

IHS Diabetes Care and Outcomes Audit, 2011

Audit Period Ending Date : 12 / 31 / 2010 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 analog (Symlin®)
[11] GLP-1 analog (Victoza®)
[12] Bromocriptine (Cycloset®)
[13] 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 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: ____/____/____

Serum 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 only (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)