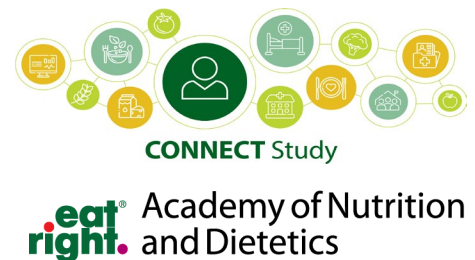


## Essential Connections: How improved referrals from hospital to community meal provision can impact malnutrition outcomes in older adults



### Executive Summary

The aging population is growing exponentially with more individuals living longer, healthier, and more independently. Within the United States (US), most older adults live in the community, but as individuals age, admission to an acute care hospital becomes more prevalent.<sup>5</sup> Poorly managed chronic conditions, functional impairments, food insecurity and social determinants of health can leave older persons vulnerable to malnutrition during a hospitalization.<sup>1</sup> Malnutrition in hospitalized older adults can decrease quality of life, increase risk of mortality, and increase health care costs,<sup>6</sup> and severe malnutrition predicts worse outcomes including more frequent readmissions and emergency room visits.<sup>7</sup> While hospitalized older adults may receive nutrition care during an admission, within the US, continuity of nutrition care between the hospital and home is poor.<sup>8</sup>

A transitional model<sup>9</sup> that provides coordinated post-discharge nutrition care by a Registered Dietitian Nutritionist (RDN) by following patients from the hospital to home could improve dietary intake and health outcomes for older adults. Good nutrition and socialization provided by meal provision organizations can help older adults stay out of the hospital and contribute to healthy, independent living and improved quality of life. Limited research has shown that older individuals at nutrition risk discharged from an acute hospital to home who received counseling from a dietitian significantly increased energy and protein intake and body weight,<sup>10</sup> but very few meal provision organizations employ RDNs to provide nutrition care to older clients.

To address this issue, the Academy of Nutrition and Dietetics is conducting a feasibility study to test a referral model for malnutrition treatment. The model will facilitate the transmission of nutrition care documentation from an acute care setting to a meal provision organization. The meal provision organization will use the referral data to provide nutrition care and meal provision services to older adults with malnutrition. The continuity of care provided through the new referral model is hypothesized to improve food security, nutritional status, and quality of life in older patients with malnutrition.

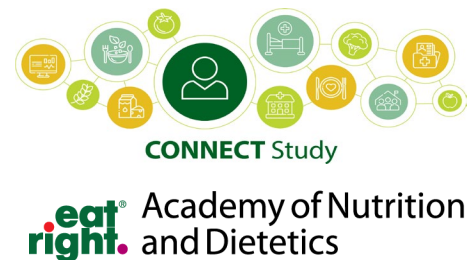
This 3-year study will occur in 8 locations, each with an acute care hospital and a Title III-C1 (congregate) or C2 (home-delivered) meal provision organization who will function as a pair. Patients will be screened for eligibility and enrolled during a hospital admission. During the intervention study periods, a referral from the hospital will be sent to an RDN at the partnering meal provision organization, who will use the information to provide tailored medical nutrition therapy during 3 visits over 3-months. The patient will also receive home delivered or congregate meals. Data on nutritional status, quality of life, and food security will be collected prospectively for 3 months after the hospital admission.

To support this research, participating hospitals and community meal provision organizations will be provided with financial and administrative support. The study budget will financially support a 0.5 FTE RDN position to complete clinical research activities and up to a 0.25 FTE RDN position in the community setting. Additionally, hospitals are eligible to receive up to a \$5,000 honorarium.

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**QUESTIONS OR INTERESTED IN LEARNING MORE? [ConnectStudy@eatright.org](mailto:ConnectStudy@eatright.org)**

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