1 July 2015

ccs@safetyandquality.gov.au

Re: Delirium Clinical Care Standards

The Society of Hospital Pharmacists of Australia (SHPA) is the national professional organisation for over 3,000 pharmacists, pharmacists in training, pharmacy technicians and associates working across Australia's health system. SHPA is the only professional pharmacy organisation with a core base of members practising in public and private hospitals and other health service facilities.

SHPA is committed to facilitating the safe and effective use of medicines, which is the core business of pharmacists, especially in hospitals. SHPA supports pharmacists to meet medication and related service needs, so that both optimal health outcomes and economic objectives are achieved for Australians, as individuals, for the community as a whole and for healthcare facilities within our systems of healthcare.

SHPA welcomes the Australian Commission for Safety and Quality in Health Care's (ACSQHC) development of the Delirium Clinical Care Standards and has the following remarks to make. In preparing this submission, SHPA has consulted with our various Committees of Specialty Practice.

How well does each quality statement describe the key aspects of care? Provide any comments you may have. If any of the quality statements need to be modified, please explain how they should be modified and why.

Quality Statement 1 – Screening for cognitive impairment
SHPA believes the list of factors which would trigger screening for cognitive impairment should be expanded to include patients with polypharmacy (taking ≥6 medicines daily) which can more than double their risk of delirium.[1] The *Delirium Care Pathways* published by the Department of Health includes the following medication-related risk factors[2]:

- Exposure to benzodiazepines
- Exposure to pre-operative narcotic analgesics
- Addition of three or more medications during hospitalisation
- Multiple medication use

Quality Statement 3 – Interventions to prevent delirium
Intervention options for clinicians to prevent delirium should also include the use of the National Medication Management Plan developed by ACSQHC, which can be used to document outcomes and treatment plans following a medication review.

Quality Statement 4 – Identifying and treating underlying causes
A comprehensive assessment for identifying possible causes of delirium should also include assessment of any recent changes to medications.

What factors (barriers) currently prevent the care described in the Clinical Care Standard from being achieved? Provide further comment, or specify any relevant factors.

SHPA believes the quality statements and indicators reflect appropriate practice. However we believe that many providers will struggle to meet the Standard with current staffing levels. In particular timely assessment (e.g. limited access to pharmacists will impede timely medication review or identification of medication-related causes of delirium) and the use of evidence-based, non-pharmacological prevention and management measures, which are both time and labour intensive.

What factors (enablers) will support the practical application of this Clinical Care Standard?
SHPA believes the quality statements and indicators reflect appropriate practice. Enablers that will support the practical application of this Clinical Care Standard are those that will address the barriers identified above. Timely medication review by clinical pharmacists is a key strategy to identify and resolve medication related factors that contribute to delirium. Appropriate and clear articulation of this approach as a key strategy supported by relevant measurement of this activity as a key indicator will enable facilities to support and prioritise these services.

How relevant are the suggested indicators in supporting the local monitoring of the quality statements? Provide any comments you may have and evidence to support any changes.
SHPA believes that the indicator for quality statement 3 could be strengthened to measure the number / percentage of patients that receive interventions identified by the hospital to prevent delirium.

Do you have any other comments about the Clinical Care Standard?

Scope
The Standard would not apply to delirium in palliative care which has a different prevalence, prognosis and treatment. The scope of the Standard should make comment on this.

Consumer fact sheet
SHPA believes that in practice the fact sheet is more likely to be provided to family / carers. Therefore the fact sheet should be written for this group and perhaps renamed. If a fact sheet is produced for consumers with delirium it should consist of information for patients with resolved delirium.

If you would like to discuss the content in this submission or require further information, please contact our office (shpa@shpa.org.au or 03 9486 0177).

Yours sincerely

Professor Michael Dooley
SHPA Federal President

References

1. Hein C, Forgues A, Piau A, Sommet A, Vellas B, Nourhashémi F. Impact of Polypharmacy on Occurrence of Delirium in Elderly Emergency Patients. Journal of the American Medical Directors Association. 2014;15(11):850.e11-850.e15.
2. AHMAC Health Care of Older Australians Standing Committee. Delirium Care Pathways. Department of Health and Ageing. 2011. Available at http://www.health.vic.gov.au/acute-agedcare/