Indian Health Service

Division of Diabetes
Treatment and Prevention

IHS Diabetes Care and Outcomes Audit

Audit 2025 Reports

2/25/2025

Today's Audit Topics

- Types of WebAudit Reports and Locations
- Changes for 2025
- Reading Audit Reports
- Reviewing Reports and Graphs for Potential Data Issues
- Use of Data Reports

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Area Diabetes Consultants and Support Staff

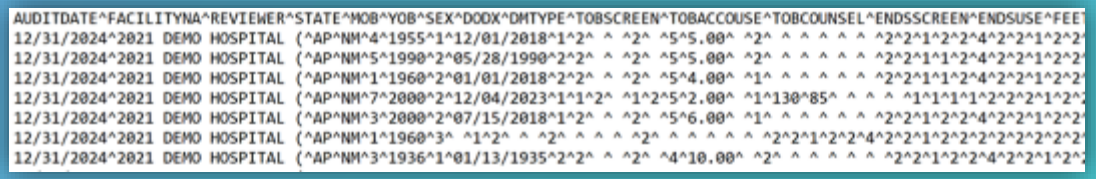
Abbreviations

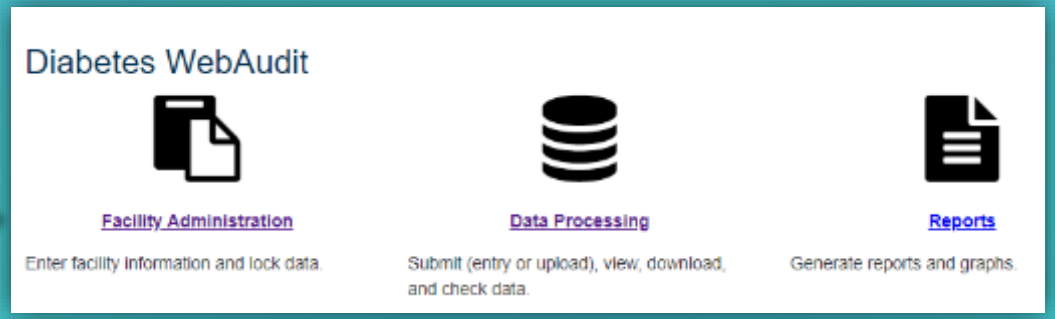
- **ADC =** Area Diabetes Consultant
- **AI/AN =** American Indian/Alaska Native
- **Audit =** IHS Diabetes Care and Outcomes Audit
- **BP =** Best Practice = SDPI Diabetes Best Practice
- **DDTP =** IHS Division of Diabetes Treatment and Prevention
- **DMS =** RPMS Diabetes Management System
- **GPRA =** Government Performance and Results Act
- **EMR =** Electronic Medical Record (RPMS or other)
- **I/T/U =** IHS, Tribal, and Urban
- **RKM =** Required Key Measure
- **RPMS =** IHS Resource and Patient Management System
- **SDPI =** Special Diabetes Program for Indians
- **SOS =** SDPI Outcomes System

Audit Report Basics

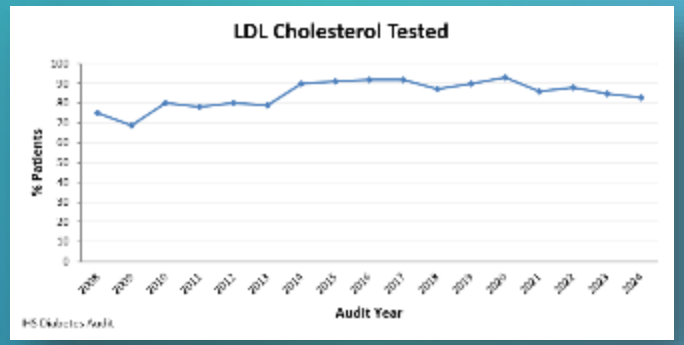
Results processed through the WebAudit

Input=data file or paper forms





Output=reports and graphs



What are Audit Reports (capital R)

- The Audit Report (capital R) provides a basic summary of the data elements in the Audit for *each* year.
- Results are presented as the number and percent of patients who 'meet' each report item. For example, 43% of Audited patients have mean blood pressure <130/<80.
- Audit Reports can be obtained from the WebAudit or RPMS/DMS and possibly other EMR systems.
  - Results should be the same **IF** run on the same patients and at the same date and time.
  - **Exception:** minor differences due to rounding.
  - IHS and Area results are provided on the WebAudit version, once all data are final.

Other Audit reports (lowercase r)

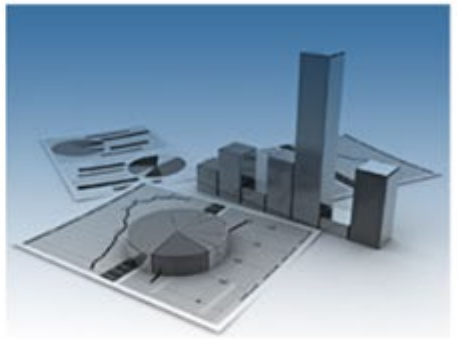
- Other Audit summary reports (lowercase r) for each year are available via the WebAudit and/or RPMS:
  - **SDPI Key Measures:** WebAudit and RPMS
  - **Means:** WebAudit only
- Graphs of Audit results over time for selected measures are available via the WebAudit only.
  - **Trends Graphs**
  - **Means Graphs**

How to get Audit reports

1. **If you *do* have access to the WebAudit and/or RPMS:**
   a. WebAudit: https://www.ihs.gov/diabetes/audit/
   b. RPMS: https://www.ihs.gov/diabetes/audit/audit-rpms-dms-information/
2. **If you *do not* have WebAudit or RPMS access:**
   a. Request from your facility.
   b. Contact your Area Diabetes Consultant.

NOTE: WebAudit access is limited to individuals who participate in conducting Audits OR as determined by facility staff. RPMS/DMS access is determined by facility staff.

WebAudit Information and Account Requests



The WebAudit is a set of internet-based tools for Audit data entry, uploading files from electronic Audits, data processing, and reporting. The WebAudit tools can be used to conduct the Annual Audit and Interim Audits throughout the year.

With the WebAudit's point-and-click interface, users can quickly and easily enter or upload Audit data into a secure, centralized database. They can then view and edit their data, check it for errors, or download it in Excel format for local use. Summary reports are also available for the current year and previous years. Graphs with results over time in Excel format are also available for download.

- **Requirements:** To use the WebAudit, you must have a computer with internet access and an internet browser, such as Microsoft Edge.
- **Documentation:** Once logged into the WebAudit, users will find brief instructions on each page.
- **Request Access:** Each user must have their own account.

1. **Register for an IHS Web Account, if you do not already have one.** The Username and Password for this account are separate from the account you use to log in to your local network.
2. **Request WebAudit access.** Type in the Username and Password for your IHS Web Account and follow the instructions to request access.
3. Most requests for WebAudit accounts will be approved in 24 hours or less. You will receive an email message when your request is approved.
4. Contact the IHS Audit team if you have any questions or problems.
5. If you already have a WebAudit account, log in and/or reset your password.

Log in

- **Request Username:** Contact the IHS Audit team if you have a WebAudit account but do not remember your username.

Audit Report - WebAudit

First several items from page 1 of 8

IHS Diabetes Care and Outcomes Audit - WebAudit
Audit Report for 2025 (Audit Period 01/01/2024 - 12/31/2024)
Facility: Test21 LB

Annual Audit

959 charts were audited from 959 patients determined to be eligible by Test21 LB.
Unless otherwise specified, time period for each item is the 12-month Audit Period.

	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
Sex					
Male	389	959	**41%**		
Female	570	959	**59%**		
Unknown	0	959	**0%**		
Age					
< 20 years	36	959	**4%**		
20-44 years	144	959	**15%**		
45-64 years	402	959	**42%**		
≥ 65 years	377	959	**39%**		
Diabetes Type					
Type 1	34	959	**4%**		
Type 2	925	959	**96%**		
Duration of Diabetes					
< 1 year	5	959	**1%**		
< 10 years	79	959	**8%**		
≥ 10 years	506	959	**53%**		
Diagnosis date not recorded	374	959	**39%**		

Audit Report – RPMS/DMS

First several items

LMD Jan 14, 2025 Page 1

IHS Diabetes Care and Outcomes Audit - RPMS Audit
Audit Report for 2025 (Audit Period 01/01/2024 to 12/31/2024)
Facility: DEMO HOSPITAL (INST)
Annual Audit
620 patients were audited

Unless otherwise specified, time period for each item is the 12-month Audit Period

	# of Patients (Numerator)	# Considered (Denominator)	Percent
Sex			
Male	242	620	39%
Female	378	620	61%
Unknown	0	620	0%
Age			
<20 years	26	620	4%
20-44 years	101	620	16%
45-64 years	280	620	45%
>=65 years	213	620	34%
Diabetes Type			
Type 1	18	620	3%
Type 2	602	620	97%
Duration of Diabetes			
<1 year	2	90	2%
<10 years	34	90	38%
>=10 years	39	90	43%
Diagnosis date not recorded	17	90	19%

Audit Report – General Info

- Results are presented as the number and percent of patients who ‘meet’ each report item.
- Items may be reported for:
  1. All patients
  2. A subgroup of patients: items reported for subgroups are indicated by keywords “In” or “If” (e.g., In patients aged 40-75). Some are also indented.
  3. Both above
- Order is *not* the same as the Audit Form.
- Patients with missing values for an item are counted in the denominator for *most* items.
- There are some changes to Audit Report every year. Some years these are minor, others more extensive.

Audit Report Changes for 2025

Audit Report Changes

- **When**: Audit Report (capital R) changes are made each year for the Annual Audit.
- **Why**
  1. **Currency** - To align with IHS and other national standards and reports, such as, IHS GPRA measures.
  2. **Consistency** – To be consistent with other materials from IHS and the Division of Diabetes.
  3. **Clarity** - To facilitate understanding of each item on the report.
  4. **Completeness** - To provide all the necessary information for interpreting the report items.

Audit Report Changes for 2025

- **General**: Minor changes to wording for some items.
- **Specific items**: Details on following slides.
  - **Changes:**
    1. Added Zepbound to tirzepatide taxonomy
    2. Added PCV21 to pneumococcal vaccine taxonomy
    3. Redefined complete series for Hepatitis B vaccine
    4. Updates to CVD report
  - Changed: SDPI RKM items

Added: New Medication

☐9 Tirzepatide [*Mounjaro*, *Zepbound*]

Added: New Vaccine

Pneumococcal [PCV15, PCV20, PCV21, or PPSV23] (ever):

☐1 Yes

☐2 No

Changed: logic for complete series Hepatitis B vaccine

Hepatitis B complete series (ever):

☐1 Yes

☐2 No

☐3 Immune

- Complete series can be achieved with:
  - Two doses of two-dose vaccine (Heplisav-B)
  - Three doses of three-dose vaccine (Engerix-B, PreHevbrio, Recombivax-HB, Twinrix)
  - **Total of three doses using a combination of two and three dose vaccines**

CVD Report changes:

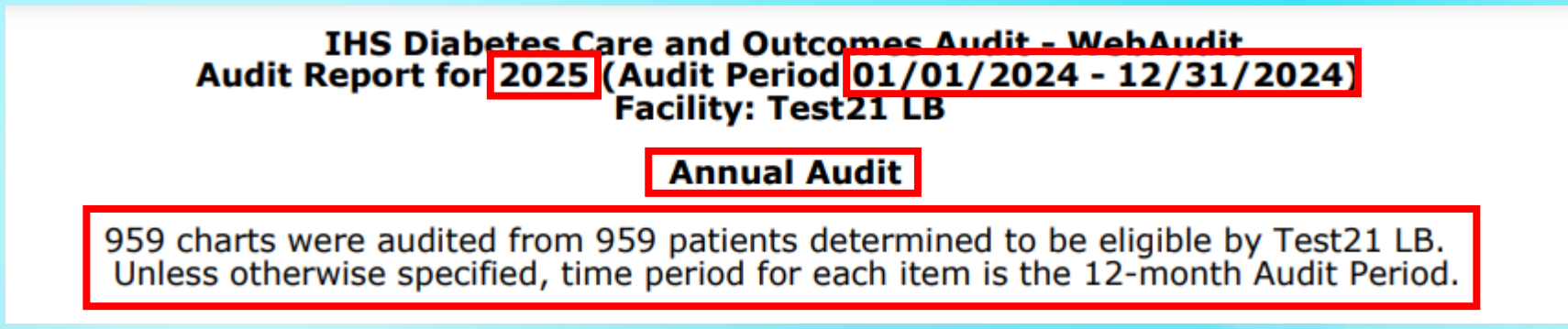
Cardiovascular Disease (CVD)			
CVD diagnosed ever	16	75	**21%**
CVD and mean BP <130/<80	5	16	**31%**
CVD and not current tobacco user* *Excludes patients not screened for tobacco use	11	15	**73%**
CVD and aspirin or other antiplatelet/anticoagulant therapy currently prescribed	9	16	**56%**
CVD and GLP-1 receptor agonist currently prescribed	4	16	**25%**
CVD and SGLT-2 inhibitor currently prescribed	3	16	**19%**
CVD and statin currently prescribed* *Excludes patients with an allergy, intolerance, or contraindication	13	16	**81%**

