



Daren K. Heyland, MD, FRCPC, MSc
Professor of Medicine
Director of Research, Critical Care Programme
Director, Clinical Evaluation Research Unit
Department of Medicine and
Department of Community Health & Epidemiology
Kingston General Hospital, Angada 4
Kingston, Ontario, K7L 2V7

Tel: 613 549-6666 x3339
Fax: 613 548-1351
Email: dkh2@queensu.ca

Improving the Practice of Nutrition Therapy in the Critically ill:
International Nutrition Survey 2009

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Dear Colleague,

We are writing to elicit your participation in an upcoming international audit of nutritional practices in Intensive Care Units (ICUs) throughout the world. This audit is part of our ongoing quality improvement initiative geared at optimizing nutrition therapy in the critical care setting.

As you may be aware, we have successfully conducted these international audits in 2007 and 2008. In previous years, we have been overwhelmed by the enthusiasm for this initiative, with over 155 ICUs from over 20 countries taking part. In response to the positive feedback from sites seeking to evaluate their nutrition practices on an ongoing basis, we have decided to conduct the international audit again this year. The start date is **Wednesday, 16th September 2009**. The results of this survey will be presented at the American Society of Parenteral and Enteral Nutrition (ASPEN) Clinical Nutrition Week to be held in Las Vegas, NV, on February 9-12, 2010.

Participating in the 2009 international survey will allow each ICU to compare nutrition practices to other ICUs within their country/region and across other countries. Such comparisons will illuminate differences, identify strengths and weaknesses, highlight opportunities for improvement, and raise questions for future research.

Participation involves the dietitian (or other practitioner) working at ICUs with greater than 8 beds 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 provided. The data to be collected includes hospital/ICU characteristics, 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 ICU admission onwards). The average time spent for data collection and entry is approximately 2 hours per patient. Unfortunately, we are unable to offer any financial remuneration for the data collection. Rather, the participating ICUs will be provided with bench-marked performance reports that highlight their strengths and weaknesses in comparison to the recommendations of the Canadian Critical Care Nutrition Clinical Practice Guidelines¹, and other ICUs in the database. We believe that this report will be of significant value to participating ICUs 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 International Nutrition Survey 2008 we awarded top performing ICUs with the 'Best of the Best' Award. Participating ICUs who had entered and finalized data on 20 patients and had a feeding protocol in

place were considered for the award. Out of 167 participating ICUs, a total of 81 were eligible for consideration for this award. The winning site was the Department of Critical Care Medicine, Auckland City Hospital, Auckland, New Zealand. To acknowledge their outstanding performance the top 10 sites received a plaque to be displayed in their ICU. In preparation for the 2009 survey, we are again encouraging all participating ICUs to set their sights high and strive to be the 'Best of the Best'.

Also, in 2009 we are very excited to announce that in addition to the international audit in adult critically ill patients we are collaborating with the **Pediatric Acute Lung Injury and Sepsis Investigators (PALISI)** to conduct a parallel initiative focused on pediatric patients. The **pediatric survey** will also start on 16th September 2009 and will involve the same data collection procedures as the adult survey. All participating pediatric ICUs will receive a bench-marked performance report highlighting their strengths and weaknesses in comparison to the recommendations of ASPEN's Nutrition Support Guidelines for the Critically Ill Child.

Ethics approval for conducting the international nutrition survey 2009 has been obtained from the Research Ethics Board at Queen's University, Kingston, Canada. Since this is a quality improvement initiative using retrospective data collected as part of routine care, we do not think that additional local ethics approval is 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. However, sites may wish to consult their local research ethics board as to the procedures that need to be completed.

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 and examples of the instruction manual and site reports.

Do not hesitate to contact Naomi Jones at jonesn@kgh.kari.net if you have any questions.

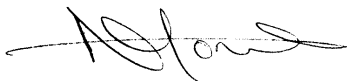
Yours Sincerely,



Daren K. Heyland, MD, FRCPC, MSc
Director
email: dkh2@queensu.ca
Tel: 613-549-6666 x3339



Nilesh M. Mehta, MD, DCH
Faculty, Division of Critical Care Medicine
Department of Anesthesia, Perioperative
and Pain Medicine
Children's Hospital Boston
Nilesh.Mehta@childrens.harvard.edu



Naomi E. Jones RD, MSc
Project Leader
e.mail: jonesn@kgh.kari.net
Tel : 613-549-6666 x2812