Participation in Home-Delivered Meal Programs Leads To...

**Reduced healthcare costs**
- Among a national sample of 14,000 Meals on Wheels recipients, hospital associated Medicare costs decreased by $362/$1,155/$1,356 (30/90/180 days).¹
- MANNA (mannapa.org) participants average monthly health care costs decreased by 28% ($10,754) and average inpatient hospital costs decreased by 30% ($52,543).²
- Community Servings meals were associated with a 16% net reduction in healthcare costs (gross savings of $570 per month).³
- No Hungry Senior participants total cost of care decreased by 54.9% ($2,011,000) 1 year after enrollment.⁴

**Decreased hospitalizations and ED visits**
- Among a national sample of 14,000 Meals on Wheels recipients, hospitalization rates decreased by 39% and ED rates by 28% after 30 days.¹
- Community Servings participants had 1.5 fewer ED visits and were hospitalized half as often.³
- No Hungry Senior participants inpatient admissions decreased by 55.6% and ED use by 50.3%.⁴

**Shorter length of stay**
- MANNA participants length of stay declined by 37% and they were 23% more likely to be discharged home instead of a long-term care or rehabilitation facility.²

---

**MANNA**
- Frozen home-delivered meals
- 3 meals per day, 7 days per week = 21 meals/wk
- 3 month hospital authorization, may be renewed multiple times
- Medically-tailored meals and nutrition telehealth
- Medicaid patients

**Community Servings**
- 2 fresh meals per day, 5 days per week = 10 meals/wk
- 17 medically-tailored options, up to 3 combinations per patient
- Patients were continuously enrolled for at least 6 months
- Dual eligible Medicaid and Medicare patients

**No Hungry Senior**
- Shelf-stable: 7 meals +7 snacks weekly (45%)
- Daily hot meals: daily M-F (43%)
- Frozen (kosher) meals: 14 meals weekly (12%)
- Low-salt and low-sugar
- AAA services address social determinants

---

*Extending nutritional care into the post-discharge period offers better results for both patients and healthcare providers.*

**References:**
**Meals on Wheels: More Than A Meal**

**METHOD 1**

Findings suggest that Meals on Wheels recipients’ healthcare utilization and costs declined post-enrollment period compared to the equivalent amount of time before enrollment.

<table>
<thead>
<tr>
<th>MEALS ON WHEELS RECIPIENTS’ UTILIZATION RATES</th>
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<tbody>
<tr>
<td>30 DAYS after starting Meals on Wheels</td>
</tr>
<tr>
<td>HOSPITALIZATION RATES</td>
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<tr>
<td>39%</td>
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<td>38%</td>
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<tr>
<td>31%</td>
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<tr>
<td>90 DAYS after starting Meals on Wheels</td>
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<tr>
<td>EMERGENCY DEPARTMENT RATES</td>
</tr>
<tr>
<td>28%</td>
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<tr>
<td>21%</td>
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<tr>
<td>13%</td>
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<tr>
<td>180 DAYS after starting Meals on Wheels</td>
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<tr>
<td>NURSING HOME USE</td>
</tr>
<tr>
<td>28%</td>
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<tr>
<td>37%</td>
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<td>25%</td>
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</table>

*More Than a Meal Medicare Claims Analysis, Meals on Wheels America, 2017*

<table>
<thead>
<tr>
<th>REDUCTIONS IN MEDICARE REIMBURSEMENTS ON AVERAGE DECREASE PER MEALS ON WHEELS RECIPIENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 DAYS after starting Meals on Wheels</td>
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<tr>
<td>HOSPITALIZATION ASSOCIATED</td>
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<tr>
<td>$362</td>
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<tr>
<td>90 DAYS after starting Meals on Wheels</td>
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<tr>
<td>MEDICARE SKILLED NURSING FACILITY</td>
</tr>
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<td>$244</td>
</tr>
<tr>
<td>180 DAYS after starting Meals on Wheels</td>
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<tr>
<td>EMERGENCY DEPARTMENT</td>
</tr>
<tr>
<td>$22</td>
</tr>
</tbody>
</table>

*More Than a Meal Medicare Claims Analysis, Meals on Wheels America, 2017*

**METHOD 2**

Findings suggest that Meals on Wheels clients had higher rates of healthcare utilization than those who did not receive Meals on Wheels services.

Researchers speculate that findings may be limited and should be interpreted with caution for a number of plausible reasons. Explanations range from a clear post-upward trend for short-term services from a highly vulnerable population which could level out and result in savings over time with continued delivery of Meals on Wheels services; to the possibility that the data available in the Medicare Claims records may not have included all factors that could have resulted in some significant differences in those receiving services compared to those not receiving services.
MANNA (Metropolitan Area Neighborhood Nutrition Alliance)²

Figure 1. Average monthly health care costs of all MANNA clients 6 months prior to service and 6 months after beginning service (August 2007 to December 2010).

Figure 2. Average monthly inpatient hospital costs of MANNA clients 6 months prior to service and 6 months after beginning service (August 2007 to December 2010).

Table 3. Mean Monthly Visit and Costs for MANNA Clients (After Starting MANNA services) and the Comparison Group.

<table>
<thead>
<tr>
<th></th>
<th>12 Months Post-Starting MANNA Service</th>
<th>Comparison Group</th>
<th>T (Degrees of Freedom)</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall health care costs</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Mean monthly costs*</td>
<td>$28,268</td>
<td>$40,906</td>
<td>3.45 (582)</td>
<td>.0006</td>
</tr>
<tr>
<td>Mean monthly costs HIV/AIDS*</td>
<td>$16,765</td>
<td>$37,287</td>
<td>6.04 (317)</td>
<td>.0001</td>
</tr>
<tr>
<td>Emergency room (ER) visits</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Mean monthly ER visit costs</td>
<td>$4,993</td>
<td>$3,700</td>
<td>−1.67 (89)</td>
<td>N/A</td>
</tr>
<tr>
<td>Mean monthly number of ER visits*</td>
<td>0.6</td>
<td>0.3</td>
<td>−4.78 (357)</td>
<td>.0001</td>
</tr>
<tr>
<td>Inpatient stays</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean monthly inpatient costs*</td>
<td>$132,441</td>
<td>$219,639</td>
<td>3.35 (59)</td>
<td>.0014</td>
</tr>
<tr>
<td>Mean monthly number of inpatient visits*</td>
<td>0.2</td>
<td>0.4</td>
<td>5.08 (561)</td>
<td>0.0001</td>
</tr>
<tr>
<td>Mean monthly length of stay*</td>
<td>10.7</td>
<td>17.1</td>
<td>3.53 (38)</td>
<td>.0008</td>
</tr>
<tr>
<td>Mean percentage of individuals with discharges to home*</td>
<td>93%</td>
<td>72%</td>
<td>−6.14 (38)</td>
<td>.0001</td>
</tr>
</tbody>
</table>

*Difference between MANNA clients and comparison group is significant at P < .05.
## EXHIBIT 2

### Estimated absolute and relative changes in use of selected health care services, by intervention

<table>
<thead>
<tr>
<th></th>
<th>Intervention group</th>
<th>Matched control group</th>
<th>Incidence rate ratio</th>
<th>(95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>(95% CI)</td>
<td>Number</td>
<td>(95% CI)</td>
</tr>
<tr>
<td><strong>EMERGENCY DEPARTMENT VISITS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medically tailored meals program</td>
<td>0.63</td>
<td>(0.39, 0.88)</td>
<td>2.10***</td>
<td>(1.73, 2.47)</td>
</tr>
<tr>
<td>Nontailed food program</td>
<td>0.90</td>
<td>(0.74, 1.06)</td>
<td>1.59***</td>
<td>(1.31, 1.88)</td>
</tr>
<tr>
<td><strong>INPATIENT ADMISSIONS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medically tailored meals program</td>
<td>0.27</td>
<td>(0.08, 0.46)</td>
<td>0.56**</td>
<td>(0.34, 0.78)</td>
</tr>
<tr>
<td>Nontailed food program</td>
<td>0.43</td>
<td>(0.33, 0.53)</td>
<td>0.49</td>
<td>(0.38, 0.60)</td>
</tr>
<tr>
<td><strong>EMERGENCY TRANSPORTATION EVENTS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medically tailored meals program</td>
<td>0.46</td>
<td>(0.19, 0.72)</td>
<td>1.60***</td>
<td>(1.12, 2.09)</td>
</tr>
<tr>
<td>Nontailed food program</td>
<td>1.06</td>
<td>(0.73, 1.39)</td>
<td>1.70***</td>
<td>(1.15, 2.24)</td>
</tr>
</tbody>
</table>

**SOURCE** Authors’ analysis of data from Commonwealth Care Alliance (CCA). **NOTES** The exhibit presents estimated absolute number of events ("count"), absolute difference in number of events between groups ("difference"), and relative differences (incidence rate ratio), with associated confidence intervals (CIs) and p values. Estimates from negative binomial models adjusted for receipt of medically tailored meals program, index year, spending in 12 months before intervention risk score, comorbidity index, CCA enrollment year, insurance product, age, age squared, percent of ZIP Code Tabulation Area (ZCTA) that was rural, percent of households in ZCTA living in poverty, non-Hispanic white, non-Hispanic black, Hispanic, female, prescribed medication classes before the intervention (see exhibit 1), percent of Medicare beneficiaries in ZIP code with primary care provider visit in past twelve months, English as primary language, and follow-up time. The count represents the estimated difference over the follow-up period. p values for comparison of intervention with matched controls. **p < 0.05 ****p < 0.001

## EXHIBIT 3

### Estimated average monthly medical spending per person, by intervention and in control groups

<table>
<thead>
<tr>
<th></th>
<th>Intervention group</th>
<th>Matched control group</th>
<th>Gross difference</th>
<th>Net difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medically tailored meals program</td>
<td>$843</td>
<td>$1,413</td>
<td>−$570***</td>
<td>−$220</td>
</tr>
<tr>
<td>Nontailed food program</td>
<td>$1,007</td>
<td>$1,163</td>
<td>−$156**</td>
<td>−$10</td>
</tr>
</tbody>
</table>

**SOURCE** Authors’ analysis of data from Commonwealth Care Alliance. **NOTES** Spending is in inflation-adjusted 2016 dollars. Estimates from gamma regression models adjusted for the factors listed in the notes to exhibit 2. Gross difference represents the estimated difference in health care spending by intervention status. Net difference represents the estimated difference in health care expenditures, accounting for the cost of the intervention. p values test the null hypothesis that the difference in gross spending between intervention and matched controls is equal to zero. **p < 0.05 ****p < 0.01
Self-Reported Program Outcomes

Comparison of intake assessment and 1-year follow-up:

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Baseline</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-perceived health score</td>
<td>9.2</td>
<td>8.4</td>
</tr>
<tr>
<td>Sense of loneliness score</td>
<td>4.9</td>
<td>4.3</td>
</tr>
<tr>
<td>ER visits in past 12 months</td>
<td>57.7%</td>
<td>49.2%</td>
</tr>
<tr>
<td>Hospitalization in past 12 months</td>
<td>46.0%</td>
<td>38.4%</td>
</tr>
<tr>
<td>Fell in past 12 months</td>
<td>49.3%</td>
<td>43.1%</td>
</tr>
<tr>
<td>Eat less than 2 meals/day</td>
<td>63.0%</td>
<td>10.4%</td>
</tr>
</tbody>
</table>

Hospital-Reported Health Outcomes

Comparison of intake assessment and 1-year follow-up:

<table>
<thead>
<tr>
<th>Outcome</th>
<th>1 Year Pre</th>
<th>1 Year Post</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED Use</td>
<td>340</td>
<td>169</td>
<td>-50.3%</td>
</tr>
<tr>
<td>Inpatient Admissions</td>
<td>507</td>
<td>225</td>
<td>-55.6%</td>
</tr>
<tr>
<td>Outpatient Visits</td>
<td>352</td>
<td>186</td>
<td>-47.2%</td>
</tr>
<tr>
<td>Other Encounters</td>
<td>229</td>
<td>111</td>
<td>-51.5%</td>
</tr>
<tr>
<td>Total Costs of Care</td>
<td>$3,661,001</td>
<td>$1,650,001</td>
<td>-54.9%</td>
</tr>
<tr>
<td>Charges</td>
<td>$27,367,871</td>
<td>$11,621,447</td>
<td>-57.5%</td>
</tr>
</tbody>
</table>
Post-Discharge Meals Address Important Service Gap

“Delivering food to nutritionally vulnerable patients is important for addressing these patients’ social determinants of health”

Malnutrition

Moderate and severe malnutrition is diagnosed when two of five clinical characteristics occur: inadequate caloric intake, weight loss, reduced body fat, fluid accumulation, reduced handgrip strength. (1)

Up to one out of every two older adults are at risk for malnutrition. (2)

Malnutrition can increase length of stay by 4 to 6 days and increase healthcare costs by 300%. (2)

The annual estimated cost of malnutrition in Maryland is $340,440,992. (3)
Impact of Post-Discharge Meals

- Better health outcomes
- Lower cost of care
- Improved patient satisfaction

- 16% net healthcare cost savings
- 28% reduction in hospitalizations
- 23% more likely to be discharged to home
- 50% increase in adherence
Address An Important Service Gap?

• While Area Agencies on Aging (AAAs) are uniquely positioned to provide cost-efficient solutions to identify, prevent, and heal malnutrition, address social isolation and impact social determinants of health, gaps exist in serving nutritionally-vulnerable patients during the first week (or more) post-discharge.

• This GAP leaves patients at risk for malnutrition, dehydration, fluid overload and other complications leading to increased healthcare costs and re-admission.

• Meal packages can be used as an incentive to bring patients into transitional care clinic, or can be delivered by post-discharge staff visiting patient at home.

• Linkages between Maryland’s healthcare with community-based organizations is emerging – improved cross-referral and payment systems will be needed.
Maryland’s Post-Discharge Meal Project

• Pilot: October 2018 – January 2019
  • Shelf-stable, medically tailored meals
  • Educational and community referral materials
  • 3 meals/day x 12-14 days
  • 200-300 patients, 4 hospitals
  • Pilot sites: Hospitals with transitional care clinics and/or CBOs (eg, AAAs)
  • Evaluation and modification phase: February/March 2019

• Statewide rollout: Spring 2019
  • State procurement to ensure quality, availability, statewide pricing
  • Target purchasers: Hospitals, physicians, payors, AAAs, consumers
  • Statewide engagement: CTOs, HQI, MDH, Center of Excellence
References

(1) JPEN Volume 36 No. 3 May 2012, 275-283.
(2) DefeatMalnutrition.Today. Accessed on June 25, 2018 at:
https://avalaunchmedia.com/inter/Abbott/malnutrition.html

More Information

Laura Sena, MSPH, RD
Innovations in Nutrition Services Grant Coordinator, laura.sena@Maryland.gov, 410-767-4262

Judy Simon, MS, RD, LDN
Nutrition and Health Promotion Programs Manager, judy.simon@Maryland.gov, 410-767-1090
**MDMP TRACKING SHEET** *Send this form via HIPAA compliant manner to Alice Chan at AliceChan@umm.edu by the 5th business day of each month*

**Fill out these sections as they pertain to your hospital.**

<table>
<thead>
<tr>
<th>Patient #</th>
<th>Patient First Name</th>
<th>Patient Last Name</th>
<th>Medical Record Number</th>
<th>Admission Date</th>
<th>Discharge Date</th>
<th>Referred By</th>
<th>Insurance Provider</th>
<th>Referral Criteria Met</th>
<th>List Diagnosis</th>
<th>Diet Type (only choose ONE)</th>
<th>Initial Meal Package</th>
<th>Follow-Up Meal Package</th>
<th>Patient Signed Consent</th>
<th>Feedback Survey Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Example Template</td>
<td>1234567</td>
<td>9/10/18</td>
<td>9/16/18</td>
<td>Sally Jones, Case Manager</td>
<td>Aetna</td>
<td>✓ Specific diagnosis ✓ T2DM ✓ CC/HH</td>
<td>Food insecurity CHE</td>
<td>Enhanced Healing</td>
<td>Hospital Discharge 3 9/16/18</td>
<td>✓ Home Visit</td>
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<td>9/16/18</td>
<td>9/19/18</td>
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<td>Phone In Person</td>
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</tbody>
</table>
Package sizes:
- Outer package dimension – 15.5”x 11.5”x 11.5”
- Weight per box – 22-24 lbs. for 6 days box
- Weight per bag – 11-12 lbs for each cloth grocery bag
  Note: Enhanced Healing package will be slightly heavier than Carb-Controlled/Heart-Healthy

Order processing for the pilot follows:
Deliveries will occur on Thursdays and Fridays, so please place orders no later than Tuesdays at 10:30AM.
Delivery windows: either 8-12PM or 12-4PM
Minimum order size: 20 boxes
  Note: Orders will be standardized to a 50/50 split of each of the 2 diet types (½ Carb-Controlled/Heart-Healthy and ½ Enhanced Healing)

Please send email orders to Tracey, the main contact, and cc Jessica, Zak, and Gary.

Email address:
- Tracey Ivison (Partner Services Supervisor) - tivison@mdfoodbank.org
- Jessica Corcelius (Partner Services Director) – jcorcelius@mdfoodbank.org
- Zak Jeffries (Warehouse Manager) - zjeffries@mdfoodbank.org
- Gary Melvin (Transportation Manager) – gmelvin@mdfoodbank.org

Email is the best and most effective way to contact the team however phones are:
  - Tracey Ivison – 443.297.5180
  - Jessica Corcelius 443.297.5193
  - Zak Jeffries - 443.297.5207
  - Gary Melvin – 443.297.5149

Email instructions:
- Email subject line: Maryland Discharge Meal Program New Order
- Email should include:
  - Desired delivery date
  - Delivery location
  - Quantity of boxes
What’s in your Box?

Boxes either contain:

- Carb-Controlled, Heart-Healthy meal plan
- Enhanced Healing meal plan

Each patient only gets one type of meal plan

Use the Patient Selection Flowsheet to help you determine which meal plan is right for your patient.

Provide tote bags to the patients

Each patient gets four (4) bags total (12 days of food) – an initial set of bags at discharge and the remainder at follow-up.
Your patient will either get a Carb-Controlled, Heart-Healthy or a Enhanced Healing meal package plan.

Here are the differences between the two:

<table>
<thead>
<tr>
<th>Carb-Controlled, Heart-Healthy</th>
<th>Enhanced Healing (high energy &amp; high protein)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Calorie range 1500 – 1700 per day</td>
<td>• Higher calories for medical conditions that use more energy (1900 – 2500 Calories per day)</td>
</tr>
<tr>
<td>• Carbohydrates are 45-55% of total calories in accordance with the adult Dietary Reference Intake*</td>
<td>• Adequate protein for maintaining muscle (over 100 grams per day)</td>
</tr>
</tbody>
</table>
| • Carbohydrates are spread evenly between meals.  
  • Meals are about 3-4 carb choices each and snacks are 1-2 carb choices. | • No restrictions on fat, carbohydrates, or sodium |
| • Moderate total fat (25 – 33% of total calories) | |
| • Adequate protein for maintaining muscle (18 – 20% of total calories) | |
| • Sodium is under 2,000 mg per day | |

Additional information for both meal package plans:

<table>
<thead>
<tr>
<th>Easy to prepare. Requires:</th>
<th>Additional kitchen items required:</th>
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<tr>
<td>• Spreading with a knife</td>
<td>• Water</td>
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<tr>
<td>• Opening a can</td>
<td>• Bowls &amp; plates</td>
</tr>
<tr>
<td>• Pulling off a cap</td>
<td>• Forks, knives &amp; spoons</td>
</tr>
<tr>
<td>• Mixing</td>
<td>• Can opener</td>
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<tr>
<td>• Puncturing with a straw</td>
<td>• Microwave</td>
</tr>
<tr>
<td>• Pulling open a package</td>
<td>• Optional: scissors (if patient has difficulty opening packages)</td>
</tr>
</tbody>
</table>

Grant funds from the Administration for Community Living (ACL) and the Maryland Department of Aging assisted in the development of this material. Points of view or opinions contained herein are those of the authors and do not necessarily represent the official position or policies of the ACL or Department.

MDMP Patient Selection Flowsheet

Is My Patient Eligible?

Does your patient have any of the following orders at time of discharge?
- A sodium restriction of less than 2000mg per day?
- A fluid restriction of less than 1500mL per day?
- A potassium, phosphorous or protein restriction
- A modified texture diet order

Yes to any
Your patient is not eligible for meal packages.*

No to all

Is any of the following true about your patient at time of discharge?
- Patient is being discharged to a facility that provides more than seven (7) meals per week (assisted living facility, skilled nursing facility, etc.)
- Patient has a diagnosed food allergy
- Patient has Celiac Disease

Yes to any
Your patient is not eligible for meal packages.*

No to all

Is any of the following true about your patient at time of discharge?
- Patient has no access to refrigeration or storage space (i.e. patient does not have a place of residence)
- Patient has an active substance addiction (including alcohol) and is not currently in active treatment

Yes to any
Your patient is not eligible for meal packages. Please see the Community Referral Handout for more options.