Add: CVD and mean BP <140/<90

Add: CVD and GLP-1 receptor agonist and/or SGLT-2 inhibitor currently prescribed

How to Read Audit Reports

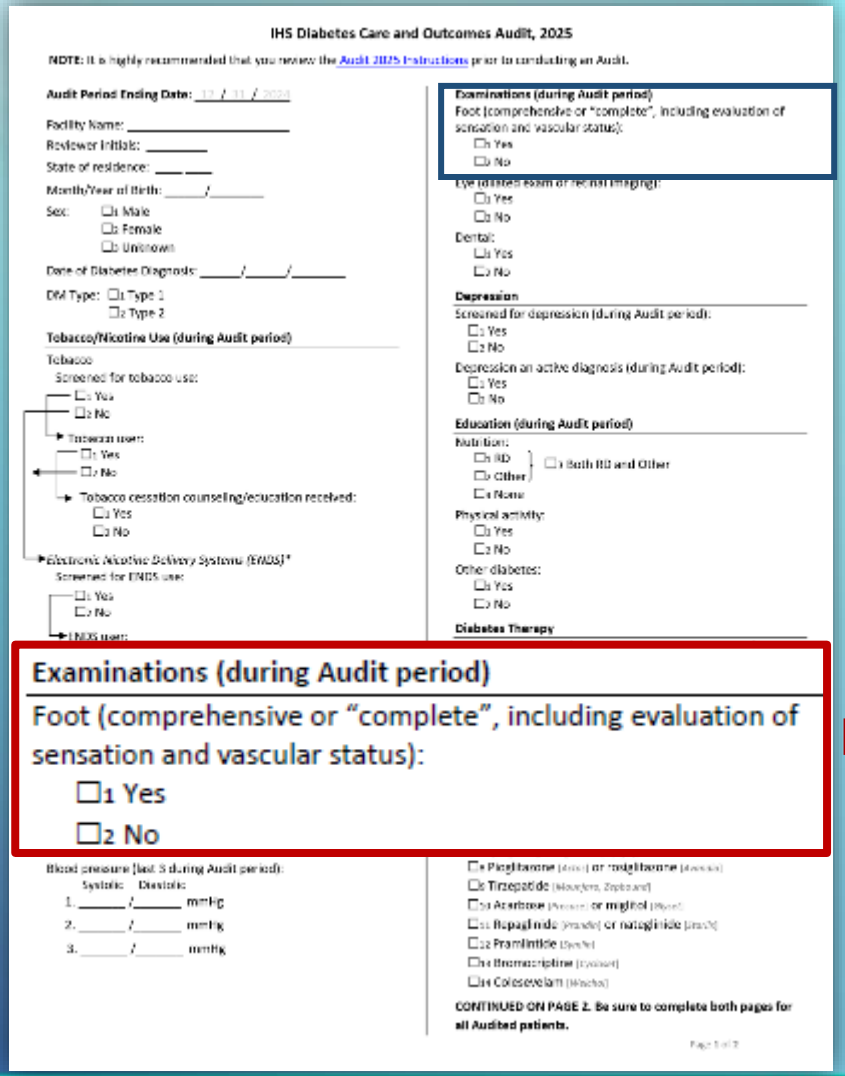
Audit 2025 Report Header - WebAudit



- 2025: Audit "version"
- 01/01/2024-12/31/2024: Audit (time) period for which data are reviewed
- Annual (vs. Interim) Audit
- Number of patients included out of how many eligible

Example 1: One response – Foot exam

Audit Form – page 1



IHS Diabetes Care and Outcomes Audit, 2025

NOTE: It is highly recommended that you review the Audit 2025 Instructions prior to conducting an Audit.

Audit Period Ending Date: 12 / 31 / 2024

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 (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:

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

Blood pressure (last 3 during Audit period): Systolic / Diastolic

1. _____/_____ mmHg
2. _____/_____ mmHg
3. _____/_____ mmHg

☐9 Pioglitazone (Actos) or rosiglitazone (Avandia)

☐8 Tirzepatide (Mounjaro, Zepbound)

☐7 Acarbose (Precose) or miglitol (Glyset)

☐6 Repaglinide (Prandin) or nateglinide (Starlix)

☐12 Pramlintide (Symlin)

☐11 Bromocriptine (Cycloset)

☐14 Colesevelam (Welchol)

CONTINUED ON PAGE 2. Be sure to complete both pages for all Audited patients.

Examinations (during Audit period)

Foot (comprehensive or "complete", including evaluation of sensation and vascular status):

☐1 Yes

☐2 No

Audit Report – page 4

	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
Retinopathy					
Diagnosed ever	4	90	4%		
Lower Extremity Amputation					
Any type ever (e.g., toe, partial foot, above or below knee)	4	90	4%		
Exams					
Foot exam – comprehensive or complete	31	90	34%		
Eye exam – dilated exam or retinal imaging	7	90	8%		
Dental exam	4	90	4%		
Diabetes-Related Education					
Nutrition – by any provider (RD and/or other)	36	90	40%		
Nutrition – by RD	0	90	0%		
Physical Activity	33	90	37%		
Other diabetes education	38	90	42%		
Any of above	40	90	44%		

Exams			
Foot exam – comprehensive or complete	31	90	34%

Example 1 continued – Foot exam

	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
Exams					
Foot exam – comprehensive or complete	31	90	34%		

- Percent calculation for foot exams:

  31 / 90 = 0.34
  0.34*100 = 34%

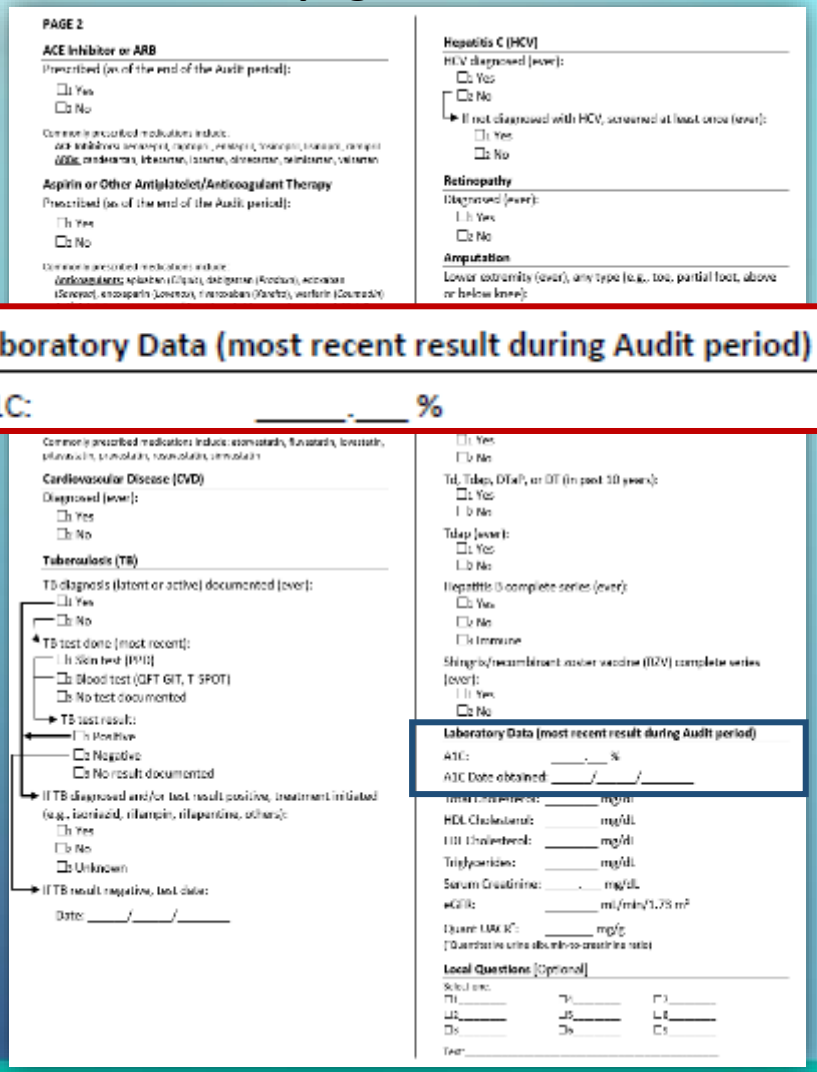
  Numerator = 31 = number of patients Audited that had a foot exam

  Denominator = 90 = number of patients Audited

- All patients either had a foot exam documented or not.

Example 2: Number put in a category – A1C

Audit Form – page 2



PAGE 2

ACE Inhibitor or ARB

Prescribed (as of the end of the Audit period):

☐1 Yes
☐2 No

Aspirin or Other Antiplatelet/Anticoagulant Therapy

Prescribed (as of the end of the Audit period):

☐1 Yes
☐2 No

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, other):

☐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

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: ____/____/____

HDL Cholesterol: _____ mg/dL

LDL Cholesterol: _____ mg/dL

Triglycerides: _____ mg/dL

Serum Creatinine: ____.___ mg/dL

eGFR: _____ mL/min/1.73 m²

Quant UAM/C: _____ mg/g

[Quantitative urine albumin-to-creatinine ratio]

Local Questions [Optional]

Select one:

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

Text: _____

Laboratory Data (most recent result during Audit period)

A1C: ____.___ %

A1C: _____-____ %

Audit Report – page 1

	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
Blood Sugar Control					
A1C <7.0	22	90	24%		
A1C 7.0-7.9	14	90	16%		
A1C 8.0-8.9	3	90	3%		
A1C 9.0-9.9	7	90	8%		
A1C 10.0-10.9	8	90	9%		
A1C ≥11.0	8	90	9%		
Not tested or no valid result	28	90	31%		
A1C <8.0	36	90	40%		
A1C >9.0	23	90	26%		

Example 2 continued – A1C

	# of Patients (Numerator)	# Considered (Denominator)	Percent
Blood Sugar Control			
A1C <7.0	45	90	50%
A1C 7.0-7.9	21	90	23%
A1C 8.0-8.9	10	90	11%
A1C 9.0-9.9	5	90	6%
A1C 10.0-10.9	3	90	3%
A1C ≥11.0	5	90	6%
Not tested or no valid result	1	90	1%
A1C <8.0	66	90	73%
A1C >9.0	13	90	14%

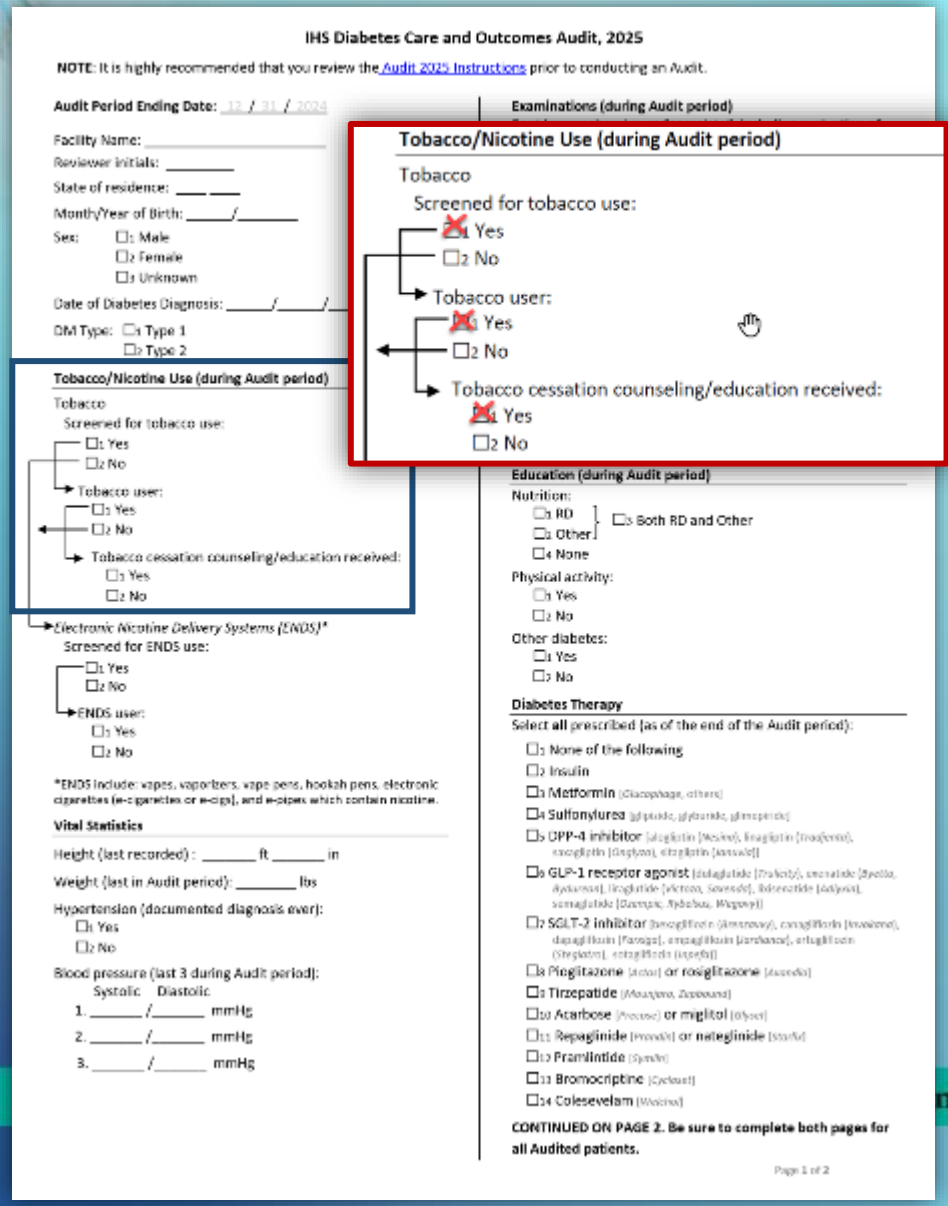
- Percent calculation for A1C<7.0:
  45 / 90 = 0.50
  0.50*100 = 50%

  Numerator = 45 = number of patients Audited with A1C<7.0
  Denominator = 90 = number of patients Audited

- Notes:
  - All patients counted in one main category and can also be in <8.0 or >9.0
  - Sum of Percent for all main categories = 100%
  - Important to individualize A1C goals

Example 3: Skip pattern – Tobacco Use

Audit Form – page 1



IHS Diabetes Care and Outcomes Audit, 2025

NOTE: It is highly recommended that you review the Audit 2025 Instructions prior to conducting an Audit.

