The Royal Australasian College of Physicians

This submission was developed to provide feedback on the Australian Commission on Safety and Quality in Health Care's (the Commission) draft Clinical Care Standard for Delirium, which outlined seven major quality statements to promote prevention and early diagnosis of patients at risk of delirium and ensure best care of patient with delirium.

The Royal Australasian College of Physicians

From the President

16 July 2015

[redacted]
Program Director
Australian Commission on Safety and Quality in Health Care
Level 5
255 Elizabeth Street
Sydney NSW 2000

Via Email: ccs@safetyandquality.gov.au

Dear [redacted]

National Consultation on the draft Delirium Clinical Care Standard

Thank you for inviting The Royal Australasian College of Physicians (RACP) to review and provide feedback on the Australian Commission on Safety and Quality in Health Care's (the Commission) draft Clinical Care Standard for Delirium.

Despite its strong association with increased morbidity and mortality, delirium is often missed, underdiagnosed and undertreated. It is a condition frequently presented to general hospitals and at least 30-40% of delirium cases are preventable. Its recognition requires cognitive screening and astute clinical observation, given that delirium is a clinical diagnosis[i]. The RACP supports and values the Commission's work in developing the draft Clinical Care Standard for Delirium to enhance its diagnosis, prevention and management.

This submission was informed by feedback from our Fellows. Generally the RACP considers the seven quality statements outlined in the draft Clinical Care Standard describe the key aspects of delirium care to be appropriate. However, we would recommend the following points to the Commission for consideration:

Foreword (Page 1) - Delirium Clinical Care Standard

- Delirium in children appears to be beyond the scope of the Standard, if so the Standard should make clear that it applies only to delirium in adult patients.
- A statement that benzodiazepines and other psychotic medicines are not appropriate treatments in patients with delirium should be covered in point 6 of the foreword, since their use is relatively common in clinical practice.
- Point 7 of the Foreword should contain a statement emphasising that at the time of hospital discharge of a patient with delirium, it is essential to provide a plan for ongoing review and withdrawal of any antipsychotic medicines if prescribed, avoiding unnecessary ongoing use.

Quality statement 1 (Page 6) - Screening for cognitive impairment

- In essence, we recommend all elderly patients being admitted to hospitals be screened for cognitive impairment. Specifically, screening should encompass all patients over 65 years (and Aboriginal and Torres Strait Islander patients aged over 45 years) and patients with pre-existing cognitive impairment or hip fracture as they are most at risk.
- The multifactorial model for delirium developed by experts such as SK Inouye can be a useful tool to predict the risk for delirium in all elderly patients, namely cognitive impairment, sleep deprivation, immobility, visual impairment, hearing impartment and dehydration. [ii] [iii]

Quality statement 6 (Page 11) - Minimising use of antipsychotic medicines

- Suggest that a comment be added to this section about the severe sensitivity to antipsychotics being common in patients with parkinsonian syndromes or dementia with lewy bodies.
- Delirium is extremely common in palliative care patients. Evidence suggests that the use of antipsychotic medicines, risperidone and haloperidol in particular, should be avoided in palliative care patients, given that they can exacerbate agitation symptoms[iv].

Appendix - indicators (Page 18)

- Quality statement 5 - delirium is known to be a risk factor for falls and pressure sores. The RACP recommends that greater emphasis should be made on the progress of the implementation of a management plan at a local level to reduce the risk of falls and pressure sores, rather than the risk assessment.
- Quality statement 6 - The RACP recommends that an indicator on proportion of patients receiving other psychotropic drugs, such as benzodiazepines also be included.

Draft indicator Specification

- We recommend the proportion of patients with current or resolved delirium who have a plan for ongoing review and withdrawal of antipsychotic medicines be included in indicator 7a (page 38).
- The incidence of delirium in a hospital may be used as an indicator to measure quality of care for patients with delirium.

The implementation of the Standard is an important resource for improving the diagnosis, prevention and the management of delirium. Barriers to meeting the Standard may include resourcing constraints such as workforce and funding for implementation at a local level. For example, specialling can be an effective non-pharmacological intervention, but it is not available in all post-discharge services.

To drive the implementation of this Standard, the RACP views as important the acknowledgement of delirium as a medical emergency, together with demonstrated commitment to quality care at the local level. In addition, accelerated admission pathways for patients with delirium are required with adequate post discharge support and follow up.

In terms of monitoring and data collection, the RACP suggests that data repository and benchmarking are good ways to evaluate the quality of care or rate of delirium diagnosis at different healthcare settings. However, to see beneficial changes, major efforts, with a commitment to providing appropriate resourcing, will be required to implement the Standard in clinical practice. This can be promoted by wide dissemination of the Standard (in the form of electronic/ print versions), clinical champions, Primary Healthcare Networks and Care Support Networks.

Should you require any further information regarding this response, please contact [redacted] Policy Officer at [redacted].

Yours sincerely

[redacted]

Laureate Professor Nicholas J Talley

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[i] SK Inouye. Delirium in elderly people. The Lancet. 2014

[ii] Institute for Aging Research. http://www.instituteforagingresearch.org/scientists/team-profiles-and-bios/sharon-k-inouye-md-mph

[iii] SK Inouye .A multicomponent intervention to prevent delirium in hospitalized older patients. http://www.ncbi.nlm.nih.gov/pubmed/10053175

[iv] Agar M, Lawlor P, Quinn S, et al: Phase III randomized double-blind controlled trial of oral risperidone, haloperidol or placebo with rescue subcutaneous midazolam for delirium management in palliative care, Australian and New Zealand Society for Geriatric Medicine Annual Scientific Meeting. Perth, Australasian Journal on Ageing, 2015, pp 33