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

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
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, 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 Acardbose [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
Hepatitis B complete series (ever):
☐ 1 Yes
☐ 2 No
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 m2
UACR*: _______ mg/g (*Urine Albumin: Creatinine Ratio)

Local Questions [Optional]
Select one:
☐ 1_______ ☐ 5_______ ☐ 4_______
☐ 2_______ ☐ 6_______ ☐ 8_______
☐ 3_______ ☐ 7_______ ☐ 9_______
Text:________________________________________________