Hip fracture care clinical care standard indicators: 1b-Proportion of patients with a hip fracture who have had their pre-operative cognitive status assessed

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Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	Indicator 1b-Proportion of patients with a hip fracture who have had their pre-operative cognitive status assessed
METEOR identifier:	628067
Registration status:	Health!, Standard 12/09/2016
Description:	Proportion of patients with a **hip fracture** presenting to hospital who have had their pre-operative cognitive status assessed.
Rationale:	Screening for cognitive impairment is an important first step in identifying patients who need further assessment for delirium (NICE 2010; Clinical Epidemiology and Health Service Evaluation Unit 2006). Establishing baseline cognitive function is also important for monitoring delirium risk during a patient's hospital stay (NICE 2010; Hodkinson 1972; Molloy & Standish 1997). Hip fracture patients are at high risk of developing delirium (NICE 2010). Cognitive impairment and delirium in these patients is associated with increased morbidity, a decrease in rehabilitation potential and return to pre-fracture functioning, and increased mortality (Auron-Gomez & Michota 2008).
Indicator set:	Clinical care standard indicators: hip fracture Australian Commission on Safety and Quality in Health Care, Superseded 18/06/2018 Health!, Standard 12/09/2016
Outcome area:	Care at presentation Health!, Standard 12/09/2016

Collection and usage attributes

Computation description: The numerator includes patients with a hip fracture where, following the patient's admission to hospital, their pre-operative cognitive status is assessed using a validated tool, and recorded. Some validated tools for assessing cognitive function include:

- Abbreviated Mental Test Score (AMTS) (Hodkinson 1972)
- Standardised Mini-Mental State Examination (SMMSE) (Molloy & Standish 1997)
- Modified Mini Mental State Exam (3MS) (Teng & Chui 1987).

Other tools may be more appropriate for some people from culturally and linguistically diverse groups, such as the Rowland Universal Dementia Assessment Scale (RUDAS) (Storey et al. 2004) and the Kimberly Indigenous Cognitive Assessment (KICA) (LoGiudice et al. 2006) tools.

The numerator excludes patients whereby the patient's cognitive status is not recorded, or is recorded as 'not known'.

In cases where a patient presents to an emergency department of a hospital that does not perform hip surgery, and then is transferred to the emergency department of a hospital that does perform hip surgery, a cognitive assessment undertaken at the operating hospital should be counted towards the numerator. Any cognitive assessment conducted at the initial hospital where the patient first presented, prior to transfer, should not be included in the numerator.

Both the denominator and numerator only include episodes whereby Episode of admitted patient care—separation date, DDMMYYYY is greater than Episode of admitted patient care—admission date, DDMMYYYY.

Computation: (Numerator ÷ denominator) x 100

Numerator: Number of patients with a hip fracture who, following admission to hospital, receive a pre-operative cognitive assessment using a validated tool.

Denominator: Number of patients with a hip fracture admitted to hospital.

Representational attributes

Representation class: Percentage

Data type: Real

Unit of measure: Service event

Format: N[NN]

Source and reference attributes

Submitting organisation: Australian Commission on Safety and Quality in Health Care

Reference documents:

Auron-Gomez M & Michota F 2008. Medical management of hip fracture. Clinical Geriatric Medicine 24(4):701-19, ix.

Clinical Epidemiology and Health Service Evaluation Unit 2006. Clinical practice guidelines for the management of delirium in older people. Melbourne: Victorian Government Department of Human Services on behalf of AHMAC. Viewed 5 May 2016, docs.health.vic.gov.au/docs/doc/A9F4D074829CD75ACA25785200120044/ $FILE/delirium-cpg.pdf.

Hodkinson HM 1972. Evaluation of a mental test score for assessment of mental impairment in the elderly. Age and Ageing 1(4):233-8.

LoGiudice D, Smith K, Thomas J, Lautenschlager NT, Almeida OP, Atkinson D, et al. 2006. Kimberley Indigenous Cognitive Assessment tool (KICA): development of a cognitive assessment tool for older indigenous Australians. International Psychogeriatrics / IPA 18(2):269-80.

Molloy DW & Standish TI 1997. A guide to the standardized Mini-Mental State Examination. International Psychogeriatrics / IPA. 9 Suppl 1:87-94; Discussion 143-50.

NICE (National Institute for Health and Care Excellence) 2010. Delirium: diagnosis, prevention and management; Clinical guideline 103. London: NICE.

Storey JE, Rowland JT, Basic D, Conforti DA & Dickson HG 2004. The Rowland Universal Dementia Assessment Scale (RUDAS): a multicultural cognitive assessment scale. International Psychogeriatrics / IPA 16(1):13-31.

Teng EL & Chui HC 1987. The Modified Mini-Mental State (3MS) examination. The Journal of Clinical Psychiatry 48(8):314-8.