IHS Diabetes Care and Outcomes Audit

Audit 2026 Orientation

02/03/2026

Indian Health Service

Division of Diabetes Treatment and Prevention

Today's Audit Topics

- Audit Cycle and related dates
- Overview
- Changes for Audit 2026
- Process and Methods
- WebAudit
- Data Quality Check Overview
- Resources and Audit Webpages

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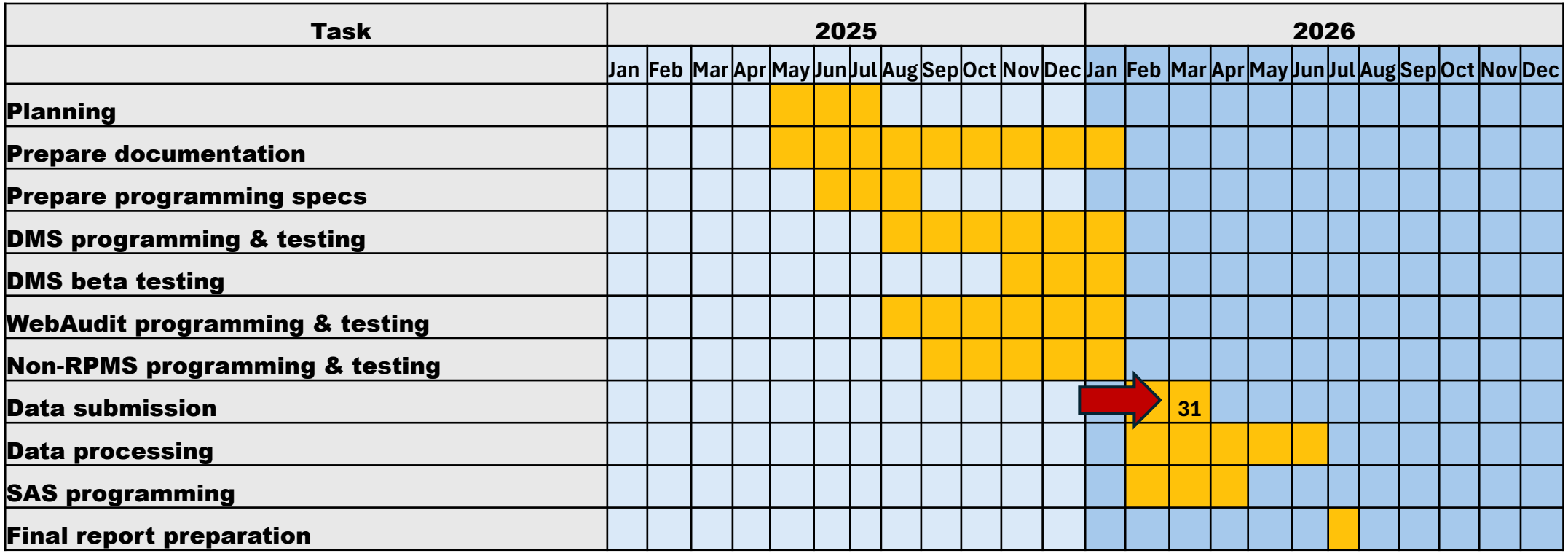
Abbreviations

- **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

IHS Diabetes Care and Outcomes Audit 2026 Cycle



Audits – Data Periods and Due Dates

Annual Audit: (submitted once per year)

- Data is submitted to and processed by DDTP **(via WebAudit).**
- **2026 Audit Data Collection Period: January 1, 2025 - December 31, 2025**
- **Due date for audit data submission: March 31, 2026**
- Data will be "locked" by DDTP in mid April for all sites.
  - Programs can no longer modify data after this date.

Interim Audits*: (submitted any time through the year via WebAudit)

- Can be many times per year for SDPI (RKM), Area, or local use
- Period of care: Locally or Area determined
- Due date: Locally or Area determined

**Use of Audit tools for any purpose other than the "Annual" Audit.*

Audit Types: Annual vs. SDPI RKM Data vs. Interim

	Annual Audit	Interim for SDPI RKM	Interim Other
Frequency	Once per year	As many as needed	As many as needed
WebAudit Type	Annual	Interim	Interim
WebAudit Versions Available	Current year only	Current + previous year	Current + previous year
Conducted When	Feb through mid-March	One or more times a year	Any time of year
Period Covered	01/01/2025 – 12/31/2025	01/01/2026 – 12/31/2026	Locally determined
Due Date	**03/31/2026**	2026 Baseline: 2/27/26 2026 Final: 1/29/27	Determined by Area or program
Who is included	**Electronic:** All eligible DM patients **Manual:** All or sample of eligible DM patients	SDPI Target Group	Determined by Area or program
Data reviewed by DDTP	Yes	In SOS only	No
Data used for national reports	Yes	Yes (baseline & final only)	No

Audit Overview

IHS Diabetes Care and Outcomes Audit

The IHS Diabetes Care and Outcomes Audit is a process to assess care and health outcomes for American Indians and Alaska Native people with diagnosed diabetes. IHS, Tribal, and Urban Indian health care facilities nationwide participate in this process each year by auditing medical records for their patients with diabetes.

- First Audits performed by Model Diabetes Programs in 1986 when the IHS Diabetes Standards of Care were developed
- Expanded to all 12 IHS areas using a centralized database in 1997

IHS Diabetes Care and Outcomes Audit

Purpose:

- A process to work towards the goal of providing all patients with diabetes the highest quality of care, as outlined in the IHS Diabetes Standards of Care
- To assess the diabetes care provided at a facility, to identify strengths and potential areas for improvement
- To fulfill requirements of Special Diabetes Program for Indians (SDPI) grants which include participation in the Annual Audit
- To contribute to Area and IHS outcome measures and reports

IHS Diabetes Audit (main landing page)

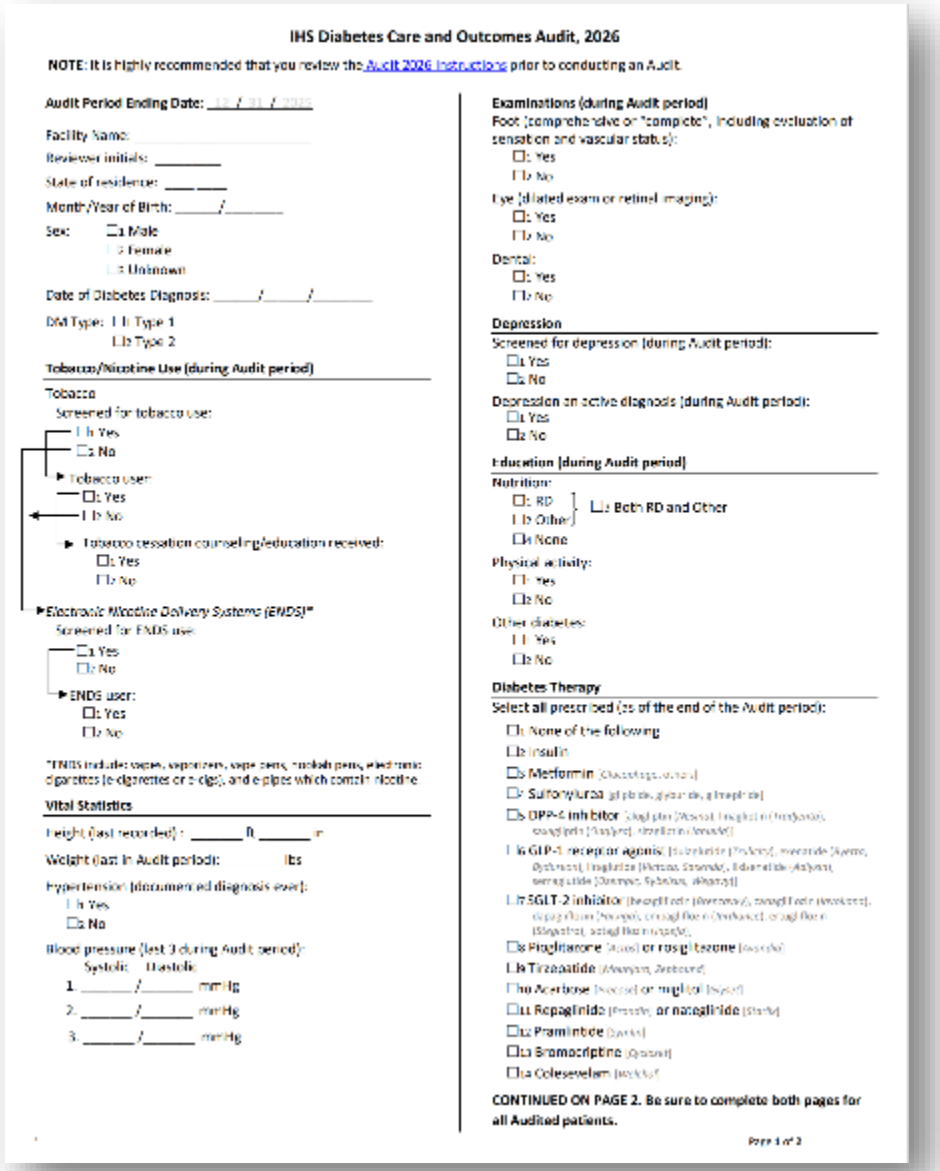
https://www.ihs.gov/Diabetes/audit/

https://www.ihs.gov/diabetes/clinician-resources/soc/blood-pressure1/

Audit Participation

- **Participants in the Annual Diabetes Audits include:**
  - I/T/U health care facilities associated with an SDPI grant and others.
  - IHS Service Units that have historically participated in the Audit.
- **Different types of facilities:**
  - Clinics
  - Health Stations
  - Hospitals
- **Vary in size:** <25 to >5000 patients with diabetes
- **Use a variety of EMR systems:** RPMS and others
  - NextGen, Athena, Cerner, Allscripts, EPIC, and more

What does the Audit measure?



IHS Diabetes Care and Outcomes Audit, 2026

NOTE: It is highly recommended that you review the Audit 2026 Instructions prior to conducting an Audit.

Audit Period Ending Date: 12 / 31 / 2025

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, e-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 or 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
☐4 Sulfonylurea
☐5 DPP-4 inhibitor
☐6 GLP-1 receptor agonist
☐7 SGLT-2 inhibitor
☐8 Pioglitazone or rosiglitazone
☐9 Tirzepatide
☐10 Acarbose or miglitol
☐11 Repaglinide or nateglinide
☐12 Pramlintide
☐13 Bromocriptine
☐14 Colesevelam

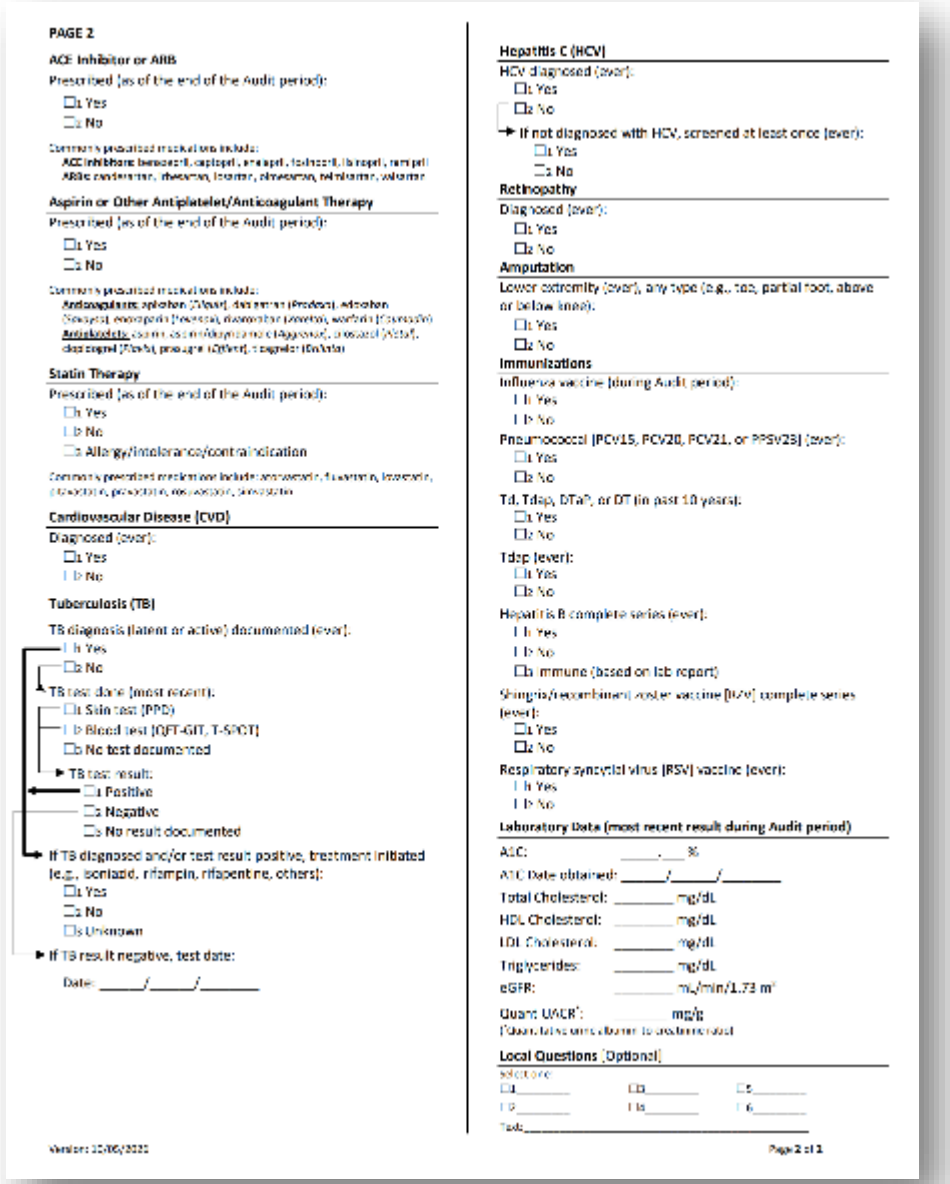
CONTINUED ON PAGE 2. Be sure to complete both pages for all Audited patients.

Page 1 of 2

Audit Form (Page 1)

- Type of Diabetes and Date of Diagnosis
- Tobacco/Nicotine Use
- Height and weight
- Blood pressure
- Exams – foot, eye, dental
- Depression
- Education
- Diabetes Therapy

What does the Audit measure?



