

Optimising Access to Urgent Surgery for Diabetic Foot Patients: Reducing Delays Through a Clinic-Based Protocol

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32 Patients Involved in Study



Mean age 60.1 years,
primarily presenting with
acute foot infections.

0% vs 22% Mortality Rate



Patients operated within
48h had 0% mortality;
delayed surgery (>48h)
had 22% mortality.

Length of Stay (LOS) Doubled by Delays



Mean hospital stay: 21 days
(<48h) vs 46 days (>48h).

£276,000 Potential Annual Savings



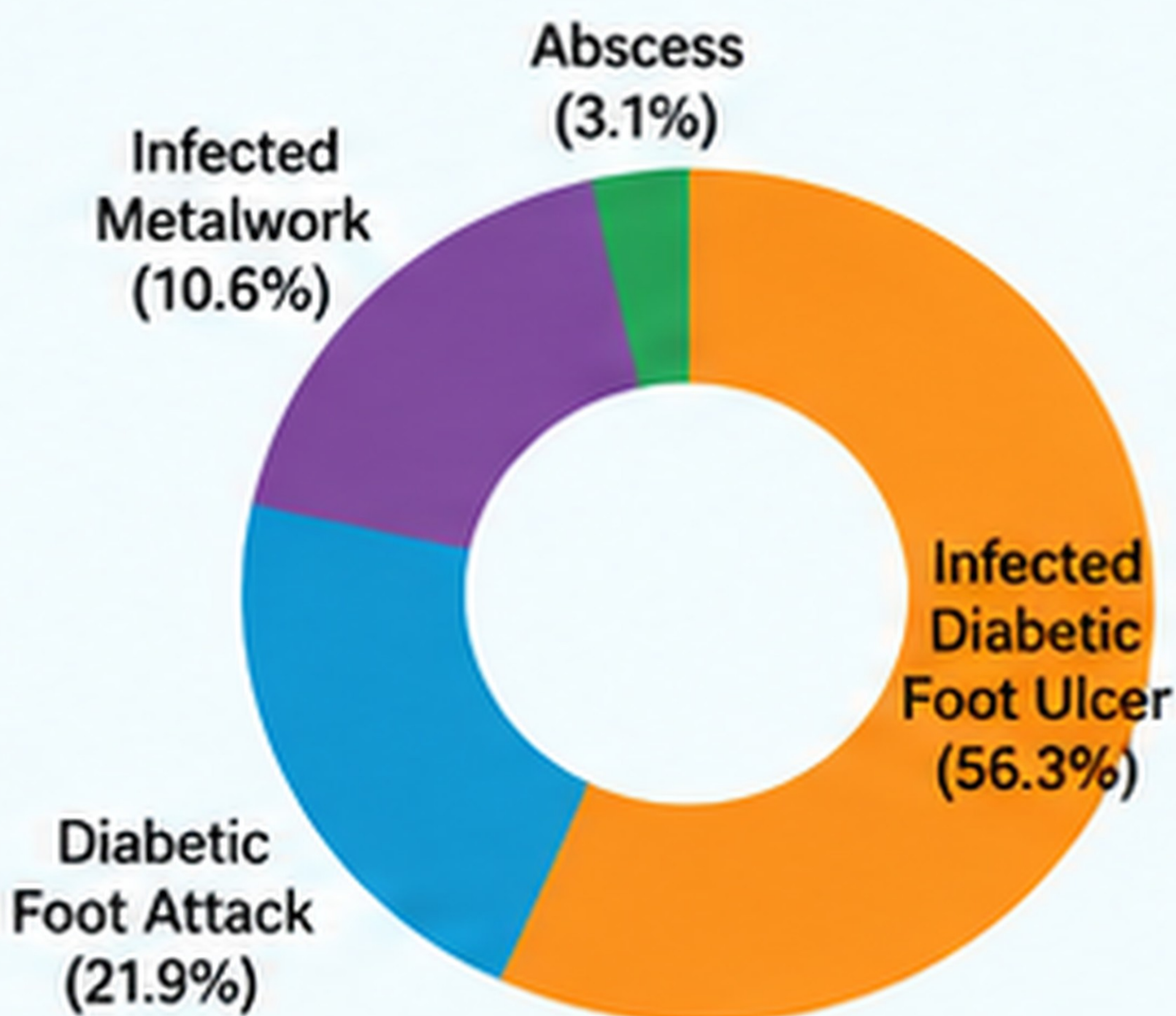
Projected trust savings
from reduced length of
stay.

