Delirium clinical care standard indicators: 5a-Evidence of local arrangements for patients with delirium to be assessed for risk of falls and pressure injuries

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# Delirium clinical care standard indicators: 5a-Evidence of local arrangements for patients with delirium to be assessed for risk of falls and pressure injuries

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| Identifying and definitional attributes |
| Metadata item type: | Indicator |
| Indicator type: | Indicator |
| Short name: | Indicator 5a-Evidence of local arrangements for patients with delirium to be assessed for risk of falls and pressure injuries |
| METEOR identifier: | 628096 |
| Registration status: | [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Standard 12/09/2016 |
| Description: | Evidence of local arrangements for patients with [**delirium**](https://meteor.aihw.gov.au/content/628579) to be assessed for risk of falls and pressure injuries. |
| Rationale: | Patients with delirium are at greater risk of adverse events, including falls (Travers et al. 2013; Inouye et al. 2014; Maher & Almeida 2002) and pressure injuries (Inouye et al. 2014; Maher & Almeida 2002). |
| Indicator set: | [Clinical care standard indicators: delirium](https://meteor.aihw.gov.au/content/613164)       [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Standard 12/09/2016 |
| Outcome area: | [Preventing falls and pressure injuries](https://meteor.aihw.gov.au/content/624405)       [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Standard 12/09/2016 |

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| Collection and usage attributes |
| Computation description: | Documented evidence of local arrangements for patients with deliriumto be assessed for risk of falls and pressure injuries.Refer to the NSQHS Standards: *Standard 8: Preventing and Managing Pressure Injuries; and Standard 10: Preventing Falls and Harm from Falls* (ACSQHC 2016).Unless explicitly stated in the indicator, all patients with delirium are included in both the numerator and the denominator, not only those where [Hospital service—care type, code N[N]](https://meteor.aihw.gov.au/content/584408) = 1 Acute care. |
| Computation: | Yes/No |
| Comments: | This indicator was sourced from the *Key principles for care of confused hospitalised older persons* (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 |
| Reference documents: | ACI (Agency for Clinical Innovation) 2014. Key Principles for care of confused hospitalised older persons. Sydney: ACI.ACSQHC (Australian Commission on Safety and Quality in Health Care) 2016. Accreditation and the NSQHS Standards. Viewed 16 February 2016,[http://www.safetyandquality.gov.au/our-work/ accreditation-and-the-nsqhs-standards/](http://www.safetyandquality.gov.au/our-work/accreditation-and-the-nsqhs-standards/).Inouye S, Westendorp R & Saczynski J 2014. Delirium in elderly people. The Lancet 383(9920):911-22.Maher S & Almeida O 2002. Delirium in the elderly another medical emergency. Current Therapeutics March 2002:39-45.Travers C, Byrne G, Pachana N, Klein K & Gray L 2013. Delirium in Australian hospitals: a prospective study. Current Gerontology and Geriatrics Research 2013:284780. |