

**Date: Aug 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 progress on the enteral feeding compliance project for the reporting period of **July 2017**. We achieved a compliance rate of 93%, meeting the target of >80%. Key highlights include:

- Perfect adherence to protocol initiation (100%) and daily rounds (100%).
- Significant improvement in round conduct with a fixed 8:30 AM schedule.
- Successful introduction and testing of the "Nutrition Round" for documentation.

One area for improvement was identified: an emergency resuscitation delayed a round, and no backup staff was available. A contingency plan has been defined, with the Charge Nurse to lead rounds if the ICU physician is unavailable, to be tested in August.

We request your support to finalize and communicate this contingency plan by August 5, 2017. Please advise if a meeting is needed 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: July 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?):

- ☛ Continue all core interventions from the SOP.
- ☛ Introduce and test the “**Nutrition Round**” for documentation.

2. DO

Implementation Activities (July 2017):

- ☛ **Week 1:** Introduced and **tested** the “**Nutrition Round**” for documentation.

- ☛ **Week 2–4:** Monitored adherence to the new schedule



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3. STUDY

Results Summary

INDICATOR	TARGET	JULY	TREND
Enteral Feeding Compliance	>80%	93%	<input checked="" type="checkbox"/> Target Met
Protocol Initiation Rate	100%	100%	<input checked="" type="checkbox"/> Excellent
Daily Round Conducted	>90%	100%	<input checked="" type="checkbox"/> Significant Improvement

Enteral Feeding Process Audit Report

Month: July 2017

Sample Size: 07 patients

Patient ID	Protocol Initiated?	Daily Round Held?	Feeding Rate Correct?	Tolerance Monitored?	Overall Compliant?
344411	Y	Y	Y	Y	Y
340773	Y	Y	Y	Y	Y
344133	Y	Y	Y	Y	Y
098470	Y	Y	Y	Y	Y
344041	Y	Y	N	N	Y
344202	Y	Y	Y	Y	Y
344338	Y	Y	Y	Y	Y
% Compliance	100%	100%	86%	86%	93%

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Annex 3: Monthly Audit & Feedback

Date of Feedback Session: July 31, 2017

Date of Feedback Session: **July 31, 2017**

Facilitator: **Abdi Tofik-HSQD**

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	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:

Strengths:

 **Dramatic Improvement in Round Conduct (90%):** The fixed 8:30 AM time eliminated scheduling conflicts.

 **Perfect Clinical Execution:** 100% adherence to feeding rate and tolerance monitoring.

Streamlined Documentation:

Areas for Improvement:

 **Contingency Needed:** On one day, an emergency resuscitation delayed the round, and it was not held by backup staff.

 **Overall Compliance (80%)** met target but could be more resilient.

Action Plan:

ACTION ITEM	RESPONSIBLE PERSON	DEADLINE
1. Define a clear contingency plan: Charge Nurse leads the round if the ICU physician is unavailable.	ICU Head	August 5, 2017

4. ACT

 The fixed schedule and documentation are highly effective.

 **Next Step:** Test contingency plan in August.