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We do cure our patients, but do we really care ?

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The multidisciplinary approach is currently seen as the cornerstone of the treatment of diabetic foot ulcers and care is usually provided by a multidisciplinary team comprising of ≥ 5 different types of health care workers. This team treatment poses extra demands on the communication with the patient and his/her relatives. To our knowledge little research has been performed on patient-team interactions in diabetic foot care and how this care is perceived by the patient. Aim: To obtain information on the quality of care as perceived by the patient in order to identify areas for further improvement of multidisciplinary foot care. Method: A Patient Perceptions Questionnaire was developed based upon semi structured in depth interviews (n=7), followed by 2 different focus groups interviews (both n=7). Subsequently, the questionnaire was filled out by 64 patients (mean age 63.7 yrs) treated for an active or past ulcer in the diabetic foot clinic of the Maastricht University Medical Centre. In this questionnaire we not only asked how patients valued the different aspects of their treatment but also which aspects they valued most. Findings: Being listened to and being involved in the treatment were prioritized as the most important aspects of the patient-team interactions (both 7 points on a scale of 10). Written educational information and written information for health care workers (HCW) outside the team were prioritized as least important (2,7 and 3,6). Aspects of care that were most highly valued were the quality of the treatment and the skilfulness of our team, almost 90 % of the patients qualified these 2 aspects as good or excellent on a five-point scale. Moreover, the amount of oral information was valued as good or excellent by 97% of the patients. Collaboration within the multidisciplinary team and allocation of tasks within the team was deemed sufficient/good or excellent by > 90% of the patients. Aspects of care that patients were less satisfied with were written information to other HCW (28 % valued this as inadequate), being provided with information on which regimens to follow at home (17% valued this as inadequate) and attention for social aspects (12% inadequate). Conclusions: The Patient Perceptions Questionnaire is a new tool in order to improve quality of care for patients with diabetic foot disease. Patients valued their involvement in treatment as most important with emphasis on oral information. In contrast to our expectations they did not find being treated by a relative large number of professionals stressful, but the results of the questionnaire suggest that a more holistic approach is needed. Areas for particular improvement were the amount and quality of information on the impact of the foot disease on the living conditions and the attention to social aspects. Patients perceived communication to other HCW's outside the team too frequently as inadequate, but they did value this as an less important aspect.