



**Australasian
Delirium
Association**

23 October 2017

**Delirium
Masterclass
with
Professor
Sharon
Inouye**

A special one day
opportunity for
anyone who
wants to know
more about
delirium

Program Booklet

Sponsored by

AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

Welcome to Country

We would like to acknowledge the traditional owners of this land on which we meet today, the Bedegal people of the Eora nation and pay respects to elders both past and present.

Welcome from the ADA President

Following on from the first World Delirium Day I am very proud to announce the 1st Delirium Masterclass of the Australasian Delirium Association. This will be an incredible opportunity to learn from a true superstar in the delirium firmament, Professor Sharon Inouye from Harvard University, as well as hear from an array of sparkling Australian speakers who will highlight important local advances in our knowledge of delirium and improvements in care for people with delirium. We hope that the light we shine on delirium at the Masterclass will illuminate the way forward for the coming years.

Gideon Caplan

President and Chair of Organising Committee

Catering

Morning tea, lunch and afternoon tea will be provided. Upon registration, please also indicate any special dietary requirements.

Cancellation policy

If you are unable to attend the event, please advise us via email admin@delirium.org.au at least two weeks in advance, otherwise the registration fee will not be refundable.

Conference Venue

The Scientia Building, University of New South Wales, Randwick

Cost

\$250.00

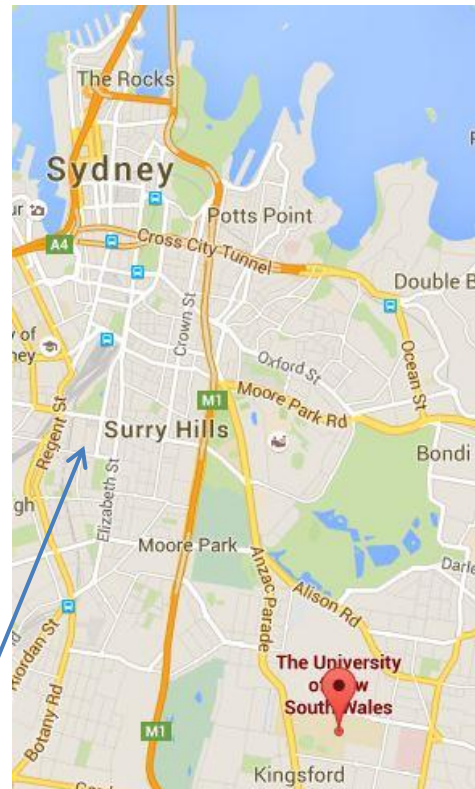
Registration

www.trybooking.com/270629

Public Transport

There are buses from the city and Central Railway to UNSW at Anzac Parade, including the M50 which stops on High Street. The 400 bus goes from the Airport and Bondi Junction and stops on High Street.