Audit Period Ending Date: 12 / 31 / 2024

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 (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 recorded) : _____ ft _____ in

Weight (last in Audit period): _____ lbs

Hypertension (documented diagnosis ever):

☐1 Yes ☐2 No

Blood pressure (last 3 during Audit period):

Systolic / Diastolic

1. _____ / _____ mmHg
2. _____ / _____ mmHg
3. _____ / _____ mmHg

Examinations (during Audit period)

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 (sitagliptin [Januvia], linagliptin [Tradjenta], saxagliptin [Onglyza], alogliptin [Nesina])
☐6 GLP-1 receptor agonist (dulaglutide [Trulicity], exenatide [Byetta, Bydureon], liraglutide [Victoza, Saxenda], lixisenatide [Adlyxin], semaglutide [Ozempic, Rybelsus, Wegovy])
☐7 SGLT-2 inhibitor (bexagliflozin [Brenavvy], canagliflozin [Invokana], dapagliflozin [Farxiga], empagliflozin [Jardiance], ertugliflozin [Steglatro], sotagliflozin [Inpefa])
☐8 Pioglitazone (Actos) or rosiglitazone (Avandia)
☐9 Tirzepatide (Mounjaro, Zepbound)
☐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.

Page 1 of 2

Tobacco/Nicotine Use (during Audit period)

Tobacco

Screened for tobacco use:

☒1 Yes

☐2 No

Tobacco user:

☒1 Yes

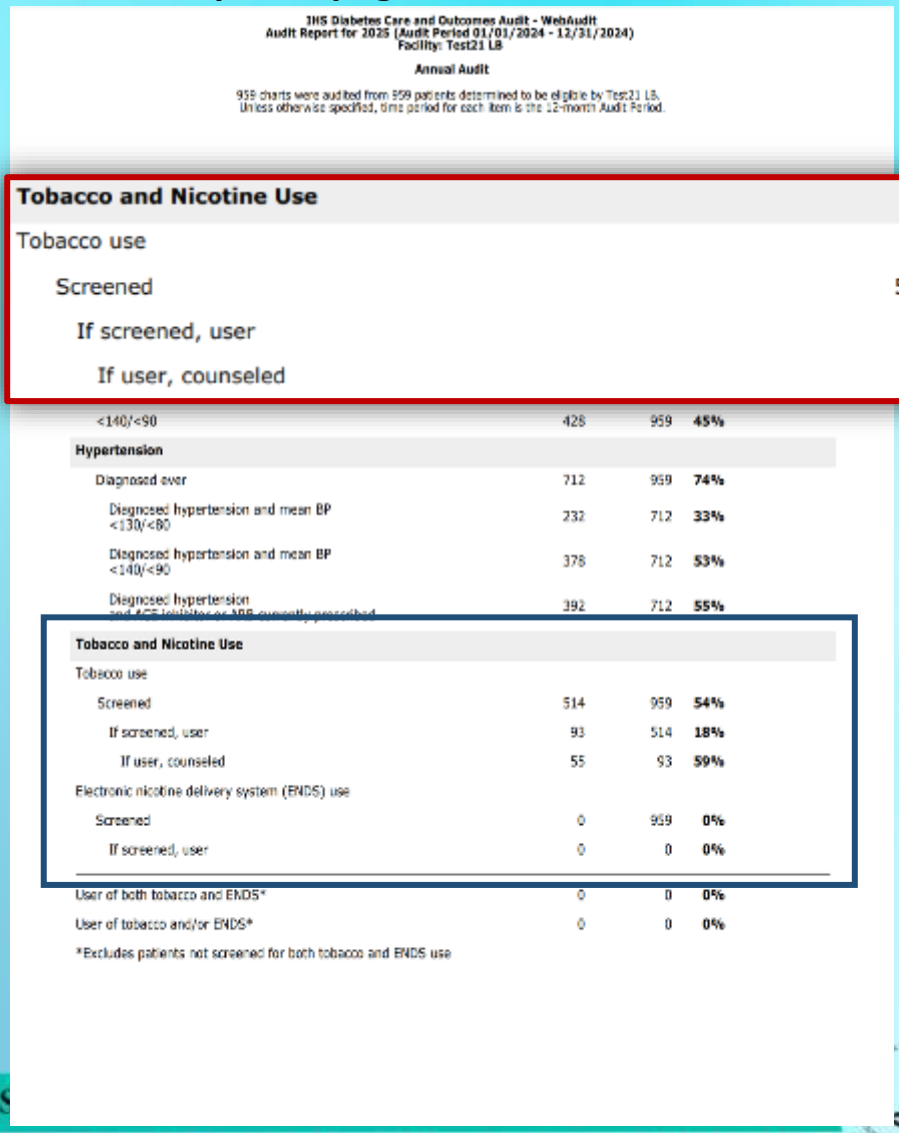
☐2 No

Tobacco cessation counseling/education received:

☒1 Yes

☐2 No

Audit Report – page 2



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Audit Report for 2025 (Audit Period 01/01/2024 - 12/31/2024)
Facility: Test21 LB

Annual Audit

959 charts were audited from 959 patients determined to be eligible by Test21 LB.
Unless otherwise specified, time period for each item is the 12-month Audit Period.

Tobacco and Nicotine Use

Tobacco use			
Screened	514	959	**54%**
If screened, user	93	514	**18%**
If user, counseled	55	93	**59%**

<140/<90	428	959	**45%**
Hypertension			
Diagnosed ever	712	959	**74%**
Diagnosed hypertension and mean BP <130/<80	232	712	**33%**
Diagnosed hypertension and mean BP <140/<90	378	712	**53%**
Diagnosed hypertension and ACE inhibitor or ARB currently prescribed	392	712	**55%**

Tobacco and Nicotine Use

Tobacco use			
Screened	514	959	**54%**
If screened, user	93	514	**18%**
If user, counseled	55	93	**59%**
Electronic nicotine delivery system (ENDS) use			
Screened	0	959	**0%**
If screened, user	0	0	**0%**
User of both tobacco and ENDS*	0	0	**0%**
User of tobacco and/or ENDS*	0	0	**0%**

*Excludes patients not screened for both tobacco and ENDS use

Example 3 continued – Tobacco Use

Tobacco and Nicotine Use	# of Patients (Numerator)	# Considered (Denominator)	Percent
Tobacco use			
Screened	514	959	**54%**
If screened, user	93	514	**18%**
If user, counseled	55	93	**59%**

Screened

514 / 959 = 0.54
0.54*100 = 54%

Numerator = 514 = number of patients Audited that were Screened

Denominator = 959 = number patients Audited

If screened, user

93 / 514 = 0.18
0.18*100 = 18%

Numerator = 93 = number of patients Audited that were Screened **and** are Users

Denominator = 514 = number patients Audited that were Screened

If user, counseled

55 / 93 = 0.59
0.59*100 = 59%

Numerator = 55 = number of patients Audited that were Screened **and** are Users **and** were Counseled

Denominator = 93 = number of patients Audited that were Screened **and** are Users

Example 3 continued – Tobacco Use

Tobacco and Nicotine Use	# of Patients (Numerator)	# Considered (Denominator)	Percent
Tobacco use			
Screened	514	959	**54%**
If screened, user	93	514	**18%**
If user, counseled	55	93	**59%**

Screened

514 / 959 = 0.54
0.54*100 = 54%

Numerator = 514 = number of patients Audited that were Screened

Denominator = 959 = number patients Audited

If screened, user

93 / 514 = 0.18
0.18*100 = 18%

Numerator = 93 = number of patients Audited that were Screened **and** are Users

Denominator = 514 = number patients Audited that were Screened

If user, counseled

55 / 93 = 0.59
0.59*100 = 59%

Numerator = 55 = number of patients Audited that were Screened **and** are Users **and** were Counseled

Denominator = 93 = number of patients Audited that were Screened **and** are Users

Example 3 continued – Tobacco Use

Tobacco and Nicotine Use	# of Patients (Numerator)	# Considered (Denominator)	Percent
Tobacco use			
Screened	514	959	**54%**
If screened, user	93	514	**18%**
If user, counseled	55	93	**59%**

Screened

514 / 959 = 0.54
0.54*100 = 54%

Numerator = 514 = number of patients Audited that were Screened

Denominator = 959 = number patients Audited

If screened, user

93 / 514 = 0.18
0.18*100 = 18%

Numerator = 93 = number of patients Audited that were Screened **and** are Users

Denominator = 514 = number patients Audited that were Screened

If user, counseled

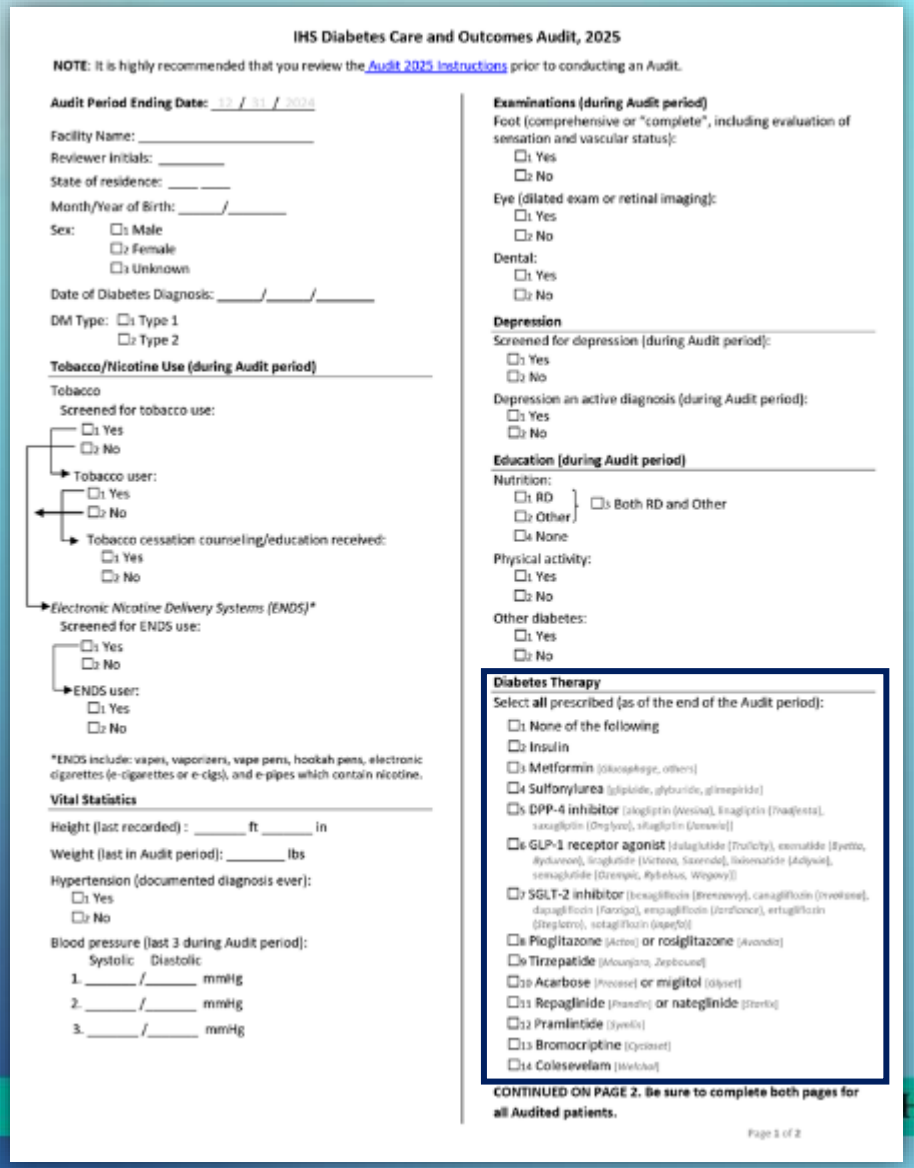
55 / 93 = 0.59
0.59*100 = 59%

Numerator = 55 = number of patients Audited that were Screened **and** are Users **and** were Counseled

Denominator = 93 = number of patients Audited that were Screened **and** are Users

Example 4: All that Apply – DM Therapy

Audit Form – page 1



IHS Diabetes Care and Outcomes Audit, 2025

NOTE: It is highly recommended that you review the Audit 2025 Instructions prior to conducting an Audit.

Audit Period Ending Date: 12 / 31 / 2024

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 (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 recorded) : _____ ft _____ in

Weight (last in Audit period): _____ lbs

Hypertension (documented diagnosis ever):
☐1 Yes ☐2 No

Blood pressure (last 3 during Audit period):
Systolic Diastolic
1. _____/_____ mmHg
2. _____/_____ mmHg
3. _____/_____ 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, Zepbound)
☐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.