No to all

Is your patient older than 50?

Yes
Your patient is not eligible for meal packages. Please see the Community Referral Handout for more options.

No

Which Meal Package Plan?

Patient has higher nutritional needs based on medical condition. This includes:
- COPD diagnosis
- Positive malnutrition risk screen or malnutrition diagnosis
- Order for dietary supplements

Provide patient with the Enhanced Healing Meal Package

Patient has need for diabetes diet and/or heart-healthy diet OR has no dietary restrictions (regular diet order)

Provide patient with the Carb-Controlled, Heart-Healthy Meal Package

* Please contact your inpatient dietitian for further evaluation if you have any questions or if you are unsure of patient eligibility. Provide this flowsheet to the dietitian and nutritional information for meal packages found on the back.
### Carb-Controlled, Heart-Healthy

**Day 1**
- **Breakfast**: Corn Flakes, Fruit Cup, Granola Bar, Milk (68g of Carbs)
- **Lunch**: Crackers, Tuna, Tomato Soup, Mayo Packet (45g of Carbs)
- **Dinner**: Pasta, Chicken, Green Bean Cup, Yogurt (60g of Carbs)
- **Snacks**: Crackers, Peanut Butter (33g of Carbs)

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**Day 2**
- **Breakfast**: Oatmeal, Granola Bar, Milk (46g of Carbs)
- **Lunch**: Rice & Quinoa, Corn Cup, Salsa, Protein Bar (68g of Carbs)
- **Dinner**: Raisins, Chicken, Carrot Cup, Mayo Packet, Crackers (48g of Carbs)
- **Snacks**: Fruit Snacks, Yogurt, Applesauce (54g of Carbs)

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**Day 3**
- **Breakfast**: Cereal, Craisins, Milk (64g of Carbs)
- **Lunch**: Tuna, Corn Cup, Vegetable Soup, Crackers, Peanut Butter (53g of Carbs)
- **Dinner**: Salmon, Pasta, Green Bean Cup, Mayo Packet (45g of Carbs)
- **Snacks**: Fruit Cup, Yogurt, Granola Bar (54g of Carbs)

<table>
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**Day 4**
- **Breakfast**: Cereal, Craisins, Milk (64g of Carbs)
- **Lunch**: Chicken, Crackers, Chicken Noodle Soup (57g of Carbs)
- **Dinner**: Pasta, Tuna, Green Bean Cup, Mayo Packet, Carrot Cup (48g of Carbs)
- **Snacks**: Yogurt, Applesauce, Raisins (54g of Carbs)

<table>
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**Day 5**
- **Breakfast**: Cereal, Fruit Cup, Milk (58g of Carbs)
- **Lunch**: Crackers, Tuna, Tomato Soup, Peanut Butter (56g of Carbs)
- **Dinner**: Chicken, Raisins, Crackers, Mayo Packet, Carrot Cup (48g of Carbs)
- **Snacks**: Applesauce, Yogurt, Granola Bar (49g of Carbs)

<table>
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</table>

**Day 6**
- **Breakfast**: Oatmeal, Granola Bar, Milk (46g of Carbs)
- **Lunch**: Rice & Quinoa, Vegetable Soup (57g of Carbs)
- **Dinner**: Salmon, Pasta, Green Bean Cup, Mayo Packet (45g of Carbs)
- **Snacks**: Yogurt, Fruit Snacks, Protein Bar (51g of Carbs)

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### Enhanced Healing (high-protein, high-energy)

**Day 1**
- **Breakfast**: Corn Flakes, Fruit Cup, Granola Bar, Milk
- **Lunch**: Tuna, Crackers, Tomato Soup, Mayo Packet
- **Dinner**: Pasta, Chicken, Green Bean Cup, Yogurt
- **Snacks**: Pretzels, Peanut Butter, Chocolate Milk, Ensure, Protein Bar

<table>
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**Day 2**
- **Breakfast**: Oatmeal, Craisins, Granola Bar, Milk
- **Lunch**: Rice & Quinoa, Corn Cup, Salsa, Protein Bar
- **Dinner**: Chicken, Raisins, Crackers, Mayo Packet, Carrot Cup, Chocolate Milk
- **Snacks**: Pretzels, Peanut Butter, Ensure, Applesauce, Yogurt

<table>
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**Day 3**
- **Breakfast**: Cereal, Craisins, Granola Bar, Milk
- **Lunch**: Tuna, Corn Cup, Vegetable Soup, Crackers, Peanut Butter
- **Dinner**: Salmon, Mac & Cheese, Green Bean Cup
- **Snacks**: Fruit Cup, Yogurt, Protein Bar, Fruit Snacks, Ensure

<table>
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**Day 4**
- **Breakfast**: Cereal, Fruit Cup, Milk
- **Lunch**: Chicken, Crackers, Chicken Noodle Soup, Peanut Butter
- **Dinner**: Rice & Quinoa, Tuna, Green Bean Cup, Mayo Packet, Yogurt
- **Snacks**: Applesauce, Ensure, Chocolate Milk, Protein Bar

<table>
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<tr>
<th>Kcal</th>
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**Day 5**
- **Breakfast**: Cereal, Fruit Cup, Milk
- **Lunch**: Tuna, Crackers, Tomato Soup, Mayo Packet
- **Dinner**: Chicken, Mac & Cheese, Carrot Cup
- **Snacks**: Fruit Snacks, Yogurt, Ensure, Protein Bar, Crackers, Peanut Butter

<table>
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**Day 6**
- **Breakfast**: Oatmeal, Raisins, Granola Bar, Milk
- **Lunch**: Rice & Quinoa, Corn Cup, Salsa, Protein Bar
- **Dinner**: Salmon, Pasta, Carrot Cup, Mayo Packet
- **Snacks**: Pretzels, Peanut Butter, Chocolate Milk, Ensure, Protein Bar

<table>
<thead>
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<td>67</td>
<td>266</td>
<td>2365</td>
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</tr>
</tbody>
</table>

1Nutrition facts are estimates based on most accurate data and may not reflect the exact nutritional makeup of the meal packages. Days 1-3 and Days 4-6 are packaged together and a client may not eat everything in the exact order as described on this page.
Maryland Discharge Meal Program Pilot: Acknowledgement & Authorization

Purpose & Background
The first two weeks following a discharge from a hospital are very important for recovery. Many patients are at high risk for poor nutrition and readmission to the hospital during this time. The Maryland Discharge Meal Pilot Program is intended to help smooth the transition from hospital to home and to improve the nutritional status of the patients selected by the participating hospital for the pilot.

The Program includes 12 days of medically tailored, shelf-stable food paid for by the Maryland Department of Aging via a grant from the federal Administration for Community Living. The Maryland Food Bank assembles the food packs for the Program. The initial pack of food will be provided by the hospital upon discharge and the second pack of additional food will be available for pickup at a follow-up visit or delivered during a home visit. Participating individuals will be asked to reply to an anonymous client feedback survey.

Not all patients are medically eligible for this meal program. Eligibility criteria is included in the Patient Selection Flowsheet.

I understand, acknowledge, and agree that:
1. I am receiving the initial food pack from the hospital discharging me,
2. I will pick up (or if the hospital so provides, receive) the second pack,
3. My discharging hospital has discussed this pilot program with me in detail and explained to me where I have to go and what I have to do to pick up the second pack,
4. I have discussed the eligibility criteria and have disclosed any relevant information to the hospital,
5. This program does not deal with emergency situations and if I need immediate help, I will call 911,
6. This is a voluntary program,
7. At any time, I have the right to revoke my consent to the release of information I have provided below, and that, in any event, my consent will expire one year from the date I sign this acknowledgement, and
8. There is no cost to participate, but the food provided is for my consumption alone and must not be given or sold to others.

Client Authorization for Release of Information
I consent to:
1. The hospital contacting me in person, by telephone, or by mail for a follow up feedback survey,
2. The hospital sending the results of the survey in an anonymous* fashion so that my identity is not disclosed, to the Maryland Department of Aging,
3. My discharging hospital sharing certain anonymous* information with the Maryland Department of Aging so the Department can know what food packs have been provided by hospitals and been picked up by participants, and
4. My discharging hospital sharing certain health information developed by the hospital with the University of Maryland St. Joseph Medical Center so the effectiveness of the pilot can be evaluated.

*Anonymous means no personally identifying information, such as name or address, is reported and all data is reported in a summary format so no individual can be identified.

I have read this and understand it. If there were parts I did not understand, I asked questions and had it explained to me.

Name of Patient (Printed)

__________________________________________

Signature of Patient Date

Name of Discharging Hospital
If you need food or other support….

Have you applied for SNAP?

- “SNAP” stands for “Supplemental Nutrition Assistance Program” - formerly known as food stamps. SNAP is a government program. You can apply directly to the state or get help with your application. The Maryland State Information/Hotline Number is 1-800-332-6347.
- Maryland Food Bank has a SNAP Outreach Team that can help with your application. Phone toll-free 1-888-808-7327, Monday-Friday 8am to 5pm.

Area Agencies on Aging provide a wide array of services to people 60 or older, including hot or cold home-delivered meals and group dining (senior center meals). To get connected with your local Area Agency on Aging, call the Maryland Department of Aging at 410-767-1100.

Maryland Access Point (MAP) is a one-stop source of information and assistance for long term services and supports. These include...

- Information on health
- Transportation
- Income and financial aid
- Senior and community centers and clubs
- Nutrition and meals
- Pharmacy assistance
- Housing
- Volunteer opportunities
- And more!

Get connected by calling 1-844-627-5465 or go to www.MarylandAccessPoint.info
If you need food or other support....

**Food Pantries** want to help.

To find a food pantry in your area:

1. Go to the Maryland Food Bank website [https://mdfoodbank.org](https://mdfoodbank.org)
2. Click on the words “Find Food” in the top right-hand corner.
3. Scroll down, then click inside the grey box below the words “Address or Zip Code”
4. Enter your address or zip code, select the “within” miles and click on “Submit”

**Other services** can help by easing emotional or financial burdens in other parts of your life.
The United Way has a free, confidential information and referral service.

To get help, call 2-1-1, 24 hours a day, 7 days a week.

If you can’t reach them by calling 2-1-1, use these numbers:

- Greater Baltimore: 410-685-0525
- Elsewhere in Maryland 1-800-492-0618
- TTY (for hearing impaired) 410-685-2159 (weekdays 8:30am-4:45pm).
- You can also go to the website [www.211md.org](http://www.211md.org)
What’s in your Bag?

Day 1

**Breakfast**
Corn Flakes, Mixed Fruit Cup, PB & Dark Chocolate Granola Bar, Lowfat Milk

**Lunch**
Tuna, Classic Tomato Soup, Wheat Crackers, Mayonnaise To-Go

**Dinner**
Barilla Pasta (1/2 bag), Premium Chicken (1/2 can), Green Beans, Blended Yogurt

**Snacks**
Wheat Crackers, Natural Peanut Butter

Day 2

**Breakfast**
Quaker Oatmeal, PB & Dark Chocolate Granola Bar, Lowfat Milk

**Lunch**
Brown Rice & Quinoa, Sweet Corn, Picante Sauce, Chocolate Deluxe Protein Bar

**Dinner**
Premium Chicken (1/2 can), Raisins, Diced Carrots, Mayonnaise To-Go, Wheat Crackers

**Snacks**
Fruit Snacks, Blended Yogurt, Applesauce

Day 3

**Breakfast**
Mini Wheats, Craisins, Lowfat Milk

**Lunch**
Tuna, Sweet Corn, Hearty Vegetable Soup, Wheat Crackers, Natural Peanut Butter

**Dinner**
Pink Salmon, Barilla Pasta (1/2 bag), Green Beans, Mayonnaise To-Go

**Snacks**
Mixed Fruit Cup, Blended Yogurt, PB & Dark Chocolate Granola Bar

Nutritional Content

**Carbohydrates**
190 – 220 grams per day
45 – 70 grams per meal
15 – 25 grams per snack

**Sodium**
1500 – 2000 mg/day

Carb-Controlled, Heart-Healthy Meal Packages
Carb-Controlled, Heart-Healthy Meal Packages

The Carb-Controlled, Heart Healthy meal package is designed to provide you with the food you need to help you recover after your visit to the hospital.

**Balanced carbohydrates**
Carbohydrates (carbs) from the food you eat effect your blood sugar. These meals and snacks are balanced with the right amount of carbs to keep your blood sugar under control throughout the day.

**Low salt**
Getting too much sodium (salt) can raise your blood pressure and be bad for your heart health. These meals are low in salt to keep your heart healthy and your blood pressure under control.

**Easy to prepare**
These foods were chosen because they are single-serve, easy to prepare, and can be kept at room temperature for up to six months.

We want you to stay healthy once you leave the hospital. Enjoy these foods on us!

In addition to these meal packages, you may also need:
Water, bowls & plates, forks, knives & spoons, can opener, microwave, scissors

**Pro Tip**
Be sure not to add any salt to these foods. Try other seasonings, like garlic powder, dried herbs, Mrs. Dash Salt-Free seasoning, or other salt-free seasonings.

What’s in your Bag?

Day 1
- **Breakfast**: Corn Flakes, Mixed Fruit Cup, PB & Dark Chocolate Granola Bar, Lowfat Milk
- **Lunch**: Premium Chicken (1/2 can), Wheat Crackers, Hearty Chicken Noodle Soup, Diced Carrots, Craisins
- **Dinner**: Barilla Pasta (1/2 bag), Tuna, Green Beans, Mayonnaise To-Go
- **Snacks**: Blended Yogurt, Applesauce, Raisins

Day 2
- **Breakfast**: Mini Wheats, Mixed Fruit Cup, Lowfat Milk
- **Lunch**: Tuna, Classic Tomato Soup, Wheat Crackers, Natural Peanut Butter
- **Dinner**: Premium Chicken (1/2 can), Wheat Crackers, Raisins, Mayonnaise To-Go, Diced Carrots
- **Snacks**: Applesauce, Blended Yogurt, PB & Dark Chocolate Granola Bar

Day 3
- **Breakfast**: Quaker Oatmeal, PB & Dark Chocolate Granola Bar, Lowfat Milk
- **Lunch**: Brown Rice & Quinoa, Hearty Vegetable Soup
- **Dinner**: Pink Salmon, Barilla Pasta (1/2 bag), Green Beans, Mayonnaise To-Go
- **Snacks**: Blended Yogurt, Fruit Snacks, Chocolate Deluxe Protein Bar

**Nutritional Content**
- **Carbohydrates**: 190 – 220 grams per day
  - 45 – 70 grams per meal
  - 15 – 25 grams per snack
- **Sodium**: 1500 – 2000 mg/day

**Carb-Controlled, Heart-Healthy** Meal Packages
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Pro Tip
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### Day 1

**Breakfast**
- Corn Flakes, Mixed Fruit Cup, PB & Dark Chocolate Granola Bar, Lowfat Milk

**Lunch**
- Wheat Crackers, Tuna, Classic Tomato Soup, Mayonnaise To-Go

**Dinner**
- Barilla Pasta, Premium Chicken (1/2 can), Green Beans, Blended Yogurt

**Snacks**
- Pretzels, Natural Peanut Butter, Chocolate Milk, Ensure Shake, Deluxe Chocolate Protein Bar

### Day 2

**Breakfast**
- Quaker Oatmeal, Craisins, PB & Dark Chocolate Granola Bar, Lowfat Milk

**Lunch**
- Brown Rice & Quinoa, Sweet Corn, Picante Sauce, Deluxe Chocolate Protein Bar

**Dinner**
- Wheat Crackers, Premium Chicken (1/2 can), Raisins, Diced Carrots, Mayonnaise To-Go, Chocolate Milk

**Snacks**
- Pretzels, Natural Peanut Butter, Ensure Shake, Applesauce, Blended Yogurt

### Day 3

**Breakfast**
- Mini Wheats, Craisins, PB & Dark Chocolate Granola Bar, Lowfat Milk

**Lunch**
- Tuna, Sweet Corn, Hearty Vegetable Soup, Wheat Crackers, Natural Peanut Butter

**Dinner**
- Pink Salmon, Mac & Cheese, Green Beans

**Snacks**
- Mixed Fruit Cup, Blended Yogurt, Deluxe Chocolate Protein Bar, Fruit Snacks, Ensure Shake

---

**What's in your Bag?**

**Enhanced Healing Meal Packages**

---

**A**
Enhanced Healing

Meal Packages

The Enhanced Healing meal package is designed to provide you with the food you need to help you recover and stay strong after your visit to the hospital.

**High protein**
Protein helps keep your immune system strong, keep you from losing muscle, and helps wounds to heal. These foods give you enough protein to keep your muscles strong and to help you heal and recover after your hospital stay.

**High energy**
Eating a balanced diet and getting enough energy from your food is very important when you’re recovering. It can be hard to get enough to eat when you are sick, so these foods give you more energy in every bite.

**Easy to prepare**
These foods were chosen because they are single-serve, easy to prepare, and can be kept at room temperature for up to six months.

We want you to stay healthy once you leave the hospital. Enjoy these foods on us!

In addition to these meal packages, you may also need:
Water, bowls & plates, forks, knives & spoons, can opener, microwave, scissors

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What’s in your Bag?

Day 1

**Breakfast**
- Corn Flakes, Mixed Fruit Cup, PB & Dark Chocolate Granola Bar, Lowfat Milk

**Lunch**
- Premium Chicken (1/2 can), Wheat Crackers, Hearty Chicken Noodle Soup

**Dinner**
- Brown Rice & Quinoa, Tuna, Green Beans, Blended Yogurt, Mayonnaise To-Go

**Snacks**
- Ensure Shake, Applesauce, Deluxe Chocolate Protein Bar, Chocolate Milk

Day 2

**Breakfast**
- Mini Wheats, Mixed Fruit Cup, PB & Dark Chocolate Granola Bar, Lowfat Milk

**Lunch**
- Tuna, Classic Tomato Soup, Wheat Crackers, Natural Peanut Butter

**Dinner**
- Premium Chicken (1/2 can), Mac & Cheese, Diced Carrots

**Snacks**
- Fruit Snacks, Blended Yogurt, Deluxe Chocolate Protein Bar, Applesauce, Ensure Shake

Day 3

**Breakfast**
- Quaker Oatmeal, Raisins, PB & Dark Chocolate Granola Bar, Lowfat Milk

**Lunch**
- Brown Rice & Quinoa, Sweet Corn, Hearty Vegetable Soup, Blended Yogurt

**Dinner**
- Pink Salmon, Barilla Pasta, Diced Carrots, Mayonnaise To-Go

**Snacks**
- Mixed Fruit Cup, Ensure Shake, Deluxe Chocolate Protein Bar, Wheat Crackers, Natural Peanut Butter

Enhanced Healing Meal Packages
The Enhanced Healing meal package is designed to provide you with the food you need to help you recover and stay strong after your visit to the hospital.

**High protein**
Protein helps keep your immune system strong, keep you from losing muscle, and helps wounds to heal. These foods give you enough protein to keep your muscles strong and to help you heal and recover after your hospital stay.

**High energy**
Eating a balanced diet and getting enough energy from your food is very important when you’re recovering. It can be hard to get enough to eat when you are sick, so these foods give you more energy in every bite.

**Easy to prepare**
These foods were chosen because they are single-serve, easy to prepare, and can be kept at room temperature for up to six months.

We want you to stay healthy once you leave the hospital. Enjoy these foods on us!

In addition to these meal packages, you may also need:
Water, bowls & plates, forks, knives & spoons, can opener, microwave, scissors

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MARYLAND DISCHARGE MEAL PROGRAM PILOT: FEEDBACK SURVEY

INFORMATION FOR SURVEY ADMINISTRATOR

(NOT TO BE SHARED WITH PATIENT)

PURPOSE/BACKGROUND:

- The purpose of this survey is to collect feedback from clients participating in the Maryland Discharge Meal Program (MDMP) pilot in order to improve the program for future clients.

- The surveys are anonymous and administered in the following order of preference:
  1) in person
  2) by telephone. If these attempts are unsuccessful, then
  3) by mail.

- Document both successful and unsuccessful survey administration contacts on the MDMP tracking form.

- Do not indicate patient’s name or any personal information on the forms.

- The hospital MDMP coordinator will ensure proper tracking of the surveys and will fax groups of completed surveys by the 5th business day of each month to the Maryland Department of Aging FAX, to the attention of Laura Sena at 410-333-7943.

INSTRUCTIONS FOR SURVEY ADMINISTRATION:

STEP 1:

Administer survey verbally face-to-face (if possible) at or around day 13 post-admission. Document patient’s responses on the attached form.

STEP 2:

If in-person administration is not possible, call the patient to administer the feedback survey verbally by telephone at or around day 13 post-discharge and document his/her responses on the attached form. If calls are unsuccessful, attempt twice more before day 30 post-discharge.

