AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

Selected best practices and suggestions for improvement for clinicians

Hospital-Acquired Complication **11**

DELIRIUM

	HOSPITAL-ACQUIRED COMPLICATION	RATE[a]
1	Pressure injury	10
2	Falls resulting in fracture or intracranial injury	4
3	Healthcare-associated infections	135
4	Surgical complications requiring unplanned return to theatre	20
5	Unplanned intensive care unit admission	na[b]
6	Respiratory complications	24
7	Venous thromboembolism	8
8	Renal Failure	2
9	Gastrointestinal bleeding	14
10	Medication complications	30
11	Delirium	51
12	Persistent incontinence	8
13	Malnutrition	12
14	Cardiac complications	69
15	Third and fourth degree perineal laceration during delivery (per 10,000 vaginal births)	358
16	Neonatal birth trauma (per 10,000 births)	49

a per 10,000 hospitalisations except where indicated
b na = national data not available

Delirium refers to a hospital-acquired confusional state that may be fluctuating or acute.*

Symptoms of delirium are distressing for patients and their carers. They include confusion, hallucinations, anxiety, fear or paranoia, irritability or frustration, rapid and unpredictable mood changes, sleeplessness and restlessness and agitation, or sleepiness, sluggishness and apathy. Symptoms fluctuate in the course of the day and may worsen in the evening or into the night.

Why focus on delirium?

Around 22,700 hospital-acquired episodes of delirium occur each year in Australian hospitals#

Hospital-acquired delirium increases the **length of stay and the cost of admission**§

145.9 Highest rate of this HAC at Principal Referral Hospitals†

61 Aggregate rate of this HAC at Principal Referral Hospitals

Per 10,000 hospitalisations

If all hospitals reduced their rate of this HAC to less than 61 per 10,000 hospitalisations, it would prevent at least **3,870 episodes of delirium**

All facilities should be working to reduce their rates of episodes of delirium during hospitalisation.

* The specifications for the hospital-acquired complications list providing the codes, inclusions and exclusions required to calculate rates is available on the Commission's website: www.safetyandquality.gov.au/our-work/indicators/hospital-acquired-complications/

\# The data used in this sheet are for hospital-acquired complications in Australian public hospitals in 2015–16. Sourced from: Independent Hospital Pricing Authority (AU). Activity Based Funding Admitted Patient Care 2015–16.

§ Independent Hospital Pricing Authority (AU): Pricing and funding for safety and quality: risk adjustment model for hospital-acquired complications, version 3, 2018.

† Hospitals were classified in the Principal Referral Hospitals peer group for these purposes according to the Australian Institute of Health and Welfare's former definition of major city hospitals with more than 20,000 acute weighted separations and regional hospitals with more than 16,000 acute weighted separations.

Top tips for prevention and management of delirium

The following provides key points for clinicians to consider to avoid this hospital-acquired complication.

Conduct risk assessment

- Conduct a comprehensive risk assessment.
- Identify key risk factors such as:
  - Pre-existing cognitive impairment and/or dementia
  - Aged ≥ 65 years (≥45 years for Aboriginal and Torres Strait Islander peoples)
  - Severe medical illness
  - Hip fracture.

For a patient at risk, develop a prevention plan as part of a comprehensive care plan

Develop prevention plan

Clinicians, patients and carers develop an individualised, comprehensive prevention plan to prevent delirium that identifies:

- Goals of treatment consistent with the patient's values
- Any specific nursing requirements , including equipment needs
- Any allied health interventions required, including equipment needs
- Observations or physical signs to monitor and determine frequency of monitoring
- Laboratory results to monitor and determine frequency of monitoring
- If specialist assistance is required.

Deliver prevention plan

Where clinically indicated, deliver delirium prevention strategies, such as:

- Regular monitoring for changes in behaviour, cognition and physical condition
- Medication review, including review of antipsychotics, as there is evidence that using antipsychotics can worsen delirium
- Activities for stimulating cognition
- Non-drug measures to help promote sleep
- Assistance for patients who usually wear hearing and visual aids
- Correction of dehydration, malnutrition and constipation
- Mobility activities
- Oxygen therapy where appropriate
- Pain assessment and management
- Regular reorientation and reassurance.

Monitor

- Monitor the effectiveness of the delirium prevention strategies, and reassess the patient if delirium occurs
- Review and update the care plan if it is not effective or is causing side effects
- Engage in reviewing clinical outcomes, identifying gaps and opportunities for improvement
- Follow up patients regarding resolution of delirium, the emergence of ongoing cognitive impairment and other comorbidities.

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