

MDMP TRACKING SHEET \*Send this form via HIPAA compliant manner to Alice Chan at AliceChan@urmm.edu by the 5th business day of each month  
 \*Fill out these sections as they pertain to your hospital.

Patient #	Patient First Name	Patient Last Name	Medical Record Number	Admission Date	Discharge Date	Referred By	Insurance Provider	Referral Criteria Met	List Diagnosis	Diet Type (only choose ONE)	Initial Meal Package		Follow-Up Meal Package			Patient Signed Consent	Feedback Survey Administration	
											Location	Days of meals	Date	Location	Days of meals			Date
0	Example	Template	1234567	9/10/18	9/16/18	Sally Jones, Case Manager	Aetna	<input checked="" type="checkbox"/> Specific diagnosis <input type="checkbox"/> Food insecurity <input checked="" type="checkbox"/> Malnutrition	<input checked="" type="checkbox"/> T2DM <input type="checkbox"/> CHF <input type="checkbox"/> COPD	<input checked="" type="checkbox"/> CCHH <input type="checkbox"/> Enhanced Healing	Hospital Discharge	3	9/16/18	<input checked="" type="checkbox"/> Home Visit <input type="checkbox"/> Care Clinic <input type="checkbox"/> AAA	9	9/19/18	N/A 9/29   10/8   10/16   10/16 10/16	<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail
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## 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](mailto:tivison@mdfoodbank.org)  
Jessica Corcelius (Partner Services Director) – [jcorcelius@mdfoodbank.org](mailto:jcorcelius@mdfoodbank.org)  
Zak Jeffries (Warehouse Manager) - [zjeffries@mdfoodbank.org](mailto:zjeffries@mdfoodbank.org)  
Gary Melvin (Transportation Manager) – [gmelvin@mdfoodbank.org](mailto: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

or

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



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 and 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:**

- Easy to prepare. Requires:
  - Spreading with a knife
  - Opening a can
  - Pulling off a cap
  - Mixing
  - Puncturing with a straw
  - Pulling open a package
- Additional kitchen items required:
  - Water
  - Bowls & plates
  - Forks, knives & spoons
  - Can opener
  - Microwave
  - Optional: scissors (if patient has difficulty opening packages)

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.



\*SOURCE: Dietary Reference Intakes for Energy, Carbohydrate, Fiber, Fat, Fatty Acids, Cholesterol, Protein, and Amino Acids (2002/2005).  
<https://www.ncbi.nlm.nih.gov/books/NBK56068/table/summarytables.t5/?report=objectonly>

# 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**



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 (assisted living facility, skilled nursing facility, etc.)
- Patient has a diagnosed food allergy
- Patient has Celiac Disease

**No to all**

**Yes to any**



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**



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

Is your patient older than 50?

**Yes**

**No**



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

\* 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.

