

USER PERCEPTIONS AND PERSPECTIVES ON THE QUALITY OF DIABETIC FOOT ULCERS MANAGEMENT: PRELIMINARY RESULTS OF A SEQUENTIAL MIXED METHODS EXPLORATORY STUDY



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Background

- **Up to 34% of people with diabetes have a lifetime risk** of developing a diabetic foot ulcer (DFU).¹
- **40%** of patients have a DFU recurrence within 1 year after healing;
 - **65%** within 5 years;
 - **90%** within 10 years.¹
- The **interdisciplinary team** of the Complex wound clinic (CPC) of the Hôtel-Dieu-de-Lévis hospital (Québec, Canada):
 - Met quality of care indicators in terms of structure, processes and results for DFUs healing, but has a high burden of DFU recurrence.³
 - **No data available regarding quality of care including the patients' perspective.**⁴

Aim

- Determine the perceptions and the perspectives of knowledge users i.e. patients and team providers, regarding the quality of care received at the CPC.

OBJECTIVES

1. **Evaluate the quality of care that led to a healed DFU at the CPC**
 - Preliminary result presented thereafter.
2. Compare perceptions and perspectives:
 - Patients with DFU remission and those with DFU recurrence
 - Patient with DFU recurrence and team providers
3. Explore hypotheses about factors related to DFU recurrence and quality of care from knowledge users' perspective.

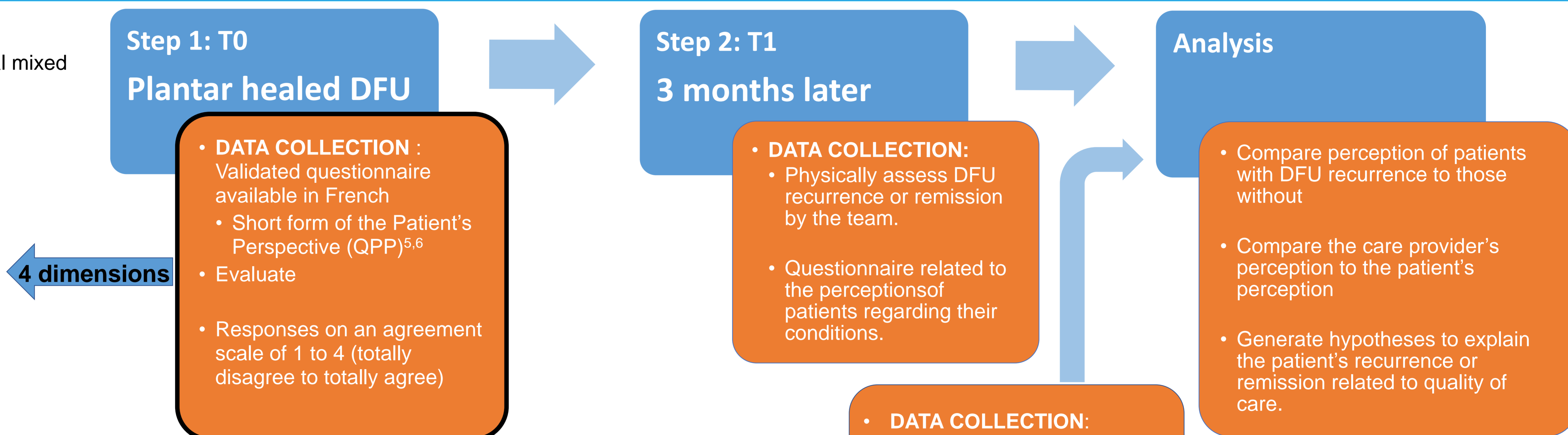


Methods

DESIGN: Exploratory sequential mixed methods study



QPP
Questionnaire



POPULATION: n = 20 consecutive patients recruited at the CPC

Inclusion criteria:

- Any patient, 18 years and older with diabetes who has been treated at the CPC for a DFU
- Completely healed DFU
- Having consent to participate in this research
- Being able to read, understand and write in French.

