

IHS Diabetes Care and Outcomes Audit, 2016

Audit Period Ending Date: 12 / 31 / 2015

Facility Name: _____

REVIEWER initials: _____

STATE of residence: _____

Month/Year 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 during Audit period?

- 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:

- _____/_____/_____ mmHg 1 Yes 2 No

Examinations during Audit period

FOOT EXAM - complete:

- 1 Yes 2 No

EYE EXAM (dilated or retinal imaging):

- 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, Tanzeum, Trulicity) 9 DPP4 inhibitor (Januvia, Onglyza, Tradjenta, Nesina) 10 Amylin analog (Symlin) 11 Bromocriptine (Cycloset) 12 Colesevelam (Welchol) 13 SGLT-2 inhibitor (Invokana, Farxiga, Jardiance)

ACE Inhibitor or ARB

Prescribed, as of the end of the Audit period:

- 1 Yes 2 No

Aspirin or Other Antiplatelet/Anticoagulant 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 Allergy/intolerance/contraindication

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

Influenza vaccine during Audit period:

- 1 Yes 2 No 3 Refused

Pneumococcal vaccine - 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: _____ %

A1C Date obtained: _____/_____/_____

Serum Creatinine: _____ mg/dl

eGFR: _____

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: _____