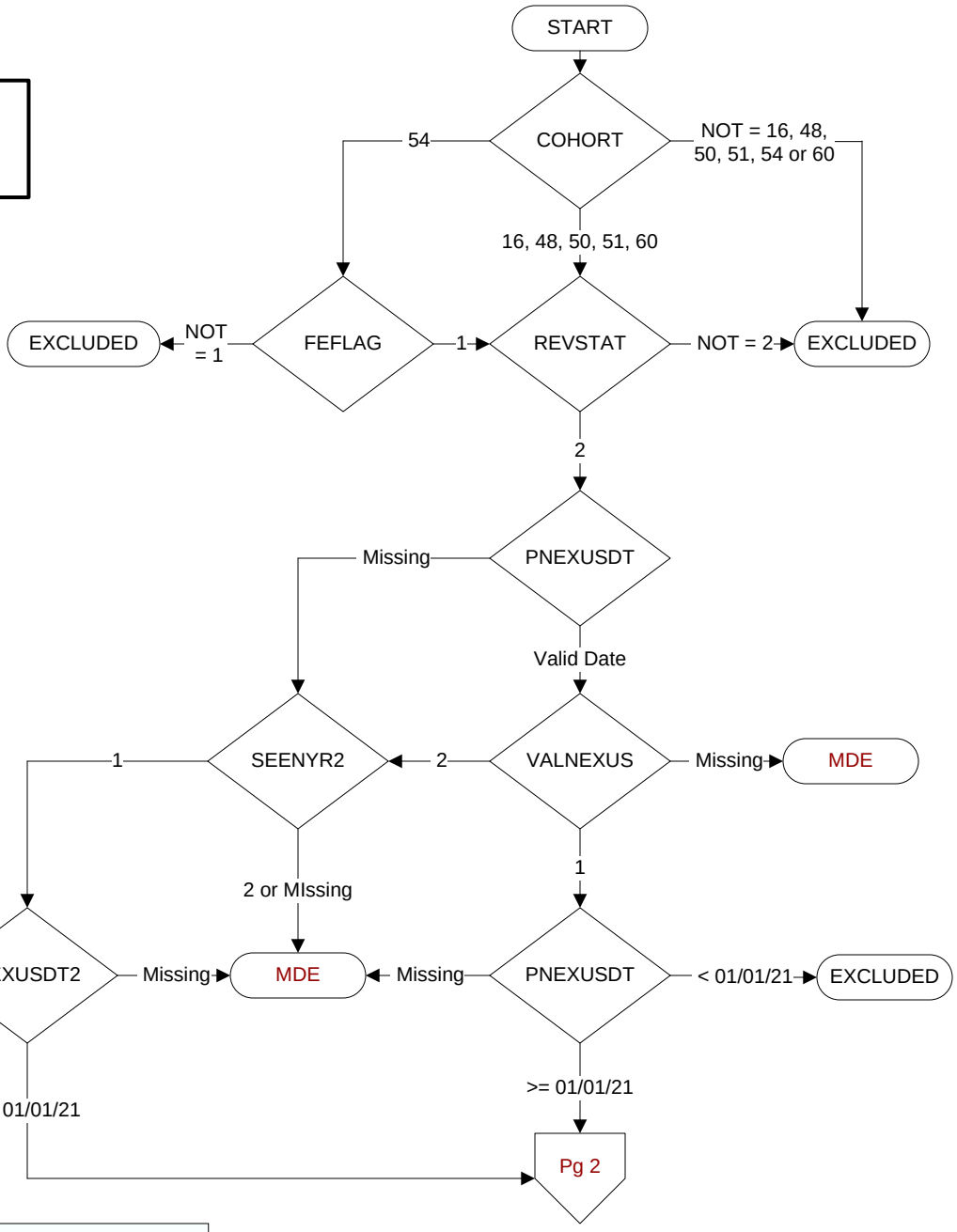
**Document Links:**

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

**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

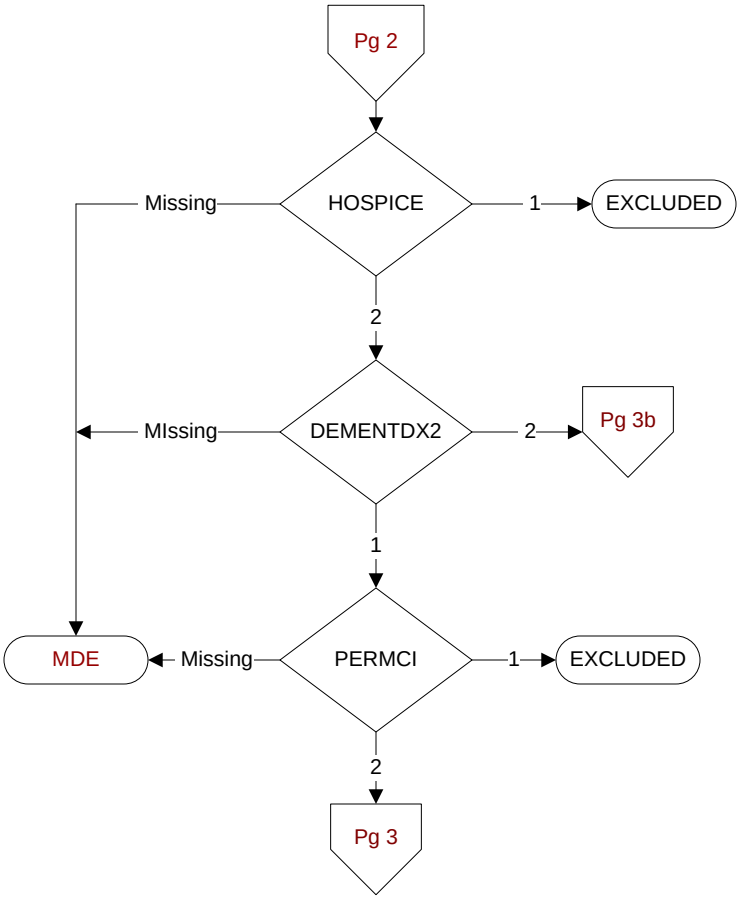
**SEENYR2** (Validation)
During the timeframe from (computer display stdybeg – 1 year to stdyend),was the Veteran seen by a physician, NP, PA, Psychologist, or Clinical Nurse Specialist in one of the “Nexus clinics”?
1. Yes
2. No

