Document Links:

[CGPI Validation Module](#)

[CGPI PI Module](#)
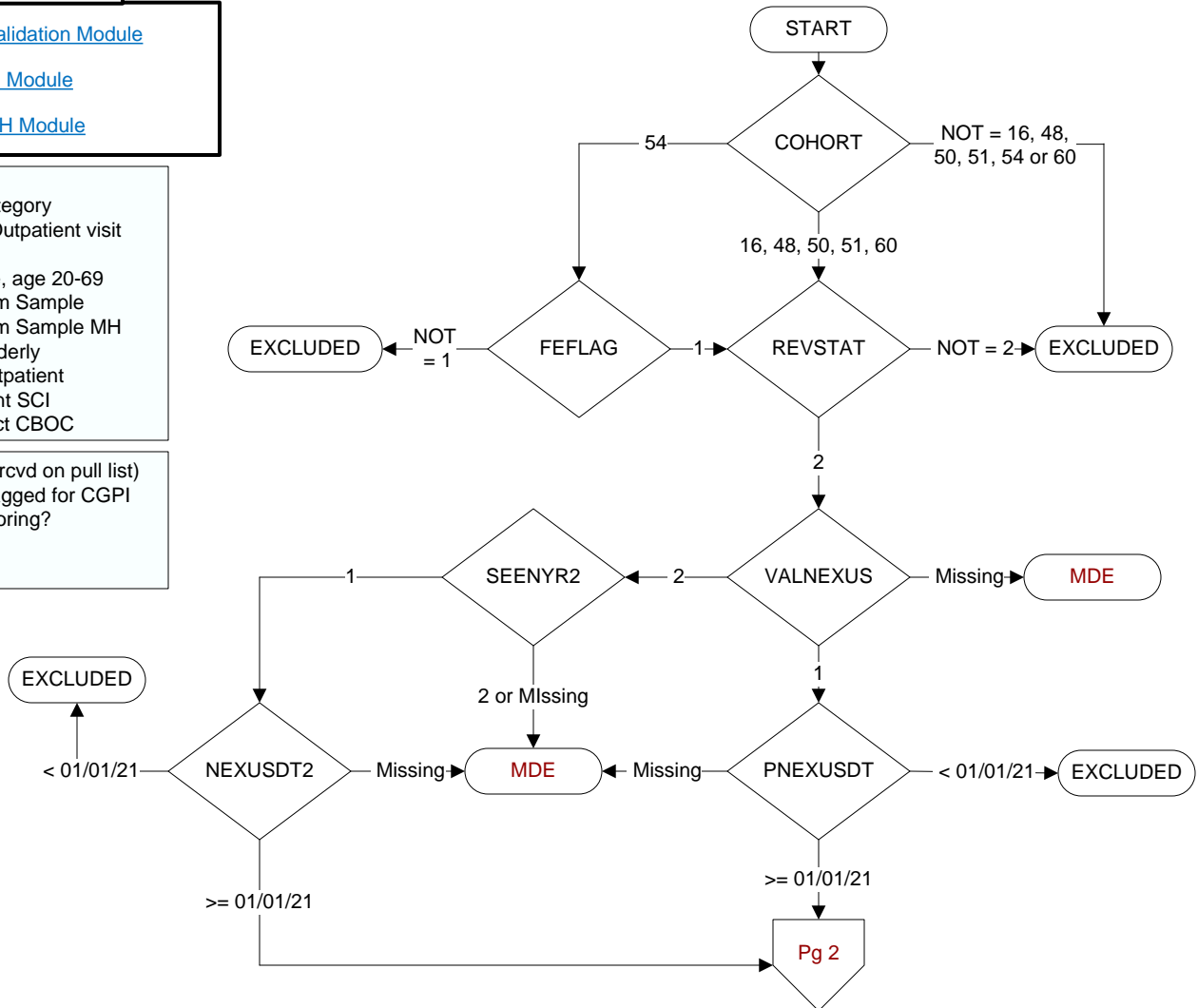
[CGPI MH Module](#)

