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Unpublished: 14/10/2020

Document Version: Peer reviewed version

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Link to publication in Bond University research repository.

Recommended citation(APA):

Marshall, S., Fei, X. A., Giang, J., Warner, M., Chan, H. C. N., Isenring, E., Van der Meij, B. S., Collins, C. E., de van der Schueren, M., Banbury, M., & Milte, R. (2020). *The FREER Pilot Study: Family in rehabilitation: empowering carers for improved malnutrition outcomes*. 2020 Bond University HSM Medical & Postgraduate Students Research Virtual Conference, Australia.

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Download date: 22 Nov 2020



The FREER Pilot Study

Family in Rehabilitation: EmpowERing Carers for Improved Malnutrition Outcomes

Xinzhu (Allison) Fei Master of Nutrition and Dietetic Pactice



Research Team









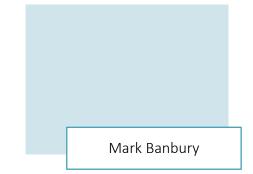










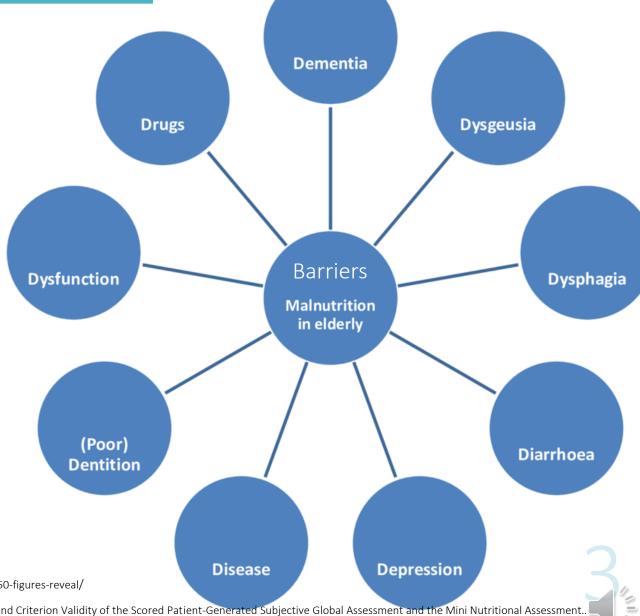




Background

Protein-Energy Malnutrition 50% for Rehabilitation

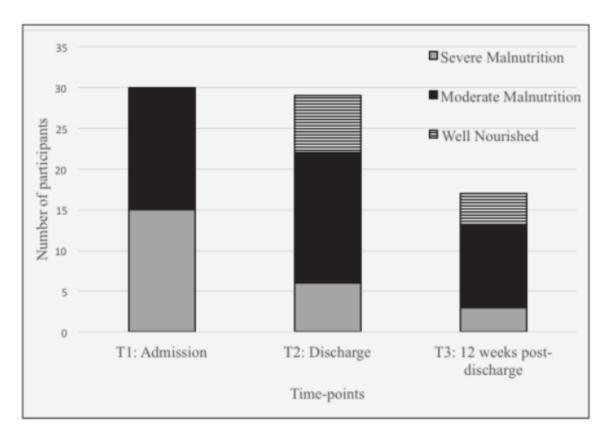




https://www.thesun.co.uk/news/10872640/number-of-elderly-patients-admitted-to-hospital-with-malnutrition-rise-by-250-figures-reveal/section and the sum of the sum

MALNOURISHED OLDER ADULTS ADMITTED TO REHABILITATION IN RURAL NEW SOUTH WALES REMAIN MALNOURISHED THROUGHOUT REHABILITATION AND ONCE DISCHARGED BACK TO THE COMMUNITY: A PROSPECTIVE COHORT STUDY

S. Marshall¹, A. Young², J. Bauer³, E. Isenring⁴



<u>Issue</u>

Short-term nutrition care during rehabilitation admission is not sufficient for long-term nutrition outcomes for older inpatients.



Patient- and Family Carer- Centred Care Model







Objectives

The primary outcome aimed to determine if the FREER intervention in malnourished older adults during and post-rehabilitation improve **nutritional status**, compared with the usual care.

Secondary outcomes evaluated physical function, quality of life, hospital and aged care admission post-discharge, family carer burden, and patient and family carer service satisfaction.

