

P37

From Implementation of International Guide Line to Chronic Care Model: A new Approach of Diabetic Foot Care.

R. Anichini, T. Bruschi, L. Butelli, M. Gioffredi, R. Gori, R. Picciafuochi, T., A. Bernini, F. Palanghi, R. Salvadori°, R. Torselli° and A. De Bellis, .

Diabetes Foot Unit and Diabetes Unit, °Health District Care. USL 3 Pistoia, Italy

Over the past ten years (1999 to 2009) our approach to diabetic foot problems has been changed. On the basis of implementation of International consensus of diabetes foot, general practitioners started to send to the multidisciplinary foot care team in the hospital patients at risk or active diabetic foot ulcers. At the hospital the lesions were immediately treated with an integrated approach, following ICDF and patients coming for the first time to our unit were subjected to a structured education on diabetic foot prevention. Significant results have been obtained: the rate of major amputations was significantly decreased from 6.5 (100.000 inhabitants) to 3(100.000Inh), other quality markers of DF care have been reached, hospitalization rate has decreased, and about 97% of patients with DF of our district was referred to our unit. The number of patients subjected to educational/screening program on foot complications was as follows: 303 in 1999, 382 in 2000, 433 in 2001, 422 in 2002 and 425 in 2003, 496 in 2004, 472 in 2005, 531 in 2006, 506 in 2007, 545 in 2008 and 574 in 2009. Another significant result obtained by our group was to observe diabetic foot lesions less serious than before in 2009 only 10% with grade >2 while in 1999 45%), and in patients not known to the Diabetes Unit, underlying the importance of education in diabetic foot prevention. In patients previously screened educational, a new acute foot ulcer occurred during in the last two years was in 2008 2,3%, and in 2009 1,3%. In 2009 70% of major amputation was not known at our unit and arrived directly to our district area, often housed in facilities for elderly or a patients with renal disease and home dialysis care. These results force us to go beyond implementation to a new model of care (Chronic Care Model) in health care district where General Practitioner with multidisciplinary DF team work together to help practices improve patients health outcomes, with aim to transform the daily care for patients with risk of diabetic foot from acute and reactive to proactive.