Delirium clinical care standard indicators: 1a- Evidence of local arrangements for cognitive screening of patients presenting to hospital with one or more key risk factors for delirium

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Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	Indicator 1a-Evidence of local arrangements for cognitive screening of patients presenting to hospital with one or more key risk factors for delirium
METEOR identifier:	627955
Registration status:	Health, Standard 12/09/2016
Description:	Evidence of local arrangements for cognitive screening of patients presenting to hospital with one or more key risk factors for **delirium**.
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

Computation description: Documented local arrangements for cognitive screening of patients presenting to hospital with one or more key risk factors for delirium. Key risk factors for delirium include (National Institute for Health and Clinical Excellence 2010):

- age ≥ 65 years (≥ 45 years for Aboriginal and Torres Strait Islander peoples (ACI 2014))
- known cognitive impairment/dementia
- severe medical illness
- current hip fracture.

Cognitive screening should be based on the use of a validated test. There are a range of validated cognitive function tests available (O'Keeffe et al. 2005). 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 people from culturally and linguistically diverse groups, such as the Rowland Universal Dementia Assessment Scale (RUDAS) (Storey et al. 2004) and the Kimberly Indigenous Cognitive Assessment (KICA) Tools (LoGiudice et al. 2006).

The documentation may be in the form of:

- clinical guidelines
- protocols
- a clinical pathway included as part of the patient's medical notes/record.

The hospital should specify the test that it uses for cognitive screening in its documentation.

Computation: Yes/No

Comments: This indicator was sourced from the *Key principles for care of confused hospitalised older p*ersons (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.

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.