Central Railway



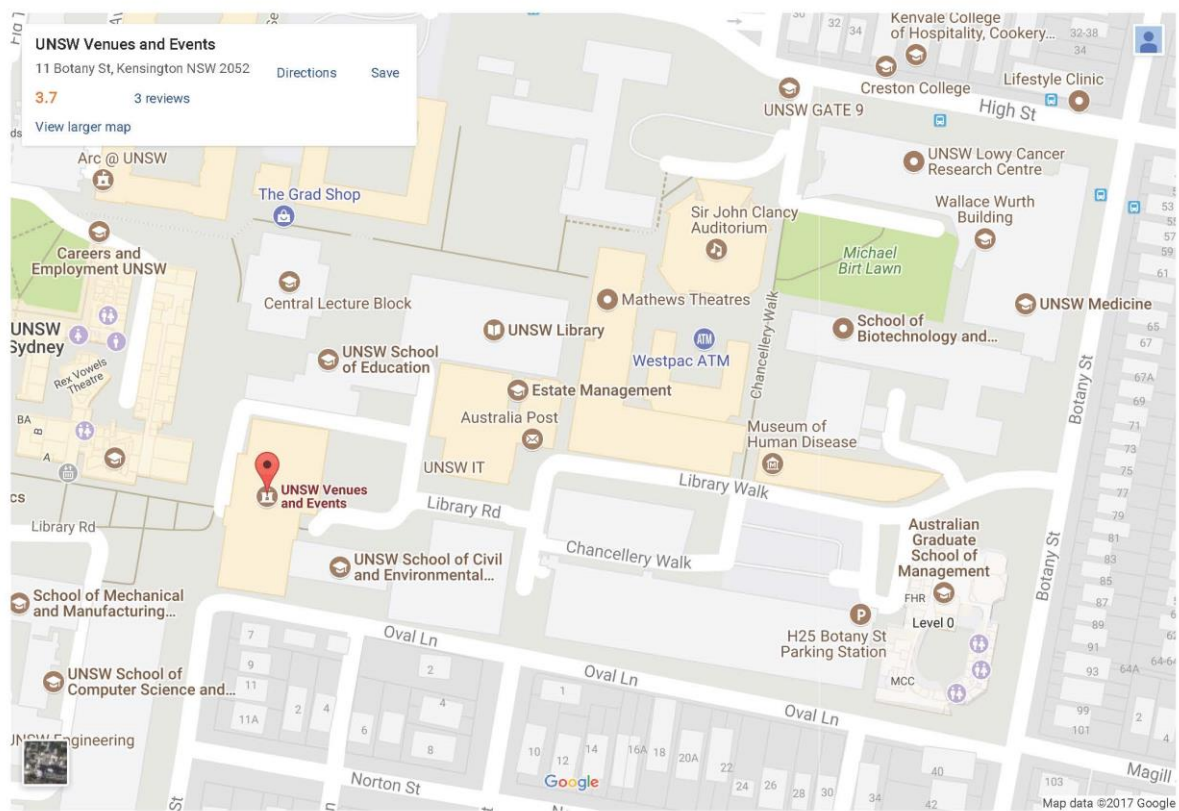
Parking

The conference is during the university semester, so parking is unlikely to be available near the UNSW. A long walk may be required.

Twitter

Remember to follow us on Twitter [@ANZDA_delirium](https://twitter.com/ANZDA_delirium) and tweet using our hashtag #classact2017

University of NSW map



Invited Speakers

Professor Sharon Inouye

Dr Sharon Inouye is the pre-eminent delirium expert in the world. Dr Inouye's research focuses on delirium and functional decline in hospitalized older patients and has produced more than 200 peer-reviewed original articles to date. She is principal investigator of the Successful Aging after Elective Surgery (SAGES) study, an \$11 million Program Project on delirium funded by the National Institute on Aging, as well as of five other current research projects.



Dr Inouye developed and validated the Confusion Assessment Method (CAM), the most widely-used instrument for the identification of delirium. She conceptualized the multifactorial model for delirium, which focuses on identification of predisposing and precipitating factors for delirium. Her work involves translating theories of clinical investigation into practical applications that directly improve the quality of life for older adults. Dr Inouye developed the Hospital Elder Life Program (HELP), a multicomponent intervention strategy designed to prevent delirium by targeting six delirium risk factors. HELP was successful in reducing delirium by 40 percent and was published in a landmark study in the New England Journal of Medicine. This study was the first to show that a substantial proportion of delirium is preventable. Additionally, HELP has been shown to reduce falls, functional decline, and hospital costs, and to improve patient, family, and nursing satisfaction. The HELP program has been adopted by over 200 hospitals worldwide.

Professor Meera Agar

Dr Meera Agar is the Professor of Palliative Medicine, IMPACCT – Improving Palliative, Aged and Chronic Care through Clinical Research and Translation, University of Technology Sydney and Conjoint Associate Professor University of NSW. She is the clinical trials director, Ingham Institute for Applied Medical Research. Her research includes clinical trials and health service evaluation in palliative care, and cognitive impairment in delirium, dementia and brain tumours.



Associate Professor Andrew Teodorczuk

Dr Andrew Teodorczuk is an Associate Professor at Griffith University and an Old Age Psychiatrist. His doctorate explored learning needs in delirium care, and he continues to research models of delirium education and has developed effective Interprofessional Education Courses to improve staff delirium practice. He is a board member on the European Delirium Association and Australasian Delirium Society.



Dr Mary Britton

Dr Mary Britton trained in Glasgow and London as a General Physician and Geriatrician. Since 2009, she has worked as a Geriatrician at Austin Health in Melbourne. She runs an Acute Aged Care ward and assists patients at risk of delirium on a daily basis. She is a founding member of the Australasian Delirium Association.