STEP 3:

If 3 phone call attempts do not succeed by day 30 post-discharge, send paper survey along with a stamped return envelope addressed to the Maryland Department of Aging with instructions to return within 2 weeks of receiving to:

Laura Sena, Innovations in Nutrition Programs
Maryland Department of Aging
301 W. Preston Street, Suite 1007
Baltimore, MD 21201
Maryland Discharge Meal Program Pilot: Feedback Survey

This survey contains questions about the meal packages that you received from the Maryland Discharge Meal Program Pilot. Your answers will be kept confidential. For this set of questions, we would like you to think about how the meals may have helped you, compared with how you might have felt if you didn’t receive them. Do you feel the meal packages…

1. Helped you recover after being in the hospital?
   □ Yes
   □ No

2. Kept you from losing weight?
   □ Yes
   □ No

3. Helped you manage your health condition (for example, hypertension, diabetes, etc.)?
   □ Yes
   □ No

4. Provided you with food that you wouldn’t have otherwise been able to buy or shop for?
   □ Yes
   □ No

5. Provided you with something to eat when you had difficulty preparing your own meals?
   □ Yes
   □ No

6. Helped you eat healthier food?
   □ Yes
   □ No

7. Considering all the meal packages combined, how much of the food did you eat?
   □ ¼ or less
   □ ½ or less
   □ ¾ or less
   □ Almost all

8. Do you feel the foods met your nutritional needs based on your health condition?
   □ Yes
   □ No
   □ If yes, how? __________________________
   □ If no, why not? __________________________

9. Of the foods you received, what were your top 3 favorites?
   1) __________________________
   2) __________________________
   3) __________________________
Maryland Discharge Meal Program Pilot: Feedback Survey

10. Of the foods you received, what were your 3 least favorite?
   1) ___________________________
   2) ___________________________
   3) ___________________________

11. Did you have any trouble opening the food packages?
   □ Yes
   □ No
   □ If yes, which ones? ___________________________

12. Was it easy to get the meal packages home from your hospital discharge and follow-up visit (if applicable)?
   □ Yes
   □ No
   □ If no, please describe any issues. ___________________________

13. Did the second meal package make it more likely for you to attend your follow-up visit?
   □ Yes
   □ No
   □ Not applicable

14. Did you find the “What’s in Your Bag?” menus provided helpful?
   □ Yes
   □ No
   □ If no, why not? ___________________________

15. Did the pilot program help you connect to organization(s) that provide wellness, meals, financial, housing, caregiver supports (or similar services)?
   □ Yes
   □ No
   □ If yes, what organization(s)? ___________________________

16. Did the pilot program help you connect to program(s) that can help you eat better, like senior centers, food pantries, SNAP, etc.?
   □ Yes
   □ No
   □ If yes, what program(s)? ___________________________

IF YOU RECEIVED THIS SURVEY BY MAIL, PLEASE PLACE YOUR COMPLETED FORM IN THE ENVELOPE PROVIDED AND MAIL BACK PROMPTLY.

THANK YOU! WE APPRECIATE YOUR FEEDBACK!

Date Survey Completed: ___________________________
Maryland Discharge Meal Program Pilot:
Summary and Implementation Instructions

*Note to host organization: BEFORE YOU DISTRIBUTE TO STAFF please fill in the underlined, highlighted sections that apply to your hospital.

PROGRAM SUMMARY

Background

- Your hospital is one of four Maryland hospitals participating in the Maryland Discharge Meal Program Pilot. Congratulations in being part of this innovative project!
- Each hospital will provide medically-tailored meals for 50 patients upon discharge, beginning in March 2019 through approximately May 2019.
- Meals are shelf-stable and require minimal preparation (water, microwave, can opener). Complete nutritional support (3 meals and 2 snacks per day), except for fluid, is provided for 12 days post-discharge. The MDMP pilot offers two diet types.
- The program is funded and overseen by the Maryland Department of Aging via a grant from the federal Administration for Community Living.
- The Maryland Food Bank assembles the meal packages and delivers them to the hospital and a secondary, follow-up site for distribution.
- Your Hospital Coordinator is: ____________________________, in case you have questions.

Resources — located in Appendices. Please see detailed instructions on the following pages.

<table>
<thead>
<tr>
<th>Resource</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>A: Tracking Sheet</td>
<td>Required tracking information for outcome data analysis and to keep track of project progress</td>
</tr>
<tr>
<td>B: Ordering Instructions</td>
<td>Includes information about meal package dimensions and weight and instructions for placing email orders to the Maryland Food Bank</td>
</tr>
<tr>
<td>C: Provider Educational Materials</td>
<td>Explains the two different diet types and what is inside of each box for healthcare providers</td>
</tr>
<tr>
<td>D: Patient Selection Flowsheet</td>
<td>Lists circumstances that would make a patient ineligible for this program including certain diet restrictions, living circumstances, etc.</td>
</tr>
<tr>
<td></td>
<td>Includes information to help staff ensure a good match between patient and meal package</td>
</tr>
<tr>
<td>E: Consent Form</td>
<td>Ensures patient is aware of purpose of project and agrees to terms regarding privacy and liability</td>
</tr>
<tr>
<td>F: Community Referral Handout</td>
<td>Provides community based referrals for long-term support services, if needed</td>
</tr>
<tr>
<td>G: Patient Educational Materials</td>
<td>Explains the diet provided and how to use the foods to create a daily menu of meals</td>
</tr>
<tr>
<td>H: Feedback Survey</td>
<td>Collects anonymous feedback from patients to measure if pilot is meeting goals and objectives and to improve the program for future participants</td>
</tr>
</tbody>
</table>
Maryland Discharge Meal Program Pilot:
Summary and Implementation Instructions

IMPLEMENTATION INSTRUCTIONS
TRACKING, ORDERING, MEAL PACKAGING AND DISTRIBUTION

Tracking the Pilot
Person(s) Involved
- Input tracking information: ____________________
Details:
- The Tracking Sheet will be used to keep track of patient information for input into CRISP by Alice Chan at the University of Maryland St. Joseph Medical Center as well as pilot progress and logistics (including verification of patient’s signing the consent form and hospital administration of feedback survey).
- **Hospital Coordinator** - please ensure proper tracking and send the Tracking Sheet to Alice Chan via HIPAA-compliant, secure transmission methods at AliceChan@umm.edu by the 5th business day of each month.
- There is space for 50 patients on the excel so please continue to add to the same Tracking Sheet throughout the pilot and submit as-is each month.
- The “Referral Criteria” and “Diagnosis” sections as well as the Initial and Follow-Up Package “Location” and “Days of Meals” should be customized to your specific hospital.

Resource:
- Tracking Sheet (Appendix A)

Ordering Meal Packages (as needed, 50 patients per hospital)
Person(s) Involved:
- Place orders: ____________________
Details:
- Orders are to be provided via email to the Maryland Food Bank, no later than Tuesdays at 10:30AM for deliverers on Thursdays and Fridays. There is a minimum order size of 20 boxes. Orders will be standardized to a 50/50 split of each diet type.
- Email subject line should read “Maryland Discharge Meal Program New Order.” Include:
  - Desired delivery date
  - Delivery location
  - Quantity of boxes
- Please send emails to Tracey, the main contact, and cc Jessica, Zak, and Gary.
- Email addresses:
  - Tracey Ivison (Partner Services Supervisor) – tivison@mdfoodbank.org
  - Jessica Corcelius (Partner Services Director) – jcorcelius@mdfoodbank.org
  - Zak Jeffries (Warehouse Manager) – zjeffries@mdfoodbank.org
  - Gary Melvin (Transportation Manager) – gmelvin@mdfoodbank.org
- **Phone numbers:**
  - Tracey Ivison – 443-297-5080
  - Jessica Corcelius – 443-297-5193
  - Zak Jeffries – 443-297-5207
  - Gary Melvin – 443-297-5149

Resource:
- Ordering Instructions (Appendix B)
Maryland Discharge Meal Program Pilot: Summary and Implementation Instructions

Meal Packaging
The MDMP program offers two diet types including Carbohydrate-Controlled, Heart-Healthy and Enhanced Healing (high-protein, high-energy). Each diet type has an “A” and “B” 3-day menu for increased variety.

<table>
<thead>
<tr>
<th>Packaging</th>
<th>Ziploc bags (3)</th>
<th>Grocery Totes (2)</th>
<th>Box (1)</th>
</tr>
</thead>
<tbody>
<tr>
<td># of day of meals</td>
<td>One day/bag</td>
<td>Three days/tote</td>
<td>Six days/box</td>
</tr>
<tr>
<td>Weight</td>
<td>3-4 lbs</td>
<td>11-12 lbs</td>
<td>22-24 lbs</td>
</tr>
<tr>
<td>Dimensions</td>
<td></td>
<td></td>
<td>15.5” x 11.5” x 11.5”</td>
</tr>
</tbody>
</table>

- Each Ziploc bag contains a one day supply of meals
- 3 Ziplocs are packaged into one grocery tote which will be given to patients (three day supply of meals)
- Two grocery totes are packaged into a box for transportation and storage purposes (six day supply of meals)

Resource:
- Provider Educational Materials (Appendix C)

Meal Distribution
Initial package at discharge → Follow-up package at follow-up and/or home visit
- Each patient will receive 4 grocery totes total (12 day supply of meals). Each hospital will determine how many meals patients receive upon discharge and follow-up.
- Patients will receive 1 or 2 grocery totes (a 3 or 6 day supply of meals) at hospital discharge
- Patients will receive 3 or 2 grocery totes (a 9 or 3 day supply of meals) at follow-up after discharge
- Meal packages are delivered in boxes. Hospitals are responsible for removing the grocery totes from the boxes before distribution to patients.
Step 1: Patient Eligibility and Diet Selection
Person(s) Involved:
- Refer patients: ____________________________
- Determine eligibility and meal package type: ____________________________

Details:
- Each hospital has decided which patient types are referred to this program. Typically, referral criteria is related to high risk for re-admission, medical diagnosis (CHF, COPD, and/or diabetes), malnutrition, food insecurity, etc.
- Your hospital’s specific referral criteria includes: ____________________________
- Referred patients then are assessed for eligibility based on whether they are appropriate to receive the meals, which is based on their dietary restrictions, discharge destination, and other criteria outlined in the Patient Selection Flowsheet.
- Eligible patients then need to be matched to one of the two diet types. This criteria is also outlined in the Patient Selection Flowsheet. If you have any questions, please contact your inpatient dietitian, as appropriate.

Resource:
- Patient Selection Flowsheet (Appendix D)

Step 2: Obtain Patient Consent
Person(s) Involved:
- Administer consent form: ____________________________

Details:
- Execution of the consent form is required for participation in the pilot program. Hospital staff should administer the consent form to the patient and forms should be retained by the Hospital Coordinator. They should not be sent to the Maryland Department of Aging.

Resource:
- Consent Form (Appendix E)

Step 3: Distribute Initial Meal Package
Person(s) Involved:
- Coordinate distribution at discharge: ____________________________

Details:
- The first meal package will be provided at hospital discharge.
- The patient will receive 1 or 2 grocery totes (a 3 or 6 day supply of meals).
- Patient educational materials will be pre-packaged within the meal package for the patient. These materials will explain the diet provided and how to use the foods to create a daily menu of meals. There will also be a handout with community-based referrals for long-term support services, if needed, including SNAP, Area Agencies on Aging, food pantries, and United Way 211.

Resources:
- Community Referral Handout (Appendix F)
- Patient Educational Materials (Appendix G)
Maryland Discharge Meal Program Pilot: Summary and Implementation Instructions

Step 4: Distribute Follow-Up Meal Package
Person(s) Involved:
- Coordinate distribution at follow-up: __________________________

Details:
- The second meal package will be **picked up by the patient at a follow-up visit and/or delivered during a home visit**. The goal is to provide an incentive for the patient to attend their follow-up visit or comply with a home visit.
- The patient will receive the remaining 3 or 2 grocery totes (a 9 or 6 day supply of meals).
- This is an important time to discuss the Community Referral Handout with the patient. We encourage you to connect with your local Area Agency on Aging to identify needed services and programs. Also, Maryland Food Bank and local food pantry information is provided to address food insecurity issues.

Resource:
- Community Referral Handout (Appendix F)
- Patient Educational Materials (Appendix G)

Step 5: Administer Feedback Survey
Person(s) Involved:
- Administer feedback survey: __________________________

Details:
- An anonymous feedback survey will be administered in the following order of preference by the hospital:
  1) in person at or around day 13 post-admission
  2) by telephone if in-person administration is not possible; at or around day 13-post discharge; if unsuccessful, attempt twice more before day 30 post-discharge
  3) by mail if phone call attempts do not succeed by day 30 post-discharge; send paper survey along with a stamped return envelope addressed to the Maryland Department of Aging with instructions to return within 2 weeks of receiving to:
  Laura Sena, Innovations in Nutrition Programs
  Maryland Department of Aging
  301 W. Preston Street, Suite 1007
  Baltimore, MD 21201
- As you administer the survey in-person or by phone, please complete the survey instrument
- The survey administrator should document both successful and unsuccessful attempts to contact the patient on the Tracking Sheet
- **Hospital Coordinator** - please ensure surveys contain no patient information and fax groups of completed surveys to the Maryland Department of Aging, to the attention of Laura Sena at 410-333-7943 by the 5th business day of each month.

Resource:
- Feedback Survey (Appendix H)
Appendix
A. Tracking Sheet
B. Ordering Instructions
C. Provider Educational Materials
D. Patient Selection Flowsheet
E. Consent Form
F. Community Referral Handout
G. Patient Educational Materials
H. Feedback Survey
**MDMP TRACKING SHEET** *Send this form via HIPAA compliant manner to Alice Chan at AliceChan@umm.edu by the 5th business day of each month.*

Fill out these sections as they pertain to your hospital.

<table>
<thead>
<tr>
<th>#</th>
<th>Patient First Name</th>
<th>Patient Last Name</th>
<th>Medical Record Number</th>
<th>Admission Date</th>
<th>Discharge Date</th>
<th>Referred By</th>
<th>Insurance Provider</th>
<th>Referral Criteria Met</th>
<th>List Diagnoses</th>
<th>Diet Type (only choose ONE)</th>
<th>Initial Meal Package</th>
<th>Discharge Date</th>
<th>Follow-Up Meal Package</th>
<th>Patient Signed Consent</th>
<th>Feedback Survey Administration</th>
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</thead>
<tbody>
<tr>
<td>0</td>
<td>Example</td>
<td>Template</td>
<td>1234567</td>
<td>9/10/18</td>
<td>9/16/18</td>
<td>Sally Jones, Case Manager</td>
<td>Aetna</td>
<td>Specific Diagnosis, Food insecurity, CHF, Enhanced Healing</td>
<td>Discharge</td>
<td>9/16/18</td>
<td>Home Visit, In Person</td>
<td>9/16/18</td>
<td>9/16/18</td>
<td>Phone</td>
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</tbody>
</table>
Appendix B: Ordering Instructions

MARYLAND DISCHARGE MEAL PROGRAM PILOT: ORDERING INSTRUCTIONS

**Package sizes:**
- Outer package dimension – 15.5”x 11.5”x 11.5”
- Weight per box – 22-24 lbs. for 6 days box
- Weight per bag – 11-12 lbs for each cloth grocery bag
  Note: Enhanced Healing package will be slightly heavier than Carb-Controlled/Heart-Healthy

**Order processing for the pilot follows:**
Deliveries will occur on Thursdays and Fridays, so please place orders no later than Tuesdays at 10:30AM.
Delivery windows: either 8-12PM or 12-4PM
Minimum order size: 20 boxes
Note: Orders will be standardized to a 50/50 split of each of the 2 diet types (½ Carb-Controlled/Heart-Healthy and ½ Enhanced Healing)

Please send email orders to Tracey, the main contact, and cc Jessica, Zak, and Gary.

Email address:  
- Tracey Ivison (Partner Services Supervisor) - tivison@mdfoodbank.org
- Jessica Corcelius (Partner Services Director) – jcorcelius@mdfoodbank.org
- Zak Jeffries (Warehouse Manager) - zjeffries@mdfoodbank.org
- Gary Melvin (Transportation Manager) – gmelvin@mdfoodbank.org

Email is the best and most effective way to contact the team however phones are:

- Tracey Ivison – 443.297.5180
- Jessica Corcelius 443.297.5193
- Zak Jeffries – 443.297.5207
- Gary Melvin – 443.297.5149

**Email instructions:**
Email subject line: Maryland Discharge Meal Program New Order
Email should include:
- Desired delivery date
- Delivery location
- Quantity of boxes
Appendix C: Provider Educational Materials

What’s in your Box?

Boxes either contain:

- Carb-Controlled, Heart-Healthy meal plan
- Enhanced Healing meal plan

Each patient only gets one type of meal plan
Use the Patient Selection Flowsheet to help you determine which meal plan is right for your patient

Provide tote bags to the patients
Each patient gets four (4) bags total (12 days of food) – an initial set of bags at discharge and the remainder at follow-up

Day 1  Day 2  Day 3  Day 4  Day 5  Day 6
Your patient will either get a **Carb-Controlled, Heart-Healthy** or a **Enhanced Healing** meal package plan.

Here are the differences between the two:

<table>
<thead>
<tr>
<th>Carb-Controlled, Heart-Healthy</th>
<th>Enhanced Healing (high energy &amp; high protein)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Calorie range 1500 – 1700 per day</td>
<td>• Higher calories for medical conditions that use more energy (1900 – 2500 Calories per day)</td>
</tr>
<tr>
<td>• Carbohydrates are 45-55% of total calories in accordance with the adult Dietary Reference Intake*</td>
<td>• Adequate protein for maintaining muscle (over 100 grams per day)</td>
</tr>
<tr>
<td>• Carbohydrates are spread evenly between meals. • Meals are about 3-4 carb choices each and snacks are 1-2 carb choices.</td>
<td>• No restrictions on fat, carbohydrates, or sodium</td>
</tr>
<tr>
<td>• Moderate total fat (25 – 33% of total calories)</td>
<td></td>
</tr>
<tr>
<td>• Adequate protein for maintaining muscle (18 – 20% of total calories)</td>
<td></td>
</tr>
<tr>
<td>• Sodium is under 2,000 mg per day</td>
<td></td>
</tr>
</tbody>
</table>

### Additional information for both meal package plans:

<table>
<thead>
<tr>
<th>Easy to prepare. Requires:</th>
<th>Additional kitchen items required:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Spreading with a knife</td>
<td>• Water</td>
</tr>
<tr>
<td>• Opening a can</td>
<td>• Bowls &amp; plates</td>
</tr>
<tr>
<td>• Pulling off a cap</td>
<td>• Forks, knives &amp; spoons</td>
</tr>
<tr>
<td>• Mixing</td>
<td>• Can opener</td>
</tr>
<tr>
<td>• Puncturing with a straw</td>
<td>• Microwave</td>
</tr>
<tr>
<td>• Pulling open a package</td>
<td>• Optional: scissors (if patient has difficulty opening packages)</td>
</tr>
</tbody>
</table>

Appendix D: Patient Selection Flowsheet

Start

Is My Patient Eligible?

Does your patient have any of the following orders at time of discharge?
- A sodium restriction of less than 2000mg per day?
- A fluid restriction of less than 1500mL per day?
- A potassium, phosphorous or protein restriction
- A modified texture diet order

No to all

Yes to any

STOP

Your patient is not eligible for meal packages.*

Is any of the following true about your patient at time of discharge?
- Patient is being discharged to a facility that provides more than seven (7) meals per week (residential living facility, skilled nursing facility, etc.)
- Patient has a diagnosed food allergy
- Patient has Celiac Disease

No to all

Yes to any

STOP

Your patient is not eligible for meal packages.*

Is any of the following true about your patient at time of discharge?
- Patient has no access to refrigeration or storage space (i.e., patient does not have a place of residence)
- Patient has an active substance addiction (including alcohol) and is not currently in active treatment

No to all

Yes to any

STOP

Your patient is not eligible for meal packages.

Please see the Community Referral Handout for more options.

Is your patient older than 50?

Yes

STOP

Your patient is not eligible for meal packages.

Please see the Community Referral Handout for more options.

No

Which Meal Package Plan?

Patient has higher nutritional needs based on medical condition. This includes:
- COPD diagnosis
- Positive nutrition risk screening or nutrition diagnosis
- Order for dietary supplements

Provide patient with the Enhanced Healing Meal Package

Patient has need for diabetes diet and/or heart-healthy diet OR has no dietary restrictions (regular diet order)

Provide patient with the Carb-Controlled, Heart-Healthy Meal Package

* Please contact your ingenuity dietitian for further evaluation if you have any questions or if you are unsure of patient eligibility.

