

A Whole of Health Service approach to Delirium and Dementia

Northern Beaches Health Service - Aged Care Clinical Redesign Program



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Setting the scene



- Manly and Mona Vale Hospitals
- 2 medium metropolitan hospitals
- approximately 70% of bed days are used by people over the age of 70 years
- Significant proportion of older people living alone
- One of the fastest growing aged populations in the state
- Approaching 60,000 people attending our Emergency Departments per year
- General Wards have 98% occupancy

Mary's Case History



- Retired surgical nurse who lives alone in Mona Vale
- Admitted to the ED with a fall, acute confusion and multiple comorbidities
- History of diabetes, osteoporosis and hypertension
- Medications include gliclazide, thiazide diuretic, ditropan and calcium
- Investigations show fractured neck of femur, potassium at 2.8 and blood sugar of 12.6 mm/L
- A right direct hip screw 24 hours after admission to the emergency department



Mary's Case History cont'd

Day 1 - Post Operative - acute confusion with increased night agitation

Day 2 - Still confused – unable to commence physiotherapy

Day 3 - Haloperidol and night time restraints commenced

Day 7 - Mary transferring assisted by 2 staff and becoming severely deconditioned

Day 10 - Fall causing peri prosthetic fracture Day 11 to 21 multiple post operative complications

Day 22 - Admitted to Nursing Home after 4 weeks

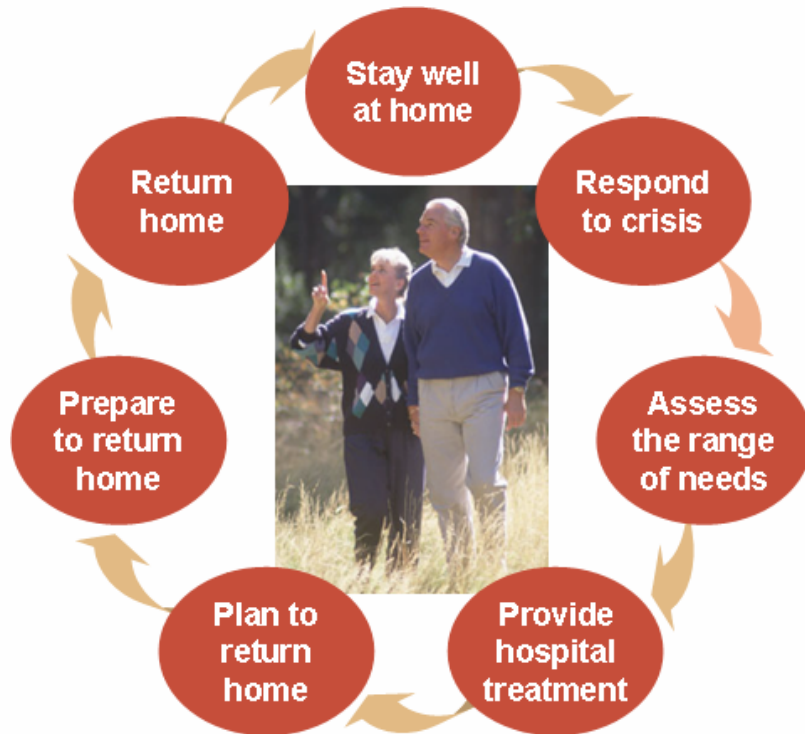
Was Mary representative of what was happening?

- Post operative delirium audit – 88%
- Dementia audit - 16% of confused patients received formal cognitive assessment
- Neuroleptic drug use audit
- Management of delirium
- Coding less than 5% of delirium
- No advanced geriatric trainee, few geriatricians/CNCs
- Links psychiatric services
- Restraint/ specials and security staff use
- No pre-operative, Emergency Department or ward screening tools in place

How did we approach the problem?

- Executive buy in
- Solution - the Clinical Redesign Services Programme
- Dementia and Delirium identified as a clear enhancement theme across the organisation
- Older people are NBHS core business involving all adult wards and departments.

