

## ABSTRACT

**Introduction:** The study assessed the quality of diabetic care for patients attending Mulago hospital. It was prompted by evidence that diabetes and its related complications are on the increase in the country and that quality diabetic care is essential in minimizing risk of these complications among patients.

**The study's main objective** was therefore to assess the patients quality of care and suggest measures through which diabetic care in the country could be improved.

**Methodology:** A descriptive cross sectional study was conducted between July and August 2014, in which both quantitative and qualitative methods were used to collect and analyze data on factors influencing the quality of diabetic care among patients. The study respondents constituted patients obtaining care from the facility (n=132) and health workers operating the diabetic clinic (n=8). The convenience sampling method was used to select the patients who participated in the study; these were aged 18 and above, had had diabetes for at least a year and consented to participate in the study. The health care workers were selected purposively.

**Results:** The study findings revealed short comings in the quality of diabetic care; for instance, a small percentage of patients had received the ADA quality processes of care within the last 12 months, that is; 47.7% had glycosylated haemoglobin measurements, 9.8% dilated eye examination, 7.6% comprehensive foot care, with the exception of diet intervention where the percentage was 90.2%. In this regard, the quality of diabetic care in comparison to the ADA standards was low. Although, a fairly good percentage of patients were complying with self-care measures known to minimize risk of complications, rates of compliance were much lower for foot care and physical activity. Majority of patients also exhibited poor knowledge on the role of foot care and the role of eye care in overall diabetes care.

In addition, facility factors like limited availability of drugs used in treating diabetes associated co-morbidities especially hypertension, shortage of health workers and the limited frequency in training of health workers providing diabetic care was a limitation to delivery of quality diabetic care to the patients.

**Recommendations:** With regard to the findings, there is need for policies to enable health care providers improve delivery of ADA processes of care to patients. In addition, the health education should enlighten patients more on foot care measures and on the importance of physical activity, and patients should be encouraged to perform the foot care measures daily. Furthermore, there is need to improve frequency of trainings, seminars and refresher courses for health workers dealing in diabetic care to keep them abreast with developments in the field. The staffing challenges should also be addressed to improve the health worker - patient ratio of health workers to diabetes patients. In addition to the above, there's need to improve availability of drugs used in treating diabetes associated co-morbidities.