IHS Diabetes Care and Outcomes Audit, 2024

NOTE: It is highly recommended that you review the Audit 2024 Instructions prior to conducting an Audit.

Audit Period Ending Date: 12 / 31 / 2023

Facility Name: _____

Reviewer initials: _____

State of residence: ____ ____

Month/Year of Birth: _____/_____

Birth Sex: ☐1 Male
☐2 Female
☐3 Unknown

Date of Diabetes Diagnosis: _____/_____/_____

DM Type: ☐1 Type 1
☐2 Type 2

Tobacco/Nicotine Use (during Audit period)

Tobacco

Screened for tobacco use:
☐1 Yes
☐2 No

→ Tobacco user:
☐1 Yes
☐2 No

→ Tobacco cessation counseling/education received:
☐1 Yes
☐2 No

→ *Electronic Nicotine Delivery Systems (ENDS)**

Screened for ENDS use:
☐1 Yes
☐2 No

→ ENDS user:
☐1 Yes
☐2 No

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

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

Depression

Screened for depression (during Audit period):
☐1 Yes
☐2 No

Depression an active diagnosis (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 [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 [bexagliflozin (*Brenzavvy*), canagliflozin (*Invokana*), dapagliflozin (*Farxiga*), empagliflozin (*Jardiance*), ertugliflozin (*Steglatro*), sotagliflozin (*Inpefa*)]
☐8 Pioglitazone [*Actos*] or rosiglitazone [*Avandia*]
☐9 Tirzepatide [*Mounjaro*]
☐10 Acarbose [*Precose*] or miglitol [*Glyset*]
☐11 Repaglinide [*Prandin*] or nateglinide [*Starlix*]
☐12 Pramlintide [*Symlin*]
☐13 Bromocriptine [*Cycloset*]
☐14 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

Pneumococcal [PCV15, PCV20, or 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^2

UACR*: _____ mg/g (*Quantitative urine albumin-to-creatinine ratio)

Local Questions [Optional]

Select one:

☐1_____	☐4_____	☐7_____
☐2_____	☐5_____	☐8_____
☐3_____	☐6_____	☐9_____

Text:_____