Whole of Health Service Approach



- Multidisciplinary approach
- Identification of delirium commences in the Emergency Department
- Evidence based practice

How did we engage the staff?

- Delirium staff survey
- Newsletter

NORTHERN SYDNEY
CENTRAL COAST
NSW HEALTH

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Northern Beaches Aged Care and Rehabilitation Project



The Northern Beaches Health Service (NBHS) Aged Care and Rehabilitation (ACR) Project is part of the Continuum of Care Projects across NSCCAHS which are sponsored by NSW Health Clinical Services Redesign Program.

The aim of the projects is to improve the patients experience of our services, by continually reviewing the way we provide care, supporting staff in their care provision and making the most of the resources available.

Education Initiatives

Clinical Practice Guidelines
for the Management
of Delirium in Older People

Developed by the Clinical Epidemiology and Health Service Evaluation Unit, Melbourne Health
in collaboration with the Delirium Clinical Guidelines Expert Working Group. Commissioned on behalf
of the Australian Health Ministers' Advisory Council (AHMAC), by the AHMAC Health Care
of Older Australians Standing Committee (HCOASC).

October 2006

- Falls education link
- Quick Reference guideline on all the wards
- All junior Doctors receive delirium and dementia education
- Training on the use of the Confusion Assessment Method
- Delirium and dementia education at the nurses compulsory update day
- Delirium and dementia education to allied health
- Clinical Practice Guidelines for the Management of Delirium In Older People

Carers Initiatives

This brochure provides information for people who have experienced delirium and for their family/carers.

Delirium

Delirium is a common medical problem that is characterised by changes in mental function and occurs more often among older people.

When delirium occurs people are confused and may be either very agitated or quiet and drowsy.

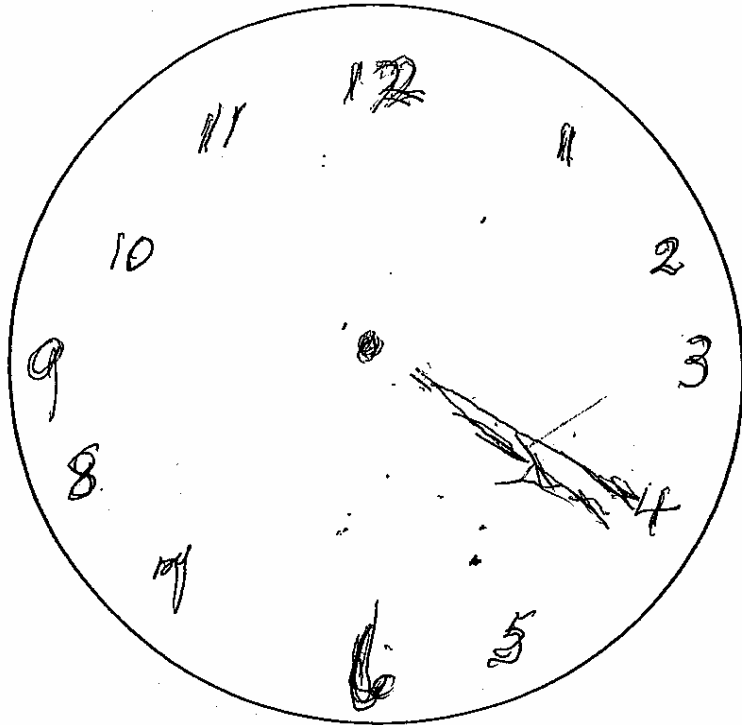
The onset of delirium is always sudden. It usually only lasts for a few days but may persist for longer periods.

It can be a serious condition.

