



**Critical Care  
Nutrition**

# Optimizing Nutrition Therapy in the Critical Care Setting Through Creating a Culture of Excellence

Naomi Jones RD MSc PhD(Candidate)  
Queen's University, Kingston, ON

# The Issue

- Critically ill patients consume 14% of inpatient days, 1% of the gross domestic product, and 20% of hospital costs (Milbrandt et al *Crit Care Med* 2008)
- Nutrition therapy is a rapidly implementable, cost-effective strategy that improves clinical outcomes
- The complex and dynamic ICU environment poses barriers to implementation of guideline recommendations
- An ICU's organizational culture is a determinant of guideline uptake



# The KT Initiative

## Objective:

- To create a culture of excellence for nutrition therapy in ICUs in Canada and throughout the World by:
  - Dissemination of the Canadian Critical Care Nutrition Clinical Practice Guidelines (CPGs)
  - Annual international audits coupled with individualized performance reports
  - Web-based quality improvement tools
  - Acknowledging top performers



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# Key Findings

- Large variation in nutrition practices across ICUs
- Poor adherence to guideline recommendations
- Overall, only 60% of prescribed calories and protein delivered.

## **But**

- Some ICUs achieve a high degree of guideline adherence
- Improvement in nutrition practices observed across time (2007 – 2008)
- Critical care practitioners are motivated to improve the provision of nutrition therapy in their ICUs



# Implications

- Ongoing audits of nutrition practice important to:
  - Identify gaps between guideline recommendations and actual practice
  - Compare local performance to other ICUs
  - Determine areas for change and improvement
  - Monitor effectiveness of performance improvement strategies
- Promote a culture of ICU team responsibility for optimizing nutrition therapy
- Generate and answer research questions

Improve nutrition practice and impact on clinical outcomes



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# Advice to the Minister

1. Mandate annual audits of nutrition practices and link performance to hospital accreditation
2. Impose a financial penalty on sites that feed patients poorly.
3. Ensure adequate funding for Registered Dietitians in the ICU



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