Diabetes Care Audit Form Provider: Auditor: MR#:

abeles Care Audit Form	Hovidel. Addit	1V11NT •	
Parameter	Goal	Outcome	Comments
Diagnosis of Diabetes will	Dx. of Diabetes will be listed in	Yes	
be documented in the	100% of problem lists of patients		
problem list	with Diabetes.	No	
V. 00.00.00.00	95% of charts will have a flow sheet	Yes: proceed	
Diabetes Flow Sheet	in the left hand side under		
Diabetes Flow Sheet	"flow sheets" tab.	No: stop here	
	100% of patients will have at least 3	Yes	
Hamadahin A1C	(three) HgbA1c determinations in the	2 00	
Hemoglobin A1C	last 12 months.	No	
	95% of patients will have FSBS	Yes	
FSBS	every visit over the last 6 months (see		
	in house labs form)	No	
		Yes	
Blood Pressure	100% patients will have BP		
	documented every visit	No	
	90% patients will have average BP of	Yes	
Blood Pressure Control	130/85 in the previous 3 visits		
Blood Pressure Control	130/03 in the previous 3 visits	No	
D /G	95% of patients will have at least one	Yes	
Bun/Creatinine	measurement in the last 12 months	No	
Ratio			
Urine Albumin/Creatinine	95% of patients will have at least one	Yes	
Ratio	measurement in the previous 12	No	
	months		
	100% of patients will have lipids	Yes	
Lipids	measured at least once in the last 12		
	months	No	
	90% of those with T. Cholesterol	Yes	
Lipid Control	> 200 and/or HDL $>$ 100 will be on		Contraindicated
	an HMG CoA Red. Inhibitor.	No	(circle if appropriate)
Eye Exam	100% of patients will have a dilated	Yes	
	eye exam in the last 12 months.	No	
	90% of patients will have a foot	Yes	
Foot assessment	assessment in the last 12 months.	No	
		Yes	
	95% of patients will have a	1 62	
Glucometer	glucometer (see documentation in flow sheet)	No	
	0.504 6 4 4 1111 1 1 1 1 1 1 1 1 1 1	Yes	
	95% of patients will have had at least	1 es	
Diabetes Management	one encounter with DM in the last 12	NT.	
	months	No	
Smoking Status	95% of patients will have their	Yes	
ū	smoking status documented	No	
Aspirin	100% of patients will be on aspirin	Yes	Construire di costo
7 top11 111	unless contraindicated	No	(circle if appropriate)
			(circle if appropriate)
	90% of patients will be on an ACEI	Yes	477
ACE Inhibitor/ARB	or Angiotensin Receptor blocker	1	Allergy
ACE Inhibitor/ARB	of Aligiotensiii Receptor blocker	No	(circle if appropriate)