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

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

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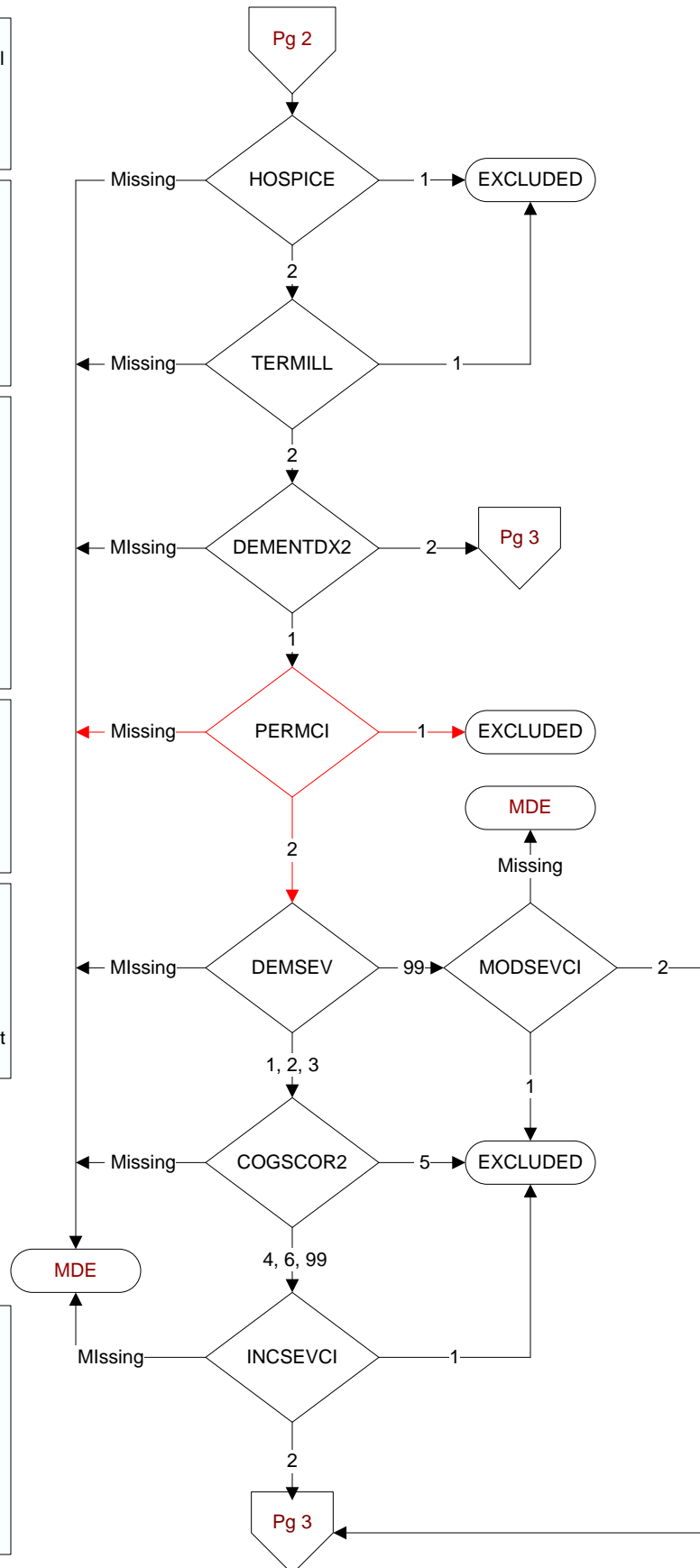
INCSEVCI (MH)
