Delirium clinical care standard indicators: 5c-Proportion of patients with delirium who have had a fall or a pressure injury during their hospital stay

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# Delirium clinical care standard indicators: 5c-Proportion of patients with delirium who have had a fall or a pressure injury during their hospital stay

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| Identifying and definitional attributes | |
| Metadata item type: | Indicator |
| Indicator type: | Indicator |
| Short name: | Indicator 5c-Proportion of patients with delirium who have had a fall or a pressure injury during their hospital stay |
| METEOR identifier: | 628108 |
| Registration status: | [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Standard 12/09/2016 |
| Description: | Proportion of patients with [**delirium**](https://meteor.aihw.gov.au/content/628579)who have had a fall or a pressure injury during their hospital stay. |
| 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](https://meteor.aihw.gov.au/content/613164)  [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Standard 12/09/2016 |
| Outcome area: | [Preventing falls and pressure injuries](https://meteor.aihw.gov.au/content/624405)  [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 who have had a fall and/or a pressure injury recorded in the hospital’s incident reporting and management system.  Only count Stage II, III or IV pressure injuries, or unstageable, or suspected deep tissue injury (NPUAP & EPUAP 2009; Australian Wound Management Association 2012):   * Stage II pressure injury: partial thickness skin loss (partial thickness loss of dermis presenting as a shallow open ulcer with a red pink wound bed, with slough). * Stage III pressure injury: full thickness skin loss (subcutaneous fat may be visible but bone, tendon or muscle are not fully exposed). * Stage IV pressure injury: full thickness tissue loss (full thickness tissue loss with exposed bone, tendon or muscle) * Suspected deep tissue injury: depth unknown (purple or maroon localised area or discoloured, intact skin or blood-filled blister due to damage of underlying soft tissue from pressure and/or shear). * Unstageable pressure injury: depth unknown (full thickness tissue loss in which the base of the pressure injury is covered by slough (yellow, tan, grey, green or brown) and/or eschar (tan, brown or black) in the presuure injury bed).   Only count falls and/or pressure injuries noted as occurring during the hospital stay.  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 had a fall or a pressure injury during their hospital stay. |
| Denominator: | Number of patients with delirium. |
| Comments: | This indicator has been sourced from the *Key principles for care of confused hospitalised older persons*(ACI 2014). |
| 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: | ACI (Agency for Clinical Innovation) 2014. Key Principles for care of confused hospitalised older persons. Sydney: ACI.  Australian Wound Management Association 2012. Pan Pacific clinical practice guideline for the prevention and management of pressure injury, WA: Cambridge Media. Viewed 7 August 2016, <http://www.awma.com.au/publications/2012_AWMA_Pan_Pacific_Guidelines.pdf>.  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 39-45.  NPUAP (National Pressure Ulcer Advisory Panel) & EPUAP (European Pressure Ulcer Advisory Panel) 2009. Prevention and treatment of pressure ulcers: clinical practice guideline. Washington DC: NPUAP.  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. |