PAGE 2

ACE Inhibitor or ARB

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

☐1 Yes
☐2 No

Common prescribed medications include:
ACE inhibitors: benazepril, captopril, enalapril, fosinopril, lisinopril, ramipril
ARBs: candesartan, eprosartan, irbesartan, olmesartan, telmisartan, valsartan

Aspirin or Other Antiplatelet/Anticoagulant Therapy

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

☐1 Yes
☐2 No

Common prescribed medications include:
Anticoagulants: apixaban (Eliquis), dabigatran (Pradaxa), edoxaban (Savaysa), enoxaparin (Lovenox), rivaroxaban (Xarelto), warfarin (Coumadin)
Antiplatelets: aspirin, 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

Common 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, rifabutine, 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, PCV21, 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 (based on lab report)

Shingrix (recombinant) zoster vaccine (RZV) complete series (ever):

☐1 Yes
☐2 No

Respiratory syncytial virus (RSV) vaccine (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
eGFR: _____ mL/min/1.73 m²
Quant UACR*: _____ mg/g
*Quantitative urine albumin to creatinine ratio

Local Questions (Optional)

Select one:
☐1_____ ☐3_____ ☐5_____
☐2_____ ☐4_____ ☐6_____
Text:_____

Version: 12/05/2023

Page 2 of 3

Audit Form (Page 2)

- Other medications
- Hepatitis C
- Immunizations
  - RSV - new
- Laboratory test results: A1C, lipids kidney function
  - Creatinine - removed
- Comorbidities: CVD, TB, retinopathy, amputation

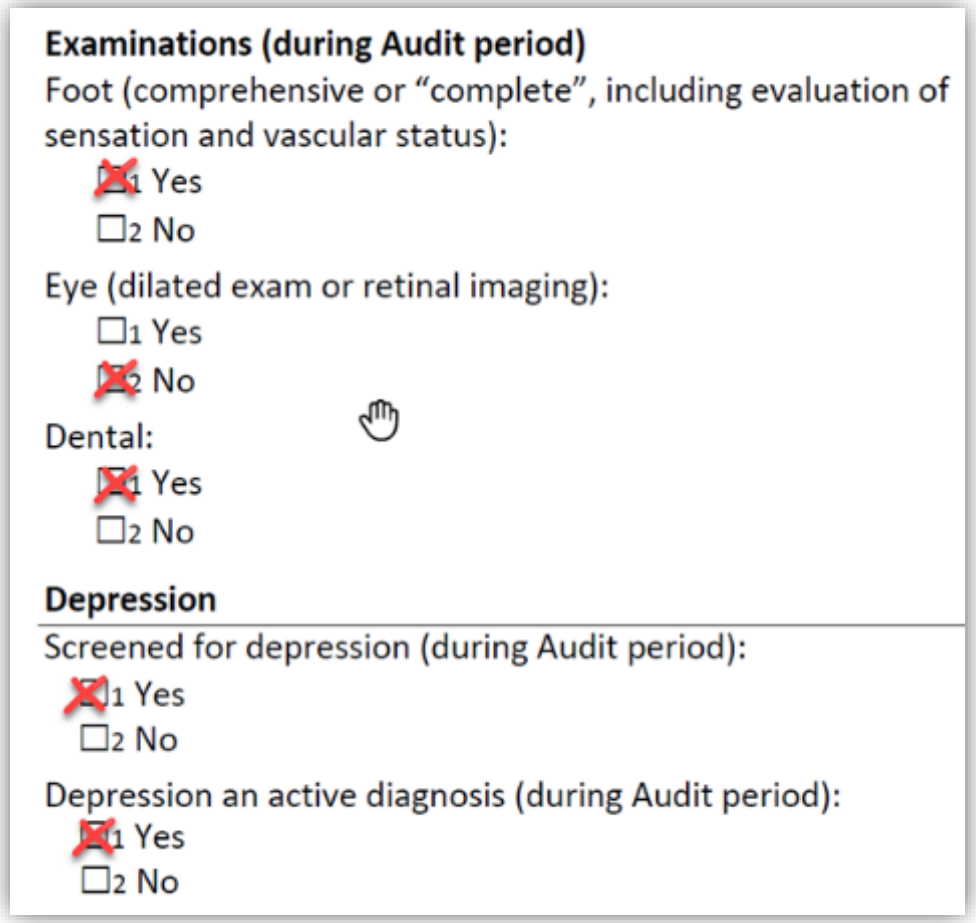
There are changes (almost) every year!

Data measures collected during the Audit period:	Data measures with exceptions for collection dates/period:
Weight	Height (*last ever*)
Blood pressure	Tuberculosis (ever) e.g., diagnosis, test, result, treatment
Exams	Diabetes Therapy - Medications (*prescribed as of end of the Audit period*)
Tobacco and Depression screening	Other Medications (*prescribed as of end of the Audit period*)
Education	Health conditions (*ever*) e.g., HTN, CVD, Retinopathy, Amputation
Immunizations – only influenza	Immunizations - except flu
Laboratory tests	

Look for key words, such as: "Audit period", "ever"

Data Collections: Measures

- For most measures <u>one</u> response is selected or provided for each patient.



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

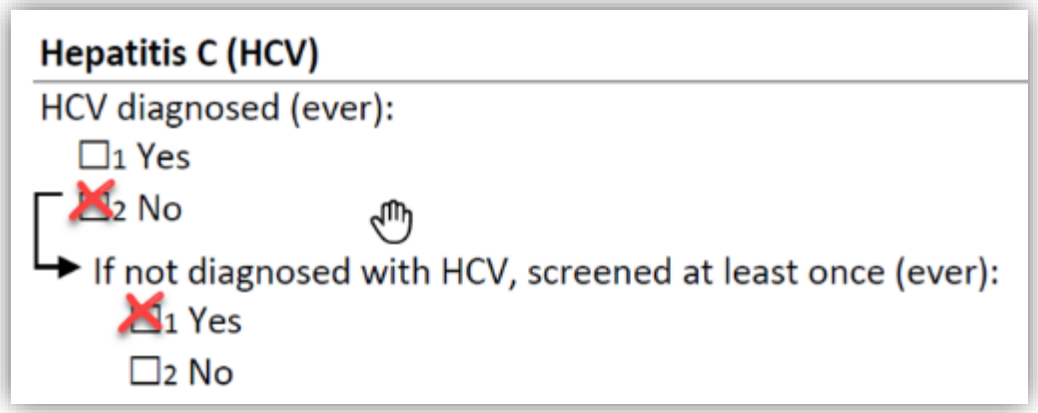
Depression an active diagnosis (during Audit period):

- ☒1 Yes
- ☐2 No

Data Collection: Special Cases

Skip patterns: Some items will be “skipped” based on response to previous item.

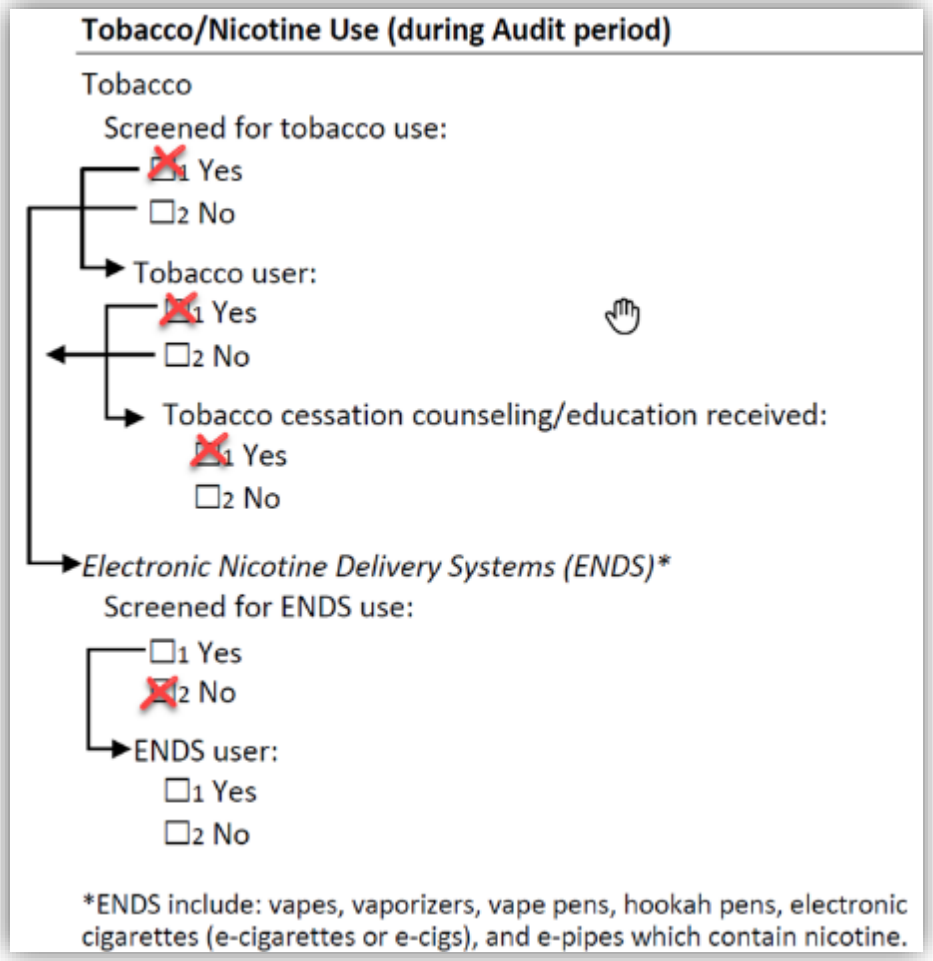
- HCV screening (example)



Data Collection: Special Cases

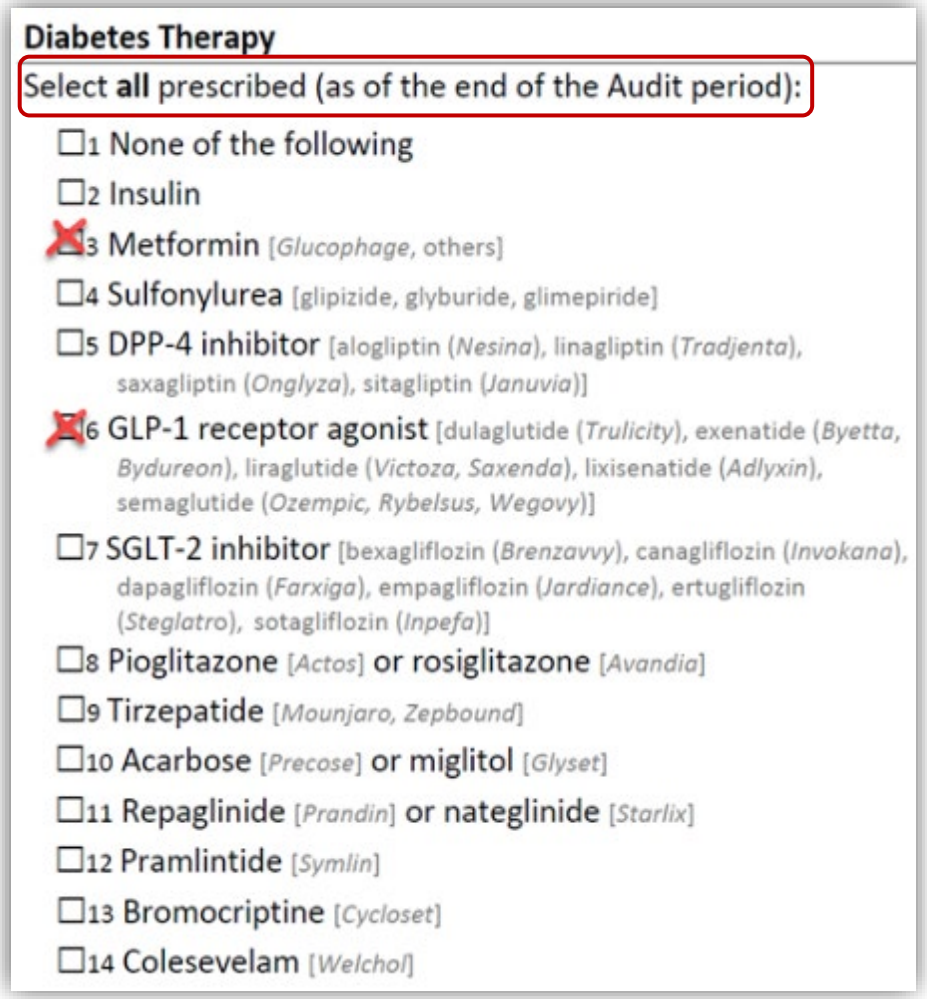
Skip patterns: Some items will be "skipped" based on response to previous item.

- Tobacco/ENDS screening
- Tobacco/ENDS use
- Tobacco cessation



Data Collection: Special Cases

Diabetes therapy: Select **all** that apply.



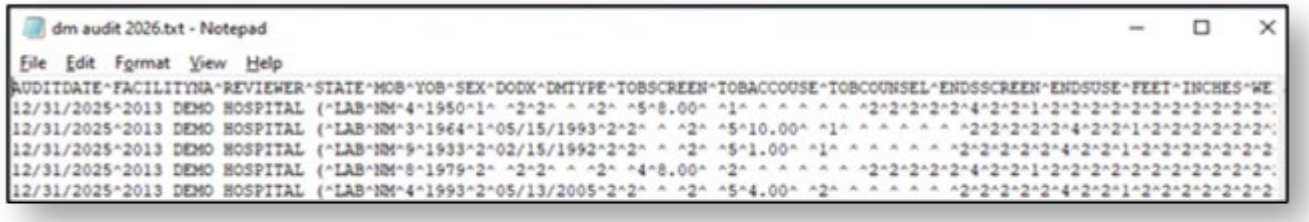
Note: 1 = None of the following

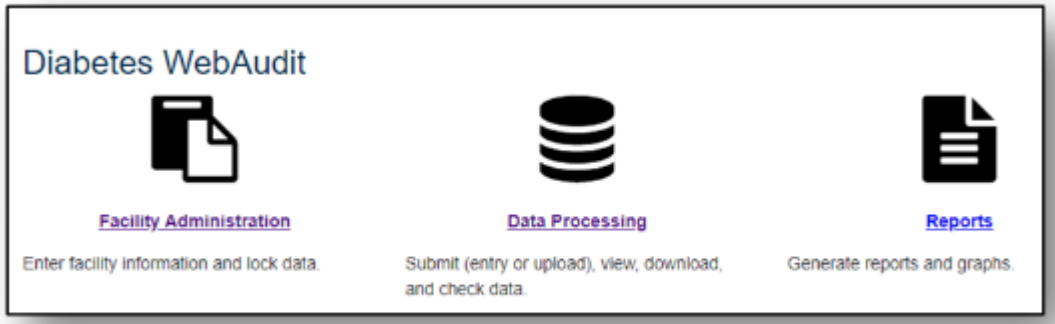
- Indicates patient **is not** on any diabetes medications
- No other boxes should be checked

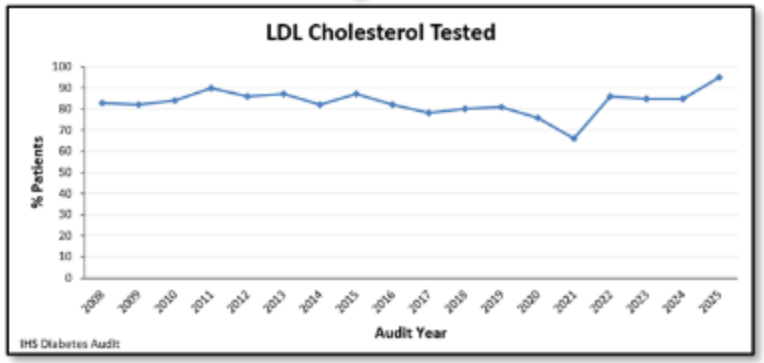
Results processed through the WebAudit

Input=data file or paper forms

Output=reports and graphs







Audit Report (Output)

Sample page from WebAudit

There are changes (almost) every year!

