

A Feasibility Trial Evaluating How Improved Referrals from the Hospital to Community Meal Provision Organizations Can Impact Malnutrition in Older Adults

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BACKGROUND

The U.S. is facing a growing aging population, the complications of malnutrition among hospitalized older adults are becoming increasingly significant, affecting their quality of life (QoL), mortality, hospital readmission rates, and ability to stay in their homes. Challenges in addressing this issue are the lack of continuity in nutrition care from hospital to home, and the limited availability of Registered Dietitian Nutritionists (RDNs) in the community setting.

To address this gap, the Academy of Nutrition and Dietetics designed a novel referral model aimed at ensuring continuous nutrition care for malnourished older adults transitioning home post hospital discharge. The referral model is a coordinated approach involving hospital electronic health record data exchange via the Academy's Health Informatics Infrastructure to RDNs in the community setting to facilitate data-driven medical nutrition therapy (MNT) and meal provision in the community.

STUDY OBJECTIVES

The study objectives are to:

- 1 evaluate the feasibility of the referral model, including patient identification, cross-referral, and data transfer;
- 2 increase the percent of patients ≥60 years with malnutrition receiving MNT and meal provision in the community setting;
- 3 improve QoL, food security, and measures of malnutrition characteristics in older patients diagnosed with malnutrition.

STUDY DESIGN

This feasibility study will use a stepped wedge cluster-randomized trial design in eight acute care hospitals and community meal provision organization pairs. The goal is to enroll 1,120 patients in meal services across all eight research pairs over 35 months.

Sequence	Site Pairs	Period 1 7 months	Period 2 7 months	Period 3 7 months	Period 4 7 months	Period 5 7 months
1	1	Usual Care	Intervention	Intervention	Intervention	Intervention
	2	Usual Care	Intervention	Intervention	Intervention	Intervention
2	3	Usual Care	Usual Care	Intervention	Intervention	Intervention
	4	Usual Care	Usual Care	Intervention	Intervention	Intervention
3	5	Usual Care	Usual Care	Usual Care	Intervention	Intervention
	6	Usual Care	Usual Care	Usual Care	Intervention	Intervention
4	7	Usual Care	Usual Care	Usual Care	Usual Care	Intervention
	8	Usual Care	Usual Care	Usual Care	Usual Care	Intervention

Table 1. Stepped-wedge randomized Control Trial Design

RESEARCH SITES AND PARTICIPANTS

SITE INCLUSION CRITERIA

- Hospital must use Epic as electronic health record.
- Community organization must provide congregate or home-delivered meals to older adults.

SITE ONBOARDING

- Sites complete legal agreements, obtain IRB approval and complete online study training.
- Hospital researchers collaborate with RDNs and IT Departments to connect ANDHII with the Epic electronic health record.

PATIENT INCLUSION CRITERIA:

- Adults 60 years and older
- English or Spanish Speaking
- Admitted to the hospital for acute care provided with nutrition care from an RDN
- Plan to be discharged home
- Eligible to receive Title III-C1 or Title III-C2 nutrition services per the Older Americans Act
- Diagnosed with malnutrition using AAIM
- Meet criteria for food insecurity
- Cognitive ability to provide consent and participate in interviews in English or Spanish

