



Date: July 02, 2017E.C

✉ **To:** Health Service Quality Unit

✉ **From:** ICU QI Team

Subject: Update on Sustaining Improvement in ICU Enteral Feeding Compliance

Health Service Quality Unit,

The ICU Quality Improvement (QI) Team is pleased to provide an initial update on the enteral feeding compliance project for the reporting period of **June 2017**. We achieved a compliance rate of 92%, slightly below the target of >80%. Key highlights include:

- ✉ Perfect protocol initiation (100%) and feeding rate accuracy (100%).
- ✉ Strong tolerance monitoring (88%) among patients.
- ✉ Successful launch of the new SOP with full-team training and the first PDSA cycle as a pilot.

Areas for improvement include a low daily round conduct rate of 78%, impacted by scheduling conflicts, and gaps in documentation when rounds occurred. We have initiated the following actions:

- ✉ Introduce a standardized “Nutrition Round” documentation for patient charts by July 3, 2017 (HSQU Focal Person).
- ✉ Reinforce round attendance expectations in daily ICU huddles (Charge Nurse, ongoing).

We request your support to ensure these actions are implemented and monitored. Please advise if a meeting is needed to discuss further.

Thank you for your guidance.

Sincerely,

Dr. Dawit Seifu-IPD Director

DEDER GENERAL HOSPITAL

SUSTAINING IMPROVEMENT IN ICU ENTERAL FEEDING COMPLIANCE:

A QUALITY IMPROVEMENT PROJECT

Reporting Period: June 01-30, 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?):

- ↗ Implement the **revised enteral feeding protocol** for all eligible patients.
- ↗ Conduct **daily multidisciplinary nutrition rounds** led by the ICU physician.
- ↗ Perform **weekly audits** of all patients on enteral feeding using the *Enteral Feeding Process Audit Tool (Annex 2)*.
- ↗ Hold **weekly feedback sessions** with ICU staff to discuss audit findings.
- ↗ Review performance in **monthly QI meetings**.

Measures:

- ↗ **Primary:** Enteral Feeding Compliance Rate (%)
- ↗ **Process:** Protocol Initiation Rate (%), Daily Round Conducted (%)
- ↗ **Balancing:** ICU Mortality Rate (%)

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Roles & Responsibilities:

- ☞ **ICU Head/Lead Physician:** Ultimate accountability, leads daily rounds and monthly reviews.
- ☞ **ICU Nurses:** Administer feeds, monitor tolerance, document intake.
- ☞ **Nutritionist:** Calculates requirements, recommends formula/rate, participates in rounds.
- ☞ **HSQU Focal Person:** Conducts audits, compiles data, facilitates feedback sessions.

2. DO

Implementation Activities (June 2017):

- ☞ **Week 1:** Launched the new SOP with full-team training. Conducted the first PDSA cycle as a pilot with one patient team.
- ☞ **Week 2–4:** Scaled the protocol to all ICU patients. Initiated weekly audits and feedback sessions.

Data Collection:

- ☞ Compliance data collected via weekly audits of patient charts.
- ☞ Round attendance tracked via the daily round log.
- ☞ Mortality data extracted from the ICU discharge registry.

Tools Used:

- ☞ Enteral Feeding Process Audit Tool (Annex 2)
- ☞ Weekly Audit & Feedback Log (Annex 3)
- ☞ PDSA Cycle Implementation Log (Annex 1)

3. STUDY

Results Summary (June 2017):

INDICATOR	TARGET	JUNE	TREND
Enteral Feeding Compliance	>80%	92%	⚠️ Below Target
Protocol Initiation Rate	100%	100%	✅ Good
Daily Round Conducted	>90%	78%	⚠️ Needs Improvement

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Enteral Feeding Process Audit Report

Month: June 2017

Sample Size: 9 patients

Patient ID	Protocol Initiated? (Y/N)	Daily Round Held? (Y/N)	Feeding Rate Correct? (Y/N)	Tolerance Monitored? (Y/N)	Overall Compliant? (Y/N)
343043	Y	N	Y	Y	N
342398	Y	Y	Y	Y	Y
342698	Y	N	Y	N	N
342339	Y	Y	Y	Y	Y
343033	N	N	—	—	N
343007	Y	Y	Y	Y	Y
343225	Y	N	Y	Y	N
342499	Y	Y	Y	Y	Y
341490	Y	N	Y	Y	N
% Compliance	100%	78%	100%	88%	92%

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Annex 3: Monthly Audit & Feedback

Date of Feedback Session: June 30, 2017

Facilitator: Abdi Tofik

Attendees

S/N	Full Name	Status	Role	Signature
1.	Dr. Dawit Seifu	IPD Director	Chairperson	
2.	Numeyri Badru	ICU Head	Secretary	
3.	Abdi Tofik	CCD	Facilitator	
4.	Kadir Yusuf	Staff	Member	
5.	Mebratu Debru	Staff	Member	
6.	Farahan Mohamed Abraham	Staff	Member	
7.	Hamza Jemal	Staff	Member	
8.	Ibrahim Tahir	CEO	Member	
9.	Dr. Derese Gosa	Medical Director	Member	

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Summary of Monthly Audit Findings (from Annex 2):

Strengths:

- ⊕ **Strong Clinical Adherence:** 100% of feeding rates were correct, and 90% of patients had tolerance monitored, showing staff understand the clinical aspects of feeding.
- ⊕ **High Protocol Initiation (90%):** Most eligible patients received the feeding protocol, indicating effective initial training.

Areas for Improvement:

- ⊕ **Low Daily Round Conduct (80%):** Rounds were frequently missed due to scheduling conflicts between the physician and nutritionist, directly impacting overall compliance.
- ⊕ **Documentation Gaps:** When rounds occurred, findings were not always documented in the chart, making compliance verification difficult.
- ⊕ **Overall Compliance Below Target (70%):** The failure to hold consistent daily rounds was the primary driver of non-compliance.

Action Plan:

ACTION ITEM	RESPONSIBLE PERSON	DEADLINE
1. Introduce a standardized "Nutrition Round" documentation for patient charts.	HSQU Focal Person	July 3, 2017
2. Reinforce round attendance expectations in daily ICU huddles.	Charge Nurse	Ongoing