ENHANCING NUTRITION LITERACY FOR OLDER ADULTS TRANSITIONING FROM SKILLED NURSING TO HOME: DEVELOPMENT AND IMPLEMENTATION OF PATIENT-CENTERED EDUCATION RESOURCES

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About Me

- Army brat- lived in multiple places, spent most of my childhood in Germany
- B.A. in Marketing
- B.S. in Dietetics
- Minor in Economics
- Registered Dietitian at the Healthcare Resort of Topeka
- Travel advisor
- Married with three children (two boys and a girl)
- Military spouse
- Enjoys K-State sports and traveling (especially to Germany!)

Outline

- Background and Significance
- Purpose and Objectives
- Methods and Processes
- Project and Materials
- Evaluation and Findings
- Implications and Future Directions

Project Overview

- Location: The Healthcare Resort of Topeka

- Graduate Committee
  - Dr. Linda Yarrow, Ph.D. (Major Professor)
  - Dr. Priscilla Brenes, Ph.D. (Committee Member)
  - Dr. Kathleen Hoss, Ph.D. (Committee Member

- Preceptor
  - Amanda Perron, RN, DON The Healthcare Resort of Topeka

Purpose: identify nutrition education priorities for older adults transitioning from a skilled nursing facility to home and develop patient-centered nutrition education materials to address those needs

The Healthcare Resort of Topeka



- Skilled nursing & Long-Term Care Facility
- 5- star facility (CMS rating)
- 70 beds
  - ~40-45 skilled patients
  - ~25-30 long-term care residents
- 24 assisted living beds

Older adults are at increased risk for malnutrition

Malnutrition is associated with:

- Delayed Recovery
- Decreased Functional Status
- Increased Risk of Infection
- Higher Healthcare Costs
- Increased Mortality

What is Malnutrition?

Characteristics for Non-Severe (Moderate) Malnutrition

Characteristic	Acute Illness or Injury Related Malnutrition	Chronic Disease Related Malnutrition	Social or Environmental Related Malnutrition
Weight Loss	1-2% / 1 Week 5% / 1 Month 7.5% / 3 Months	5% / 1 Month 7.5% / 3 Months 10% / 6 Months 20% / 1 Year	5% / 1 Month 7.5% / 3 Months 10% / 6 Months 20% / 1 Year
Energy Intake	< 75% for > 7 days	< 75% for ≥ 1 Month	< 75% for ≥ 3 Months
Body Fat	Mild Depletion	Mild Depletion	Mild Depletion
Muscle Mass	Mild Depletion	Mild Depletion	Mild Depletion
Fluid Accumulation	Mild	Mild	Mild
Grip Strength	Not Applicable	Not Applicable	Not Applicable

Why It Matters

- Delayed recovery
- Increased hospital readmissions
- Reduced quality of life
- Loss of independence

Transitions of Care

Hospital → SNF → Home

- Delays in Assessment
- Delays in Documentation
- Delayed Follow-up
- Poor communication between providers/family
- Delayed Services

Purpose

Develop patient-centered nutrition education materials for older adults transitioning from SNF to home

Objectives

- Identify education needs
- Review evidence-based guidelines
- Develop educational materials
- Pilot and gather feedback

Methods and Activities

- Implemented over an eight-week period
- Collaboration with interdisciplinary team

Conversations centered around

↪ What nutrition challenges do patients most commonly face after discharge?

↪ Where do patients struggle the most with meal preparation or access?

↪ What nutrition-related topics do patients seems to have the least understanding of?

Methods and Activities

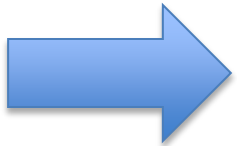
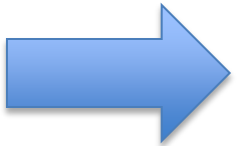
Discussions with patients were informal/conversational

- Do you find it difficult to get and prepare food at home? What is difficult?
- Are you familiar with the nutrition-related recommendations for diabetes/CHF/CKD, etc.?
- What is something you wish you knew more about or were more comfortable with?

Key Themes Identified

1. Preparing Meals Independently
2. Disease-Specific Nutrition Needs
3. Increasing Protein Intake

How Data Was Used

Notes  Themes  Topics

- Materials were developed and modified using patient/ IDT feedback
- Tested against the DANEH (Developing and Assessing Nutrition Education Handouts) Checklist thru The Academy of Nutrition and Dietetics Foundation
  - Checks for usability and quality

Feedback

Patients nearing discharge were provided with the applicable materials and given time to review the content prior to discharge. Informal feedback was collected from approximately 20 patients through one-on-one coverations.

