



The Australasian Delirium Association

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A word from the ADA president:

Dear Deliriumologists,

As we move towards the festive season, we look back on 2016, and what an amazing scientific meeting we had in Sydney in July. The array of speakers was fabulous, the presentations were so stimulating and the atmosphere of the conference was exciting. Congratulations to all the prize and scholarship winners <http://delirium.org.au/>. I'm really looking forward to our next meeting in Melbourne in 2018.



In November I attended the European Delirium Association (EDA) meeting in Portugal and held discussions about how to further improve our links with EDA and American Delirium Society (ADS). We canvassed the idea of an international delirium journal and an international meeting, perhaps once every four years.

More good news is that several eminent thinkers and researchers in the delirium field expressed interest in coming to our next meeting, and I hope to be able to start making some exciting announcements early next year as we firm up arrangements.

In the meantime, enjoy a relaxing and safe holiday season. See you soon.

Gideon Caplan

2016 ADA meeting

Clockwise from left:

Dr Judy Crow and A/Prof Gideon Caplan; Full house; ADA 2016 Conference organizing committee; Dr John Death and Ms. Anne Cumming; Dr Julia Nelson, with bub and Mum; New Zealand panel members: Dr Dileepa Jayamaha, Michelle King, Dr Kate Scott and Dr John Macleod.



Ms Joan Jackman and Ms Sophie Scott., Medical Reporter, ABC



Launch of the Delirium Clinical Care Standard

The Australian Commission on Safety and Quality in Health Care's Delirium Clinical Care Standard was launched at the 2016 ADA meeting. The launch presentations can be viewed on You-Tube, and includes a moving account from Ms Joan Jackman about the delirium experiences of her late husband, Michael, while he was hospitalised during the later stages of his dementia.

See: <https://www.youtube.com/watch?v=Sh457QxE1ok>

ADA scholarship award for 2016

Congratulations to Dr Andrew Milne, Geriatric Medicine Advanced Trainee based at the Prince of Wales Hospital NSW, who is the recipient of the first Australasian Delirium Association scholarship award for 2016!

The scholarship is valued at \$5000, and it may be used towards any costs directly related to completion of the submitted research project. We were very pleased to receive a number of high calibre applications and it was a difficult decision for our judges. However, independent scoring criteria determined the successful applicant.

Andrew's novel study is a double blind placebo controlled randomised trial: "*Use of Intranasal Insulin as a Treatment for Delirium*" in an elderly (age >65) delirious inpatient population. This is based on a recent finding on CSF studies that altered cerebral glucose metabolism occurs during delirium in this patient group. The finding was confirmed by PET scans that showed cerebral aerobic glucose hypometabolism during delirium, which improved after the delirium resolved. Together, these findings led researchers to question whether increasing glucose metabolism using insulin would in turn resolve the delirium. Intranasal insulin was chosen because it may have the centrally desired effect, while minimising the risk of causing peripheral changes in glucose metabolism and subsequent hypoglycaemia.

Intranasal insulin will be delivered to participants via a special nasal drug delivery device, and glucose levels monitored during treatment. Outcomes to be measured include duration of delirium, length of stay, mortality, and hypoglycemic episodes.

The ADA thanks all applicants and looks forward to hearing the results of Andrew's exciting project at the next ADA biennial conference in Melbourne 2018.

Dr Liza Lau, Geriatrician and Secretary, ADA



The delirium journey at Capital & Coast DHB

The delirium journey at Capital & Coast DHB (CCDHB) was officially started by nurses in February 2013. They seized the opportunity to develop and integrate a delirium program, based on the National Institute for Health & Care Excellence (NICE) delirium guidelines, into a revised version of the 'multi-disciplinary admission proforma'. Although being based at different hospitals and having tight deadlines, the new proforma and the first delirium program were implemented on all adult wards in March 2014. The program included a delirium risk assessment for newly admitted adults, the 4-item CAM to confirm delirium, and a list of delirium-related preventative and supportive interventions. Nurses' adherence to the risk and diagnostic tools was monitored.

In September 2014, Dr Rosalind Allen-Narker (Geriatrician/internist) identified ongoing deficiencies in delirium care. Together, we embarked on a journey to measure nurses', doctors' and coders' adherence to the program's key activities, using questionnaires, focus groups and interviews with nurses and doctors to identify barriers to adherence and implementation. These included: lack of time, education, training, leadership, program complexity and doctors' lack of awareness of the program and the CAM.