During the timeframe from (computer display demsevdt + 1 day to stdend), did a physician/APN/PA or psychologist document in the record that the patient has moderate or severe cognitive impairment?
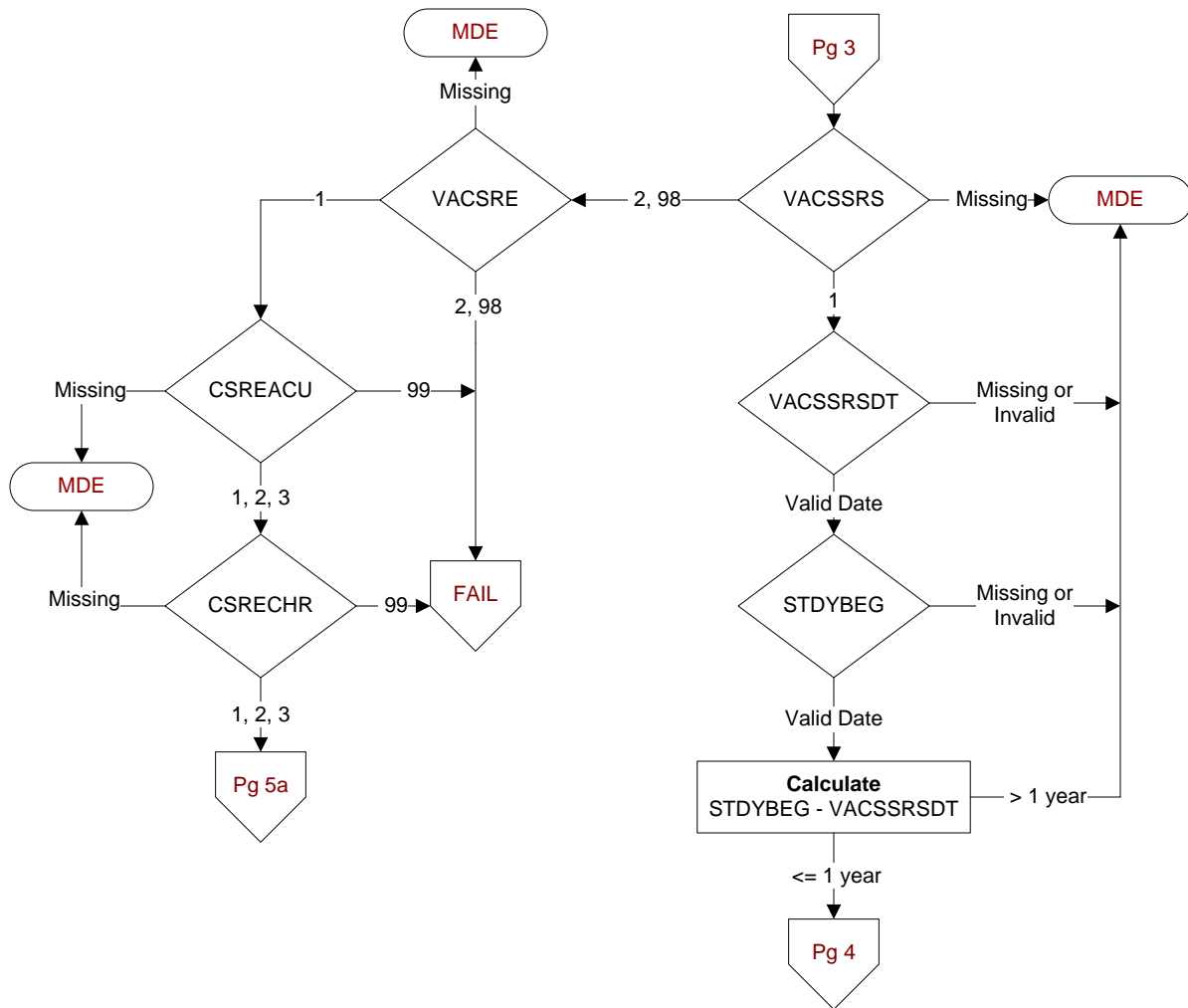1. Yes
2. No

