**Reimagining acute diabetes care: insights from the Victorian Virtual Emergency Department**

**Aims**

Diabetes is a growing epidemic in Australia, with prevalence projected to rise. Unfortunately, there are limited (physical) and over-subscribed emergency department resources. Persistent disparities in access to specialist diabetes care also exist, principally in regional and remote areas, which can be problematic when considering avoidance and management of acute diabetes-related emergencies.

**Methods**

In July 2024, a novel model of care for diabetes-related emergencies was implemented across Victoria, Australia– a virtual diabetes emergency service, available to people in Victoria; formed in collaboration with multiple partners and embedded within the Victorian Virtual Emergency Department (VVED). VVED Diabetes involves video consultations and a defined pathway, staffed by diabetes nurse practitioners (a nurse with advanced clinical education and training), with oversight from a consultant endocrinologist physician and integration of tools including pre-hospital ketone monitoring by emergency medical services (EMS).

**Results**

As of 31 December 2024, the VVED had 868 diabetes-related presentations. Mean±SD presentation age was 63.8±23.2 years; 455 (52.5%) presentations were in females, 294 (34%) were from regional/rural or remote localities. Referrals came from varying access points: (26%: EMS, 29%: residential aged care facilities, and 20%: self-registrations). Median length of stay was 70 minutes, with 716 (82.5%) presentations being diverted fromthephysical emergency department. Hyperglycaemia was the most common diabetes-related presentation to VVED Diabetes (n=400, 46.1%). Conversely, 47% of EMS initiated referrals to VVED Diabetes were for hypoglycaemia. There were no Incident Severity Rating 1 clinical incidents. There was positive person-reported outcomes observed in 91% of survey respondents.

**Conclusion**

Our data suggest that the VVED Diabetes model of care has the potential to provide quality care to acutely unwell people with diabetes in a safe and timely manner, while ensuring the efficient use of limited hospital services.