

IDENTIFYING INFORMATION		
Name:	Symptoms of delirium	
Short/Other Names:	Percentage of residents with symptoms of delirium	
BACKGROUND, INTERPRETATION AND BENCHMARKS		
Description:	The percentage of long term care (LTC) residents who have symptoms of delirium. This is reported using the Resident Assessment Instrument – Minimum Data Set 2.0 (RAI-MDS) assessment. This indicator was jointly developed by InterRAI and the Canadian Institute for Health Information (CIHI).	
Rationale:	To provide information on the proportion of LTC residents who exhibit symptoms of delirium. Delirium causes a resident to become very distracted and more confused than normal. It is common and serious, however is often treatable.	
Interpretation:	A lower percentage is desirable.	
Target/Benchmark:	No benchmarks have been identified.	
INDICATOR CALCULATION		
Calculation:	Percent of residents with symptoms of delirium = \[\left(\frac{\text{Number of LTC residents who have symptoms of delirium}}{\text{Number of LTC residents with a valid RAI-MDS assessment}}\right) \times 100}	
	Type of Measure: Percentage (risk adjusted)	
	Adjustment Applied: Risk adjustment is calculated using a predetermined statistical process that adjusts for differences in the populations served as well as the associated differences in risk that come with various conditions. This risk adjustment process allows for comparability between different LTC sites.	
Denominator:	The total number of LTC residents with a valid RAI-MDS assessment.	
Numerator:	The total number of LTC residents with a valid RAI-MDS assessment in a fiscal quarter, who exhibit symptoms of delirium.	

SYMPTOMS OF DELIRIUM 1



DATA DETAILS	
Data Sources:	Canadian Institute for Health Information Alberta Health Services ⁹ , ¹⁰
Reporting Frequency:	Quarterly First Available Year: 2015/16 Last Available Year: 2019/20
Geographic Coverage:	The province of Alberta excluding the military and prisoners.
Reporting Levels:	Province, zone, site

SYMPTOMS OF DELIRIUM 2

⁹ Documentation and data for this measure has been provided directly by Alberta Health Services (AHS) from data generated by the Canadian Institute for Health Information (CIHI). Credit regarding the data definition and appropriate calculations should be attributed to these parties.

 $^{^{10}}$ While the HQCA used all reasonable efforts to ensure the accuracy, completeness, and reliability of the data used in this website, data continues to expand in scope and completeness. As such, the values reported may change over time.