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

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                    MDE                              Pg 3
                     │                                │
                  Missing                             │
                     │                                ▼
          1      ┌─────────┐    2, 98      ┌─────────┐   Missing    MDE
       ┌─────────│ VACSRE  │◄──────────────│ VACSSRS │──────────►
       │         └─────────┘               └─────────┘
       │              │                         │
       ▼            2, 98                        1
  ┌─────────┐         │                          ▼
  │ CSREACU │───99──┐ │              ┌────────────┐  Missing or
  └─────────┘       │ │              │ VACSSRSDT  │──Invalid──►
 Missing  │         │ │              └────────────┘
    │   1, 2, 3     │ │                    │
    ▼     │         ▼ ▼               Valid Date
  MDE     │       ┌──────┐                 │
          ▼       │ FAIL │                 ▼
     ┌─────────┐  └──────┘          ┌────────────┐  Missing or
  ┌──│ CSRECHR │──99──►             │  STDYBEG   │──Invalid──►
 Missing└─────────┘                 └────────────┘
  │        │                              │
  ▼      1, 2, 3                      Valid Date
 MDE       │                              │
           ▼                              ▼
        ┌──────┐              ┌────────────────────┐
        │ Pg 5a│              │    **Calculate**   │ > 1 year
        └──────┘              │ 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):
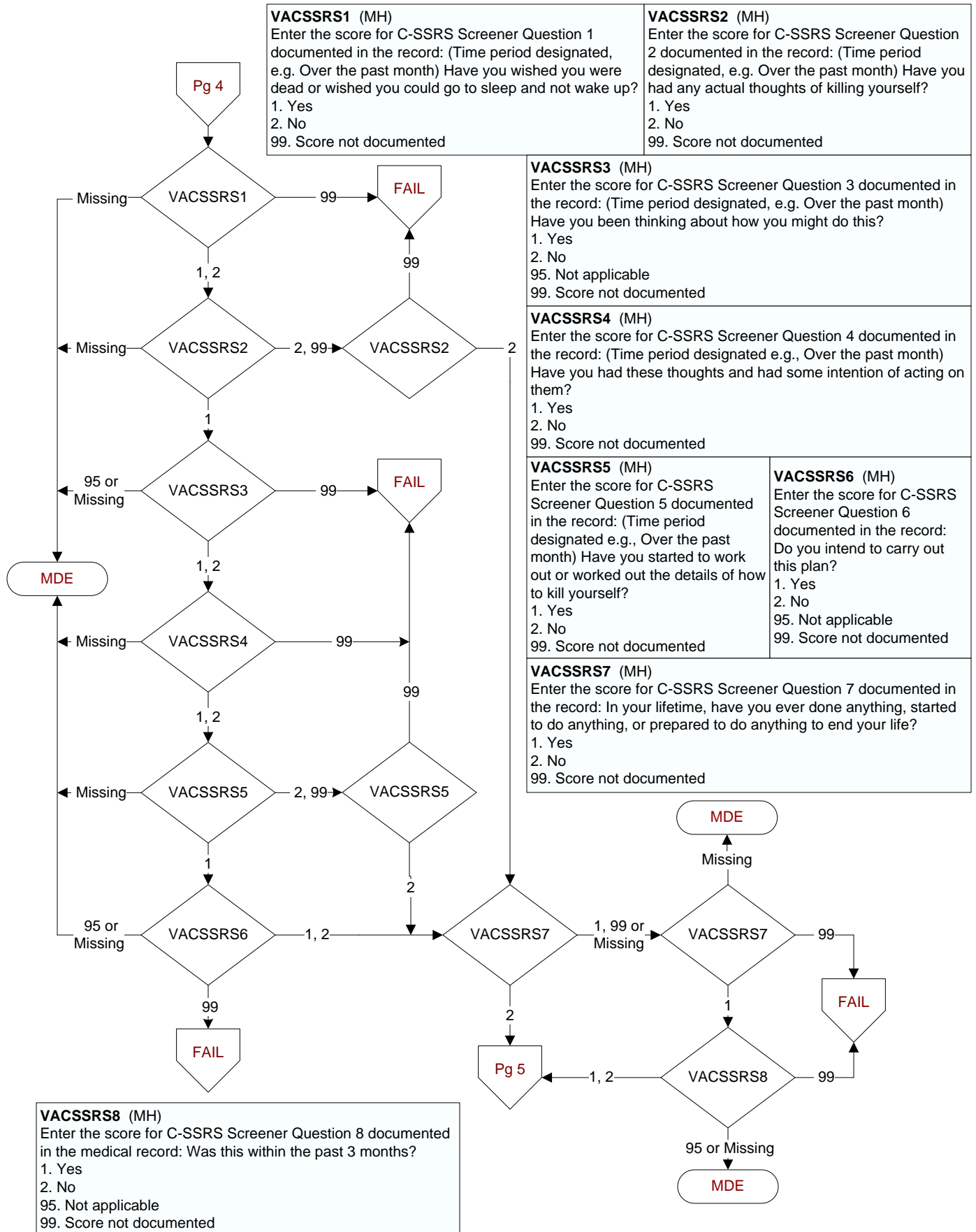99. Chronic risk not documented

