**IHS Division of Diabetes Treatment and Prevention**

**Annual Diabetes Care and Outcomes Audit 2025**

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

October 2024

**Notes:**

* This checklist provides general guidance on programming for the [IHS Diabetes Audit](https://www.ihs.gov/diabetes/audit/)[[1]](#footnote-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](mailto:diabetesaudit@ihs.gov)) with any questions or to request resources.

| Step | 1. Preparation | Completed? |
| --- | --- | --- |
|  | **Notify your** [Area Diabetes Consultant](https://www.ihs.gov/diabetes/about-us/area-diabetes-consultants-adc/)[[2]](#footnote-2) **(ADC) that you are planning to start Audit activities.** |  |
|  | View recorded webinar: Audit 2025 Orientation for Non-RPMS Electronic Audits (available on the [Audit training page](https://www.ihs.gov/diabetes/audit/audittrain/)[[3]](#footnote-3)). |  |
|  | Gather and carefully review resources for current year (2025). These are available on the [Audit resources page](https://www.ihs.gov/diabetes/audit/audit-resources/)[[4]](#footnote-4) and include:   * Audit Form * Audit Instructions (pay particular attention to Appendix A: IHS Diabetes Care and Outcomes Audit Data File Specifications for 2025) * Excel file of code lists |  |
|  | Identify technical personnel, including programmers, for your facility. These individuals may be in-house or with an external EMR vendor. |  |
|  | 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. |  |
|  | Develop a strategic plan that may include:   * Team member assignment * Consistent and ongoing communication among team members * Testing plan * Timelines |  |
|  | Review and discuss the following reporting requirements with your team:   1. **Audit [annual]**    1. Who: American Indian/Alaska Native (AI/AN) patients diagnosed with diabetes that meet the inclusion/exclusion criteria (see [Audit 2025 Instructions](https://www.ihs.gov/diabetes/audit/audit-resources/)4)    2. What data: >50 health measures 2. **Special Diabetes Program for Indians (SDPI)** [**Diabetes Best Practices**](https://www.ihs.gov/sdpi/sdpi-community-directed/diabetes-best-practices/#BPTOPICS)**[[5]](#footnote-5) Required Key Measure (RKM) [bi-annual]** 3. Who: AI/AN people in the Target Group determined by the SDPI team 4. What data: 1 health measure   **Notes:**   * Patient lists or groups for the Audit and SDPI RKM are almost always different. * The ability to create multiple patient lists or groups specific to reporting requirements is optimal. * Consider developing tools for creating patient lists or groups separate from extraction of the data measures. |  |
|  | Gather resources from your local diabetes program and/or SDPI staff, including:   * Audit data file(s) from previous year(s). * Audit Report(s) from previous year(s). * SDPI RKM Summary Report(s) from current and previous years. |  |

| Step | 2.0 Programming for the Audit export/data file | Completed? |
| --- | --- | --- |
|  | Identify standards for EMR documentation at your facility. Review templates, diagnosis lists, fields used for documentation, and other available resources. |  |
|  | Program or update software to extract data and create the Audit export/data file using the resources in step 1.3 above. Pay careful attention to the details for extracting data for each data element. |  |
|  | Visually review a sample data file using a text editor. Confirm:   * The first line lists the data field names. * The delimiter between data elements is a caret (^), and there are blank spaces between carets for missing values (^ ^). * Missing values are NOT represented by 0. * All dates appear in mm/dd/yyyy format. |  |

| Step | 1. Programming for patient lists/groups | Completed? |
| --- | --- | --- |
|  | Consult with your local diabetes program and/or SDPI staff regarding inclusion criteria for each reporting requirement. See step 1.6 above. |  |
|  | Determine source for patient lists/groups. Are patient registries available?   * If so, in what format? * If not, how will eligible diabetes patients be identified? |  |
|  | Assess accuracy of the extracted patient list/group with assistance from local diabetes program and/or SDPI staff. |  |