**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)



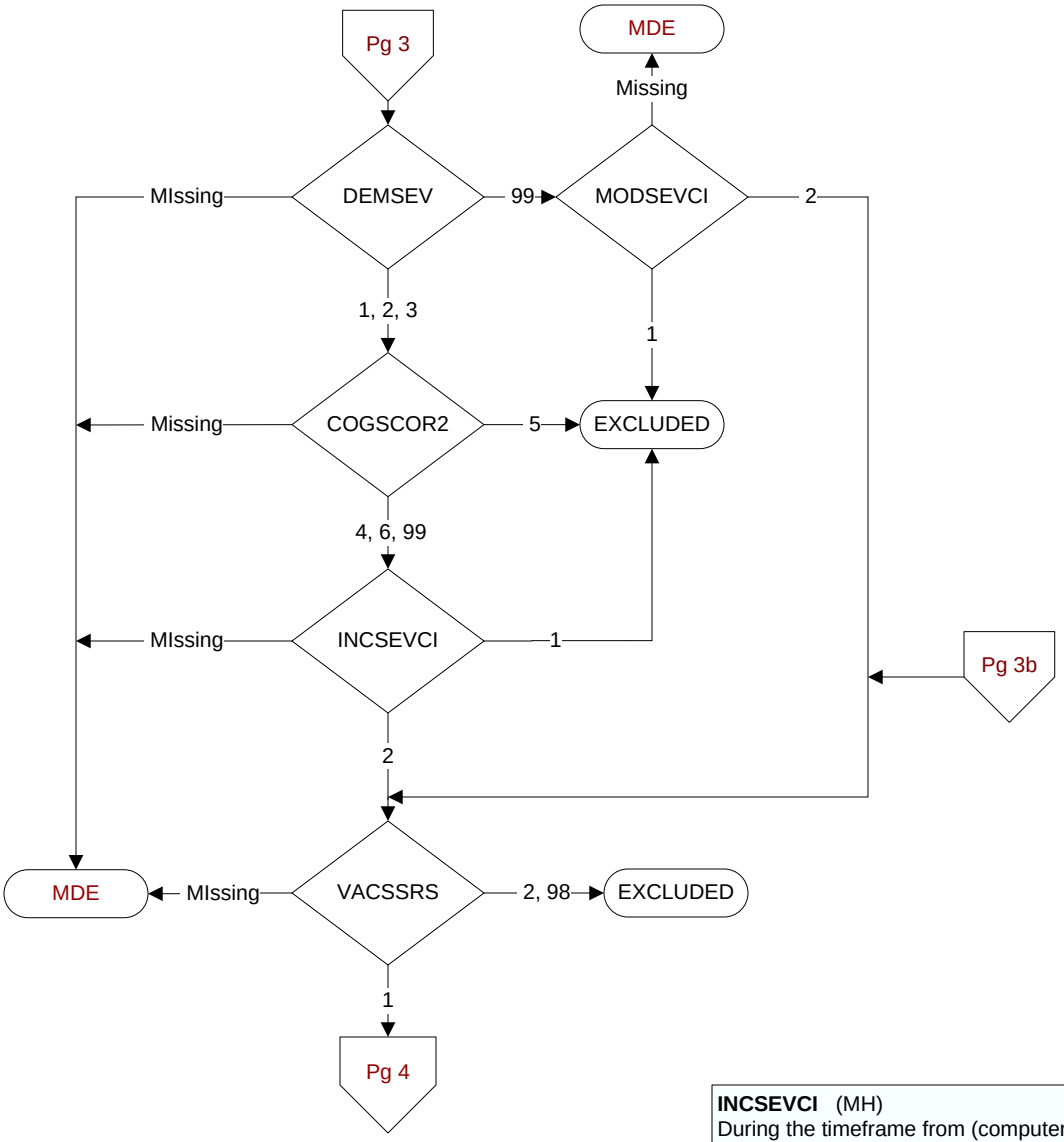

**PERMCI** (MH)
During the past year, did a physician/APN/PA or psychologist document that the patient has probable permanent cognitive impairment using a Clinical Reminder?
1. Yes
2. No

**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, , F01.511, F01.518, F01.52 – F01.54, F01.A0, F01.A11, F01.A18, F01.A2 – F01.A4, F01.B0, F01.B11, F01.B18, F01.B2 – F01.B4, F01.C0, F01.C11, F01.C18, F01.C2 – F01.C4, F02.80, , F02.811, F02.818, F02.82 – F02.84, F02.A0, F02.A11, F02.A18, F02.A2 – F02.A4, F02.B0, F02.B11, F02.B18, F02.B2 – F02.B4, F02.C0, F02.C11, F02.C18, F02.C2 – F02.C4, F03.90, , F03.911, F03.918, F03.92 – F03.94, F03.A0, F03.A11, F03.A18, F03.A2 – F03.A4, F03.B0, F03.B11, F03.B18, F03.B2 – F03.B4, F03.C0, F03.C11, F03.C18, F03.C2 – F03.C4, 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