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STDYBEG (Rcvd on Pull List)
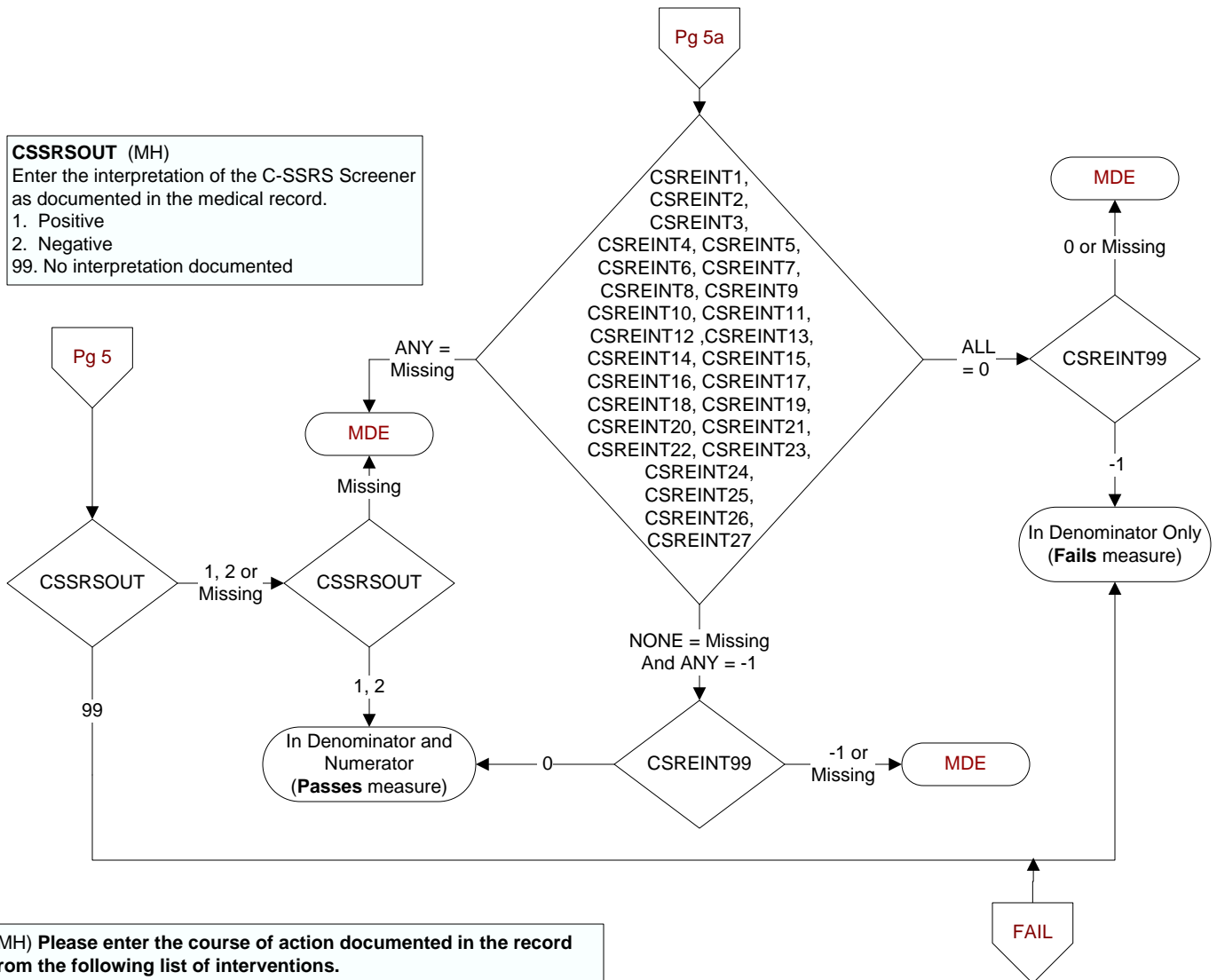Study Interval begin date