Mr John Morton

Mr John Morton is one of the most experienced public relations consultants in Australia. He is a dynamic strategist, thrives on communications challenges and possesses a deep understanding of the healthcare sector. Since forming Ethical Strategies ten years ago, John has consulted to a range of pharmaceutical, biotechnology and medical device companies, as well as professional associations and patient advocacy organisation. Prior to forming Ethical Strategies, John managed the largest public relations consultancy in Australia.



Ms Salle-Ann Ehms

Ms Salle-Ann Ehms RN is the ReViVe Coordinator at Prince of Wales Hospital, a program based on the HELP model. With a background in aged care nursing and education, Salle-Ann has had stewardship of the program for 13 years.



Ms Anne Cumming

Ms Anne Cumming is Principal Advisor, Cognitive Impairment with the Australian Commission on Safety and Quality in Health Care. Over the past four years Anne has been working on raising awareness of cognitive impairment as a quality and safety issue in Australian hospitals.



Associate Professor Gideon Caplan

Dr Gideon Caplan is Director of Post-Acute Care Services and Director of Geriatric Medicine at Prince of Wales Hospital. His primary research interest is delirium pathophysiology, and he is President of the Australasian Delirium Association.



Sponsored by

AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

DELIRIUM MASTERCLASS

Monday 23 October 2017		
09:00	Welcome	
09:10	Keynote: Prof Sharon Inouye, Harvard University "The epidemiology of delirium: occurrence, risk factors and outcomes"	
10:00	Plenary: Prof Meera Agar, University of Technology Sydney "Antipsychotics for delirium on trial"	
10:40	Morning Tea	
11:10	Plenary: A/Prof Andrew Teodorczuk, Griffith University "Improving delirium education"	
11:50	Plenary: A/Prof Gideon Caplan, Prince of Wales Hospital "Delirium pathophysiology: how sweet it is!"	
12:30	Lunch	
14:00	Workshops	
	1. Caring for cognitive impairment - implementing 'A Better Way to Care' for people with delirium in hospital	Ms Anne Cumming
	2. Awareness, understanding and action: the public relations opportunity	Mr John Morton
	3. Maintaining sustainability in a volunteer program	Ms Salle Ann Ehms
	4. Implementation of delirium strategies	Dr Mary Britton
15:30	Afternoon Tea	
16:00	Prof Sharon Inouye "Delirium: prevention and treatment"	
17:00	Close	



The epidemiology of delirium: occurrence, risk factors and outcomes

Prof Sharon Inouye, Harvard University

This talk will provide a general overview of delirium (acute confusional state), which is a common and serious problem for older adults. The talk will first provide a review of its occurrence across different settings. Common screening methods, including the Confusion Assessment Method (CAM), for identification of delirium will be highlighted. The leading risk factors for delirium will be described, including both predisposing (vulnerability) and precipitating factors during hospitalization. Finally, adverse outcomes associated with delirium will be described. Recent studies on the association of delirium with long-term cognitive decline and dementia will be highlighted. The audience should gain in understanding about this common and important condition for healthcare in seniors.

Antipsychotics for delirium on trial

Prof Meera Agar, University of Technology Sydney

Clinical trials in delirium therapeutics are urgently needed, but once the trial is done the work does not stop there. This presentation will share the experience of a recently completed clinical trial of antipsychotics in delirium in the palliative care setting. Clinical trials don't occur in silos, and once completed they lead to considerations for future research, knowledge translation and also can act as powerful facilitators for clinician, researcher and consumer dialogue which can be harnessed for improved delirium care.

Improving delirium education

A/Prof Andrew Teodorczuk, Griffith University

Over the past 20 years there has been much interest in educating hospital staff in improving delirium care. This is because delirium is a preventable illness and yet remains somewhat invisible to healthcare professionals. Therefore there are strong theoretical arguments as to why educational interventions are particularly pertinent to delirium care. Furthermore studies have demonstrated that, by means of teaching clinical staff, improvements in healthcare outcomes can be achieved.

This presentation will review what we know from research findings about different approaches to delirium education (e.g. interprofessional education, eLearning and formal teaching).

The issue of 'stickability' of the education interventions will be considered and challenges associated with translating research into practice will be explored. In this context, recent innovative approaches that have greater stickability will be reviewed including flipped classroom train the trainers, using artifacts to increase learning through practice, and family caregiver education approaches to improve delirium education.

The talk will conclude with lessons from the wider medical education research literature about what may be achievable and pragmatic suggestions that will help improve teaching approaches in local contexts.

Delirium pathophysiology: how sweet it is!

