Hip Fracture Clinical Care Standard: 1a- Proportion of patients with a hip fracture who were screened for cognitive impairment using a validated tool on presentation to hospital

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# Hip Fracture Clinical Care Standard: 1a- Proportion of patients with a hip fracture who were screened for cognitive impairment using a validated tool on presentation to hospital

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| Identifying and definitional attributes |
| Metadata item type: | Indicator |
| Indicator type: | Indicator |
| Short name: | 1a-Proportion of patients with a hip fracture who were screened for cognitive impairment using a validated tool on presentation to hospital |
| METEOR identifier: | 780818 |
| Registration status: | [Australian Commission on Safety and Quality in Health Care](https://meteor.aihw.gov.au/RegistrationAuthority/18), Standard 10/09/2023 |
| Description: | Proportion of patients with a hip fracture who were screened for cognitive impairment using a validated tool on presentation to hospital. |
| Indicator set: | [Hip Fracture Clinical Care Standard 2023](https://meteor.aihw.gov.au/content/780812)       [Australian Commission on Safety and Quality in Health Care](https://meteor.aihw.gov.au/RegistrationAuthority/18), Standard 10/09/2023 |

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| Collection and usage attributes |
| Population group age from: | 50 years or older |
| Computation description: | The numerator includes patients with a hip fracture who were screened for cognitive impairment using a validated tool on presentation to hospital and the results were recorded in their medical record.  There are a range of validated tools for screening for cognitive impairment.  They include:* Abbreviated Mental Test Score (AMTS)
* 4AT test: screening instrument for cognitive impairment and delirium
* Kimberly Indigenous Cognitive Assessment (KICA) tools

The 4AT has been validated both for screening for cognitive impairment and delirium assessment. Administration of the 4AT meets the numerator criteria for this indicator and for [3b-Proportion of patients with a hip fracture who were assessed for delirium following surgery.](https://meteor.aihw.gov.au/content/780850) |
| Computation: | (Numerator ÷ denominator) x 100 |
| Numerator: | Number of patients with a hip fracture who were screened for cognitive impairment using a validated tool on presentation to hospital. |
| Denominator: | Number of patients with a hip fracture who presented to hospital. |
| Comments: | Undertaking screening for cognitive impairment for patients with hip fracture also meets the requirements for [Delirium clinical care standard indicators: 1b-Proportion of admitted patients aged 65 years or older or 45 years or older for Aboriginal and Torres Strait Islander people who were screened for cognitive impairment using a validated tool within 24 hours of presentation to hospital](https://meteor.aihw.gov.au/content/745810) |
| Representational attributes |
| Representation class: | Percentage |
| Data type: | Real |
| Unit of measure: | Service event |
| Format: | N[NN] |
| Accountability attributes |
| Reporting requirements: | Hip Fracture Clinical Care Standard 2023 |
| Organisation responsible for providing data: | Health service organisation |
| Accountability: | Health service organisation |
| Source and reference attributes |
| Submitting organisation: | Australian Commission on Safety and Quality in Health Care |
| Reference documents: | Australian Commission on Safety and Quality in Health Care. Delirium Clinical Care Standard. Sydney: ACSQHC; 2021.Bellelli G, Morandi A, Davis DH, Mazzola P, Turco R, Gentile S, et al. Validation of the 4AT, a new instrument for rapid delirium screening: a study in 234 hospitalised older people. Age Ageing. 2014 Jul;43(4):496–502.Hodkinson HM. Evaluation of a mental test score for assessment of mental impairment in the elderly. Age Ageing. 1972 Nov;1(4):233-8.LoGiudice D, Smith K, Thomas J, Lautenschlager NT, Almeida OP, Atkinson D, et al. Kimberley Indigenous Cognitive Assessment tool (KICA): development of a cognitive assessment tool for older indigenous Australians. Int Psychogeriatr. 2006 Jun;18(2):269-80.   |