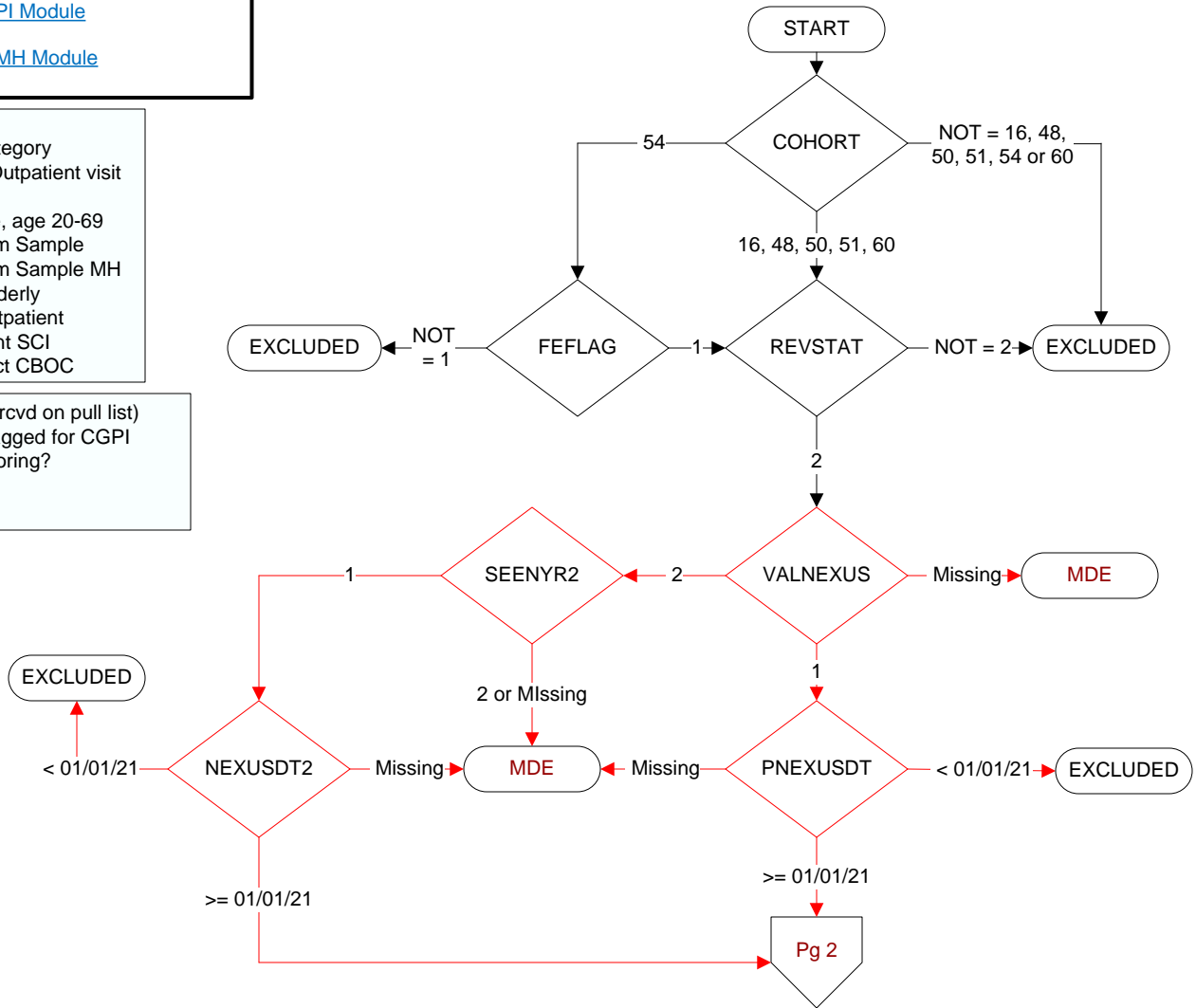**Document Links:**

[CGPI PI Module](#)

[CGPI MH Module](#)

**COHORT**
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 SCI
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)

**HOSPICE** (PI module)
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

**TERMILL** (PI module)
Is one of the following documented in the medical record?
- 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