IHS Diabetes Care and Outcomes Audit - WebAudit
Facility: Test02 Sample Data

Annual Audit

75 charts were audited from 75 patients determined to be eligible by Test02 Sample Data.
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	47	75	**63%**	99%	44%
Female	28	75	**37%**	99%	56%
Unknown	0	75	**0%**	99%	0%
Age					
< 20 years	1	75	**1%**	99%	1%
20-44 years	20	75	**27%**	99%	16%
45-64 years	32	75	**43%**	99%	46%
≥ 65 years	22	75	**29%**	99%	36%
Diabetes Type					
Type 1	5	75	**7%**	99%	1%
Type 2	70	75	**93%**	99%	99%
Duration of Diabetes					
< 1 year	2	75	**3%**	99%	5%
< 10 years	48	75	**64%**	99%	47%
≥ 10 years	13	75	**17%**	99%	45%
Diagnosis date not recorded	14	75	**19%**	99%	7%
Body Mass Index (BMI) Category					
Normal (BMI < 25.0)	9	75	**12%**	99%	11%
Overweight (BMI 25.0-29.9)	17	75	**23%**	99%	24%
Obese (BMI ≥ 30.0)	40	75	**53%**	99%	63%
Height or weight missing	9	75	**12%**	99%	2%
Severely obese (BMI ≥ 40.0)	6	75	**8%**	99%	18%

What’s New for Audit 2026

What's New for Audit 2026

1. **Changes to Audit Form and Reports** integrated throughout
2. **Logic changes**: immunizations, others
   - Changes in the Data File Specifications
3. **Find additional details and information**:
   - 2026 DMS User Manual for Version 2.0 Patch 19 **(pending)**
   - 2026 Audit Instructions **(pending)**

Logic and Reporting Changes for Audit 2026

- **Chronic Kidney Disease (CKD) Report**
  - Added "CKD and GLP-1 receptor agonist and/or SGLT-2 inhibitor currently prescribed" to report
- **Immunizations**
  - Added respiratory syncytial virus (RSV) vaccine
  - Added respiratory syncytial virus (RSV) to immunizations report
- **Laboratory tests**
  - Removed serum creatinine from form and data specifications
- **Other**
  - RPMS: added new tool PAR Possible INA, LTF, TRANS Pts to move to Active
  - Changed Birth Sex to Sex in reports
  - Minor Changes to label and formatting on the form and reports

Audit Form Changes

Immunizations

Influenza vaccine (during Audit period):
- ☐1 Yes
- ☐2 No

Pneumococcal [PCV15, PCV20, PCV21, 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 (based on lab report)

Updated description

Shingrix/recombinant zoster vaccine [RZV] complete series (ever):
- ☐1 Yes
- ☐2 No

Respiratory syncytial virus [RSV] vaccine (ever):
- ☐1 Yes
- ☐2 No

Added vaccine

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~~

Removed creatinine

eGFR: _____ mL/min/1.73 m^2

Quant UACR*: _____ mg/g

(*Quantitative urine albumin-to-creatinine ratio)

Chronic Kidney Disease: Change in report section

Chronic Kidney Disease (CKD) (In age ≥ 18 years)			
CKD[2]	18	74	**24%**
CKD[2] and mean BP <130/<80	2	18	**11%**
CKD[2] and mean BP <140/<90	13	18	**72%**
CKD[2] and ACE inhibitor or ARB currently prescribed	12	18	**67%**
CKD[2] and GLP-1 receptor agonist currently prescribed	9	18	**50%**
CKD[2] and SGLT-2 inhibitor currently prescribed	6	18	**33%**
CKD Stage			
Normal: eGFR ≥60 mL/min and UACR <30 mg/g	16	74	**22%**
Stages 1 and 2: eGFR ≥60 mL/min and UACR ≥30 mg/g	10	74	**14%**
Stage 3: eGFR 30-59 mL/min	5	74	**7%**
Stage 4: eGFR 15-29 mL/min	1	74	**1%**
Stage 5: eGFR <15 mL/min	2	74	**3%**
Undetermined	39	74	**53%**

Add: CKD[2] and GLP-1 receptor agonist and/or SGLT-2 inhibitor currently prescribed

Data File Specifications for 2026

List of Audit Data Fields

Order	Field Name	Description	Timeframe	Format/Values/Units	Comments
1	AUDITDATE	Ending date of the one-year Audit period: 12/31/2025 for Annual Audit 2026	N/A	mm/dd/yyyy	
2	FACILITYNA	Name or abbreviation for the facility	N/A	Character (max length=20)	For confirmation purposes only, since the WebAudit will automatically supply and display the name.
3	REVIEWER	Reviewer's initials	N/A	Character (max length=3)	
4	STATE	Postal abbreviation for last known state of residence	N/A	Character (max length=2)	Do not populate if patient's address is outside of the US (e.g., in Canada).
5	MOB	Month of birth	N/A	# with value 1-12	
6	YOB	Year of birth	N/A	yyyy	

7	SEX	Birth Sex	N/A	# field with:
				1=Male
				2=Female
				3=Unknown	

8	DODX	Date of diabetes diagnosis	N/A	mm/dd/yyyy	If only year is known, use value 07/01/yyyy. If only month and year are known, use 15 for the day. Leave blank if year or entire date is unknown.

9	DMTYPE	Diabetes type	N/A	# field with:
				1=Type 1
				2=Type 2 (or uncertain)	

10	TOBSCREEN	Screened for tobacco use	Audit period	# field with:
				1=Yes
				2=No	

11	TOBACCOUSE	Tobacco use	Audit period	# field with:
				1=Yes
				2=No
					Populate only if TOBSCREEN value is 1=Yes.

12	TOBCOUNSEL	Tobacco cessation counseling/education received	Audit period	# field with:
				1=Yes
				2=No
					Populate only if TOBSCREEN value is 1=Yes and TOBACCOUSE value is 1=Yes.

13	ENDSSCREEN	Screened for electronic nicotine delivery system (ENDS) use during Audit period	Audit period	# field with:
				1=Yes
				2=No
					ENDS include: vapes, vaporizers, vape pens, hookah pens, electronic cigarettes (e-cigarettes or e-cigs), and e-pipes.
					
					Limit to nicotine for Audit.

There are changes every year!

Impact on Data File specifications

IHS Diabetes Care and Outcomes Audit Data File Specifications for 2026

Order	Field Name	Description	Timeframe	Format/Values/Units	Comments

66	RSVVAX	Respiratory syncytial virus (RSV) vaccine	Ever	# field with:
				1=Yes
				2=No	

72	~~CREATVALUE~~	~~Serum creatinine value (mg/ dL)~~	~~Most recent in Audit period~~	~~# with up to 2 decimal places~~	~~Round to 2 decimal places, if necessary.~~

New field →

Remove field →

Carefully review **2026 Audit Data File Specifications** before programming!

Impact on Data File specifications

- **Columns: 77 total (same number as 2025)**
  - 1-65 : No change
  - **66: New vaccine - Respiratory syncytial virus (RSV) vaccine – called RSVVAX**
  - 66-71: shifted one place from previous year
  - **72: Removed serum creatinine**
  - 73-77: no changes

Be sure to carefully review the Audit Data File Specifications before programming!

Audit Processes and Methods

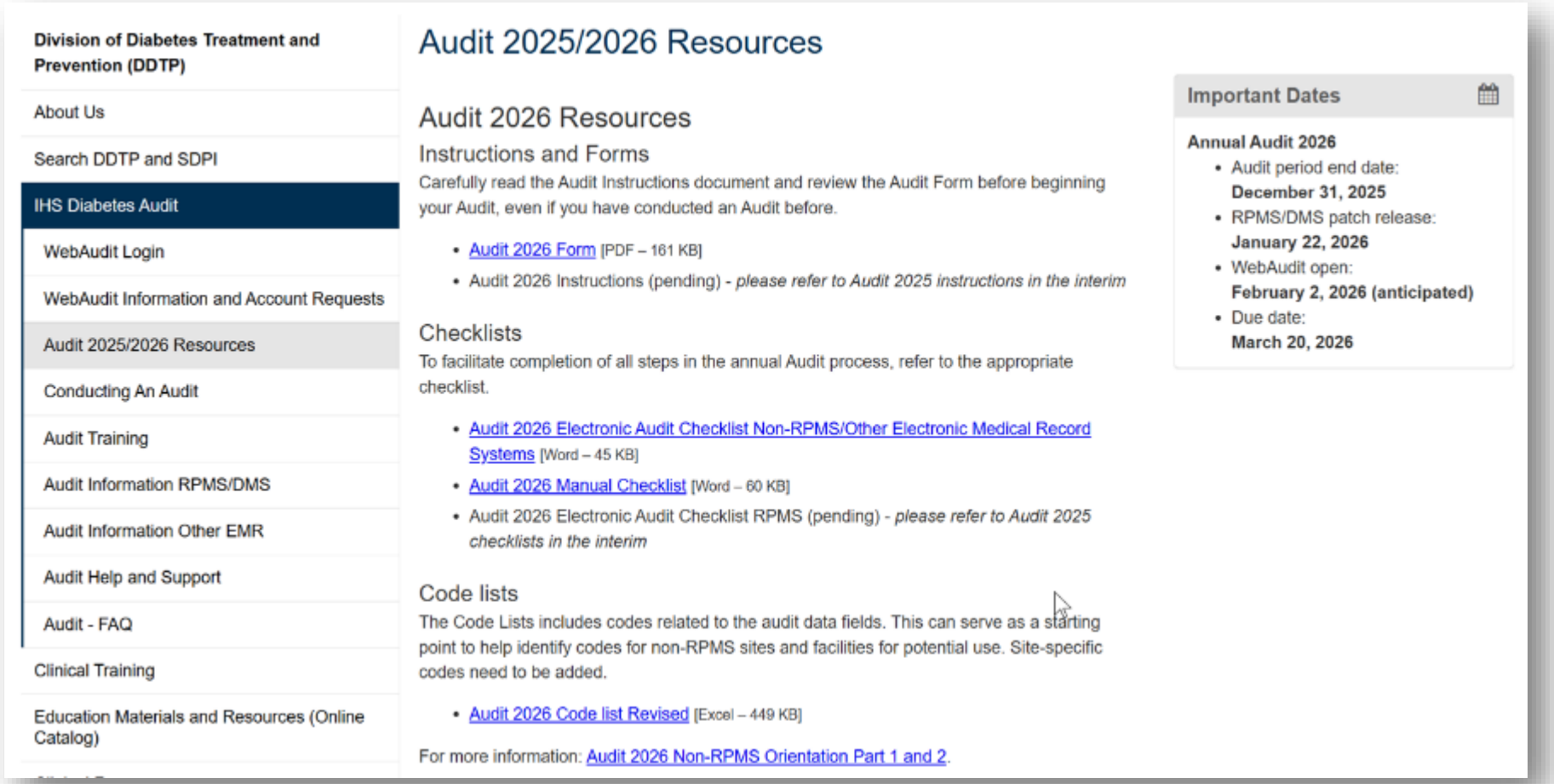
From Patient Encounters to Audit Data

- **Throughout the year patient encounters take place: (visits)**
  - in-person or telehealth visits with providers
  - medication refills (pharmacy)
  - lab tests (laboratory)
  - immunizations (nurse visit, immunization clinics, pharmacy)
  - education (DSMES, MNT, other)
  - other (optometry, dental)
- **Visit information is documented in the EMR (or paper chart).**
  - Check with Health Information Management (HIM)
- **Look for other (historical) information that might be documented.**
  - TB diagnosed >10 years ago
  - History of lower extremity amputation

Before You Begin

- **Notify your** Area Diabetes Consultant that you are planning to start Audit activities.
  - Especially if new to submitting audit data
  - Changed from RPMS to other EMR during the Audit Period
- **Gather and review** resources and materials.
  - From DDTP: Audit resources webpage
  - **Local: Previous year's reports, site specific documentation, others**

Audit Resources



Division of Diabetes Treatment and Prevention (DDTP)

- About Us
- Search DDTP and SDPI
- IHS Diabetes Audit
  - WebAudit Login
  - WebAudit Information and Account Requests
  - Audit 2025/2026 Resources
  - Conducting An Audit
  - Audit Training
  - Audit Information RPMS/DMS
  - Audit Information Other EMR
  - Audit Help and Support
  - Audit - FAQ
- Clinical Training
- Education Materials and Resources (Online Catalog)

Audit 2025/2026 Resources

Audit 2026 Resources

Instructions and Forms

Carefully read the Audit Instructions document and review the Audit Form before beginning your Audit, even if you have conducted an Audit before.

- Audit 2026 Form [PDF – 161 KB]
- Audit 2026 Instructions (pending) - *please refer to Audit 2025 instructions in the interim*

Checklists

To facilitate completion of all steps in the annual Audit process, refer to the appropriate checklist.

- Audit 2026 Electronic Audit Checklist Non-RPMS/Other Electronic Medical Record Systems [Word – 45 KB]
- Audit 2026 Manual Checklist [Word – 60 KB]
- Audit 2026 Electronic Audit Checklist RPMS (pending) - *please refer to Audit 2025 checklists in the interim*

Code lists

The Code Lists includes codes related to the audit data fields. This can serve as a starting point to help identify codes for non-RPMS sites and facilities for potential use. Site-specific codes need to be added.

- Audit 2026 Code list Revised [Excel – 449 KB]

For more information: Audit 2026 Non-RPMS Orientation Part 1 and 2.

Important Dates

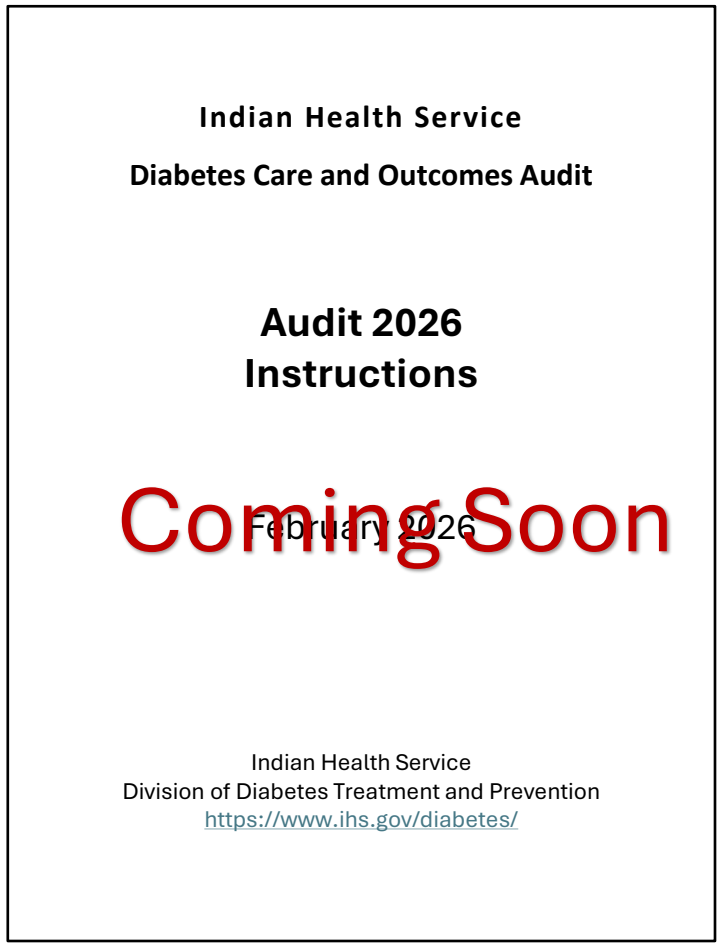
Annual Audit 2026

- Audit period end date: **December 31, 2025**
- RPMS/DMS patch release: **January 22, 2026**
- WebAudit open: **February 2, 2026 (anticipated)**
- Due date: **March 20, 2026**

