Academy of Nutrition and Dietetics

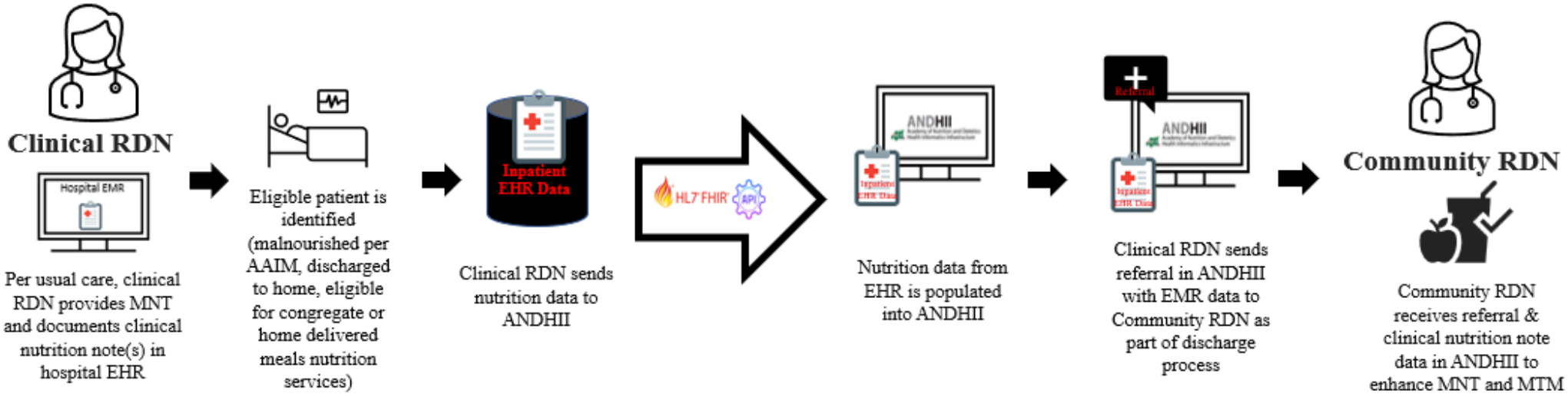
CONNECT Study

ESSENTIAL CONNECTIONS: HOW IMPROVED REFERRALS FROM HOSPITAL TO COMMUNITY MEAL PROVISION CAN IMPACT MALNUTRITION OUTCOMES IN OLDER ADULTS

Funding: Administration on Aging Funding Opportunity Title: 2023 Innovations in Nutrition Programs and Services –Research.

Background

The purpose of this research is to test a new referral process that will allow continuity of nutrition care for malnutrition treatment across settings and determine if it improves food security and quality of life in patients 60 years and older who are eligible for Congregate or Home Delivered Meals.



HIPPA Compliance and Data Security Throughout the Workflow

Objectives & Outcomes

OBJECTIVE 1:
To test the feasibility of a patient identification, cross-referral, data reporting and communication (including data transfer) process from an acute care hospital to a community meal provision organization and identify barriers to and facilitators for implementing the enhanced referral process and related costs

Outcome measures: Program Sustainability Assessment Tool, barriers and facilitators to implementation, Patient satisfaction, System Usability Scale

OBJECTIVE 2:
To increase the rate of patients older than 60 years of age with malnutrition receiving care (MNT, MTM) in the community setting.

Outcome measures: change in percent receiving MNT/Nutrition care and meals from the meal provision organization

OBJECTIVE 3:
To improve food security, determinants of malnutrition, and quality of life in persons older than 60 years of age discharged home from the hospital and have a diagnosis of malnutrition

Outcome measures: food security risk, Karnofsky Performance Status Scale, quality of life (CASP-19), risk of malnutrition (MST), malnutrition (AAIM), Mid Upper Arm Circumference (MUAC), hospital utilization

Multi-site Design

RESEARCH SITES

- 8 research pairs -- 1 hospital and 1 community center will function as a pair.
- Pairs will collect data for 5 periods. Each period will last 7 months long.

ENROLLMENT GOALS

- Researchers in the clinical setting will enroll **~7 patients per month** (28 patients per period), totaling 140 patients over the entire study.
- Over the 5 periods and across 8 site pairs, the total enrollment target is 1,120 patients.

STUDY SUBJECTS

- Eligible subjects for this study are adults 60 years and older with AAIM malnutrition diagnosis.
- There is an emphasis on recruiting sites who serve individuals who are Black, Latino, Indigenous and Native Americans and individuals living in rural areas of the country.

Multi-site Design – Study Periods

Pairs will collect data for **5 periods**. Each period will last 7 months long.