## 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

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

Provide patient with the **Enhanced Healing Meal Package**

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

Carb-Controlled, Heart-Healthy

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
<b>Breakfast</b>	Corn Flakes, Fruit Cup, Granola Bar, Milk 68g of Carbs	Oatmeal, Granola Bar, Milk 46g of Carbs	Cereal, Craisins, Milk 64g of Carbs	Corn Flakes, Fruit Cup, Granola Bar, Milk 68g of Carbs	Cereal, Fruit Cup, Milk 58g of Carbs	Oatmeal, Granola Bar, Milk 46g of Carbs
<b>Lunch</b>	Crackers, Tuna, Tomato Soup, Mayo Packet 45g of Carbs	Rice & Quinoa, Corn Cup, Salsa, Protein Bar 68g of Carbs	Tuna, Corn Cup, Vegetable Soup, Crackers, Peanut Butter 53g of Carbs	Chicken, Crackers, Chicken Noodle Soup, Carrot Cup, Craisins 57g of Carbs	Crackers, Tuna, Tomato Soup, Peanut Butter 56g of Carbs	Rice & Quinoa, Vegetable Soup 57g of Carbs
<b>Dinner</b>	Pasta, Chicken, Green Bean Cup, Yogurt 60g of Carbs	Raisins, Chicken, Carrot Cup, Mayo Packet, Crackers 48g of Carbs	Salmon, Pasta, Green Bean Cup, Mayo Packet 45g of Carbs	Pasta, Tuna, Green Bean Cup, Mayo Packet 44g of Carbs	Chicken, Raisins, Crackers, Mayo Packet, Carrot Cup 48g of Carbs	Salmon, Pasta, Green Bean Cup, Mayo Packet 45g of Carbs
<b>Snacks</b>	Crackers, Peanut Butter 33g of Carbs	Fruit Snacks, Yogurt, Applesauce 54g of Carbs	Fruit Cup, Yogurt, Granola Bar 46g of Carbs	Yogurt, Applesauce, Raisins 57g of Carbs	Applesauce, Yogurt, Granola Bar 49g of Carbs	Yogurt, Fruit Snacks, Protein Bar 51g of Carbs
<b>Totals<sup>1</sup></b>	Kcal 1630, Pro 76, Fat 62, CHO 206, Na+ 2035, K+ 1875 g g g mg mg	Kcal 1560, Pro 70, Fat 47, CHO 216, Na+ 1850, K+ 1779 g g g mg mg	Kcal 1598, Pro 79, Fat 57, CHO 208, Na+ 1890, K+ 2018 g g g mg mg	Kcal 1480, Pro 68, Fat 39, CHO 226, Na+ 1855, K+ 1743 g g g mg mg	Kcal 1598, Pro 71, Fat 60, CHO 211, Na+ 1685, K+ 2269 g g g mg mg	Kcal 1520, Pro 78, Fat 44, CHO 199, Na+ 1545, K+ 1486 g g g mg mg

Enhanced Healing (high-protein, high-energy)

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
<b>Breakfast</b>	Corn Flakes, Fruit Cup, Granola Bar, Milk	Oatmeal, Craisins, Granola Bar, Milk	Cereal, Craisins, Granola Bar, Milk	Corn Flakes, Fruit Cup, Granola Bar, Milk	Cereal, Fruit Cup, Granola Bar, Milk	Oatmeal, Raisins, Granola Bar, Milk
<b>Lunch</b>	Tuna, Crackers, Tomato Soup, Mayo Packet	Rice & Quinoa, Corn Cup, Salsa, Protein Bar	Tuna, Corn Cup, Vegetable Soup, Crackers, Peanut Butter	Chicken, Crackers, Chicken Noodle Soup	Tuna, Crackers, Tomato Soup, Peanut butter	Rice & Quinoa, Corn Cup, Vegetable Soup, Yogurt
<b>Dinner</b>	Pasta, Chicken, Green Bean Cup, Yogurt	Chicken, Raisins, Crackers, Mayo Packet, Carrot Cup, Chocolate Milk	Salmon, Mac & Cheese, Green Bean Cup	Rice & Quinoa, Tuna, Green Bean Cup, Mayo Packet, Yogurt	Chicken, Mac & Cheese, Carrot Cup	Salmon, Pasta, Carrot Cup, Mayo Packet
<b>Snacks</b>	Pretzels, Peanut Butter, Chocolate Milk, Ensure, Protein Bar	Pretzels, Peanut Butter, Ensure, Applesauce, Yogurt	Fruit Cup, Yogurt, Protein Bar, Fruit Snacks, Ensure	Applesauce, Ensure, Chocolate Milk, Protein Bar	Fruit Snacks, Yogurt, Ensure, Applesauce, Protein Bar	Fruit Cup, Ensure, Protein Bar, Crackers, Peanut Butter
<b>Totals<sup>1</sup></b>	Kcal 2430, Pro 123, Fat 75, CHO 334, Na+ 2850, K+ 2789 g g g mg mg	Kcal 2360, Pro 99, Fat 76, CHO 322, Na+ 2740, K+ 2895 g g g mg mg	Kcal 2018, Pro 110, Fat 65, CHO 265, Na+ 2565, K+ 2507 g g g mg mg	Kcal 1970, Pro 105, Fat 58, CHO 274, Na+ 2270, K+ 2684 g g g mg mg	Kcal 2018, Pro 106, Fat 67, CHO 266, Na+ 2365, K+ 2499 g g g mg mg	Kcal 2430, Pro 105, Fat 77, CHO 2465, K+ 2750 g g g mg mg

<sup>1</sup>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.

