



The Delirium Collaborative

- Our experience so far.



**DOING THINGS
DIFFERENTLY LEADS TO
SOMETHING Exceptional**

The Delirium Collaborative

- Established June 2012.
- Multi-professional collaborative.
- Ward 4 – testing testing testing
- Spread across the DHB.
- Developed our 'How to Guide.
- Official launch – June 2014.
- Adopted by Zero Patient Harm
- Set up in Patient safety database.
- Published article.

Collaborative

- The more the merrier.
- Think outside the box.
- Patient perspective.
- Family/whanau perspective.
- Top down and bottom up approach.



Methodology

- Have a go.
- Share the load.
- All comments and learning is important
- Importance of feedback from various sources.
- Always come back to the key questions.
- “I failed my way to success.” – Thomas Edison.

Champions

Passion inspires us.

*Passion first brought us to
this profession.*

*It has fired reforms and
countless innovations.*

*And passion lets us persevere
even in the most
trying circumstances.*

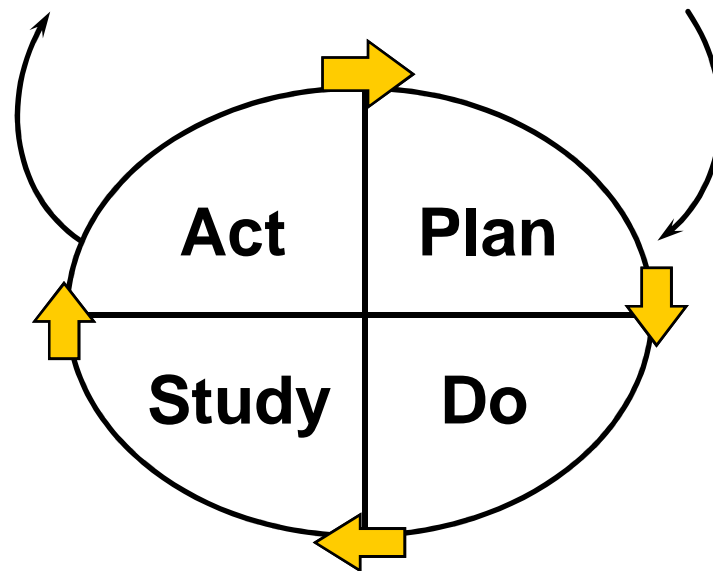


Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?



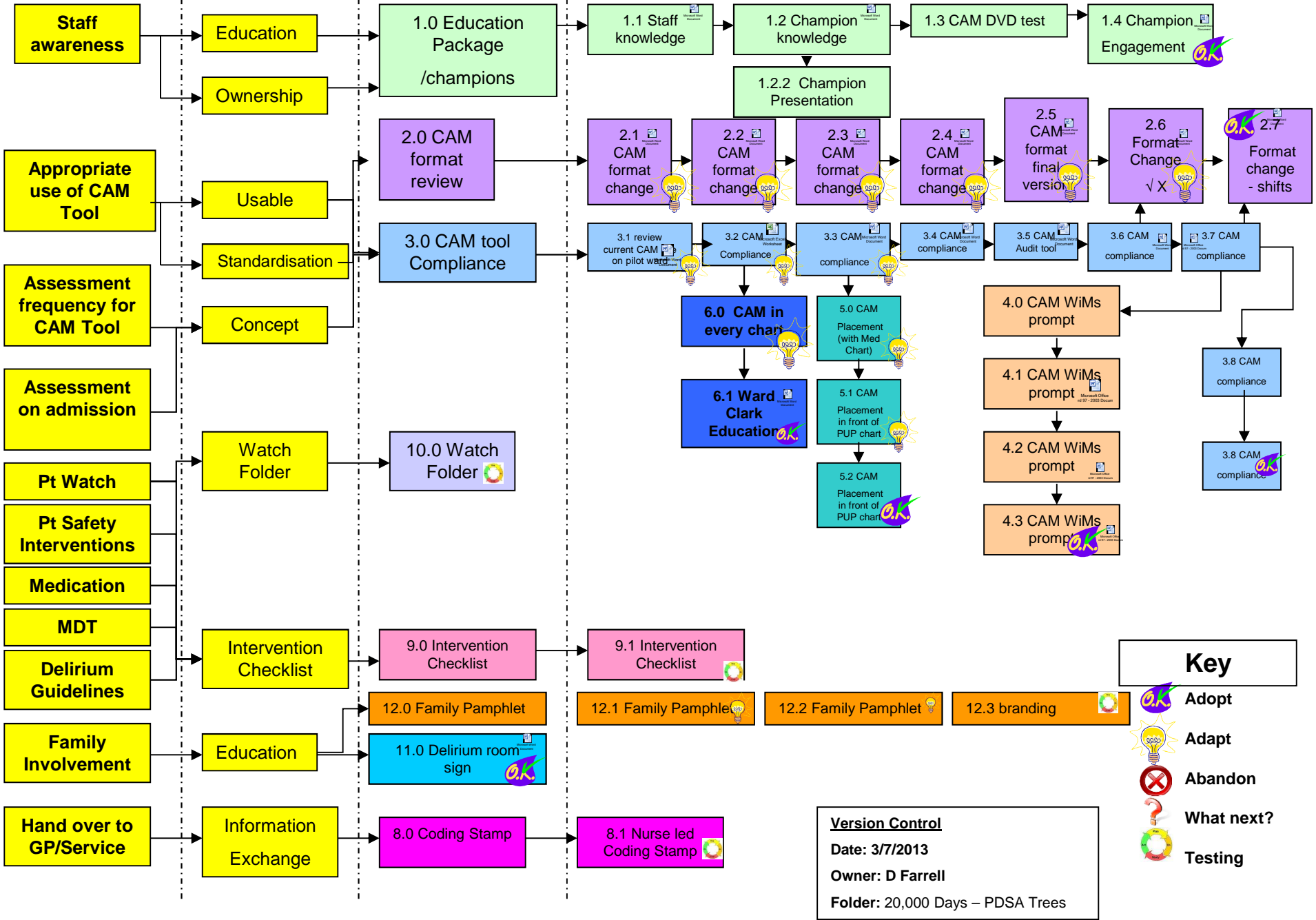
Tertiary Drivers

Change concepts

Specific Change Ideas

PDSA's

Delirium PDSA Tree



Tips from the delirium collaborative

- Look at the resources that you have available.
- Don't re-invent the wheel.
- Focus on changing culture not structure.
- Keep the channels of communication open.
- Set realistic goals and deadlines.



**KEEP
CALM
AND
GOOD
LUCK**