Page 1 of 2

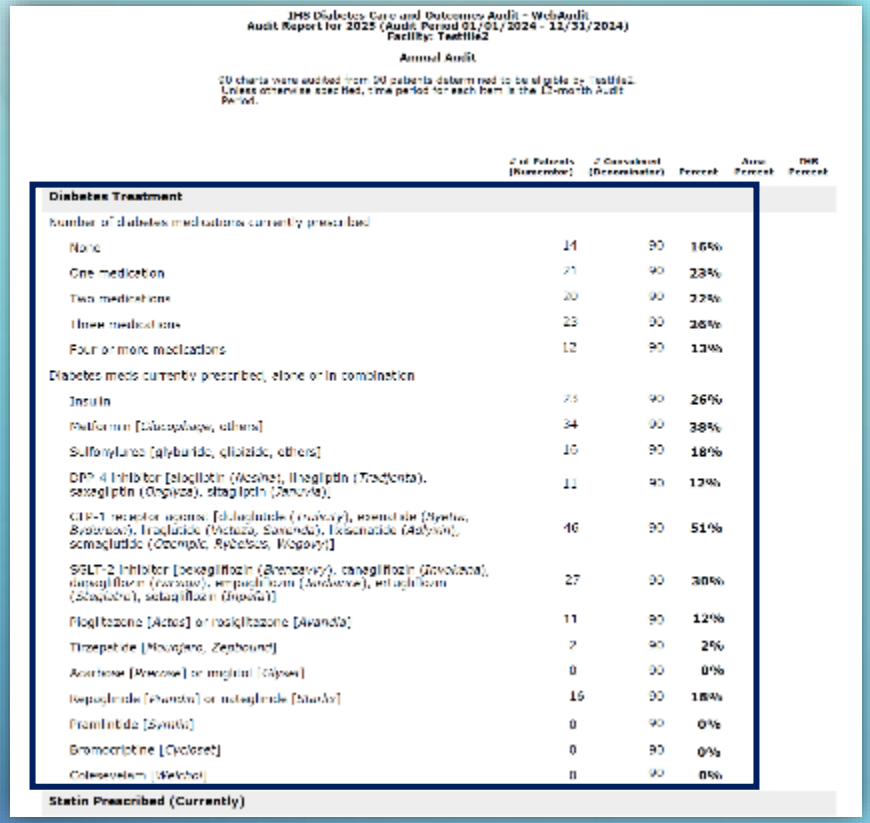
Diabetes Therapy

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*, ***Zepbound***]
☐10 Acarbose [*Precose*] or miglitol [*Glyset*]
☐11 Repaglinide [*Prandin*] or nateglinide [*Starlix*]
☐12 Pramlintide [*Symlin*]
☐13 Bromocriptine [*Cycloset*]
☐14 Colesevelam [*Welchol*]

Example 4 continued – DM Therapy

Audit Report WebAudit – page 3



	# of Patients (Numerator)	# Considered (Denominator)	Percent
Diabetes Treatment			
Number of diabetes medications currently prescribed			
None	14	90	**16%**
One medication	21	90	**23%**
Two medications	20	90	**22%**
Three medications	23	90	**26%**
Four or more medications	12	90	**13%**
Diabetes meds currently prescribed, alone or in combination			
Insulin	23	90	**26%**
Metformin [*Glucophage*, others]	34	90	**38%**
Sulfonylurea [glyburide, glipizide, others]	16	90	**18%**
DPP-4 inhibitor [alogliptin (*Nesina*), linagliptin (*Tradjenta*), saxagliptin (*Onglyza*), sitagliptin (*Januvia*)]	11	90	**12%**
GLP-1 receptor agonist [dulaglutide (*Trulicity*), exenatide (*Byetta, Bydureon*), liraglutide (*Victoza, Saxenda*), lixisenatide (*Adlyxin*), semaglutide (*Ozempic, Rybelsus, Wegovy*)]	46	90	**51%**
SGLT-2 inhibitor [bexagliflozin (*Brenzavvy*), canagliflozin (*Invokana*), dapagliflozin (*Farxiga*), empagliflozin (*Jardiance*), ertugliflozin (*Steglatro*), sotagliflozin (*Inpefa*)]	27	90	**30%**
Pioglitazone [*Actos*] or rosiglitazone [*Avandia*]	11	90	**12%**
Tirzepatide [*Mounjaro, Zepbound*]	2	90	**2%**
Acarbose [*Precose*] or miglitol [*Glyset*]	0	90	**0%**
Repaglinide [*Prandin*] or nateglinide [*Starlix*]	16	90	**18%**
Pramlintide [*Symlin*]	0	90	**0%**
Bromocriptine [*Cycloset*]	0	90	**0%**
Colesevelam [*Welchol*]	0	90	**0%**

Example 4 continued – DM Therapy

Two sections for this item:

1. Number of medications
2. Which medications

Notes:

- Sum of percentages for section 1=100%
- Sum of percentages for section 2 can be >100% because patients can be on more than one med

1

2

	# of Patients (Numerator)	# Considered (Denominator)	Percent
Diabetes Treatment			
Number of diabetes medications currently prescribed			
None	14	90	**16%**
One medication	21	90	**23%**
Two medications	20	90	**22%**
Three medications	23	90	**26%**
Four or more medications	12	90	**13%**
Diabetes meds currently prescribed, alone or in combination			
Insulin	23	90	**26%**
Metformin [*Glucophage*, others]	34	90	**38%**
Sulfonylurea [glyburide, glipizide, others]	16	90	**18%**
DPP-4 inhibitor [alogliptin (*Nesina*), linagliptin (*Tradjenta*), saxagliptin (*Onglyza*), sitagliptin (*Januvia*)]	11	90	**12%**
GLP-1 receptor agonist [dulaglutide (*Trulicity*), exenatide (*Byetta, Bydureon*), liraglutide (*Victoza, Saxenda*), lixisenatide (*Adlyxin*), semaglutide (*Ozempic, Rybelsus, Wegovy*)]	46	90	**51%**
SGLT-2 inhibitor [bexagliflozin (*Brenzavvy*), canagliflozin (*Invokana*), dapagliflozin (*Farxiga*), empagliflozin (*Jardiance*), ertugliflozin (*Steglatro*), sotagliflozin (*Inpefa*)]	27	90	**30%**
Pioglitazone [*Actos*] or rosiglitazone [*Avandia*]	11	90	**12%**
Tirzepatide [*Mounjaro, Zepbound*]	2	90	**2%**
Acarbose [*Precose*] or miglitol [*Glyset*]	0	90	**0%**
Repaglinide [*Prandin*] or nateglinide [*Starlix*]	16	90	**18%**
Pramlintide [*Symlin*]	0	90	**0%**
Bromocriptine [*Cycloset*]	0	90	**0%**
Colesevelam [*Welchol*]	0	90	**0%**

Cardiovascular Disease (CVD) Report

Note: Report shows use of medications that are recommended for cardioprotective effect in people with CVD.

Cardiovascular Disease (CVD)			
CVD diagnosed ever	43	90	**48%**
CVD and mean BP <130/<80	18	43	**42%**
CVD and mean BP <140/<90	31	43	**72%**
CVD and not current tobacco user* *Excludes patients not screened for tobacco use	27	43	**63%**
CVD and aspirin or other antiplatelet/anticoagulant therapy currently prescribed	30	43	**70%**
CVD and GLP-1 receptor agonist currently prescribed	19	43	**44%**
CVD and SGLT-2 inhibitor currently prescribed	13	43	**30%**
CVD and GLP-1 receptor agonist and/or SGLT-2 inhibitor currently prescribed	25	43	**58%**
CVD and statin currently prescribed* *Excludes patients with an allergy, intolerance, or contraindication	33	41	**80%**

Chronic Kidney Disease (CKD) Report

Note: Report shows use of medications that are recommended for renal protective effect in people with CKD

Chronic Kidney Disease (CKD) (In age ≥ 18 years)			
CKD[2]	242	928	**26%**
CKD[2] and mean BP <130/<80	104	242	**43%**
CKD[2] and mean BP <140/<90	168	242	**69%**
CKD[2] and ACE inhibitor or ARB currently prescribed	174	242	**72%**
CKD[2] and GLP-1 receptor agonist currently prescribed	1	242	**0%**
CKD[2] and SGLT-2 inhibitor currently prescribed	0	242	**0%**
CKD Stage			
Normal: eGFR ≥60 mL/min and UACR <30 mg/g	94	928	**10%**
Stages 1 and 2: eGFR ≥60 mL/min and UACR ≥30 mg/g	77	928	**8%**
Stage 3: eGFR 30-59 mL/min	108	928	**12%**
Stage 4: eGFR 15-29 mL/min	23	928	**2%**
Stage 5: eGFR <15 mL/min	34	928	**4%**
Undetermined	592	928	**64%**

