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11/13/07

Enhancing Diabetes Audit Data Quality

Bemidji Area Diabetes Surveillance Program



Produced by Great Lakes Tribal Epidemiology Center, GLITC



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Introduction

The quality of diabetes data is dependent upon a number of different factors. The Diabetes Management System (DMS) is a case management program within the Resource Patient Management System (RPMS) and designed especially for managing your patients with diabetes. The tools used for patient and program management are updated to reflect current standards of care for patients with diabetes or conditions that predispose patients to develop this disease. This manual will help illustrate how to obtain correct data and prevent missing or incorrect data in the RPMS DMS system.

DMS uses taxonomies to populate the Electronic Diabetes Audit; if the taxonomies are not entered correctly the data does not show up in the audit and appears to be missing. Working knowledge of DMS is crucial for setting up the taxonomies. Technical support of Great Lakes Tribal Epidemiology Center, Bemidji Area Office, or the Office of Information Technology is available.

Data is entered into RPMS primarily through Patient Care Component (PCC) Data Entry and DMS. Incorrect data entry may result in an inaccurate reflection of patient care and the program.

Each component of the Diabetes Audit, are illustrated in the following pages, including explanations of how the data is entered into the system. Facilities that do not use the RPMS system will use the paper audit form and write in information. The forms are then sent to the Great Lakes Tribal Epidemiology Center for data entry. Screen shots of both the Visual DMS program (A Graphical User Interface – windows based program) and the regular DMS RPMS (Roll and Scroll - DOS) system are shown for each example. Visual DMS is available to all who have the DMS program installed, included in a recent update patch to the system. Contact your site manager or technical support to have Visual DMS installed on your system.

Diabetes 08 Audit Form

ASSESSMENT OF DIABETES CARE, 2008

Audit Period Ending Date: ___/___/___ Facility Name: _____ Area: ___ S.U.: ___ Facility: ___

of ACTIVE Pts in Registry: _____ Does your community receive SDPI grant funds? 1 Yes 2 No 3 Don't know

SDPI Grant # _____

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

Referred for (or provided) cessation counseling?

- 1 Yes
 2 No
 3 Refused

HEIGHT: ___ ft ___ in

Last WEIGHT: _____ lbs.

HTN (documented Dx or Rx):

- 1 Yes
 2 No

Last 3 BLOOD PRESSURES:

___/___ mm Hg
___/___ mm Hg
___/___ mm Hg

Examinations (during audit period)

FOOT EXAM - complete:

- 1 Yes 3 Refused
 2 No

EYE EXAM (dilated/fundus):

- 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

DM Therapy

Select **all** that currently apply:

- 1 Diet & Exercise Alone
 2 Insulin
 3 Sulfonylurea (glyburide, glipizide, [repaglinide, nateglinide], others)
 4 Metformin (Glucophage®)
 5 Acarbose (Precose®) or miglitol (Glyset®)
 6 Glitazone (Actos®, Avandia®)
 7 Incretin mimetics (Byetta®)
 8 DPP4 inhibitors (Januvia®, Galvus®)
 9 Refused/Unknown

ACE Inhibitor/ARB Use

- 1 Yes 2 No
 3 Refused or adverse rxn

Aspirin/Antiplatelet Therapy

- 1 Aspirin/Antiplatelet Rx
 2 None
 3 Refused or adverse rxn

Lipid Lowering Agent

- 1 Statin } 3 Both
 2 Other }
 4 None
 5 Refused or adverse rxn

Immunizations

FLU VACCINE (past year):

- 1 Yes 3 Refused
 2 No

PNEUMOVAX ever:

- 1 Yes 3 Refused
 2 No

Td in past 10 years:

- 1 Yes 3 Refused
 2 No

TB Status (PPD):

- 1 Pos 3 Refused
 2 Neg 4 Unknown

If PPD Pos, INH Tx Complete:

- 1 Yes 3 Refused
 2 No 4 Unknown

If PPD Neg, Last PPD:

Date: ___/___/___

Date of last ECG: ___/___/___

Laboratory Data (include only values obtained during 12 mo audit period)

HbA1c (most recent): _____ %

Date obtained: ___/___/___

Creatinine: _____ mg/dl

Estimated GFR documented in the medical record during audit period?

- 1 Yes
 2 No

Total Cholesterol: _____ mg/dl

HDL Cholesterol: _____ mg/dl

LDL Cholesterol: _____ mg/dl

Triglycerides: _____ mg/dl

Most recent urine protein testing during 12 month audit period:

- 1 Albumin:Creatinine Ratio (UACR)
 2 Protein:Creatinine Ratio (UPCR)
 3 Other quantitative urine protein test
 4 None

_____ mg/g

Mental Health

Does pt have depression as an active problem?

- 1 Yes
 2 No

If "No", has pt been screened for depression in the past year?

- 1 Yes
 2 No
 3 Refused

Local Option question:

The above represents a copy of the 2008 paper Diabetes Audit form. A copy can be downloaded from www.dmaudit.com.

Patient and Facility Demographics

The top of the form contains the required patient and facility demographic fields.

Audit Period Ending Date: ___/___/___	Facility Name: _____	Area: ___	S.U.: ___	Facility: ___
# of ACTIVE Pts in Registry: _____	Does your community receive SDPI grant funds?	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	<input type="checkbox"/> 3 Don't know
		→SDPI Grant # _____		

REVIEWER initials: _____
TRIBAL enrollment code: _____
STATE of residence: ___
CHART NUMBER: _____
Date of Birth: ___/___/___
SEX: <input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female
DATE of Diabetes Diagnosis: ___/___/___
DM TYPE: <input type="checkbox"/> 1 Type 1 <input type="checkbox"/> 2 Type 2

- Audit date – The electronic audit will always go back one year from the audit date entered. This time frame is not modifiable by the facility.
- Facility Name – The system will automatically enter this.
- Area, Service Unit, Facility code, Tribal enrollment code, & Community code – automatically entered by the system. Manual look-up is available at: www.dmaudit.com; select the Audit Codes tab.
- Reviewer initials, chart number, date of birth, & sex are all automatically entered by the system.
- Date of diagnosis (onset date) and diabetes type can be entered through the patient management screen of DMS.
- Number of patients in registry is automatically entered by the DMS system.
- SDPI grant number is entered by the tribal facility.
- DM Type 1 or 2, is entered through the diagnosis screen of Patient Management in the DMS system.