Please review this flowsheet to the dietitian and nutritional information for meal packages based on the flow.
### Carb-Controlled, Heart-Healthy

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Day 2</th>
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<tr>
<td><strong>Breakfast</strong></td>
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<tr>
<td>Corn Flakes, Fruit Cup, Granola Bar, Milk</td>
<td>Oatmeal, Granola Bar, Milk</td>
<td>Cereal, raisins, Granola Bar, Milk</td>
<td>Corn Flakes, Fruit Cup, Granola Bar, Milk</td>
<td>Cereal, Fruit Cup, Milk</td>
<td>Oatmeal, Granola Bar, Milk</td>
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<tr>
<td>Crackers, Tuna, Tomato Soup, Mayo Packet</td>
<td>Rice &amp; Quinoa, Corn Cup, Salsa, Protein Bar</td>
<td>Tuna, Corn Cup, Vegetable Soup, Crackers, Peanut Butter</td>
<td>Chicken, Crackers, Chicken Noodle Soup, Carrot Cup, Craisins</td>
<td>Tuna, Crackers, Tomato Soup, Peanut Butter</td>
<td>Rice &amp; Quinoa, Vegetable Soup, Corn Cup, Salsa, Protein Bar</td>
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<tr>
<td>Pasta, Chicken, Green Bean Cup, Yogurt</td>
<td>Raisins, Chicken, Carrot Cup, Mayo Packet</td>
<td>Salmon, Pasta, Green Bean Cup, Mayo Packet</td>
<td>Pasta, Tuna, Green Bean Cup, Mayo Packet</td>
<td>Chicken, Raisins, Crackers, Mayo Packet</td>
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<tr>
<td>Crackers, Peanut Butter</td>
<td>Fruit Snacks, Yogurt, Applesauce, Carob</td>
<td>Fruit Cup, Yogurt, Granola Bar</td>
<td>Yogurt, Applesauce, Raisins</td>
<td>Applesauce, Yogurt, Granola Bar</td>
<td>Yogurt, Fruit Snacks, Protein Bar</td>
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<td>33g of Carbs</td>
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### Enhanced Healing (high-protein, high-energy)

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<td>Corn Flakes, Fruit Cup, Granola Bar, Milk</td>
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<td>Corn Flakes, Fruit Cup, Granola Bar, Milk</td>
<td>Cereal, Fruit Cup, Granola Bar, Milk</td>
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<tr>
<td>Tuna, Crackers, Tomato Soup, Mayo Packet</td>
<td>Rice &amp; Quinoa, Corn Cup, Salsa, Protein Bar</td>
<td>Tuna, Corn Cup, Vegetable Soup, Crackers, Peanut Butter</td>
<td>Chicken, Crackers, Chicken Noodle Soup, Carrot Cup, Craisins</td>
<td>Tuna, Crackers, Tomato Soup, Peanut Butter</td>
<td>Rice &amp; Quinoa, Vegetable Soup, Corn Cup, Salsa, Protein Bar</td>
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<td><strong>Dinner</strong></td>
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<tr>
<td>Pasta, Chicken, Green Bean Cup, Yogurt</td>
<td>Raisins, Chicken, Carrot Cup, Mayo Packet</td>
<td>Salmon, Mac &amp; Cheese, Green Bean Cup</td>
<td>Rice &amp; Quinoa, Tuna, Green Bean Cup, Mayo Packet</td>
<td>Chicken, Mac &amp; Cheese, Carrot Cup</td>
<td>Salmon, Pasta, Carrot Cup, Mayo Packet</td>
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<td>60g of Carbs</td>
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<td><strong>Snacks</strong></td>
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</tr>
<tr>
<td>Pretzels, Peanut Butter, Chocolate Milk, Eurese, Protein Bar</td>
<td>Pretzels, Peanut Butter, Ensure, Applesauce, Yogurt</td>
<td>Fruit Cup, Yogurt, Granola Bar</td>
<td>Applesauce, Ensure, Chocolate Milk, Protein Bar</td>
<td>Fruit Snacks, Yogurt, Eurese, Protein Bar</td>
<td>Fruit Cup, Ensure, Protein Bar, Crackers, Peanut Butter</td>
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1 Nutrition facts are estimates based on most accurate data and may not reflect the exact nutritional makeup of the meal packages. Days 1-3 and Days 4-6 are packaged together and a client may not eat everything in the exact order as described on this page.
Purpose & Background
The first two weeks following a discharge from a hospital are very important for recovery. Many patients are at high risk for poor nutrition and readmission to the hospital during this time. The Maryland Discharge Meal Pilot Program is intended to help smooth the transition from hospital to home and to improve the nutritional status of the patients selected by the participating hospital for the pilot.

The Program includes 12 days of medically tailored, shelf-stable food paid for by the Maryland Department of Aging via a grant from the federal Administration for Community Living. The Maryland Food Bank assembles the food packs for the Program. The initial pack of food will be provided by the hospital upon discharge and the second pack of additional food will be available for pickup at a follow-up visit or delivered during a home visit. Participating individuals will be asked to reply to an anonymous client feedback survey.

Not all patients are medically eligible for this meal program. Eligibility criteria is included in the Patient Selection Flowsheet.

I understand, acknowledge, and agree that:
1. I am receiving the initial food pack from the hospital discharging me,
2. I will pick up (or if the hospital so provides, receive) the second pack,
3. My discharging hospital has discussed this pilot program with me in detail and explained to me where I have to go and what I have to do to pick up the second pack,
4. I have discussed the eligibility criteria and have disclosed any relevant information to the hospital,
5. This program does not deal with emergency situations and if I need immediate help, I will call 911,
6. This is a voluntary program,
7. At any time, I have the right to revoke my consent to the release of information I have provided below, and that, in any event, my consent will expire one year from the date I sign this acknowledgement, and
8. There is no cost to participate, but the food provided is for my consumption alone and must not be given or sold to others.

Client Authorization for Release of Information
I consent to:
1. The hospital contacting me in person, by telephone, or by mail for a follow up feedback survey,
2. The hospital sending the results of the survey in an anonymous* fashion so that my identity is not disclosed, to the Maryland Department of Aging,
3. My discharging hospital sharing certain anonymous* information with the Maryland Department of Aging so the Department can know what food packs have been provided by hospitals and been picked up by participants, and
4. My discharging hospital sharing certain health information developed by the hospital with the University of Maryland St. Joseph Medical Center so the effectiveness of the pilot can be evaluated.

*Anonymous means no personally identifying information, such as name or address, is reported and all data is reported in a summary format so no individual can be identified.

I have read this and understand it. If there were parts I did not understand, I asked questions and had it explained to me.

Name of Patient (Printed)
____________________________________________________________
Signature of Patient                            Date
____________________________________________________________
Name of Discharging Hospital
If you need food or other support....

Have you applied for SNAP?

- "SNAP" stands for "Supplemental Nutrition Assistance Program" – formerly known as food stamps. SNAP is a government program. You can apply directly to the state or get help with your application. The Maryland State Information/Hotline Number is 1-800-332-6347.
- Maryland Food Bank has a SNAP Outreach Team that can help with your application. Phone toll-free 1-888-808-7327, Monday-Friday 8am to 5pm.

Area Agencies on Aging provide a wide array of services to people 60 or older, including hot or cold home-delivered meals and group dining (senior center meals). To get connected with your local Area Agency on Aging, call the Maryland Department of Aging at 410-767-1100.

Maryland Access Point (MAP) is a one-stop source of information and assistance for long term services and supports. These include...
- Information on health
- Transportation
- Income and financial aid
- Senior and community centers and clubs
- Nutrition and meals
- Pharmacy assistance
- Housing
- Volunteer opportunities
- And more!

Get connected by calling 1-844-627-5465 or go to www.MarylandAccessPoint.info

Grant funds from the Administration for Community Living (ACL) and the Maryland Department of Aging assisted in the development of this material. Points of view or opinions contained herein are those of the authors and do not necessarily represent the official position or policies of the ACL or Department.
If you need food or other support:

Food Pantries want to help.

To find a food pantry in your area:

1. Go to the Maryland Food Bank website [https://mdfoodbank.org](https://mdfoodbank.org)
2. Click on the words “Find Food” in the top right-hand corner.

3. Scroll down, then click inside the grey box below the words “Address or Zip Code”
4. Enter your address or zip code, select the “within” miles and click on “Submit”

Other services can help by easing emotional or financial burdens in other parts of your life. The United Way has a free, confidential information and referral service.

To get help, call 2-1-1, 24 hours a day, 7 days a week.

If you can’t reach them by calling 2-1-1, use these numbers:
- Greater Baltimore: 410-685-0525
- Elsewhere in Maryland 1-800-492-0618
- TTY (for hearing impaired) 410-685-2159 (weekdays 8:30am–4:45pm).
- You can also go to the website [www.211md.org](http://www.211md.org)
Appendix G: Patient Educational Materials

What’s in your Bag?

Nutritional Content

- **Carbohydrates**
  - 190 – 220 grams per day
  - 45 – 70 grams per meal
  - 15 – 25 grams per snack

- **Sodium**
  - 1500 – 2000 mg/day

Day 1

**Breakfast**
Corn Flakes, Mixed Fruit Cup, PB & Dark Chocolate Granola Bar, Lowfat Milk

**Lunch**
Tuna, Classic Tomato Soup, Wheat Crackers, Mayonnaise To-Go

**Dinner**
Barilla Pasta (1/2 bag), Premium Chicken (1/2 can), Green Beans, Blended Yogurt

**Snacks**
Wheat Crackers, Natural Peanut Butter

Day 2

**Breakfast**
Quaker Oatmeal, PB & Dark Chocolate Granola Bar, Lowfat Milk

**Lunch**
Brown Rice & Quinoa, Sweet Corn, Picante Sauce, Chocolate Deluxe Protein Bar

**Dinner**
Premium Chicken (1/2 can), Raisins, Diced Carrots, Mayonnaise To-Go, Wheat Crackers

**Snacks**
Fruit Snacks, Blended Yogurt, Applesauce

Day 3

**Breakfast**
Mini Wheats, Craisins, Lowfat Milk

**Lunch**
Tuna, Sweet Corn, Hearty Vegetable Soup, Wheat Crackers, Natural Peanut Butter

**Dinner**
Pink Salmon, Barilla Pasta (1/2 bag), Green Beans, Mayonnaise To-Go

**Snacks**
mixed Fruit Cup, Blended Yogurt, PB & Dark Chocolate Granola Bar

Carb-Controlled, Heart-Healthy Meal Packages
What’s in your Bag?

Day 1

**Breakfast**
Corn Flakes, Mixed Fruit Cup, PB & Dark Chocolate Granola Bar, Lowfat Milk

**Lunch**
Premium Chicken (1/2 can), Wheat Crackers, Hearty Chicken Noodle Soup, Diced Carrots, Craisins

**Dinner**
Barilla Pasta (1/2 bag), Tuna, Green Beans, Mayonnaise To-Go

**Snacks**
Blended Yogurt, Applesauce, Raisins

Day 2

**Breakfast**
Mini Wheats, Mixed Fruit Cup, Lowfat Milk

**Lunch**
Tuna, Classic Tomato Soup, Wheat Crackers, Natural Peanut Butter

**Dinner**
Premium Chicken (1/2 can), Wheat Crackers, Raisins, Mayonnaise To-Go, Diced Carrots

**Snacks**
Applesauce, Blended Yogurt, PB & Dark Chocolate Granola Bar

Day 3

**Breakfast**
Quaker Oatmeal, PB & Dark Chocolate Granola Bar, Lowfat Milk

**Lunch**
Brown Rice & Quinoa, Hearty Vegetable Soup

**Dinner**
Pink Salmon, Barilla Pasta (1/2 bag), Green Beans, Mayonnaise To-Go

**Snacks**
Blended Yogurt, Fruit Snacks, Chocolate Deluxe Protein Bar

Nutritional Content

**Carbohydrates**
190 – 220 grams per day
45 – 70 grams per meal
15 – 25 grams per snack

**Sodium**
1500 – 2000 mg/day

Carb-Controlled, Heart-Healthy Meal Packages
Carb-Controlled, Heart-Healthy Meal Packages

The Carb-Controlled, Heart Healthy meal package is designed to provide you with the food you need to help you recover after your visit to the hospital.

Balanced carbohydrates
Carbohydrates (carbs) from the food you eat effect your blood sugar. These meals and snacks are balanced with the right amount of carbs to keep your blood sugar under control throughout the day.

Low salt
Getting too much sodium (salt) can raise your blood pressure and be bad for your heart health. These meals are low in salt to keep your heart healthy and your blood pressure under control.

Easy to prepare
These foods were chosen because they are single-serve, easy to prepare, and can be kept at room temperature for up to six months.

We want you to stay healthy once you leave the hospital. Enjoy these foods on us!

In addition to these meal packages, you may also need:
Water, bowls & plates, forks, knives & spoons, can opener, microwave, scissors

Pro Tip
Be sure not to add any salt to these foods. Try other seasonings, like garlic powder, dried herbs, Mrs. Dash Salt-Free seasoning, or other salt-free seasonings.

Picture source:
http://www.mrsdash.com/products/seasonings-blends/All-original-blend

Grant funds from the Administration for Community Living (ACL), Grant Number 90CH0001 and the Maryland Department of Aging assisted in the development of this material. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the ACL or Department.
What’s in your Bag?

Day 1
- **Breakfast**: Corn Flakes, Mixed Fruit Cup, PB & Dark Chocolate Granola Bar, Lowfat Milk
- **Lunch**: Wheat Crackers, Tuna, Classic Tomato Soup, Mayonnaise To-Go
- **Dinner**: Barilla Pasta, Premium Chicken (1/2 can), Green Beans, Blended Yogurt
- **Snacks**: Pretzels, Natural Peanut Butter, Chocolate Milk, Ensure Shake, Deluxe Chocolate Protein Bar

Day 2
- **Breakfast**: Quaker Oatmeal, Craisins, PB & Dark Chocolate Granola Bar, Lowfat Milk
- **Lunch**: Brown Rice & Quinoa, Sweet Corn, Picante Sauce, Deluxe Chocolate Protein Bar
- **Dinner**: Wheat Crackers, Premium Chicken (1/2 can), Raisins, Diced Carrots, Mayonnaise To-Go, Chocolate Milk
- **Snacks**: Pretzels, Natural Peanut Butter, Ensure Shake, Applesauce, Blended Yogurt

Day 3
- **Breakfast**: Mini Wheats, Craisins, PB & Dark Chocolate Granola Bar, Lowfat Milk
- **Lunch**: Tuna, Sweet Corn, Hearty Vegetable Soup, Wheat Crackers, Natural Peanut Butter
- **Dinner**: Pink Salmon, Mac & Cheese, Green Beans
- **Snacks**: Mixed Fruit Cup, Blended Yogurt, Deluxe Chocolate Protein Bar, Fruit Snacks, Ensure Shake

Enhanced Healing Meal Packages
What’s in your Bag?

Day 1
- **Breakfast**: Corn Flakes, Mixed Fruit Cup, PB & Dark Chocolate Granola Bar, Lowfat Milk
- **Lunch**: Premium Chicken (1/2 can), Wheat Crackers, Hearty Chicken Noodle Soup
- **Dinner**: Brown Rice & Quinoa, Tuna, Green Beans, Blended Yogurt, Mayonnaise To-Go
- **Snacks**: Ensure Shake, Applesauce, Deluxe Chocolate Protein Bar, Chocolate Milk

Day 2
- **Breakfast**: Mini Wheats, Mixed Fruit Cup, PB & Dark Chocolate Granola Bar, Lowfat Milk
- **Lunch**: Tuna, Classic Tomato Soup, Wheat Crackers, Natural Peanut Butter
- **Dinner**: Premium Chicken (1/2 can), Mac & Cheese, Diced Carrots
- **Snacks**: Fruit Snacks, Blended Yogurt, Deluxe Chocolate Protein Bar, Applesauce, Ensure Shake

Day 3
- **Breakfast**: Quaker Oatmeal, Raisins, PB & Dark Chocolate Granola Bar, Lowfat Milk
- **Lunch**: Brown Rice & Quinoa, Sweet Corn, Hearty Vegetable Soup, Blended Yogurt
- **Dinner**: Pink Salmon, Barilla Pasta, Diced Carrots, Mayonnaise To-Go
- **Snacks**: Mixed Fruit Cup, Ensure Shake, Deluxe Chocolate Protein Bar, Wheat Crackers, Natural Peanut Butter

Enhanced Healing Meal Packages
The Enhanced Healing meal package is designed to provide you with the food you need to help you recover and stay strong after your visit to the hospital.

**High protein**
Protein helps keep your immune system strong, keep you from losing muscle, and helps wounds to heal. These foods give you enough protein to keep your muscles strong and to help you heal and recover after your hospital stay.

**High energy**
Eating a balanced diet and getting enough energy from your food is very important when you're recovering. It can be hard to get enough to eat when you are sick, so these foods give you more energy in every bite.

**Easy to prepare**
These foods were chosen because they are single-serve, easy to prepare, and can be kept at room temperature for up to six months.

We want you to stay healthy once you leave the hospital. Enjoy these foods on us!

In addition to these meal packages, you may also need:
Water, bowls & plates, forks, knives & spoons, can opener, microwave, scissors
Appendix H: Maryland Discharge Meal Program Pilot: Feedback Survey

INFORMATION FOR SURVEY ADMINISTRATOR
(NOT TO BE SHARED WITH PATIENT)

PURPOSE/BACKGROUND:

- The purpose of this survey is to collect feedback from clients participating in the Maryland Discharge Meal Program (MDMP) pilot in order to improve the program for future clients.

- The surveys are anonymous and administered in the following order of preference:
  1) in person
  2) by telephone. If these attempts are unsuccessful, then
  3) by mail.

- Document both successful and unsuccessful survey administration contacts on the MDMP tracking form.

- Do not indicate patient’s name or any personal information on the forms.

- The hospital MDMP coordinator will ensure proper tracking of the surveys and will fax groups of completed surveys by the 5th business day of each month to the Maryland Department of Aging FAX, to the attention of Laura Sena at 410-333-7943.

INSTRUCTIONS FOR SURVEY ADMINISTRATION:

STEP 1:
Administer survey verbally face-to-face (if possible) at or around day 13 post-admission. Document patient’s responses on the attached form.

STEP 2:
If in-person administration is not possible, call the patient to administer the feedback survey verbally by telephone at or around day 13 post-discharge and document his/her responses on the attached form. If calls are unsuccessful, attempt twice more before day 30 post-discharge.

STEP 3:
If 3 phone call attempts do not succeed by day 30 post-discharge, send paper survey along with a stamped return envelope addressed to the Maryland Department of Aging with instructions to return within 2 weeks of receiving to:

Laura Sena, Innovations in Nutrition Programs
Maryland Department of Aging
301 W. Preston Street, Suite 1007
Baltimore, MD 21201
Appendix H: Maryland Discharge Meal Program Pilot: Feedback Survey

This survey contains questions about the meal packages that you received from the Maryland Discharge Meal Program Pilot. Your answers will be kept confidential. For this set of questions, we would like you to think about how the meals may have helped you, compared with how you might have felt if you didn’t receive them. Do you feel the meal packages…

1. Helped you recover after being in the hospital?
   □ Yes
   □ No

2. Kept you from losing weight?
   □ Yes
   □ No

3. Helped you manage your health condition (for example, hypertension, diabetes, etc.)?
   □ Yes
   □ No

4. Provided you with food that you wouldn’t have otherwise been able to buy or shop for?
   □ Yes
   □ No

5. Provided you with something to eat when you had difficulty preparing your own meals?
   □ Yes
   □ No

6. Helped you eat healthier food?
   □ Yes
   □ No

7. Considering all the meal packages combined, how much of the food did you eat?
   □ ¼ or less
   □ ½ or less
   □ ¾ or less
   □ Almost all

8. Do you feel the foods met your nutritional needs based on your health condition?
   □ Yes
   □ No
   □ If yes, how? _________________________________
   □ If no, why not? _________________________________

9. Of the foods you received, what were your top 3 favorites?
   1) _________________________________
   2) _________________________________
   3) _________________________________
Appendix H: Maryland Discharge Meal Program Pilot: Feedback Survey

10. Of the foods you received, what were your 3 least favorite?
   1) ______________________________
   2) ______________________________
   3) ______________________________

11. Did you have any trouble opening the food packages?
    □ Yes
    □ No
    □ If yes, which ones? ______________________________

12. Was it easy to get the meal packages home from your hospital discharge and follow-up visit (if applicable)?
    □ Yes
    □ No
    □ If no, please describe any issues. ______________________________

13. Did the second meal package make it more likely for you to attend your follow-up visit?
    □ Yes
    □ No
    □ Not applicable

14. Did you find the “What’s in Your Bag?” menus provided helpful?
    □ Yes
    □ No
    □ If no, why not? ______________________________

15. Did the pilot program help you connect to organization(s) that provide wellness, meals, financial, housing, caregiver supports (or similar services)?
    □ Yes
    □ No
    □ If yes, what organization(s)? ______________________________

16. Did the pilot program help you connect to program(s) that can help you eat better, like senior centers, food pantries, SNAP, etc.?
    □ Yes
    □ No
    □ If yes, what program(s)? ______________________________

IF YOU RECEIVED THIS SURVEY BY MAIL, PLEASE PLACE YOUR COMPLETED FORM IN THE ENVELOPE PROVIDED AND MAIL BACK PROMPTLY.

THANK YOU! WE APPRECIATE YOUR FEEDBACK!

