

Delirium clinical care standard indicators: 2b- Proportion of patients who screen positive for cognitive impairment at admission who are assessed for delirium using a validated diagnostic tool

Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	Indicator 2b-Proportion of patients who screen positive for cognitive impairment at admission who are assessed for delirium using a validated diagnostic tool
METEOR identifier:	627938
Registration status:	<ul style="list-style-type: none">• Health, Standard 12/09/2016
Description:	Proportion of patients who screen positive for cognitive impairment at admission who are assessed for delirium using a validated diagnostic tool.
Rationale:	Early diagnosis and prompt treatment offers patients with delirium the best chance of recovery (Clinical Epidemiology and Health Service Evaluation Unit 2006).
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: 'At admission' means within 24 hours of admission to hospital. This includes any time that the patient may have spent in the emergency department.

'Screen positive for cognitive impairment' means that a score was obtained for the patient on the validated test for cognitive impairment used locally that was indicative of cognitive impairment according to the parameters set by the tool and agreed locally.

See [Delirium clinical care standard indicators: Indicator 1b-Proportion of older patients undergoing cognitive screening within 24 hours of admission to hospital using a validated test](#) for a list of validated tests for cognitive impairment for validated screening tests for cognitive impairment.

Some validated diagnostic tools for delirium include:

- 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).

The assessment must involve patients and/or their carer, asking if they have noticed any recent changes (within hours or days) in the patient's behaviour or mental status (National Institute for Health and Clinical Excellence 2010). The clinician undertaking the assessment should also discuss the patient's diagnosis with the patient and/or their carer and document the diagnosis and who it has been discussed with in the patient's medical record (National Institute for Health and Clinical Excellence 2010).

Presented as a percentage.

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

Numerator: Number of patients who screen positive for cognitive impairment at admission who are assessed for delirium using a validated tool.

Denominator: Number of patients who screen positive for cognitive impairment at admission.

Comments: This indicator was sourced from *The Ontario senior friendly hospital strategy delirium and functional decline indicators* (Wong et al. 2012). It has been modified to include assessment for delirium using a validated tool.

Representational attributes

Representation class: Percentage

Data type: Real

Unit of measure: Person

Format: N[NN]

Source and reference attributes

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).

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.

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

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.

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.

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