Tobacco Use

- Tobacco Use can be entered into the system through the Diabetes Patient Data Update screen (under the Health Factors tab) in DMS as a historical entry or through PCC Data entry as part of a visit.
- Refusal for cessation counseling is an important entry; refusals are entered in the same screen as above, under the refusal tab or through PCC data entry.
- Tobacco Health Factors are defined on page 8.

TOBACCO USE:

1 Current User

2 Not a Current User

3 Not Documented

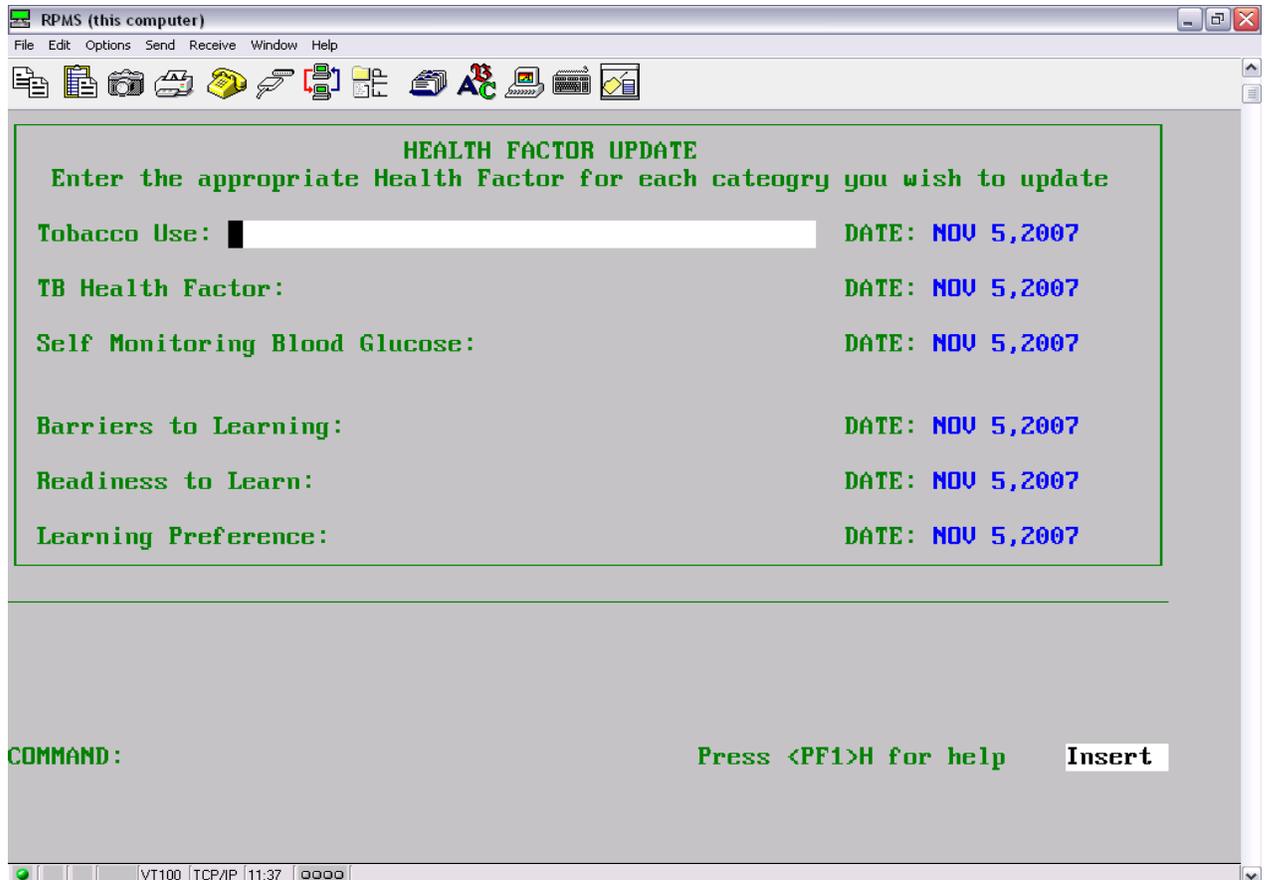
→ Referred for (or provided) cessation counseling?

1 Yes

2 No

3 Refused

The screenshot displays the 'Diabetes Patient Data Update' window. The 'Health Factors' tab is selected, and a 'DM Health Factors' dialog box is open. The dialog box has a dropdown menu for 'Tobacco Use (HF)' with the following options: NON-TOBACCO USER, CURRENT SMOKER, CURRENT SMOKELESS, PREVIOUS SMOKER, PREVIOUS SMOKELESS, SMOKER IN HOME, SMOKE FREE HOME, and CURRENT SMOKER & SMOKELESS. Other fields in the dialog include 'TB Treatment (HF)', 'Self Monitoring Blood Glucose (HF)', and 'Learning Preference'. The background window shows various medical history fields like 'Date of DM Onset', 'Height Date', 'Weight Date', 'BP Date', 'Foot Exam Date', 'Eye Exam Date', 'EKG Date', 'Dental Exam Date', 'PPD Date', and 'Depression Screening Date'. A red box highlights the 'DM Health Factors' dialog box and the 'Health Factors' tab in the background window.



Health Factor	Definition
Non Tobacco User	Does not and has never used tobacco products
Current Smoker	Currently smokes tobacco (cigarettes, cigars, pipe, etc)
Current Smokeless	Currently uses smokeless tobacco (chew, dip, snuff, etc)
Current Smoker and Smokeless	Currently uses both smoke and smokeless tobacco
Cessation Smoker	Is transitioning from a Current Smoker to a Previous Smoker, The time period between stopping smoking and 6 months
Cessation Smokeless	Is transitioning from a Current Smokeless tobacco user to a Previous Smokeless tobacco user, The time period between stopping smokeless tobacco and 6 months
Previous Smoker	Has quit smoking tobacco for 6 months or more
Previous Smokeless	Has quit smokeless tobacco for 6 months or more
Ceremonial Use Only	Uses tobacco for ceremonial or religious purposes only
Exposure to Environmental Tobacco Smoke	Is exposed to second hand smoke at work or outside of the home
Smoker in Home	Is exposed to second hand smoke at home
Smoke Free Home	There is no exposure to tobacco smoke at home

Measurements

HEIGHT: ___ ft ___ in
 Last WEIGHT: _____ lbs.