# 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.

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**Name of Patient (Printed)**

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**Signature of Patient**

**Date**

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**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.

These resources may help!



**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](http://www.MarylandAccessPoint.info)



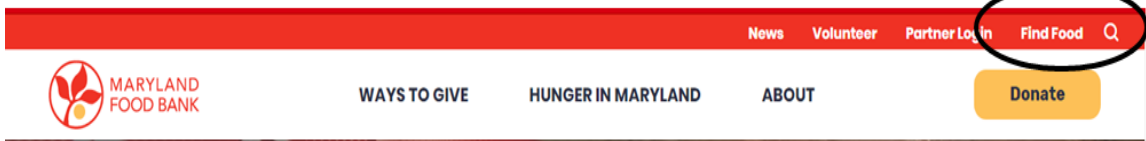
# If you need food or other support....



**Food Pantries** want to help.

To find a food pantry in your area:

1. Go to the Maryland Food Bank website <https://mdfoodbank.org>
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)



These resources may help!



# 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

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.

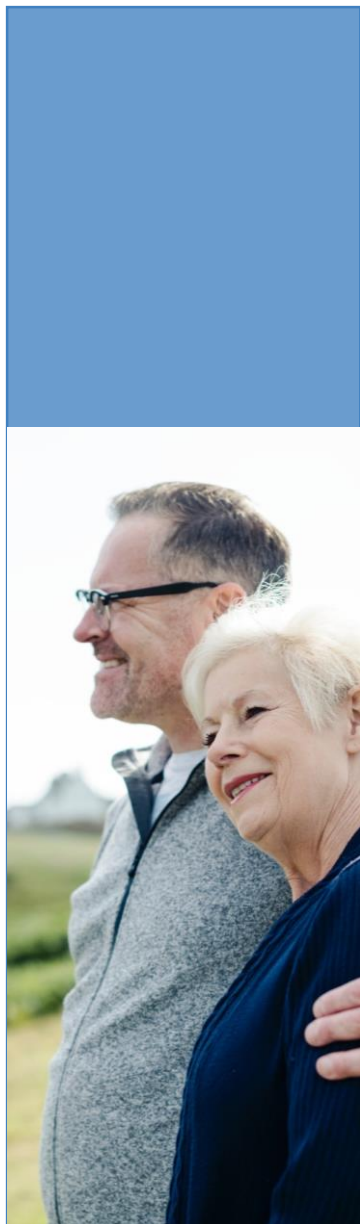
We want you to stay healthy once you leave the hospital. Enjoy these foods on us!

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

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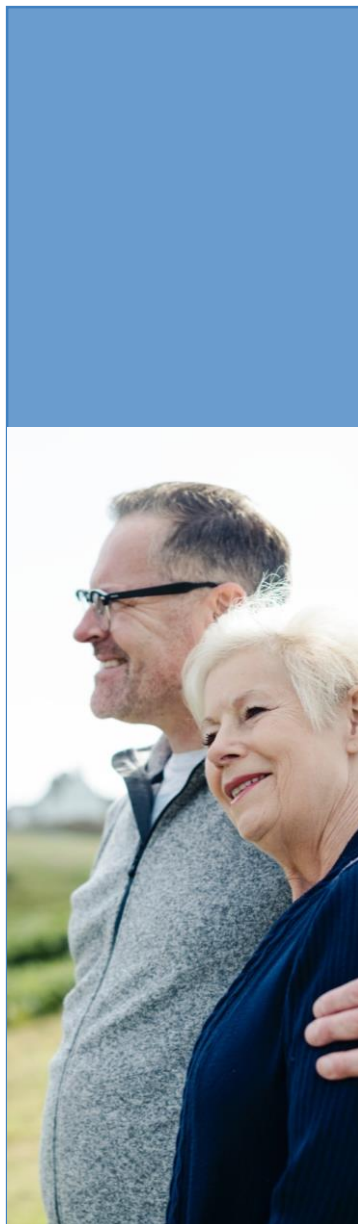
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In addition to these meal packages, you may also need:

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**  
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

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.