- Was this information easy to understand?
- Do you feel this will be helpful at home?
- Is there anything that is unclear or you feel is missing?

Materials

EATING FOR HEART HEALTH

SIMPLE WAYS TO MANAGE HEART FAILURE AT HOME

WHY IT MATTERS

- Reduce swelling
- Make breathing easier
- Maintain your independence
- Protect your heart

MEAL IDEAS

- Fresh meat + vegetables
- Chicken + rice
- Eggs + toast (no added salt)
- Oatmeal + fruit

KEEP IT SIMPLE

- Choose lower sodium foods
- Eat at home when possible
- Use herbs and spices instead of salt



SAVE TIME AND ENERGY

- ☑ Prepare meals when you have the most energy
- ☑ Use frozen foods (no added salt)
- ☑ Sit while prepping

For more healthy eating tips
www.eatright.org

PROTEIN FOR RECOVERY

SIMPLE WAYS TO GET MORE PROTEIN EACH DAY

WHY IT MATTERS

- Reduces healing time
- Increases strength and energy
- Builds and keeps muscle
- Supports your recovery

SAVE TIME AND ENERGY

- ☑ Prepare meals when you have the most energy
- ☑ Use frozen foods (no added salt)
- ☑ Sit while prepping



EASY PROTEIN FOODS

- Yogurt
- Tuna
- Chicken
- Eggs
- Milk
- Cheese

KEEP IT SIMPLE

- Use ready to eat protein foods
- Use protein drinks if needed
- Cook extra and save leftovers
- Prepare meals when you have the most energy
- Choose foods you enjoy

For more healthy eating tips
www.eatright.org

COOKING FOR ONE

SIMPLE WAYS TO STAY NOURISHED AT HOME

WHY IT MATTERS

- Maintain your independence
- Have more energy
- Heal faster
- Stay strong
- Prevent weight loss

MEAL IDEAS

- Meat + veggies
- Eggs + toast
- Soup + crackers
- Sandwich + yogurt

KEEP IT SIMPLE

- Easy foods you enjoy
- Mix and match foods
- 3 small meals + 1-2 snacks

SAVE TIME AND ENERGY

- ☑ Prepare meals when you have the most energy
- ☑ Cook extra and save leftovers
- ☑ Use frozen foods
- ☑ Sit while prepping



Looking for meal support?
www.mealsonwheelsamerica.org

Where Do These Fit In?

Education → Discharge → Home

- Used during other discharge education
- Reinforces provider instruction
- Take-home references for patients

Why Does This Matter?



- Supports recovery
- Promotes independence
- Addresses gap in care transitions

Limitations

- Informal evaluation methods
- Small, sample
- Single facility setting
- No post-discharge follow-up
- Time constraints



Limitations

- Implement more broadly (different levels of care)
- In addition to informal feedback, develop a standardized tool
- Expand topics
- Include post-discharge follow-up

Synthesis and Integration of Competencies

Competency	Description of Synthesis and Integration
7. Assess population needs, assets, and capacities that affect communities' health	This competency was used throughout the APE by identifying the nutrition-related challenges faced by older adults transitioning from skilled nursing facilities to home. Decreased mobility, social isolation and difficulty preparing meals for one for were examined as barriers. The interdisciplinary team was consulted to develop the educational handouts.
9. Design a population-based policy, program, project, or intervention	This competency was used throughout the development of nutritional interventions meant to improve dietary habits and increase independence among older adults who are transitioning home. The project first identified priority topics, then developed handouts to use during discharge planning and once home.
Public Health Nutrition Competency: Compare and relate research into practice	This competency was used throughout the project by utilizing nutrition research and current standards of practice to develop population specific education materials. Information was adapted into simplified recommendations appropriate for the target population.

Attainment of Competencies- Practice-based products

Practice-based products that demonstrate competency attainment	
Specific products	**Competency**
Cooking for One handout	19. Communicate audience-appropriate public health content, both in writing and through oral presentation
Cooking for One handout	8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs
Heart Failure Nutrition handout	7. Assess population needs, assets, and capacities that affect communities' health
Heart Failure Nutrition handout	Public Health Nutrition Competency: Compare and relate research into practice
Increasing Protein Intake During Recovery handout	9. Design a population-based policy, program, project, or intervention