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

Last 3 BLOOD PRESSURES:
 _____ / _____ mm Hg
 _____ / _____ mm Hg
 _____ / _____ mm Hg

- Height should be taken once a year for adults, every visit for children;
- Weight should be taken each visit, if patient refuses, enter as refusal; the system will use the last one within a 2 year time frame;
- BMI is automatically calculated by the system if both height and weight measurements are entered;
- Hypertension (HTN) diagnosis can be entered into the problem list through PCC Data Entry or the Update Problem List screen of Patient Management DMS; The audit will not reflect a diagnosis of hypertension if the diagnosis code is not on the Problem List;
- The audit will record the last 3 blood pressures taken within the past year;

Diabetes Patient Data Update

Problem Number: [] Date of DM Onset: Monday, September 17, 2007 [] Show Problem List

Height Date: Monday, September 17, 2007 [] Height Value: []

Weight Date: Monday, September 17, 2007 [] Weight Value: [] Graph Weight

BP Date: Monday, September 17, 2007 [] BP Value: [] Graph BP

Foot Exam Date: Monday, September 17, 2007 [] Foot Exam Result: Normal Abnormal

Eye Exam Date: Monday, September 17, 2007 [] Eye Exam Result: Normal Abnormal

EKG Date: Monday, September 17, 2007 [] EKG Result: Normal Abnormal Borderline

Dental Exam Date: Monday, September 17, 2007 []

PPD Date: Monday, September 17, 2007 [] PPD Reading: []

Radiology Procedure: [] Select

Depression Screening Date: Monday, September 17, 2007 [] Depression Screening Result: []

DRACULA,VLAD Chart: 999 Sex: M DOB: Dec 31, 1971 Not Saved

RPMS (this computer)

***** DIABETES PATIENT DATA UPDATE *****

Patient Name: DRACULA,ULAD HRN: 999

Problem Number: [] Date of DM Onset: []

Height Date: [] Height Value: []

Weight Date: [] Weight Value (lbs): []

BP Date: [] BP Value: []

Any HEALTH FACTORS to record? Y

Foot Exam Date: [] Foot Exam Result: []

Eye Exam Date: [] Eye Exam Result: []

Depression Screening Date: [] Depression Screening Result: []

Dental Exam Date: [] Pap Smear Date: []

Mammogram Date: [] Type of Mammogram: []

EKG Date: [] EKG Result: []

Do wish to enter Td, Influenza or Pneumovax immunizations? N

PPD Date: [] PPD Reading: []

Any EDUCATION to record? N Any LABS to enter? N Any Medications to Enter? N

COMMAND: Press <PF1>H for help Insert

VT100 TCP/IP 11:53 0000

Exams

Examinations (during audit period)

FOOT EXAM - complete:

- 1 Yes 3 Refused
2 No

EYE EXAM (dilated/fundus):

- 1 Yes 3 Refused
2 No

DENTAL EXAM:

- 1 Yes 3 Refused
2 No

- A complete Foot Exam is recommended, at least yearly, to evaluate the nerve and blood supply and to help guide treatment to prevent loss of function;
- A Diabetes Eye Exam is recommended at least yearly to detect problems that can lead to vision loss if left unrecognized and untreated;
- A yearly Dental Exam is recommended to look for evidence of gum disease and other conditions that can both make diabetes harder to control and lead to premature tooth loss;
- Be sure to enter in any refusals by the patient, in order to receive credit for attempting to have the service done;
- Obtain releases for records of services performed outside of your facility; Enter these services in under the Update Patient Data screen in DMS;
- Only services within the past year will appear on the Diabetic Audit;

Diabetes Patient Data Update

Education Topics | Labs | Meds | Imms | Health Factors | Refusals | Save | Help | Close

Problem Number: [] Date of DM Onset: [] Monday, September 17, 2007 [] Show Problem List

Height Date: [] Monday, September 17, 2007 [] Height Value: []

Weight Date: [] Monday, September 17, 2007 [] Weight Value: [] Graph Weight

BP Date: [] Monday, September 17, 2007 [] BP Value: [] Graph BP

Foot Exam Date: [] Monday, September 17, 2007 [] Foot Exam Result: Normal Abnormal

Eye Exam Date: [] Monday, September 17, 2007 [] Eye Exam Result: Normal Abnormal

EKG Date: [] Monday, September 17, 2007 [] EKG Result: Normal Abnormal Borderline

Dental Exam Date: [] Monday, September 17, 2007 []

PPD Date: [] Monday, September 17, 2007 [] PPD Reading: []

Depression Screening Date: [] Monday, September 17, 2007 [] Depression Screening Result: []

Radiology Procedure: [] Select

DRACULA,VLAD Chart: 999 Sex: M DOB: Dec 31, 1871 Not Saved

RPMS (this computer)

File Edit Options Send Receive Window Help

***** DIABETES PATIENT DATA UPDATE *****

Patient Name: DRACULA,VLAD HRN: 999

Problem Number: [] Date of DM Onset: []

Height Date: [] Height Value: []

Weight Date: [] Weight Value (lbs): []

BP Date: [] BP Value: []

Any HEALTH FACTORS to record? Y

Foot Exam Date: [] Foot Exam Result: []

Eye Exam Date: [] Eye Exam Result: []

Depression Screening Date: [] Depression Screening Result: []

Dental Exam Date: [] Pap Smear Date: []

Mammogram Date: [] Type of Mammogram: []

EKG Date: [] EKG Result: []

Do wish to enter Td, Influenza or Pneumovax immunizations? N

PPD Date: [] PPD Reading: []

Any EDUCATION to record? N Any LABS to enter? N Any Medications to Enter? N

COMMAND: [] Press <PF1>H for help Insert

VT100 | TCP/IP | 11:56 | 0000

Education

Education (during audit period)

DIET INSTRUCTION:

- 1 RD
 2 Other
 4 None

 3 Both
 5 Refused

EXERCISE INSTRUCTION:

- 1 Yes
 2 No
 3 Refused

DM Education (Other)

- 1 Yes
 2 No
 3 Refused

- Yearly visits with a Dietitian/Nutritionist and Diabetes Educator are recommended as well as Exercise instruction
- It is important to enter in any refusals by the patient.
- Only services performed within the past year will show on the audit.