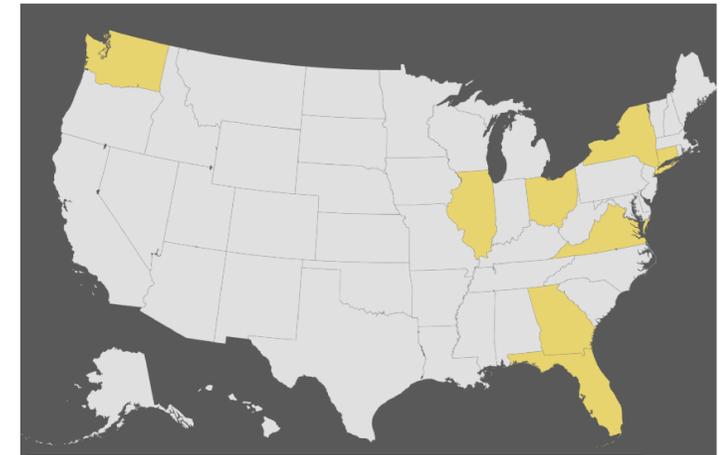


Figure 1. Eight states where participating organizations are located

REFERRAL MODEL AND STUDY INTERVENTION

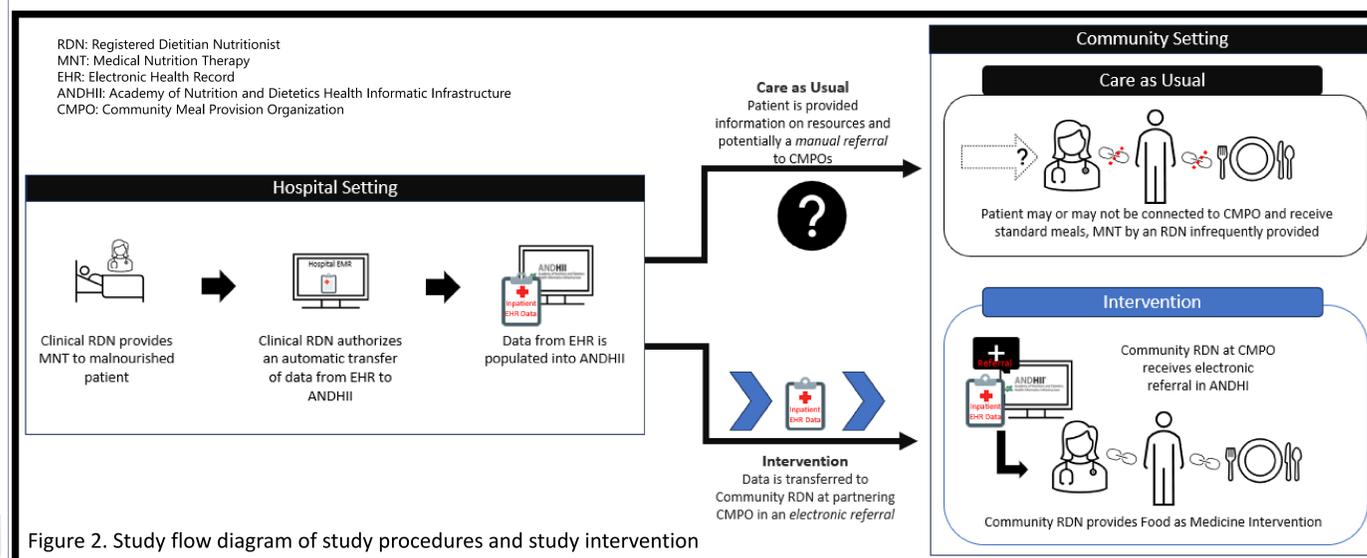


Figure 2. Study flow diagram of study procedures and study intervention

PRIMARY OUTCOME MEASURES

- Quality of Life
- Characteristics of Malnutrition
- Food Security Score

DATA COLLECTION ELEMENTS

- Anthropometric data
- Social Demographic
- Medical Information
- Nutrition Data

HYPOTHESIS

Enhanced continuity of nutrition care between hospitals & CMPOs will be sustainable and improve outcomes for patients older than 60 years of age who are diagnosed with malnutrition, specifically: a) increase referrals to community nutrition care providers; b) increase the percent of patients receiving nutrition care within the community setting; and c) improve QoL, food security, & reduce characteristics of malnutrition.

FUTURE DIRECTION

Results from this study could support adoption of the new referral model, leading to improved continuity of nutrition care, greater utilization of community meal provision, and improved QoL in older adults. Additionally, the results could show of the efficacy of community RDN care and provide the evidence needed to expand RDN care in the community setting.

FUNDING SOURCE:

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