



# Delirium Screening

**SANCUS – Hutt Valley DHB**

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**HRT 1611 Nursing Improvement Group**

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**Melbourne**



# Key Problem

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- Increase in the use of 1:1 care in all inpatient areas.
- Perceived knowledge deficit in relation to the assessment and management of delirium across all services.
- Delirium was not consistently being recorded as a diagnosis in the discharge summary.

“according to HRT delirium report for SANCUS April 2015-March 2016  
The relative state index is 141%, If we aimed to meet the exemplar hospitals  
we could save 290 bed days annually” .

# Aim of this innovation

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- Introduction of e-learning package for all staff
- Increased awareness of assessment and management of delirium.
- Use of a validated screening tool - Short CAM
- Patient centred care

What was the improvement you were seeking?

- That all aged over 65yrs are routinely assessed for delirium
- Increased use of preventative strategies
- Greater emphasis on non pharmacological interventions
- Standardised documentation including flow chart

# Baseline Data

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## What was the situation before you implemented this innovation?

- Baseline survey of knowledge and understanding showed
  - 29% of patients were assessed for delirium on admission
  - 33% of staff had received education on delirium in the last 12 months
- Baseline audit of patients receiving 1:1 care
  - 10% of patients with a diagnosis of delirium had management plan in the notes

# Key Changes Implemented

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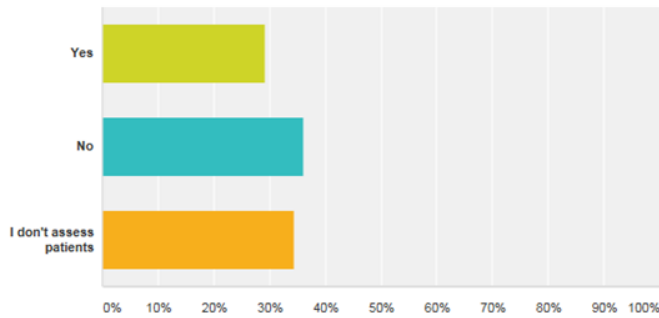
- Adaptation of Counties Manukau DHB e-learning module on eLP
- Roll out of education package via Nurse Educators /Allied Health teams
- HCA Behaviours of Concern study day
- Development of an assessment and management chart
- Introduction of distraction trolleys in inpatient areas
- Closer liaison with Pacific and Maori Health teams
- Patient Information leaflet developed
- Updated policy

# Outcomes so far

## Before – May 2015

Do you assess patients for delerium on admission to your ward?

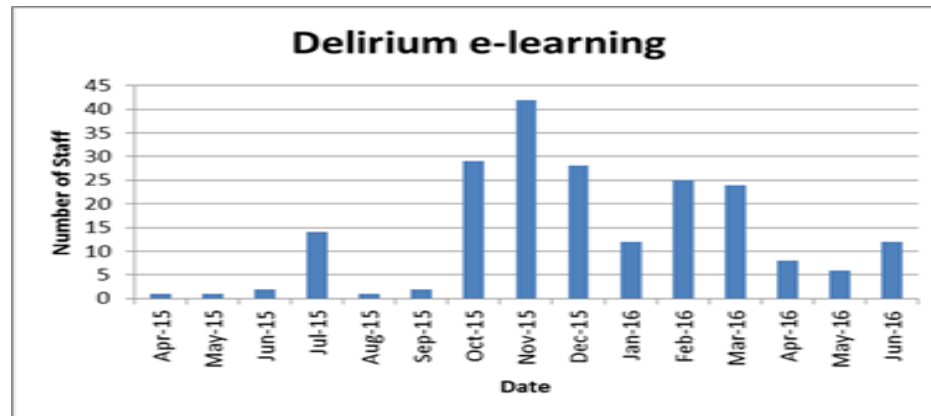
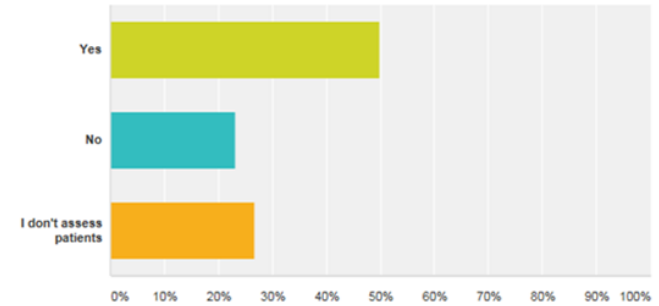
Answered: 58 Skipped: 0



## After - July 2016

Do you assess patients for delirium on admission to your ward?

Answered: 56 Skipped: 0



# Lessons Learnt

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- Link with other projects. *Delirium was one of 3 work streams for the Behaviours of Concern Project*
- Use of Nurse Educators as champions in each inpatient area
- Across service and across discipline working can work
- Collaboration between services/disciplines has contributed to the success of the project
- It is beneficial for both patients and staff
- This work also impacted on other nurse sensitive indicators eg: falls prevention
- 80% planning, 20% implementation

What would you recommend to other organisations?

- Get Directorate Leadership Team support /sponsorship from the beginning
- Use a project management process
- For more information Contact: Vera Sullivan, Psychogeriatric Specialty Nurse **Email:** [vera.sullivan@huttvalleydhb.org.nz](mailto:vera.sullivan@huttvalleydhb.org.nz)
- Acknowledgement: Elaine Burn, NP, Vera Sullivan, Psychogeriatric Specialty Nurse, Karen Blair, CNM District Nursing