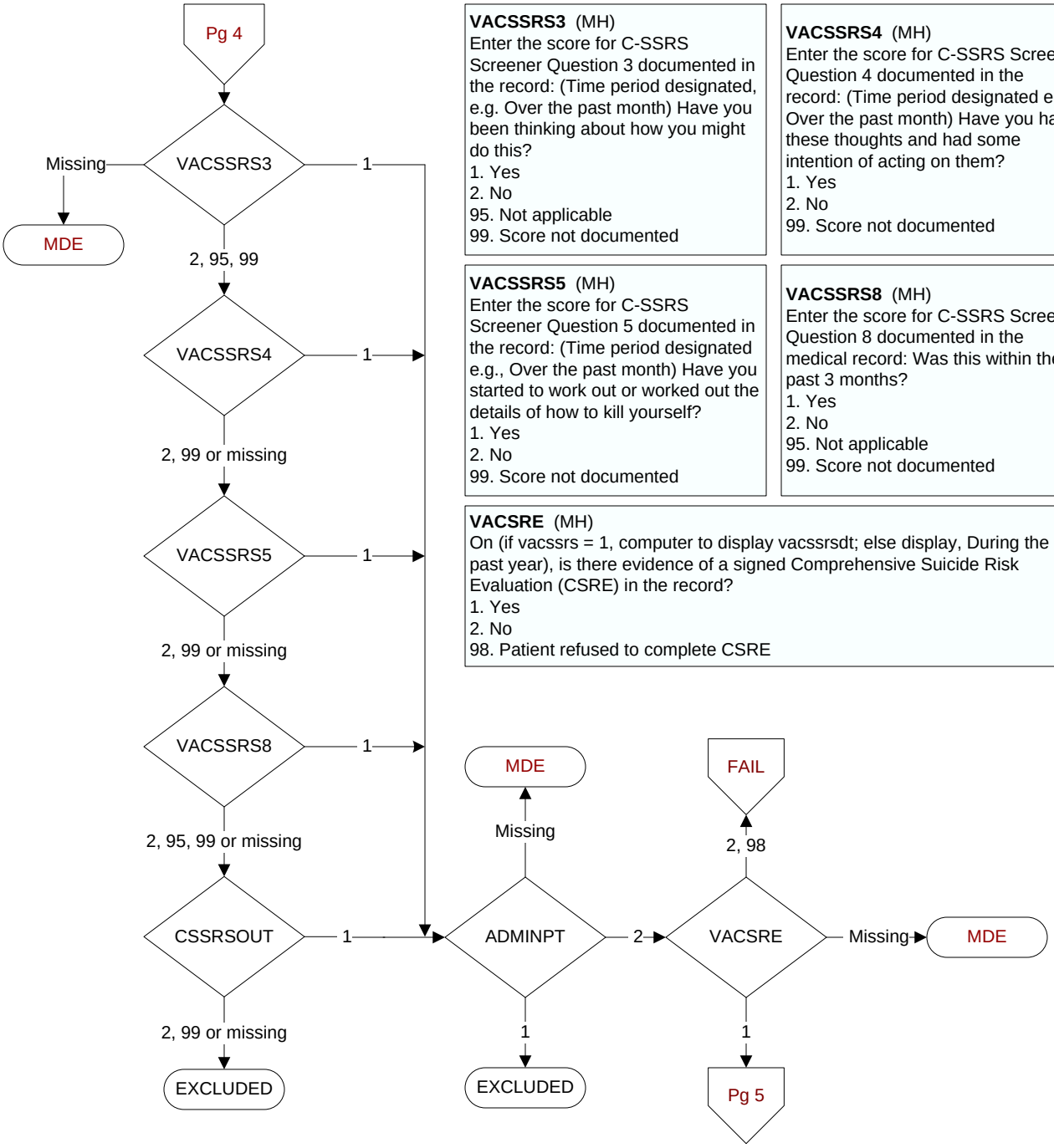

**INCSEVCI** (MH)
During the timeframe from (computer display demsevdt + 1 day to stdyend), did a physician/APN/PA or psychologist document in the record that the patient has moderate or severe cognitive impairment?
1. Yes
2. No

