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**TITLE** Enhancing Weekend Care: A Feasibility Study of a Saturday Podiatry Service for Improved Patient Flow, Outcomes, and Efficiency in a Tertiary Hospital

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**ABSTRACT** (maximum 450 words. Please use the following or similar headings: Background/Methods/Results/Conclusions)

### Background

In June 2023, the Royal Melbourne Hospital established a Saturday podiatry service to manage foot conditions, particularly diabetes-related foot complications (DRFCs), in hospitalised patients. This study aims to evaluate the feasibility (demand, implementation, practicality, and limited efficacy testing) of this service.

### Methodology

A retrospective single-site observational study was conducted 24 months after the implementation of the Saturday podiatry service. Key outcomes included demand (number of referrals, demographics), implementation (types of interventions provided on Saturdays), practicality (number of patients seen per shift, Saturday podiatry discharges, facilitation of Monday discharges, time to action referrals), and limited efficacy testing (length of stay compared with patients in the 24 months prior to the Saturday service).

### Results

Data presented are based on a preliminary analysis.

### Demand

After implementation of the Saturday service, 533 patients received the Saturday service (mean age 69 standard deviation 17). Key referral sources included the Diabetic Foot Unit (n = 154, 29%), general medicine (n = 99, 19%), vascular (n = 42, 8%), and nephrology (n = 27, 5%). The main reasons for referral included wound management and pressure care (n = 207, 38%, Priority 1); general nail care (n = 128, 24%, Priority 3); and general foot pain or neurological assessments (n = 38, 7%, Priority 2).

### Implementation

The main types of interventions provided by podiatrists on a Saturday were wound care (n = 330, 62%), pressure injury prevention (n = 314, 60%), complex wound management (n = 134, 24%), and 24-hour topical negative pressure wound therapy checks (n = 33, 7%).

### Practicality

A mean of 5 (sd 1.8) patients were seen per shift. Ninety (17%) of patients who were seen on Saturday were able to be discharged from hospital after podiatry intervention. Forty-one (7%) of patients seen on Saturday were able to be discharged from hospital on the following Monday. Thirty-three percent (n = 173) of referrals were addressed on the same day and an additional 25% (n = 131) within one day.

### Limited Efficacy Testing

Mean length of stay after the Saturday service reduced from 18.2 days to 13.2 days.

### Conclusion

Implementation of a Saturday podiatry service was feasible. It enabled important podiatry interventions and may have facilitated more timely discharge, thereby improving patient outcomes and healthcare efficiency. Future research should also consider the acceptability of this service to both podiatrists and the wider hospital team, along with its impact on hospital resource allocation, to fully understand its benefits and inform potential scaling to other healthcare settings.