Our recommendations were embraced by nurse managers and geriatricians, who facilitated its presentation to the clinical governance group. In 2015, a multi-disciplinary working group was formed to translate recommendations into practice. This group also faced barriers to piloting the new delirium program on multiple wards in two different hospitals. Our goal became to implement the new program with fidelity on all wards by September 2016. The main enablers of this pilot work were: our group's diversity, collaboration with other DHBs around New Zealand, and the advice of international delirium experts such as Professor Alasdair MacLulich, who informed us of the Australasian Delirium Association conference where we met many experts with similar interests and goals. The ADA conference raised the ceiling of our expectations to include developing national standards for delirium in New Zealand, seeing that most DHBs are walking along the same path we are.

It is very pleasing to see the change we made as a team to improve the care for thousands of patients. This wouldn't have been made by one person nor would it have happened without the encouragement and support of my mentors, who include Dr Janet Turnbull, Kate Barnard and Dr Kate Scott.

"Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has."

Margaret Mead

Kind regards, Abdullah Alhaidari, Delirium clinical leader at CCDHB

As a PS to this story, Abdullah wrote on December 16: "The ADA conference helped us link with other professionals interested in delirium and we managed to submit a response to NZ's ministry of health. As a result we got delirium acknowledged as a health priority in the new Health of Older People strategy draft which I attach in this email. This strategy was published two days ago." See: <http://www.health.govt.nz/publication/healthy-ageing-strategy>

Te Kete Marie - the Peaceful Basket: Inpatient hospice care for people with dementia, delirium and related cognitive impairment

Leanne Bolton, Clinical Nurse Specialist; Tanya Loveard, Occupational Therapist;
Mary Potter Hospice, Wellington, New Zealand

In 2011, an occupational therapist and two nurses identified that caring for increasing number of people with dementia and delirium in the Mary Potter Hospice inpatient unit (IPU) was a challenge for staff. Supported by the management and executive teams, the three clinicians took a collaborative quality improvement approach to address the problem, engaging both the hospice interdisciplinary team and external community partners. Information gathering identified that the quality initiative would need to promote and provide team education, as well as provide a toolbox of activities and reality orientation equipment for patients and families. The name chosen for the initiative “Te Kete Marie” - the peaceful basket, reflects the concept of empowering both a confused patient and the interdisciplinary team, with a peaceful approach to the provision of care.

Launched in June 2013, Te Kete Marie draws on elements that support and sustain ‘best practice’ peaceful care, to become a dynamic, living resource. (Table 1) The initiative has noticeably changed culture within the IPU interdisciplinary team, with nurses feeling more confident and positive when caring for a patient with a dementia or delirium. A recent study which explored carer experience found a clear endorsement for Te Kete Marie and our new and enriched approach to care of people with cognitive impairment in the IPU (Bolton, Loveard, & Brander, 2016).



If you would like to know more about the Te Kete Marie project, contact leanne.bolton@marypotter.org.nz

References:

Bolton L, Loveard T (2016) Te Kete Marie - the peaceful basket: an initiative for supporting people with dementia or delirium. *International Journal of Palliative Nursing* 22(3):130-6

Bolton L, Loveard T, Brander P (2016) Carer experiences of inpatient hospice care for people with dementia, delirium and related cognitive impairment. *International Journal of Palliative Nursing* 22(8):396-403

Table 1: Te Kete Marie toolkit of care

Resource role
Interdisciplinary team members
Education
<i>This is me</i> booklet
Activity toolbox
Environmental and reality orientation resources
Core care plan guidelines
Micro-management of individual patients
MoCA – Montreal Cognitive Assessment
Consumer feedback

Upcoming meetings



Registration is now open for the American Delirium

Society 7th Annual Meeting, which again will be held in Nashville, Tennessee. Go to <http://www.cvent.com/events/7th-annual-american-delirium-society/event-summary-cd74fed5605a4918bc0a9c0e28561bac.aspx>

Stay posted for more details about the 2017 EDA meeting at <http://www.europeandeliriumassociation.com/>

EDA 2017 ANNOUNCEMENT

The 2017 meeting will take place in Oslo, Norway - **Thursday 16th and Friday 17th of November**. Details will follow after our meeting in Portugal.

ADA WEBSITE, MEMBERSHIP AND NEWSLETTER

If you are a healthcare professional, researcher, administrator or a member of the public who is interested in any aspect of delirium, we welcome you as a member of the ADA.

Members may sign up to receive newsletters by email, notice of upcoming events and developments relevant to delirium care, plus discounted conference registration.

See our online resource at www.delirium.org.au/, follow us on Twitter https://twitter.com/ANZDA_delirium and our new Facebook page <https://www.facebook.com/Australasian-Delirium-Association-1635328226765175/?ref=nf> for the latest delirium news, worldwide.

If you wish to receive, or to contribute to the ADA newsletter, please contact me at annmarie.hosie@uts.edu.au.

Lastly for 2016, I wish our readers all the joy of Christmas!
Annmarie, ADA newsletter editor

