

# **Delirium clinical care standard indicators: 3a- Evidence of local arrangements for implementing interventions to prevent delirium for at risk patients**

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# Delirium clinical care standard indicators: 3a- Evidence of local arrangements for implementing interventions to prevent delirium for at risk patients

## Identifying and definitional attributes

<b>Metadata item type:</b>	Indicator
<b>Indicator type:</b>	Indicator
<b>Short name:</b>	Indicator 3a-Evidence of local arrangements for implementing interventions to prevent delirium for at risk patients
<b>METEOR identifier:</b>	628086
<b>Registration status:</b>	<a href="#">Health</a> , Standard 12/09/2016
<b>Description:</b>	Evidence of local arrangements for implementing interventions to prevent <a href="#">delirium</a> for at risk patients.
<b>Rationale:</b>	Delirium may be prevented in more than a third of patients (Hshieh et al. 2015). Multicomponent interventions reduce the incidence of delirium and may prevent complications, such as falls (Hshieh et al. 2015). Regular monitoring of patients at risk of delirium for changes in behaviour, cognition and physical condition can assist the prompt detection of delirium (Witlox et al. 2010).
<b>Indicator set:</b>	<a href="#">Clinical care standard indicators: delirium</a> <a href="#">Health</a> , Standard 12/09/2016
<b>Outcome area:</b>	<a href="#">Interventions to prevent delirium</a> <a href="#">Health</a> , Standard 12/09/2016

## Collection and usage attributes

<b>Computation description:</b>	<p>Documented evidence of local arrangements for implementing interventions for patients identified as being at risk of developing delirium.</p> <p>Interventions found to be effective in preventing delirium that may be documented in the local protocol include (Witlox et al. 2010; Clinical Epidemiology and Health Service Evaluation Unit 2006):</p> <ul style="list-style-type: none"><li>• medication review</li><li>• correction of dehydration/malnutrition/constipation</li><li>• mobility activities</li><li>• oxygen therapy</li><li>• pain assessment and management</li><li>• regular reorientation and reassurance</li><li>• activities for stimulating cognition</li><li>• non-drug measures to help promote sleep</li><li>• assistance for patients who usually wear hearing or visual aids.</li></ul> <p>These interventions should be tailored to individuals depending on the individual's clinical risk factors and the setting (Clinical Epidemiology and Health Service Evaluation Unit 2006; National Institute for Health and Clinical Excellence 2010). The local arrangements should provide for tailored interventions. They must include a process for documenting the interventions and discussing with the patient and/or their carer the interventions being put in place and encouraging carers to be involved (for example, providing orientation and reassurance to the patient).</p> <p>Unless explicitly stated in the indicator, all patients with delirium are included in both the numerator and the denominator, not only those where <a href="#">Hospital service—care type, code N[N]</a> = 1 Acute care.</p>
<b>Computation:</b>	Yes/No

**Comments:** This indicator has been sourced from the *Key principles for care of confused hospitalised older persons* (ACI 2014) and *Delirium NICE Quality Standard 63* (National Institute for Health and Care Excellence 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.

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).

Hshieh TT et al. 2015. Effectiveness of multicomponent nonpharmacological delirium interventions: a meta-analysis. *Journal of the American Medical Association Internal Medicine*. 175(4):512-20.

National Institute for Health and Care Excellence 2014. *Delirium NICE Quality Standard 63*. United Kingdom: NICE.

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

Witlox J, Eurelings LS, de Jonghe JF, Kalisvaart KJ, Eikelenboom P & van Gool WA 2010. Delirium in elderly patients and the risk of postdischarge mortality, institutionalization, and dementia: a meta-analysis. *Journal of the American Medical Association* 304(4):443-51.