Education Topics

Education Topics: Education Date:

Provider: Individual/Group: Individual Group

Level of Understanding/Time Spent (in minutes): Objectives Met:

Behavior Code: Goal Set Goal Met Goal Not Met

Topic	Date	Provider	LOU	Time	Ind/Grp	Obj Met	Beh Code
DM-EXERCISE	11/8/2007		2-Fair	30	I	yes	GS

BOND_JAMES Chart: 1007 Sex: M DOB: Jul 04, 1955 Not Saved

RPMS (this computer)

File Edit Options Send Receive Window Help

Enter all Education Topics you wish to record
 After you enter a topic name and press ENTER you will
 be prompted for additional information about that topic

TOPIC: DM-EXERCISE
 TOPIC:
 TOPIC:
 TOPIC:
 TOPIC:

DM EDUCATION: DM-EXERCISE
 DATE EDUCATION PROVIDED:
 PROVIDER:
 LEVEL OF UNDERSTANDING:
 LENGTH OF EDUCATION (MINUTES):
 INDIVIDUAL/GROUP:
 OBJECTIVES MET:
 BEHAVIOR CODE:

COMMAND: Press <PF1>H for help

VT100 TCP/IP 12:03

DM Therapy

DM Therapy

Select **all** that currently apply:

- 1 Diet & Exercise Alone
- 2 Insulin
- 3 Sulfonylurea (glyburide, glipizide, [repaglinide, nateglinide], others)
- 4 Metformin (Glucophage®)
- 5 Acarbose (Precose®) or miglitol (Glyset®)
- 6 Glitazone (Actos®, Avandia®)
- 7 Incretin mimetics (Byetta®)
- 8 DPP4 inhibitors (Januvia®, Galvus®)
- 9 Refused/Unknown

- Medications will show up on the Audit from entries into the system through PCC Data Entry or the Update Patient Data screen in DMS;
- If no medications are entered; Diet and Exercise Alone will automatically show up in the Audit;
- Check the taxonomies for medications if you know the patient is on a medication and the Audit does not reflect it; Taxonomies are discussed later in this manual;
- If you have a pharmacy in-house make sure that the software package used by the pharmacy is compatible with RPMS, if not you will have to enter all the patient medication(s) yourself through the Medication tab in the Update Patient Data screen in DMS:

Other Medications

ACE Inhibitor/ARB Use

- 1 Yes 2 No
3 Refused or adverse rxn

Aspirin/Antiplatelet Therapy

- 1 Aspirin/Antiplatelet Rx
2 None
3 Refused or adverse rxn

Lipid Lowering Agent

- 1 Statin } 3 Both
2 Other }
4 None
5 Refused or adverse rxn

- Other medications are entered into the system the same way as DM Therapy medications;
- Please remember to enter refusals or adverse reactions in the Update Patient Data screen in Visual DMS;
- In regular RPMS enter the refusal or adverse reaction at the end of the DMU screen;

The screenshot displays a medical software interface. At the top, a window titled 'Diabetes Patient Data Update' is open, showing a 'Refusals/Not Medically Indicated' dialog box. The dialog box has a 'Refusal Date' dropdown set to 'Friday, September 14, 2007'. Below this, there are fields for 'Refusal/Not Medically Indicated' and 'Refusal Reason'. A table within the dialog shows a single entry: 'MEDICATION/DRUG' with 'Date' '9/14/2007', 'Item' 'ASPIRIN 325MG TAB U/D', and 'Reason' 'N-Not Medically I...'. There are 'Add', 'Clear', and 'Save' buttons.

Below the dialog box, there are several other fields: 'Dental Exam Date' (Friday, September 14, 2007), 'PPD Date' (Friday, September 14, 2007), 'PPD Reading' (dropdown), 'Radiology Procedure' (text field with 'Select' button), and 'Depression Screening Date' (Friday, September 14, 2007) with a 'Depression Screening Result' dropdown.

At the bottom of the screenshot, a terminal window is open, displaying the following text:

```

DRACULA.VLAD Chart: 999 Sex: M DOB: Dec 31, 1871 Not Saved
DRACULA.VLAD Chart: 999 Sex: M DOB: Dec 31, 1871 Saved
RPMS (this computer)
File Edit Options Send Receive Window Help
Any EDUCATION to record? N Any LABs to enter? N Any Medications to Enter? Y
Exit Save Refresh
Enter a command or '^' followed by a caption to jump to a specific field.

Updating PCC database...hold on a moment...

Do you want to enter any Patient REFUSALS? N// y YES
Enter Date of Refusal: t (NOV 07, 2007)
Enter REFUSAL TYPE: immUNIZATION
Enter the IMMUNIZATION value: flu
1 FLU-NASAL INFLUENZA, INTRANASAL FLU-NASAL 111
2 FLU-SPLIT INFLUENZA, SPLIT (INCL. PURIFIED FLU-SPLIT 15
3 FLU-WHOLE INFLUENZA, WHOLE FLU-WHOLE 16
CHOOSE 1-3: 1 INFLUENZA, INTRANASAL FLU-NASAL 111
Enter Refusal Reason: n NOT MEDICALLY INDICATED
creating Refusal entry in PCC...

Would you like to enter another refusal? N//
    
```

