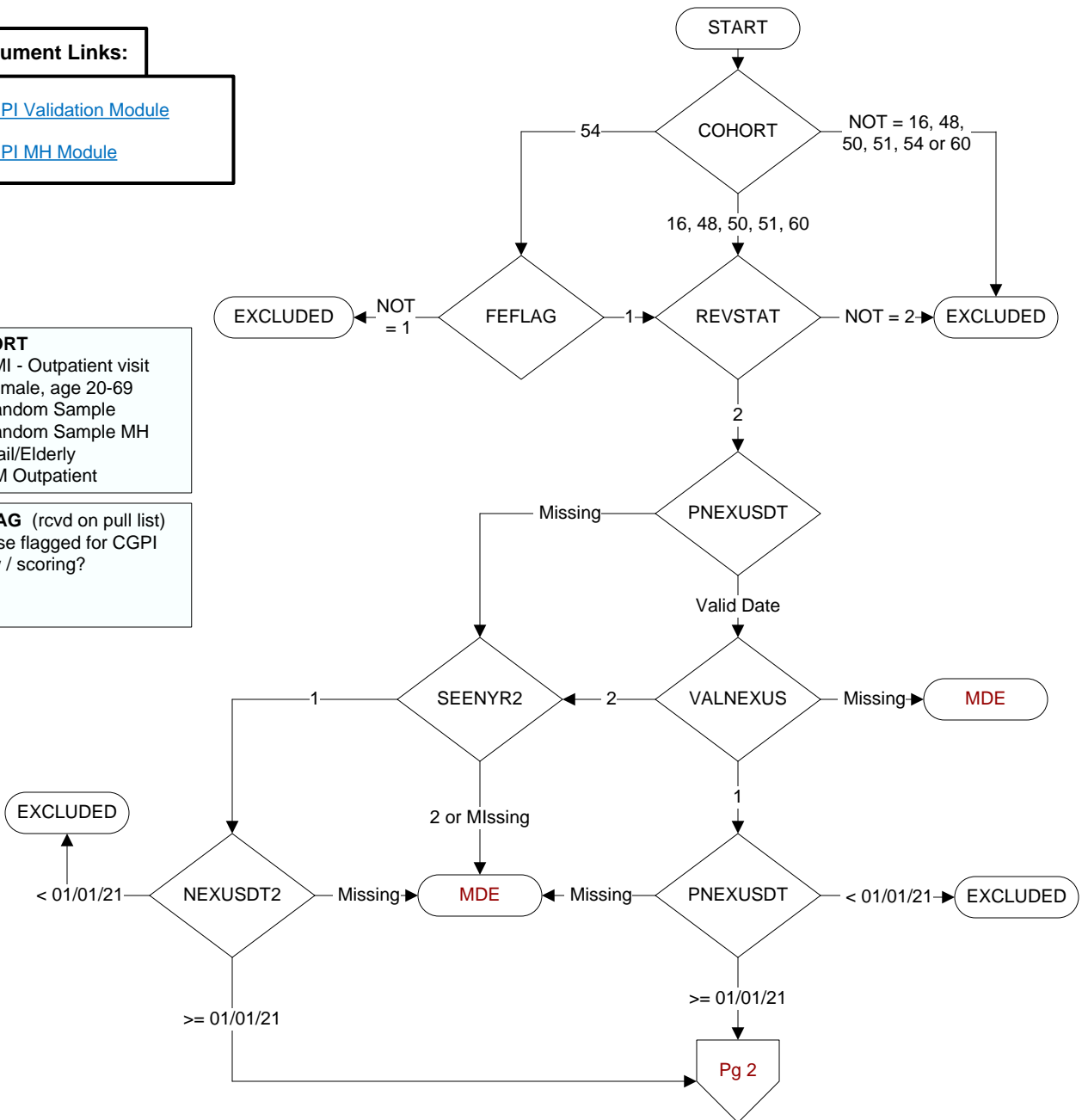


Document Links:[CGPI Validation Module](#)[CGPI MH Module](#)**COHORT**

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.