[2]Chronic Kidney Disease (CKD): eGFR<60 or Quantitative UACR≥30

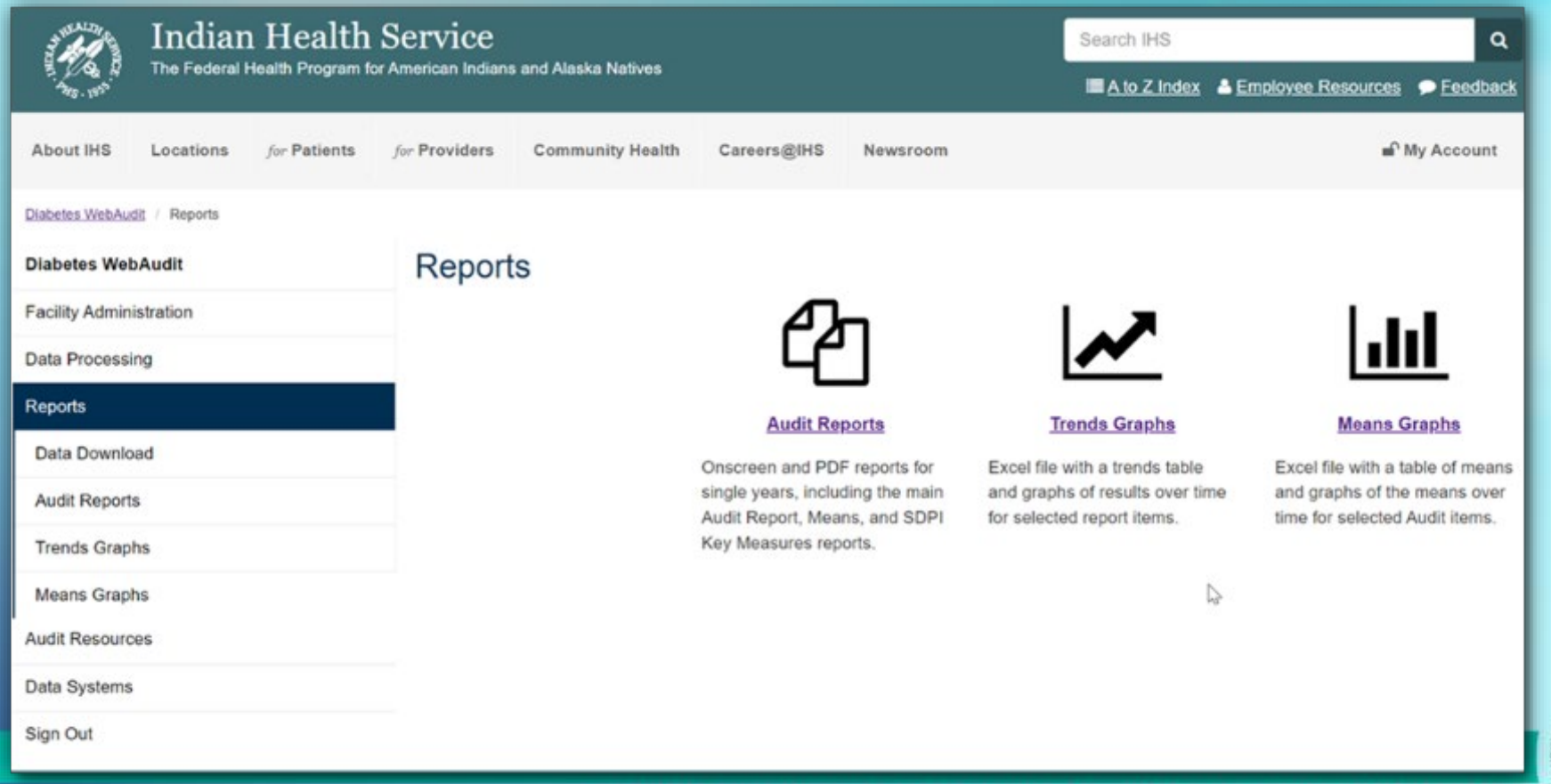
WebAudit

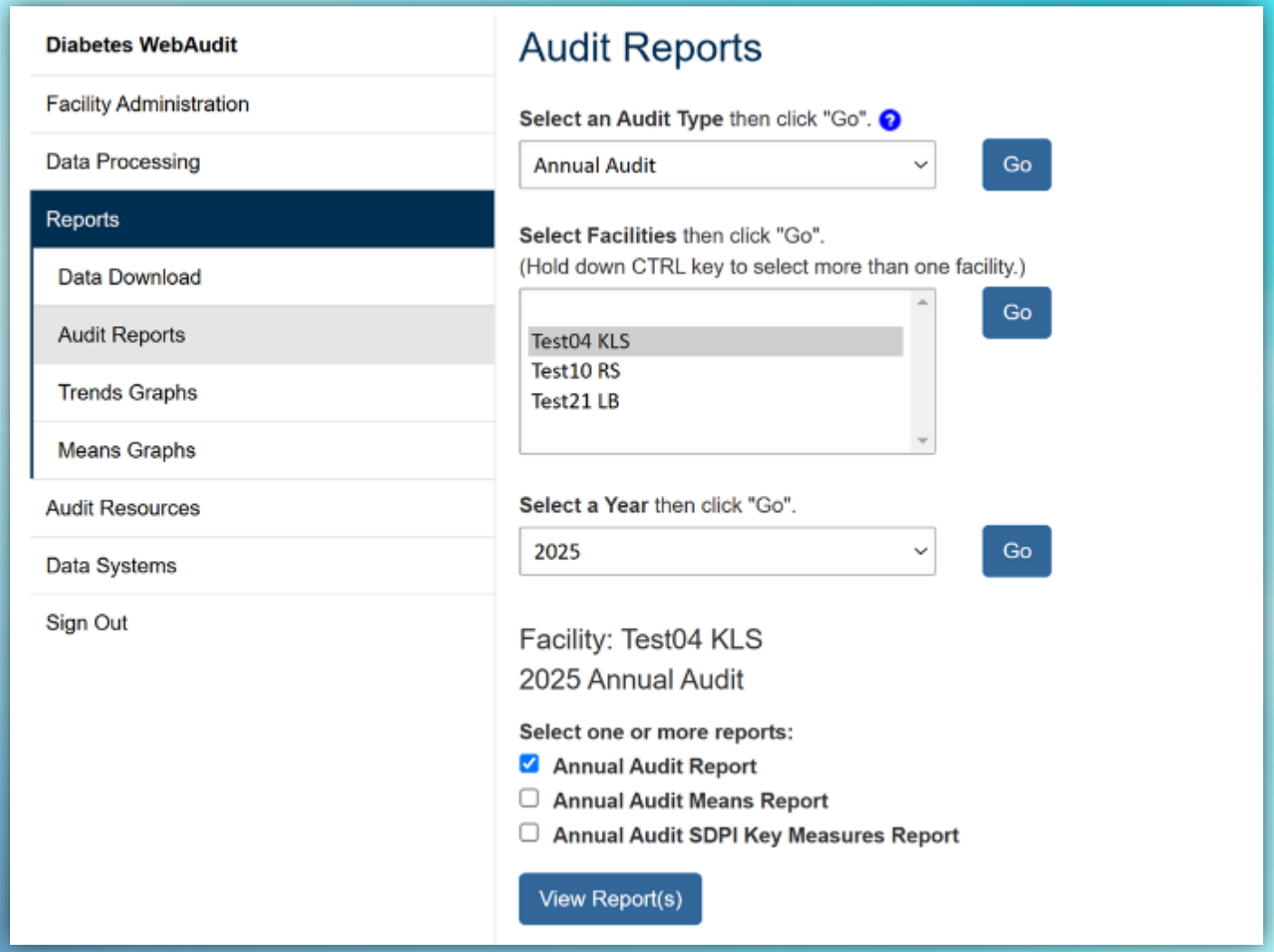
Using Reports & Reviewing Data

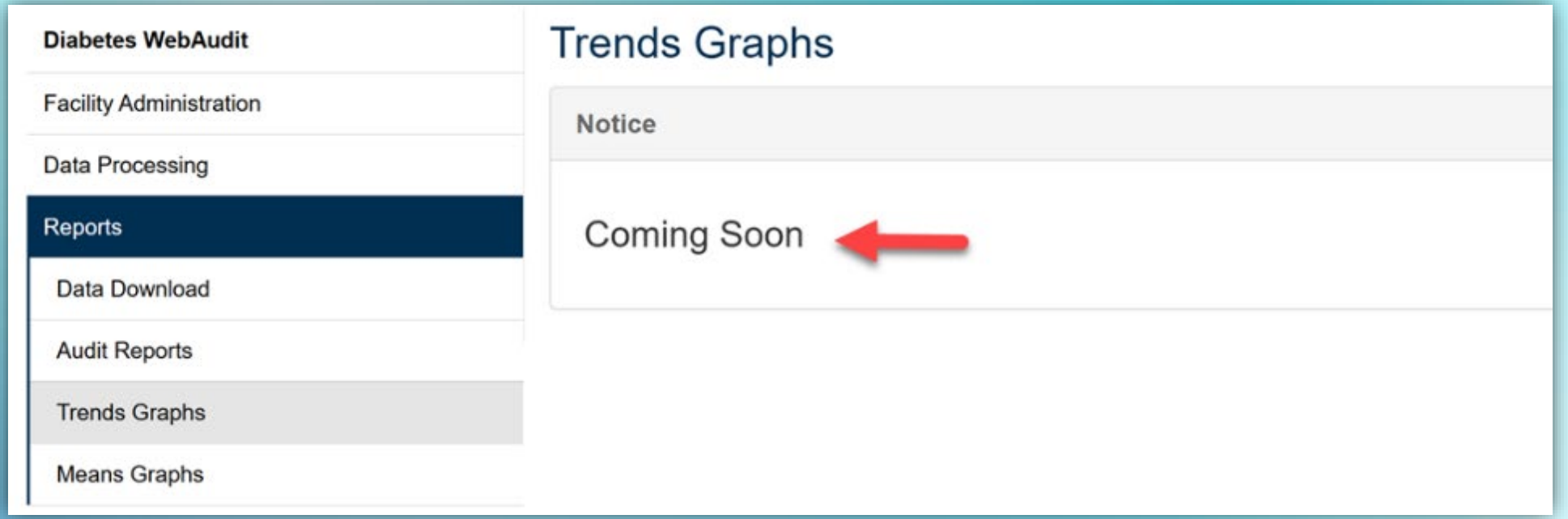
Look at your data.

Report Review

- **Print or pull up on screen:**
  - Annual Audit Reports from the WebAudit for 2024 and 2025.
  - Trends Graphs from the WebAudit.

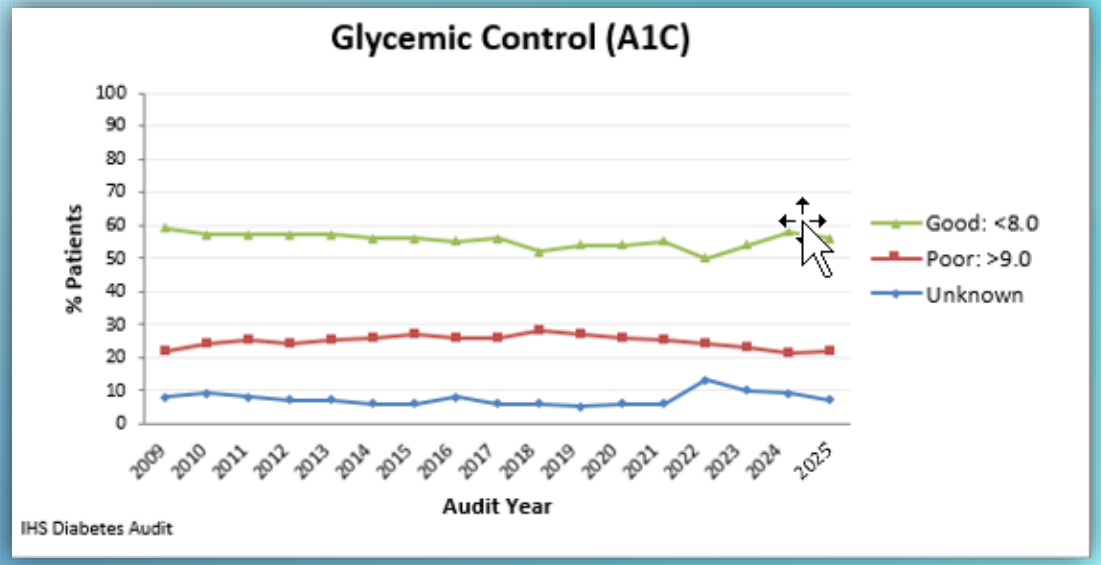



Diabetes WebAudit
Facility Administration
Data Processing
Reports
Data Download
Audit Reports
Trends Graphs
Means Graphs
Audit Resources
Data Systems
Sign Out
Audit Reports
Select an Audit Type then click "Go".
Annual Audit
Go
Select Facilities then click "Go".
(Hold down CTRL key to select more than one facility.)
Test04 KLS
Test10 RS
Test21 LB
Go
Select a Year then click "Go".
2025
Go
Facility: Test04 KLS
2025 Annual Audit
Select one or more reports:
Annual Audit Report
Annual Audit Means Report
Annual Audit SDPI Key Measures Report
View Report(s)


Diabetes WebAudit
Facility Administration
Data Processing
Reports
Data Download
Audit Reports
Trends Graphs
Means Graphs
Trends Graphs
Notice
Coming Soon

Trends Graphs

- Trends Graphs and Reports can be helpful to:
  - Help analyze and visualize your data over time.
  - Data displayed over time can help to understand the actual performance of a particular process, especially in relation to a target or a goal.
  - Tell the story for improvements and possible potential issues.



Trends Graphs

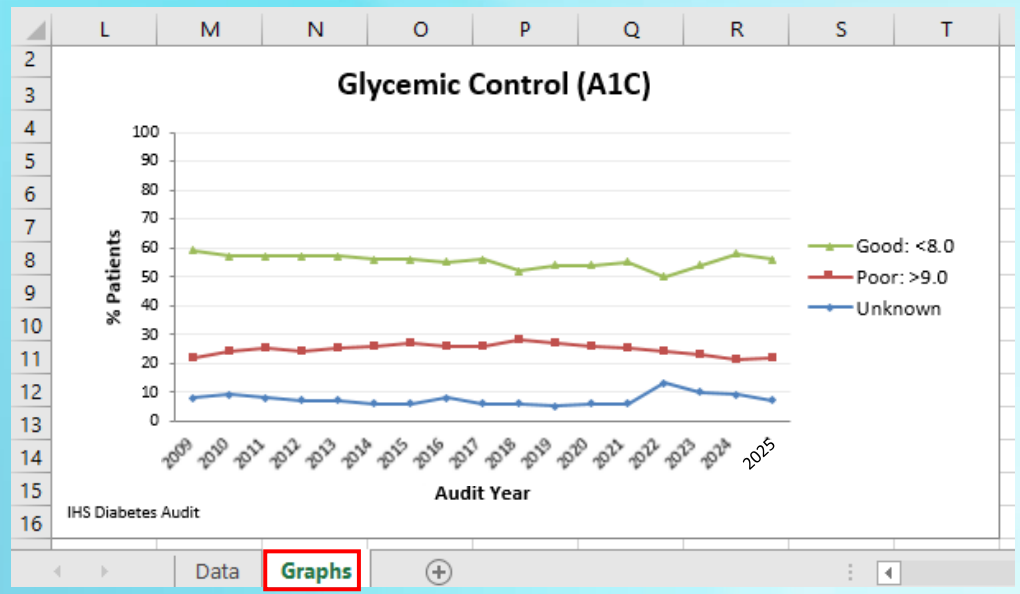
- Available in the WebAudit only.
- Two tabs: Data and Graphs.

Data (all 2025 Report items)

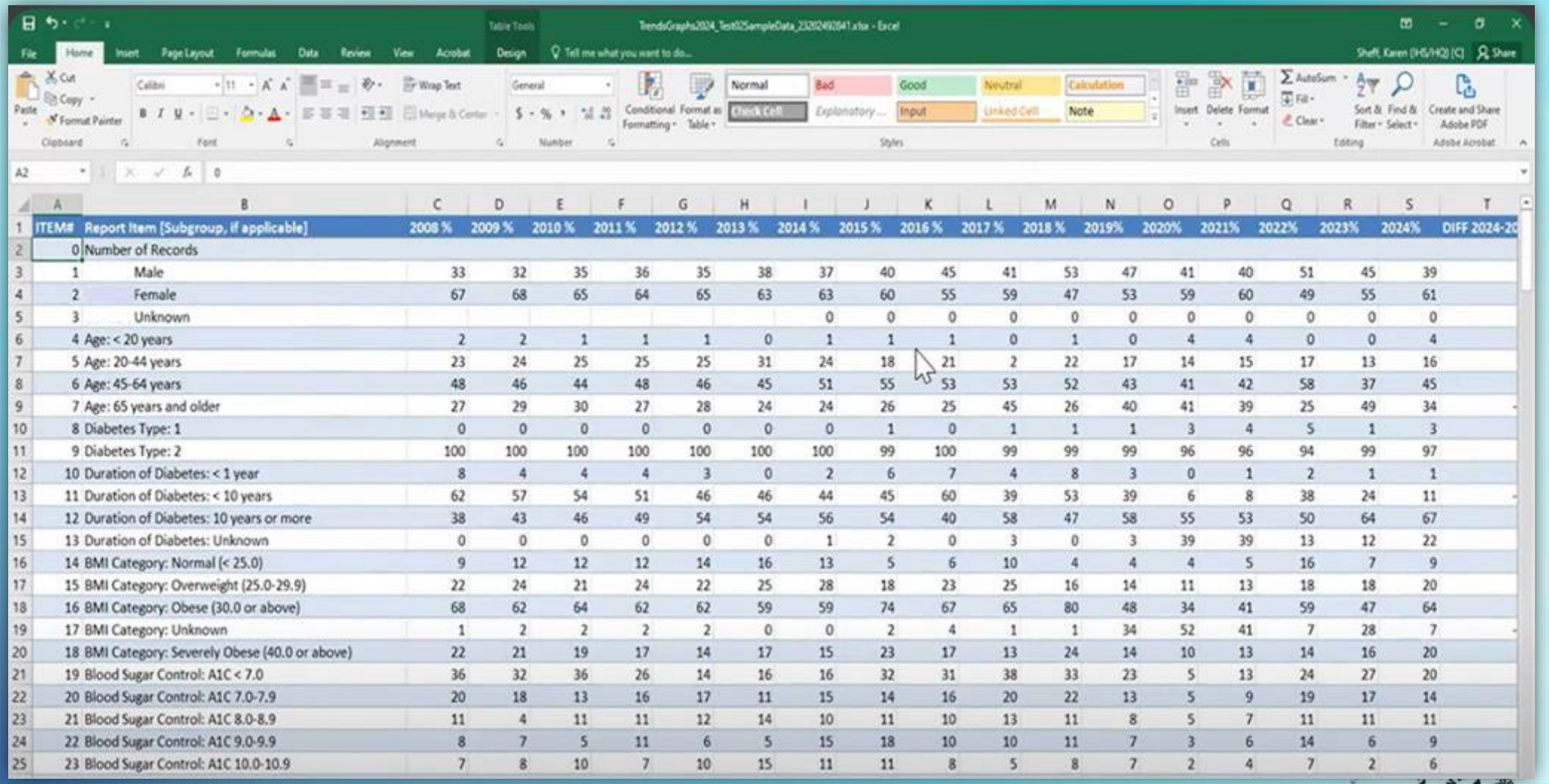
Report Item [Subgroup, if applicable]	2021%	2022%	2023%	2024%	2025%	DIFF 2025-2024
Number of Records						
Sex: Male	34	51	45	63	50	-13
Sex: Female	66	49	55	37	50	13
Sex: Unknown	0	0	0	0		0
Age: < 20 years	0	0	0	1	3	2
Age: 20-44 years	39	17	13	27	33	6
Age: 45-64 years	46	57	37	43	32	-9
Age: 65 years and older	15	25	49	29	32	3
Diabetes Type: 1	0	5	1	7	7	0
Diabetes Type: 2	100	95	99	93	93	0
Duration of Diabetes: < 1 year	1	2	1	3	12	9
Duration of Diabetes: < 10 years	31	38	24	64	60	-4
Duration of Diabetes: 10 years or more	67	51	64	17	16	-1