Immunizations

Immunizations

FLU VACCINE (past year):
 1 Yes 3 Refused
 2 No

PNEUMOVAX ever:
 1 Yes 3 Refused
 2 No

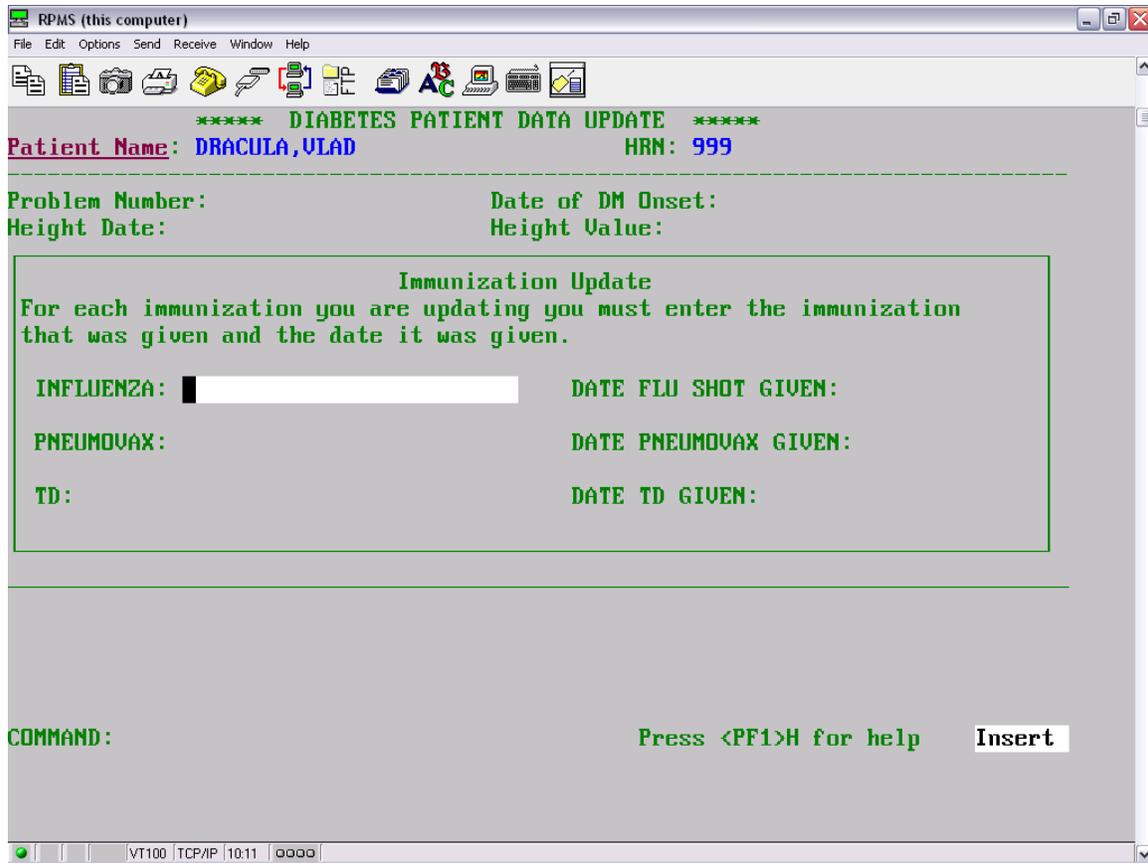
Td in past 10 years:
 1 Yes 3 Refused
 2 No

TB Status (PPD):
 1 Pos 3 Refused
 2 Neg 4 Unknown

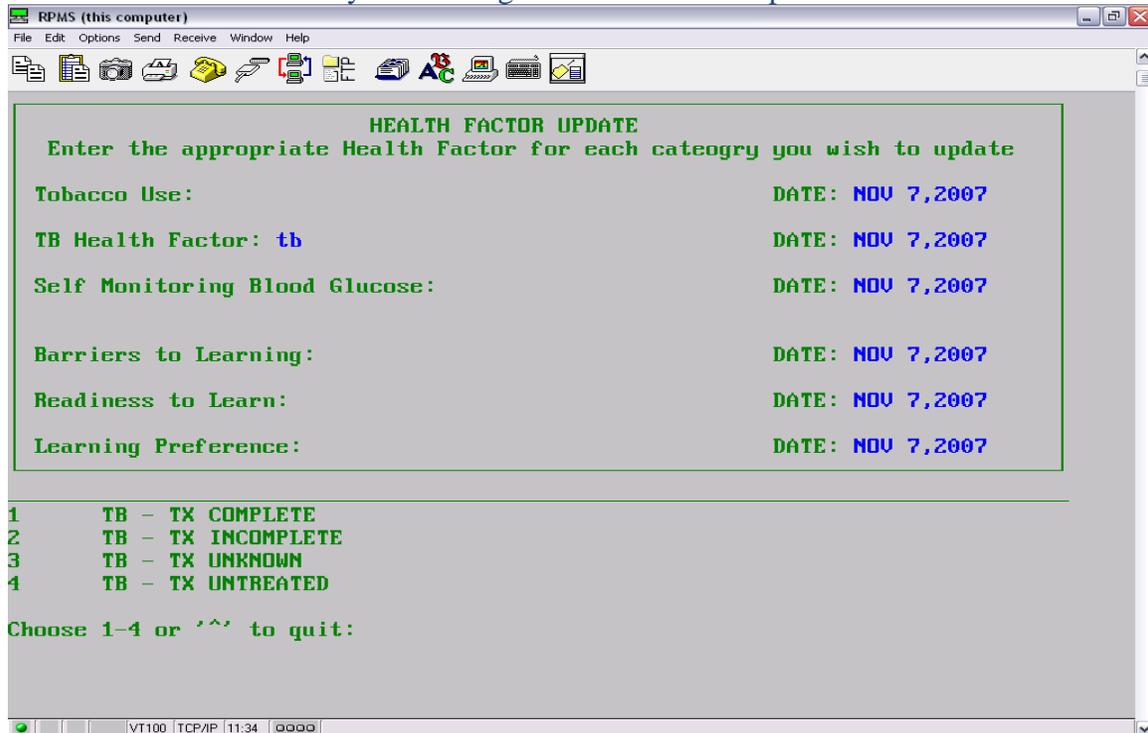
→ If PPD Pos, INH Tx Complete:
 1 Yes 3 Refused
 2 No 4 Unknown

→ If PPD Neg, Last PPD:
 Date: ____/____/____

1. Immunizations are entered into the system through PCC Data entry or the Update Patient Data screen in Visual DMS (shown below);
 - Missing data could be the result of incorrect data entry or missing taxonomies;
 - Positive TB Status requires an entry into the Health Factors tab of the Update Patient Data screen in DMS indicating the status of treatment;



- In regular RPMS DMS immunizations are entered in the DMU screen, TB status is entered into the system through the health factor update screen.



Laboratory Data

Laboratory Data (include only values obtained during 12 mo audit period)

HbA1c (most recent): _____ %

Date obtained: ____/____/____

Creatinine: _____ mg/dl

Estimated GFR documented in the medical record during audit period?