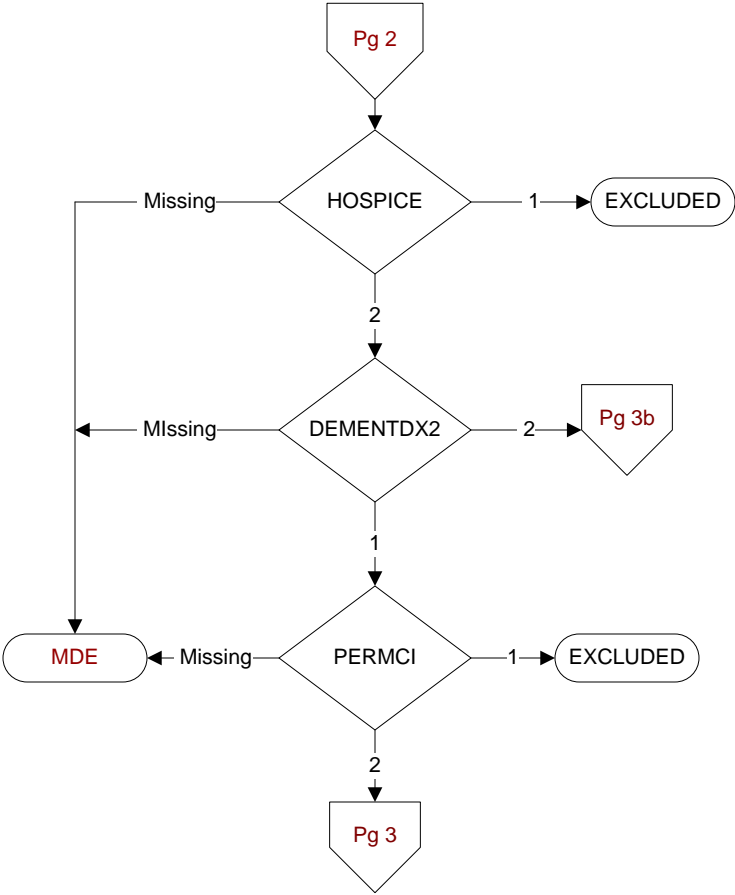
VALNEXUS (Validation)

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?

