

IHS Diabetes Care and Outcomes Audit, 2019

Audit Period Ending Date: 12 / 31 / 2018

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/Nicotine Use

Screened for tobacco use (during Audit period):

- 1 Yes
2 No

Tobacco use status (most recent):

- 1 Current user
2 Not a current user
3 Not documented

→ Tobacco cessation counseling received (during Audit period):

- 1 Yes
2 No

Electronic Nicotine Delivery Systems (ENDS)

Screened for ENDS use (during Audit period):

- 1 Yes
2 No

ENDS use status (most recent):

- 1 Current user
2 Not a current user
3 Not documented

Vital Statistics

Height (last ever): _____ ft _____ in

Weight (last in Audit period): _____ lbs

Hypertension (documented diagnosis ever):

- 1 Yes
2 No

Blood pressure (last 3 during Audit period):

_____/_____ mmHg
_____/_____ mmHg
_____/_____ mmHg

Examinations (during Audit period)

Foot (comprehensive or "complete"):

- 1 Yes
2 No

Eye (dilated or retinal imaging):

- 1 Yes
2 No

Dental:

- 1 Yes
2 No

Mental Health

Depression an active problem:

- 1 Yes
2 No

→ Screened for depression (during Audit period):

- 1 Yes
2 No

Education (during Audit period)

Nutrition:

- 1 RD } 3 Both RD and Other
2 Other }
4 None

Physical activity:

- 1 Yes
2 No

Other diabetes:

- 1 Yes
2 No

Diabetes Therapy

Select **all** prescribed (as of the end of the Audit period):

- 1 None of the following
2 Insulin
3 Metformin [Glucophage, others]
4 Sulfonylurea [glyburide, glipizide, others]
5 DPP4 inhibitor [Sitagliptin (Januvia), Saxagliptin (Onglyza), Linagliptin (Tradjenta), Alogliptin (Nesina)]
6 GLP-1 agonist [Exenatide (Byetta, Bydureon), Liraglutide (Victoza), Albiglutide (Tanzeum), Dulaglutide (Trulicity), Lixisenatide (Adlyxin), Semaglutide (Ozempic)]
7 SGLT-2 inhibitor [Canagliflozin (Invokana), Dapagliflozin (Farxiga), Empagliflozin (Jardiance), Ertugliflozin (Steglatro)]
8 Pioglitazone [Actos] or rosiglitazone [Avandia]
9 Acarbose [Precose] or miglitol [Glyset]
10 Repaglinide [Prandin] or Nateglinide [Starlix]
11 Amylin analog [Symlin]
12 Bromocriptine [Cycloset]
13 Colesevelam [Welchol]

CONTINUED ON PAGE 2. Be sure to complete both pages for all Audited patients.

ACE Inhibitor or ARB

Prescribed (as of the end of the Audit period):

- 1 Yes
- 2 No

Commonly prescribed medications include:

ACE Inhibitors: Lisinopril (Prinivil, Zestril), Enalapril (Vasotec, Epaned), Fosinopril (Monopril), Ramipril (Altace), Benazepril (Lotensin)

ARBs: Losartan (Cozaar), Telmisartan (Micardis), Irbesartan (Avapro), Olmesartan (Benicar), Valsartan (Diovan, Prexxartan)

Aspirin or Other Antiplatelet/Anticoagulant Therapy

Prescribed (as of the end of the Audit period):

- 1 Yes
- 2 No

Commonly prescribed medications include:

Anticoagulants: Warfarin (Coumadin), Rivaroxaban (Xarelto), Apixaban (Eliquis), Dabigatran (Pradaxa)

Antiplatelets: Clopidogrel (Plavix), Ticagrelor (Brilinta), Prasugrel (Effient), Cilostazol (Pletal)

Statin Therapy

Prescribed (as of the end of the Audit period):

- 1 Yes
- 2 No
- 3 Allergy/intolerance/contraindication

Cardiovascular Disease (CVD)

Diagnosed (ever):

- 1 Yes
- 2 No

Tuberculosis (TB)

TB test done (ever):

- 1 Skin test (PPD)
- 2 Blood test (QFT-GIT, T-SPOT)
- 3 Unknown/not offered

→ TB test result:

- 1 Positive
- 2 Negative
- 3 Unknown

→ If TB result positive, isoniazid treatment complete:

- 1 Yes
- 2 No
- 3 Unknown

→ If TB result negative, test date:

Date: ___/___/___

Hepatitis C (HCV)

HCV diagnosed (ever):

- 1 Yes
- 2 No

→ Screened for HCV at least once (ever):

- 1 Yes
- 2 No

Retinopathy

Diagnosed (ever):

- 1 Yes
- 2 No

Amputation

Lower extremity (ever), any type (e.g., toe, partial foot, above or below knee):

- 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, Tdap, DTaP, or DT (in past 10 years):

- 1 Yes
- 2 No
- 3 Refused

Tdap (ever):

- 1 Yes
- 2 No
- 3 Refused

Hepatitis B complete series (ever):

- 1 Yes
- 2 No
- 3 Refused
- 4 Immune

Laboratory Data (most recent result during Audit period)

A1C: ____ . ____ %

A1C Date obtained: ____/____/____

Total Cholesterol: _____ mg/dl

HDL Cholesterol: _____ mg/dl

LDL Cholesterol: _____ mg/dl

Triglycerides: _____ mg/dl

Serum Creatinine: ____ . ____ mg/dl

eGFR: _____

Quantitative Urine Albumin: Creatinine Ratio

(UACR) value: _____ mg/g

Local Questions [Optional]

Select one:

- | | |
|----------------------------------|----------------------------------|
| <input type="checkbox"/> 1 _____ | <input type="checkbox"/> 2 _____ |
| <input type="checkbox"/> 3 _____ | <input type="checkbox"/> 4 _____ |
| <input type="checkbox"/> 5 _____ | <input type="checkbox"/> 6 _____ |
| <input type="checkbox"/> 7 _____ | <input type="checkbox"/> 8 _____ |
| <input type="checkbox"/> 9 _____ | |

Text: _____