**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

**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

## Flowchart

```
                    MDE                              Pg 3
                     ↑                                │
                  Missing                             ↓
                     │
          1 ┌─────────────┐  2, 98   ┌─────────────┐  Missing    MDE
    ────────│   VACSRE    │◄─────────│   VACSSRS   │──────────►
            └─────────────┘          └─────────────┘
                  │                         │
                2, 98                       1
                  │                         ↓
     Missing ┌─────────────┐  99     ┌─────────────┐  Missing or
    ─────────│  CSREACU    │────────►│  VACSSRSDT  │──────────►
             └─────────────┘         └─────────────┘  Invalid
                  │                         │
     MDE        1, 2, 3               Valid Date
      ↑           │                         │
      │           ↓                         ↓
   Missing  ┌─────────────┐  99    ┌─────────────┐  Missing or
    ────────│  CSRECHR    │───────►│   STDYBEG   │──────────►
            └─────────────┘  FAIL  └─────────────┘  Invalid
                  │                         │
                1, 2, 3               Valid Date
                  │                         │
                  ↓                         ↓
               Pg 5a          ┌──────────────────────┐  > 1 year
                              │     Calculate        │──────────►
                              │ STDYBEG - VACSSRSDT  │
                              └──────────────────────┘
                                        │
                                    <= 1 year
                                        │
                                        ↓
                                      Pg 4
```
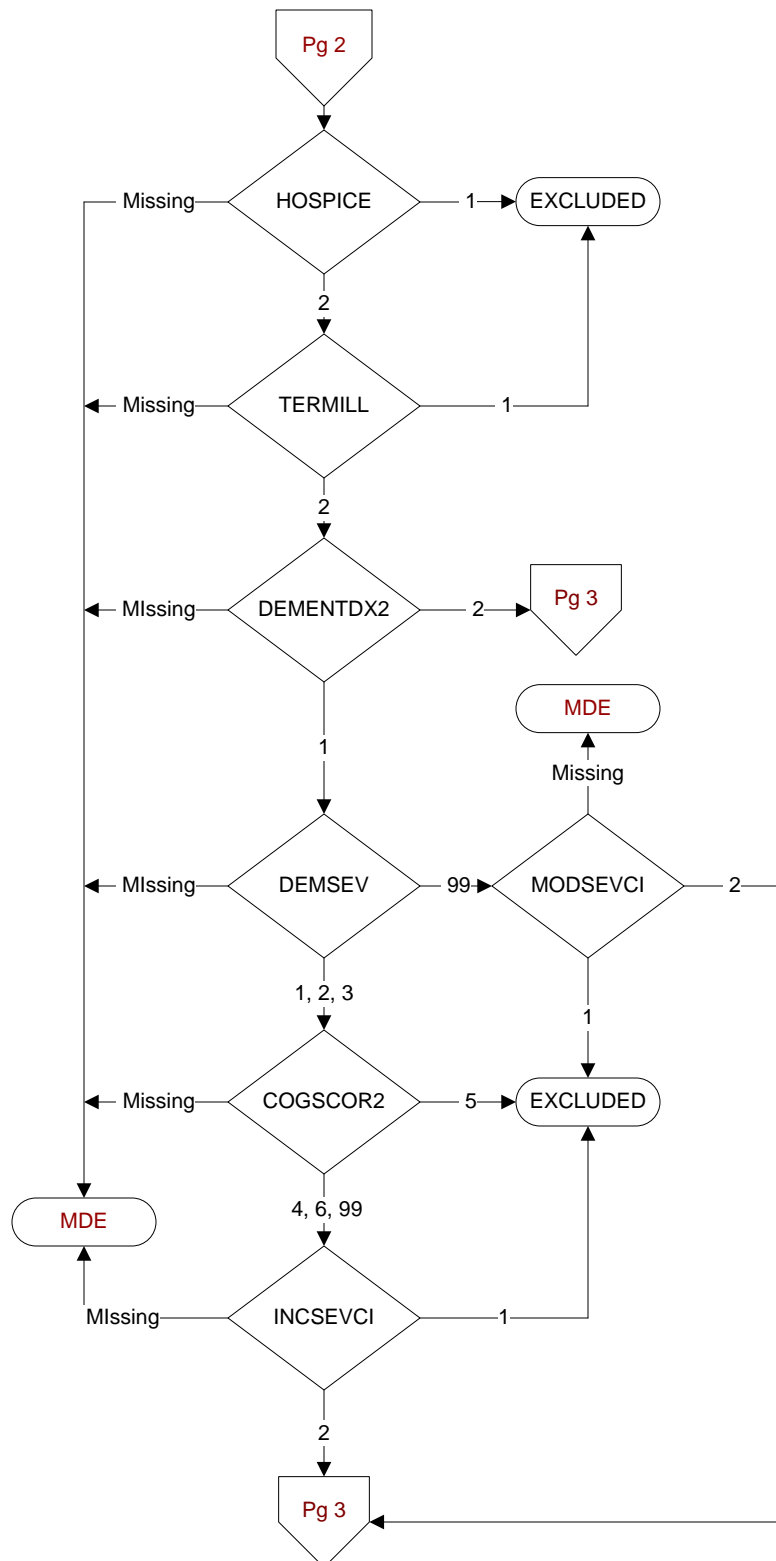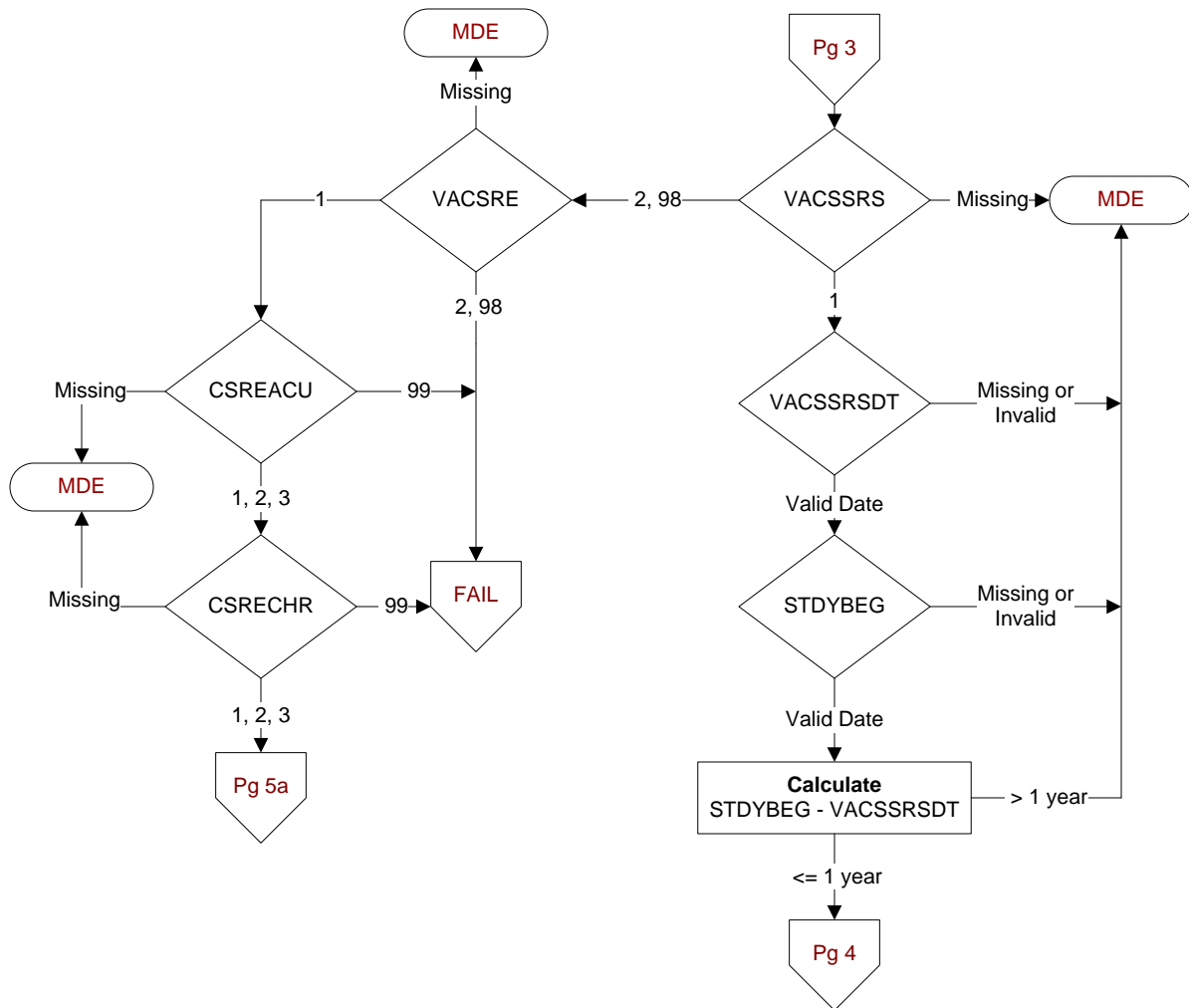
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**VACSRE** (MH)
On (if vacssrs = 1, computer to display vacssrsdt; else display,
During the past year), is there evidence of a signed
Comprehensive Suicide Risk Evaluation (CSRE) in the record?
1. Yes
2. No
98. Patient refused to complete CSRE