Method



A pragmatic twoarm historicallycontrolled prospective pilot intervention study.



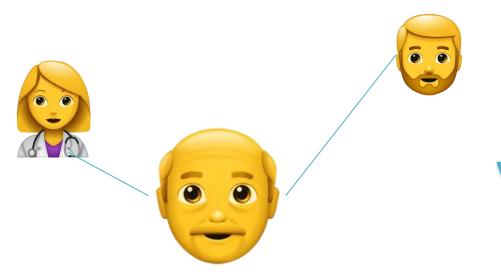
Rehabilitation unit in rural New South Wales, Australia.



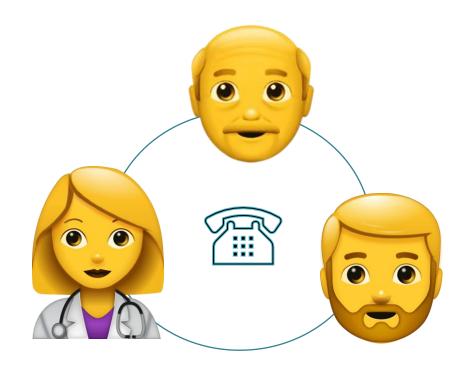
Older adults (≥65 years)



The FREER Intervention:







Historically Controlled group: Patient- centred care

- 1. Standard High Protein High Energy diet during admission.
- 2. Standard nutrition support.

Intervention group:

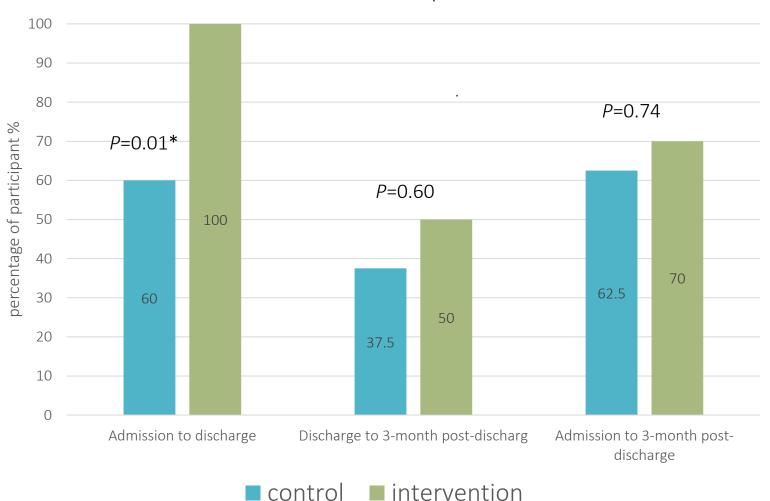
Patient- and Family care- centred nutrition care using 3 strategies:

- 1. Nutrition counselling during rehabilitation admission
- 2. Telehealth follow-up during 3-month post-discharge
- 3. Provision of individualized education resources



Finding 1: Nutrition Status

Improvement in Nutritional Assessment score Between two groups between timepoints





Finding 2:

 More participants in the intervention group were discharged to the community (home or to family and friends), and fewer were institutionalised compared to the control group (p<0.01).



Finding 3: Carer burden

- Little or no burden was reported to most of family carers pre and post the rehabilitation (>80%, n=10 at 3-month post-discharge).
- Participants (67%) and family carers (60%) reported a good or very good overall satisfaction with the intervention.



Discussion & Recommendation

Positive impacts

Translation into practice

Inform a full RCT

Growing demand

Continuum of nutrition care policy

Limitations

Study design: used historical control group.

Data collection was not blinded.



Acknowledgement

Hannah Mayr: APD, Subject Convenor

Evelyn Rathbone: Bond Statistician

Conflicts of interest:

None declared.

Funding:

This research was fund by Bond University Faculty Grant

Reference

Marshall, S., Young, A., Bauer, J., & Isenring, E. (2016). Malnutrition in Geriatric Rehabilitation: Prevalence, Patient Outcomes, and Criterion Validity of the Scored Patient-Generated Subjective Global Assessment and the Mini Nutritional Assessment. *J Acad Nutr Diet, 116*(5), 785-794. doi:10.1016/j.jand.2015.06.013

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Thank You! Questions?