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Quality of child health surveillance in the 2nd year of life

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Background: Preventive actions in child health are crucial for wellbeing promotion. The Portuguese National Healthcare Plan describes the best practices, ensuring effective healthcare and improving quality standards in primary care. In 2014, the proportion of children under 2 years of age with proper monitoring (performance indicator 60) in our Family Healthcare Unit (Unidade de Saúde Familiar - USF) was 74.55%, identifying improvement potential. In 2015, it was replaced by indicator 269 - “index of proper monitoring of child health in the 2nd year of life”, which had a value of 0.858 in 2014.

Aim: Quality improvement in child health surveillance in the 2nd year of life, standardization of procedures and surveillance criteria.

Method: Technical and scientific quality was evaluated, using clinical records and the information systems SINUS, SClínico and MIM@UF. All children registered in the USF who were 2 years old in 2015, comprising the full period between 12 and 23 months of age, were included. Three internal evaluations were conducted, calculating indicator 269 for each individual physician and for global USF. An educational intervention was planned, applying the following corrective measures: presentation of variables under indicator 269, presentation of results and identification of children who didn't fulfill proper monitoring, allowing discussion and suggestions for improvement. Quality assessment cutoffs: excellent $\geq 0,9438$, very good $\geq 0,858 < 0,9438$, good $\geq 0,7722 < 0,858$, average $\geq 0,6864 < 0,7722$, insufficient $< 0,6864$.

Results: The value achieved in indicator 269 for the global USF was 0.82 in April and 0.91 in August and November. By the last evaluation, the minimum and maximum values attained by individual physicians were 0.56 and 1, respectively.

Conclusions: An improvement can be verified in the second evaluation: the global USF achieved very good results and three physicians achieved an excellent grade, which persisted until the last evaluation. The corrective measures implemented led to improvement for all the physicians and, ultimately, the USF as a whole.