A/Prof Gideon Caplan, Prince of Wales Hospital

Delirium is a 2,500 year-old disease for which there are no licensed treatments we can use in the emergency department or on the ward. We need to understand what is happening in the body, and particularly the brain during delirium, to start to understand how we could approach pharmacological treatment.

The approach to understanding pathophysiology has focussed on analogy, in that some symptoms of delirium resemble psychotic illnesses, for which there is no pathophysiological evidence, and others resemble sickness behaviour, for which the evidence is conflicting.

We have been studying delirium from a number of angles, and a derangement has been confirmed on different experimental approaches showing altered glucose metabolism in delirium that correlates with clinical markers and symptoms.

Workshop 1

Caring for cognitive impairment - implementing 'A Better Way to Care' for people with delirium in hospital

Ms Anne Cumming, Australian Commission on Quality and Safety in Health Care (ACSQHC)

From 2019, hospitals will be required to implement a system for caring for patients with cognitive impairment or who are at risk of developing delirium as part of assessment to the second edition of the National Safety and Quality Health Service Standards (NSQHS) Standards. This system includes implementing strategies from the Delirium Clinical Care Standard.

This workshop will begin with an overview of the Commission's work in this area, including relevant requirements in the new NSQHS Standards, followed by presentations of two examples of hospitals that are implementing improvements in delirium identification and care.

Participants will then have the opportunity to consider the current issues and barriers and to share examples of successful strategies that they have undertaken to:

1. Screen for cognitive impairment, assess for delirium, identify and treat underlying causes
2. Implement prevention and management strategies
3. Communicate at transitions and involve carer and families.

Workshop 2

Awareness, understanding and action: the public relations opportunity

Mr John Morton, Ethical Strategies

Delirium is a medical emergency, yet is poorly understood in the community and receives little attention compared to other medical emergencies. Engaging with the broader healthcare workforce and bureaucracy, as well as the general public, to raise awareness and deepen understanding is a vital part of improving care for people with delirium. This workshop will focus on the communications challenges and strategies that may help us deliver this outcome.

John Morton is one of the most experienced healthcare public relations consultants in Australia.

Workshop 3

Maintaining sustainability in a volunteer program

Ms Salle Ann Ehms, Prince of Wales Hospital

Volunteers trained in delirium prevention and management interventions can provide a useful adjunct to health professional strategies when an older person is admitted to hospital. ReViVe is a program based on Prof Sharon Inouye's Hospital Elder Life Program and this workshop is an opportunity to explore elements that have ensured ReViVe's longevity and contributed to its evolution. Volunteers now work in the Emergency Department and facilitate recreational activities through *Music Melodies* and *GeriARTricS*. Following a brief presentation covering the background to ReViVe and its current inception, critical elements to maintain sustainability will be highlighted. The workshop will then be opened to participant questions.

Workshop 4

Implementation of delirium strategies

Dr Mary Britton, Austin Health

It is well recognized that attempts at, translating evidence and implementing new practices into routine health care, often take many years or fail. Similarly implementation of delirium strategies will face difficulties. Implementation science seeks to understand the implementation process and suggests frameworks that could be used to assist more successful implementation of programs.

This workshop will give an introduction to Implementation Frameworks and tools, with particular reference to the Consolidated Framework for Implementation Research. Worked examples will illustrate the use of such frameworks in relation to delirium strategies and will help participants get started, reflect on difficulties they may be experiencing with implementation and ultimately evaluate their programs.

Delirium: prevention and treatment

Prof Sharon Inouye, Harvard University

This talk will review the current approaches to prevention and treatment of delirium, both non-pharmacologic and pharmacologic. First, non-pharmacologic, multicomponent intervention strategies will be reviewed, which have gained acceptance as the leading approach for prevention and management of delirium. Recent systematic reviews have highlighted some of the most effective approaches. An overview of the Hospital Elder Life Program, including its interventions, outcomes, and study results, will be provided. Second, pharmacologic approaches will be reviewed. A summary of recent systematic reviews will be provided, raising methodologic limitations to prior studies. Promising approaches will be briefly highlighted. Future directions for development of more effective strategies will be proposed.

The Australasian Delirium Association presents

DECLARED 2018

Delirium Clinical and Research days
4th Biennial Conference

6 -7 September

Melbourne

Convention &

Exhibition Centre

Melbourne, Australia

Abstract submission opens:

1st February 2018

For more information: www.delirium.org.au



SAVE THE DATE