Date Survey Completed: ______________________________
Post-Discharge Meal Distribution Programs

Bethesda NEWtrition and Wellness Solutions

Developed for the Maryland Department of Aging

MAY 2019

Grant funds from the Administration for Community Living (ACL), Grant Number 90INNU0002-02-01 and the Maryland Department of Aging assisted in the development in this material. Its contents are solely the responsibility of the authors and do not necessarily represent the official position or policies of the ACL or Department.
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Introduction

Background

Seniors leaving the hospital at risk for malnutrition have a higher rate of readmission and death. Some studies estimate that as many as 30% of hospitalized patients may be malnourished at the time of their admission (Sharma et al., 2017) and as many as 49% of older adults are malnourished after discharge. (Buys et al., 2017) A recent study conducted by Sharma et al has shown that impaired nutrition status upon discharge can increase the incidence of readmission to the hospital both in the short-term (0-7 days) and the longer-term (8-180 days) post discharge. (Sharma et al., 2017)

As the US population gets increasingly older, addressing senior malnutrition is becoming more of a priority. The number of Americans aged 65 and older is expected to almost double by 2050 to 88 million (“World’s older population grows dramatically | National Institutes of Health (NIH),” n.d.) and those 85 and older are projected to more than double by 2040 to 14.6 million. (Administration on Aging, 2017)

About the Maryland Discharge Meal Program (MDMP)

The Maryland Discharge Meal Program (MDMP) is part of an initiative put forward by the Maryland Department of Aging (MDoA). The program is funded by an Innovations in Nutrition Programs and Services grant from the Federal Administration for Community Living. The goal of the grant project is: to transform the Maryland Department of Aging’s Senior Nutrition Program (SNP) by using the epidemic of older adult malnutrition as the catalyst to introduce new evidence-based practices, cost-cutting measures, meal products, and service delivery methods that will forge new health care linkages and expand services to older adults in the community. (language from grant application)

The MDMP is a pilot that will provide shelf-stable, medically-tailored meals to 200 seniors being discharged from four hospitals in Maryland. The program partnered with Maryland Food Bank, which was responsible for purchasing, packaging, and distributing meal packages to the pilot hospitals. Hospital staff will then distribute the meal packages to patients leaving the hospital who meet the criteria for the program. Potential participants will be screened for eligibility based on their age, medical condition(s), and risk for malnutrition upon leaving the hospital. The pilot program will particularly focus on addressing malnutrition risk associated with chronic conditions that have been identified as having high readmission rates for these particular hospitals.

A participant will receive one of two medically-tailored meal packages based on their medical needs. For this pilot, two types of meal packages are included. The Carb-Controlled, Heart-Healthy (CC/HH) meal package is low in sodium, meets the DRI for macronutrients (protein, fat, and carbohydrates), and evenly distributes carbohydrates between meals and snacks. The CC/HH packages are intended to be used for participants with diabetes mellitus, hypertension, and/or congestive heart failure. The Enhanced Healing (EH) meal package is higher in protein and calories and has no restrictions on sodium, carbohydrates or fat. The EH package is intended to be used for participants who have higher energy needs due to their medical condition, such as chronic obstructive pulmonary disease. Table I, below, contains a more specific nutritional summary.
### Table I: Nutritional summary of MDMP meal packages

<table>
<thead>
<tr>
<th>Meal package type</th>
<th>Nutrition data (ranges)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Calories</td>
</tr>
<tr>
<td>Carb-Controlled, Heart-Healthy (CC/HH)</td>
<td>1500 – 1700 per day</td>
</tr>
<tr>
<td></td>
<td>45-55% of total calories per day</td>
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<tr>
<td></td>
<td>• 190 – 220 grams per day</td>
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<tr>
<td></td>
<td>• 45 – 70 grams per meal</td>
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<td></td>
<td>• 15 – 25 grams per snack</td>
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<tr>
<td></td>
<td>25-33% of total calories per day</td>
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<tr>
<td></td>
<td>18% - 20% of total calories per day</td>
</tr>
<tr>
<td></td>
<td>Under 2,000 mg per day</td>
</tr>
<tr>
<td>Enhanced Healing (EH)</td>
<td>1900 – 2500 per day</td>
</tr>
<tr>
<td></td>
<td>No restrictions</td>
</tr>
<tr>
<td></td>
<td>No restrictions</td>
</tr>
<tr>
<td></td>
<td>Over 100 grams per day</td>
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<tr>
<td></td>
<td>No restrictions</td>
</tr>
</tbody>
</table>

### Purpose of this Report

With increased awareness of the impact of malnutrition on older adults, several initiatives to address this area of concern have been underway both in the US and abroad. Meal distribution programs similar to the MDMP have provided insight into processes, ideas, and potential collaborations that have been tried—both successfully and unsuccessfully—in the past. Takeaways from these programs informed the development of the MDMP. A review of relevant literature and similar programs/initiatives and their takeaways are profiled in the following pages. For each program reviewed, this report includes a compilation of costs and distribution methodology and what each program may do to ensure meals are culturally appropriate, person-centered, or medically-tailored.

### Literature & Program Review

Community and government programs have taken initiatives to tackle senior malnutrition using innovative care models and nutrition programs. Meals on Wheels America (“Meals on Wheels America,” n.d.) is one program that has been delivering meals to people’s homes for generations, however newer local initiatives are also underway. Table II, below, is a review of some of the programs that have informed the MDMP initiative.

### Review of Post-Discharge Meal Programs, Literature, Insurance Company Initiatives, and Other Similar Programs

The MDMP is unique in that it targets all seniors who have nutritional risk regardless of socioeconomic status. Several programs in the US provide meals specifically for low-income individuals, such as home delivered meals provided through Medicaid or the Commodity Supplemental Food Program (CSFP) (“Commodity Supplemental Food Program (CSFP) | Food and Nutrition Service,” n.d.). Additional programs serve older adults of any income but target those with economic or social needs, including the Older American’s Act congregate and home delivered meal programs (Administration for Community Living & Administration on Aging, 2014). While there is clearly a need to specifically address low-income seniors, malnutrition risk for seniors impacts all socioeconomic levels and therefore the MDMP does not have an income criteria for inclusion..

Programs reviewed here have a variety of goals and objectives, all centered around addressing high hospital admission and readmission rates, similar to the goals of the MDMP. For example, the Food is Medicine Coalition of California (CalFIMC) is specifically targeting adults suffering from congestive heart failure who they determined are at highest risk of hospital readmission and worsening health outcomes.
(Trust & Food, 2017) The Philadelphia MANNA project is targeting adults with AIDS or other chronic illness that puts them at high nutritional risk. And Flavor Harvest @Home provides their meal services for community members or recently discharged patients who have specific chronic conditions. Other programs only have an age requirement for eligibility, not subject to medical condition.

The types of meals offered by these programs vary widely, and some programs offer a variety of different meal types depending on the need of the participant. The MDMP meals are unique in that they are entirely shelf-stable. Only a few other programs have focused specifically on shelf-stable meals. One such program is the Metropolitan Interfaith Association (MIFA) No Hungry Senior program, which provided 7 shelf-stable meals to seniors who were deemed capable of light meal preparation. Maintaining Active Citizens’ Maryland Malnutrition Model (MDMM) offers shelf-stable emergency food bags and shelf-stable snack bags.

| Overview | Coalition of meal providers in California; first multi-county and multi-organization study of this kind in the US; members include: Ceres Community Project, Food for Thought, The Health Trust, Mama’s Kitchen, Project Angel Food, and Project Open Hand. |
| Goals | To reduce hospital and emergency department 30-day and 90-day readmissions, to show the cost-effectiveness of including medically-tailored meals as part of Medi-Cal covered benefits, and to inform California policy. |
| Funding Source(s) | Funded by Senate Bill 97 passed in June of 2017, approved by Governor Jerry Brown and the California Legislature that provides $6 million for a 3-year project period. |
| Target Population | Medi-Cal insurance beneficiaries who have a diagnosis of congestive heart failure (CHF) and have been discharged from an inpatient stay (at a hospital, emergency department or skilled nursing facility) resulting from exacerbation of CHF. Approximately 1,000 patients to be included. Patients need to be able to refrigerate and re-heat foods. |
| Meal Types | Medically-tailored meals approved by a Registered Dietitian Nutritionist (RDN) that follow evidence-based practice guidelines. Meals are recommended based on a nutritional assessment or healthcare provider recommendations. 3 meals per day are provided for 12 weeks. Multi-organization and multi-county project—each of the organizations is familiar with the needs and cultural preferences of their target population. |
| Outcomes | The Cal FIMC is an ongoing project (began in 2018), so outcomes are not available yet. Outcomes will be measured using data collected from Medi-Cal utilization and claims data. Outcomes include changes in hemoglobin A1C, health care utilization (ex: emergency department visits), skilled nursing use, readmissions, overall costs of care, and other measures. |
| Costs | Costs range, for example Mama’s Kitchen was $2.92 per meal. |
| Distribution Methodology | The multi-centered approach allows for a wide distribution of services to multiple counties in California. This project specifically works with Medi-Cal recipients, but is intended to stand as an example that other projects can imitate. |
| Sources | (Food et al., n.d.), (Medi-Cal Medically Tailored Meal Pilot Project, 1996), (Medicine, n.d.), (Food is Medicine Coalition (FIMC), 2018), (Free / Medi-Cal Covered Medically Tailored Meals and Medical Nutrition Therapy for Discharged CHF Patients Scope of Intervention How to Refer, n.d.) |

**MANNA (Philadelphia)**

| Overview | MANNA began as a church-affiliated meal delivery program for Philadelphia residents with AIDS. MANNA expanded its services to anyone at nutritional risk due to critical illness in 2006. The program includes medically-tailored, in-house cooked meals and nutritional counselling. |
| Goals | Providing nourishment to critically ill neighbors. |
| Funding Source(s) | MANNA is a non-profit organization funded by donations from individuals, foundations and corporations, special events, and insurance coverage for some services. |
| Target Population | Residents of Philadelphia suffering from AIDS and other critical illness at risk for undernutrition and isolation. MANNA clients must currently be battling or in care for a serious illness and, due to that illness, are at acute nutritional risk. Some nutrition indicators include: |
| | • Recent unintentional weight loss |
Recent, extended hospitalization
Start of new medical treatment (e.g., chemotherapy, radiation, or hemodialysis)
Recovery from surgery
Wound care“ (Apply for MANNA Services - MANNA,” n.d.-a) (Apply for MANNA Services, n.d.)

Meal Types
Fully-prepared, frozen meals, delivered once a week: 7 breakfasts, 7 lunches, 7 dinners, desserts, and fresh fruit. Meals are high in protein, and moderate in carbohydrate, sodium and fat. Offers 11 different dietary modifications, including kidney friendly (low potassium low phosphorous, low sodium), diabetic/heart healthy (carbohydrate and sodium controlled), low lactose, GI friendly (low fiber, mild spice), no pork, no beef, no seafood, mechanical soft, pureed, high protein/high calorie, and children’s menu. Adaptations for personal or religious requirements. Can combine up to 3 modifications.

Outcomes
MANNA patients who received medically-tailored meals and medical nutrition therapy (MNT) experienced 50% fewer hospital admissions, were 23% more likely to be discharged to their homes rather than another facility, and had 28% lower monthly health care costs.

Costs
~$4.40 per meal.

For the 2017 fiscal year MANNA spent $4,390,043 on meals and services. In their IRS Form 990, MANNA reported serving 995,270 meals in FY 2017. This comes to about $4.40 per meal.

Distribution Methodology Sources
("Apply for MANNA Services - MANNA,” n.d.-b), (Mccarron, 2017), (Gurvey et al., 2013), (Daugherty, Hoskins-Brown, & Laverty, n.d.), (MANNA, 2017)

Overview
This agency is focused on improving social determinants of health by providing corresponding services and support. SMAA conducted a 2-year pilot of home delivered meals with 622 patients at high risk of readmission called “Simply Delivered Meals” in affiliation with Maine Medical Center.

Goals
Reducing 30-day readmission rates post-acute care. Improving emergency department usage and hospital admission rates.

Funding Source(s)
Hospital partners and grant funding.

Target Population
Elderly and Medicare patients (for pilot study).

Meal Types
Meals are frozen, prepared and no bread or milk is given. No information indicates that meals were tailored to be culturally appropriate beyond the different varieties of meals (i.e. vegetarian, gluten-free). Meals were given based on indicated preferences and diagnosis. Meals were specialized (e.g. vegetarian, pureed, regular, gluten free, low sodium, diabetic, renal, other/allergies) and could be packaged to meet multiple needs.

Outcomes
The 2-year pilot conducted at SMAA demonstrated a 387% return on investment, and a 23% more likely to be discharged to their homes rather than another facility, and had 28% lower monthly health care costs.

Costs
~$7 per meal.

For the pilot study, the costs of providing 7 meals to 622 patients was $43,530.

Distribution Methodology Sources

Overview
This project was an extension of an existing intervention at Lee Health in Southwest Florida into the primary care setting. Dietitians were trained to identify malnutrition risk in a primary care setting and patients who were at-risk received 4 weeks of medically-tailored meals along with a clinical dietetic consultation.

Goals
Improvement in long-term health status (reduced hospital length of stay, lower readmission rates, improved reimbursement opportunities, reduced operational costs) and quicker recovery for recently discharged patients. Improved clinical status was indicated by measures such as weight gain, grip strength, and functional status.

Funding Source(s)
Grants from Bank of America and The Allen Foundation funded the meals. Funding was for 2 years and supported 60 patients.

Target Population
Patients being discharged from Cape Coral Hospital and Gulf Coast Medical Center that were identified as at-risk for malnutrition. Specifically targeting frail elderly patients with chronic conditions (especially congestive heart failure, chronic obstructive pulmonary disease, acute myocardial infarction, or pneumonia).
Meal Types | Meal options were individualized and approved by a RDN based on the patient’s medical condition. Meals were provided for a 7-day period and included 3 meals per day and snacks. Meals were a mix of fresh produce, shelf-stable items and frozen prepared meals.

Outcomes | Patients participating in the program were found to have a reduced length of stay in the hospital, improved fluid status and strength, and reduced readmission rates.

Costs | ~$10 per meal.

Distribution | The program estimated that meals would cost an average of $840 per person for 4 weeks. Based on 3 meals per day for 28 days, the cost came to about $10 per meal.

Methodology | Patients eligible for this program were identified from two area hospitals (Cape Coral Hospital and Gulf Coast Medical Center) using the Flavor Harvest Assessment Screening Tool (FHAST) and a physical exam to identify malnutrition risk. After discharge, Flavor Harvest @Home coordinated the home delivery of meals, using their existing vehicle delivery structure.

Sources | ("Flavor Harvest@HOME - AARP Foundation," n.d.), (Flavor-Harvest-at-HOME.pdf, n.d.), ("Lee Health – Flavor Harvest@Home | AHA," n.d.)

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**Maintaining Active Citizens Maryland’s Malnutrition Model (MDMM)**

Overview | Maintaining Active Citizens (MAC) is the Area Agency on Aging (AAA) in Salisbury, MD, and serves surrounding counties. Clients receive home visits to establish them for home nutrition services and then are screened for malnutrition risk, food insecurity, and other social determinants of health. Appropriate interventions are put into place based on areas of concern identified in the screening and the client is followed by a community health worker through home visits and follow up calls. Meal packages are provided based on malnutrition and food security risk, and also can be given as “emergency” bags when recently discharged from the hospital.

Goals | Collaborative and encompassing approach to combat malnutrition.

Funding Source(s) | Grant funding.

Target Population | Seniors at-risk for malnutrition.

Meal Types | The program offers different types of meals based on client needs. There are fresh fully-prepared meals, soups, shelf-stable emergency food bags, and shelf-stable snack bags. Meal bags were designed with input from community members about what would be acceptable to members of the population being served. The RDN meets with each participant to determine the best meal package plan for that person. Food items in the meal packages are low in sodium, fat, and added sugar, and are high in fiber. All meals meet the nutritional standards set by the Maryland Department of Aging and provide one-third of the RDI for older adults and 30 grams of protein.

Outcomes | Project is still underway.

Costs | ~$3 per meal.

Distribution | MAC is responsible for packaging and distributing the meal packages to participants homes.

Methodology | (Simon, Beardsley, Davidson, Lachenmayr, & Eagle, 2018)

Sources | (Lee Health – Flavor Harvest@Home | AHA, n.d.)

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**Metropolitan Interfaith Association (MIFA) No Hungry Senior**

Overview | The Metropolitan Inter-Faith Association (MIFA) serves the Memphis, Tennessee metropolitan area with programs for seniors and families. In 2014 MIFA initiated the No Hungry Senior program in partnership with the Aging Commission of the Mid-South (ACMS), Mid-South Food Bank, Catholic Charities of West Tennessee, the Memphis Jewish Federation, the Common Table Health Alliance, Baptist Memorial Health Care, and Methodist Le Bonheur Healthcare. The program began with a pilot in 2014 with 20 clients and was expanded to 35 in 2015 with the receipt of a new grant from the H. W. Durham Foundation.

Goals | The goals of the program are to reduce the number of food-insecure seniors in Shelby County, improve and maintain seniors’ overall health, and reduce hospitalizations and emergency room utilization.

Funding Source(s) | Initially, a three-year, $3.98 million grant from the Plough Foundation funded the program. A subsequent $50,000 grant came from the H. W. Durham Foundation for FY2015. Funding also came from the Wal-Mart Foundation and the Jewish Federations.

Target Population | Shelby County residents in Tennessee, 60 years or older. Specifically focusing on those that are homebound, recently discharged from hospitals, or particularly challenged by a lack of transportation. Clients were identified from the agency’s Meals on Wheels waiting list.

Meal Types | • 5 home delivered hot/frozen meals delivered M-F by MIFA (for highest need clients)
• 7 shelf-stable meal box delivered weekly by MIFA and Catholic Charities (for those who can do some light meal preparation)
• 5 home delivered hot/frozen kosher meals per week provided by Memphis Jewish Federation
### Humana Dine Well

**Overview**
This program provides nutritious meals to eligible Medicare Advantage members recovering from an inpatient stay in a hospital or skilled nursing facility. Meals are also available for some Humana Medicare members who are enrolled in a qualified chronic-condition special needs plan. The chronic conditions supported by this program include diabetes, chronic obstructive pulmonary disorder (COPD), congestive heart failure (CHF) and some other cardiovascular disorders.

**Goals**
Overall goal is to improve member health and wellbeing. Meals are intended to provide proper nutrition after a long-term illness or condition that may have caused loss of important vitamins and proteins. The program doesn’t just serve meals, they keep track of patients and know all about their well-being, so that they can provide the proper meals to their door.

**Funding Source(s)**
Health plans/membership.

**Target Population(s)**
Seniors who are Medicare Advantage members.

**Meal Types**
There are several diets a Humana Member could choose from such as regular, pork-free, fish-free, pureed, diabetic, vegetarian, pureed, renal supportive options and kosher meals.

- Patients who have been discharged from a hospital or skilled nursing facility (SNF) receive 10 frozen, packaged, low-sodium meals. Patients can receive meals in conjunction with up to four hospital/SNF admissions per year.
- Patients who are eligible for the chronic condition meals program receive 20 frozen, packaged meals that support the special dietary needs of that chronic condition. Patients with multiple conditions can receive multiple benefits.

**Outcomes**
Humana Medicare Advantage members who participate in the Well Dine delivery program have fewer hospital readmissions, shorter hospital stays and fewer emergency-room visits.

**Costs**
No cost to the recipients, cost per meal unreported.

**Distribution**
Via health care providers; health care providers send a referral and Humana arranges meal delivery.

**Methodology**
Catholic Charities manages meal deliveries. MIFA produces the meals, Mid-South Food Bank sources the foods, and Catholic Charities manages meal deliveries.

**Sources**
- (MIFA, n.d.), (“MIFA - Metropolitan Inter-Faith Association - Home,” n.d.)
- (Humana Inc., 2019)

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### Better Meals (Vancouver)

**Overview**
Established in 1993, Better Meals offers a wide selection of nutritious meals and à la carte food items including breakfast, homemade pies, side dishes, and 3 course dinners (soup, entree, and dessert), fresh sandwiches and wraps, snacks, and à la carte individual dinners. Meals are delivered in the service area of Greater Vancouver, Fraser Valley, Greater Victoria, Mid Vancouver Island and into the Okanagan and Interior.

**Goals**
Providing natural, tasty and beneficial meals with nutritional value conveniently delivered. They strive to provide meals made from scratch that are:
- Cooked using healthy fats and minimal added salt
- Provide adequate calories and protein to support health during illness and healing
- Evocative of warm memories and feelings of comfort
- Culturally appropriate

**Outcomes**
Outcomes from 1

**Costs**
~$7 per meal.

**Distribution**
Meals are distributed by volunteers. MIFA produces the meals, Mid-South Food Bank sources the foods, and Catholic Charities manages meal deliveries.

**Methodology**
**Sources**
### Community Servings

**Overview**
Community Servings is a Boston-based not-for-profit organization with a 27-year history of providing medically-tailored meals and nutrition services to individuals and their families coping with critical and chronic illnesses. They provide 2 meals per day for 5 days per week to provide 50-67% of daily needs. Eligibility is based on extent of illness, clients’ lack of mobility, and factors that make it difficult to cook and shop (food desert, wheelchair, not able to carry groceries). The program also provides nutrition education and counseling for clients who are no longer in need of delivered meals.

