Delirium has long been a hidden problem in our hospital system. The official data (Victorian Admitted Episode Dataset) tells us that only 0.5% of admitted hospital patients suffer from it. However, delirium is far more widespread as Safer Care Victoria (SCV) found out – 12-month collaborative to:
- improve how Victorian health services prevent, detect and manage delirium
- reduce the severity and duration of hospital-acquired delirium for hospitalised patients aged 45 years.*

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

What is delirium?
Delirium affects someone’s thinking, attention and memory, and leads to falls, pressure injuries, longer hospital stays and sometimes death.

AIMS
- Reduce average length of stay by half a day
- Reduce falls by 20% in hospitalised patients

Goals along the way
- 90% patients screened for delirium within 24 hours
- 90% of these patients assessed every day for any change in mental status
- 90% patients who screen positive assessed for delirium (using a validated tool)
- 90% patients screened for cognitive impairment (using a validated tool)

NEXT STEPS
The delirium collaborative will end in February 2020.
Before then, we will:
- work with health service teams and senior leaders to spread the program beyond their pilot sites
- refine the delirium bundle and strategies to ensure a safe environment for at-risk patients in hospital.

Proportion of patients on antipsychotics is falling

With increased detection of delirium, we don’t want to see a corresponding increase in patients being treated with antipsychotic medications (known as a ‘balance measure’).

Proportion of patients on antipsychotics %


dedicated /bullet.case measurement strategy.

Collaborative team provided coaching throughout to support local ideas and change.

Collaborative participant

Nurse unit manager

Early Results
Screening for delirium is improving

% patients screened for delirium <24hrs of admission

Proportion of patients with delirium given antipsychotic medications

“While we can’t yet measure if we’re reducing the severity of a delirium experience, we at least feel on the right track to do so. I am loving being part of this collaborative and will feel proud of what we ultimately achieve together.”

EARLY RESULTS
Screening for delirium is improving

% patients screened (n=1,092)

% patients screened (n=685)

“Used to record people as ‘confused’. Now we write ‘delirium’, and take appropriate action to manage the condition.”

Collaborative participant

All it takes is a quick chat!
Some health services used a sunflower diagram on the wall to help all staff – from cleaners to clinicians – identify patients experiencing delirium. The sunflower records details of the patient’s life that are important to them, like their preferred name, footy team, pets, and number of grandchildren. These details can be used to start a conversation and informally assess patients for delirium.

For more information, go to www.safercare.vic.gov.au or email annmaree.keenan@safercare.vic.gov.au.