

First experience with voluntary audit of diabetic foot clinics in Russia

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Background: Diabetic foot clinics (DFCs) present in various regions of Russia but data about quality and effectiveness of their work are lacking; no regular audit of the existing DFCs was being performed.

Methods: We organized cooperation of three DFCs (2 in Moscow and 1 in Southern Siberia) for regular analysis of results of their work. All consecutive patients with foot and leg ulcers/wounds were included into registry. Registry information included: demographic data, wound types (ulcer/post-surgical wound; UT classification), location (foot/leg), ulcer manifestation date, date of beginning of treatment in the DFC as well as treatment results. These data are being copied every three month for further analysis by the same protocol.

Results: Simultaneous analysis was started in late 2013. Data from the first 3-months period are presented in Table.

	DFC #1	DFC #2	DFC #3	p
Patients treated in 3 months	68	20	47	
The same city inhabitants (%)	100%	100%	60%	<0.001
Ulcer types (neurop/neuroisch/leg) (%)	63/22/15	60/20/20	49/32/19	n.s.
Ulcers/post-amp wounds/gangrene (%)	93/6/1	90/10/0	81/2/17	0.008
Treatment events:				
Healing	70%	63%	17%	0.001
Hospitalization	9%	13%	22%	n.s.
Amputation	0%	0%	3%	n.s.
“Drop-out”	21%	25%	58%	<0.001

Analysis showed that DFC #3 has poorer healing and drop-out rate but more cases of gangrene and more patients from rural area or distant towns. But exclusion of non-city inhabitants did not change treatment results. Additional audit of treatment process in DFC #3 is necessary to improve its results.

Conclusion: The described model of DFC's cooperation: (1) provides objective picture of remote DFC's effectiveness; (2) allows to identify the "gaps" between some DFCs and others for further improvement of their work; (3) is open for joining of other DFCs to the network; (4) has “flexible” registry structure with possibility to add additional parameters in future.