Clinical care standard indicators: delirium 2021

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Identifying and definitional attributes

Metadata item type: Indicator Set

Indicator set type: Other

METEOR identifier: 745804

Registration status: Australian Commission on Safety and Quality in Health Care, Standard 09/09/2021

Description: The Australian Commission on Safety and Quality in Health Care has produced these indicators to support health service organisations to monitor how well they are implementing the care recommended in the Delirium Clinical Care Standard. The indicators included in this specification are a tool to support local clinical quality improvement and may be used to support other quality assurance and peer review activities.

The goal of the Delirium Clinical Care Standard is to improve the prevention of delirium in patients at risk and the early diagnosis and treatment of patients with delirium, so that the incidence, severity and duration of delirium are reduced. It was first published in 2016 and was updated in 2021 following a review of current evidence and consultation with clinical experts and key organisations.

The Delirium Clinical Care Standard relates to the care that adult patients (18 years and older) with suspected delirium – or are at risk of developing delirium – should receive, from presentation to hospital through to their transition to primary care.

The Delirium Clinical Care Standard does not include:

- The care of patients with delirium tremens (alcohol or substance withdrawal delirium)
- The care of children and young people (under the age of 18 years) with suspected delirium.

The standard applies to the care provided in hospitals, including public and private hospitals, subacute facilities, day procedure services and outpatient clinics.

A clinical care standard contains a small number of quality statements that describe the clinical care expected for a specific clinical condition or procedure. Indicators are included for some quality statements to help health service organisations monitor how well they are implementing the care recommended in the clinical care standard.

The quality statements that are included in the Delirium Clinical Care Standard 2021 are as follows:

1. **Early identification of risk.** A patient with any key risk factor for delirium is identified on presentation and a validated tool is used to screen for cognitive impairment, or obtain a current score if they have known cognitive impairment. Before any planned admission, the risk of delirium is assessed and discussed with the patient, to enable an informed decision about the benefits and risks.
2. **Interventions to prevent delirium.** A patient at risk of delirium is offered a set of interventions to prevent delirium and is regularly monitored for changes in behaviour, cognition and physical condition. Appropriate interventions are determined before a planned admission or on admission to hospital, in discussion with the patient and their family or carer.
3. **Patient-centred information and support.** A patient at risk of delirium and their family or carer are encouraged to be active participants in care. If a patient is at significant risk or has, delirium, they and their family or carer are provided with information about delirium and its prevention in a way that they can understand. When delirium occurs, they receive support to cope with the experience and its effects.
4. **Assessing and diagnosing delirium.** A patient with cognitive impairment on presentation to hospital, or who has an acute change in behaviour or cognitive function during a hospital stay, is promptly assessed using a validated tool by a clinician trained to assess delirium. The patient and their

family or carer are asked about any recent changes in the patient's behaviour or thinking.
A diagnosis of delirium is determined and documented by a clinician working within their scope of practice.

5. **Identifying and treating underlying causes.** A patient with delirium is offered a set of interventions to treat the causes of delirium, based on a comprehensive assessment that includes relevant multidisciplinary consultation.
6. **Preventing complications of care.** A patient with delirium receives care to prevent functional decline, dehydration, malnutrition, falls and pressure injuries, based on their risk.
7. **Avoiding use of antipsychotic medicines.** Antipsychotic medicines are not recommended to treat delirium. Behavioural and psychological symptoms in a patient with delirium are managed using non-drug strategies.
8. **Transition from hospital care.** Before a patient with persistent or resolved delirium leaves hospital, an individualised comprehensive care plan is developed collaboratively with the patient and their family or carer. The plan describes the patient's post-discharge care needs and includes strategies to help reduce the risk of delirium and related complications, a summary of changes in medicines and any other ongoing treatment. This plan is provided to the patient and their family or carer before discharge, and to their general practitioner and other regular clinicians within 48 hours of discharge.

