

Delirium clinical care standard indicators: 2a- Evidence of training sessions undertaken by staff in the use of a validated diagnostic tool for delirium

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Delirium clinical care standard indicators: 2a- Evidence of training sessions undertaken by staff in the use of a validated diagnostic tool for delirium

Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	Indicator 2a-Evidence of training sessions undertaken by staff in the use of a validated diagnostic tool for delirium
METEOR identifier:	627951
Registration status:	Health , Standard 12/09/2016
Description:	Evidence of training sessions undertaken by hospital staff in the use of a validated diagnostic tool for delirium .
Rationale:	Early diagnosis and prompt treatment offers patients with delirium the best chance of recovery (Clinical Epidemiology and Health Service Evaluation Unit 2006). A range of clinicians can accurately diagnose delirium using a validated assessment tool, but training in the tool is essential (Wei et al. 2008).
Indicator set:	Clinical care standard indicators: delirium Health , Standard 12/09/2016
Outcome area:	Assessing for delirium Health , Standard 12/09/2016

Collection and usage attributes

Computation description:	<p>Documented evidence of training undertaken by staff in the use of a validated diagnostic tool for delirium.</p> <p>Staff predominantly includes nursing staff, but may also include medical and allied health staff.</p> <p>Some validated diagnostic tools for delirium include:</p> <ul style="list-style-type: none">• Confusion Assessment Method (CAM) (Inouye et al. 2014; Shi et al. 2013)• Confusion Assessment Method (CAM-ICU) (Ely et al. 2001)• 3D-CAM (Marcantonio et al. 2014).
Computation:	Yes/No
Comments:	This indicator was sourced from the <i>Key principles for care of confused hospitalised older persons</i> (ACI 2014).

Representational attributes

Representation class:	Count
Data type:	Real
Unit of measure:	Service event
Format:	Yes/No

Source and reference attributes

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

ACI (Agency for Clinical Innovation) 2014. Key principles for care of confused hospitalised older persons. Sydney: ACI.

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, [http://docs.health.vic.gov.au/docs/doc/A9F4D074829CD75ACA25785200120044/\\$FILE/delirium-cpg.pdf](http://docs.health.vic.gov.au/docs/doc/A9F4D074829CD75ACA25785200120044/$FILE/delirium-cpg.pdf).

Ely EW et al. 2001. Evaluation of delirium in critically ill patients: validation of the Confusion Assessment Method for the Intensive Care Unit (CAM-ICU). *Critical Care Medicine* 29(7):1370-9.

Inouye S, Westendorp R & Saczynski J 2014. Delirium in elderly people. *The Lancet* 383(9920):911-22.

Marcantonio ER et al. 2014. 3D-CAM: derivation and validation of a 3-minute diagnostic interview for CAM-defined delirium: a cross-sectional diagnostic test study. *Annals of Internal Medicine* 161(8):554-61.

Shi Q, Warren L, Saposnik G & Macdermid JC 2013. Confusion assessment method: a systematic review and meta-analysis of diagnostic accuracy. *Neuropsychiatric Disease and Treatment* 9:1359-70.

Wei LA, Fearing MA, Sternberg EJ & Inouye SK 2008. The Confusion Assessment Method: a systematic review of current usage. *Journal of the American Geriatrics Society* 56(5):823-30.