

## IHS Diabetes Care and Outcomes Audit, 2022

**NOTE:** It is highly recommended that you review the [Audit 2022 Instructions](#) prior to conducting an Audit.

**Audit Period Ending Date:** 12 / 31 / 2021

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 DPP-4 inhibitor [alogliptin (Nesina), linagliptin (Tradjenta), saxagliptin (Onglyza), sitagliptin (Januvia)]  
☐6 GLP-1 receptor agonist [dulaglutide (Trulicity), exenatide (Byetta, Bydureon), liraglutide (Victoza, Saxenda), lixisenatide (Adlyxin), semaglutide (Ozempic, Rybelsus, Wegovy)]  
☐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, captopril, enalapril, fosinopril, lisinopril, ramipril  
**ARBs:** candesartan, 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, 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, rifapentine, 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/recombinant zoster vaccine (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 m<sup>2</sup>

UACR\*: \_\_\_\_ mg/g (\* Urine Albumin: Creatinine Ratio)

**Local Questions [Optional]**

Select one:

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

Text: \_\_\_\_\_