https://www.ihs.gov/diabetes/audit/audit-resources/

Audit 2026 Instructions

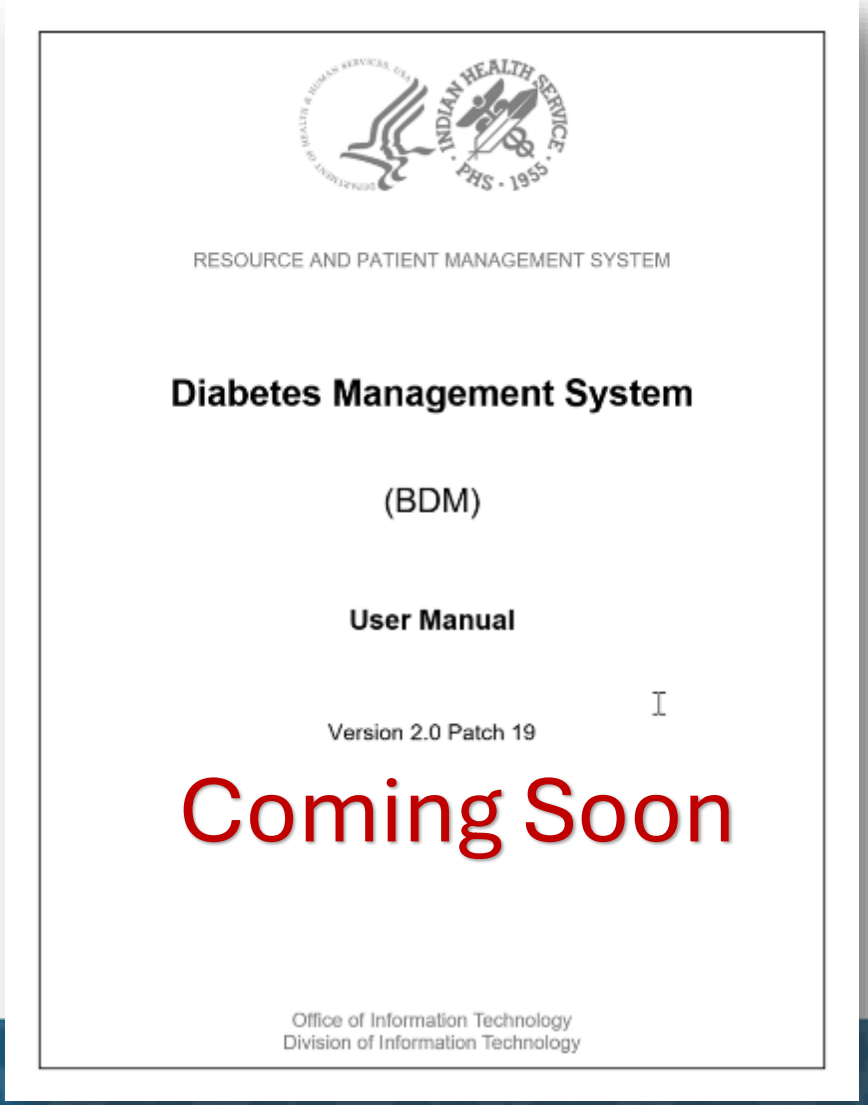
- Detailed instruction guide for Manual, RPMS and non-RPMS users
- For use in conjunction with the Audit Checklists
- Includes a summary of changes for Audit 2026



2026 Diabetes Management System (DMS): User Manual

Provides instructions for set up and maintenance of RPMS/DMS:

- Taxonomies for Medications, Lab Tests, Health Factors, and Education topics
- Creation and use of Diabetes Registers
- Conducting an electronic Diabetes Audit
- Diabetes Audit Logic
- More



Take Time to Review the Audit Process

- **Review audit process for method(s) of submission**
  - Use available Audit Resources.
- **Update Registers or List**
  - Determine who should be audited – Audit Group.
- **Additional preparations**
  - **RPMS/DMS users:**
    - ✓Review taxonomies and then update taxonomies, as needed.
    - ✓BDM (DMS) v2. Patch 19 is installed
  - **Non-RPMS:**
    - ✓Review updated Data File Specifications and Code List for audit measures for data capture and reporting.

Review the Audit Process (cont.)

- **Create an Audit Data file (for the 12-month audit period).**
  - Create according to data file specifications. (non-RPMS)
  - Upload data file into the WebAudit program. (RPMS/Non-RPMS)
- **Review Audit Reports for all means of submission.**
  - Manual, DMS, other EMR
- **Correct or verify data in the Data Quality Check (DQC) Report.**
  - Note in the “Comments” section and change in the Record, if needed
- **Clean up audit data using:**
  - Data Quality Check Reports (WebAudit and DMS)
  - Trends Graph (WebAudit)
  - Annual Data Reports (WebAudit)

Identifying Patients to Audit

Identifying the correct group of people to audit is key!

Entire DM Register or List.
All have a diagnosis of diabetes.

Active patients with diagnosis of diabetes, seen in a primary care clinic during audit period in a Register or List.

Lost to Follow up patients in your Register or List

Inactive patients in the Register or List

Inclusion Criteria for 2026 DM Audit

Section 2. Identifying Patients to Audit: Inclusions and Exclusions

A critical task in performing the Audit is determining which people with diabetes to include.

General guidance for identifying these patients is provided below.

First, identify patients who meet **all** the following criteria:

1. Have a diagnosis of diabetes mellitus.
2. Are American Indian or Alaska Native.
3. Have **at least one visit** (in person or telehealth) with a diagnosis of diabetes as a purpose of visit to any of the following clinics during the one-year Audit period:
    a. General
    b. Diabetic
    c. Internal Medicine
    d. Pediatric
    e. Well Child
    f. Family Practice
    g. Chronic Disease
    h. Endocrinology
    i. Pharmacy Primary Care Clinic (if your pharmacy clinic provides diabetes care)

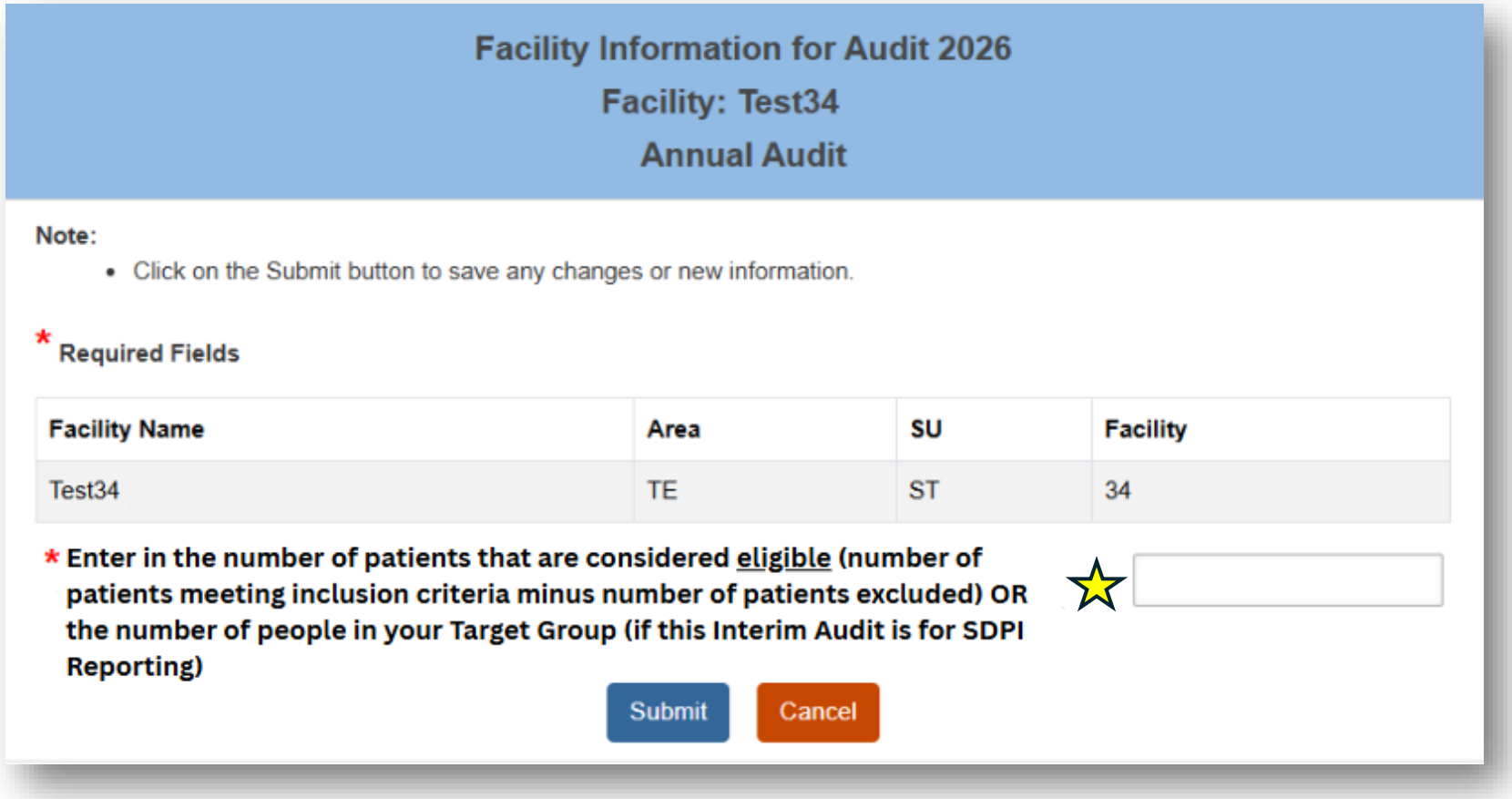
- Non-RPMS programs will need to check with your organization to determine clinic equivalents and/or other potential primary care clinics.

Exclusion Criteria for 2026 DM Audit

Second, **exclude** patients who:

1. Received the majority of their primary care during the Audit period outside of your facility.
2. Are currently on dialysis AND received most of their primary care during the Audit period at the dialysis unit.
3. Died during the Audit period.
4. Were pregnant during any part of the Audit period.
5. Have prediabetes (as determined by documented diagnosis of prediabetes, impaired fasting glucose [IFG], impaired glucose tolerance [IGT], or elevated A1C level).
6. Moved permanently or temporarily during the Audit period.

Patients Eligible for the Annual Audit

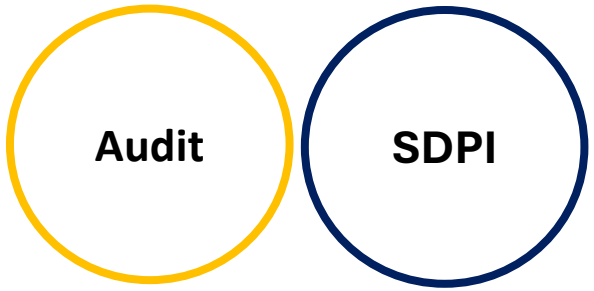


Number of Eligible Patients: # of patients meeting inclusion criteria minus # of patients excluded

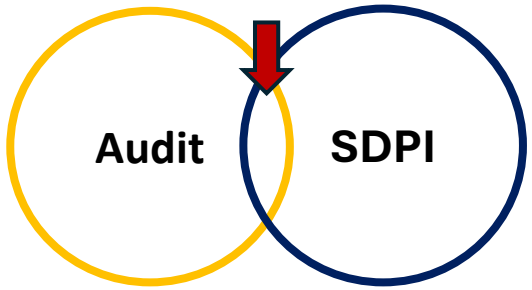
★ This is the number to be entered in WebAudit Facility Information field.

Audit Group vs SDPI Target Group

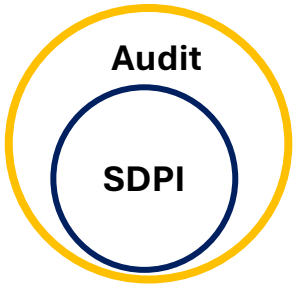
DM Audit Group vs SDPI Target Group: examples



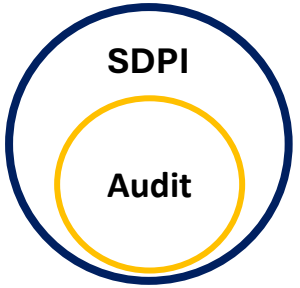
1. No overlap: diabetes prevention only
SDPI Target Group Guidance:
Select your Target Group from adults and/or youth who are at risk for developing diabetes.



2. Some overlap: education or tobacco use screening.
SDPI Target Group Guidance:
Select from adults and/or youth with diabetes or at risk for developing diabetes



3. SDPI subset of Audit Group
(SDPI includes only some diabetes patients)



4. Audit Group subset of SDPI
(SDPI includes all community members)

DM Audit Group vs SDPI Target Group: examples

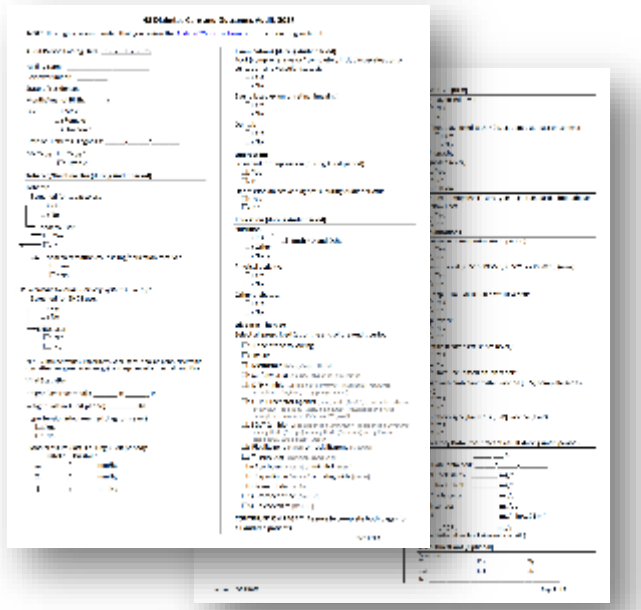
5. Total overlap not likely.

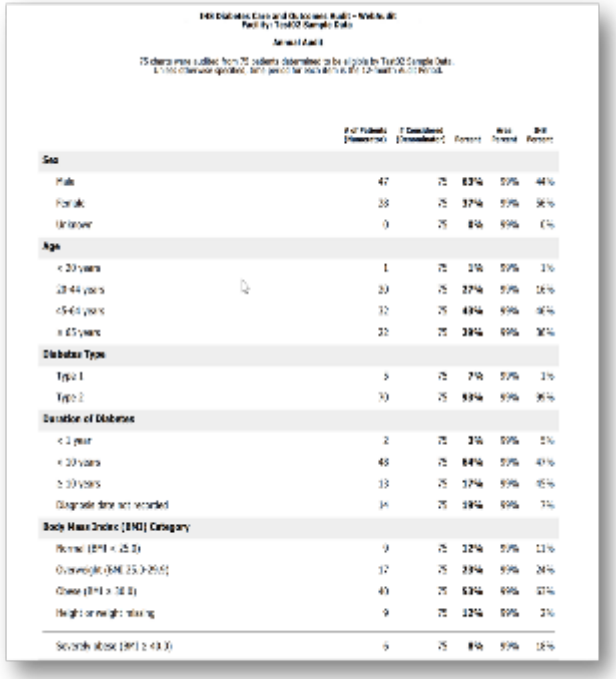
a. Generally, SDPI Target Group number is fixed for the year.

b. People with diabetes are added or removed from the Diabetes Register/List during the year.

