**Delirium Collaborative**

Summary report

In 2018, we partnered with the Institute for Healthcare Improvement to deliver a statewide Delirium Collaborative to improve delirium care across Victoria.

# Background

Delirium is a serious medical condition where people experience sudden changes in their thinking, attention and memory, causing them to become confused, agitated or drowsy.

Usually lasting from a few days to weeks, it can lead to serious complications such as falls, pressure injuries, longer hospital admissions and sometimes death.

# Aim

1. To improve care for hospitalised patients age >65\* by reducing the severity and duration of hospital acquired delirium through early diagnosis, prevention and treatment.
2. To reduce average length of stay by 0.5 days and falls by 20 per cent in hospitalised patients age > 65 years\* in one ward or service at participating sites by February 2020.

\*45 years and older for Aboriginal and Torres Strait Islander peoples

# Improvement approach

* Three in-person learning sessions were held to teach improvement science and facilitate collaboration between sites.
* Monthly online action period meetings occurred to present aggregate data, highlight successful changes and teach improvement science.
* Ad hoc collaboration occurred via a group email.

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| **Results at a glance**Health services21 hospitals from across VictoriaDurationFebruary 2019 to March 2020Project measures* Average length of stay on ward per month
* Number of falls on ward per month
* % patients who receive cognitive screening <24 hours of admission using a validated tool
* % patients with an individualised inpatient care plan

Results* Median length of stay reduced from 6.52 days to 6.33 days
* Average falls reduced from 4.9 to 4.0 falls per ward, per month
* Median percentage of patients screened for delirium <24 hours increased from 44% to 81%
* Median percentage of patients with an individualised care plan increased from 15% to 87%
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# Key improvements

Each team identified changes to test on their ward, then used rapid Plan-Do-Study-Act cycles to assess their value. Teams adopted, adapted or abandoned changes by analysing their data in real time.

Over the 13-month project, there were a number of successful changes implemented on participating wards. These included the following:

* Embedding a delirium screening tool (for example the Single Question Identifying Delirium) in the observations chart or in the electronic medical record.
* Creating a prompt for next steps if patient screens positively, for example commence cognitive care plan and notify doctor.
* Standardising escalation to the relevant team members, including the family, for diagnosis of delirium and implementation of management strategies.
* Creating a supportive environment by opening the blinds each morning to encourage a healthy sleep-wake cycle, minimise noise and disruptions at night, and ensure the use of glasses and hearing aids occurs.
* Putting large print calendar clocks visible to the patient in each room.
* Placing ‘Bed boards’ in a position visible to the patient with the ward name, treating nurse and plan for the day.
* Using a tool to identify what matters to the patient for example, a forget-me-not flower which identifies the patient’s hobbies and interests, previous occupation, pets and relatives.
* Ensuring delirium is communicated to all team members in paper handovers and multidisciplinary huddles.

# Key lessons

The participating sites recommend:

* having a mix of senior and junior nurses, doctors and allied health; a consumer, and an educator on the improvement team
* sharing the workload and allocating tasks to different team members
* developing the ideas on the ward and start testing on a small scale to iron out any problems before implementing more broadly
* allowing the clinicians on the floor to come up with change ideas to test
* making changes part of normal workflows
* embedding ongoing education and training on the ward
* ensuring delirium care is included in new staff orientation
* understanding that improvement takes time – you will need to test lots of changes to achieve the results.

# Resources

## National Safety and Quality Health Service Comprehensive Care Standard

[This standard](https://www.safetyandquality.gov.au/wp-content/uploads/2017/11/Comprehensive-Care.pdf) outlines the requirements for your health service to review how you screen and assess patients and ensure care plans reflect their physical, mental and cognitive healthcare needs.

## Identifying delirium

[Use these tools](https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/older-people/cognition/delirium/delirium-identifying) to improve how you recognise and diagnose delirium.

## Preventing and managing delirium

[Read just some of the ways](https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/older-people/cognition/delirium/delirium-preventing) we can help older people and their families and carers understand, prevent and manage delirium.