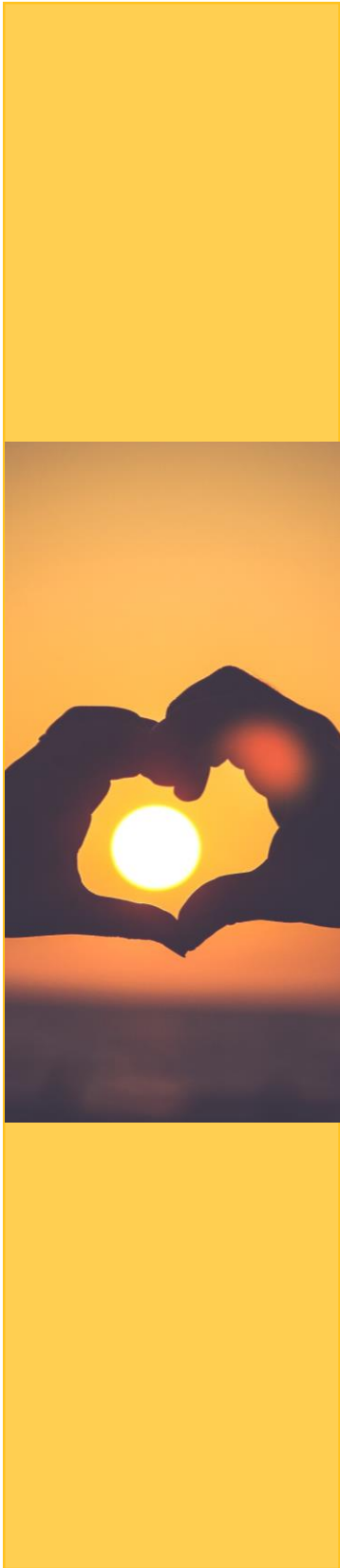
### Easy to prepare

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



# 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.

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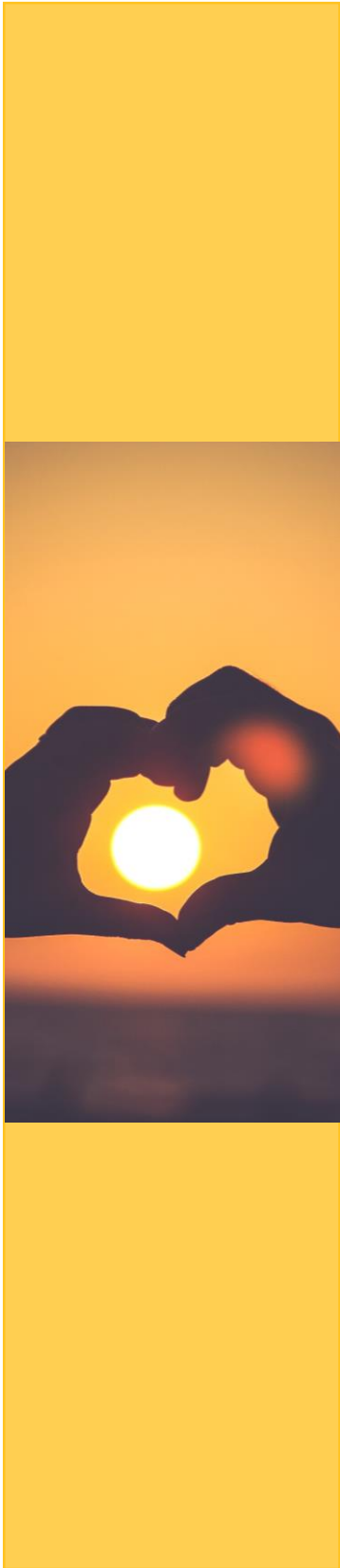
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These foods were chosen because they are single-serve, easy to prepare, and can be kept at room temperature for up to six months.

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



# 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 5<sup>th</sup> 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**

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## 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.