**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):
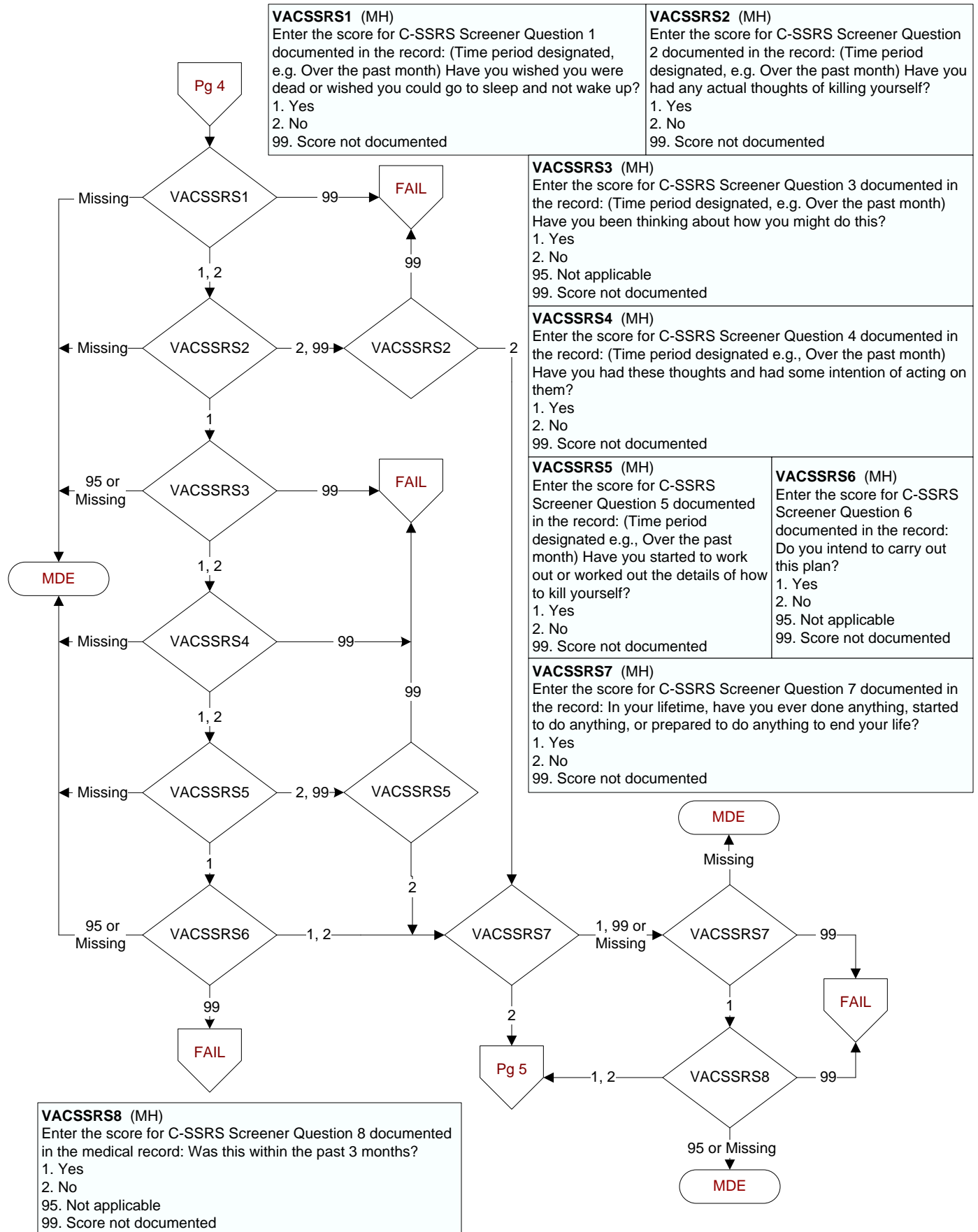3. Low Risk – (as evidenced by):
99. Chronic risk not documented

