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

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Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	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
METEOR identifier:	745814
Registration status:	Australian Commission on Safety and Quality in Health Care, Standard 09/09/2021
Description:	Proportion of admitted patients who screened positive for cognitive impairment on presentation to hospital who were then assessed for delirium using a validated tool.
Indicator set:	<u>Clinical care standard indicators: delirium 2021</u> <u>Australian Commission on Safety and Quality in Health Care</u> , Standard 09/09/2021

Collection and usage attributes

Computation description:	'On presentation' means within 24 hours of presentation at hospital. This includes any time that the patient may have spent in the emergency department.
	'Screen positive for cognitive impairment' means that a score was obtained for the patient on the validated cognitive impairment screening tool used locally that was indicative of cognitive impairment according to the parameters set by the tool or agreed locally.
	To be included in the numerator, an assessment of delirium must be undertaken and must include the use of a validated delirium diagnostic/assessment tool. There are a range of validated diagnostic/assessment tools available. Examples include:
	• 4AT – Assessment test for delirium and cognitive impairment
	 Confusion Assessment Method (CAM) Confusion Assessment Method for the Intensive Care Unit (CAM-ICU)
	 3D-CAM Delirium Observation Screening (DOS) scale
	 Delinium Observation Screening (DOS) scale Delinium Rating Scale-Revised-98 (DRS-R-98)
	Memorial Delirium Assessment Scale (MDAS)
	Nursing Delirium Screening Scale (Nu-DESC).
	The 4AT has been validated both for screening for cognitive impairment and delirium assessment. Administration of the 4AT meets the numerator criteria for this indicator and for <u>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.</u>
	Presented as a percentage.
Computation:	(Numerator ÷ Denominator) x 100
Numerator:	The number of admitted patients who screened positive for cognitive impairment on presentation to hospital who were then assessed for delirium using a validated tool.

Denominator:	The number of patients admitted who screened positive for cognitive impairment on presentation to hospital.
Comments:	This indicator is based on the Ontario Senior Friendly Hospital Strategy Delirium and Functional Decline Indicators (Wong et al, 2012).

Representational attributes

Representation class:	Percentage
Data type:	Real
Unit of measure:	Person
Format:	N[NN]

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.
	National Institute for Health and Clinical Excellence. Delirium: diagnosis, prevention and management. Clinical guideline 103. London: NICE, 2019.
	Tieges Z, Maclullich AM, Anand A, Brookes C, Cassarino M, O'connor M, et al. Diagnostic accuracy of the 4AT for delirium detection in older adults: systematic review and meta-analysis. J Age Ageing. 2020.
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	Inouye SK, van Dyck CH, Alessi CA, Balkin S, Siegal AP, Horwitz RI. Clarifying confusion: the confusion assessment method. A new method for detection of delirium. Ann Intern Med. 1990 Dec 15;113(12):941–948. Shi Q, Warren L, Saposnik G, Macdermid JC. Confusion assessment method: a systematic review and meta-analysis of diagnostic accuracy. Neuropsychiatr Dis Treat. 2013;9:1359–1370.
	Ely EW, Margolin R, Francis J, May L, Truman B, Dittus R, et al. Evaluation of delirium in critically ill patients: validation of the Confusion Assessment Method for the Intensive Care Unit (CAM-ICU). Crit Care Med. 2001 Jul;29(7):1370–1379.
	Marcantonio ER, Ngo LH, O'Connor M, Jones RN, Crane PK, Metzger ED, et al. 3D-CAM. Derivation and validation of a 3-minute diagnostic interview for CAM-defined delirium: a cross-sectional diagnostic test study. Ann Intern Med. 2014 Oct 21;161(8):554–561.
	Helfand BK, D'Aquila ML, Tabloski P, Erickson K, Yue J, Fong TG, et al. Detecting delirium: a systematic review of identification instruments for non-ICU settings. J Am Geriatr Soc. 2020;69(2):547–555.
	Wong K, Tsang A, Liu B & Schwartz R. The Ontario Senior Friendly Hospital Strategy Delirium and Functional Decline Indicators. Toronto: Ontario Local Health Integration Network; 2012.