| Step | 4.0 Testing/troubleshooting | Completed? |
| --- | --- | --- |
|  | Identify a set of test patients. Choose patients who access care frequently and whose records contain data for most of the Audit elements. Note patient identifiers for internal use – these are not included in the data file uploaded into the WebAudit. |  |
|  | Conduct an Interim **Electronic** Audit for the patients identified in Step 4.1.   1. Create an Audit data file. 2. Upload file into the WebAudit. See Step 6 below.    1. Before February 2025: Contact the IHS Audit team ([diabetesaudit@ihs.gov](mailto:diabetesaudit@ihs.gov)) for assistance.    2. February 2025 or later: Upload into the WebAudit as an Interim Audit. 3. If the file **does** upload successfully, proceed to step 4.3. 4. If the file **does not** upload successfully, troubleshoot by reviewing the error message(s) provided and ensure that the file format exactly follows the specifications provided. 5. Run and carefully review the Data Quality Check and Audit Report. Note any problematic items and revise programming, as needed. Repeat step 4.2. |  |
|  | Compare the Audit Report generated in step 4.2 to the Annual Audit Report from the previous year (2024). While the results will be slightly different for most, if not all items, they should generally be similar. If they are not, try to determine if differences are real or due to programming issues. If the latter, troubleshoot and revise programming, as needed. Return to step 4.2. |  |

| **Step** | **5.0 Create Audit data file** | **Completed?** |
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|  | Create an Audit Data file that includes the patients identified as being eligible for your Annual Audit (see Step 1.6 above). Save a copy of this file where you can access it for uploading to the WebAudit. |  |

| **Step** | **6.0 Submit and review data via the WebAudit** | **Completed?** |
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|  | Request a WebAudit account if you do not already have one. For more information, see the IHS Division of Diabetes [Audit website](https://www.ihs.gov/diabetes/audit/)1. |  |
|  | Login to the WebAudit: Go to the [Audit website](https://www.ihs.gov/diabetes/audit/)1 and click on the “WebAudit Login” link or menu item. |  |
|  | Enter information about your facility using the *Enter Facility Info* tool (under *Facility Administration*). |  |
|  | Upload your Audit data file using the *Upload Data* tool. Be sure to read the requirements and instructions on the main screen first. |  |
|  | Check for data errors using the *Data Quality Check* tool:   * Fix as many errors as possible or make corrections in your EMR. * If corrections are made in your EMR, create and upload a new Audit data file. |  |
|  | Run and review the *Audit Report and Trends Graphs* for 2025.   * If necessary, make corrections using the *View/Edit Data* tool or your EMR. * If you make corrections in your EMR, create and upload a new data file. |  |
|  | Lock the data for your facility using the *Lock Facility Data* tool (under *Facility Administration*). |  |
|  | Complete the [Audit 2025 User Evaluation](https://www.surveymonkey.com/r/audit25ue)[[6]](#footnote-6) (optional). |  |

| Step | 7.0 Documentation | Completed? |
| --- | --- | --- |
|  | Consider developing an EMR documentation guide for charting data measures included in the Audit. Standardized documentation improves data accuracy. |  |

1. <https://www.ihs.gov/diabetes/audit/> [↑](#footnote-ref-1)
2. <https://www.ihs.gov/diabetes/about-us/area-diabetes-consultants-adc/> [↑](#footnote-ref-2)
3. <https://www.ihs.gov/diabetes/audit/audittrain/> [↑](#footnote-ref-3)
4. <https://www.ihs.gov/diabetes/audit/audit-resources/> [↑](#footnote-ref-4)
5. <https://www.ihs.gov/sdpi/sdpi-community-directed/diabetes-best-practices/#BPTOPICS> [↑](#footnote-ref-5)
6. <https://www.surveymonkey.com/r/audit25ue> [↑](#footnote-ref-6)