**Goals**
- Improve health outcomes for critically ill clients and reduce health care costs.

**Funding Source(s)**
- Funding from charitable financial, in-kind donations from corporations, foundations and individuals.

**Target Population**
- Critically ill individuals including adults and children.

**Meal Types**
- 17 medical diets with up to three combinations per patient including bland – mild and low in sodium, children’s menu, chopped/soft, diabetic, heart-healthy, low-fat/low cholesterol, low fiber, no citrus/tomatoes, no dairy, no eggs, no fish/shellfish, no nuts, no poultry, no red meat, low vitamin K, renal, vegetarian, and nausea care packages.

**Outcomes**
- Study to look at role of medically-tailored meals on health of clients from the perspective of healthcare workers (case managers, nurses, physicians) who referred patients to Community Servings’ services through qualitative interviews and online surveys found improved psychosocial well-being (relieved anxiety so that energy can be focused on treatment); promoted healthy weight (stabilize or gain weight); provided high-quality, holistic care (care for the whole patient); improved adherence to medications and treatments (reduces side effects). 96% reported that the meal program improved their clients’ health; 65% believed the program resulted in decreased hospitalizations; 94% believed the program significantly improved patients’ access to healthy food; 16% net reduction in average monthly health care costs for patients who received the Community Serving home delivered, medically-tailored meals.

**Costs**
- $350 monthly per person.

**Distribution Methodology**
- Home delivered meals. They deliver to 20 different cities or 300 square miles; clients outside of delivery area can pick up meals.

**Sources**
- (“Community Servings Food Heals,” 2019)
- (“Financials | Community Servings,” n.d.)

### Diabetes Initiative Food Box – Feeding America

**Overview**
Feeding America Diabetes Initiative provides diabetes-appropriate food to clients through monthly or bi-monthly food distributions. The Feeding America Diabetes Initiative was piloted at three member food banks that offered tailored services to people with diabetes. These services included nutrition education, blood sugar monitoring, healthy food and referrals to primary care providers.

**Goals**
- Improve diabetes outcomes and reduce food insecurity.

**Funding Source(s)**
- Funding from the Bristol-Myers Squibb Foundation, the Food Bank of Corpus Christi (Corpus Christi, TX), the Mid-Ohio Foodbank (Columbus, OH) and the Redwood Empire Food Bank (Santa Rosa, CA).

**Target Population**
- Individuals with diabetes struggling with food insecurity.

### Funding Source(s)
- Money collected for the meals; individuals place orders online and weekly delivery is free.
- Funding from the Bristol Myers Squibb Foundation, the Food Bank of Corpus Christi (Corpus Christi, TX), the Mid-Ohio Foodbank (Columbus, OH) and the Redwood Empire Food Bank (Santa Rosa, CA).

### Meal Types
- Regular, diabetic, low sodium, minced, and à la carte. Meals are made with:
  - No MSG or preservatives are added
  - Natural spices are used to reduce sodium
  - Full course and à la carte meals are blast frozen to maintain freshness and preserve nutrients
  - Salads and sandwiches are prepared shortly before their arrival for a refreshing taste

### Outcomes
- Not reported.

### Costs
- “$6.75 per meal.

### Distribution Methodology
- Home delivered meals; delivered weekly (free); orders may be placed online.

### Sources
Meal Types  Diabetes-friendly diet box. Food items provided include whole and unrefined grain products, fresh fruits and vegetables, canned fruits in own juice, low-sodium vegetables, sauces, soups, low-fat dairy, lean meats, and beans.

Outcomes  Individuals with diabetes showed improvements in pre-post analyses of glycemic control (hemoglobin A1c decreased from 8.11% to 7.96%), fruit and vegetable intake (which increased from 2.8 to 3.1 servings per day), self-efficacy, and medication adherence. Among participants with elevated HbA1c (at least 7.5%) at baseline, HbA1c improved from 9.52% to 9.04%.

Lessons learned from this pilot include:
- Clients requested utensils, spices and cooking oil needed to cook items in the food boxes.
- Providing recipes and tips was found to be valuable.

Costs  ~$0.38 - $0.94 per meal.

Distribution Methodology  Two general methods of distribution:
- Clients coming to food pantries are screened for diabetes, then offered a diabetes-friendly box to help them make good choices for their meals.
- Provider referral. Clients without a doctor are referred to a local provider who can make sure they get the healthcare services, including medication and blood sugar testing supplies that they need to manage their disease.

Sources  (Prendergast, 2014), (Seligman, Bindman, Vittinghoff, Kanaya, & Kushel, 2007), (Seligman et al., 2015) (Feeding America, 2019), (Feeding America, n.d.)

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**Food & Friends**

Overview  Food & Friends provides meals, groceries, nutrition counseling and a two hour cooking class called CHEW to people living with life-challenging illnesses such as HIV/AIDS and cancer. Determination of eligibility is entirely health-based. Food & Friends has no requirements for income or insurance coverage.

Goals  To improve the lives and health of people with HIV/AIDS, cancer and other serious illnesses that limit their ability to provide nourishment for themselves.

Funding Source(s)  Financial support comes from individuals, corporations/foundations, public funding and in-kind donations from corporations and individuals.

Target Population  To be eligible for services, one must have AIDS, cancer, poorly-controlled diabetes or be receiving hospice care, have a compromised nutritional status and a limited ability to prepare his/her own meals. Food & Friends’ clients must be referred by a healthcare provider.

Meal Types  11 different meal plans including regular, pureed, diabetic, shelf-stable, renal, no dairy, heart-healthy, soft, vegetarian, no fish, and gastrointestinal friendly. Each Food & Friends meal delivery contains 2 days-worth of food including a variety of fresh and frozen components. Each delivery includes food for breakfast, lunch and dinner, along with liquid nutritional supplements, as needed.

Outcomes  858,021 meals served to 2,624 clients in 2017. Health outcomes improved – 72% reported improved health, 76% felt better able to follow their doctor’s orders, 73% reported being better able to manage the side effects of their treatment or medications, 66% reported fewer hospitalizations after receiving services, 88% found it less stressful to provide food for themselves and their family.

Costs  No cost/fee for services to clients.

Distribution Methodology  Meals are delivered by volunteers and staff.

Sources  (“Food & Friends,” n.d.)

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**New Opportunities, Inc.**

Overview  New Opportunities, a senior nutrition services provider, partnered with Care Transitions, a care management coordination provider to provide high risk hospital patients meals for 30-90 days and nutrition counseling and education.

Goals  To prevent readmission for high risk seniors recently transitioning from hospital to home.

Funding Source(s)  The CT Community Foundation and Meals on Wheels.

Target Population  High risk seniors recently transitioning from hospital to home. For the pilot, 4 individuals were selected from a partner health provider.

Meal Types  2 medically appropriate meals per day.
| **Outcomes** | In a five-month period the program showed a 100% success rate keeping four patients referred to the program at home for 60 days or more. |
| **Costs** | The program spent $1,500 for four patients over 60 days. |
| **Distribution Methodology** | Home delivered meals. Drivers deliver the meals. The program trained drivers to track health status and send report back to Senior Nutrition Services and they would contact cardiologist if there were red flags. |
| **Sources** | (American Society on Aging, 2017) |

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**God’s Love We Deliver (GLWD) – New York**

**Overview**
The program prepares and delivers nutritious, high quality meals to people who, because of their illness, are unable to provide or prepare meals for themselves. GLWD also provides illness-specific nutrition education and counseling to clients, families, care providers and other service organizations. All services are provided free of charge without regard to income.

The program provides home delivered meals determined by an RDN and executive chef. Each week clients receive 10 meals, as well as nutrition counseling and education. Clients get their first meal within 1-4 days of signing up. The program also provides nutrition tip guides for HIV, breast cancer, colorectal cancer, and prostate cancer as well as older adults and caregivers.

**Goals**
GLWD’s aim is to improve the health and well-being of men, women and children living with HIV/AIDS, cancer and other serious illnesses by alleviating hunger and malnutrition.

**Funding Source(s)**
Funding includes government, private including corporations and foundations, and individual giving.

**Target Population**
Men, women, and children living with HIV/AIDS, cancer, Alzheimer’s disease, ALS, Parkinson’s disease and other life-altering illnesses throughout the five boroughs of New York City, Westchester and Nassau Counties, and Hudson County, NJ.

**Meal Types**
Medically-tailored meals with choices that include regular, modified, children’s and vegetarian. They follow a four-week menu cycle with each meal containing a soup, entrée, bread and dessert. Clients with special needs work with an RDN.

**Outcomes**
7000 served annually; 1.2 million home delivered meals; 90% of clients live below the poverty line.

**Costs**
Free to clients.

**Distribution Methodology**
Home delivered to 5 boroughs of NYC, Hudson County, and 2 congregate sites in Newark, NJ.

**Sources**

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**Home Plate Meal Program**

**Overview**
The Home Plate Meal Program (HPMP) is administered by the Johnson County Area Agency on Aging. The program is supported by the Older Americans Act and provides short-term meal service to seniors and retired veterans post hospital discharge.

Once a patient is discharged from the hospital, they are referred to the HPMP by a discharge planner or social work staff member. Following referrals, staff member at the Johnson County Area Agency on Aging contacts patient within 72 hours of hospital discharge to make arrangements to deliver a meal package.

A nutrition assessment is completed within 3 days of discharge and follow-up calls are made to evaluate additional service needs such as a home-visitor nurse, ongoing nutrition services, etc.

**Goals**
The program goal is to assist seniors and retired veterans in their recuperation, decreasing the incidence of hospital readmission.

**Funding Source(s):**
Government and clients (donations).

**Target Population**
Patients age 60+, homebound, and discharging to a home in Johnson County from a participating hospital/rehabilitation facility.

**Meal Types**
Microwavable 7-day frozen meal package (meat entree, vegetable, fruit, dessert, and whole wheat bread or cornbread, and milk).

**Outcomes**
Program is currently suspended.

**Costs**
Donations accepted as payment.

**Distribution Methodology**
Following a referral to the HPMP, a staff member with the Johnson County Area Agency on Aging will contact the patient to make arrangements to deliver the 7-day frozen meal pack to the patient at home within 72 hours of hospital discharge.

**Sources**
(“Home Plate Meal Program | Johnson County Kansas,” n.d.)
### Independent Living Systems (ILS)

| Overview | Independent Living Community Services Inc. (ILS) is a non-profit organization in Miami-Dade County, Florida. ILS aims to deliver meals, community-based services that improve the daily living experience for special needs populations from children to the elderly as well as rebalancing costs across the healthcare system. The program offers home delivered meals, nutrition counseling and care coordination. ILS currently delivers 800,000 meals per month through Care Delectable meal delivery. |
| Goals | The program seeks to improve community-based care transitions, outcomes, and reduce readmissions and overall cost. |
| Funding Source(s) | Government sponsored and private insurance plans. |
| Target Population | The elderly, special needs, and at risk-populations in Miami with qualifying health plans. |
| Meal Types | Offer 10 frozen home delivered meals (regular heart friendly, fish free, pork free, diabetic, gluten free, renal, vegetarian, puree, kosher). |
| Outcomes | Florida’s Experience: Expanding the CMS Care Transition  
- Community readmission rate: 22.1%  
- 30-day readmission rate: 13.5% (meals only)  
- 30-day readmission rate: 7.6% (meals and nurse visit)  
- Post discharge 10 frozen meal packages, data shows reduced readmission rates  
- From June 2015- April 2015: readmission rate decreased by 65% |
| Costs | ~$8.90 per meal. The service used is Care Delectables. After discount, Care Delectables meals cost $89.00 for a 10-pack excluding applicable taxes. |
| Distribution Methodology | Meals are delivered to the home immediately upon discharge from a hospital or nursing home. Care Delectables delivers via 2nd day air freight in dry ice in specially designed packaging. Meals can be heated in a conventional oven or microwave by following simple instructions. |

### Carer Gateway (Australia)

| Overview | Carer Gateway provides meal assistance, including but not limited to the following: provisions of meals at a community center or at home, help preparing meals at home, help with shopping for food, help with making meals and storing food in the home, help with learning to cook, and delivering meals to the home. The starting point to accessing the service is My Aged Care, a service funded by the Australian Government. |
| Goals | To help older people live as independently as possible. |
| Funding Source(s) | Australian government. The National Disability Insurance Scheme (NDIS) can be used to fund assistance with meal planning, preparation, and cooking as well as delivered meals. |
| Target Population | Individuals 65 years or older (50 years or older and identify as Aboriginal or Torres Strait Islander person) or 50 years or older (45 or older for Aboriginal and Torres Strait Islander people) and low income, homeless or at risk of being homeless. |
| Meal Types | Help with shopping for food, help with making meals and storing food in the home, help with learning to cook, delivering meals to the home, and providing meals at a community center. |
| Outcomes | None available at this time. |
| Costs | Varies. |
| Distribution Methodology | Meals can be home delivered and many programs rely on non-government organizations to deliver services. |
| Sources | (“Meals Assistance | Carer Gateway | Australian Government,” 2018) |

### Seniors Community Care (Australia)

<p>| Overview | The Seniors Community Care program offers clients prepared meals that are delivered to the home. The program has an extensive menu that provides both fresh chilled and frozen meals. The nutritious and healthy meals are prepared and home delivered twice a week. |
| Goals | Seniors Community Care aims to offer services of the highest standard and support independent living for individuals. |
| Funding Source(s) | Cost of meals paid for by individual(s) ordering the food/meals. |</p>
<table>
<thead>
<tr>
<th><strong>Target Population</strong></th>
<th>Seniors or aged persons; disabled persons; individuals managing at home after an illness, injury or hospital stay or, any individual who likes the convenience of prepared meals.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Meal Types</strong></td>
<td>Meal options include diabetic, low sodium, low fat, vitamised, diced, gluten free or vegetarian options, within the selection of fresh meals also available upon request.</td>
</tr>
<tr>
<td><strong>Outcomes</strong></td>
<td>None available.</td>
</tr>
<tr>
<td><strong>Costs</strong></td>
<td>~$10.30 - $12.90 per meal. Fresh cooked chilled dinner size small is $10.30 and medium is $12.90.</td>
</tr>
<tr>
<td><strong>Distribution</strong></td>
<td>Meals are delivered fresh, chilled, and frozen on a regular or as needed basis.</td>
</tr>
</tbody>
</table>

**Outcomes**

None available.

**Costs**

~$10.30 - $12.90 per meal.
Fresh cooked chilled dinner size small is $10.30 and medium is $12.90.

**Distribution**

Meals are delivered fresh, chilled, and frozen on a regular or as needed basis.

**Maryann’s Kitchen (Australia)**

<table>
<thead>
<tr>
<th><strong>Overview</strong></th>
<th>Maryann’s Kitchen offers fresh, healthy and home delivered meals for people who are elderly, disabled, and recovering from illness and surgery.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goals</strong></td>
<td>Meal delivery is their primary goal.</td>
</tr>
<tr>
<td><strong>Funding Source(s)</strong></td>
<td>Fee for meals.</td>
</tr>
<tr>
<td><strong>Target Population</strong></td>
<td>Elderly, disabled, and those recovering from illness and surgery.</td>
</tr>
<tr>
<td><strong>Meal Types</strong></td>
<td>They offer a different meal each day, over a 28 day period, with menus changing every 6 months. They offer a special weekend menu. Meals consist of a main course, with choice of dessert or soup or salad. Meal types include regular and diabetes. They cater to special dietary needs on an individual basis.</td>
</tr>
<tr>
<td><strong>Outcomes</strong></td>
<td>None available.</td>
</tr>
<tr>
<td><strong>Costs</strong></td>
<td>~$7 per meal.</td>
</tr>
<tr>
<td><strong>Distribution</strong></td>
<td>Meals can be delivered daily hot or cold. Daily, weekday and weekend meal plans available. Extra surcharges may apply if ordering less than 5 meals per week.</td>
</tr>
</tbody>
</table>

**Swedish Municipal Food Distribution**

<table>
<thead>
<tr>
<th><strong>Overview</strong></th>
<th>The program offers two key services, including: (1) The municipal Food Distribution service (FD) which provides services targeting individuals who are unable to do their own grocery shopping, and prepare their own meals and (2) home delivered meals.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goals</strong></td>
<td>The goal of the program is help elderly people and those with disabilities age in place.</td>
</tr>
<tr>
<td><strong>Funding Source(s)</strong></td>
<td>Elder care in Sweden is funded by municipal taxes and government grants. In 2014, the total cost of elderly care in Sweden was SEK 109.2 billion (USD 12.7 billion, EUR 11.7 billion), but patient charges were only 4% of the cost. Healthcare costs paid by the elderly are subsidized; the degree of subsidization is based on specified rate schedules.</td>
</tr>
<tr>
<td><strong>Target Population</strong></td>
<td>Persons who are unable to do their own shopping, and prepare their own meals.</td>
</tr>
</tbody>
</table>

**Tender Loving Cuisine (Australia)**

<table>
<thead>
<tr>
<th><strong>Overview</strong></th>
<th>Tender Loving Cuisine (TLC) was established in 1995 and provides meals with a homemade taste at an affordable price. TLC delivers meals frozen.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goals</strong></td>
<td>TLC aims to improve the quality of life for older people and individuals in need by providing the highest quality meals.</td>
</tr>
<tr>
<td><strong>Funding Source(s)</strong></td>
<td>Fee for meals.</td>
</tr>
<tr>
<td><strong>Target Population</strong></td>
<td>All ages.</td>
</tr>
<tr>
<td><strong>Meal Types</strong></td>
<td>Regular, diabetes friendly, gluten-free, heart friendly, dairy-free, low salt, textured soft, minced moist.</td>
</tr>
<tr>
<td><strong>Outcomes</strong></td>
<td>None available.</td>
</tr>
<tr>
<td><strong>Costs</strong></td>
<td>~$8.40 to $13.75 per meal. Saver menu cost starts at $8.40 per meal, premium meals start at $13.75; bundle packages can further reduce meal prices.</td>
</tr>
<tr>
<td><strong>Distribution</strong></td>
<td>Delivered to the home, business or senior village.</td>
</tr>
</tbody>
</table>

**Sources**


("Home - MARYANN’S KITCHEN," 2019), (Maryann’s Kitchen, 2018)

("Our Mission - Tender Loving Cuisine," n.d.)
Impact on the MDMP

Meal Packages

Review of previous and ongoing meal package programs from this report have informed the development of the MDMP meal packages’ menu and design. An example of two menus from programs profiled in this report is found in Appendix A. Familiarity and recognizability of the food items in the meal packages was an important aspect of the menu design. This way, once the meal packages run out participants can recognize and find replacement food items to purchase that also fit their nutritional needs. For example, a patient with heart failure might leave the hospital with an order to follow a low-sodium diet. When they are given the CC/HH meal packages and the accompanying menu they will know that they are eating a low-sodium diet and they will get a better idea of what it is like to follow this type of diet. Once they have consumed all of the MDMP meals, they can then purchase foods that are similar to those found in the meal packages, such as low-sodium soups.

The cost of meals in other programs was scrutinized for reference. Meals from the programs profiled in this report tended to cost an average of $10 or less, with some as low as $3 per meal. The MDMP packages aim to meet or exceed the cost effectiveness of these meals. Many of the food items can be purchased at discount stores such as Walmart and Dollar Tree. These stores are also usually accessible in most locations, even those considered to be “food deserts.” This way, once the participant has consumed the meal packages, they will be able to find replacement items easily and affordably.

The flexibility and cost-effectiveness of prepackaged, shelf-stable foods was determined to be useful for the MDMP. The MDMP meal package food items are entirely shelf-stable, require minimal preparation, and are easy to open. Almost all of the other programs profiled in this report included a component of fresh or frozen, fully-prepared meals. As the MDMP progresses through and beyond the pilot period, it will be important to assess whether including a fully-cooked meal option in the program will be cost-effective, viable and appealing to clients.

Educational Materials

Evaluating other programs illuminated the need for effective educational materials to inform participants as well as staff. A sample of an educational handout can be found in Appendix B. Educational materials are designed to accompany the MDMP meal packages and also to inform the hospital staff/healthcare workers that are providing the meal packages. Other programs’ materials also informed MDMP workflow, including a patient selection flowsheet, ordering protocol, and additional resources for patients who do not meet the criteria or need additional help to access assistance. A sample of workflow and patient selection can be found in Appendix C. Some programs had specific referral forms (seen in Appendix D). The MDMP does not use referral forms but a patient selection flowchart to determine patient eligibility as well as a consent form for the patient to sign.
Target Population
The MDMP is specifically intended to address malnutrition risk in older adults. The program further focuses in on chronic conditions that have the highest rate of readmissions for the pilot hospitals. Many of the other programs that were reviewed were not specific to senior populations, but addressed malnutrition risk for specific sub-populations based on income, disease, or insurance type. Malnutrition risk was sometimes identified using an assessment tool either developed by the program or an established verified tool. However, almost every program focused on specific medical conditions that are highly associated with malnutrition risk. Almost invariably, programs did not approach participant identification using a diagnosis of malnutrition as an eligibility criterion. The MDMP quickly discovered through review of similar programs and through collaborations with pilot hospitals that eligibility assessments needed to focus on specific medical conditions and risk-assessment tools to determine eligibility rather than relying on a diagnosis of malnutrition or referral for malnutrition treatment.

