Delirium clinical care standard indicators: 6b-Proportion of patients with delirium prescribed antipsychotic medicines in hospital

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# Delirium clinical care standard indicators: 6b-Proportion of patients with delirium prescribed antipsychotic medicines in hospital

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| Identifying and definitional attributes |
| Metadata item type: | Indicator |
| Indicator type: | Indicator |
| Short name: | Indicator 6b-Proportion of patients with delirium prescribed antipsychotic medicines in hospital |
| METEOR identifier: | 628110 |
| Registration status: | [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Standard 12/09/2016 |
| Description: | Proportion of patients with [**delirium**](https://meteor.aihw.gov.au/content/628579)prescribed antipsychotic medicines in hospital |
| Rationale: | Antipsychotic medicines have a number of serious adverse effects for older people and can worsen delirium (Psychotropic Expert Group 2013; National Institute for Health and Clinical Excellence 2010). Reserving antipsychotic medicines for patients who are severely distressed and in whom non-drug strategies are ineffective may help reduce the incidence of adverse drug events (National Institute for Health and Clinical Excellence 2010; Clinical Epidemiology and Health Service Evaluation Unit 2006). Other psychotropic medicines (e.g. benzodiazepines) are not an appropriate alternative to an antipsychotic medicine (Clinical Epidemiology and Health Service Evaluation Unit 2006; AMH Aged Care Companion 2014). |
| 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: | [Minimising use of antipsychotic medicines](https://meteor.aihw.gov.au/content/624408)[Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Standard 12/09/2016 |

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| Collection and usage attributes |
| Computation description: | The numerator includes patients with delirium for whom a comprehensive assessment to investigate the cause(s) of their delirium is undertaken during the hospital stay and is documented in their medical record. 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.Presented as a percentage. |
| Computation: | (Numerator ÷ denominator) x 100 |
| Numerator: | Number of patients with delirium for whom an antipsychotic medicine was prescribed during the hospital admission. |
| Denominator: | Number of patients with delirium. |
| Comments: | Antipsychotics medicines include (Psychotropic Expert Group 2013; ACI 2014): haloperidol, olanzapine, quetiapine, risperidone, amisulpride, aripiprazole, asenapine, chlorpromazine, clozapine, droperidol, flupenthixol, fluphenazine, paliperidone, pericyazine, quetiapine, triifluoperazine, ziprasidone, zuclopenthixole.This indicator is best derived by obtaining information about prescriptions dispensed from the hospital’s pharmacy system. The most practical way to derive this information is to generate a list of all patients with delirium for the period, and obtain a report from the pharmacy dispensing system of the prescriptions of antipsychotic medicines for these patients.This indicator has been sourced from the *Key principles for care of confused hospitalised older persons*(ACI 2014). |
| 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: | ACI (Agency for Clinical Innovation) 2014. Key Principles for care of confused hospitalised older persons. Sydney: ACI.AMH Aged Care Companion 2014. Adelaide: Australian Medicines Handbook Pty Ltd.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/%24FILE/delirium-cpg.pdf).National Institute for Health and Clinical Excellence 2010. Delirium: diagnosis, prevention and management; Clinical guideline 103. London: NICE.Psychotropic Expert Group 2013. Therapeutic guidelines: psychotropic version 7. Melbourne: Therapeutic Guidelines Limited. Viewed 5 May 2016,  <http://www.tg.org.au/index.php?sectionid=48>. |