Resource	Purpose
A: Tracking Sheet	<ul style="list-style-type: none"> <li>▪ Required tracking information for outcome data analysis and to keep track of project progress</li> </ul>
B: Ordering Instructions	<ul style="list-style-type: none"> <li>▪ Includes information about meal package dimensions and weight and instructions for placing email orders to the Maryland Food Bank</li> </ul>
C: Provider Educational Materials	<ul style="list-style-type: none"> <li>▪ Explains the two different diet types and what is inside of each box for healthcare providers</li> </ul>
D: Patient Selection Flowsheet	<ul style="list-style-type: none"> <li>▪ Lists circumstances that would make a patient ineligible for this program including certain diet restrictions, living circumstances, etc.</li> <li>▪ Includes information to help staff ensure a good match between patient and meal package</li> </ul>
E: Consent Form	<ul style="list-style-type: none"> <li>▪ Ensures patient is aware of purpose of project and agrees to terms regarding privacy and liability</li> </ul>
F: Community Referral Handout	<ul style="list-style-type: none"> <li>▪ Provides community based referrals for long-term support services, if needed</li> </ul>
G: Patient Educational Materials	<ul style="list-style-type: none"> <li>▪ Explains the diet provided and how to use the foods to create a daily menu of meals</li> </ul>
H: Feedback Survey	<ul style="list-style-type: none"> <li>▪ Collects anonymous feedback from patients to measure if pilot is meeting goals and objectives and to improve the program for future participants</li> </ul>



# 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](mailto:AliceChan@umm.edu) by the 5<sup>th</sup> 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 deliveries 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](mailto:tivison@mdfoodbank.org)
  - Jessica Corcelius (Partner Services Director) – [jcorcelius@mdfoodbank.org](mailto:jcorcelius@mdfoodbank.org)
  - Zak Jeffries (Warehouse Manager) – [zjeffries@mdfoodbank.org](mailto:zjeffries@mdfoodbank.org)
  - Gary Melvin (Transportation Manager) – [gmelvin@mdfoodbank.org](mailto: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.

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

- 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.



# Maryland Discharge Meal Program Pilot: Summary and Implementation Instructions

## WHAT YOU NEED TO KNOW: STEP BY STEP

### 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 5<sup>th</sup> business day of each month.**

Resource:

- Feedback Survey (Appendix H)

# **Maryland Discharge Meal Program Pilot: Summary and Implementation Instructions**

## **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

Appendix A: Tracking Sheet

MDMP TRACKING SHEET - Send this form via HIPAA compliant manner to Alice Chan at AliceChan@ummc.edu by the 5th business day of each month.  
 \*Fill out these sections as they pertain to your hospital.

Patient #	Patient First Name	Patient Last Name	Medical Record Number	Admission Date	Discharge Date	Referred By	Insurance Provider	Referral Criteria Met	List Diagnosis	Diet Type (only choose ONE)	Initial Meal Package		Follow-Up Meal Package		Patient Signed Consent	Feedback Survey Administration			
											Location	Days of meals	Location	Days of meals			Date		
0	Example	Template	1234567	9/10/18	9/16/18	Sally Jones, Case Manager	Aetna	<input checked="" type="checkbox"/> Specific diagnosis <input checked="" type="checkbox"/> Food insecurity <input checked="" type="checkbox"/> Malnutrition	TDM CHF COPD	CC/HH Enhanced Healing	Hospital Discharge	3	9/16/18	<input checked="" type="checkbox"/> Home Visit <input type="checkbox"/> Care Clinic <input type="checkbox"/> AAA	9	9/19/18	9/16/18	N/A 9/29 10/8 10/18 10/18	In Person Phone Mail In Person Phone Mail In Person Phone Mail In Person Phone Mail In Person Phone Mail In Person Phone Mail In Person Phone Mail In Person Phone Mail In Person Phone Mail In Person Phone Mail In Person Phone Mail In Person Phone Mail
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## 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](mailto:tivison@mdfoodbank.org)  
Jessica Corcelius (Partner Services Director) – [jcorcelius@mdfoodbank.org](mailto:jcorcelius@mdfoodbank.org)  
Zak Jeffries (Warehouse Manager) - [zjeffries@mdfoodbank.org](mailto:zjeffries@mdfoodbank.org)  
Gary Melvin (Transportation Manager) – [gmelvin@mdfoodbank.org](mailto: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**

or

**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



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 and 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