Manual Audit Data Submission

Manual Audit
Data Entry





Manual Audit: Gather Data

- **Select charts to review for eligible patients according to 2026 Audit Instructions.**
  - All or a random sample
  - Random sample generally used for Manual Audits and larger audit populations
  - Use the Audit Sample Sizes chart to determine number of charts to audit.
    - ✓ **2026 Audit Instructions (pg. 9-12)**
  - The number needed statistically valid results depends on the number of patients at your facility that meet the eligibility criteria for the Audit.
- **Review medical record for each selected patient.**
- **Complete one Audit Form for each record.**
  - Check off every box on the form.
  - **Exception: Skip patterns**

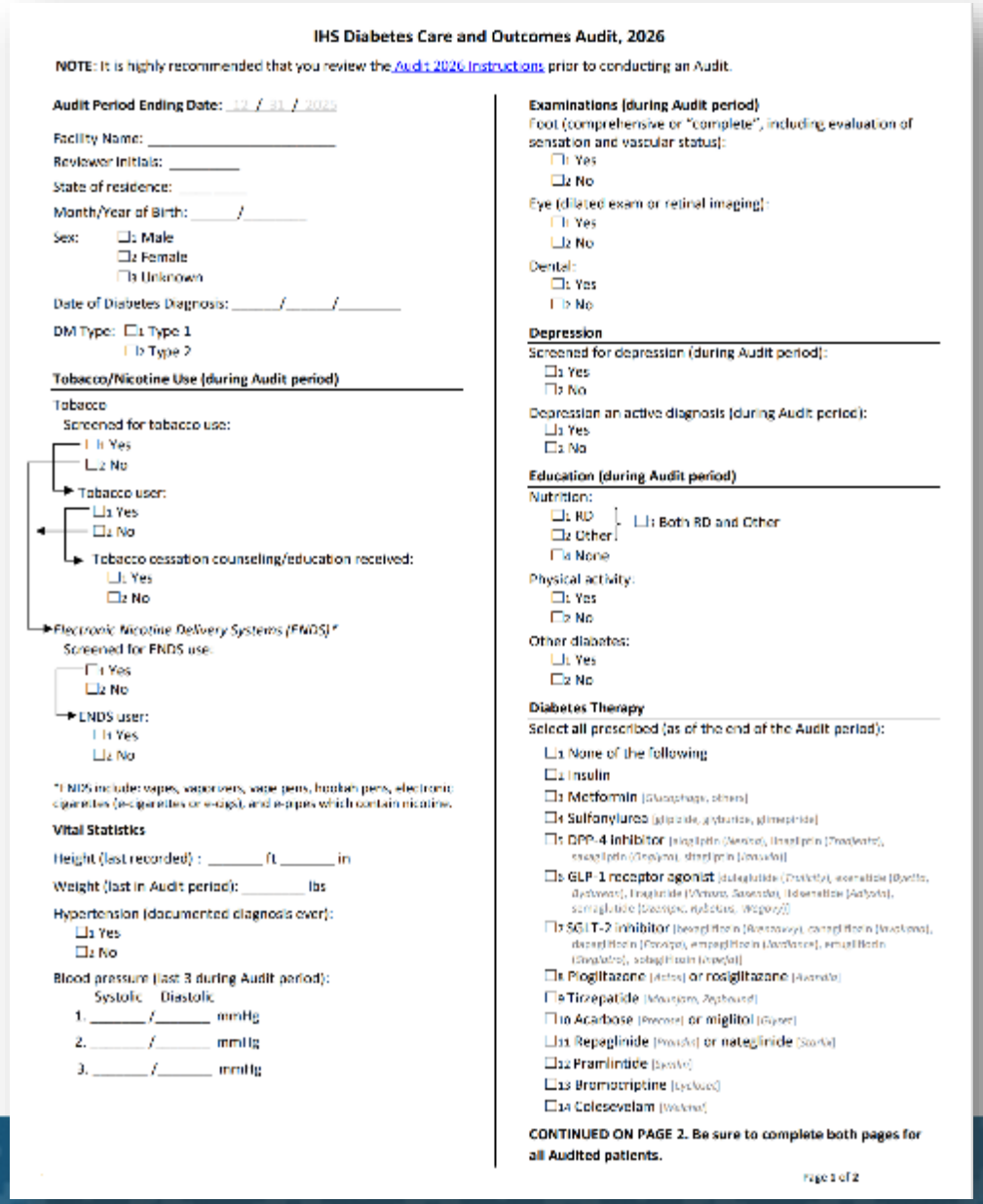
Audit Sample Size – Random Sample

Table 2. Audit Sample Sizes

Population (# eligible people with diabetes)	90% Certainty Within 10% (Recommended)	90% Certainty Within 5%	95% Certainty Within 10%	95% Certainty Within 5%
<30	all	all	all	all
30	21	27	23	28
40	25	35	28	36
50	29	42	33	44
60	32	49	37	52
70	34	56	40	59
80	37	62	44	66
90	39	68	46	73
100	40	73	49	79
110	42	78	51	86
120	43	83	53	91
130	44	88	55	97
140	46	92	57	103
150	47	96	59	108
160	48	101	60	113
170	48	104	61	118
180	49	108	63	123
190	50	112	64	127
200	51	115	65	132
220	52	121	67	140
240	53	127	69	148

Page 10

2026 Paper Audit Form



IHS Diabetes Care and Outcomes Audit, 2026

NOTE: It is highly recommended that you review the Audit 2026 Instructions prior to conducting an Audit.

Audit Period Ending Date: 12 / 31 / 2025

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):

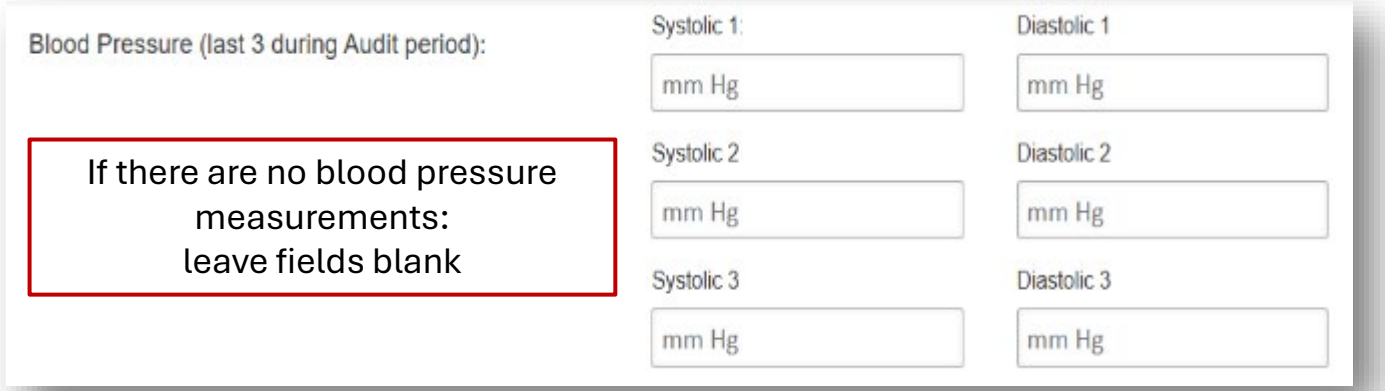
☐1 None of the following
☐2 Insulin
☐3 Metformin (Glucophage, others)
☐4 Sulfonylurea (glipizide, glyburide, glimepiride)
☐5 DPP-4 inhibitor (sitagliptin (Januvia), linagliptin (Tradjenta), saxagliptin (Onglyza), alogliptin (Nesina))
☐6 GLP-1 receptor agonist (dulaglutide (Trulicity), exenatide (Byetta, Bydureon), liraglutide (Victoza, Saxenda), lixisenatide (Adlyxin), semaglutide (Ozempic, Rybelsus, Wegovy))
☐7 SGLT-2 inhibitor (bexagliflozin (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.

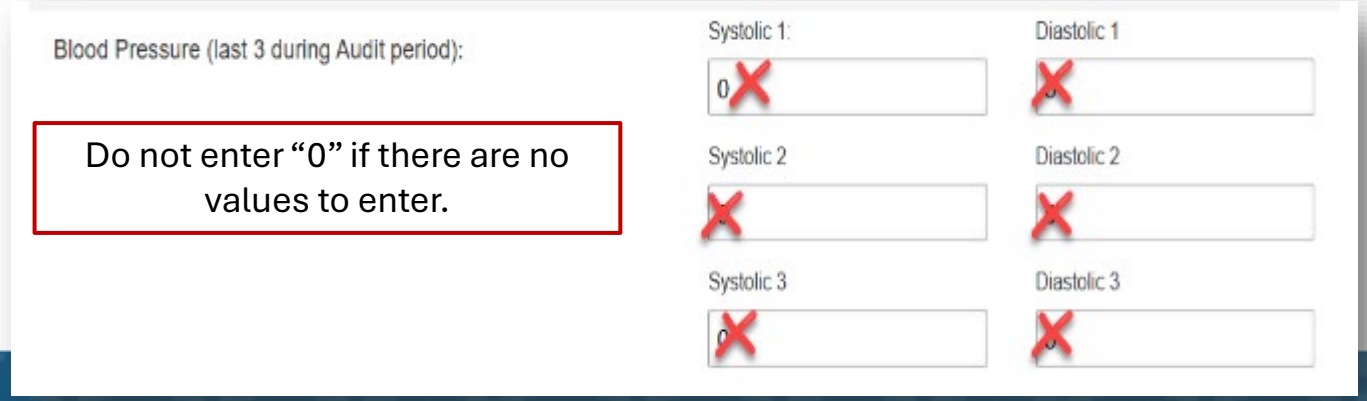
Page 1 of 2

Manual Audit: Data Entry

- **Data Entry into the WebAudit:**
  - Do not submit anything other than a blank space for missing or unknown data (e.g., not 0).
  - Examples: blood pressures and some lab values



If there are no blood pressure measurements:
leave fields blank



Do not enter "0" if there are no values to enter.

Manual Audit Check List

IHS Division of Diabetes Treatment and Prevention
Annual Diabetes Care and Outcomes Audit 2026

Manual Audit Checklist
Last updated: December 2025

Step	1.0 Preparation	Completed?
1.1	Let your Area Diabetes Consultants[1] know that you are planning to start conducting your Audit.	
1.2	Review the detailed Audit 2026 Instructions[2] with particular attention to the section on conducting a manual Audit.	
1.3	Review the Diabetes Registry or list of diabetes patients for your facility and update, as needed.	

Step	2.0 Complete Audit Forms	Completed?
2.1	From a list of eligible diabetes patients, randomly select the appropriate number of charts to review Audit 2026 Instructions[2], pp. 9-12.	
2.2	Download the Audit 2026 Form[3] and make as many copies of the form as you have charts to review.	
2.3	Perform the chart audits and complete a paper Audit form for each chart reviewed. Be sure to complete **all relevant** items.	

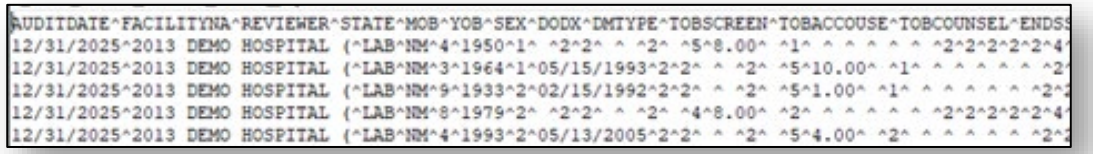
Step	3.0 Enter and Review Data via the WebAudit	Completed?
3.1	Request a WebAudit account if you do not already have one. For more information, visit the IHS Division of Diabetes Audit website[4].	
3.2	Login to the WebAudit: Go to the Audit website[4] and click on the "Log in" button.	
3.3	Go to **Facility Administration** tab or icon to enter number of diabetes patients. **Note:** Enter the number of patients that meet the Audit inclusion and exclusion criteria (i.e., eligible patients).	
3.4	Go to **Data Processing** tab or icon to enter data for each completed Audit form. • Click on **Date Entry** and under Audit Type: select Annual Audit • Follow prompts to enter data. Use tab key to move to the next prompt. • Save data entered. • Go to the next record and repeat steps for each record to be entered.	

Electronic Audit Data Submission

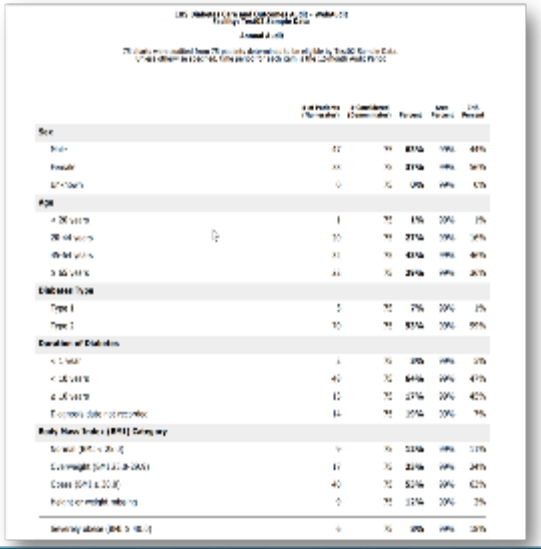
Electronic Data Submission

RPMS/DMS Programming

Other EMR Programming



AUDITDATE^FACILITYNA^REVIEWER^STATE^MOB^YOB^SEX^DODX^DMITYPE^TOBSCREEN^TOBACCOUSE^TOBCOUNSEL^ENDS
12/31/2025^2013 DEMO HOSPITAL (^LAB^NM^4^1950^1^ ^2^2^ ^ ^2^ ^5^8.00^ ^1^ ^ ^ ^ ^ ^ ^2^2^2^2^2^4
12/31/2025^2013 DEMO HOSPITAL (^LAB^NM^3^1964^1^05/15/1993^2^2^ ^ ^2^ ^5^10.00^ ^1^ ^ ^ ^ ^ ^ ^2
12/31/2025^2013 DEMO HOSPITAL (^LAB^NM^9^1933^2^02/15/1992^2^2^ ^ ^2^ ^5^1.00^ ^1^ ^ ^ ^ ^ ^ ^2^2
12/31/2025^2013 DEMO HOSPITAL (^LAB^NM^8^1979^2^ ^2^2^ ^ ^2^ ^4^8.00^ ^2^ ^ ^ ^ ^ ^ ^2^2^2^2^2^4
12/31/2025^2013 DEMO HOSPITAL (^LAB^NM^4^1993^2^05/13/2005^2^2^ ^ ^2^ ^5^4.00^ ^2^ ^ ^ ^ ^ ^ ^2^2



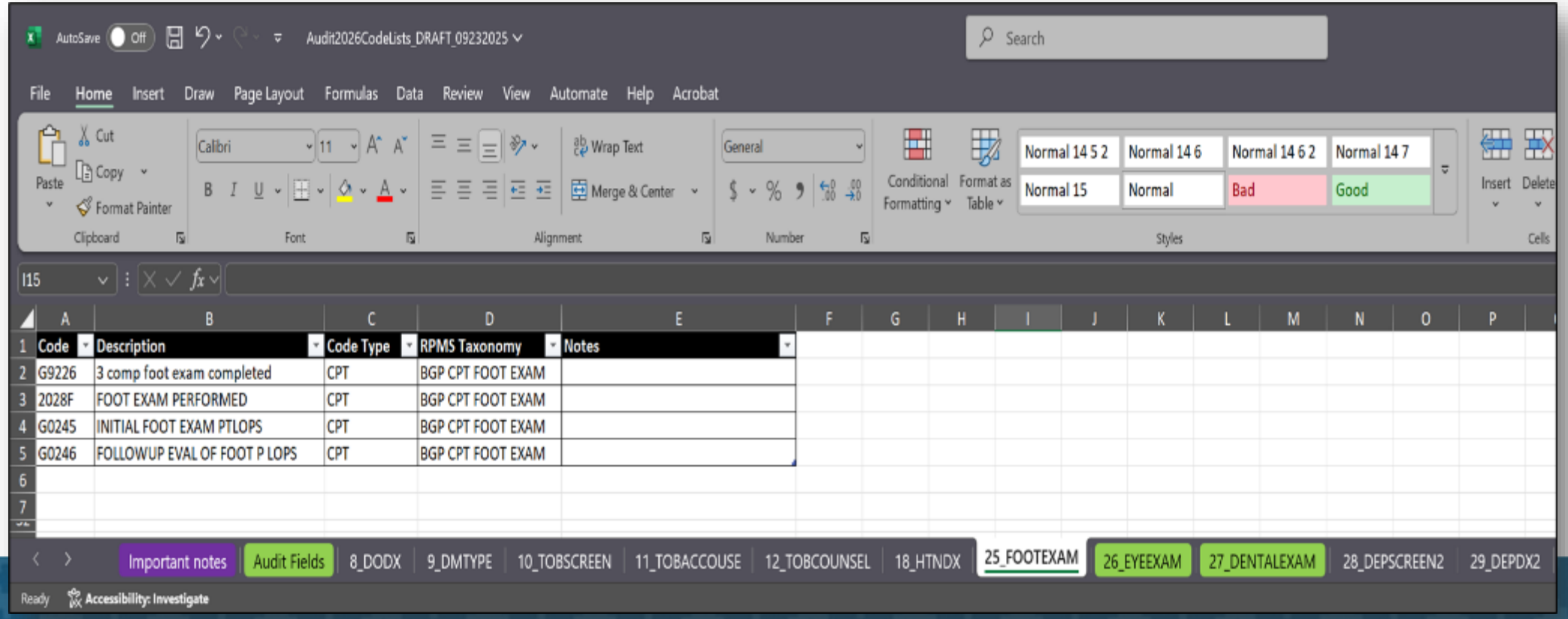
Electronic Audits: RPMS vs. other EMRs

- Below are some specific examples. There are many other differences!
- Resources for both are available on the Audit website.