1 Yes

2 No

Total Cholesterol: _____ mg/dl

HDL Cholesterol: _____ mg/dl

LDL Cholesterol: _____ mg/dl

Triglycerides: _____ mg/dl

Most recent urine protein testing during 12 month audit period:

1 Albumin:Creatinine Ratio (UACR)

2 Protein:Creatinine Ratio (UPCR)

3 Other quantitative urine protein test

4 None

_____ mg/g

- Lab Data will typically cross over from the lab package if your lab is using the RPMS lab package;
- Facilities without labs or with labs using different software will have to enter data themselves through PCC Data Entry or Patient Data Update in Visual DMS or DMU screen in regular DMS;
- The DM Audit will look at data from the past year only, again it is important to enter in any refusals.
- If all factors are in place and labs are still not showing on the Audit, check your taxonomies.

Diabetes Patient Data Update

Education Topics | Labs | Meds | Imms | Health Factors | Refusals | Save | Help | Close

Labs

Lab Test: _____ Lab Date: Friday, September 14, 2007

Result: _____

Lab Test	Date	Result
97-HEMOGLOBIN A1C	9/14/2007	7

Save

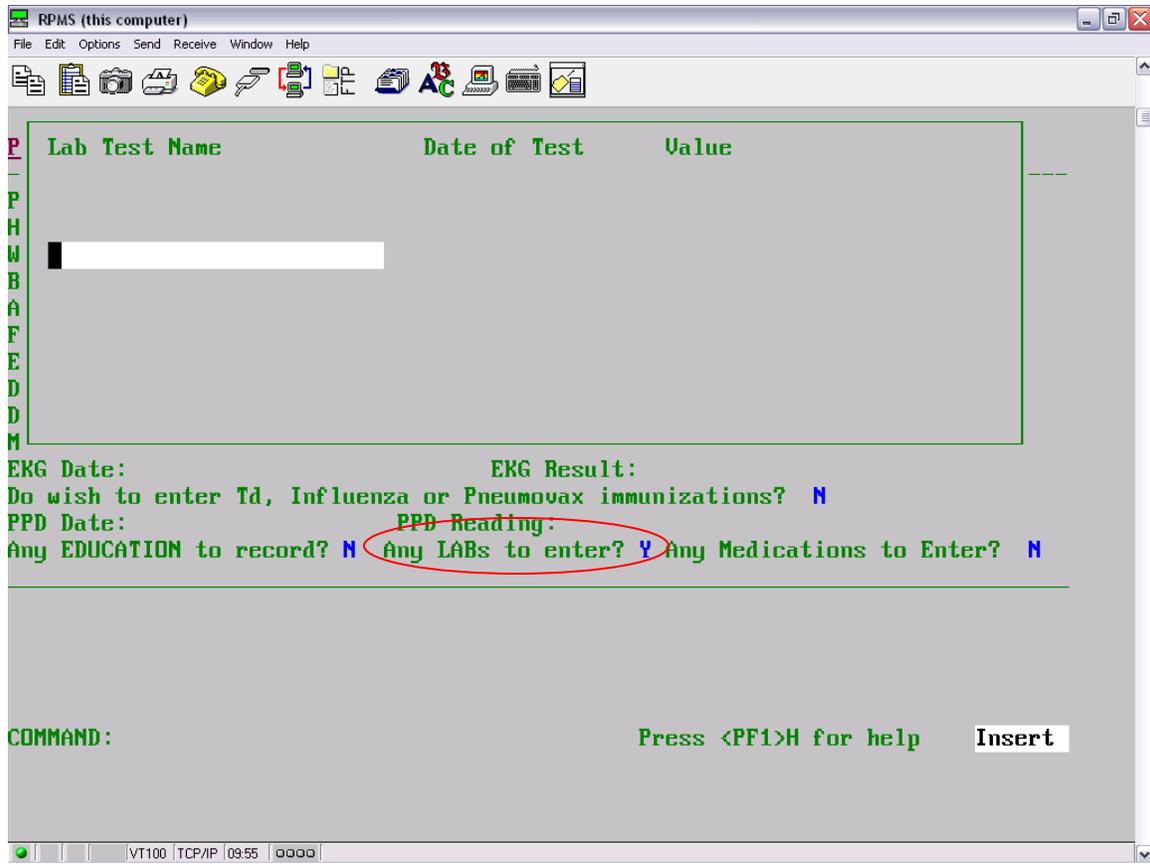
DRACULA,VLAD Chart: 999 Sex: M DOB: Dec 31, 1871 Not Saved

Dental Exam Date: Friday, September 14, 2007

PPD Date: Friday, September 14, 2007 PPD Reading: _____

Depression Screening Date: Friday, September 14, 2007 Depression Screening Result: _____

DRACULA,VLAD Chart: 999 Sex: M DOB: Dec 31, 1871 Saved



Mental Health

Mental Health

Does pt have depression as an active problem?

- 1 Yes
 2 No

→ If "No", has pt been screened for depression in the past year?

- 1 Yes
 2 No
 3 Refused

- Depression screening is entered through PCC Data entry using the ICD-9 code V79.0 when entering visit data. Refusals can be entered through the refusal screen in Update Patient Data; or DMU in RPMS;
- Historical data can be entered through the Update Patient Data screen in DMS as shown below;
- Tools for screening can be found in Appendix Two;

Diabetes Patient Data Update

Problem Number: [Dropdown] Date of DM Onset: Friday, September 14, 2007 [Dropdown] Show Problem List

Height Date: Friday, September 14, 2007 [Dropdown] Height Value: [Dropdown]

Weight Date: Friday, September 14, 2007 [Dropdown] Weight Value: [Dropdown] Graph Weight

BP Date: Friday, September 14, 2007 [Dropdown] BP Value: [Dropdown] Graph BP

Foot Exam Date: Friday, September 14, 2007 [Dropdown] Foot Exam Result: Normal Abnormal

Eye Exam Date: Friday, September 14, 2007 [Dropdown] Eye Exam Result: Normal Abnormal

EKG Date: Friday, September 14, 2007 [Dropdown] EKG Result: Normal Abnormal Borderline

Dental Exam Date: Friday, September 14, 2007 [Dropdown]

PPD Date: Friday, September 14, 2007 [Dropdown] PPD Reading: [Dropdown]

Radiology Procedure: [Dropdown] Select

Depression Screening Date: Friday, September 14, 2007 [Dropdown] Depression Screening Result: [Dropdown]

DRACULA.VLAD Chart: 999 Sex: M DOB: Dec 31, 1871

Refusals/Not Medically Indicated

Refusal/Not Medically Indicated: [Dropdown] Refusal Date: Wednesday, November 07, 2007 [Dropdown] Add

