

IHS Diabetes Care and Outcomes Audit, 2021

NOTE: It is highly recommended that you review the [Audit 2021 Instructions](#) prior to conducting an Audit.

Audit Period Ending Date: 12 / 31 / 2020

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

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

*ENDS include: vapes, vaporizers, vape pens, hookah pens, electronic cigarettes (e-cigarettes or e-cigs), and e-pipes.

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 exam 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 } 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 [glipizide, glyburide, glimepiride]
- 5 DPP4 inhibitor [alogliptin (Nesina), linagliptin (Tradjenta), saxagliptin (Onglyza), sitagliptin (Januvia)]
- 6 GLP-1 receptor agonist [dulaglutide (Trulicity), exenatide (Byetta, Bydureon), liraglutide (Victoza), lixisenatide (Adlyxin), semaglutide (Ozempic, Rybelsus)]
- 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 Pramlintide [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: benazepril, enalapril, fosinopril, lisinopril, ramipril
ARBs: irbesartan, losartan, olmesartan, telmisartan, valsartan

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), edoxaban (Savaysa), enoxaparin (Lovenox), rivaroxaban (Xarelto), warfarin (Coumadin)
Antiplatelets: aspirin, aspirin/dipyridamole (Aggrenox), 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

Commonly prescribed medications include: atorvastatin, fluvastatin, lovastatin, pitavastatin (Livalo), pravastatin, rosuvastatin, simvastatin

Cardiovascular Disease (CVD)

Diagnosed (ever):

- 1 Yes
- 2 No

Tuberculosis (TB)

TB diagnosis (latent or active) documented (ever):

- 1 Yes
- 2 No

TB test done (most recent):

- 1 Skin test (PPD)
- 2 Blood test (QFT-GIT, T-SPOT)
- 3 No test documented

TB test result:

- 1 Positive
- 2 Negative
- 3 No result documented

If TB diagnosed and/or test result positive, treatment initiated (e.g., isoniazid, rifampin, rifapentin, 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 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

Pneumovax/PPSV23 (ever):

- 1 Yes
- 2 No

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

- 1 Yes
- 2 No

Tdap (ever):

- 1 Yes
- 2 No

Hepatitis B complete series (ever):

- 1 Yes
- 2 No
- 3 Immune

Shingrix/RZV complete series (ever):

- 1 Yes
- 2 No

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: _____ mL/min/1.73 m²
 UACR*: _____ mg/g (*Urine Albumin: Creatinine Ratio)

Local Questions [Optional]

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

Text: _____