Data | Graphs

Graphs (selected outcomes)

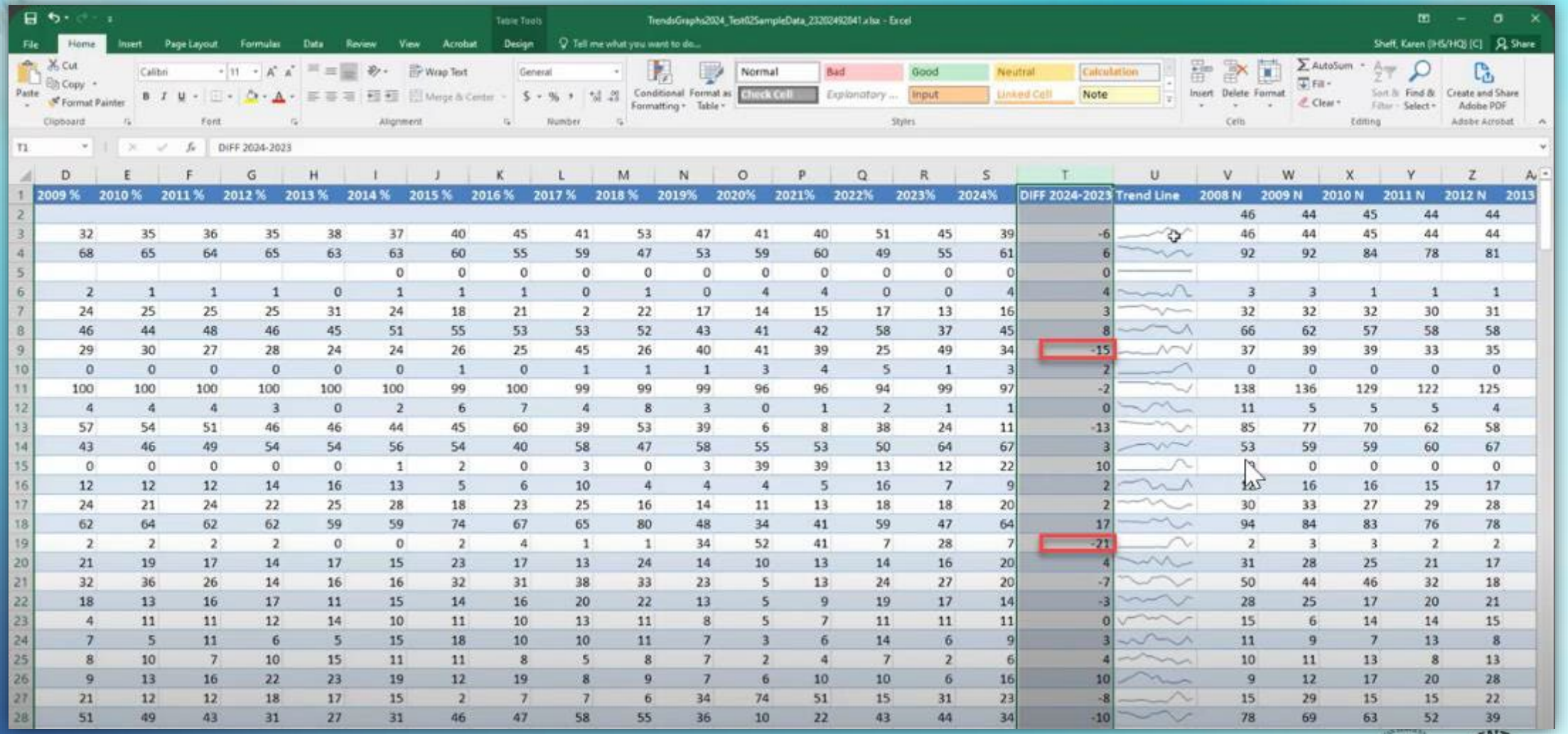


Trends Graph Example Document



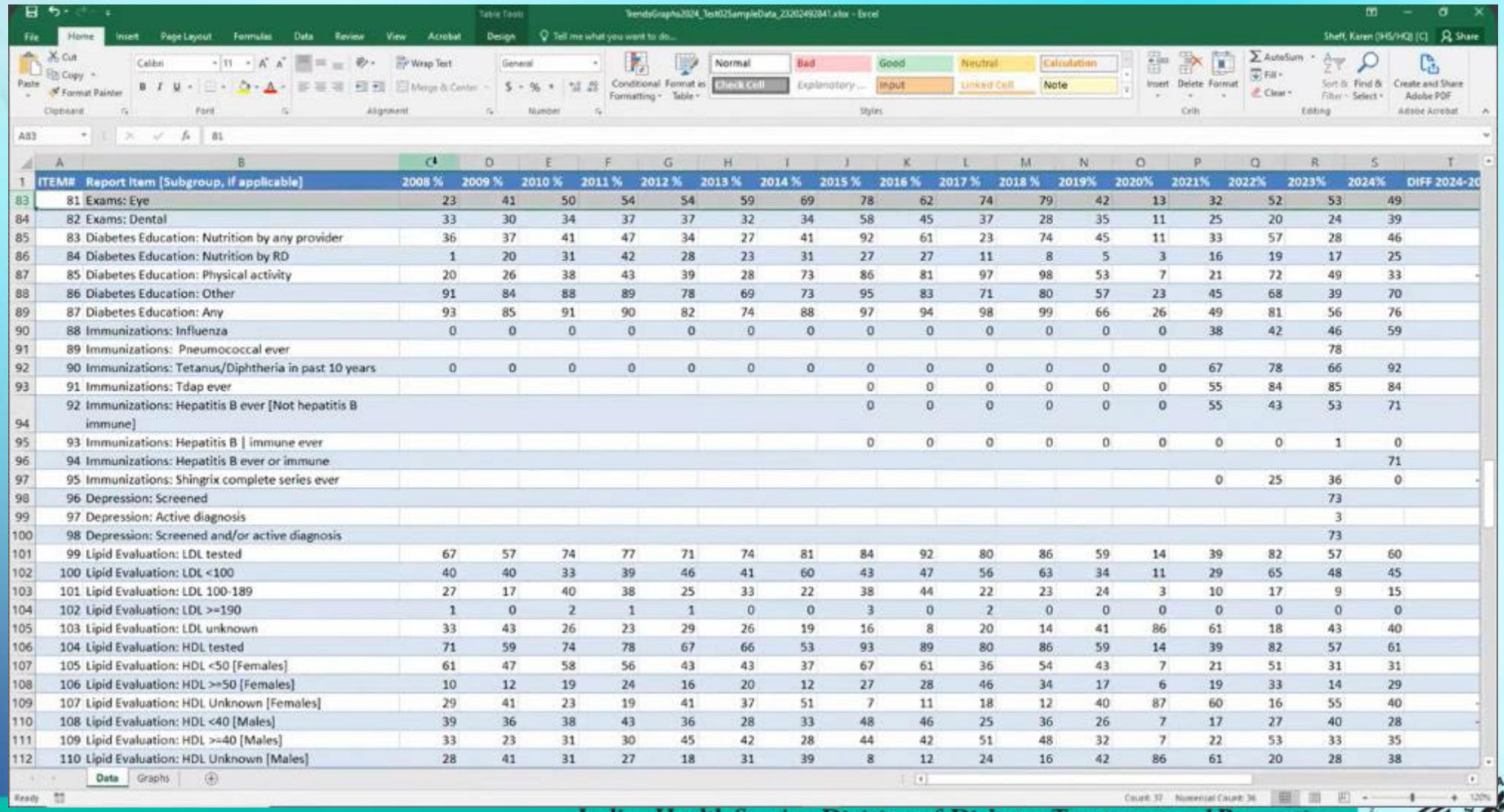
ITEM#	Report Item [Subgroup, if applicable]	2008 %	2009 %	2010 %	2011 %	2012 %	2013 %	2014 %	2015 %	2016 %	2017 %	2018 %	2019%	2020%	2021%	2022%	2023%	2024%	DIFF 2024-20
0	Number of Records																		
1	Male	33	32	35	36	35	38	37	40	45	41	53	47	41	40	51	45	39	
2	Female	67	68	65	64	65	63	63	60	55	59	47	53	59	60	49	55	61	
3	Unknown							0	0	0	0	0	0	0	0	0	0	0	
4	Age: < 20 years	2	2	1	1	1	0	1	1	1	0	1	0	4	4	0	0	4	
5	Age: 20-44 years	23	24	25	25	25	31	24	18	21	2	22	17	14	15	17	13	16	
6	Age: 45-64 years	48	46	44	48	46	45	51	55	53	53	52	43	41	42	58	37	45	
7	Age: 65 years and older	27	29	30	27	28	24	24	26	25	45	26	40	41	39	25	49	34	
8	Diabetes Type: 1	0	0	0	0	0	0	0	1	0	1	1	1	3	4	5	1	3	
9	Diabetes Type: 2	100	100	100	100	100	100	100	99	100	99	99	99	96	96	94	99	97	
10	Duration of Diabetes: < 1 year	8	4	4	4	3	0	2	6	7	4	8	3	0	1	2	1	1	
11	Duration of Diabetes: < 10 years	62	57	54	51	46	46	44	45	60	39	53	39	6	8	38	24	11	
12	Duration of Diabetes: 10 years or more	38	43	46	49	54	54	56	54	40	58	47	58	55	53	50	64	67	
13	Duration of Diabetes: Unknown	0	0	0	0	0	0	1	2	0	3	0	3	39	39	13	12	22	
14	BMI Category: Normal (< 25.0)	9	12	12	12	14	16	13	5	6	10	4	4	4	5	16	7	9	
15	BMI Category: Overweight (25.0-29.9)	22	24	21	24	22	25	28	18	23	25	16	14	11	13	18	18	20	
16	BMI Category: Obese (30.0 or above)	68	62	64	62	62	59	59	74	67	65	80	48	34	41	59	47	64	
17	BMI Category: Unknown	1	2	2	2	2	0	0	2	4	1	1	34	52	41	7	28	7	
18	BMI Category: Severely Obese (40.0 or above)	22	21	19	17	14	17	15	23	17	13	24	14	10	13	14	16	20	
19	Blood Sugar Control: A1C < 7.0	36	32	36	26	14	16	16	32	31	38	33	23	5	13	24	27	20	
20	Blood Sugar Control: A1C 7.0-7.9	20	18	13	16	17	11	15	14	16	20	22	13	5	9	19	17	14	
21	Blood Sugar Control: A1C 8.0-8.9	11	4	11	11	12	14	10	11	10	13	11	8	5	7	11	11	11	
22	Blood Sugar Control: A1C 9.0-9.9	8	7	5	11	6	5	15	18	10	10	11	7	3	6	14	6	9	
23	Blood Sugar Control: A1C 10.0-10.9	7	8	10	7	10	15	11	11	8	5	8	7	2	4	7	2	6	

Trends Graph Example Document



	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
1	2009 %	2010 %	2011 %	2012 %	2013 %	2014 %	2015 %	2016 %	2017 %	2018 %	2019%	2020%	2021%	2022%	2023%	2024%	DIFF 2024-2023	Trend Line	2008 N	2009 N	2010 N	2011 N	2012 N
2																			46	44	45	44	44
3	32	35	36	35	38	37	40	45	41	53	47	41	40	51	45	39	-6		46	44	45	44	44
4	68	65	64	65	63	63	60	55	59	47	53	59	60	49	55	61	6		92	92	84	78	81
5						0	0	0	0	0	0	0	0	0	0	0	0						
6	2	1	1	1	0	1	1	1	0	1	0	4	4	0	0	4	4		3	3	1	1	1
7	24	25	25	25	31	24	18	21	2	22	17	14	15	17	13	16	3		32	32	32	30	31
8	46	44	48	46	45	51	55	53	53	52	43	41	42	58	37	45	8		66	62	57	58	58
9	29	30	27	28	24	24	26	25	45	26	40	41	39	25	49	34	-15		37	39	39	33	35
10	0	0	0	0	0	0	1	0	1	1	1	3	4	5	1	3	2		0	0	0	0	0
11	100	100	100	100	100	100	99	100	99	99	99	96	96	94	99	97	-2		138	136	129	122	125
12	4	4	4	3	0	2	6	7	4	8	3	0	1	2	1	1	0		11	5	5	5	4
13	57	54	51	46	46	44	45	60	39	53	39	6	8	38	24	11	-13		85	77	70	62	58
14	43	46	49	54	54	56	54	40	58	47	58	55	53	50	64	67	3		53	59	59	60	67
15	0	0	0	0	0	1	2	0	3	0	3	39	39	13	12	22	10			0	0	0	0
16	12	12	12	14	16	13	5	6	10	4	4	4	5	16	7	9	2		12	16	16	15	17
17	24	21	24	22	25	28	18	23	25	16	14	11	13	18	18	20	2		30	33	27	29	28
18	62	64	62	62	59	59	74	67	65	80	48	34	41	59	47	64	17		94	84	83	76	78
19	2	2	2	2	0	0	2	4	1	1	34	52	41	7	28	7	-21		2	3	3	2	2
20	21	19	17	14	17	15	23	17	13	24	14	10	13	14	16	20	4		31	28	25	21	17
21	32	36	26	14	16	16	32	31	38	33	23	5	13	24	27	20	-7		50	44	46	32	18
22	18	13	16	17	11	15	14	16	20	22	13	5	9	19	17	14	-3		28	25	17	20	21
23	4	11	11	12	14	10	11	10	13	11	8	5	7	11	11	11	0		15	6	14	14	15
24	7	5	11	6	5	15	18	10	10	11	7	3	6	14	6	9	3		11	9	7	13	8
25	8	10	7	10	15	11	11	8	5	8	7	2	4	7	2	6	4		10	11	13	8	13
26	9	13	16	22	23	19	12	19	8	9	7	6	10	10	6	16	10		9	12	17	20	28
27	21	12	12	18	17	15	2	7	7	6	34	74	51	15	31	23	-8		15	29	15	15	22
28	51	49	43	31	27	31	46	47	58	55	36	10	22	43	44	34	-10		78	69	63	52	39

