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Improving the Practice of Nutrition Therapy in Adult Patients:
International Nutrition Survey 2014

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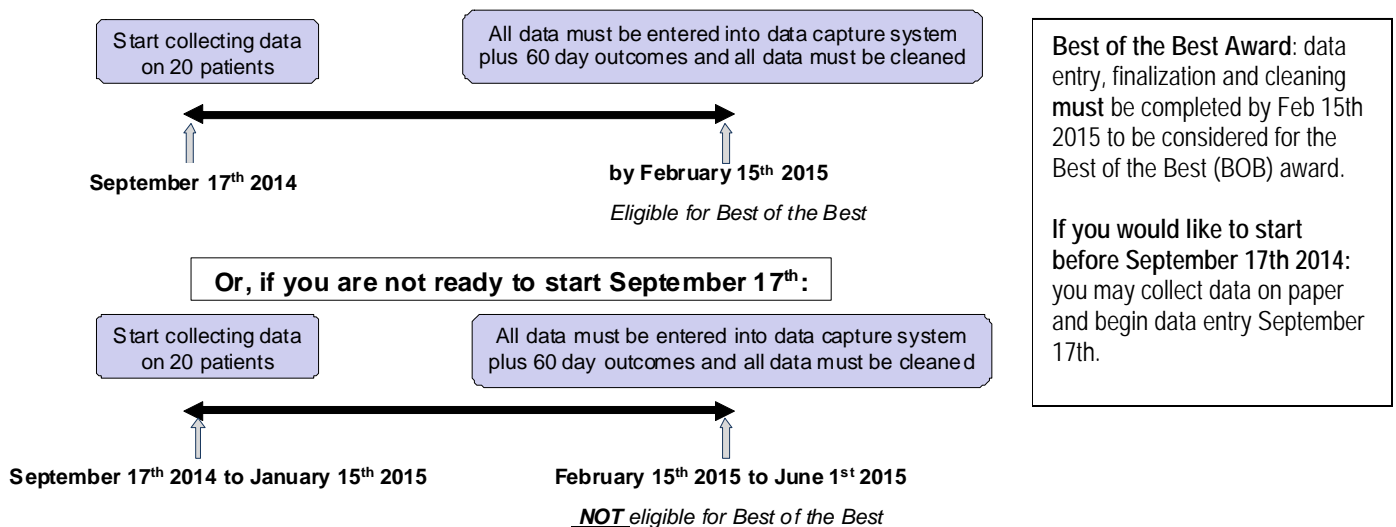
Dear Colleague,

We are writing to elicit your participation in an International Audit of nutrition practices. This audit is a worldwide quality improvement project geared at optimizing nutrition therapy in the critically ill.

We have successfully conducted international audits in medical/surgical intensive care units in 2007, 2008, 2009, 2011 and most recently in 2013. In previous years, we have been ecstatic by the enthusiasm for this initiative, with over 590 ICUs around the world taking part over the last 5 audits. Participating in the International Nutrition Survey 2014 will allow each ICU to compare their nutrition practices to current guideline recommendations, to other ICUs within their country/region, and to all ICUs worldwide. Such comparisons will illuminate differences, identify strengths and weaknesses, highlight opportunities for improvement, and raise questions for future research.

New to INS 2014, we have also invited burn units to participate in addition to other ICUs (non burn units). The start date for this survey for all sites is **September 17th, 2014**, though we will be lenient with this date for **non-burns ICUs**. If you are not ready to start collecting data on September 17th, you may begin anytime up to mid-January 2015 but all data must be entered, finalized and cleaned by June 1st, 2015. Please see the figure below for details on timelines for non-burns ICUs.

International Nutrition Survey 2014 Timelines: Non-burns ICUs



This audit will require the following from participating units. A dietitian (or other practitioner) working in the ICU will begin collecting and entering data on a minimum of 20 ICU patients using a secure web-based data collection tool. A detailed instruction manual on the data collection procedures will be available on our website. The data to be collected includes hospital/ICU characteristics, de-identified patient characteristics, APACHE II score, nutrition prescription, type and amount of nutrition received, blood glucose, insulin, length of stay, mortality, etc. Some data will need to be collected daily for a maximum of 12 days (from date of unit admission onwards). The average time spent for data collection and entry is approximately 1-2 hours per patient depending how long the patient remains in the unit. For more information, click on last year's International Nutrition Survey link on our website, www.criticalcarenutrition.com.

There is no contract required to participate in this quality improvement project. We do not offer any financial remuneration for the data collection nor do we require any fees from you to support our infrastructure. In keeping with our past practices, instead, all participating units that have data entered will be provided with comprehensive benchmarked performance report that highlights their strengths and weaknesses in comparison to the recommendations of clinical practice guidelines and other units in the database. You can see an example of this benchmarked report on our website. We believe that this report will be of significant value to participating units and the results will illuminate opportunities for improvement and, ultimately, translate into improved clinical outcomes for our critically ill patients.

In the context of the past International Nutrition Surveys, we awarded top performing ICUs with the 'Best of the Best' Award. Participating ICUs who entered and finalized data on 20 patients and had a feeding protocol in place were considered for the award. In 2013, out of 202 participating ICUs, a total of 116 were eligible for consideration for this award. In preparation for the International Nutrition Survey 2014, we are again encouraging all participating ICUs to set their sights high and strive to be the 'Best of the Best'. To be eligible for the award, sites must have finalized their data entry by **mid-February 2015**. **The top performing site will be awarded \$1000 CDN towards attending an educational meeting of their choice.**

Approval for conducting the International Nutrition Survey in 2014 will be obtained from the Research Ethics Board at Queen's University, Kingston, Canada. Since this is a quality improvement initiative using de-identified retrospective data collected as part of routine care, local ethics approval may not be needed. No patient identifiers will be entered on the web-based data collection system and all data will be presented in aggregate form only, therefore patient confidentiality will not be breached. Accordingly, interested sites may wish to consult their local research ethics board as to the procedures that need to be completed in order to participate.

Thank you for taking the time to consider our request. We hope that we can look forward to working with you on this exciting initiative. Please see our website (www.criticalcarenutrition.com) for further information.

If you have any questions, do not hesitate to contact Rupinder Dhaliwal at dhaliwar@kgh.kari.net

Yours Sincerely,



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