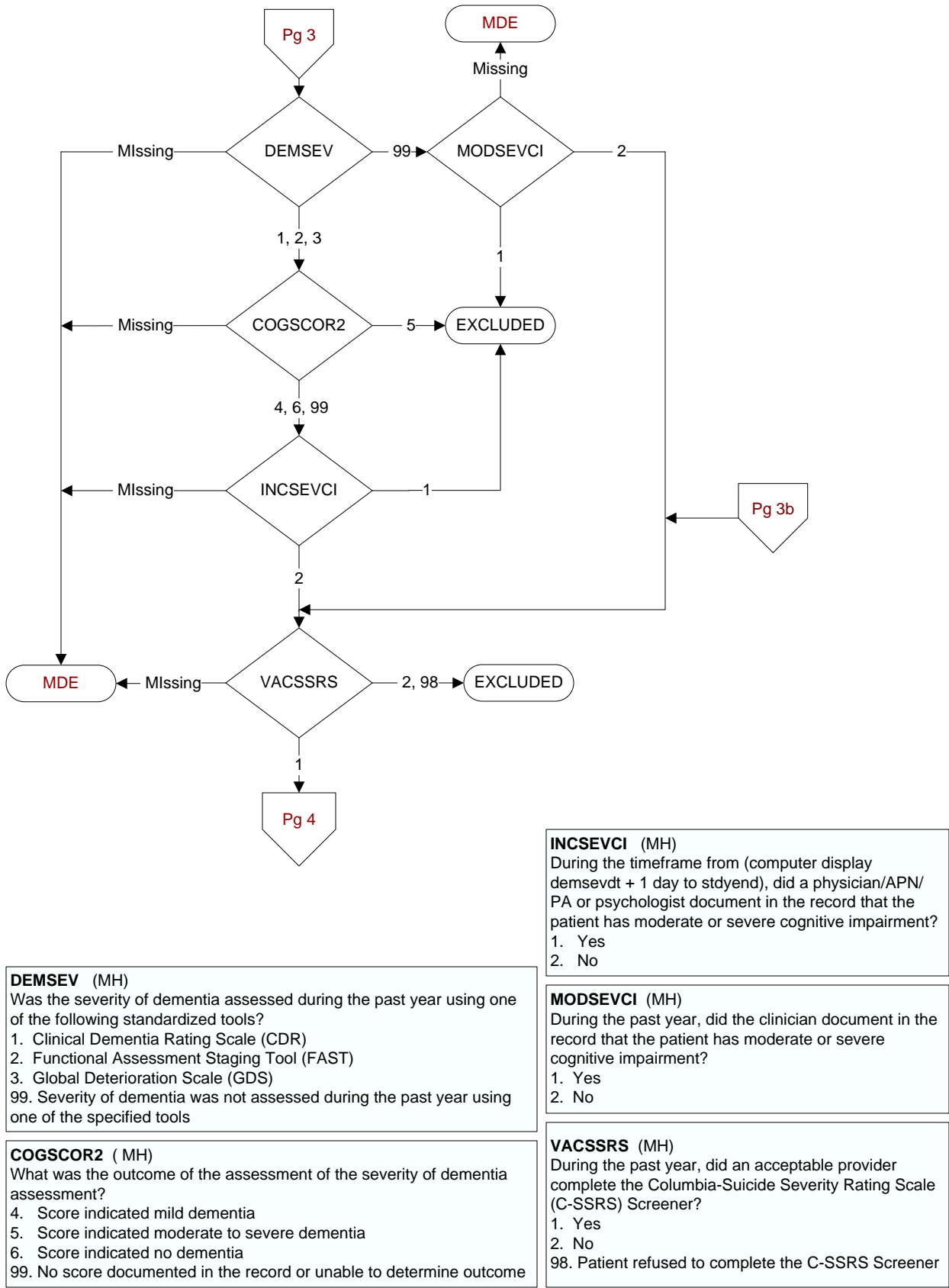
- 1. Yes
- 2. No

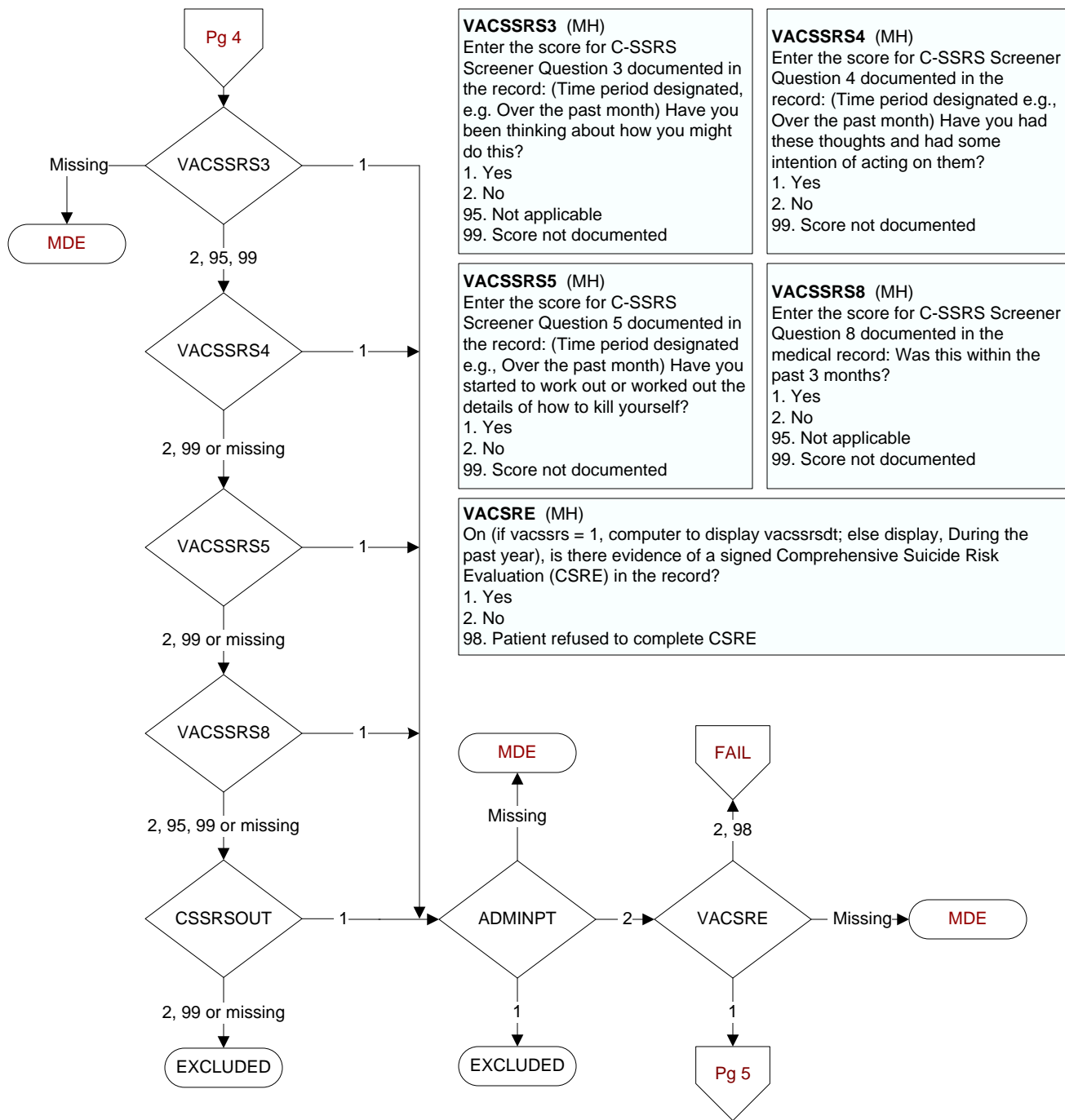
DEMENTDX2 (MH)