Trends Graph Example Document



ITEM#	Report Item [Subgroup, if applicable]	2008 %	2009 %	2010 %	2011 %	2012 %	2013 %	2014 %	2015 %	2016 %	2017 %	2018 %	2019%	2020%	2021%	2022%	2023%	2024%	DIFF 2024-20
81	Exams: Eye	23	41	50	54	54	59	69	78	62	74	79	42	13	32	52	53	49	
82	Exams: Dental	33	30	34	37	37	32	34	58	45	37	28	35	11	25	20	24	39	
83	Diabetes Education: Nutrition by any provider	36	37	41	47	34	27	41	92	61	23	74	45	11	33	57	28	46	
84	Diabetes Education: Nutrition by RD	1	20	31	42	28	23	31	27	27	11	8	5	3	16	19	17	25	
85	Diabetes Education: Physical activity	20	26	38	43	39	28	73	86	81	97	98	53	7	21	72	49	33	
86	Diabetes Education: Other	91	84	88	89	78	69	73	95	83	71	80	57	23	45	68	39	70	
87	Diabetes Education: Any	93	85	91	90	82	74	88	97	94	98	99	66	26	49	81	56	76	
88	Immunizations: Influenza	0	0	0	0	0	0	0	0	0	0	0	0	0	38	42	46	59	
89	Immunizations: Pneumococcal ever																78		
90	Immunizations: Tetanus/Diphtheria in past 10 years	0	0	0	0	0	0	0	0	0	0	0	0	0	67	78	66	92	
91	Immunizations: Tdap ever								0	0	0	0	0	0	55	84	85	84	
92	Immunizations: Hepatitis B ever [Not hepatitis B immune]								0	0	0	0	0	0	55	43	53	71	
93	Immunizations: Hepatitis B	immune ever								0	0	0	0	0	0	0	0	1	0
94	Immunizations: Hepatitis B ever or immune																	71	
95	Immunizations: Shingrix complete series ever														0	25	36	0	
96	Depression: Screened																73		
97	Depression: Active diagnosis																3		
98	Depression: Screened and/or active diagnosis																73		
99	Lipid Evaluation: LDL tested	67	57	74	77	71	74	81	84	92	80	86	59	14	39	82	57	60	
100	Lipid Evaluation: LDL <100	40	40	33	39	46	41	60	43	47	56	63	34	11	29	65	48	45	
101	Lipid Evaluation: LDL 100-189	27	17	40	38	25	33	22	38	44	22	23	24	3	10	17	9	15	
102	Lipid Evaluation: LDL >=190	1	0	2	1	1	0	0	3	0	2	0	0	0	0	0	0	0	
103	Lipid Evaluation: LDL unknown	33	43	26	23	29	26	19	16	8	20	14	41	86	61	18	43	40	
104	Lipid Evaluation: HDL tested	71	59	74	78	67	66	53	93	89	80	86	59	14	39	82	57	61	
105	Lipid Evaluation: HDL <50 [Females]	61	47	58	56	43	43	37	67	61	36	54	43	7	21	51	31	31	
106	Lipid Evaluation: HDL >=50 [Females]	10	12	19	24	16	20	12	27	28	46	34	17	6	19	33	14	29	
107	Lipid Evaluation: HDL Unknown [Females]	29	41	23	19	41	37	51	7	11	18	12	40	87	60	16	55	40	
108	Lipid Evaluation: HDL <40 [Males]	39	36	38	43	36	28	33	48	46	25	36	26	7	17	27	40	28	
109	Lipid Evaluation: HDL >=40 [Males]	33	23	31	30	45	42	28	44	42	51	48	32	7	22	53	33	35	
110	Lipid Evaluation: HDL Unknown [Males]	28	41	31	27	18	31	39	8	12	24	16	42	86	61	20	28	38	

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	AJ	AK	AL
ITEM#	Report Item [Subgroup, if applicable]	2008 %	2009 %	2010 %	2011 %	2012 %	2013 %	2014 %	2015 %	2016 %	2017 %	2018 %	2019%	2020%	2021%	2022%	2023%	2024%	DIFF 2024-2023	Trend Line	2008 N	2009 N	2022N	2023N	2024N
8	Diabetes Type: 1	4	4	4	4	3	3	3	3	3	3	3	3	3	3	4	3	2	-1		14	15	19	13	14
9	Diabetes Type: 2	96	96	96	96	97	97	97	97	97	97	97	97	97	97	96	97	98	1		366	358	471	487	583
10	Duration of Diabetes: < 1 year	3	4	5	8	6	4	2	0	1	1	5	3	2	0	4	4	6	2		13	16	22	19	33
11	Duration of Diabetes: < 10 years	57	55	55	54	51	47	45	41	42	41	48	44	41	31	43	46	49	3		215	206	212	229	290
12	Duration of Diabetes: 10 years or more	41	42	42	42	42	42	40	45	55	49	50	49	52	53	54	52	47	-5		157	155	267	261	279
13	Duration of Diabetes: Unknown	2	3	3	5	7	11	15	15	3	10	2	7	7	17	2	2	5	3		8	12	11	10	28

Data Graphs +

- Item# and Report Items – #164
- Percentages for each audit measure by year.
  - Viewed from year to year for comparison.
  - Some sites go back as far as 2008.
- Diff 2024-2023 (current will be 2025-2024)
  - Large variations (increase or decrease) may indicate a potential issue in the data.
- Trend Line can provide for a visual of the percentages from year to year.
- Numerator values for Report Items are listed from year to year.

Look for anything unusual.

Report Review – General Guidance

- **Examine:**
  - **Number of patients:**
    - Number included in Audit should be equal to or smaller than number of eligible patients.
    - Number Audited and eligible for 2025 vs. 2024: Are they similar or “very” different with good reason?
  - **Missing data**: Are there *unexpectedly* large amounts of missing data for any items?
  - **Extreme values**: Are there rows with *unexpectedly* low (near 0%) or high (near 100%) values?

Facility Status Report

Example: Registry Number vs Number of Records

A	B	C	D	E	F	G	H	I	J	K
AREA	FACILITY NAME	SOURCE SYSTE	OTHER SOURCE	AUDIT TYPE	DATA LOCKED	NUMBER OF RECORDS 2024	REGISTRY NUMBER 2024	NUMBER OF RECORDS 2025	REGISTRY NUMBER 2025	% REGISTERY AUDITED
US	Some Place	Other	Cerner	Electronic	Yes	395	395	450	450	100%
US	Some Where	RPMS		Electronic	Yes	2605	2605	2539	2555	100%
US	Not Sure	RPMS		Electronic	Yes	670	680	868	650	134%
US	Any Where	RPMS		Electronic	Yes	250	250	110	150	73%

Concerns:

- "very different"
- "what's the reason?"

Report Review – General Guidance

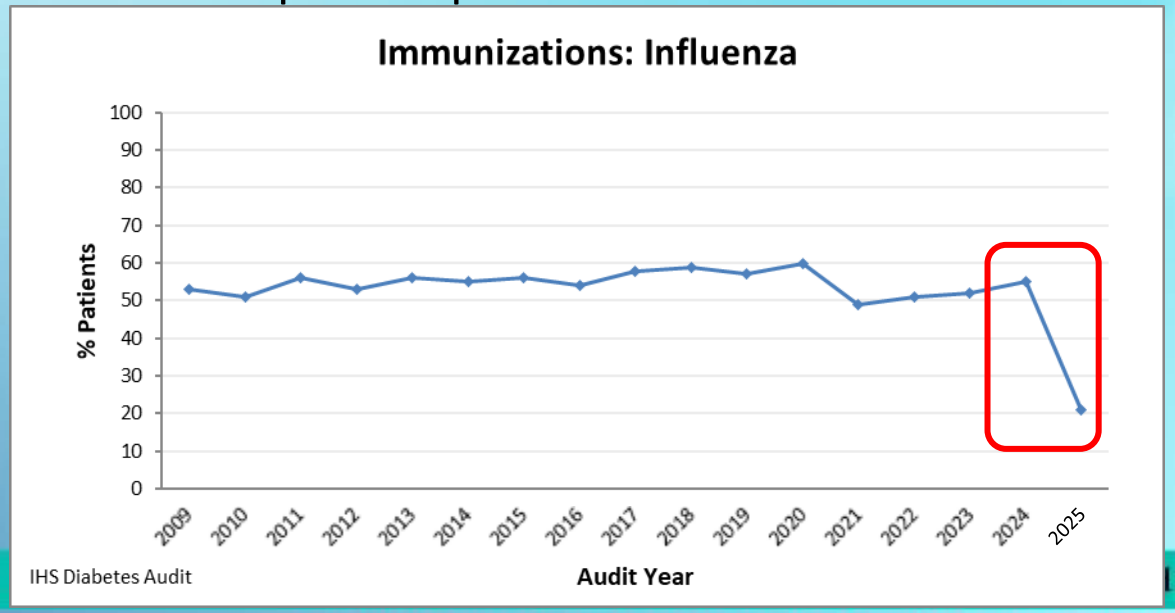
Review Trends Graphs: Look for "big" changes from 2024 to 2025.

- **Data tab**: Review DIFF 2025-2024 column.

ITEM#	Report Item [Subgroup, if applicable]	2023%	2024%	2025%	DIFF 2025-2024
80	Exams: Foot	40	33	50	17
81	Exams: Eye	53	40	48	8
82	Exams: Dental	24	27	15	-12

Data | Graphs

- **Graphs tab:** Look for "spikes" up or down from 2024 to 2025.



Trends Graph – look at the Trends for anything unusual.

Report Item [Subgroup, if applicable]	2024%	2025%	DIFF 2025-2024	2024N	2025N
Diabetes Education: Nutrition by any provider	76	23	-53	487	154
Diabetes Education: Nutrition by RD	76	19	-57	487	131
Diabetes Education: Physical activity	38	8	-30	243	58
Diabetes Education: Other	31	23	-8	199	147
Diabetes Education: Any	79	27	-51	499	183

Report Item [Subgroup, if applicable]	2021%	2022%	2023%	2024%	2025%	DIFF 2025-2024	2022N	2023N	2024N	2025N
Diabetes Treatment: Repaglinide or Nateglinide	0	0	0	1	15	14	0	0	6	96
Diabetes Treatment: Amylin analog	0	0	0	0	0	0	0	0	0	0
Diabetes Treatment: Bromocriptine	0	0	0	0	0	0	0	0	0	0
Diabetes Treatment: Colesevelam	0	0	0	0	0	0	0	0	0	0

- What do you see?
- What would you do with this, if you saw this in your Trends Graph?

Share your Audit data with others in your Program.

Electronic Audits – Common Issue #1

Issue: Very low percentage of patients with education provided.

What you'll see in the WebAudit (example):

Diabetes-Related Education			
Nutrition – by any provider (RD and/or other)	3	468	**1%**
Nutrition – by RD	3	468	**1%**
Physical Activity	21	468	**4%**
Other diabetes education	2	468	**0%**
Any of above	25	468	**5%**

Solution:

- Requires troubleshooting in your EMR.
- Could be an issue with data entry, coding, or where EMR is "looking" for this information.

Electronic Audits – Common Issue #2

Issue: Very low percentage of patients with results for a lab test.

What you'll see in the WebAudit (example):

LDL cholesterol	0	291	**0%**
LDL <100 mg/dl	0	291	**0%**
LDL 100-189 mg/dl	0	291	**0%**
LDL ≥190 mg/dl	0	291	**0%**
Not tested or no valid result	291	291	**100%**

Solution:

- Requires troubleshooting in your EMR.
- In RPMS, most likely due to lab taxonomy updates needed.

