

# gnp Quality Improvement Process



**gnp** good<sup>®</sup>  
nutrition  
practice  
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Hospital

# gnp quality improvement process

3 steps to produce actionable insights about your good nutrition practices:

## Step 1

### Baseline Audit – pre-measurement of quality target

Collection of baseline nutrition data

When the quality parameters have been determined, carry out a baseline measurement. The team will be able to evaluate the effect of the defined interventions in combination with the implementation of your specific nutrition policy.

You can find an example of quality parameters on page 3, which is aligned with the record sheet (page 4).

- I. Sample selection:** Take a number of records (random sample), e.g.
- All patients hospitalized on one or more selected days.
  - Records of the last e.g. 50 discharged patients.
- Fill in the **record sheet (page 4)** for each record.

- II. Sample analysis:** The analysis consists of looking at the percentage of all cases where the selected parameters are met in the records.

**Example:**

- In 67% of records examined, patients are screened at hospital admission
- A nutrition intervention was indicated in 41% of the patients at nutritional risk

- III. Results analysis:** The results are then checked against the set quality targets. If the department is not achieving the set quality targets, a process should be initiated in which the reasons for the department's inadequate compliance are identified.

## Step 2

### Improve – with gnp: good nutrition practice

Optimization of the nutritional care

## Step 3

### Follow-up – for your quality improvement

Constant monitoring of your gnp success

Consistent quality monitoring against set targets is important. The following questions support you in building up your monitoring procedure.

- When should the first assessment take place after the implementation – e.g. after approx. 3 months or approx. 6 months?
- How often should the quality parameters be measured? Should the department set up a system that continually measures quality, or should measurements be carried out at regular intervals?

- How should the results be communicated to the staff members?
- How should the department interpret the results of the assessment?  
If the department is not achieving established targets, the following questions can be helpful in identifying the causes:
  - Has the implementation gone according to plan? Is there anything that has not succeeded – and in a given case, why?
  - Are the approaches that were chosen the right ones?
  - Are the targets too ambitious?

# Quality targets for your nutrition support program

## The objective:

- ✓ Painting the picture of your nutrition process in a clear and impactful way
- ✓ Identifying and closing any gaps in the nutrition process, optimizing its ability to impact your hospital's quality targets for nutrition support

## What to do:

- ✓ It is important that the multidisciplinary team agree on quality targets
- ✓ Set realistic, incremental targets for the team, e.g. monitor baseline to create targets i.e. if only 20% being screened, first target might be 60%.

## Example of quality targets

Screening		YES	NO	gnp quality targets in %
1	Do you systematically screen nutritional status of all adult patients on admission to hospital/ward?			
		Number		
2	Number of patients admitted to hospital/ward (>24 hours) in defined period			
3	Number of patients screened at hospital/ward admission within 24 hours			
4	Number of patients screened as moderately malnourished			
5	Number of patients screened as severely malnourished			
6	All screening data recorded (i.e. weight, height, BMI, scores)			

## Nutritional intervention

7	Number of malnourished adult patients after >4 days of admission		
8	Number of at risk patients in which nutritional intervention is initiated		
9	Number of at risk patients that was appropriately referred to a dietitian, based on the result of screening		
10	Number of at risk patients with adequate nutritional intake on 4th day of admission (e.g. intake $\geq$ 75% of requirement)		
11	Number of at risk patients given additional nutrition via ONS, tube feeding and/or parenteral nutrition		

## Monitoring

12	Number of patients weighed weekly		
13	Number of patients with weight loss during hospital stay (weight at admission vs. discharge)		

## Record Sheet – Patient no. \_\_\_\_\_ – no. \_\_\_\_\_

[illegible]