Activity	RPMS	Other EMR
Software programming: (done by)	IHS	**Software company or vendor**
Identify eligible patients	Registry or QMAN search	**System dependent**
Preparation	• Install DMS patch 19 • Update site-populated taxonomies • Review & update registry **or** create list of diabetes patients	**System dependent**
Education documentation	RPMS-specific coding	**System dependent**

Tools for Other EMRs: Code List and Data File Specifications

- The Code List and Data File Specifications documents are useful for data capture and the creation of the Audit Data File.
- Example: Foot Exams



Data File Specifications for 2026

IHS Diabetes Care and Outcomes Audit
Data File Specifications for 2026

General Information

1. **Data File Format:** Delimited text, with the following general requirements.
   a. Delimiter **must** be the ^ symbol, not a tab, space, or any other character.
   b. Line 1 contains the Audit field names in the order they appear below.
   c. Lines 2 and beyond contain the data, with each line representing a single record/patient.
   d. All records must contain a value or a placeholder for all fields. If there is no value for a field (because data are missing or due to skip pattern), the place holder is one blank space between the delimiters (i.e., ^ ^). Use of ^^ with no blank space will cause an error in uploading the data file.
   e. *Do not submit anything other than a blank space for missing or unknown data (e.g., not 0) or for skip patterns.* Zero is an actual number and may be factored into calculations or may be considered a data outlier. This is a common data entry error.

2. **Data Fields:**
   a. A list of Audit 2026 fields and basic details/requirements for each is provided on subsequent pages of this document.
   b. Extracting accurate data for many fields requires additional information, some of which is available in the Audit documentation.
   c. Other information is specific to the health record system being used and must be determined locally, including documentation of medications and education.

3. **Additional Information and Resources**
   a. Audit website: https://www.ihs.gov/diabetes/audit/
   b. Contact the Audit team via email: diabetesaudit@ihs.gov

9-page document

Read through carefully.

Data File Specifications for 2026

List of Audit Data Fields

Order	Field Name	Description	Timeframe	Format/Values/Units	Comments
1	AUDITDATE	Ending date of the one-year Audit period: 12/31/2025 for Annual Audit 2026	N/A	mm/dd/yyyy	
2	FACILITYNA	Name or abbreviation for the facility	N/A	Character (max length=20)	For confirmation purposes only, since the WebAudit will automatically supply and display the name.
3	REVIEWER	Reviewer's initials	N/A	Character (max length=3)	
4	STATE	Postal abbreviation for last known state of residence	N/A	Character (max length=2)	Do not populate if patient's address is outside of the US (e.g., in Canada).
5	MOB	Month of birth	N/A	# with value 1-12	
6	YOB	Year of birth	N/A	yyyy	

7	SEX	Birth Sex	N/A	# field with:
				1=Male
				2=Female
				3=Unknown	

8	DODX	Date of diabetes diagnosis	N/A	mm/dd/yyyy	If only year is known, use value 07/01/yyyy. If only month and year are known, use 15 for the day. Leave blank if year or entire date is unknown.

9	DMTYPE	Diabetes type	N/A	# field with:
				1=Type 1
				2=Type 2 (or uncertain)	

10	TOBSCREEN	Screened for tobacco use	Audit period	# field with:
				1=Yes
				2=No	

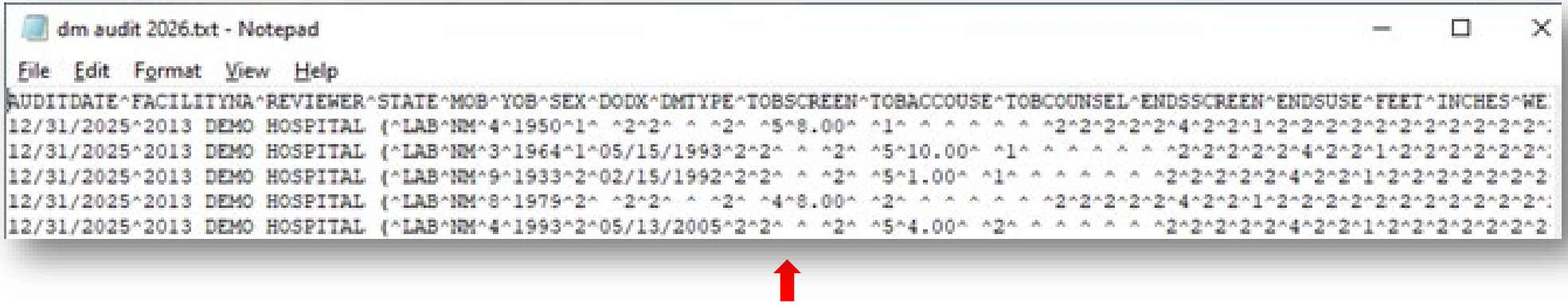
11	TOBACCOUSE	Tobacco use	Audit period	# field with:
				1=Yes
				2=No
					Populate only if TOBSCREEN value is 1=Yes.

12	TOBCOUNSEL	Tobacco cessation counseling/education received	Audit period	# field with:
				1=Yes
				2=No
					Populate only if TOBSCREEN value is 1=Yes and TOBACCOUSE value is 1=Yes.

13	ENDSSCREEN	Screened for electronic nicotine delivery system (ENDS) use during Audit period	Audit period	# field with:
				1=Yes
				2=No
					ENDS include: vapes, vaporizers, vape pens, hookah pens, electronic cigarettes (e-cigarettes or e-cigs), and e-pipes.
					
					Limit to nicotine for Audit.

There are changes every year!

Audit Data File: sample



Blank space here = no value

Example: Skip pattern

Tobacco screen = 2 No; then Tobacco use = null

- Can be viewed using Notepad, Word, Excel or other software that allows viewing of text files
- The Audit export data file contains raw data; don't edit anything here.
- **Only the original text file can be uploaded into the WebAudit.**

2026 Electronic Audit Checklist: RPMS

IHS Division of Diabetes Treatment and Prevention
Annual Diabetes Care and Outcomes Audit 2026

Electronic Audit Checklist: IHS Resource and Patient Management System (RPMS)
February 2026

Step	1.0 Preparation	Completed?
1.1	Let your Area Diabetes Consultant[1] know that you are planning to start conducting the Audit.	
1.2	Review the detailed 2026 Audit Instructions[2] with particular attention to the section on conducting an electronic Audit using RPMS (Appendix A). **Note the Summary of Changes for Audit 2026 on pp. 3-4.**	
1.3	Install the RPMS patch for Audit 2026: Diabetes Management System (DMS) **Version 2.0, Patch 19.** Your facility's Clinical Application Coordinator (CAC) or local RPMS support team will need to do this.	
1.4	Determine that you have access to the Audit 2026: Diabetes Management System (DMS) program after logging into the RPMS system. • Request local RPMS Security Keys, if needed • See Audit Instructions pp. xx for list of RPMS keys to request.	

Coming Soon

- Preparation
- Identifying patients for Inclusion in Your Audit
- Review of Data Quality in RPMS
- Create Audit data file
- Submit and Review Data via WebAudit
- Review Data Quality in WebAudit

2026 Audit Non-RPMS Checklist

IHS Division of Diabetes Treatment and Prevention
Annual Diabetes Care and Outcomes Audit 2026

Audit Checklist: Electronic Medical Record (EMR) Systems Other than RPMS
October 2025

Notes:

- This checklist provides general guidance on programming for the IHS Diabetes Audit[1] (Audit). It does not provide detailed information for any particular EMR system.
- There is a separate checklist for conducting Audits using the IHS Resource and Patient Management System (RPMS).
- Follow HIPAA guidelines for patient data confidentiality.
- Contact the IHS Audit team (diabetesaudit@ihs.gov) with any questions or to request resources.

Step	1.0 Preparation	Completed?
1.1	Notify your Area Diabetes Consultant[2] (ADC) that you are planning to start Audit activities.	
1.2	View recorded webinar: Audit 2026 Orientation for Non-RPMS Electronic Audits (available on the Audit training page[3]).	
1.3	Gather and carefully review resources for current year (2026). These are available on the Audit resources page[4] and include: • Audit Form • Audit Instructions (pay particular attention to Appendix A: IHS Diabetes Care and Outcomes Audit Data File Specifications for 2026) • Excel file of code lists	
1.4	Identify technical personnel, including programmers, for your facility. These individuals may be in-house or with an external EMR vendor.	
1.5	Connect programmer(s) to key staff at your facility with knowledge relevant to the Audit process. Consider including staff from multiple departments: diabetes and/or Special Diabetes Program for Indians (SDPI) program; information technology (IT), medical, nursing, pharmacy, lab, optometry, dental, health information management (HIM), billing and coding, quality improvement, and administration.	
1.6	Develop a strategic plan that may include: • Team member assignment • Consistent and ongoing communication among team members • Testing plan • Timelines	

- Preparation
- Programming for the Audit export/data file
- Programming for patient lists/groups
- Testing and Troubleshooting
- Create Audit data file
- Submit and Review Data via WebAudit
- Documentation

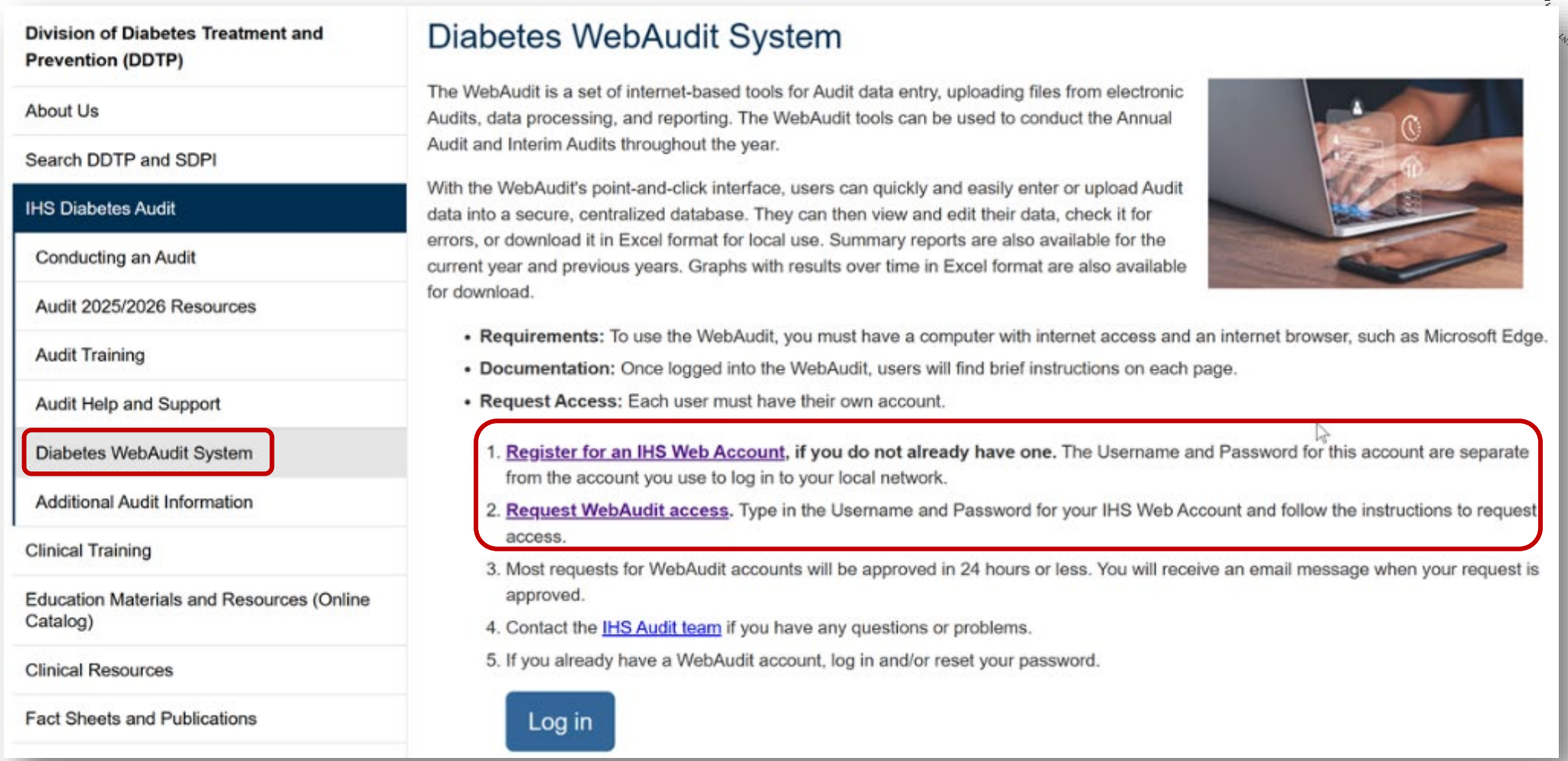
Diabetes WebAudit
DATA PROCESSING
AUDIT RESOURCES
WEBAUDIT
FACILITY ADMINISTRATION
AUDIT REPORTS
The IHS Diabetes Care and Outcomes Audit is a process to assess care and health outcomes for American Indians and Alaska Natives with diagnosed diabetes. IHS, Tribal and Urban Indian health care facilities nationwide participate in this process each year by auditing medical records for their patients with diabetes.
Login

The Diabetes WebAudit System

- The **WebAudit** is a set of internet-based tools for Audit data entry, uploading files from electronic Audits, data processing, and reporting.
- Data submitted into the WebAudit for all data processing and report tools are the same.
- Data and reports from previous audits are retained in the system.
  - Audit Reports go back to 2008 for many sites.
- **At least one person from each facility has access.**
  - In general, individuals directly involved with conducting the Diabetes Audit.
- **Interim Audits** can be submitted at anytime.

