

Project Proposal Example

Title:

Implementation of a Quality Indicator for Prescribed vs. Administered/Infused Volume in Nutritional Therapy

Background & Rationale:

Ensuring that patients receive the prescribed volume of enteral and parenteral nutrition (EN/PN) is critical to achieving optimal clinical outcomes. However, studies have shown that there is often a discrepancy between the prescribed and actual infused volume due to interruptions, tube displacement, technical issues, or patient intolerance¹.

This project aims to implement a quality indicator to monitor and improve adherence to prescribed nutritional therapy, ultimately enhancing patient safety and nutritional adequacy.

Objectives:

- Develop and implement a structured process for monitoring the prescribed vs. infused volume of EN/PN.
- Identify key barriers contributing to discrepancies in nutritional therapy delivery.
- Establish corrective actions to improve adherence to prescribed nutrition.
- Increase awareness among healthcare professionals regarding the importance of accurate EN/PN administration.
- Improve patient outcomes by ensuring better nutritional therapy.





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Project Implementation Plan:

▶ Phase 1: Baseline Assessment

- Conduct an analysis of EN/PN prescription vs. infusion over the past three months in ICUs and Surgical wards.
- · Identify common causes of deviations.
- Define the quality indicator parameters.

▶ Phase 2: Development of Monitoring Tools

- · Create standardized forms or digital tracking systems for daily monitoring.
- Establish a reporting system for discrepancies.

► Phase 3: Implementation and Training

- Train healthcare professionals (physicians, nurses, dietitians and pharmacists) on monitoring and documentation processes.
- Pilot test the implementation in one hospital unit before expanding to other wards.

▶ Phase 4: Data Collection and Analysis

- · Conduct regular audits to track compliance onsite.
- Analyze trends and identify areas for improvement.

► Phase 5: Corrective Actions & Continuous Improvement

- Implement targeted interventions based on audit findings.
- · Reinforce best practices through continuous education.
- Share results with hospital leadership and stakeholders.





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Expected Outcomes & Impact:

- ▶ Improved adherence to prescribed EN/PN volumes, e.g. % improvement.
- Enhanced patient nutritional status and clinical outcomes, e.g. biochemical analysis, nutritional parameters, no. of new infections, days on MV, length of ICU stay and quality of life assessment (SF-36 or EuroAoI-5D).
- Standardized monitoring and reporting of discrepancies.
- Increased awareness and engagement among healthcare providers in optimizing nutritional therapy, e.g. improved documentation, regular discussion about nutrition therapy at ward rounds.

Resources & Feasibility: -

- Human Resources: Involvement of physicians, nurses, dietitians, and quality improvement teams.
- Infrastructure: Digital monitoring tools or standardized forms.
- Budget Considerations: Minimal cost, mainly related to training sessions and data collection tools or standarized forms.
- Institutional Support: Approval from hospital administration and clinical leadership.





Nutritional Therapy

Title:

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 Key Performance Indicator (KPI): Percentage of patients receiving at least 80% of the prescribed nutrition. Audit Frequency: Monthly evaluations with feedback reports.
prescribed nutrition.
• Audit Frequency: Monthly evaluations with feedback reports.
Conclusion:
This project aligns with hospital quality improvement goals by ensuring that patients
receive optimal nutritional therapy. By monitoring prescribed vs. infused volumes, identifying barriers, and implementing targeted interventions, we can enhance patient

care and outcomes. The implementation of this quality indicator will provide a sustainable framework for continuous improvement in nutritional therapy delivery.

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Approval & Commitment:

