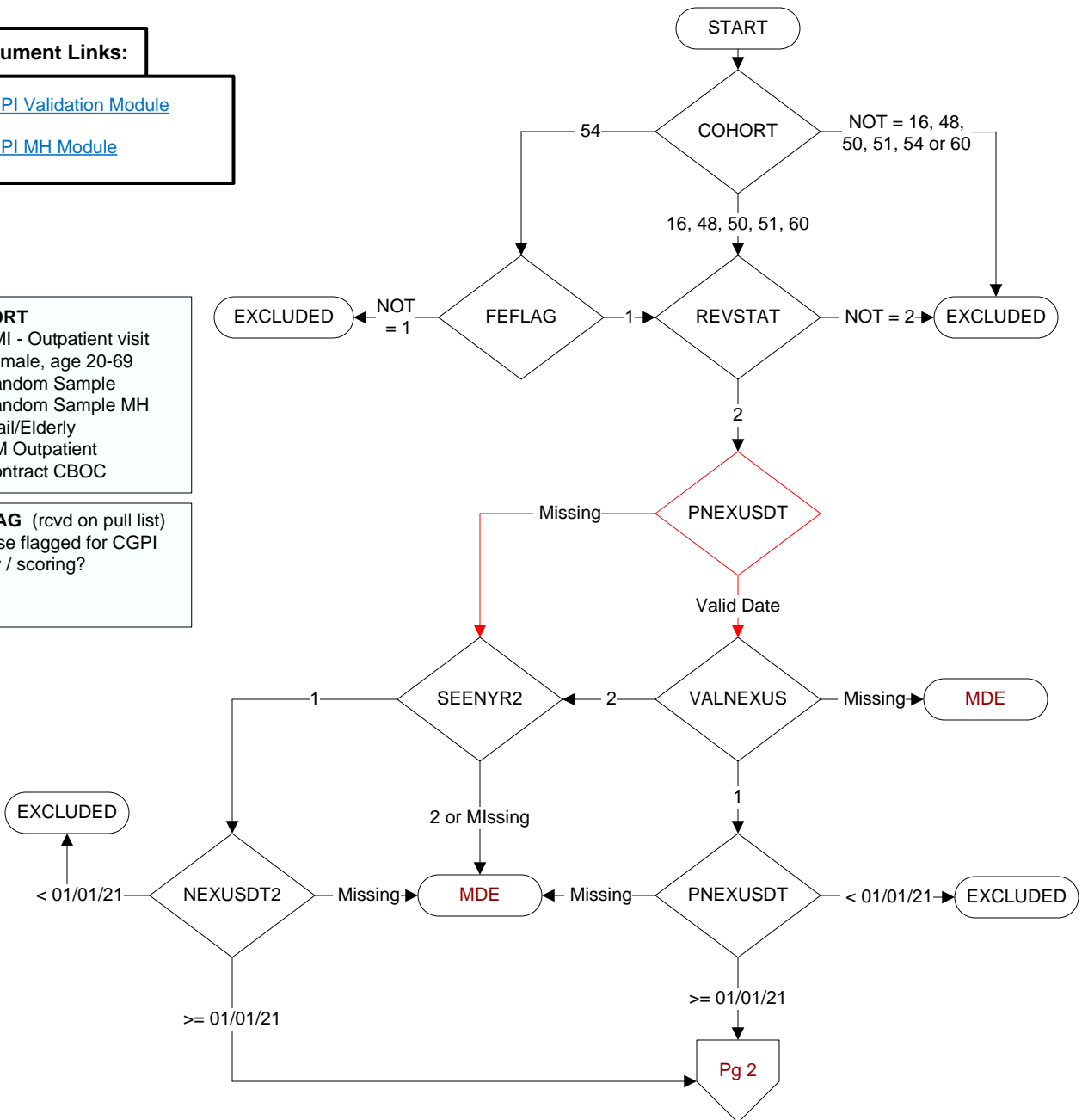


**Document Links:**[CGPI Validation Module](#)[CGPI MH Module](#)**COHORT**

16. AMI - Outpatient visit  
 48. Female, age 20-69  
 50. Random Sample  
 51. Random Sample MH  
 54. Frail/Elderly  
 60. DM Outpatient  
 68. Contract CBOC

**FEFLAG** (rcvd on pull list)  
FE case flagged for CGPI review / scoring?

0. No  
 1. Yes

**REVSTAT**

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

**SEENYR2** (Validation)

During the timeframe from (computer display stdybeg – 1 year to stdyend), was the Veteran seen by a physician, NP, PA, Psychologist, or Clinical Nurse Specialist in one of the “Nexus clinics”?

1. Yes  
 2. No

**NEXUSDT2** (Validation)

Enter the date of the most recent visit to a Nexus clinic during which the patient was seen by a physician, NP, PA, Psychologist, or Clinical Nurse Specialist.

**VALNEXUS** (Validation)

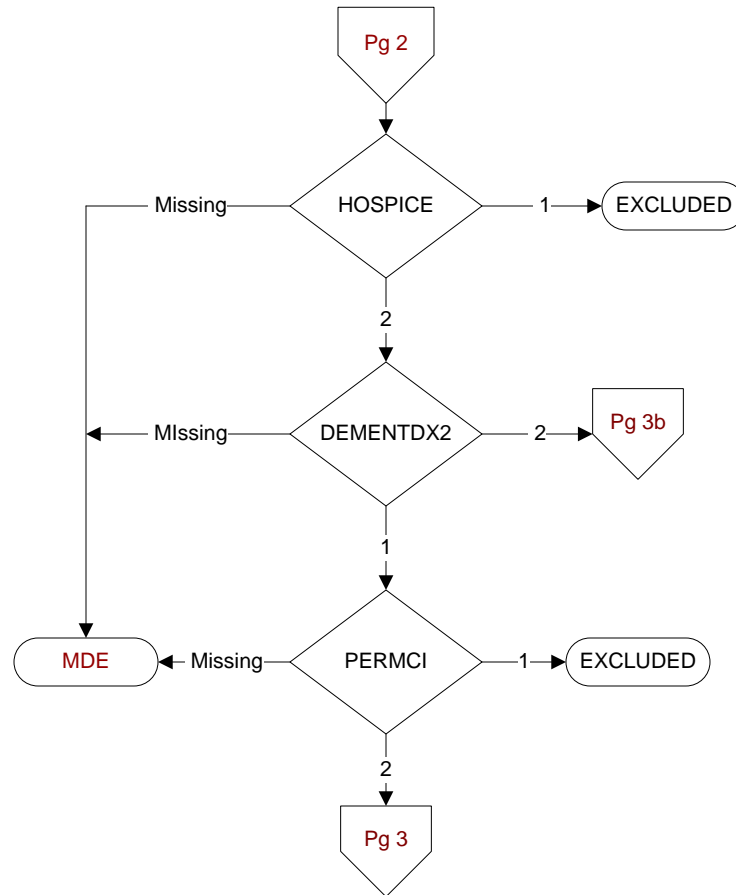
On (computer to display pnexusdt), is there documentation the patient was seen by a physician, NP, PA, Psychologist, or Clinical Nurse Specialist in one of the “Nexus clinics”?

1. Yes  
 2. No

**PNEXUSDT** (Validation)

**Computer will prefill** the date of the most recent visit to a Nexus clinic during which the patient was seen by a physician, NP, PA, Psychologist, or Clinical Nurse Specialist.

**MDE = Missing or  
 Invalid Data Exclusion  
 (data error)**



**PERMCI (MH)**

During the past year, did a physician/APN/PA or psychologist document that the patient has probable permanent cognitive impairment using a Clinical Reminder?

1. Yes
2. No

**HOSPICE (Validation)**

During the past year is there documentation in the medical record the patient is enrolled in a VHA or community-based hospice program?

