

Performance Improvement Strategies: Diabetes Care Standardized Data Collection Form

Patient Inclusion Criteria: An established type 2 diabetes patient

Patient Exclusion Criteria: First diabetes visit; Pregnancy; Age > 75 years

Instructions: Complete a separate form for each of the 20 patients you have selected. If the information is not found in the chart, please check the "No" box. Fax the completed forms to 866 419 5789. You may also complete the forms online at www.PerformanceImprovement-IQ.com/Diabetes2

Physician Name: _____ Form completed by: PI Participant Proxy

Date of patient's last diabetes-related visit: _____

General Diabetes Care

- 1a. Was this patient given a written exercise plan with measureable goals in the past 12 months? Yes No
- 1b. If YES, was the exercise plan progress discussed at the last diabetes-related visit? Yes No N/A, exercise plan not established
- 1c. Has this patient been referred to a registered dietitian and/or was a nutrition plan with measurable goals established with this patient in the past 12 months?
 Yes No
- 1d. If YES, was the diet plan progress discussed at the last diabetes-related visit? Yes No N/A, nutrition plan not established
- 1e. Was the patient referred to or counseled by a certified diabetes educator/recognized diabetes education program for disease-state management education in the past 12 months? Yes No
- 1f. Was the patient's adherence to his or her diabetes-related medications assessed at the last diabetes-related visit? Yes No N/A, patient not on medication
- 1g. If the patient is on insulin therapy, were sick day instructions provided? Yes No N/A, patient not on insulin Do not know what sick day instructions are

Prevention and Detection of Diabetes-Related Complications

Blood Pressure (BP)

2. If BP was 130/80 mm Hg when last recorded, what action was taken? (Check **all** that apply)
- N/A, BP within acceptable range No action taken Recommended lifestyle changes (specify) _____
- Scheduled 2nd appointment to check BP Initiated pharmacologic therapy Modified pharmacologic therapy Ordered more lab tests
- Other: _____

Lipid Management

- 3a. Has the patient had lipid levels checked in the past 12 months? Yes No
- 3b. If LDL was not at goal when last recorded, what action was taken? (Check **all** that apply)
- N/A, LDL within acceptable range No action taken Recommended lifestyle changes (specify) _____
- Initiated pharmacologic therapy Modified pharmacologic therapy Ordered more lab tests Other: _____
- 3c. Is this patient on a statin? Yes No N/A, patient is < 40 years with no other cardiovascular risk factors N/A, contraindication

Microalbuminuria

4. Has a urine albumin excretion assessment been recorded in the chart in the past 12 months? Yes No

Smoking Cessation

5. If the patient smokes, was a cessation plan discussed in the past 12 months? Yes No N/A, patient does not smoke Smoking status not recorded in chart

Foot Care

- 6a. Was a foot exam performed in the past 12 months? Yes No
- 6b. Was a 10-g monofilament used? Yes No Type of testing not recorded in chart N/A, foot exam not performed
- 6c. Were the foot pulses checked? Yes No Type of testing not recorded in chart N/A, foot exam not performed
- 6d. If abnormalities were noted, was patient referred for specialty foot care/vascular assessment?
 Yes No N/A, no abnormalities noted N/A, foot exam not performed

Eye Exam

7. Has the patient been referred for an eye exam in the past 12 months? Yes No No, eye exam scheduled every 2-3 years due to no evidence of retinopathy

Glycemic Control

HbA_{1c} and Hypoglycemia

- 8a. Was an HbA_{1c} level ordered for the patient in the past 6 months? Yes No
- 8b. Last recorded HbA_{1c} value: _____%
- 8c. If value above was 7%, what action(s) was/were taken? (Check **all** that apply)
- No action taken Recommended lifestyle changes (specify) _____ Initiated oral therapy
- Increased oral therapy dose Switched oral therapy Initiated additional oral therapy Initiated insulin therapy Increased insulin dose
- Initiated additional insulin therapy Initiated noninsulin injectable agent Increased noninsulin injectable agent dose
- Other: _____ N/A, HbA_{1c} was < 7% N/A, HbA_{1c} test not ordered
- 8d. Have any of the following hypoglycemia-related events occurred in the past 12 months? (Check **all** that apply)
- Patient complained about hypoglycemia episodes Evidence of hypoglycemia on patient's blood glucose log Patient required medical visit for hypoglycemia
- No discussion or evidence of hypoglycemia Not documented in chart
- 8e. If evidence of hypoglycemia, what action(s) was/were taken? (Check **all** that apply)
- No action taken Adjusted insulin therapy Adjusted oral therapy Discussed role of exercise on hypoglycemia
- Discussed nutrition therapy to manage and/or prevent hypoglycemia Provided written hypoglycemia management plan
- Other: _____ N/A, hypoglycemia concerns not noted

Self-Monitoring of Blood Glucose (SMBG)

- 9a. Is the patient on insulin therapy? Yes No
- 9b. Have you recommended SMBG now or in the past? Yes No Unknown, not documented in chart N/A, SMBG not indicated
- 9c. Were SMBG results reviewed at the last diabetes-related visit? Yes No N/A, SMBG not indicated