Electronic Audits – Common Issue #3

Issue: Large number of patients missing all key data fields

What you'll see in the WebAudit (example):

Edit	WebAudit ID	Yr/Mo of Birth	Sex	Date of Diagnosis	Field Name	Value	Error Type	Error Message	Comments
	2318	1958 / 10	M	04/02/2014	Multiple – See error message	None	Potential	Record is missing data for ALL of the key fields: weight, blood pressure, A1C, LDL value, and uACR value.	Add comment
	2075	1948 / 9	M	04/06/2007	Multiple – See error message	None	Potential	Record is missing data for ALL of the key fields: weight, blood pressure, A1C, LDL value, and uACR value.	Add comment

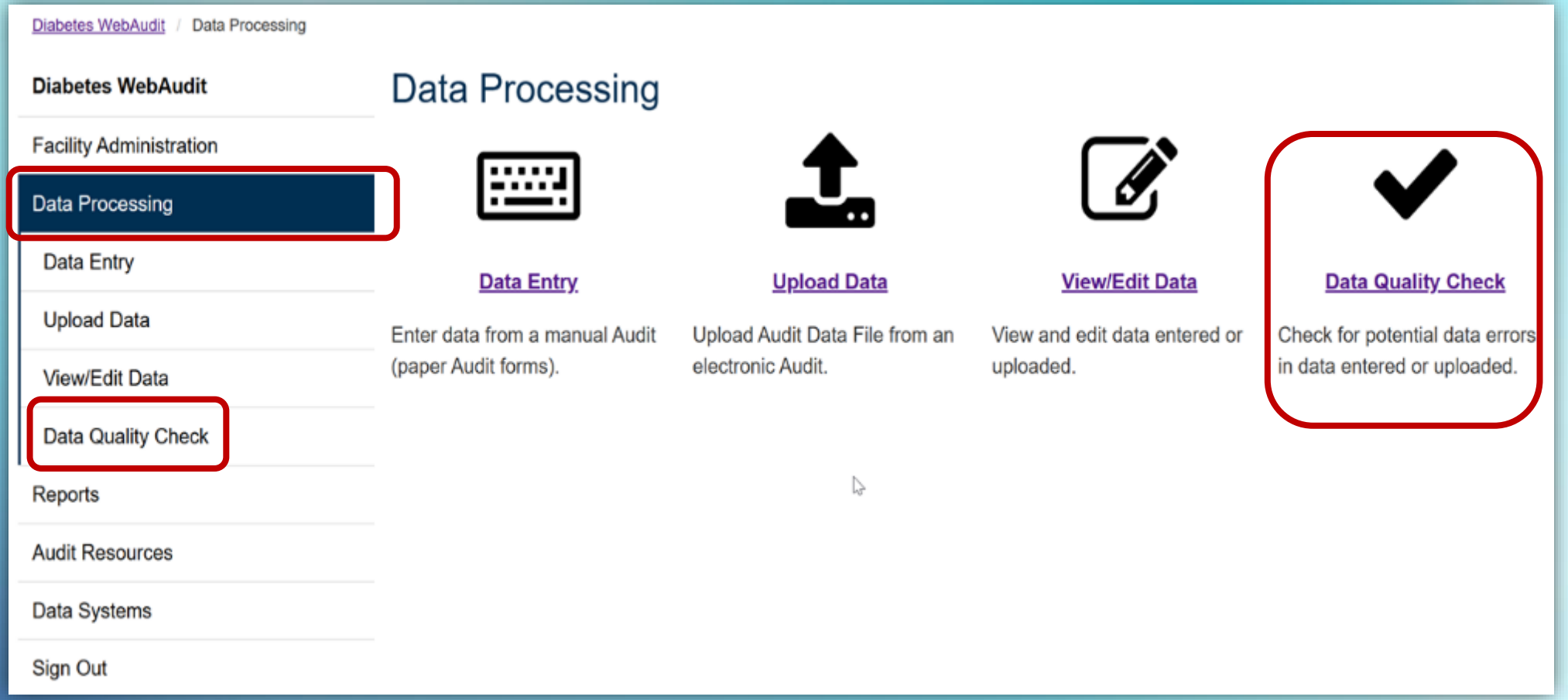
Solution:

- Could result from patients not truly eligible (should be removed) OR patients only having telehealth visits during Audit period (okay).
- Add Comments: noted this was a Telehealth visit.
- If necessary, create and upload a new data file.

Clean up the data.

Data Quality Checks and More

WebAudit: Data Quality Check Report



Data Quality Check

The Data Quality Check feature reviews each data item and looks for things that might be and/or are definitely incorrect.

- **Two types of errors:**
  - **Potential**: Value might be incorrect.
    - Values that are higher or lower than expected.
    - Example: A1c<2
  - **Definite**: Value is definitely incorrect according to Audit logic.
    - Often related to dates and skip patterns.
    - Example: Date of Diabetes Diagnosis is before year of birth (YOB).

Note: Data Quality Check Reports are in both RPMS and the WebAudit.

Data Quality Check

- **Two report sections:**
  - **Summary:** Number of errors for each data field.
  - **List:** Details for each error.
- **Review the Summary and then the List. Look for:**
  1. **Large number** of errors for one or more fields. If found:
     a. Stop and explore possible reasons.
     b. Create and upload a new data file, if necessary.
  2. **Small number** of errors for one or more fields. If found:
     a. Review each one.
     b. Determine if corrections are necessary.

Report Review – Issues Identified and Corrections

- **If any issues are found during review, correct** data as needed in RPMS or in the WebAudit.
  - **For Electronic Audits:**
    - Best to correct in EMR (RPMS or other), create a new data file, and re-upload into the WebAudit.
    - If corrections are made in the WebAudit, they may also need to be made in your EMR.

    NOTE: Corrections made in WebAudit will be lost if a new data file is uploaded.
  - **For Manual Audits:**
    - Make changes to individual records in the WebAudit.

Data Quality Check Summary - WebAudit

Summary of Audit Potential Data Errors for 2025
Facility: Test10 RS
2025 Annual Audit

There are 20 records for this facility.
39 Potential Data Errors were found.
Table sorted by Field Name ascending.

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Field Name	Number of Potential Errors
Date of Diabetes Diagnosis	13
DM Therapy: All	1
DM Therapy: Insulin	4
DM Therapy: Metformin	1
Duration of Diabetes	1
Multiple – See error message	18
Year of Birth	1

Data Quality Check Details - WebAudit

List of Audit Potential Data Errors for 2025
Facility: Test10 RS
2025 Annual Audit

There are 20 records for this facility.
39 Potential Data Errors were found.
Table sorted by Field Name ascending.

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Edit	WebAudit ID	Yr/Mo of Birth	Sex	Date of Diagnosis	Field Name	Value	Error Type	Error Message	Comments
	1006	1960 / 1	U		Date of Diabetes Diagnosis	None	Potential	Missing value. Enter a value if possible.	Add comment
	1007	1936 / 3	M	01/13/1935	Date of Diabetes Diagnosis	01/13/1935	Definite	Date of Diagnosis is earlier than Date of Birth. You must check both dates and change one or both dates.	Add comment
	1007	1936 / 3	M	01/13/1935	Duration of Diabetes	89	Definite	Invalid value (greater than age of patient). You must check values for Year of Birth and Date of Diagnosis and change one or both dates.	Add comment
	1008	1940 / 11	M		Multiple – See error message	None	Potential	Record is missing data for ALL of the key fields: weight, blood pressure, A1C, LDL value, and uACR value.	Add comment

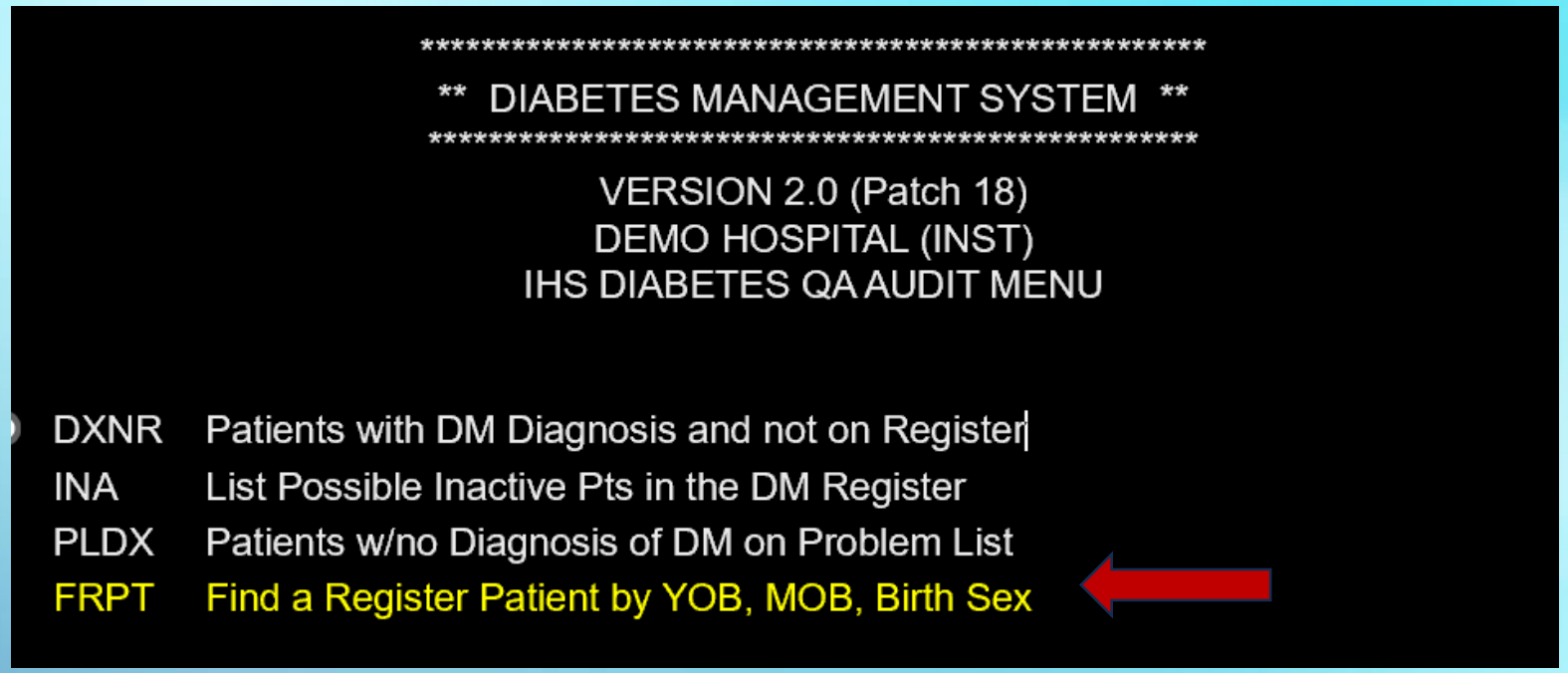
Data Quality Check – WebAudit
Thoughts and Tips

- Important to add Comments to validate the data if it looks unusual.
  - Example: A lab value may be truly low or truly high.
- Possible error in data capture and reporting in the data file, if multiple errors noted.
  - Maybe related to created data file (non-RPMS).
  - Possible taxonomy issue. (RPMS)
- Possibly a data entry issue with Manual Entry.

Data Quality Check: Note comments added

	1002	1975 / 11	F	12/01/2010	Triglycerides	4250.0	Potential	Value is unusually high (greater than 4000). Check this value and change if necessary.	This value is correct and verified with lab. This patient has a history of unusual lipid values. Edit Remove

Reminder of New DMS Feature



Data Quality Check – WebAudit Missing Data

List of Audit Potential Data Errors for 2025
Facility: Test04 KLS
2025 Annual Audit

There are 2 records for this facility.
57 Potential Data Errors were found.
Table sorted by Field Name ascending.

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Edit	WebAudit ID	Yr/Mo of Birth	Sex	Date of Diagnosis	Field Name	Value	Error Type	Error Message	Comments
	1001	1981 / 8	M		ACE Inhibitor/ARB Use	None	Potential	Missing value. Enter a value if possible.	Add comment
	1002	1975 / 11	F	12/01/2010	ACE Inhibitor/ARB Use	None	Potential	Missing value. Enter a value if possible.	Add comment
	1001	1981 / 8	M		Active diagnosis of depression	None	Potential	Missing value. Enter a value if possible.	Add comment
	1002	1975 / 11	F	12/01/2010	Active diagnosis of depression	None	Potential	Missing value. Enter a value if possible.	Add comment
	1002	1975 / 11	F	12/01/2010	Amputation: Lower extremity (ever)	None	Potential	Missing value. Enter a value if possible.	Add comment
	1001	1981 / 8	M		Amputation: Lower extremity (ever)	None	Potential	Missing value. Enter a value if possible.	Add comment

Data Clean-up Process = Teamwork

- **Audit due date: April 29, 2025**
  - Includes data clean-up from the programs.
- Area Diabetes Consultants will review data in their Areas.
- DDTP will do data reviews that may be in tandem or after Area reviews.
- Final data clean-up after reporting and feedback from ADCs and programs.
  - Reports are run to look for data outliers, and additional data clean-up is performed.
  - Process usually completed by end of May or beginning of June.

Using Your Data

Ways to use Audit Data:

- Quality Assurance/Performance Improvement
- Validates and/or help to identify whether activities are helping to meet program goals.
- Interim Audits can help to see progress across the year.
- Program Planning
- Much more.

At the end of the day…

- This is your data story – thank you for sharing.
- It may not be perfect, but having the best data possible helps the story to be clear to those who read it.
- There may be up and downs.
- There may lessons learned.
- There may be a new path or journey that needs to be determined depending on whether goals are being met.

Audit Resources

1. **IHS Diabetes Audit**
   - Materials: Form, Instructions, Checklists, RPMS/DMS documentation
   - Training: Live, recorded, DMS
   - Other information and resources
   - **Website:** https://www.ihs.gov/Diabetes/audit/
2. **Other:**
   - RPMS DMS recorded trainings
   - **Link:** https://www.ihs.gov/rpms/training/recording-and-material-library/

Audit Support

1. **Area Diabetes Consultants**
   - Area Audit Support
   - Link to access ADC list: Area Diabetes Consultants
2. **DDTP Audit team**
   - WebAudit & general questions
   - Email: diabetesaudit@ihs.gov (goes to Dorinda Wiley-Bradley and Kristy Klinger)
3. **RPMS (OIT Service Desk):** https://www.ihs.gov/Helpdesk/
   - Specific to RPMS: DMS (BDM) and Visual DMS program support
   - Installation, program functionalities and service issues
   - On this webpage page go to: IHS IT Self Service Portal

Thank you!

Questions?