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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

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VACSSRS1 — Missing → ; 99 → FAIL ; 1, 2 →
VACSSRS2 — Missing → ; 2, 99 → VACSSRS2 — 2 → ; 99 → FAIL
VACSSRS2 → 1 →
VACSSRS3 — 95 or Missing → MDE ; 99 → FAIL ; 1, 2 →
VACSSRS4 — Missing → ; 99 → ; 1, 2 →
VACSSRS5 — Missing → ; 2, 99 → VACSSRS5 — 2 → ; 1 →
VACSSRS6 — 95 or Missing → ; 1, 2 → VACSSRS7 ; 99 → FAIL
VACSSRS7 — 1, 99 or Missing → VACSSRS7 — Missing → MDE ; 99 → FAIL ; 1 → ; 2 → Pg 5
VACSSRS8 — 95 or Missing → MDE ; 1, 2 → Pg 5 ; 99 → FAIL

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

MDE

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

ANY = Missing

MDE

Missing

Pg 5

ALL = 0

CSREINT99

0 or Missing

-1

In Denominator Only
(**Fails** measure)

CSSRSOUT — 1, 2 or Missing → CSSRSOUT

99

1, 2

NONE = Missing
And ANY = -1

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

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:	**CSREINT14**. Referral to vocational rehabilitation/occupational
CSREINT1. Alert Suicide Prevention Coordinator for consideration of a Patient Record Flag Category I High Risk for Suicide	rehabilitation services
CSREINT2. Complete or Update Veteran's Safety Plan	**CSREINT15**. Referral for PRRC and/or ICMHR services
CSREINT3. Increased frequency of Suicide Risk Screening [text box]	**CSREINT16**. Referral for residential mental health services
CSREINT4. Provide Lethal Means Safety Counseling (e.g., provision of gun locks)	**CSREINT17**. Other Consult submitted to: [text box for user to enter a name]
CSREINT5. Obtain additional information from collateral sources [Optional: comment]	**CSREINT18**. Discussion with Veteran to continue to see assigned Primary Care Provider for medical care
CSREINT6. For prescribers only: Review of prescribed medications for risk for self-harm and/or new pharmacotherapy intervention to reduce suicide risk (Optional: comment)	**CSREINT19**. Discussion with Veteran regarding enhancement of a sense of purpose and meaning
CSREINT7. Address barriers to treatment engagement by: [text box]	**CSREINT20**. Educate Veteran on smartphone VA applications (e.g. Virtual Hope Box, PTSD Coach)
CSREINT8. Address psychosocial needs by: [text box]	**CSREINT21**. Conduct medication reconciliation
CSREINT9. Address medical conditions by: [text box]	**CSREINT22**. Involve family/support system in Veteran's care
CSREINT10. Consult/Referral to additional services and support: [text box for options]	**CSREINT23**. Provide Opioid Overdose Education and Naloxone Distribution (OEND)
CSREINT11. Referral to evidence based psychotherapy	**CSREINT24**. Provide resources/contacts for benefits information
CSREINT12. Referral to psychiatry/medication assessment or management	**CSREINT25**. Provide Veteran with phone number for Veteran's Crisis Line: 1-800-273-8255 (press 1)
CSREINT13. Referral to Chaplaincy/pastoral care	**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