There will be **8 Site Pairs** and they will be randomized to a sequence

The **Sequence** outlines which site pairs will be completing 'usual care' or the 'intervention'

Sequence	Site Pairs	Period 1	Period 2	Period 3	Period 4	Period 5
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

Multi-site Design – Timeline

Year 1 PLANNING	Year 2 DATA COLLECTION	Year 3 DATA COLLECTION	Year 4 DATA COLLECTION	Year 5 DISSEMINATION
☐ Study protocol development ☐ Identify participating research sites ☐ Research Approval ☐ Study Training and preparation	Period 1: All site pairings provide usual care	Period 2 & 3: First site pairing start referral interventions during either period 2 or 3	Periods 4 & 5: Remainder of site pairing start referral interventions during either period 4 or 5	Data cleaning Data analysis Writing articles, presenting at conferences, and other dissemination activities

Study Team Members – funding and tasks

	Research RDN	Clinical RDNs	Community RDN (usual care periods)*	Community RDN (intervention periods)*
Estimated Time Commitment	**~20 hours/week**	**2-4 hours/week during first few months of each period**	**~4-5 hours/week**	**~8-10 hours/week**
Grant Support	Funding to support position for ~20hr/week for 4 years	$5,000 stipend distributed in increments when site meets study milestones	Funding to support position for ~10 hr/week for 4 years	Funding to support position for ~10 hr/week for 4 years
Tasks	• Screening patient for study • eligibility • Informed consent process • Data collection & entry into • Survey Monkey • Data & regulatory management Scheduling outpatient follow-up visits Administrative communication	• Notify the Research RDN of potentially eligible patients for screening • Assess for AAIM diagnosis while completing their usual nutrition care Some data entry into ANDHI, only during intervention periods. Some administrative communication & regulatory tasks	• Schedule study visits with participants • Conduct endline data collection in patient's home or congregate meal site • Data entry in SurveyMonkey	• Administrative communication with participants • Conduct nutrition care visits in patient's home or congregate meal site (3 visits per patient) • Data entry in ANDHII and SurveyMonkey

*Research RDN may complete Community RDN tasks depending on site needs

Site Eligibility Criteria

Clinical Site	Community Site
Use EPIC as your Electronic Health Record	A meal provision service that provides Congregate and Home Delivered Meals Services
Meet the study's technical requirements to allow for transfer of data to ANDHII from EHR	

Clinical and Community Sites
Complete data use agreement and site agreement with the Academy
Agree to 5-year time commitment
Rely on the IRB of Record (WCG IRB)
Agree to a key contact staff person of the organization that will facilitate practical execution of study and provide facility wide baseline data

Site Responsibilities –Study Approval

STUDY APPROVAL	Approval from an IRB, if present at your organization. Alternatively, approval from your administration via a Letter of Support
ACADEMY SITE AGREEMENT	An agreement outlining research relationship between your facility and the Academy
DATA USE AGREEMENT	An agreement between your facility and Academy and between the hospital and community site to allow PHI to be shared between institutions
IT COLLABORATION AGREEMENT	Written verification that the IT department and/or EPIC Health Informatics Management team will allow and assist with development of data transfer functionality for your site, if needed

Site Responsibilities – Study Training

All participating researchers at the research sites will complete in-depth virtual trainings and receive support to ensure they are competent and confident in executing the study procedures and following research ethics policies.

The study trainings will be approved for Continuing Education Units and there may bean opportunity to complete additional CPE through independent learning/ mentorship.

We anticipate trainings to take 12-15 hours

Patient Data Collection

Academy of Nutrition and Dietetics

Only during intervention periods

HOSPITAL

Research RDNa & Clinical RDNb

SurveyMonkey:

MSTb
AAIMb
Food security risk toola
Quality of life (CASP-19)a
Anthropometricsab
Demographicsab
Social Determinants of Health

ANDHII entry:

Laboratory Values
Nutrition Diagnosis

HOSPITAL

Clinical RDN

ANDHII data transfer:

Medical & nutrition diagnosis
Anthropometrics
Laboratory values
Social Determinants of Health

ANDHII entry:

"ES" of PES problem statement
Nutrition interventions
Monitors

COMMUNITY

Community RDN

ANDHII entry at 3 visits:

Medically tailored meal prescription
Nutrition assessments
Anthropometrics
Nutrition problems, interventions & monitors

COMMUNITY

Research RDN

SurveyMonkey:

MST
AAIM
MUAC
Food security risk tool
Quality of life (CASP-19)
Karnofsky Performance Status Scale
Anthropometrics
Hospital Utilization
Patient Satisfaction

[b] MST, AAIM, anthropometrics, and demographics will be abstracted from the medical record if assessed and documented by the Clinical RDN as part of usual care. If they need to be collected for the study, then the research RDN will interview & assess the patient to complete data collection.