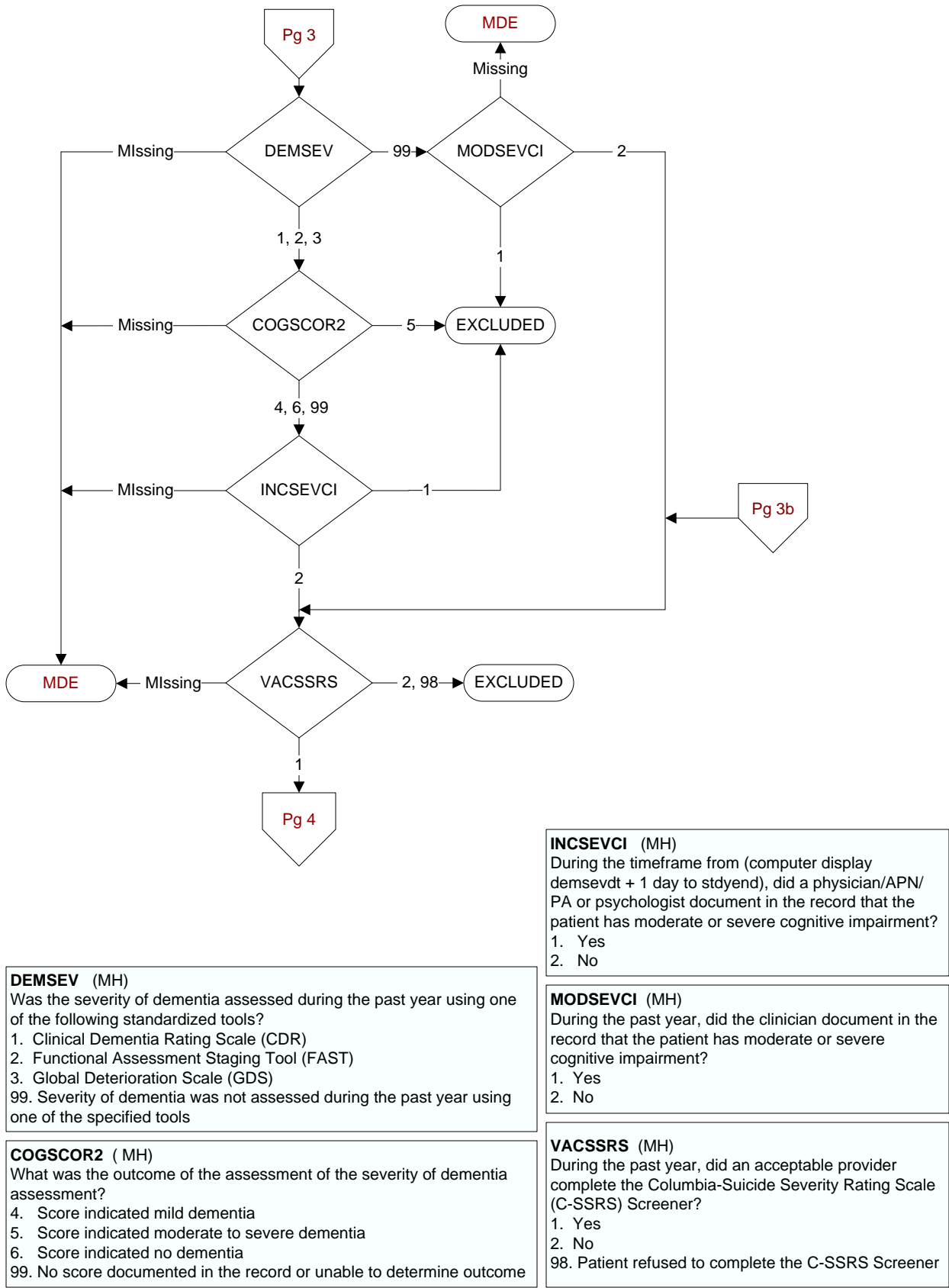
1. Yes
2. No

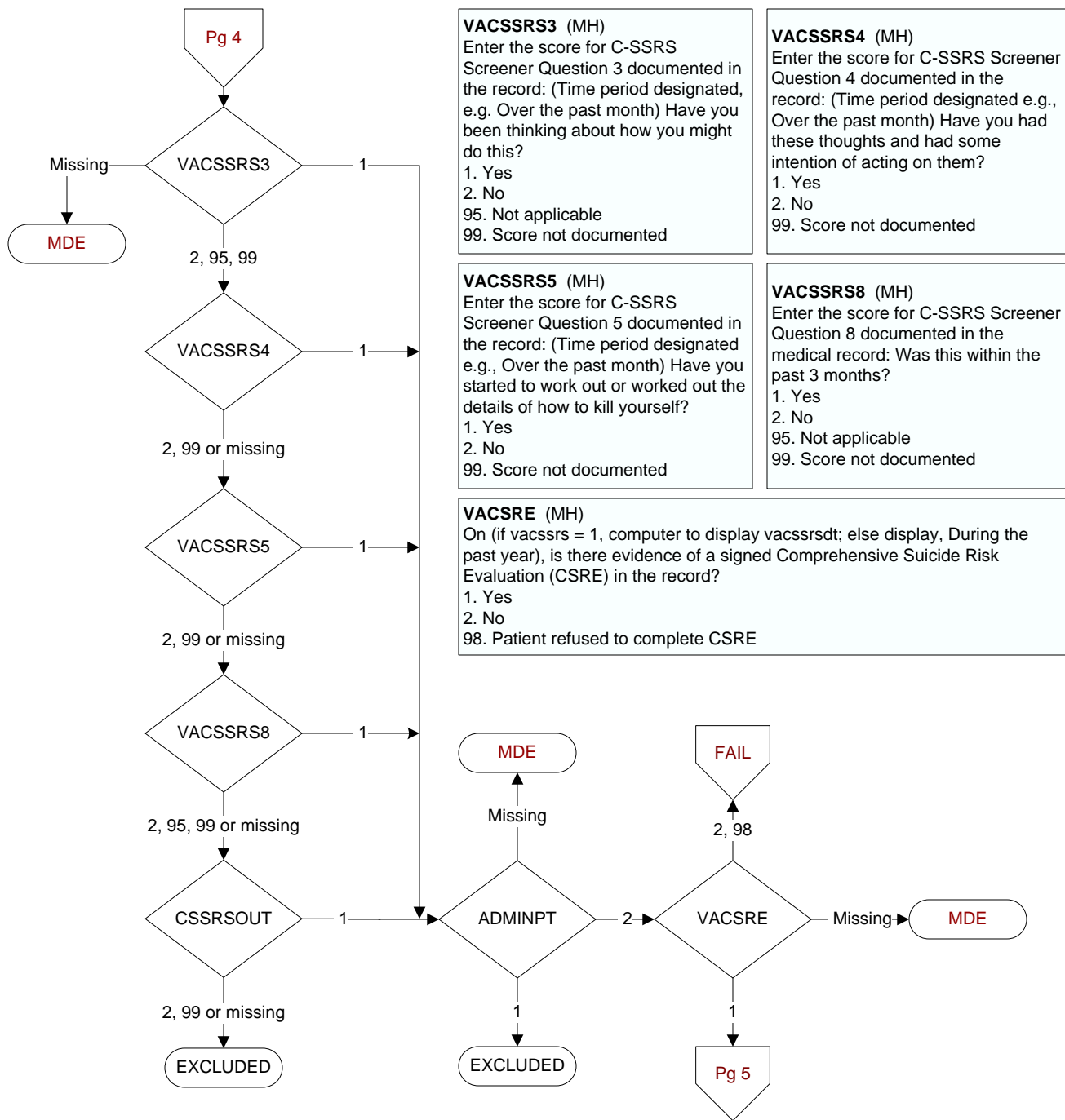
**DEMENTDX2 (MH)**

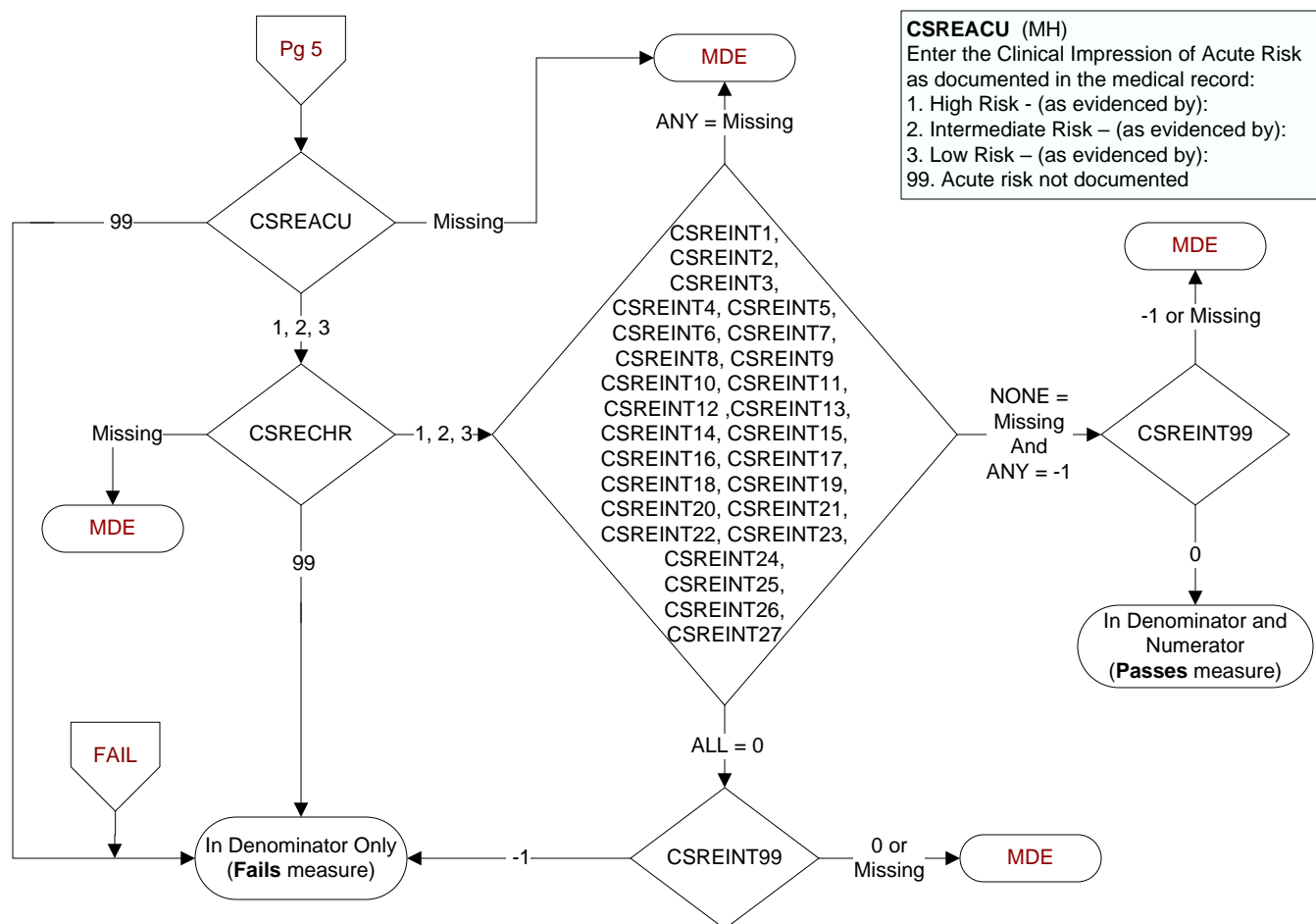
During the past year, does the record document a diagnosis of dementia/neurocognitive disorder as evidenced by one of the following ICD-10-CM diagnosis codes:

**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







(MH) 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:**

- CSREINT1.** Alert Suicide Prevention Coordinator for consideration of a Patient Record Flag Category I High Risk for Suicide
- CSREINT2.** Complete or Update Veteran's Safety Plan
- CSREINT3.** Increased frequency of Suicide Risk Screening [text box]
- CSREINT4.** Provide Lethal Means Safety Counseling (e.g., provision of gun locks)
- CSREINT5.** Obtain additional information from collateral sources [Optional: comment]