COMPARATIVE CLINICAL OUTCOMES & PROFILE

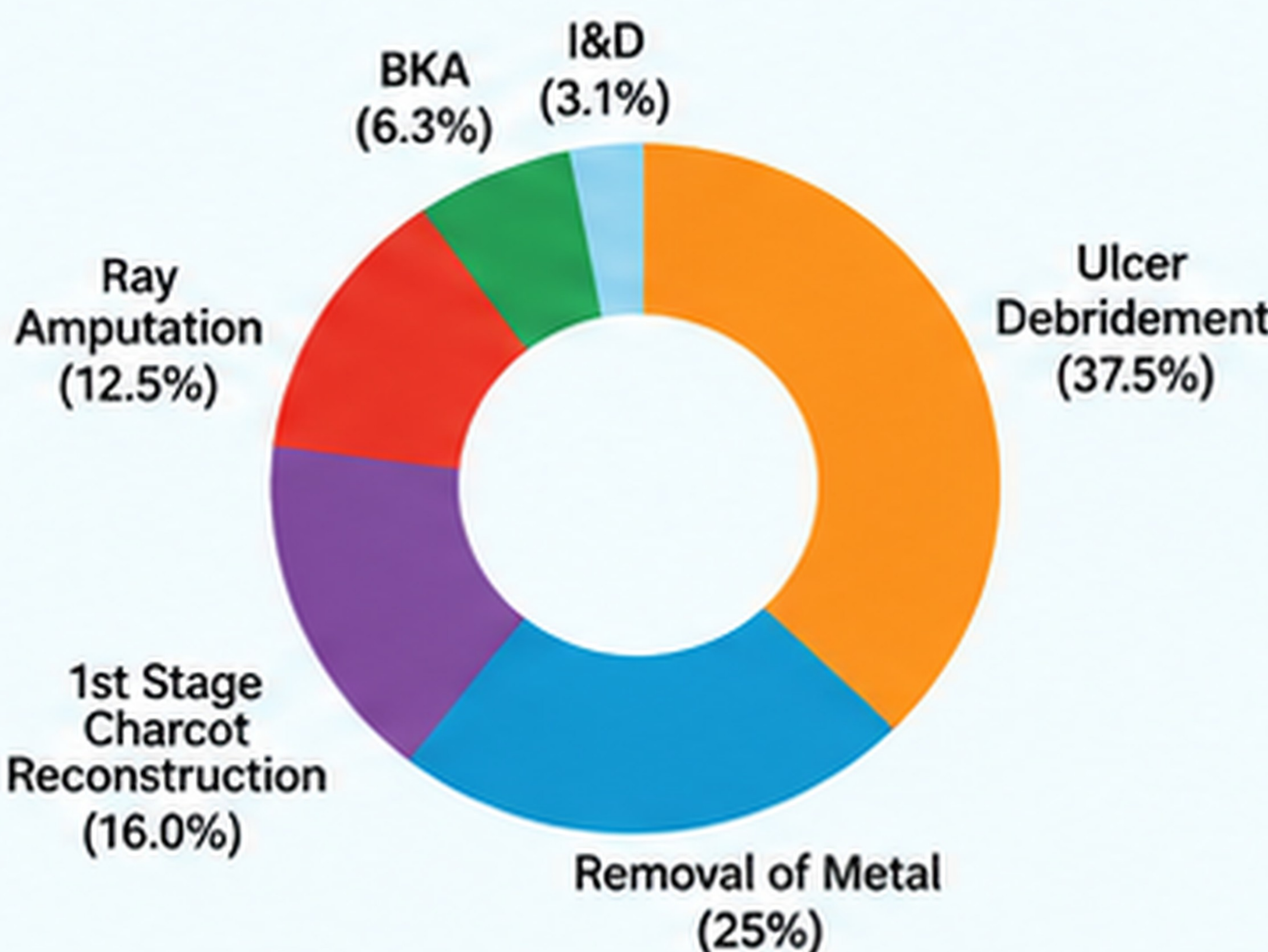
Comparing patient outcomes based
on the 48-hour surgical window

Outcome Metric	Surgery < 48 Hours	Surgery > 48 Hours
Mean Length of Stay (Days)	21 Days	46 Days
Mortality Rate (at 9 months)	0%	22%
Below Knee Amputation (BKA)	11.1%	26.1%
Requirement for >3 Operations	0%	17.4%

DIAGNOSIS DISTRIBUTION



SURGICAL PROCEDURES PERFORMED



ACTION PLAN: THE KING'S PROTOCOL

1

PRIORITISE THEATRE ACCESS

Increase capacity
and fast-track
theatre slots
specifically for
patients requiring
urgent diabetic foot
debridement.

2

FAST-TRACK TO DFC PROCEDURE ROOM

Utilise the Diabetic
Foot Clinic (DFC)
treatment room for
minor procedures (toe
amputations/forefoot
debridements) to
bypass theatre
delays.

3

OPTIMISE CODING

Ensure all procedures
performed in the DFC
are coded correctly
to capture hospital
activity and secure
appropriate income.