SUMMARY

Background: Over the past decades, health care delivery has undergone changes that have undermined the ability of patients to choose and remain with their regular health care providers. Health planners sometimes change physician places through posting which may require patients to change physicians periodically. Changes in the organization of health care services with the frequent rotation of physicians within the same health facility have posed threats to the maintenance of a continuous patients provider relations as some studies have reported negative impact that lack of continuity of care could have in the management of chronic disease such as type 2 diabetes. Despite the burden and the disabling nature of this chronic condition, high quality medical care has been shown to significantly reduce the complications among diabetics. Achieving treatment objectives for type 2 diabetes requires close cooperation among the patient, the physician and other members of the diabetic care team throughout the long course of the illness. This process corresponds closely with the notion of continuity of care (COC).

AIM: To assess the effect of continuity of care (COC) on glycaemic control and patient satisfaction among type 2 diabetics with a view to recommending intervention that would improve quality of care for type 2 diabetics.

Study Design/ Setting: A randomized controlled trial involving 130 adults with type 2 diabetes aged 18 years and above attending the General Out-Patient Clinic (GOPC) of Jos University Teaching Hospital.

Methods: Subjects recruited were randomly allocated to a control (routine care) and an intervention group (continuity of care).
Data collected from the subjects included socio-demographic data and medical history. Patient satisfaction questionnaire short form was administered at baseline and at the end of the study, focused physical examination for weight, height, body mass index, and fasting blood glucose were done at baseline and monthly. The subjects were followed up monthly over 16 weeks.

**Results:** The study found that overall 82 (67.2%) of the participants had good glycaemic control and 40 (32.8%) had poor glycaemic control. There was a statistically significant difference in the proportion of the levels of glycaemic control of clients on continuity of care as compared to those on routine care provider basis \((\chi^2 = 6.598, p = 0.010)\) with 77.8% of clients on continuity of care with glycaemic control, and 55.9% of clients on routine care provider. Similarly the study found out that, there was a statistically significant difference between the level of patient satisfaction of the group of patients on continuity of care with those on routine care provider basis with 13.6% of clients on routine care basis \((\chi^2 = 95.575, p = 0.0005)\), and 100% of clients on continuity of care.

**Conclusion:** This study demonstrated that Continuity of Care resulted in improved glycaemic control and patient satisfaction among adults with type 2 diabetes.