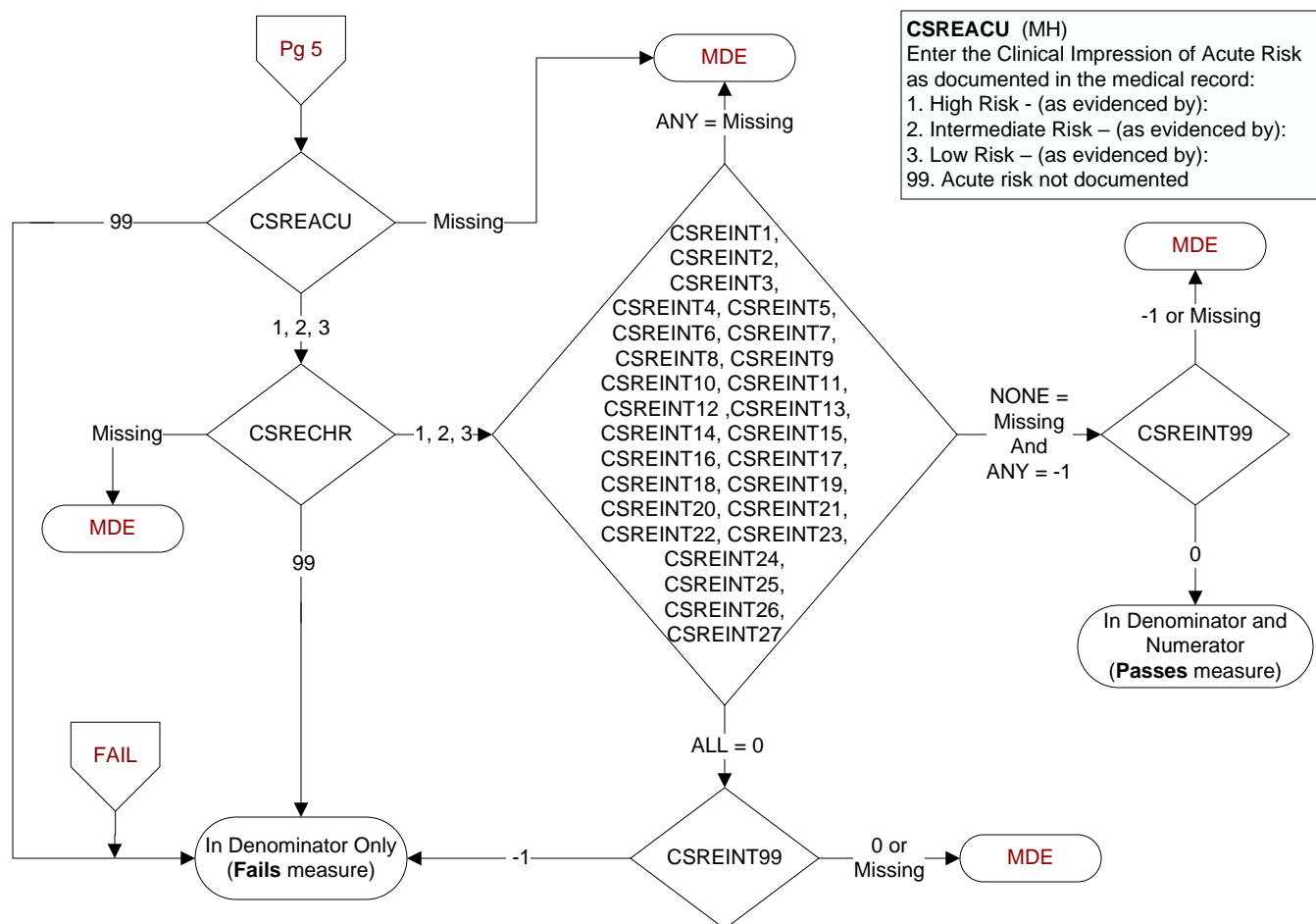
During the past year, does the record document a diagnosis of dementia/neurocognitive disorder as evidenced by one of the following ICD-10-CM diagnosis codes:

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







(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