Delirium clinical care standard indicators: 4a-Proportion of patients with delirium who have a comprehensive assessment to investigate cause(s) of delirium

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# Delirium clinical care standard indicators: 4a-Proportion of patients with delirium who have a comprehensive assessment to investigate cause(s) of delirium

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| Identifying and definitional attributes |
| Metadata item type: | Indicator |
| Indicator type: | Indicator |
| Short name: | Indicator 4a-Proportion of patients with delirium who have a comprehensive assessment to investigate cause(s) of delirium |
| METEOR identifier: | 628103 |
| Registration status: | [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Standard 12/09/2016 |
| Description: | Proportion of patients with delirium who have a comprehensive assessment to investigate cause(s) of delirium. |
| Rationale: | Identifying and treating the causes of delirium early is likely to reduce the duration and severity of [**delirium**](https://meteor.aihw.gov.au/content/628579)  (National Institute for Health and Clinical Excellence 2010; Clinical Epidemiology and Health Service Evaluation Unit 2006). |
| Indicator set: | [Clinical care standard indicators: delirium](https://meteor.aihw.gov.au/content/613164)       [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Standard 12/09/2016 |
| Outcome area: | [Identifying and treating underlying causes](https://meteor.aihw.gov.au/content/624402)       [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Standard 12/09/2016 |

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| Collection and usage attributes |
| Computation description: | The numerator includes patients with delirium for whom a comprehensive assessment to investigate the cause(s) of their delirium is undertaken during the hospital stay and is documented in their medical record. The comprehensive assessment must include the following (National Institute for Health and Clinical Excellence 2010; Clinical Epidemiology and Health Service Evaluation Unit 2006; Australian and New Zealand Society for Geriatric Medicine 2012):* a medical history — paying close attention to  the patient’s medication history and their pain management needs
* a physical examination
* investigations (blood tests, urine tests, etc.), according to the patient’s medical history and physical examination.

 All patients with delirium are included in both the numerator and the denominator, not only those where [Hospital service—care type, code N[N]](https://meteor.aihw.gov.au/content/584408) = 1 Acute care.Presented as a percentage. |
| Computation: | (Numerator ÷ denominator) x 100 |
| Numerator: | Number of patients with delirium who have a comprehensive assessment to investigate cause(s) of delirium during their hospital stay. |
| Denominator: | Number of patients with delirium. |
| Representational attributes |
| Representation class: | Percentage |
| Data type: | Real |
| Unit of measure: | Person |
| Format: | N[NN] |
| Source and reference attributes |
| Submitting organisation: | Australian Commission on Safety and Quality in Health Care |
| Reference documents: | Australian and New Zealand Society for Geriatric Medicine 2012. Delirium in older people: position statement 13.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/%24FILE/delirium-cpg.pdf).National Institute for Health and Clinical Excellence 2010. Delirium: diagnosis, prevention and management; Clinical guideline 103. London: NICE. |