

Delirium clinical care standard indicators: 7a- Proportion of patients with current or resolved delirium who have an individualised care plan

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Delirium clinical care standard indicators: 7a- Proportion of patients with current or resolved delirium who have an individualised care plan

Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	Indicator 7a-Proportion of patients with current or resolved delirium who have an individualised care plan
METEOR identifier:	628112
Registration status:	Health , Standard 12/09/2016
Description:	Proportion of patients with current or resolved delirium who have an individualised care plan.
Rationale:	Effective communication between hospital clinicians and ongoing clinical providers is essential for the ongoing care and recovery of patients with delirium (Clinical Epidemiology and Health Service Evaluation Unit 2006), many of whom may have unresolved symptoms at the time of discharge (Wong et al. 2012). Involving patients and carers in the development of the care plan allows treatment goals to be tailored to the patient's needs and circumstances.
Indicator set:	Clinical care standard indicators: delirium Health , Standard 12/09/2016
Outcome area:	Transition from hospital care Health , Standard 12/09/2016

Collection and usage attributes

Computation description: Both the numerator and the denominator include patients with delirium that is current or resolved at the time of discharge from hospital.

For an individualised care plan to be included for a patient in the numerator, it needs to be developed collaboratively with the patient's general practitioner, and involving the patient and their carer. It should be documented, and include the following:

- a description of the patient's diagnoses
- the patient's goals of care
- current list of medicines and the conditions for which they are prescribed
- if prescribed, a plan for ongoing review and withdrawal of antipsychotic medicines
- any other medicines that have been discontinued and the reasons for discontinuing them
- any ongoing treatments that the patient needs for delirium and any other health conditions
- strategies that can reduce the patient's risk of delirium, or prevent complications from it
- community support services that the patient is referred to.

It should be provided:

- to the patient and their carer before they leave hospital; and
- to the patient's general practitioner and other ongoing clinical providers within 48 hours of the patient leaving hospital.

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\[N\]](#) = 1 Acute care.

Presented as a percentage.

Computation: $(\text{Numerator} \div \text{denominator}) \times 100$

Numerator: Number of patients with current or resolved delirium who have an individualised care plan at discharge.

Denominator: Number of patients discharged with current or resolved delirium.

Comments: This indicator has been sourced from the *Key principles for care of confused hospitalised older persons* (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: 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).

Wong K, Tsang A, Liu B & Schwartz R 2012. The Ontario senior friendly hospital strategy delirium and functional decline indicators. Toronto: Ontario Local Health Integration Network.