

Prize Oral 1

The diabetic foot in Germany 2005 -2011 Analysis of Quality in specialised diabetic foot care centers Trocha A.K.1, Achwerdov O. 6, Brunk-Loch S.2, Engels G.3, Groene C.4, Kersken J.5 , Lobmann R. 6, for the quality management representatives of the working group diabetic foot of the German Diabetes Society. ¹Clinical Diabetes Center, Elisabeth-Krankenhaus, Essen, Germany ²DSPP, Idar-Oberstein, Germany, ³Surgery Outpatient Department Bayenthalgürtel, Köln, Germany ⁴Mathias-Spital and Jakobi-Krankenhaus, Rheine, Germany, ⁵St. Marien-Hospital, Ahaus-Vreden, Germany ⁶Department of Endocrinology, Diabetology and Geriatrics, Stuttgart General Hospital - Buergerhospital, Germany

Introduction:The Working Group on the Diabetic Foot and the German Diabetes Society established a system for accrediting hospitals and outpatient clinics specialized in treating diabetic foot wounds in 2003. The rationale was to establish comparable diabetic foot care centers with clearly defined standards of care. All centers have to proof the quality of structure (staff, premise and facilities), quality of procedures and the quality of evaluation. Actual we present the data over 7 years of these Centers.**Results:** There was a total of 18532 patients; using the Wagner classification the wounds were represented as follows: stage 0: 674, stage 1: 6932, stage 2: 5750, stage 3: 3653, stage 4: 1466 and stage 5: 57 patients. At the six-month follow-up assessment 18160 Patient underwent the follow-up corresponding to a recovery rate of 98%. At the follow up a substantial improvement could be seen; 55% of all patients showed a complete wound healing. There was a distinctive difference between the distribution of cases of the patients treated in outpatient centers and the inpatients. The outpatient foot centers saw a majority of Wagner stage 1 (87%) and stage 2 (71%) patients. Stage 1 patients (n=902) were rarely admitted to inpatient care (54%). A Charcot osteoarthropathy, was found in 9.2% (n=1712) of the cases. Most important our data indicated a low level of major (above-ankle) amputations with 3,1% (n=574). Substantially more patients underwent a minor (below-ankle) amputation; 17.5% (n=3254). A total of 733 patients died during the evaluation phase of six month (4,0%). In 10729 cases a clinical significant Infection was present (58%); an infection was diagnosed with 75,8% of the inpatients and 53,3% of the outpatients, respectively. In 7818 patients (42%) a peripheral arterial occlusive disease was diagnosed; 2154 of them underwent a revascularization. All over the time, we found comparable and reproducible results for every yearly calculation since 2005. **Discussion:** These data underline the quality of the treatment outcome of diabetic foot lesions in specialized centers in Germany. The data reflect a lower rate of major and minor amputations in the certified centers compared to the up to now available epidemiological data in Germany. This analysis presents reproducible data of defined and obligatory procedures/standards for diagnosis and treatment of the diabetic foot on amputation rate, level of amputations and mortality over a time period of 7 years.