WebAudit Access and More

- **WebAudit access**
  - New – Register for an IHS Web Account (system separate from WebAudit)
  - Request WebAudit access (SOS)
- **WebAudit – Username**
  - If you ever had access but don't remember your login info, contact us instead of creating a new account.
- **WebAudit – User tip**
  - **Login** – In your browser, bookmark the Audit website or WebAudit login page.
  - **Data Entry** – Use the tab and number keys.



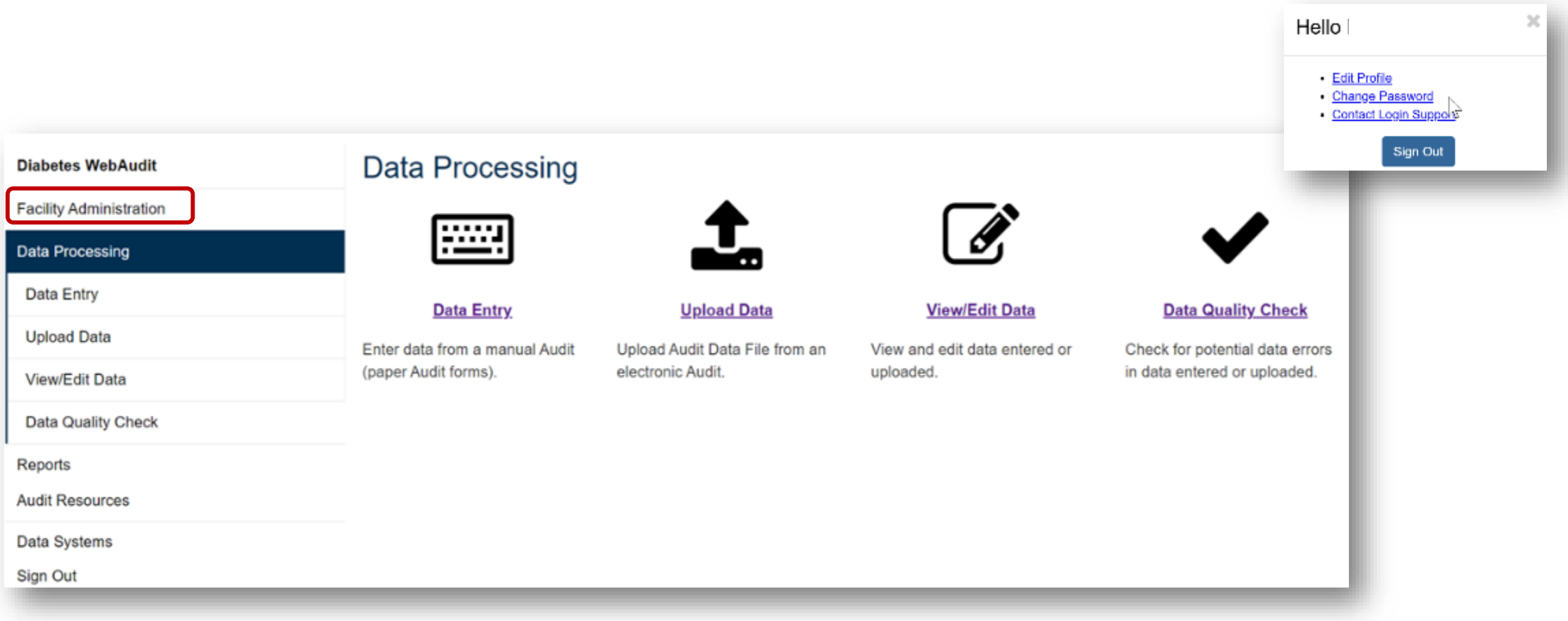
https://www.ihs.gov/diabetes/audit/webaudit-information-and-account-requests/

Submit and Review Data via the WebAudit

	Step	WebAudit Tool(s)
1	Enter # eligible patients (NOT number Audited)	**Enter Facility Info**
2	Submit data (choose one) Electronic Audit → Manual Audit →	 **Upload Data** **Data Entry**
3	Check data for potential errors → edit data as needed	**Data Quality Check** **View/Edit Data**
4	Review reports and graphs of results → edit data as needed	**Audit Reports & Trends Graphs** **View/Edit Data**
5	"Lock" data	**Lock Facility Data**
6	Complete Audit evaluation (optional)	**Link on screen and in email**

Step 1: Enter in the number of patients that are considered eligible (number of patients meeting inclusion criteria minus number of patients excluded) OR the number of people in your Target Group (if this Interim Audit is for SDPI Reporting)

Diabetes WebAudit: Main Page



Reports Page

Data Quality Check – Brief Overview

Data Quality Check

Checks each data item and looks for data that **might be** or **are definitely incorrect**.

- Two types of errors:
  - **Potential**: Value "might be" incorrect.
    - Example: values that are higher or lower than expected (e.g., A1c<2)
  - **Definite**: Value is "definitely incorrect" **according to Audit logic**.
    - May be found in dates and skip patterns
    - date of diagnosis is before date of birth
    - received cessation counseling but is not a current tobacco user
- Two report sections:
  - **Summary:** Number of errors for each data field
  - **List:** Details for each error

Data Quality Check

Review the Summary and then the List. Look for:

- **Large number** of errors for one or more fields. If found:
  - Stop and explore possible reasons.
  - Create and upload a new data file, if necessary.
- **Small number** of errors for one or more fields. If found:
  - Review each one.
  - Determine if corrections are necessary.
    - ✓ If needed, make corrections in WebAudit and note in Comments.
    - ✓ If no corrections are needed, note in Comments to verify information.

Data Quality Check Summary Report – WebAudit

There are 77 records for this facility.
137 Potential Data Errors were found.
Table sorted by Field Name ascending.

Download PDF Version

Field Name	Number of Potential Errors
Date of Diabetes Diagnosis	35
DM Therapy: Insulin	1
ENDS user	10
Multiple – See error message	7
Tobacco Cessation Counseling	77
Tobacco user	7

Data Quality Check Details List – WebAudit

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

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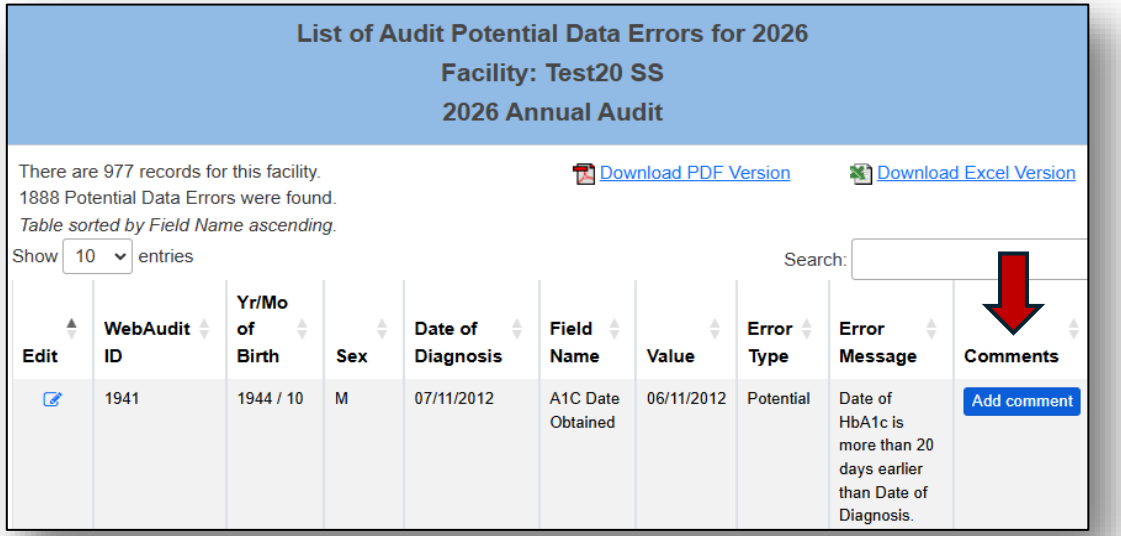
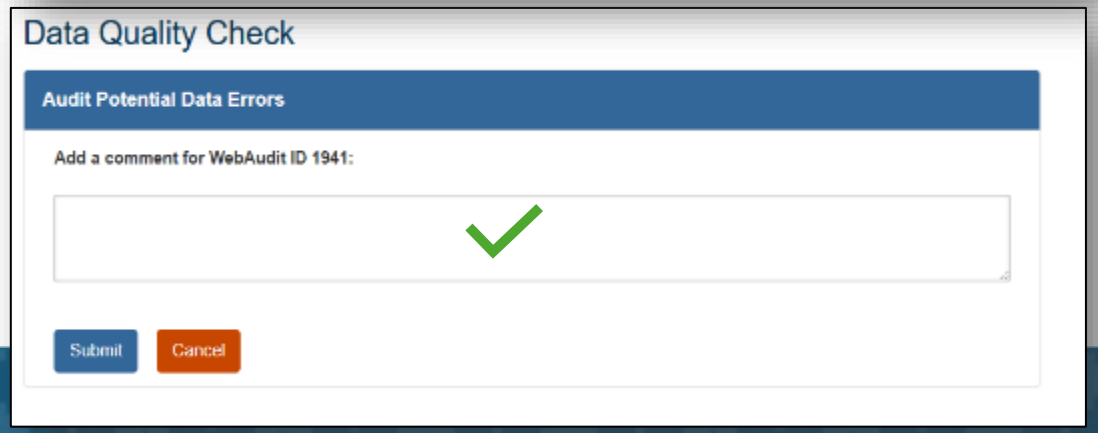
Edit	WebAudit ID	Yr/Mo of Birth	Sex	Date of Diagnosis	Field Name	Value	Error Type	Error Message	Comments
	1002	1960 / 7	F	06/01/1960	Date of Diabetes Diagnosis	06/01/1960	Definite	Date of Diagnosis is earlier than Date of Birth. You must check both dates and change one or both dates.	Add comment
	1002	1960 / 7	F	06/01/1960	DM Therapy: Insulin	2	Potential	Response for this medication is inconsistent with DM type 1. Check DM type and therapy and change one or both if necessary.	Add comment
	1001	1990 / 5	F	03/01/2022	ENDS use status	None	Potential	Missing value. Enter a value if possible.	Add comment

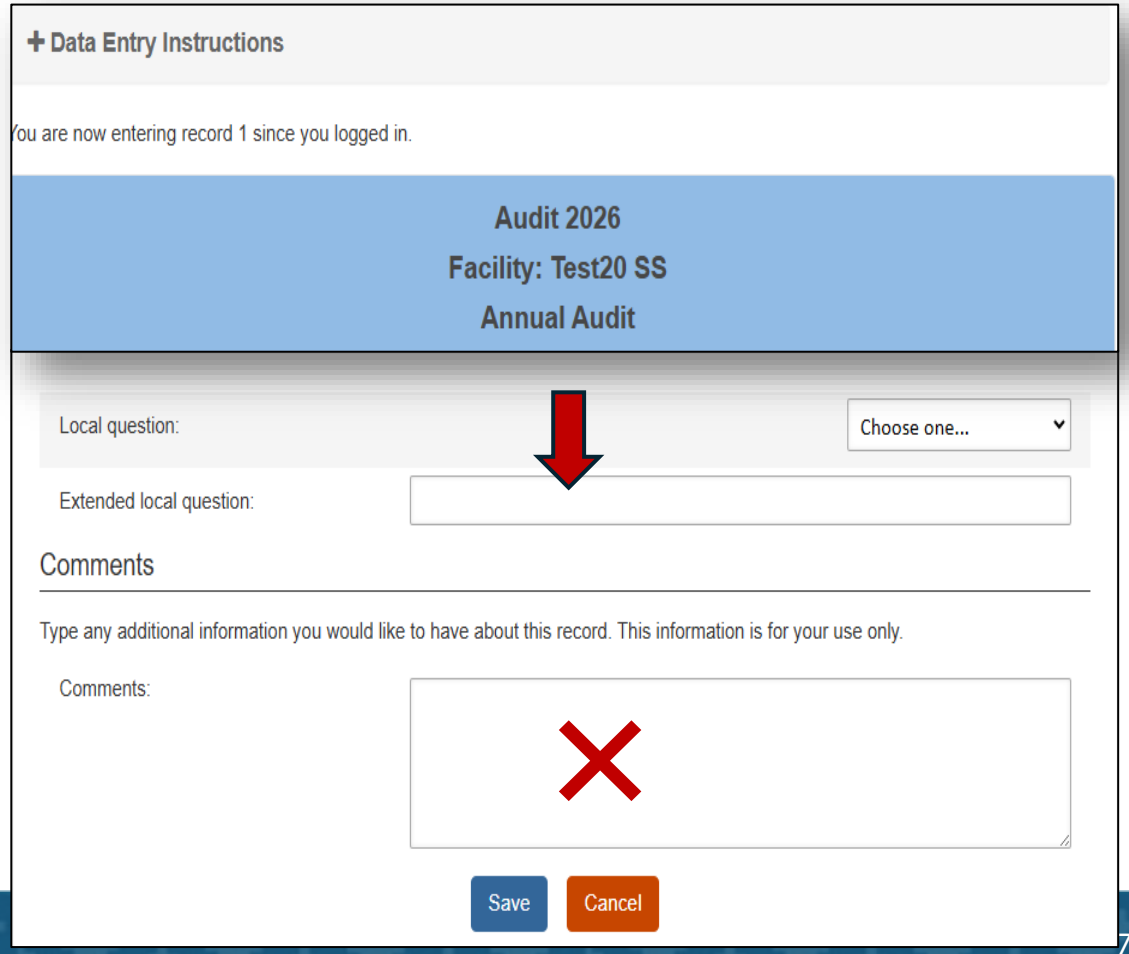
Adding comments for DQC

- Add comments for all Potential Data Errors to verify data that does not need to be corrected.
- If needed, correct data in the record and save.

