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
- □ 2 Other
- □ 3 Both RD and 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 (Elquis), 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 test result positive, isoniazid treatment complete:
☐ 1 Yes
☐ 2 No
☐ 3 Unknown

If TB test 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:
☐ 1 ___________________  ☐ 2 ___________________
☐ 3 ___________________  ☐ 4 ___________________
☐ 5 ___________________  ☐ 6 ___________________
☐ 7 ___________________  ☐ 8 ___________________
☐ 9 ___________________
Text:________________________________________________