Other Impacts & Considerations
One theme that frequently emerged in this review of similar programs was the importance of inter-institutional collaboration and effective communication between partners. A report on the progress of the MIFA No Hungry Senior initiative (Member Partnership Guide: Keys To Greater Collaboration and Impact to Better the Lives of Older Adults, 2016) stated that one of the challenges for the program was the great number of collaborators involved. They found that effective communication would be a key to success for similar programs. As MDMP moves forward and more partner organizations get on board, setting up frequent meetings and having communication platforms to keep everyone apprised and engaged in ongoing efforts will be paramount.

Funding for these programs came from a variety of sources. The meals cost on average $10 or less for the programs profiled in this report. The packages currently being designed for the MDMP pilot average about $11.50 for a full day (3 meals, 2 snacks) or $2.30 per meal/snack (for food costs alone). Although this cost is on par with or less than these other programs, it will still require adequate and ongoing funding to be effective. Federal and State grants can provide financial support from the public sector, but the program can also look to private-sector and healthcare funding sources. For example, if partnering with a non-profit organization the program could take a note from MANNA in Philadelphia and utilize philanthropic donations from individuals and organizations. MDMP can also look to funding from private pay, insurance reimbursement, etc.

Many of these programs relied on volunteers to distribute and package food. Transportation will be required while meals are being distributed to clients in the community and while procuring items for the meal packages. This transportation requires vehicles, gas, and drivers. MDMP is addressing this through several different avenues. In some cases, participant hospitals have community health workers who are visiting discharged patients at home as part of their transitional care. This will provide an opportunity for the packages to be delivered during these visits. In other scenarios, the patient will be returning to the hospital’s transitional care clinic for a follow up visit and they will receive the packages there. This has an added advantage of providing an additional incentive to the patient to return for their follow-up visits. However, the issue of transportation and accompanying costs and required resources will be an ongoing issue area to look at while expanding the program.
Continual Network Support and Feedback

As the MDMP pilot progresses, continued support and feedback from a network of groups working on similar initiatives will be essential. As much as previous projects have impacted the MDMP design and process, groups around the US and abroad are concurrently working on initiatives or evaluating results from projects that can continue to help to inform the MDMP pilot and ultimately the expansion of the larger Maryland implementation.

Slack Network

The MDoA has brought together representatives from a variety of programs and initiatives around the country virtually using a Slack network (www.slack.com) to share materials, information and perspectives. Slack is an online networking tool that provides a shared collaborative workspace that combines communication through chat and instant messaging with sharing documents and other resources. MDoA intends to use this online network of collaborators to support the MDMP initiative and, in turn, provide support to other similar ongoing and future programs.

Quarterly Phone Meetings

Once a quarter, members are invited to a telephone conference call hosted by the MDoA MDMP representatives. Members range across acute, post-acute and community-based providers and are from 20 different states across the United States. Each quarter 1-2 programs are highlighted to share details about their initiative, outcomes, and ongoing processes. This collaborative space is yet another way to share ideas, provide feedback, and learn from other programs to provide ongoing support to the MDMP and other initiatives around the country.

Conclusion and Acknowledgements

Maryland, and all states across the US, have an exciting and challenging opportunity to address senior malnutrition and chronic illness with post-discharge meal package programs. The MDMP is a unique example for others to consider, given it is entirely shelf-stable, medically-tailored, and connects patients discharged from hospitals to resources in the community and resources in their doctor’s office.

The authors wish to thank and acknowledge similar programs and initiatives around the country and around the globe which have informed the development of the MDMP. We also thank the Maryland Department of Aging’s staff, Laura Sena, MSPH, RD, LDN and Judy Simon, MS, RD, LDN for their contributions by editing this material and compiling much of the foundational information presented in this document. The Maryland Department of Aging’s work coordinating the national peer network has facilitated cross-organizational discussions and will continue to impact the program as MDMP is implemented and eventually grows to a larger initiative.
References

Administration for Community Living, & Administration on Aging. (2014). *Older Americans Act Nutrition Programs Fact Sheet.*


Flavor-Harvest-at-HOME.pdf. (n.d.).


Food is Medicine Coalition (FIMC). (2018). The Need MTM FIMC Integration in Healthcare FIMC Service Primary Diagnosis Our Priorities To provide.


Medicine, F. I. S. (n.d.). Do you have heart failure ? 8935.


MIFA. (n.d.). No Hungry Senior: A three year grant funded by the Plough Foundation.


**Appendix A: Sample Menus**

**GOD’S LOVE WE DELIVER MODIFIED MENU 2018**

<table>
<thead>
<tr>
<th>MONDAYS</th>
<th>TUESDAYS</th>
<th>WEDNESDAYS</th>
<th>THURSDAYS</th>
<th>FRIDAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Soups</strong></td>
<td><strong>Soups</strong></td>
<td><strong>Soups</strong></td>
<td><strong>Soups</strong></td>
<td><strong>Soups</strong></td>
</tr>
<tr>
<td>Onion Barley Soup</td>
<td>Vegetable Chowder</td>
<td>Black Eyed Pea Soup</td>
<td>Zucchini Noodle Soup</td>
<td>Green Paas Soup</td>
</tr>
<tr>
<td>Potato Kale Soup</td>
<td>Vegetable Barley Soup</td>
<td>Tomato Leek Soup</td>
<td>Carrot Soup</td>
<td>Mushroom Barley Soup</td>
</tr>
<tr>
<td>Garbanzo Barley Soup</td>
<td>Lentil Vegetable Soup</td>
<td>Green Paas Soup</td>
<td>Corn Chowder</td>
<td>Split Pea Soup</td>
</tr>
<tr>
<td>Barley Soup</td>
<td>Lentil Vegetable Soup</td>
<td>Lentil Vegetable Soup</td>
<td>Mushroom Barley Soup</td>
<td>Split Pea Soup</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MONDAYS</th>
<th>TUESDAYS</th>
<th>WEDNESDAYS</th>
<th>THURSDAYS</th>
<th>FRIDAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Entrées</strong></td>
<td><strong>Entrées</strong></td>
<td><strong>Entrées</strong></td>
<td><strong>Entrées</strong></td>
<td><strong>Entrées</strong></td>
</tr>
<tr>
<td>Ginger Glazed Salmon w/ Asian Slaw, Fried Brown Rice, &amp; Mixed Vegetables</td>
<td>Carrot Chicken w/Rice &amp; Mixed Vegetables</td>
<td>Coconut Red Curry w/ TriColor Vegetables, &amp; Mixed Vegetables</td>
<td>Tofu Eggplant Caponata, Whole Wheat Pasta</td>
<td>Chicken with Mushroom Gravy</td>
</tr>
<tr>
<td>Roasted Tilapia w/ Black Bean Salad, White Rice, &amp; Mixed Vegetables</td>
<td>Chicken Casserole</td>
<td>Coconut Stewed Beef w/Rice &amp; Mixed Vegetables</td>
<td>Swiss Chardini</td>
<td>Snap Pea &amp; Yellow Squash Bow Tie Pasta</td>
</tr>
<tr>
<td>Thai Lemongrass Tilapia w/Vegetable Rice &amp; Mixed Vegetables</td>
<td>Coconut Chicken Stew</td>
<td>Cranberry Stewed Beef with Tri-Color Vegetables, &amp; Mixed Vegetables</td>
<td>Lasagna</td>
<td>Roasted Chicken Breast</td>
</tr>
<tr>
<td>Baked Fish Cake w/Reisotto Pasta &amp; Mixed Vegetables</td>
<td>Chicken Stew w/Rice</td>
<td>Summer Beef Stew w/TriColor Vegetables, &amp; Mixed Vegetables</td>
<td>Vegetable Spaghetti</td>
<td>Green Beans, Carrots, &amp; Mixed Vegetables</td>
</tr>
<tr>
<td><strong>Dessert</strong></td>
<td><strong>Dessert</strong></td>
<td><strong>Dessert</strong></td>
<td><strong>Dessert</strong></td>
<td><strong>Dessert</strong></td>
</tr>
<tr>
<td>Apple Cranberry Cake</td>
<td>Pineapple Ritz Cake</td>
<td>Cranberry Sauce</td>
<td>Cranberry Sauce</td>
<td>Orange Lemon Cake</td>
</tr>
<tr>
<td>Zucchini Bread</td>
<td>Apple Cranberry Cake</td>
<td>Apple Cranberry Cake</td>
<td>Apple Cranberry Cake</td>
<td>Oat Stone</td>
</tr>
<tr>
<td>Peach Cake</td>
<td>Pear Spiced Cake</td>
<td>Blueberry Sauce</td>
<td>Blueberry Sauce</td>
<td>Apple Ginger Cake</td>
</tr>
<tr>
<td>Vanilla Pound Cake</td>
<td>Blueberry Sauce</td>
<td>Coconut Cake</td>
<td>Cranberry Sauce</td>
<td>Cranberry Sauce</td>
</tr>
</tbody>
</table>

*Menus are subject to change without prior notice. May contain soy, eggs, and wheat.*

Source: (God’s Love We Deliver, 2018)
### MARCH 2019 WELLNESS MENU

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Mar</td>
<td>5 Mar</td>
<td>6 Mar</td>
<td>7 Mar</td>
<td>8 Mar</td>
</tr>
<tr>
<td>Roasted Chicken Thighs / Mushroom Sage Gravy</td>
<td>Mongolian Beef</td>
<td>Baked Tofu / Barbeque Sauce</td>
<td>Chicken Tetrazzini Stew</td>
<td>Roasted Pork Loin / Mushroom Herb Gravy</td>
</tr>
<tr>
<td>Parsley</td>
<td>Brown Rice</td>
<td>Bubur</td>
<td>Pasta</td>
<td>Broccoli &amp; Cauliflower</td>
</tr>
<tr>
<td>Peas &amp; Carrots</td>
<td>Green Beans</td>
<td>Glazed Carrots</td>
<td>Broccoli</td>
<td>Broccoli</td>
</tr>
<tr>
<td>11 Mar</td>
<td>12 Mar</td>
<td>13 Mar</td>
<td>14 Mar</td>
<td>15 Mar</td>
</tr>
<tr>
<td>Roasted Chicken Thigh / Mehriya Sauce</td>
<td>Turkey Bolognese</td>
<td>Herb-Roasted Chicken Thigh / Lemon Mustard Sauce</td>
<td>Egyptian Provence</td>
<td>Baked Herb Tofu / Puttanesca Sauce</td>
</tr>
<tr>
<td>Brown Rice Pilaf</td>
<td>Penne</td>
<td>Brown Rice</td>
<td>Brown Rice</td>
<td>Brown Rice Pilaf</td>
</tr>
<tr>
<td>Carrots</td>
<td>Green Beans</td>
<td>Pasta</td>
<td>Pasta</td>
<td>Glazed Carrots</td>
</tr>
<tr>
<td>18 Mar</td>
<td>19 Mar</td>
<td>20 Mar</td>
<td>21 Mar</td>
<td>22 Mar</td>
</tr>
<tr>
<td>Roasted Chicken Thigh / Paprika Sauce</td>
<td>Tuscan Meatloaf / Mushroom Sage Gravy</td>
<td>Roasted Pork Loin / Mamanas Sauce</td>
<td>Alsatian Chicken Thigh Stew</td>
<td>Roasted Tofu / Sweet &amp; Sour Sauce</td>
</tr>
<tr>
<td>Brown Rice</td>
<td>Penne</td>
<td>Brown Rice</td>
<td>Carrots</td>
<td>Carrots</td>
</tr>
<tr>
<td>Broccoli</td>
<td>Green Beans</td>
<td>Brown Rice</td>
<td>Green Beans</td>
<td>Broccoli</td>
</tr>
<tr>
<td>26 Mar</td>
<td>27 Mar</td>
<td>28 Mar</td>
<td>29 Mar</td>
<td>30 Mar</td>
</tr>
<tr>
<td>Roasted Chicken Thigh / French Country Sauce</td>
<td>Roasted Beef Patty / Onion Gravy</td>
<td>Roasted Pork Loin / Satar Yerice</td>
<td>Chicken &amp; Red Bean Stew</td>
<td>Roasted Tripe / Puttanesca Sauce</td>
</tr>
<tr>
<td>Brown Rice</td>
<td>Macaroni</td>
<td>Brown Rice</td>
<td>Spanish Brown Rice</td>
<td>Pasta</td>
</tr>
<tr>
<td>Peas &amp; Carrots</td>
<td>Carrots</td>
<td>Carrots</td>
<td>Normandy Vegetables</td>
<td>Broccoli</td>
</tr>
</tbody>
</table>

Source: (Project Open Hand, 2019)
Appendix B: Sample Educational Material

Food is Medicine Coalition (FIMC)
FIMC is an association of nonprofits across the nation that provide a complete, evidence-based, medical food and nutrition intervention to critically and chronically ill people in their communities.

The Need

If you are sick and hungry in the United States, there is no federal nutrition support for you, unless you have HIV, and even that is not adequate to cover all who are in need. To meet this need, FIMC agencies raise most of their budgets, and some are forced to create waiting lists, because the need in their communities is so great. As more and more people are diagnosed with chronic illnesses that require specific diets, this need will only grow.

- **57%** Predicted rise in chronic illnesses by 2020 (WHO)
- **86%** Portion of healthcare spending attributed to individuals with chronic health conditions (CDC)
- **92%** 77% Older adults with at least one chronic disease
- **1 in 3** People enter the hospital malnourished

Our clients are a complicated population, often living with multiple co-morbid illnesses. They require nutrition counseling and tailored meals not available from traditional meal or food providers.

The Intervention

Medically tailored meals (MTM) are meals approved by a Registered Dietitian Nutritionist (RDN) that reflect appropriate dietary therapy based on evidence-based nutrition practice guidelines to address a medical diagnosis, symptoms, allergies, medication management and side effects to ensure the best possible nutrition-related health outcomes. MTM are often paired with medical nutrition therapy (MNT), an evidence-based application of the Nutrition Care Process (Academy of Nutrition and Dietetics) focused on prevention, delay or management of diseases and conditions, and involves an in-depth assessment, periodic reassessment and intervention.

The Solution

By making medically tailored nutrition a reimbursable service in our healthcare system for this high risk, high need, high cost population, we can produce:

- Better health outcomes
- Lower cost of care
- Improved patient satisfaction

The Outcomes

- 16% net healthcare cost savings
- 28% reduction in hospitalizations
- 23% more likely to be discharged to home
- 50% increase in adherence
- 11 new studies on the impact of MTM are in progress across the country at FIMC agencies

Source: (Food is Medicine Coalition (FIMC), 2018)
Appendix C: Sample Workflow

Assess Nutrition Consult Triggers for Patients ≥ 60 years

- Qualifying triggers:
  - Shelby County resident
  - Unplanned weight loss
  - Poor oral intake
  - Chewing/swallowing problems
  - Pressure ulcer
- Disqualifying triggers:
  - Home tube feeding
  - Home TPN
  - Puried diet

Yes

Conduct Nutrition Screening - CoactionNet

Score > 10

Discharge to home?

Yes

Enroll in No Hungry Senior & send patient home with 7-meal/7 snack box at discharge

No

Stop

Conduct Client Intervention Assessment (home)

Determine type of nutrition support

Conduct 30-day reassessment (phone)

Source: MIFA No Hungry Senior program
Appendix D: Sample Referral Form

Application for Meals for Care Transitions
Project Angel Heart prepares and delivers medically tailored meals to help reduce patients’ risk for readmission. Through our Meals for Care Transitions program, patients receive three meals per day for 30 days. Please complete the form below to initiate meals for your patient.

Today’s Date __________________________ Discharge Date __________________________

Patient Information:
First Name __________________________ Last Name __________________________
Physical Address __________________________
City ______________________ Zip ______________________ Phone ______________________
Primary Language __________________________
☐ Partially or Legally Blind  ☐ Deaf ☐ Hard of Hearing

Is the patient our primary contact?  ☐ Yes  ☐ No  
If not, who should we contact?
Name __________________________ Phone __________________________
Emergency Contact __________________________ Phone __________________________
Relationship __________________________

Referring Provider/Case Manager/Dietitian:
Name __________________________ Phone __________________________
Agency/Hospital __________________________ Authorization __________________________

Diet:
☐ Standard Healthy Diet (full-flavored, no modifications)
☐ Renal Friendly (lower in sodium, potassium and phosphorus)
☐ Heart Healthy (lower in fat and sodium)
☐ Naked (no sauces or seasonings)

*diet offerings vary, please confirm with your supervisor

Delivery Information:
Nearest Intersection __________________________
Description of residence (apt/house, color, etc.) __________________________
Additional info (if applicable, name of apt. complex, door code, preference of front door or back, etc.) __________________________

Source: (“Application for Project Angel Heart meals - Project Angel Heart,” n.d.)
Older adults are most vulnerable to malnutrition and daily calories. The annual estimated cost of malnutrition in Maryland is $340,440,992. Up to 1 out of 2 older adults at risk for malnutrition. Older adults are most vulnerable to malnutrition and readmission during the two weeks following hospital discharge, yet community-based meal and social support services often cannot be initiated during this period due to transition of care delays, including waitlists. Post-discharge meal programs are one way to address this problem. Previous models have demonstrated reduced hospital readmissions and lowered adverse clinical outcomes. Existing models vary, but a review of the relevant literature reveals that most have been either 1) medically-tailored hot/frozen or 2) non-medically-tailored shelf-stable and provide 1-3 meals per day for 10-30 days, as soon as 48 hours upon discharge, for approximately $10 per meal.

Background

Malnutrition can increase hospital length of stay by 4 to 6 days and result in 300% higher healthcare costs. The annual estimated cost of malnutrition in Maryland is $340,440,992. Up to 1 out of 2 older adults at risk for malnutrition. Older adults are most vulnerable to malnutrition and readmission during the two weeks following hospital discharge, yet community-based meal and social support services often cannot be initiated during this period due to transition of care delays, including waitlists.

Post-discharge meal programs are one way to address this problem. Previous models have demonstrated reduced hospital readmissions and lowered adverse clinical outcomes. Existing models vary, but a review of the relevant literature reveals that most have been either 1) medically-tailored hot/frozen or 2) non-medically-tailored shelf-stable and provide 1-3 meals per day for 10-30 days, as soon as 48 hours upon discharge, for approximately $10 per meal.

Methods

The Maryland Discharge Meal Program was a unique shelf stable medically-tailored meal program aimed at improving nutritional status during the transition from hospital to home. Target patients were > 50 years, food insecure, malnourished, at high risk for readmission and/or had one of the following diagnoses: congestive heart failure, diabetes mellitus, or chronic obstructive pulmonary disease. Meals were provided for 12 days. One day worth of meals and 2 snacks/day were packaged into a sealed plastic storage bag, which was packaged into an easily transportable tote bag. Each patient received 4 tote bags.

Collaborators included: a state agency, consultant dietitians, a food bank, 4 hospitals, and Area Agencies on Aging (AAAs). The state agency managed the program, consultant dietitians designed menus and educational materials, the food bank procured, packaged and delivered the meals, and the hospitals stored the meals, identified patients, distributed the initial set of packages at discharge, and tracked healthcare outcomes. Finally, either the AAA or hospital staff distributed the second set of packages during a post-discharge home visit or transitional care clinic appointment.

Results

Review of pertinent high-risk diagnoses among the target population resulted in the design of two menus: Carbohydrate-Controlled/Heart Healthy and Enhanced Healing. Menus included 3 meals and 2 snacks per day and met 100% estimated nutritional needs for 12 days, excluding fluids.

<table>
<thead>
<tr>
<th>Nutrient</th>
<th>Carbohydrate-Controlled/Heart Healthy</th>
<th>Enhanced Healing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calories</td>
<td>1500-1700</td>
<td>1900-2500</td>
</tr>
<tr>
<td>Protein</td>
<td>18-20% daily calories</td>
<td>20-30% daily calories</td>
</tr>
<tr>
<td>Carbs</td>
<td>45-55% daily calories*</td>
<td>N/A</td>
</tr>
<tr>
<td>Fat</td>
<td>25-33% daily calories</td>
<td>N/A</td>
</tr>
<tr>
<td>Sodium</td>
<td>&lt; 2000 mg</td>
<td>N/A</td>
</tr>
<tr>
<td>Cost/Meal</td>
<td>$2.45</td>
<td>$2.58</td>
</tr>
<tr>
<td>Cost/Day</td>
<td>$8.56</td>
<td>$10.57</td>
</tr>
</tbody>
</table>

*45-70 g/meal; 15-25 g/snack

As the program targeted frail older adults, other components prioritized in the design of the menu included: ease of food preparation, single-serving and easy-open containers, and minimal repetition of meal components. Educational materials accompanying the meals provided a summary of nutritional content, outlined suggested meals and snacks, and shared detailed information about community-based meals and social services (eg, AAAs, senior centers, etc.), as well as food resources (eg, USDA food programs, food pantries, etc.).