**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

**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

**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

**VACSSRS** (MH)
During the past year, did an 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




**VACSSRS3** (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

**VACSSRS4** (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

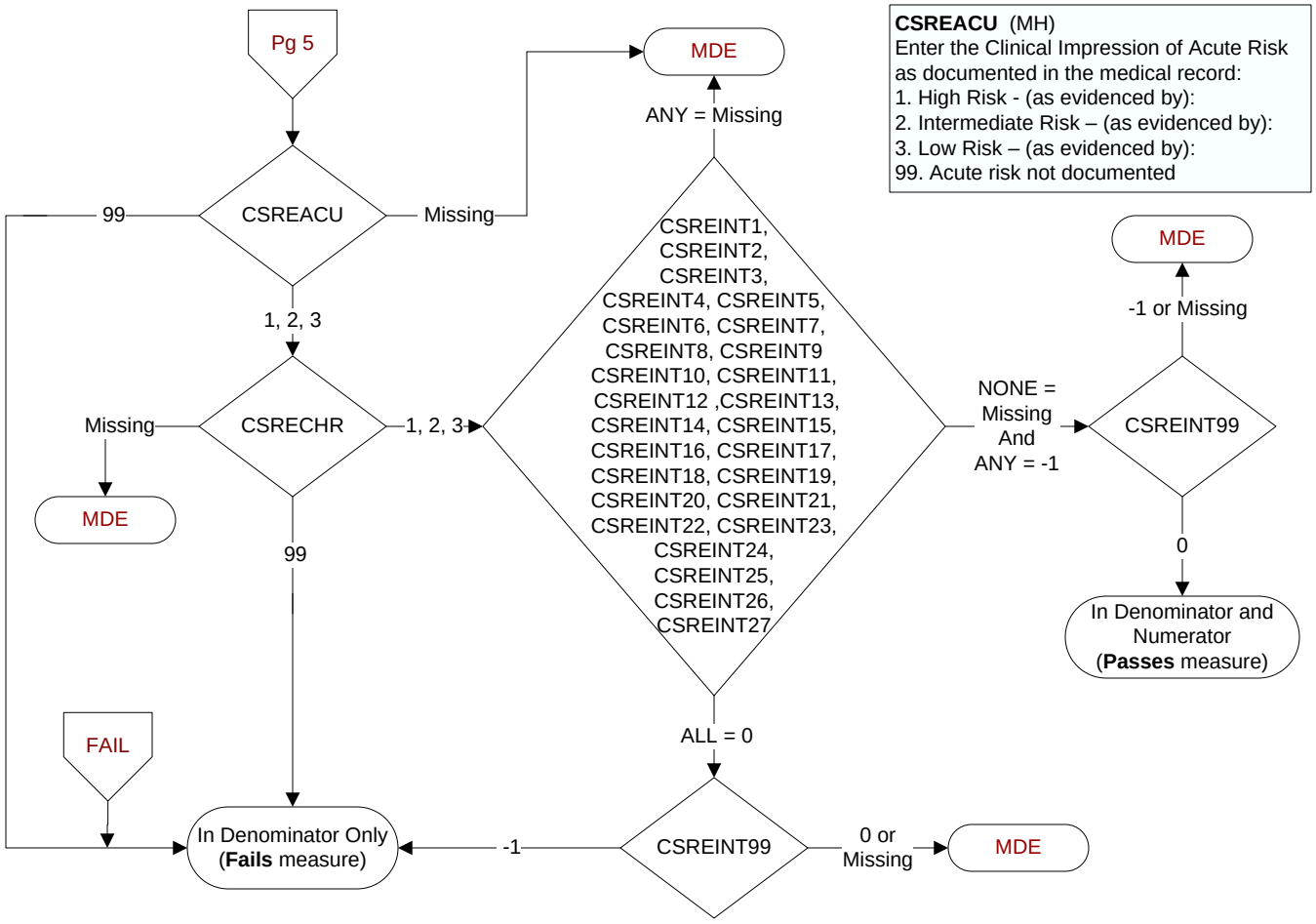
**VACSSRS5** (MH)
Enter the score for C-SSRS Screener Question 5 documented in the record: (Time period designated e.g., Over the past month) Have you started to work out or worked out the details of how to kill yourself?
1. Yes
2. No
99. Score not documented

**VACSSRS8** (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

**VACSRE** (MH)
On (if vacssrs = 1, computer to display vacssrsdt; else display, During the past year), is there evidence of a signed Comprehensive Suicide Risk Evaluation (CSRE) in the record?
1. Yes
2. No
98. Patient refused to complete CSRE

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

**ADMINPT** (MH)
On (computer to display vacssrsdt), the same calendar day as the positive C-SSRS, is there evidence the patient was admitted to inpatient or residential treatment for mental health care?
1. Yes
2. No




**CSREACU** (MH)
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

**CSRECHR** (MH)
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

(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