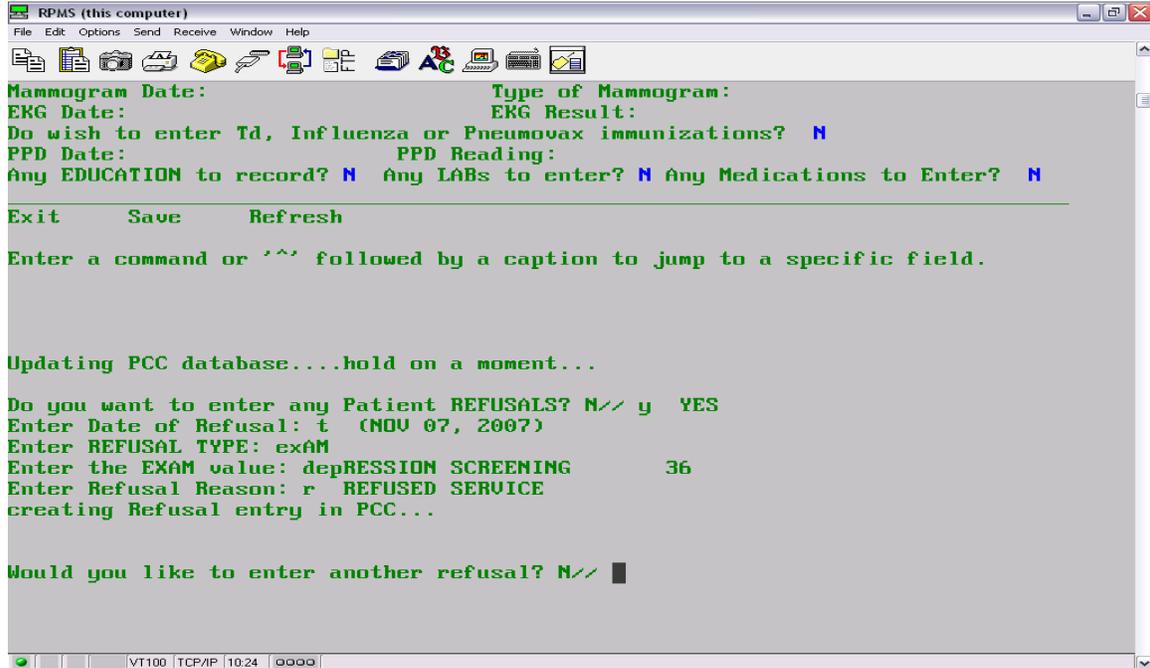
Refusal/Not Medically Indicated: [Dropdown] Refusal Reason: [Dropdown] Clear

?

Refusal Type	Date	Item	Reason
EXAM	11/7/2007	DEPRESSION SCREENING	R-Refused Serv...

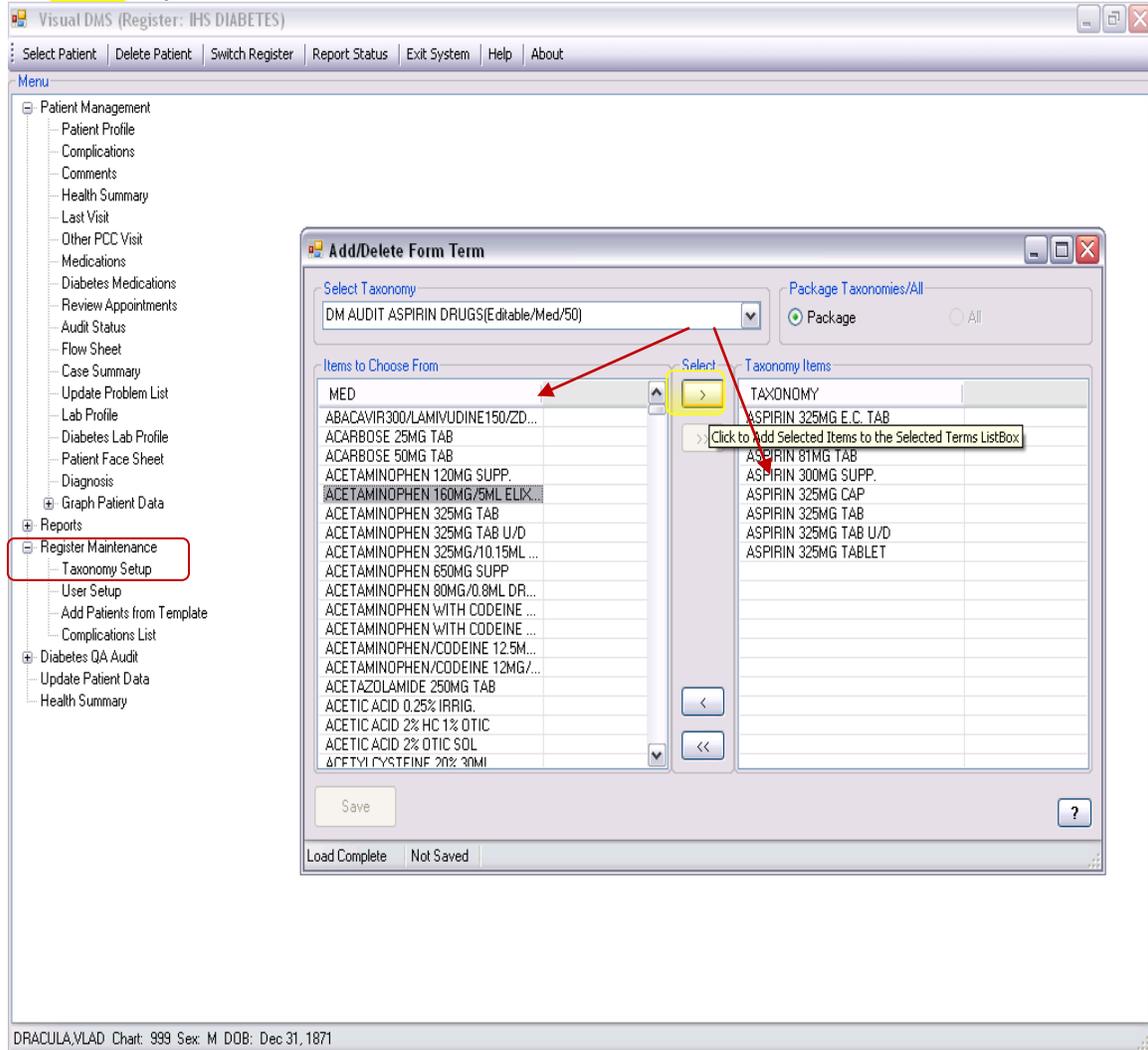
Save

BOND.JAMES Chart: 1007 Sex: M DOB: Jul 04, 1955 Not Saved



Taxonomy Setup

Taxonomy setup is done through the Register Maintenance screen in DMS; choose the Taxonomy Set up screen. Using the drop down list, choose the taxonomy that you wish to setup and move all entries that your facility uses by highlighting them and clicking on the **arrow** key.