Information available

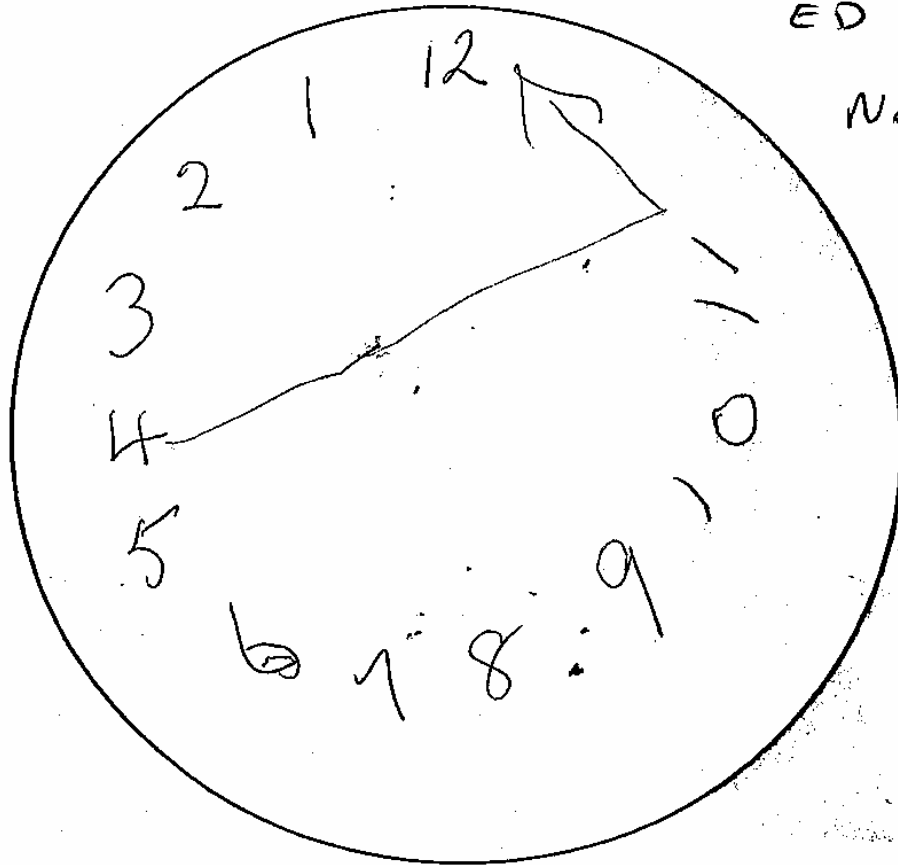
- Emergency Department
- Orthopaedic ward
- Pre-admission clinic
- Carer's Support Program

Assessment Initiatives



- Clock Drawing Test
- Confusional Assessment Method in the Multidisciplinary Patient Management Plan

Clock Drawings



In for UTI in
ED + Tarry & upset.
No other signs of
delirium &
not dyslexic

Cognition Point Prevalence Survey

Cognition Point Prevalence Survey on admitted patients over 70 years of age within a 24 hour period:

- Total surveyed = 139 out of 159 people (in health service)
- Total passed the clock = 65 (47%)
- Total failed the clock = 53 (38%)
- Total incomplete clock = 21 (15%) (unable to complete secondary to language, #UL, weakness, too sick etc..)

