

IHS Diabetes Care and Outcomes Audit, 2010

Audit Period Ending Date : 12 / 31 / 2009 Facility Name: \_\_\_\_\_

REVIEWER initials: \_\_\_\_\_
TRIBAL enrollment code: \_\_\_\_\_
STATE of residence: \_\_\_\_
CHART NUMBER: \_\_\_\_\_
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_
SEX: [ ]1 Male [ ]2 Female
DATE of Diabetes Diagnosis: \_\_\_\_/\_\_\_\_/\_\_\_\_
DM TYPE: [ ]1 Type 1 [ ]2 Type 2

TOBACCO USE:
[ ]1 Current User
[ ]2 Not a Current User
[ ]3 Not Documented
Cessation counseling received?
[ ]1 Yes
[ ]2 No
[ ]3 Refused

HEIGHT (last ever): \_\_\_\_ft \_\_\_\_ in
Last WEIGHT in audit period: \_\_\_\_\_ lbs.

HTN (documented Dx or Rx):
[ ]1 Yes
[ ]2 No

Last 3 BLOOD PRESSURES during audit period:
\_\_\_\_/\_\_\_\_ mm Hg
\_\_\_\_/\_\_\_\_ mm Hg
\_\_\_\_/\_\_\_\_ mm Hg

Examinations during audit period

FOOT EXAM - complete:
[ ]1 Yes [ ]3 Refused
[ ]2 No

EYE EXAM (dilated or retinal camera):
[ ]1 Yes [ ]3 Refused
[ ]2 No

DENTAL EXAM:
[ ]1 Yes [ ]3 Refused
[ ]2 No

Education during audit period

DIET INSTRUCTION:
[ ]1 RD [ ]3 Both
[ ]2 Other [ ]5 Refused
[ ]4 None

EXERCISE INSTRUCTION:
[ ]1 Yes [ ]3 Refused
[ ]2 No

DM Education (Other):
[ ]1 Yes [ ]3 Refused
[ ]2 No

Mental Health

Depression an active problem:
[ ]1 Yes
[ ]2 No

Screened for depression (during audit period):
[ ]1 Yes [ ]3 Refused
[ ]2 No

DM Therapy

Select all that currently apply:

- [ ]1 Diet & Exercise Alone
[ ]2 Insulin
[ ]3 Sulfonylurea (glyburide, glipizide, others)
[ ]4 Sulfonylurea-like (Prandin®, Starlix®)
[ ]5 Metformin (Glucophage®, others)
[ ]6 Acarbose (Precose®) or miglitol (Glyset®)
[ ]7 Pioglitazone (Actos®) or rosiglitazone (Avandia®)
[ ]8 Incretin mimetic (Byetta®)
[ ]9 DPP4 inhibitors (Januvia®, Onglyza®)
[ ]10 Amylin analogue (Symlin®)
[ ]11 Refused/Unknown

ACE Inhibitor/ARB

ACE inhibitor/ARB use:
[ ]1 Yes [ ]2 No
[ ]3 Refused or adverse reaction

Aspirin/Antiplatelet Therapy

[ ]1 Aspirin/Antiplatelet Rx
[ ]2 None
[ ]3 Refused or adverse reaction

Lipid Lowering Agent

Select all that currently apply:

- [ ]1 Statin (simvastatin/Zocor®, others)
[ ]2 Fibrate (gemfibrozil/Lopid®, others)
[ ]3 Niacin (Niaspan®, OTC niacin)
[ ]4 Bile Acid Sequestrants (cholestyramine/Questran®, others)
[ ]5 Ezetimibe (Zetia®)
[ ]6 Fish oil - Rx or OTC
[ ]7 Lovaza®
[ ]8 None or refused

TB Testing

TB test done:
[ ]1 Skin test (PPD)
[ ]2 Blood test (QFT-G, T SPOT-TB)
[ ]3 Refused
[ ]4 Unknown/not offered

TB test result:
[ ]1 Positive [ ]3 Refused
[ ]2 Negative [ ]4 Unknown

If TB result positive, INH tx complete:
[ ]1 Yes [ ]3 Refused
[ ]2 No [ ]4 Unknown

If TB result negative, test date:
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

ECG

Date of last ECG: \_\_\_\_/\_\_\_\_/\_\_\_\_

Immunizations

Seasonal FLU VACCINE (not H1N1) during audit period:

[ ]1 Yes [ ]3 Refused
[ ]2 No

PNEUMOVAX ever:

[ ]1 Yes [ ]3 Refused
[ ]2 No

Td or Tdap in past 10 years:

[ ]1 Yes [ ]3 Refused
[ ]2 No

Laboratory Data during audit period

HbA1c (most recent): \_\_\_\_% %

Date obtained: \_\_\_\_/\_\_\_\_/\_\_\_\_

Creatinine: \_\_\_\_ mg/dl

Estimated GFR (eGFR) documented in the medical record?

[ ]1 Yes
[ ]2 No

eGFR value: \_\_\_\_\_

Total Cholesterol: \_\_\_\_ mg/dl

HDL Cholesterol: \_\_\_\_ mg/dl

LDL Cholesterol: \_\_\_\_ mg/dl

Triglycerides: \_\_\_\_ mg/dl

Urine Protein Testing during audit period

URINE TESTED FOR PROTEIN:

[ ]1 Yes [ ]3 Refused
[ ]2 No

SPECIFIC TESTING DONE:

[ ]1 Urine Albumin:Creatinine Ratio
UACR value: \_\_\_\_ mg/g

[ ]2 Urine Protein:Creatinine Ratio
UPCR value: \_\_\_\_ g/g

[ ]3 24 hr urine collection for protein
Result: \_\_\_\_ mg/24 hrs

[ ]4 Microalbumin:creatinine strips
(e.g., Clinitek)

Select result:
[ ]1 <30 mg/g
[ ]2 30-300 mg/g
[ ]3 >300 mg/g

[ ]5 Microalbumin strips (e.g., Micral)
Select result:
[ ]1 < 20 mg/L
[ ]2 ≥ 20 mg/L

[ ]6 UA dipstick
Select result:
[ ]1 Normal or trace
[ ]2 Abnormal (≥ 1+)

Local Option Question (see reverse)