IHS Diabetes Care and Outcomes Audit, 2020

NOTE: It is highly recommended that you review the Audit 2020 Instructions prior to conducting an Audit.

Audit Period Ending Date: 12/31/2019

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/education received (during Audit period):
1 Yes
2 No

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”, including evaluation of sensation and vascular status):
1 Yes
2 No

Eye (dilated or retinal imaging):
1 Yes
2 No

Dental:
1 Yes
2 No

Mental Health
Depression an active problem/diagnosis:
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, Saxagliptin, Linagliptin (Januvia), Alogliptin (Nesina)]
6 GLP-1 agonist [Liraglutide (Victoza), Exenatide (Byetta, Bydureon), Lixisenatide (Adlyxin), Dulaglutide (Trulicity), Semaglutide (Ozempic)]
7 SGLT-2 inhibitor [Canagliflozin (Invokana), Dapagliflozin (Farxiga), Empagliflozin (Jardiance), Ertugliflozin (Steglatro)]
8 Pioglitazone [Avandia] or rosiglitazone [Actos]
9 Acarbose [Precose] or miglitol [Glyset]
10 Repaglinide [Prandin] or Nateglinide [Starlix]
11 Amylin analog [Symlin]
12 Bromocriptine [Cycloset]
13 Colesevelam [Welcor]

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: Benazepril (Lotensin), Enalapril (Vasotec, Epaned),
Fosinopril (Monopril), Lisinopril (Prinivil, Zestril), Ramipril (Altace),
ARBs: Irbesartan (Avapro), Losartan (Cozaar), Telmisartan (Micardis),
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: Apixaban (Eliquis), Dabigatran (Pradaxa), Rivaroxaban (Xarelto), Warfarin (Coumadin)
Antiplatelets: Cilostazol (Pletal), Clopidogrel (Plavix), Prasugrel (Effient), Ticagrelor (Brilinta)

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, treatment complete (isoniazid, others):
☐ 1 Yes
☐ 2 No
☐ 3 Unknown

If TB result negative, test date:
Date: ____/____/_____

Hepatitis C (HCV)
HCV diagnosed (ever):
☐ 1 Yes
☐ 2 No

If not diagnosed with HCV, 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

T, 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: __________________________________________________