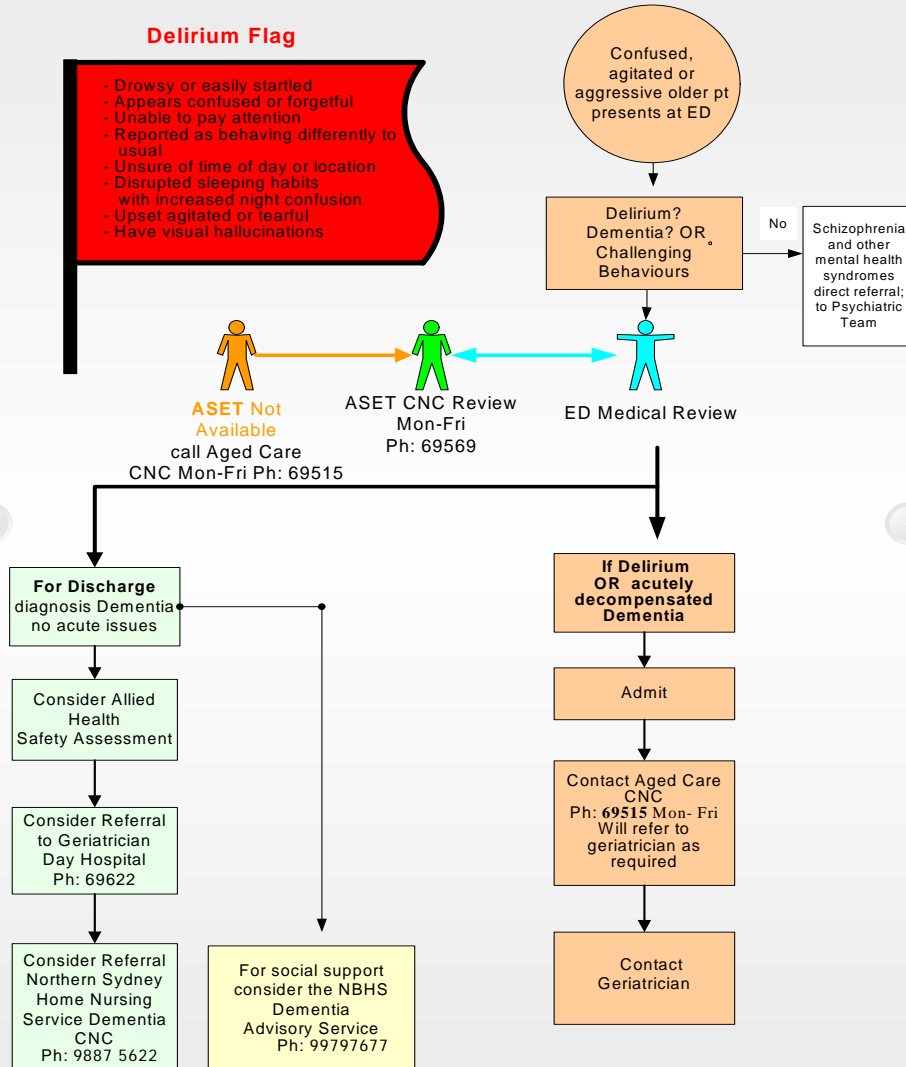
Those who failed the Clock Drawing Test:

- Total CAM positive for delirium = 22 (16% of total)
- Total CAM negative for delirium = 31

Management of Confused Patients in Manly Hospital Emergency Department

Delirium Flag

- Drowsy or easily started
- Appears confused or forgetful
- Unable to pay attention
- Reported as behaving differently to usual
- Unsure of time of day or location
- Disrupted sleeping habits with increased night confusion
- Upset agitated or tearful
- Have visual hallucinations



Guidelines Developed

Northern Beaches Health
Service

Clinical Practice
Guidelines for the
Management of Delirium
in Older People

Ongoing Project Benefits

- Raised awareness of the impact of dementia and delirium at a local and area health service level
- Acute Care of the Elderly Hospitalist appointed
- Funding for a Dementia and Delirium Aged Care CNC
- In negotiation for an Advanced Trainee in Geriatrics
- May Memory Month
- Planning a Delirium Day Staff education day
- Linked in with the Residential Aged Care Facilities
- Joint education sessions with GPs, Residential Aged Care Facilities and the Northern Beaches Dementia Advisory Service
- Education regarding the importance of coding patients

Lessons Learnt



- Keep a positive attitude
- Executive support is critical
- Cognition Point Prevalence Survey was highly influential with nursing staff
- Auditing is a valuable tool ie “How big is the problem?”

Where to from here?



Narrabeen Rock Baths

- Delirium Guidelines implemented
- Complete the Dementia Guidelines
- Expand the carer and community links