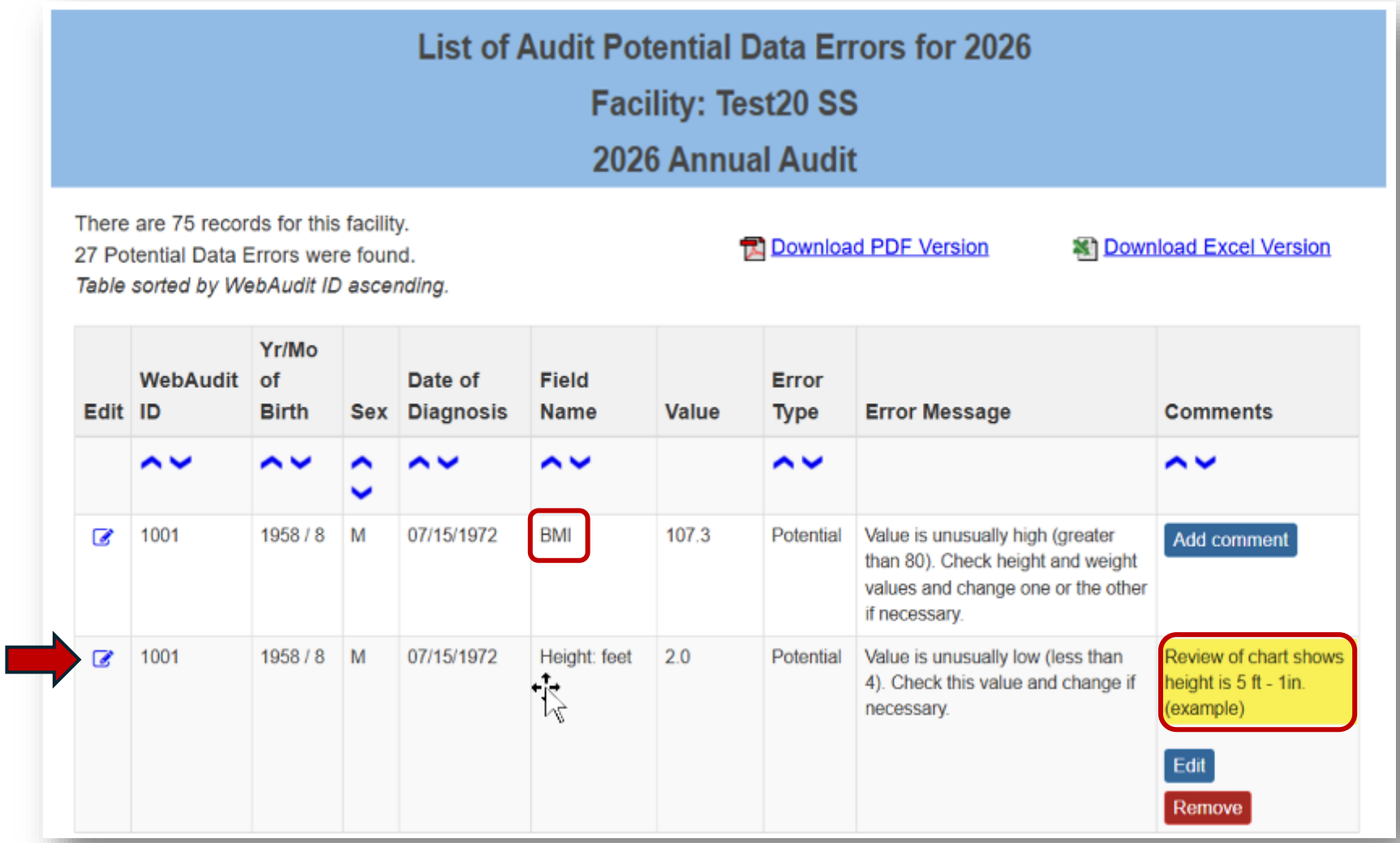
- Do not add comments for DQC in the actual record in DQC →Edit **or** Data Entry →View/Edit Data
- When entered here it is not viewed in the DQC report.







Correcting a data value (Ex. BMI)



List of Audit Potential Data Errors for 2026

Facility: Test20 SS

2026 Annual Audit

There are 75 records for this facility.
27 Potential Data Errors were found.
Table sorted by WebAudit ID ascending.

Download PDF Version Download Excel Version

Edit	WebAudit ID	Yr/Mo of Birth	Sex	Date of Diagnosis	Field Name	Value	Error Type	Error Message	Comments
	1001	1958 / 8	M	07/15/1972	BMI	107.3	Potential	Value is unusually high (greater than 80). Check height and weight values and change one or the other if necessary.	Add comment
	1001	1958 / 8	M	07/15/1972	Height: feet	2.0	Potential	Value is unusually low (less than 4). Check this value and change if necessary.	Review of chart shows height is 5 ft - 1in. (example) Edit Remove

Correcting a data value (Ex. BMI)

In record # 1001:

* Required Fields

WebAudit ID for this record	*Audit Period End Date	Facility Name	IHS Area Code	SU Code	Facility Code	Number of Eligible Patients
1001	*(mm/dd/yyyy)* 12/31/2024	Test02 Sample Data	TE	ST	02	75

Vital Statistics

** Height (last ever):

Potential Error: BMI - Value is unusually high (greater than 80). Check height and weight values and change one or the other if necessary.

Potential Error: Height: feet - Value is unusually low (less than 4). Check this value and change if necessary.

Potential Error Comment: Height: feet - Review of chart shows height is 5 ft - 1in. (example)

feet: 2

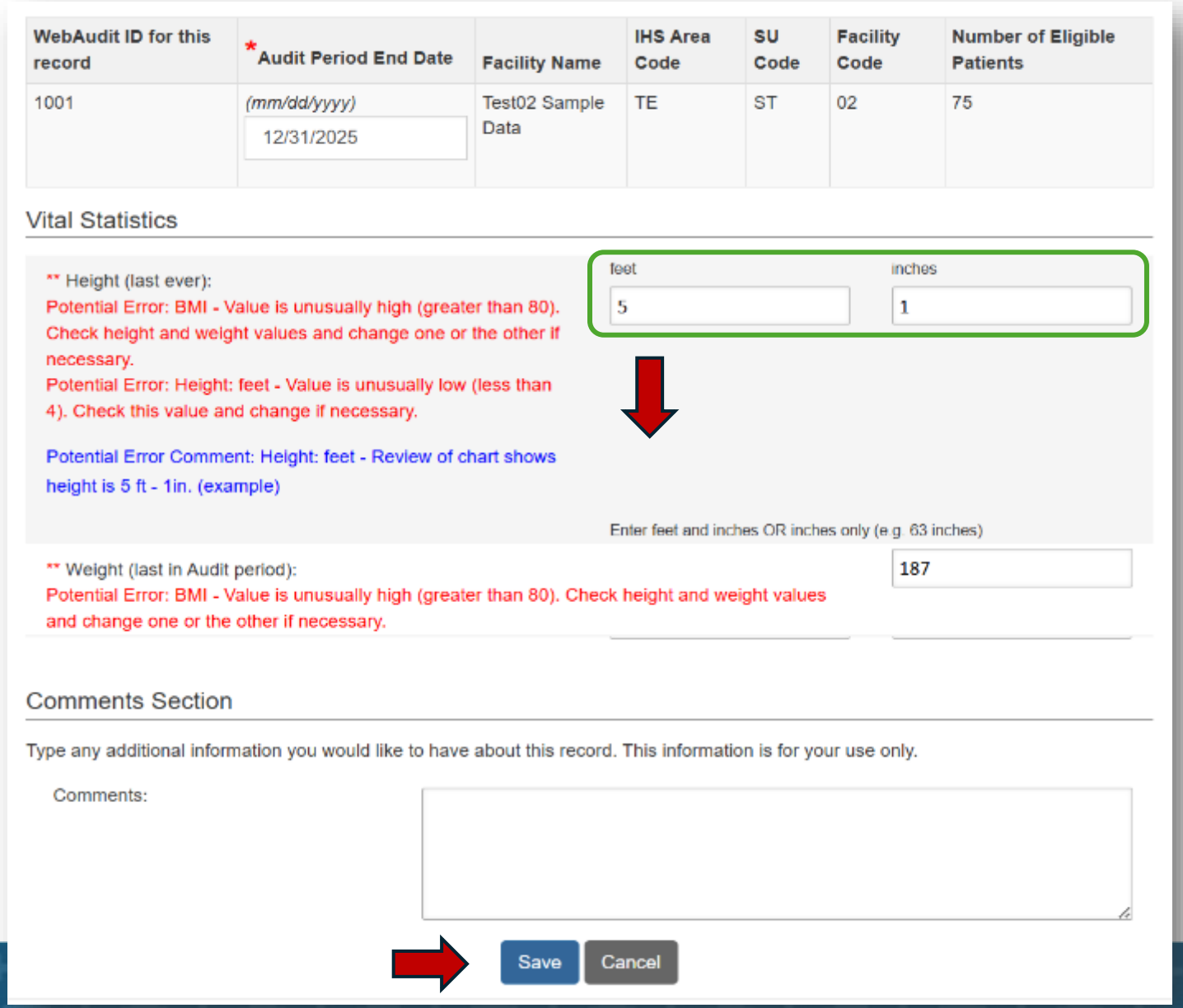
inches: 11.00

Enter feet and inches OR inches only (e.g. 63 inches)

** Weight (last in Audit period): 187

Potential Error: BMI - Value is unusually high (greater than 80). Check height and weight values and change one or the other if necessary.

Correcting a data value (Ex. BMI)



WebAudit ID for this record	* Audit Period End Date	Facility Name	IHS Area Code	SU Code	Facility Code	Number of Eligible Patients
1001	(mm/dd/yyyy) 12/31/2025	Test02 Sample Data	TE	ST	02	75

Vital Statistics

** Height (last ever):
Potential Error: BMI - Value is unusually high (greater than 80). Check height and weight values and change one or the other if necessary.
Potential Error: Height: feet - Value is unusually low (less than 4). Check this value and change if necessary.

Potential Error Comment: Height: feet - Review of chart shows height is 5 ft - 1in. (example)

feet: 5 inches: 1

Enter feet and inches OR inches only (e.g. 63 inches)

** Weight (last in Audit period): 187
Potential Error: BMI - Value is unusually high (greater than 80). Check height and weight values and change one or the other if necessary.

Comments Section

Type any additional information you would like to have about this record. This information is for your use only.

Comments:

Save Cancel

Next Steps:

- Enter correct value
- Scroll down to the bottom of page
- Hit Save

Note: Potential Error for this measure will also disappear off of the DQC.

Electronic Audits – Common Issue

Issue: Large number of patients missing all key data fields

List of Audit Potential Data Errors for 2026

Facility: Test20 SS

2026 Annual Audit

	1019	1972 / 7	F	04/07/2021	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.	No visit in 2025 noted in chart. Edit Remove
	1047	1973 / 5	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.	"Telehealth visit for DM Care" Edit Remove

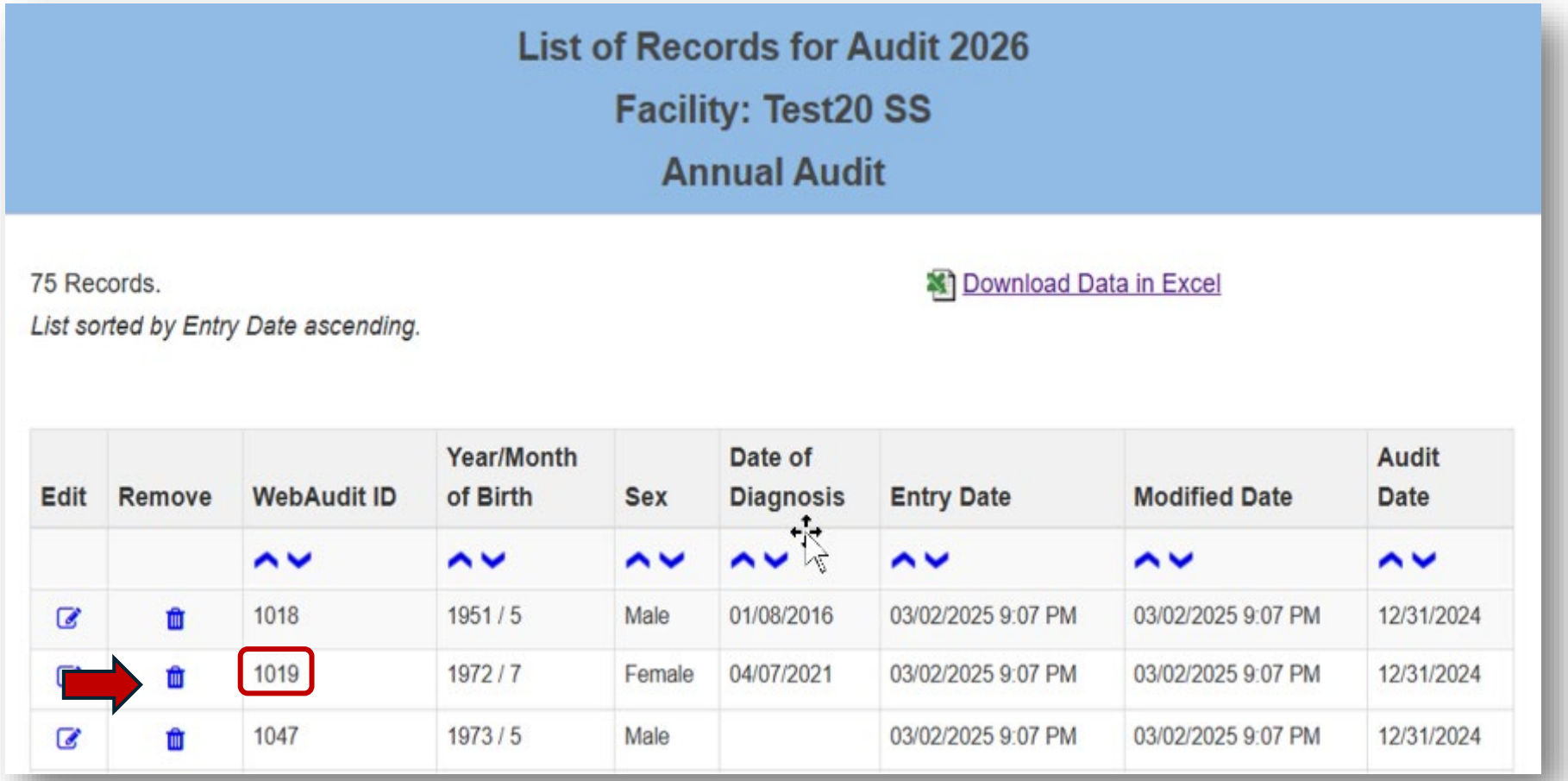
Potential issue could result from:

- patients not truly eligible (should be removed) OR
- patients only having telehealth visits during Audit period (okay).

Note: If necessary, create and upload a new data file.

Removal of a record

After verifying that the record should be removed→ Data processing→ View/Edit Data



List of Records for Audit 2026

Facility: Test20 SS

Annual Audit

75 Records.

List sorted by Entry Date ascending.

Download Data in Excel

Edit	Remove	WebAudit ID	Year/Month of Birth	Sex	Date of Diagnosis	Entry Date	Modified Date	Audit Date
		1018	1951 / 5	Male	01/08/2016	03/02/2025 9:07 PM	03/02/2025 9:07 PM	12/31/2024
		1019	1972 / 7	Female	04/07/2021	03/02/2025 9:07 PM	03/02/2025 9:07 PM	12/31/2024
		1047	1973 / 5	Male		03/02/2025 9:07 PM	03/02/2025 9:07 PM	12/31/2024

Additional Tips

- **Start early!**
- **Maintain DM Registers or Lists.**
  - Having an updated Register makes identifying those eligible for the DM Audit easier.
  - RPMS: View your Master List and share with others.
  - Update quarterly.
  - Programs transitioning to other EMRs from RPMS run a Master List and save.
- **Use those Audit Check Lists.**
- **Data clean up is an important step.**

  Review the WebAudit reports – especially the Data Quality Report.

  Makes data clean up easier for ADCs and DDTP

  Provides a better understanding about your data

Audit Data Security

Manual Audits: Paper forms contain patient data and should be handled according to facility policies.

Electronic Audits

- RPMS/DMS Audit data files and some reports contain patient data and should be handled according to facility policies.
- Save DMS Audit files in a secure location, as instructed by your facility.

WebAudit

- Do not give your username/password to anyone.
- Lock your workstation or log out if you need to do something else.
- Handle files and documents with patient data (from View/Download Data or Data Quality Check tool) according to facility policies.

Audit Support

- **Area Diabetes Consultants**
  - Area Audit Support
  - Link to access ADC list: Area Diabetes Consultants
- **DDTP Audit team**
  - WebAudit & general questions
  - Email: diabetesaudit@ihs.gov (goes to Devina Boga and Dorinda Wiley-Bradley)
- **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

Audit Resources

- **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/
- **Other:**
  - RPMS DMS recorded trainings
  - **Link:** https://www.ihs.gov/rpms/training/recording-and-material-library/

Upcoming Audit 2026 Webinars

- **2026 Audit Reports - February 24, 2026**
  - Overview of changes to Audit Reports for 2026 and guidance for reading and reviewing Audit reports

Please visit the Audit Training webpage for more information:
https://www.ihs.gov/diabetes/audit/audittrain/

All Webinars will be recorded.

Thank you for attending today's session.

We look forward to seeing your data!

Questions?