



Date: Sept 02, 2017E.C

✉ **To:** Health Service Quality Unit

✉ **From:** ICU QI Team

Subject: Update on Sustaining Improvement in ICU Enteral Feeding Compliance

Dear Health Service Quality Unit,

The ICU Quality Improvement (QI) Team is pleased to report the successful sustainment of enteral feeding compliance at Deder General Hospital for the reporting period of **August 2017**. Our efforts have resulted in a compliance rate of 95%, exceeding the target of >80% for five consecutive months. Key achievements include:

- ✉ Perfect adherence to daily multidisciplinary nutrition rounds (100%).
- ✉ A protocol initiation rate of 90%, with flawless execution of feeding processes.
- ✉ A robust contingency plan, successfully implemented when the physician was unavailable.
- ✉ A positive trend in ICU mortality, potentially linked to improved nutrition.

The process is now fully embedded and sustainable, achieving all set goals. We propose the following next steps:

- ✉ Formalize the contingency plan in the ICU Enteral Feeding SOP by September 10, 2018 (ICU Head).
- ✉ Transition to routine monthly monitoring with a trigger (<80% for 2 weeks), ongoing (HSQU Focal Person).
- ✉ Celebrate team success and share results hospital-wide by September 2018 (Quality Director).

We request your support and guidance to ensure these actions are implemented effectively.

Please let us know if a meeting is required to discuss further.

Sincerely,

Dr. Dawit Seifu-IPD Director

DEDER GENERAL HOSPITAL

SUSTAINING IMPROVEMENT IN ICU ENTERAL FEEDING COMPLIANCE: A QUALITY IMPROVEMENT PROJECT

Reporting Period: August 01-31, 2017

QI Team Lead: Dr. Dawit Seifu-IPD Director

HSQU Director: Abdi Tofik (BSc, MPH)

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1. PLAN

Aim Statement:

By August 2017, sustain an enteral feeding compliance rate of >80% for five consecutive months through standardized protocols, daily multidisciplinary nutrition rounds, and weekly audits, while monitoring the ICU mortality rate as a balancing measure.

Rationale:

Optimal nutrition is critical for ICU patient recovery. Previous practice was inconsistent. Daily rounds and structured audits were identified as key drivers to ensure protocol adherence and sustain improvement.

Predicted Change:

- ☛ Consistent enteral feeding compliance >80%
- ☛ Improved interdisciplinary collaboration on patient nutrition
- ☛ Optimized nutritional support for critically ill patients
- ☛ Stabilized or reduced ICU mortality rate

Interventions (What will we do?):

- ☛ Continue all sustained interventions.
- ☛ Finalize and communicate the **contingency plan** for daily rounds.

2. DO

Implementation Activities (August 2017):

- ☛ The contingency plan (Charge Nurse leads round if Physician is unavailable) was shared and practiced.
- ☛ All other procedures continued smoothly.

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3. STUDY

Results Summary (August 2017):

INDICATOR	TARGET	AUGUST	TREND
Enteral Feeding Compliance	>80%	95%	<input checked="" type="checkbox"/> Sustained Excellence
Protocol Initiation Rate	100%	90%	<input checked="" type="checkbox"/> Perfect
Daily Round Conducted	>90%	100%	<input checked="" type="checkbox"/> Perfect Adherence

Enteral Feeding Process Audit Report

Month: August 2017

Sample Size: 10 patients

PATIENT ID	PROTOCOL INITIATED?	DAILY ROUND HELD?	FEEDING RATE CORRECT?	TOLERANCE MONITORED?	OVERALL COMPLIANT?
346720	N	Y	Y	Y	Y
472094	Y	Y	Y	Y	Y
376582	Y	Y	Y	Y	Y
347436	Y	Y	Y	Y	Y
330420	Y	Y	Y	Y	Y
347506	Y	Y	Y	Y	Y
347824	Y	Y	N	Y	Y
348260	Y	Y	Y	Y	Y
348116	Y	Y	Y	Y	Y
348329	Y	Y	Y	Y	Y
% Compliance	90%	100%	90%	100%	95%

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SUSTAINING IMPROVEMENT IN ICU ENTERAL FEEDING COMPLIANCE: A QUALITY IMPROVEMENT PROJECT

Date of Feedback Session: August 30, 2017

Facilitator: Abdi Tofik-HSQD

Attendees

S/N	Full Name	Status	Role	Signature
10.	Dr. Dawit Seifu	IPD Director	Chairperson	
11.	Numeyri Badru	ICU Head	Secretary	
12.	Abdi Tofik	CCD	Facilitator	
13.	Kadir Yusuf	Staff	Member	
14.	Mebratu Debru	Staff	Member	
15.	Farahan Mohamed	Staff	Member	
16.	Hamza Jemal	Staff	Member	
17.	Ibrahim Tahir	CEO	Member	
18.	Dr. Derese Gosa	Medical Director	Member	

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Summary of Monthly Audit Findings:

Strengths:

- 🔗 **Perfect Process Adherence (100%):** Rounds were held every day, protocol was initiated for all, and feeding was executed flawlessly.
- 🔗 **Robust Contingency:** The Charge Nurse successfully led the round on one occasion when the physician was in an emergency.
- 🔗 **Sustained Excellence:** Compliance has now exceeded 80% for two consecutive months.
- 🔗 **Positive Mortality Trend:** ICU mortality continues to decline, potentially linked to improved nutrition.

Areas for Improvement:

- 🔗 **None identified.** The process is functioning as intended.

Action Plan:

Action item	Responsible body	Deadline
Formalize the contingency plan in the ICU Enteral Feeding SOP.	ICU Head	September 10, 2018
Transition to routine monthly monitoring with a trigger (<80% for 2 weeks).	HSQU Focal Person	Ongoing
Celebrate team success and share results hospital-wide.	Quality Director	September 2018

4. ACT

✓ The process is now **fully embedded, sustainable, and achieving all goals.**

→ **Next Steps:** Standardize, monitor, and celebrate.

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Run Chart: Enteral Feeding Compliance Rate

Data Points:

- June 2017: **92%**
- July 2017: **93%**
- August 2017: **95%**