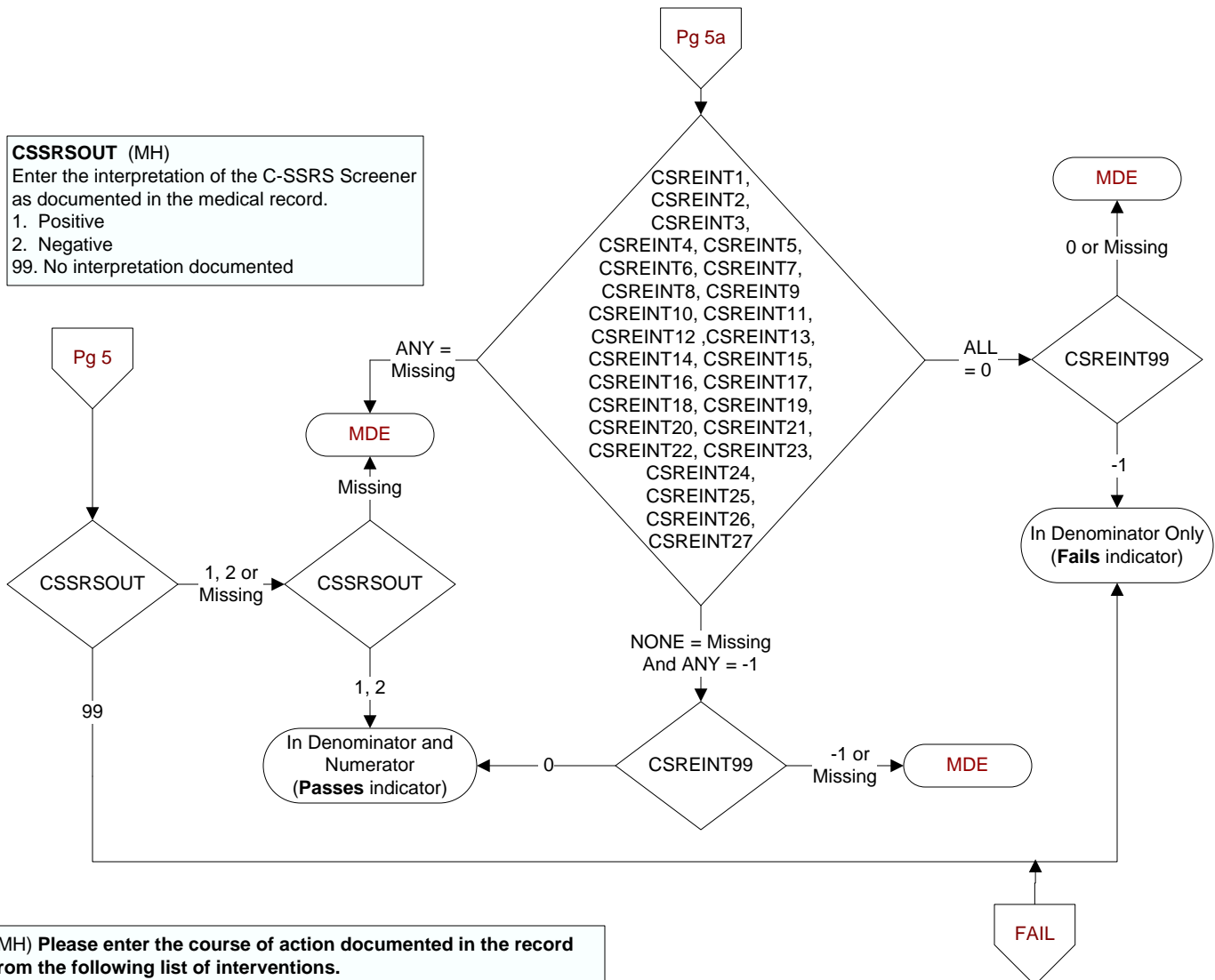**STDYBEG** (Rcvd on Pull List)
Study Interval begin date