Relational attributes

Related metadata references: Supersedes Clinical care standard indicators: delirium Health!, Standard 12/09/2016

Indicators linked to this Indicator set:

Delirium clinical care standard indicators: 1a-Evidence of a locally approved policy that defines the process for delirium risk identification, screening, and assessment
Australian Commission on Safety and Quality in Health Care, Standard 09/09/2021

Delirium clinical care standard indicators: 1b-Proportion of admitted patients aged >=65 years or >=45 years for Aboriginal and Torres Strait Islander people screened for cognitive impairment using a validated tool within 24hrs of presentation to hospital
Australian Commission on Safety and Quality in Health Care, Standard 09/09/2021

Delirium clinical care standard indicators: 2a-Evidence of a locally approved policy to ensure interventions are implemented to prevent delirium for at-risk patients
Australian Commission on Safety and Quality in Health Care, Standard 09/09/2021

Delirium clinical care standard indicators: 4a-Proportion of admitted patients who screened positive for cognitive impairment on presentation to hospital who were then assessed for delirium using a validated tool
Australian Commission on Safety and Quality in Health Care, Standard 09/09/2021

Delirium clinical care standard indicators: 4b-Evidence of a locally approved policy that defines the process for monitoring rates of delirium and improving documentation of delirium
Australian Commission on Safety and Quality in Health Care, Standard 09/09/2021

Delirium clinical care standard indicators: 5a- Proportion of patients with delirium who had a comprehensive assessment that includes relevant multidisciplinary consultation to investigate the cause(s) of delirium
Australian Commission on Safety and Quality in Health Care, Standard 09/09/2021

Delirium clinical care standard indicators: 5b-Proportion of patients with delirium who received multicomponent interventions to treat and manage delirium
Australian Commission on Safety and Quality in Health Care, Standard 09/09/2021

Delirium clinical care standard indicators: 6a-Proportion of patients with delirium who were assessed for risk of functional decline, dehydration, malnutrition, falls, and pressure injuries
Australian Commission on Safety and Quality in Health Care, Standard 09/09/2021

Delirium clinical care standard indicators: 6b-Proportion of patients with delirium who experienced dehydration, malnutrition, a fall resulting in fracture or other intracranial injury, or a pressure injury during their hospital stay
Australian Commission on Safety and Quality in Health Care, Standard 09/09/2021

Delirium clinical care standard indicators: 7a-Proportion of patients with delirium who were prescribed antipsychotic medicines in hospital
Australian Commission on Safety and Quality in Health Care, Standard 09/09/2021

Delirium clinical care standard indicators: 8a-Proportion of patients with current or resolved delirium who had an individualised comprehensive care plan on discharge
Australian Commission on Safety and Quality in Health Care, Standard 09/09/2021

Delirium clinical care standard indicators: 8b-Proportion of patients aged 65 years or older or 45 years or older for Aboriginal and Torres Strait Islander people who experienced delirium in hospital and were readmitted for delirium within 10 days
Australian Commission on Safety and Quality in Health Care, Standard 09/09/2021

Collection and usage attributes

National reporting arrangement:	This indicator specification has been developed to assist with local implementation of the Delirium Clinical Care Standard (ACSQHC, 2021). These indicators are intended for local use by health service organisations to monitor how well they implement the care described in this clinical care standard and to support local quality improvement activities. Some data required to support computation of the indicators can be sourced from existing routine collections including local administrative data collections and local maternity data collections. Other data will need to be collected through prospective collections or retrospective medical record audits. It is important that collection of these indications is undertaken as part of a quality improvement cycle, and results are shared with all healthcare professionals involved in patient care. No benchmarks are set for the indicators.
Comments:	Monitoring the implementation of the Delirium Clinical Care Standard will assist in meeting some of the requirements of the National Safety and Quality Health Service Standards (ACSQHC, 2017).

Source and reference attributes

Submitting organisation:	Australian Commission on Safety and Quality in Health Care
Reference documents:	Australian Commission on Safety and Quality in Health Care. Delirium Clinical Care Standard. Sydney: ACSQHC; 2021. Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards. 2nd ed. Sydney: ACSQHC; 2017.