Conclusions

The Maryland Discharge Meal Program demonstrated the feasibility of providing a novel form of post-discharge medically-tailored meal package. The menu followed existing medically-tailored models, adding the innovation of providing short-term shelf stable meals and resources regarding community-based supports. The program design was unique: tailored to older adults, providing meals immediately upon discharge, split provision to offer an incentive for post-discharge follow up, facilitating increased diet compliance, and bridged patients to AAA social service and meal offerings. The meal costs were also significantly lower than most existing models.

The Maryland Discharge Meal Program is a cost-effective, replicable model which addresses a critical service gap in current post-discharge healthcare frameworks and is a feasible addition to approaches to address the rapidly aging population and the impact of malnutrition and the healthcare costs. Future investigation will focus on patient menu satisfaction and compliance, delivery model efficiency, impact on follow up visits and referrals to meals and social service support services, as well as changes in healthcare outcomes and return on investment.

References

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Total Number of Patients with a visit - Post</th>
<th>Total Number of Patients with a visit - Pre</th>
<th>Total Number of Patients with a visit - Pre %</th>
<th>Total Number of Patients with a visit - Post %</th>
<th>Change in Number of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 Months</td>
<td>0</td>
<td>0</td>
<td></td>
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<td>#DIV/0!</td>
</tr>
<tr>
<td>6 Months</td>
<td>15</td>
<td>17</td>
<td>100.00%</td>
<td>88.24%</td>
<td>-11.76%</td>
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<tr>
<td>3 Months</td>
<td>18</td>
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<td>100.00%</td>
<td>69.23%</td>
<td>-30.77%</td>
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<td>6 Months</td>
<td>15</td>
<td>34</td>
<td>100.00%</td>
<td>44.15%</td>
<td>-55.85%</td>
</tr>
<tr>
<td>6 Months</td>
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<td>15</td>
<td>100.00%</td>
<td>100.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>3 Months</td>
<td>18</td>
<td>31</td>
<td>100.00%</td>
<td>52.94%</td>
<td>-47.06%</td>
</tr>
<tr>
<td>3 Months</td>
<td>3</td>
<td>3</td>
<td>100.00%</td>
<td>100.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>1 Month</td>
<td>9</td>
<td>1</td>
<td>100.00%</td>
<td>11.11%</td>
<td>-88.89%</td>
</tr>
<tr>
<td>12 Months</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>6 Months</td>
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<td>6</td>
<td>100.00%</td>
<td>100.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>3 Months</td>
<td>5</td>
<td>9</td>
<td>100.00%</td>
<td>55.56%</td>
<td>-44.44%</td>
</tr>
<tr>
<td>1 Month</td>
<td>2</td>
<td>4</td>
<td>100.00%</td>
<td>50.00%</td>
<td>-50.00%</td>
</tr>
<tr>
<td>12 Months</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>6 Months</td>
<td>3</td>
<td>3</td>
<td>100.00%</td>
<td>100.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>3 Months</td>
<td>4</td>
<td>4</td>
<td>100.00%</td>
<td>100.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>1 Month</td>
<td>2</td>
<td>4</td>
<td>100.00%</td>
<td>50.00%</td>
<td>-50.00%</td>
</tr>
<tr>
<td>12 Months</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>6 Months</td>
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<td>3</td>
<td>100.00%</td>
<td>100.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>3 Months</td>
<td>8</td>
<td>8</td>
<td>100.00%</td>
<td>100.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>1 Month</td>
<td>6</td>
<td>8</td>
<td>100.00%</td>
<td>75.00%</td>
<td>-25.00%</td>
</tr>
</tbody>
</table>

Summary:
The first 30 days of receiving meal program, hospitals collectively saw a 54.17% reduction in inpatient admission. The data does not show sustainability in a 90 day window as it showed a 2.6 fold increase in inpatient admission in that time frame. At 6 months, the data showed just under 7% of improvement in inpatient admission.
The Maryland Discharge Meal Program Closing Meeting

September 20, 2019

Onsite meeting:  Conference Call
1-3pm (12:30 lunch)  605-313-5371
Brookletts Place- Talbot County Senior Center  Code: 138333 #
400 Brooklets Avenue
Easton, MD 21601
Welcome and Introductions
AGENDA

• Welcome and Introductions
  • Maryland Department of Aging

• Program Implementation
  • Project Rationale - Judy Simon, Maryland Department of Aging
  • Menus, Educational Materials and Costs - Susannah Edwards, Bethesda NEWtrition & Wellness Solutions
  • Procurement, Packaging and Delivery - Rick Condon, Maryland Food Bank

• Program Impacts
  • Patient Feedback - Laura Sena, Maryland Department of Aging
  • Data Outcomes - Alice Chan & Paula Cope, University of Maryland St. Joseph Medical Center

• Hospital & Community Partner Perspectives

• Next Steps - Maryland Department of Aging
Pilot Program Implementation
Project Rationale

Judy Simon, Maryland Department of Aging
RISK FACTORS FOR MALNUTRITION

Maryland
ANNUAL ESTIMATED MEDICAL COST:

$340,440,992
That equals roughly $55 per person

COST FOR ADDRESSING MALNUTRITION IN THESE 8 COMMON CONDITIONS:

- Dementia: $196.3M
- Depression: $50.5M
- COPD: $37.9M
- Stroke: $27.4M
- Musculoskeletal: $13.4M
- CHF: $10.1M
- Colon Cancer: $1.5M
- Breast Cancer: $1.2M
MEAL PACKAGES: ADDRESS SERVICE GAP

• Gaps exist in serving nutritionally-vulnerable patients during the first week (or more) post-discharge
  • Research demonstrates ROI for post-discharge, medically tailored meals
  • Local service providers exist, but lack immediate delivery solutions

• Patients at risk for:
  • Malnutrition, dehydration, fluid overload and other complications
  • Results in increased healthcare costs and readmissions

• Area Agencies on Aging (AAAs):
  • Cost-efficient solutions to identify, prevent, and heal malnutrition
  • Address social isolation and behavioral health issues
  • Impact social determinants of health

• Post-discharge meal package distribution options (after initial package provided at hospital):
  • Transitional care clinic – possible incentive
  • Community-based organizations (MAP)
  • CHWs visiting patients at home
A Look Back

- **Aug. 2018 - Sept. 2018**: Established partners, surveyed pilot sites (target population, diet types, outcomes, etc.)
- **Oct. 2018**: Kickoff meeting, draft menu
- **Nov. 2018 - Mar. 2019**: Finalized menu, educational materials, sourced and packaged foods
- **Apr. 2019 - July 2019**: Distribution of meal packages to patients
- **Aug. 2019 - Sep. 2019**: Feedback collection and outcome analysis
# PILOT SITE PATHWAYS

<table>
<thead>
<tr>
<th>Patients</th>
<th>Peninsula Regional Medical Center</th>
<th>Atlantic General Hospital</th>
<th>University of Maryland St. Joseph Medical Center</th>
<th>University of Maryland Medical Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis of CHF, COPD, and/or DM &amp; at high risk for readmission</td>
<td>Positive food insecurity screening and/or high readmission risk (CHF, DM, COPD)</td>
<td>High risk readmission, frequent ED utilizers with comorbid conditions</td>
<td>New diagnosis of DM, COPD, hypertension, or CHF and food insecurity/poor food access</td>
<td></td>
</tr>
<tr>
<td>Outcomes</td>
<td>30-day readmission, ED use, health-related QOL</td>
<td>Readmission rate, patient satisfaction, changes in nutrition knowledge</td>
<td>Readmission rate, disease specific clinical indicators</td>
<td>Readmission rate, patient satisfaction, service referrals, diet compliance</td>
</tr>
<tr>
<td>Screening &amp; Referral</td>
<td>Hospital case management staff evaluate at admission; refer to transitional care team (social worker, CHW)</td>
<td>Screening completed by nursing; positive screens referred to dietitians for assessment</td>
<td>Inpatient nurse manager scores risk, refers to CHW or Transitional Care Center team</td>
<td>Screening conducted by nurses and community health workers</td>
</tr>
<tr>
<td>Storage</td>
<td>Population Health Department at PRMC and MAC</td>
<td>Patient Center Medical Home (PCMH) office and hospital</td>
<td>Kitchenette at UM SJMC</td>
<td>Coordinated Care Center at UM MC</td>
</tr>
<tr>
<td>Provision</td>
<td>Initial package at discharge, follow up package delivered by transitional care team within 24 h of discharge</td>
<td>Initial package at discharge, follow up package by Worcester MAP</td>
<td>Initial package at discharge, follow up package during home visit or at Transitional Care Center visit</td>
<td>3-day package at discharge, follow up package during home visit or at Transition Care Program visit</td>
</tr>
</tbody>
</table>
Menus, Education Materials, and Costs

Susannah Edwards, Bethesda NEWtrition & Wellness Solutions
Menu Design Process

• Focus on malnutrition post hospital discharge
• Goal: Medically-tailored, shelf-stable meals for 12 days
• Surveyed the hospitals to discover what health conditions were highest rate of readmission
  • Diabetes, CHF, COPD
• Nutritional considerations
  • Appropriate for health conditions, meeting DRI, appealing & varied, familiar
• Other considerations
  • Ease of meal preparation, single-serving sizes, easy to open containers
• Edibility criteria
  • Age, medical conditions → dietary restrictions, home environment
Educational Materials

• Materials for Hospitals & Staff
  • Eligibility criteria
  • Distribution instructions
  • Menu overview/nutritionals

• Materials for Patients
  • Menu for breakfast, lunch, dinner and snacks
  • Nutrition education
  • Community-based food resources
What’s in your Box?

Boxes either contain:

- Carb-Controlled, Heart-Healthy meal plan
- Enhanced Healing meal plan

Each patient only gets one type of meal plan

Use the Patient Selection Flowsheet to help you determine which meal plan is right for your patient.

Provide tote bags to the patients

Each patient gets four (4) bags total (12 days of food) — an initial set of bags at discharge and the remainder at follow-up.

Day 1
Day 2
Day 3
Day 4
Day 5
Day 6

Your patient will either get a Carb-Controlled, Heart-Healthy or a Enhanced Healing meal package plan.

Here are the differences between the two:

**Carb-Controlled, Heart-Healthy**

- Calorie range 1500 – 1700 per day
- Carbohydrates are 45-55% of total calories in accordance with the adult Dietary Reference Intake*
- Carbohydrates are spread evenly between meals.
  - Meals are about 3-4 carb choices each
  - Snacks are 1-2 carb choices.
- Moderate total fat (25 – 33% of total calories)
- Adequate protein for maintaining muscle (18 – 20% of total calories)
- Sodium is under 2,000 mg per day

**Enhanced Healing**

(high energy & high protein)

- Higher calories for medical conditions that use more energy (1900 – 2500 Calories per day)
- Adequate protein for maintaining muscle (over 100 grams per day)
- No restrictions on fat, carbohydrates, or sodium

Additional information for both meal package plans:

**Carb-Controlled, Heart-Healthy**

- Easy to prepare. Requires:
  - Spreading with a knife
  - Opening a can
  - Pulling off a cap
  - Mixing
  - Puncturing with a straw
  - Pulling open a package

**Enhanced Healing**

(high energy & high protein)

- Additional kitchen items required:
  - Water
  - Bowls & plates
  - Forks, knives & spoons
  - Can opener
  - Microwave
  - Optional: scissors (if patient has difficulty opening packages)

* Data used from the Food and Nutrition Information Center and the USDA National Nutrient Database for Standard Reference, 10/3/2019.

1-800-243-3425 | AGING.MARYLAND.GOV
Carb-Controlled, Heart-Healthy Meal Packages

The Carb-Controlled, Heart Healthy meal package is designed to provide you with the food you need to help you recover after your visit to the hospital.

Balanced carbohydrates
Carbohydrates (carbs) from the food you eat effect your blood sugar. These meals and snacks are balanced with the right amount of carbs to keep your blood sugar under control throughout the day.

Low salt
Getting too much sodium (salt) can raise your blood pressure and be bad for your heart health. These meals are low in salt to keep your heart healthy and your blood pressure under control.

Easy to prepare
These foods were chosen because they are single-serve, easy to prepare, and can be kept at room temperature for up to six months.

We want you to stay healthy once you leave the hospital. Enjoy these foods on us!

In addition to these meal packages, you may also need:
Water, bowls & plates, forks, knives & spoons, can opener, microwave, scissors

Nutritional Content

Carbohydrates
190 - 220 grams per day
45 - 70 grams per meal
15 - 25 grams per snack

Sodium
1500 - 2000 mg/day
Program Costs

<table>
<thead>
<tr>
<th>Cost</th>
<th>Carb-Controlled/Heart Healthy</th>
<th>Enhanced Healing</th>
<th>Typical Home Delivered Meal*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per day (3 meals + 2 snacks)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td>$8.56</td>
<td>$11.56</td>
<td>$9.30</td>
</tr>
<tr>
<td>Total**</td>
<td>$10.57</td>
<td>$14.27</td>
<td>$16.68</td>
</tr>
<tr>
<td>Per patient for 12 days</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td>$102.72</td>
<td>$138.67</td>
<td>$111.60</td>
</tr>
<tr>
<td>Total**</td>
<td>$126.84</td>
<td>$171.23</td>
<td>$200.16</td>
</tr>
</tbody>
</table>

Product sourcing – sourced from grocery retail stores (Target, Walmart, Dollar Tree)

*3 meals/2 snacks and 12 consecutive days of meals are not available through existing home delivered meals programs. These costs reflect the average food cost/meal = $3.10 and total cost $5.56 to deliver a home delivered meal. The per day cost listed multiplies these figures by 3, which also provides 100% Reference Daily Intake.

**Total costs for the meal package includes an additional 35% for overhead, labor, transportation. Home Delivered Meals food and total costs are based on reports submitted to the Maryland Department of Aging from statewide Area Agencies on Aging.
Procurement, Packaging & Delivery

Rick Condon, Maryland Food Bank
Procurement and Packaging

• Procurement process – obtaining foods directly from retail stores
  • Outside the normal process for MFB, which is through distributors directly
  • Led to delays in receipt of items to build kits
    • Retail sites did not have needed quantities on hand to service the need
  • Created shelf-life issues on a small amount of items

• Transportation of kitting items from retailers proved difficult
  • Several trips were required due to inventory availability

• Kitting process
  • More complex than traditional MFB kitting projects
  • Overall hours for kitting – 152 staff hours and 180 volunteer hours
  • Storage was a non-issue
Deliveries to Hospital sites

• Due to the small scale of project MFB initially designed delivery from Baltimore
  • As program moved forward MFB shuttled product to Salisbury site and delivered from there for ES sites

• Minimum Order requirements
  • Based on costs to MFB in order to maintain costs
  • Most likely too large for hospital sites
    • Modify size options in any future pilots

• Little to no difficulty with access to locations
Please Share...

• Lessons learned
  • The procurement process was more costly than need be as product was bought at retail pricing
    • Create enough lead time to allow distributor and nutritionist to develop menu items (unbranded) that are diet appropriate
    • Ship full cases to site to allow for client choice based on dietary restrictions

• Benefits to your organization
  • Allowed MFB to gain further insight into Food as Medicine programs
Program Impacts
Data Outcomes

Alice Chan & Paula Cope, University of Maryland St. Joseph Medical Center
General Demographics

- Four participating hospitals:
  - Peninsula Regional Medical Center, (PRMC), Atlantic General Hospital (AGH), UM Medical Center (UMMC), UM St. Joseph Medical Center (SJMC)

- Total participant =78 patients:
  - PRMC: 18
  - AGH: 14
  - UMMC: 14
  - SJMC: 32
Reasons for Providing Package & Diet type

Per Tracking Forms, of the 78 patients who participated:

- Food Insecurity = 38%
- Diabetic = 27%
- CHF = 23%
- COPD = 12%

22% of participants had food insecurity & diagnosis to determine type of package provided.
Challenges in CRISP data

• Unable to group run consortium data as 1 panel

• When analyzing individual hospital data, participant number is too small, CRISP can only show data with 11 or more patients and above for HIPAA reasons.
SJMC CRISP data

- 32 patients uploaded, 5 not found in CRISP
Patient Feedback

Laura Sena, Maryland Department of Aging
## Patient Feedback Survey Results

<table>
<thead>
<tr>
<th>“Do you feel the meal packages...”</th>
<th>NUMBER</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Helped you recover after being in the hospital?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>37</td>
<td>95%</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td><strong>Kept you from losing weight?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>20</td>
<td>54%</td>
</tr>
<tr>
<td>No</td>
<td>17</td>
<td>46%</td>
</tr>
<tr>
<td><strong>Helped you manage your health condition (for example, hypertension, diabetes, etc.)?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>33</td>
<td>85%</td>
</tr>
<tr>
<td>No</td>
<td>6</td>
<td>15%</td>
</tr>
<tr>
<td><strong>Provided you with food that you wouldn’t have otherwise been able to buy or shop for?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>31</td>
<td>82%</td>
</tr>
<tr>
<td>No</td>
<td>7</td>
<td>18%</td>
</tr>
<tr>
<td><strong>Provided you with something to eat when you had difficulty preparing your own meals?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>32</td>
<td>82%</td>
</tr>
<tr>
<td>No</td>
<td>7</td>
<td>18%</td>
</tr>
<tr>
<td><strong>Helped you eat healthier food?</strong></td>
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<td></td>
</tr>
<tr>
<td>Yes</td>
<td>32</td>
<td>86%</td>
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<tr>
<td>No</td>
<td>5</td>
<td>14%</td>
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<tr>
<td>Considering all the meal packages combined, how much of the food did you eat?</td>
<td>NUMBER</td>
<td>PERCENTAGE</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>¼ or less</td>
<td>3</td>
<td>8%</td>
</tr>
<tr>
<td>½ or less</td>
<td>10</td>
<td>26%</td>
</tr>
<tr>
<td>¾ or less</td>
<td>7</td>
<td>18%</td>
</tr>
<tr>
<td>Almost all</td>
<td>19</td>
<td>49%</td>
</tr>
<tr>
<td>Do you feel the foods met your nutritional needs based on your health condition?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>35</td>
<td>92%</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
<td>8%</td>
</tr>
<tr>
<td>Did you have any trouble opening the food packages?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>4</td>
<td>10%</td>
</tr>
<tr>
<td>No</td>
<td>35</td>
<td>90%</td>
</tr>
<tr>
<td>Was it easy to get the meal packages home from your hospital discharge and follow-up visit (if applicable)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>32</td>
<td>89%</td>
</tr>
<tr>
<td>No</td>
<td>4</td>
<td>11%</td>
</tr>
<tr>
<td>Did the second meal packages make it more likely for you to attend your follow-up visit?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>12</td>
<td>50%</td>
</tr>
<tr>
<td>No</td>
<td>12</td>
<td>50%</td>
</tr>
<tr>
<td>N/A</td>
<td>14</td>
<td>~</td>
</tr>
<tr>
<td>Question</td>
<td>NUMBER</td>
<td>PERCENTAGE</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>--------</td>
<td>------------</td>
</tr>
<tr>
<td>Did you find the “What’s In Your Bag” menus provided helpful?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>31</td>
<td>84%</td>
</tr>
<tr>
<td>No</td>
<td>6</td>
<td>16%</td>
</tr>
<tr>
<td>Did the pilot program help you connect to organization(s) that provide wellness, meals, financial, housing, caregiver supports (or similar services)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>14</td>
<td>39%</td>
</tr>
<tr>
<td>No</td>
<td>22</td>
<td>61%</td>
</tr>
<tr>
<td>Did the pilot program help you connect to program(s) that can help you eat better, like senior centers, food pantries, SNAP, etc.?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>15</td>
<td>41%</td>
</tr>
<tr>
<td>No</td>
<td>22</td>
<td>59%</td>
</tr>
<tr>
<td>Of the foods you received what were your top 3 favorites?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuna</td>
<td>15</td>
<td>~</td>
</tr>
<tr>
<td>Cereal</td>
<td>10</td>
<td>~</td>
</tr>
<tr>
<td>Fruit Cups</td>
<td>8</td>
<td>~</td>
</tr>
<tr>
<td>Of the foods you received, what were your 3 least favorite?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vegetables (Carrots, Corn, Green Beans)</td>
<td>4</td>
<td>~</td>
</tr>
<tr>
<td>Rice &amp; Quinoa</td>
<td>3</td>
<td>~</td>
</tr>
<tr>
<td>Salmon</td>
<td>3</td>
<td>~</td>
</tr>
</tbody>
</table>
Participant Quotes

“[I] can’t drive for a few weeks, so this was extremely helpful!”

“[I] didn’t have to worry about getting out to buy food.”

“Made it so I didn’t have to bother my daughter to shop.”

“Thankful for the Ensure [as it is] expensive.”

“I’m overweight so the fruit cups and Craisins were great snacks.”
Hospital and Community Partner Perspectives

Atlantic General Hospital, Peninsula Regional Medical Center, University of Maryland Medical Center, University of Maryland St. Joseph Medical Center, Maintaining Active Citizens, Inc., Worcester County Health Department
Please Share...

• Patient case study
• Lessons learned (eg, staffing, patient selection, etc.)
• Feasible next steps (What would you like the program to look like going forward? Number and type of meals and price point?)
Next Steps

Judy Simon, Maryland Department of Aging