Delirium clinical care standard indicators: 1b-Proportion of older patients undergoing cognitive screening within 24 hours of admission to hospital using a validated test

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Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	Indicator 1b-Proportion of older patients undergoing cognitive screening within 24 hours of admission to hospital using a validated test
METEOR identifier:	613168
Registration status:	Health, Standard 12/09/2016
Description:	Proportion of older patients undergoing cognitive screening within 24 hours of admission to hospital using a validated test.
Rationale:	Cognitive screening on presentation helps identify patients who should be assessed for **delirium** and is useful for monitoring delirium onset during a hospital stay (Clinical Epidemiology and Health Service Evaluation Unit 2006; O'Keeffe et al. 2005; Jitapunkul et al. 1992). Patients who have cognitive impairment or who have had a recent change in behaviour or thinking may have delirium and need to be assessed for it (National Institute for Health and Clinical Excellence 2010).
Indicator set:	Clinical care standard indicators: delirium Health, Standard 12/09/2016
Outcome area:	Early screening Health, Standard 12/09/2016

Collection and usage attributes

Population group age from:	65 years (or 45 years for Aboriginal and Torres Strait Islander people)

Computation description:	Both the numerator and denominator only include episodes whereby [Hospital service—care type, code N[N]](#) = 1 Acute care.

Both the numerator and the denominator exclude episodes whereby [Episode of admitted patient care—admission date, DDMMYYYY](#) is equal to [Episode of admitted patient care—separation date, DDMMYYYY,](#)

Both the numerator and the denominator exclude episodes whereby [Episode of admitted patient care—separation mode, code N](#) is equal to 8 Died, and this occurs within 24 hours of admission.

For the numerator, in the case of patients that initially present to an emergency department, "within 24 hours of admission to hospital" should be counted from the time that the patient presents to the emergency department (i.e. rather than be counted from the time that they are transferred to a ward).

The numerator must include cognitive screening using a validated cognitive function test. There are a range of validated cognitive function tests available (ACSQHC 2014). Examples include:

- Abbreviated Mental Test Score (AMTS) (Hodkinson 1972)
- 4AT test: screening instrument for cognitive impairment and delirium (Bellelli et al. 2014)
- Standardised Mini-Mental State Examination (SMMSE) (Molloy & Standish 1997).

Other tools may be more appropriate for some people from culturally and linguistically diverse groups, such as the Rowland Universal Dementia Assessment Scale (RUDAS) (Storey 2004) and the Kimberly Indigenous Cognitive Assessment (KICA) Tools (LoGiudice et al. 2006).

Presented as a percentage.

Computation:	(Numerator ÷ denominator) x 100
Numerator:	Number of acute overnight patients undergoing cognitive screening within 24 hours of admission to hospital using a validated test.
Denominator:	Number of overnight acute patients 65 years or older (or 45 years or older for Aboriginal and Torres Strait Islander peoples) admitted to hospital.
Comments:	This indicator was sourced from the *Key principles for care of confused hospitalised older persons* (ACI 2014) and *The Ontario senior friendly hospital strategy delirium and functional decline indicators* (Wong 2012).

Representational attributes

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

Source and reference attributes

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) 2014. A better way to care: safe and high-quality care for patients with cognitive impairment (dementia and delirium) in hospitals, actions for health service managers. Sydney: ACSQHC.

Bellelli G et al. 2014. Validation of the 4AT, a new instrument for rapid delirium screening: a study in 234 hospitalised older people. Age and Ageing 43(4):496-502.

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.

Hodkinson HM 1972. Evaluation of a mental test score for assessment of mental impairment in the elderly. Age and Ageing 1(4):233-8.

Jitapunkul S, Pillay I & Ebrahim S 1992. Delirium in newly admitted elderly patients: a prospective study. The Quarterly Journal of Medicine 83(300):307-14.

LoGiudice D et al. 2006. Kimberley Indigenous Cognitive Assessment tool (KICA): development of a cognitive assessment tool for older indigenous Australians. International Psychogeriatrics / IPA 18(2):269-80.

Molloy DW & Standish TI 1997. A guide to the standardized Mini-Mental State Examination. International Psychogeriatrics / IPA. 9 Suppl 1:87-94; Discussion 143-50.

National Institute for Health and Clinical Excellence 2010. Delirium: diagnosis, prevention and management; Clinical guideline 103. London: NICE.

O'Keeffe ST, Mulkerrin EC, Nayeem K, Varughese M & Pillay I 2005. Use of serial Mini-Mental State Examinations to diagnose and monitor delirium in elderly hospital patients. Journal of the American Geriatrics Society 53(5):867-70.

Storey JE, Rowland JT, Basic D, Conforti DA & Dickson HG 2004. The Rowland Universal Dementia Assessment Scale (RUDAS): a multicultural cognitive assessment scale. International Psychogeriatrics / IPA 16(1):13-31.

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.