

IHS Diabetes Care and Outcomes Audit, 2015

Audit Period Ending Date: 12 / 31 / 2014

Facility Name: _____

REVIEWER initials: _____

STATE of residence: __ __

CHART NUMBER: _____

Date of Birth: ____/____/____

SEX: 1 Male 2 Female 3 Unknown

DATE of Diabetes Diagnosis: ____/____/____

DM TYPE: 1 Type 1 2 Type 2

TOBACCO USE: Screened for tobacco use during Audit period: 1 Yes 2 No

Tobacco use status: 1 Current User 2 Not a Current User 3 Not Documented Cessation counseling received? 1 Yes 2 No

HEIGHT (last ever): ____ft ____ in

Last WEIGHT in Audit period: ____lbs

HTN (documented diagnosis): 1 Yes 2 No

Last 3 BLOOD PRESSURES during Audit period: ____/____ mm Hg ____/____ mm Hg ____/____ mm Hg

Examinations during Audit period

FOOT EXAM - complete: 1 Yes 2 No

EYE EXAM (dilated or retinal camera): 1 Yes 2 No

DENTAL EXAM: 1 Yes 2 No

Education during Audit period

NUTRITION INSTRUCTION: 1 RD 2 Other 3 Both 4 None

PHYSICAL ACTIVITY INSTRUCTION: 1 Yes 2 No

DM Education (Other): 1 Yes 2 No

Mental Health

Depression an active problem: 1 Yes 2 No Screened for depression during Audit period: 1 Yes 2 No

DM Therapy

Select all prescribed, as of the end of the Audit period: 1 Diet & Exercise Alone 2 Insulin 3 Sulfonylurea (glyburide, glipizide, others) 4 Glinide (Prandin, Starlix) 5 Metformin (Glucophage, others) 6 Acarbose (Precose) or miglitol (Glyset) 7 Pioglitazone (Actos) or rosiglitazone (Avandia) 8 GLP-1 med (Byetta, Bydureon, Victoza) 9 DPP4 inhibitor (Januvia, Onglyza, Tradjenta, Nesina) 10 Amylin analog (Symlin) 11 Bromocriptine (Cycloset) 12 Colesevelam (Welchol) 13 SGLT-2 inhibitor (Invokana, Farxiga)

ACE Inhibitor or ARB

Prescribed, as of the end of the Audit period: 1 Yes 2 No

Aspirin or Other Antiplatelet Therapy

Prescribed, as of the end of the Audit period: 1 Yes 2 No

Statin Therapy

Prescribed, as of the end of the Audit period: 1 Yes 2 No 3 Documented allergy/intolerance

TB Testing

TB test done: 1 Skin test (PPD) 2 Blood test (QFT-G, T SPOT-TB) 3 Unknown/not offered TB test result: 1 Positive 2 Negative 3 Unknown If TB result positive, INH tx complete: 1 Yes 2 No 3 Unknown If TB result negative, test date: Date: ____/____/____

CVD

Cardiovascular disease diagnosed: 1 Yes 2 No

Immunizations

FLU VACCINE during Audit period: 1 Yes 2 No 3 Refused

PNEUMOVAX - ever: 1 Yes 2 No 3 Refused

Td or Tdap in past 10 years: 1 Yes 2 No 3 Refused

Tdap ever: 1 Yes 2 No 3 Refused

HEP B 3 dose series complete - ever: 1 Yes 2 No 3 Refused 4 Immune

Laboratory Data - most recent result during Audit period

A1C: ____ . ____ %

Date obtained: ____/____/____

Serum Creatinine: ____ . ____ mg/dl

eGFR value: _____

Total Cholesterol: _____ mg/dl

HDL Cholesterol: _____ mg/dl

LDL Cholesterol: _____ mg/dl

Triglycerides: _____ mg/dl

Urine Protein Testing during Audit period

Quantitative Urine Albumin:Creatinine Ratio (UACR) performed?

1 Yes 2 No UACR value: _____ mg/g

[Optional] Local Option Questions

Select one: 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____

Text: _____