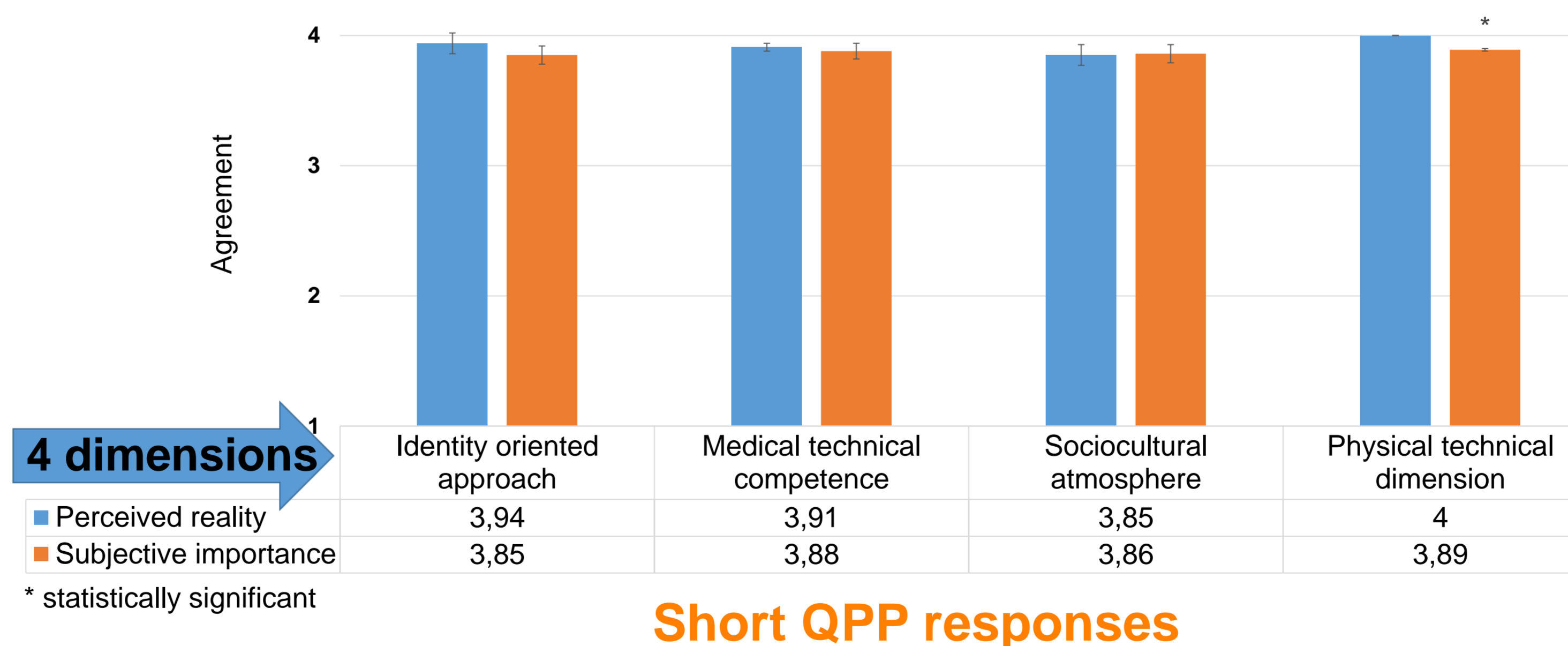
Results

Table 1: Clinical and Demographic Characteristics (n=20)

Age (years)	Mean (range)	64 (42-81)
Sex (%)	Male	75
	Female	25
Family status (%)	Single	45
	With spouse	55
Smoking (%)		5
Diabetes (%)	Type 1:	10
	Type 2:	90
HbA1c (%)†	Mean (range)	7,2 (5,6-9,7)
Peripheral neuropathy (%)		80
Peripheral artery disease (%)		50
History of osteitis in the last year (%)		45
Location of the wound (%)	Plantar to metatarsal heads	45
	Plantar to toe	35
	Others	20
Initial wound length (cm)	Median (range)	0,6 (0,2-7,5)
Initial wound width (cm)	Median (range)	0,4 (0,1-5,0)
Initial wound depth (cm)	Median (range)	0,2 (0-2,0)

*†: Missing data for some patients

Figure 1 : Quality of care perceive and the subjective importance on the dimensions of care by patients



Short QPP responses

- **67%** of patients were admitted to the clinic **after 0-7 days** and the other **33%** after less than one month following doctor's referral.

- **100%** of patients were admitted **on time** at their appointment.

- Questions about how patients feel:
 - **5%** feel quite bad mentally;
 - **10%** feel quite bad physically.

- **85%** of patients mentioned that they will fully follow recommendations of care providers.

- **90%** of patients found it easy to reach the CPC:
 - **65%** of patients didn't know if it is easy to reach the doctor by the phone.

- **95%** of patients would consult at CPC again without hesitation.

Discussion / Conclusion

- Our sample is very **similar to those of other studies** about DFU in terms of characteristics,^{7,8} But:
 - A **higher proportion** of patients had **peripheral artery disease** and **history of osteitis in the last year before the DFU**
 - Previous studies have established that those characteristics are predictor of DFU recurrence.^{1,7}
- Patient overall **satisfaction** of the quality of care received at the CPC **was high**.
 - Results are consistent with our previous studies on the quality of care at the CPC. ^{2,3}
- To our knowledge, this project represents the first data regarding patients' perceptions and perspectives for DFU care in a interdisciplinary team in Québec.



CONTINUATION OF THE STUDY

- Regarding T1, we have the results of **15/20 patients**
 - **6 patients have DFU recurrence to date (40%)**
- The relation between knowledge users' perceived quality of care and DFU recurrences is a new area to explore for DFU management.

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