The system will check that taxonomies are present under the Diabetes QA Audit menu.

RPMS (this computer)

```
*****
**      PCC Management Reports      **
**      2007 Diabetes Audit Report Menu  **
*****
                          Version 3.0

                          GLITC TRAINING FACILITY

DM07  Run 2007 Diabetes Program Audit
D7TC  Check Taxonomies for the 2007 DM Audit
D7TU  Update/Review Taxonomies for 2007 DM Audit
EAUD  Run the 2007 Audit w/predefined set of Pts
-----
PR07  Run 2007 PreDiabetes/Metabolic Syndrome Audit
PDTC  Check Taxonomies for the 2007 Pre-Diabetes Audit
PDTU  Update/Review Taxonomies for 2007 PreDiab Audit

Select 2007 Diabetes Program Audit (BETA) Option:
```

Visual DMS (Register: IHS DIABETES)

Menu

- ⊕ Patient Management
- ⊕ Reports
- ⊕ Register Maintenance
- ⊖ Diabetes QA Audit
 - ⊖ 2007 Diabetes Program Audit
 - 2007 Diabetes Program Audit
 - Check Taxonomies for the 2007 DM Audit
 - Update/Review Taxonomies for 2007 DM Audit
 - Run the 2007 Audit w/predefined set of Pts
 - Run 2007 PreDiabetes/Metabolic Syndrome Audit
 - Check Taxonomies for the 2007 Pre-Diabetes Audit
 - Update/Review Taxonomies for 2007 PreDiab Audit
 - ⊕ 2006 Diabetes Program Audit
 - ⊕ 2005 Diabetes Program Audit
 - ⊕ 2003 Diabetes Program Audit
 - Patients With No DX of DM on Problem List
 - DM Register Pts With No Recorded DM Onset
 - List Patients on a Register w/an Appointment
 - DM Register Patients and Select Values in 4 Months
 - Print Health Summary for DM Patients w/Appt
 - Update Patient Data
 - Health Summary

Result

Result

Checking for Taxonomies to support the 2007 audit...

All taxonomies are present.

OK

BOND,JAMES Chart: 1007 Sex: M DOB: Jul 04, 1955

Appendix One Glossary

Drop down list	is a <u>user interface control</u> GUI(Graphical User Interface – point and click windows)_element similar to a <u>list box</u> which allows the user to choose one value from a list. When a drop-down list is inactive it displays a single value. When activated it displays (drops down) a list of values, from which the user may select one. When the user selects a new value the control reverts to its inactive state, displaying the selected value.
ICD codes	One of several code sets used by the healthcare industry to standardize data. The International Classification of Disease is an international diagnostic coding scheme. In addition to diseases, ICD also includes several families of terms for medical-speciality diagnosis, health status, disablements, procedure and reasons for contact with healthcare providers. IHS currently uses ICD-9 for coding.
Populate	The program moves already entered data from one area of the program to another. For example: Data entered into the PCC Data entry package will automatically be entered into the DM Audit package.
Taxonomy	is the science of classification according to a pre-determined system, with the resulting catalog used to provide a conceptual framework for discussion, analysis, or information retrieval. In theory, the development of a good taxonomy takes into account the importance of separating elements of a group (taxon) into subgroups (taxa) that are mutually exclusive, unambiguous, and taken together, include all possibilities. For example: the medication list in the DM Audit

	should be exactly what is entered into the system at the data entry level in order for that medication to be included in the audit.
DMS	Diabetes Management System
RPMS	Resource Patient Management System
PCC	Patient Care Component
DM / Diabetes	Diabetes Mellitus, a variable disorder of carbohydrate metabolism caused by a combination of hereditary and environmental factors and usually characterized by inadequate secretion or utilization of insulin, by excessive urine, and by thirst, hunger, and loss of weight.
DOS	<p>Disk Operating System was the first widely-installed operating system for personal computers. (Earlier, the same name had been used for an IBM operating system for a line of business computers.)</p> <p>The first personal computer version of DOS, called PC-DOS, was developed for IBM by Bill Gates and his new Microsoft Corporation. He retained the rights to market a Microsoft version, called MS-DOS. PC-DOS and MS-DOS are almost identical and most users have referred to either of them as just "DOS." DOS was (and still is) a non-graphical line-oriented command- or menu-driven operating system, with a relatively simple interface but not overly "friendly" user interface.</p>

Appendix Two Depression Screening Tools

The following is an example of the most commonly used tools for depression screening.

Patient Health Questionnaire (PHQ)

The following websites provide sample PHQ forms. The PHQ-2 consists of the first two questions of the PHQ-9.

 <http://www.depression-primarycare.org/clinicians/toolkits/materials/forms/phq9/>

 http://www.americangeriatrics.org/education/dep_tool_05.pdf

Kroenke K *et al.* The Patient Health Questionnaire-2: validity of a two-item depression screener. *Med Care.* 2003;41(11):1284–92.

Kroenke K *et al.* The PHQ-9: validity of a brief depression severity measure. *J Gen Intern Med.* 2001;16(9):606–13.

NAME John Q. Sample DATE _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?

		Not at all	Several days	More than half the days	Nearly every day
1	Little interest or pleasure in doing things	0	1	2	3
2	Feeling down, depressed, or hopeless	0	1	2	3
3	Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4	Feeling tired or having little energy	0	1	2	3
5	Poor appetite or overeating	0	1	2	3
6	Feeling bad about yourself - or that you are a failure or have let yourself or your family down	0	1	2	3
7	Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8	Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9	Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3

add columns: + +

TOTAL:

10	If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all	_____	
		Somewhat difficult	_____	✓
		Very difficult	_____	
		Extremely difficult	_____	

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