

# Cognitive impairment

## KEY ACTIONS for health service organisations

### Actions in the National Safety and Quality Health Service (NSQHS) Standards

Type	Action number
There are three specific actions about cognitive impairment in the NSQHS Standards	5.29 Developing a system for caring for patients with cognitive impairment
	5.30 Clinicians use the system for caring for patients with cognitive impairment
	8.5 Recognising acute deterioration in mental state
Among the actions that are relevant for all patients, some are particularly critical for patients with cognitive impairment or at risk of delirium	1.15 Diversity and high-risk groups
	1.20c Safety and quality training
	1.27 Evidence-based care
	1.29–1.33 Safe environment
	2.4 and 2.5 Informed consent and substitute decision making
	2.6 and 2.7 Sharing decisions and planning care
	4.10b Medication review
	5.4 Systems for comprehensive care
	5.5 Collaboration and teamwork
	5.7 Screening and assessment processes and identification of the risks of harm
	5.9 Advance care planning
	5.33 Predicting, preventing and managing aggression and violence
	5.35 Minimising restrictive practices: restraint
	6.4 Effective communication to transfer critical information
8.6 Escalating care	
There are also actions that support or enable safe and high-quality care for patients with cognitive impairment or at risk of delirium	1.2 Specific health needs of Aboriginal and Torres Strait Islander people
	1.4 Safety and quality priorities for Aboriginal and Torres Strait Islander people
	1.8 Measurement and quality improvement
	1.17 My Health Record system
	1.25 and 1.26 Roles and responsibilities
	2.10 Effective communication
	2.13 Partnership with Aboriginal and Torres Strait Islander communities
	4.5 and 4.6 Medication reconciliation
	4.11 Information for patients
	4.12 Provision of a medicines list
	5.4b Provide care in a setting that best meets their clinical needs
	5.4d Clinician with overall accountability
	5.10 and 5.11 Clinicians use screening processes and comprehensively assess
	5.12 Clinicians document screening assessment findings
	5.18–5.20 Comprehensive care at the end of life
	5.21, 5.24 and 5.27 Other risks of harm
	5.34 Collaboration with families in managing aggression
	6.7 and 6.8 Clinical handover
	6.11 Documentation of information
	8.7 Patients, carers or families escalate care
8.10 Responding to deterioration	
These criteria are required for effective clinical governance processes	1.1–1.6 Governance, leadership and culture
	1.7–1.18 Patient safety and quality improvement systems
	1.19–1.28 Clinical performance and effectiveness
	2.1–2.14 Partnering with consumers

**Safety and quality pathway for patients with cognitive impairment or at risk of delirium**

