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Quality of care in a primary care practice: use of quality indicators in patient with COPD

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Background & Aim: Study on the quality of clinical care provided to patients with COPD assigned to a medical practice (during the period 2014).

Method:

Design: Longitudinal evaluation: Palmer's Quality Cycle.

Setting: An urban health care center.

Population and Sample: Patients > 40 years (total according to inclusion criteria, year 2014) with Chronic Obstructive Pulmonary Disease (COPD) (year 2014) (n=21).

Interventions:

Internal evaluation, dimensions: scientific-technical quality, adequacy, accessibility, continuity of care; data related to the care process and intermediate results; explicit, evidence-based procedural criteria.

Subjects: analysis of coverage. Analysis on the evolution of treatment compliance. The Z statistical test for comparing proportions, alpha 0,05.

- Patients with COPD should be assessed by annual spirometry.
- COPD patients smokers should quit smoking.
- COPD patients who are smokers should receive anti-smoking advice.

Results: Compliance criteria (year 2014):

- COPD prevalence: 1,56% (21 patients)
- COPD annual spirometry, 4,76% (1 patients).
- anti-tobacco interventions, 0% (0 patients).
- active smokers: 47,60% (10 patients).
- patient with COPD and with influenza vaccination: 52,38% (11 patients)

Conclusions: The COPD prevalence is 1,56 %, and COPD prevalence in health center is 1,46%, lower than those of the community, which are 1,93% . This represents an underdiagnosis of 80%. Results largely in line with IBERPOC Study (COPD prevalence in Spain, 1997) and the EPI-SCAN study (COPD prevalence in people 40 to 80 years in Spain, 2007) in which Underdiagnosis record of 78% and 73 % respectively.

The percentage of current smokers COPD is high.

The frequency of smoking in our COPD is maintained.

Improving care for COPD should focus on the recruitment, especially considering women smokers, and improved diagnostics and monitoring by conducting annual spirometry and active smoking intervention and individualized.