- CSREINT6.** For prescribers only: Review of prescribed medications for risk for self-harm and/or new pharmacotherapy intervention to reduce suicide risk [Optional: comment]
- CSREINT7.** Address barriers to treatment engagement by: [text box]
- CSREINT8.** Address psychosocial needs by: [text box]
- CSREINT9.** Address medical conditions by: [text box]
- CSREINT10.** Consult/Referral to additional services and support: [text box for options]
- CSREINT11.** Referral to evidence based psychotherapy
- CSREINT12.** Referral to psychiatry/medication assessment or management
- CSREINT13.** Referral to Chaplaincy/pastoral care

- CSREINT14.** Referral to vocational rehabilitation/occupational rehabilitation services
- CSREINT15.** Referral for PRRC and/or ICMHR services
- CSREINT16.** Referral for residential mental health services
- CSREINT17.** Other Consult submitted to: [text box for user to enter a name]
- CSREINT18.** Discussion with Veteran to continue to see assigned Primary Care Provider for medical care
- CSREINT19.** Discussion with Veteran regarding enhancement of a sense of purpose and meaning
- CSREINT20.** Educate Veteran on smartphone VA applications (e.g. Virtual Hope Box, PTSD Coach)
- CSREINT21.** Conduct medication reconciliation
- CSREINT22.** Involve family/support system in Veteran's care
- CSREINT23.** Provide Opioid Overdose Education and Naloxone Distribution (OEND)
- CSREINT24.** Provide resources/contacts for benefits information
- CSREINT25.** Provide Veteran with phone number for Veteran's Crisis Line: 1-800-273-8255 (press 1)
- CSREINT26.** Other/Comments: [text box]
- CSREINT27.** 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)
- CSREINT99.** No interventions documented by the provider