

Delirium clinical care standard indicators: 5a- Evidence of local arrangements for patients with delirium to be assessed for risk of falls and pressure injuries

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Delirium clinical care standard indicators: 5a-Evidence of local arrangements for patients with delirium to be assessed for risk of falls and pressure injuries

Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	Indicator 5a-Evidence of local arrangements for patients with delirium to be assessed for risk of falls and pressure injuries
METEOR identifier:	628096
Registration status:	Health , Standard 12/09/2016
Description:	Evidence of local arrangements for patients with delirium to be assessed for risk of falls and pressure injuries.
Rationale:	Patients with delirium are at greater risk of adverse events, including falls (Travers et al. 2013; Inouye et al. 2014; Maher & Almeida 2002) and pressure injuries (Inouye et al. 2014; Maher & Almeida 2002).
Indicator set:	Clinical care standard indicators: delirium Health , Standard 12/09/2016
Outcome area:	Preventing falls and pressure injuries Health , Standard 12/09/2016

Collection and usage attributes

Computation description:	Documented evidence of local arrangements for patients with delirium to be assessed for risk of falls and pressure injuries. Refer to the NSQHS Standards: <i>Standard 8: Preventing and Managing Pressure Injuries</i> ; and <i>Standard 10: Preventing Falls and Harm from Falls</i> (ACSQHC 2016). 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.
Computation:	Yes/No
Comments:	This indicator was sourced from the <i>Key principles for care of confused hospitalised older persons</i> (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
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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) 2016. Accreditation and the NSQHS Standards. Viewed 16 February 2016, <http://www.safetyandquality.gov.au/our-work/ accreditation-and-the-nsqhs-standards/>.

Inouye S, Westendorp R & Saczynski J 2014. Delirium in elderly people. The Lancet 383(9920):911-22.

Maher S & Almeida O 2002. Delirium in the elderly another medical emergency. Current Therapeutics March 2002:39-45.

Travers C, Byrne G, Pachana N, Klein K & Gray L 2013. Delirium in Australian hospitals: a prospective study. Current Gerontology and Geriatrics Research 2013:284780.