**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

**VACSSRSDT** (MH)
Enter the most recent date the C-SSRS Screener was
completed.

**VACSSRS1** (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

**VACSSRS2** (MH)
Enter the score for C-SSRS Screener Question 2 documented in the record: (Time period designated, e.g. Over the past month) Have you had any actual thoughts of killing yourself?
1. Yes
2. No
99. Score not documented

**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

**VACSSRS6** (MH)
Enter the score for C-SSRS Screener Question 6 documented in the record: Do you intend to carry out this plan?
1. Yes
2. No
95. Not applicable
99. Score not documented

**VACSSRS7** (MH)
Enter the score for C-SSRS Screener Question 7 documented in the record: In your lifetime, have you ever done anything, started to do anything, or prepared to do anything to end your life?
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

Pg 4

VACSSRS1 — Missing
VACSSRS1 — 99 → FAIL
VACSSRS1 — 1, 2

VACSSRS2 — Missing
VACSSRS2 — 2, 99 → VACSSRS2 — 2
VACSSRS2 — 99 → FAIL
VACSSRS2 — 1

VACSSRS3 — 95 or Missing
VACSSRS3 — 99 → FAIL
VACSSRS3 — 1, 2

MDE

VACSSRS4 — Missing
VACSSRS4 — 99
VACSSRS4 — 1, 2

VACSSRS5 — Missing
VACSSRS5 — 2, 99 → VACSSRS5 — 2
VACSSRS5 — 99
VACSSRS5 — 1

VACSSRS6 — 95 or Missing
VACSSRS6 — 1, 2
VACSSRS6 — 99 → FAIL

VACSSRS7 — 1, 99 or Missing → VACSSRS7 — 99 → FAIL
VACSSRS7 — 2 → Pg 5
VACSSRS7 (right) — Missing → MDE
VACSSRS7 (right) — 1

VACSSRS8 — 1, 2 → Pg 5
VACSSRS8 — 99 → FAIL
VACSSRS8 — 95 or Missing → MDE

**Pg 5a**

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

CSREINT1, CSREINT2, CSREINT3, CSREINT4, CSREINT5, CSREINT6, CSREINT7, CSREINT8, CSREINT9 CSREINT10, CSREINT11, CSREINT12 ,CSREINT13, CSREINT14, CSREINT15, CSREINT16, CSREINT17, CSREINT18, CSREINT19, CSREINT20, CSREINT21, CSREINT22, CSREINT23, CSREINT24, CSREINT25, CSREINT26, CSREINT27

**MDE**

ANY = Missing

0 or Missing

**CSREINT99**

**MDE**

-1

Missing

**Pg 5**

**CSSRSOUT**

1, 2 or Missing

**CSSRSOUT**

ALL = 0

In Denominator Only (**Fails** indicator)

99

1, 2

NONE = Missing And ANY = -1

In Denominator and Numerator (**Passes** indicator)

0

**CSREINT99**

-1 or Missing

**MDE**

**FAIL**

(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