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Quality of diabetic patients follow-up in one Family Health Unit

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Background & Aim: Diabetes mellitus has a high prevalence in our country. The last national inquire revealed that 34.9% of the population, aged 20-79 years, has an abnormal glucidic metabolism. This disease is relevant, not only for the high prevalence, but also due to it's complications. They can be prevented if a good glyceic control is achieved. Although has been shown that this glyceic control must be individualized there isn't evidence for a glyated hemoglobin (HbA1c) target above 8%. The aim of this paper is to evaluate and improve the quality of diabetic patients follow-up in a Family Health Unit (FHU).

Method: Population: All patients with Diabetes Mellitus type 2 (DM2) who are followed in our FHU; Data source: electronic clinical process; 1st evaluation: 5/20/15; 2nd evaluation: 11/20/15; Intervention: June/2015, oral presentation of the 1st evaluation results at service meeting and discussion about aspects to improve; Quality criteria: HbA1c<8%; Data analisys: Excel@.

Results: On the 1st evaluation we had a total of 14151 patients in the FHU and 6.44% (N=911) had the diagnosis of DM2. From DM2 patients, 94,3% had HbA1c<8%. On the 2nd evaluation we had 14203 patients in our FHU. From this patients, 6,44% (N=915) had the diagnosis of DM2. From DM2 patients, 95,30% had HbA1c<8%.

Conclusions: The intervention was a presentation explaining why the HbA1c target should be for all patients without exception under 8%. The results show that in both evaluations the number of patients with DM 2 and HBA1c >8% is relatively small. This small value might explain the small variation verified between evaluations. In conclusion we can say that the intervention was important because there was a positive change in the quality criteria defined. No conflict of interest declared.