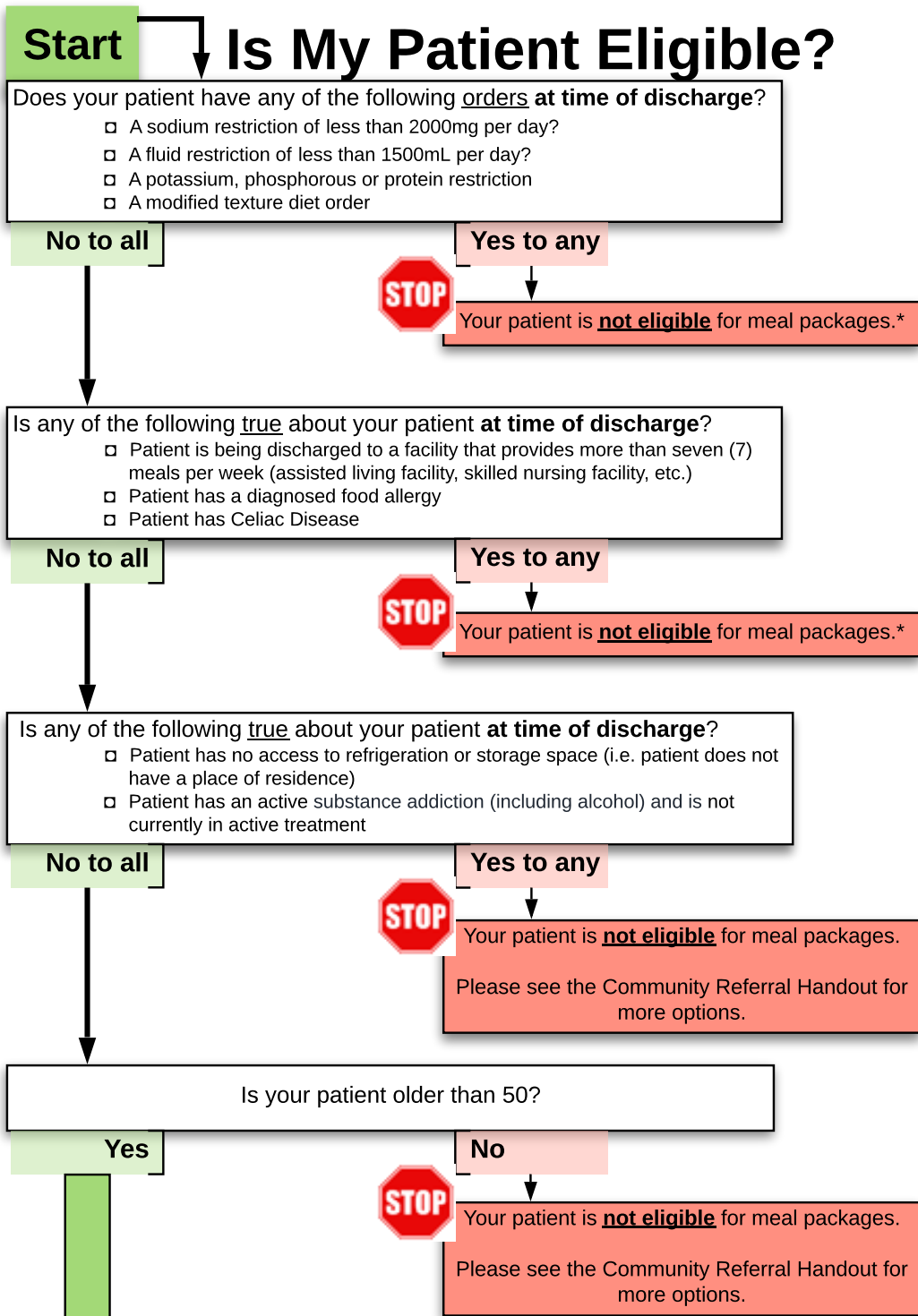
### Additional information for both meal package plans:

- Easy to prepare. Requires:
  - Spreading with a knife
  - Opening a can
  - Pulling off a cap
  - Mixing
  - Puncturing with a straw
  - Pulling open a package
- Additional kitchen items required:
  - Water
  - Bowls & plates
  - Forks, knives & spoons
  - Can opener
  - Microwave
  - Optional: scissors (if patient has difficulty opening packages)

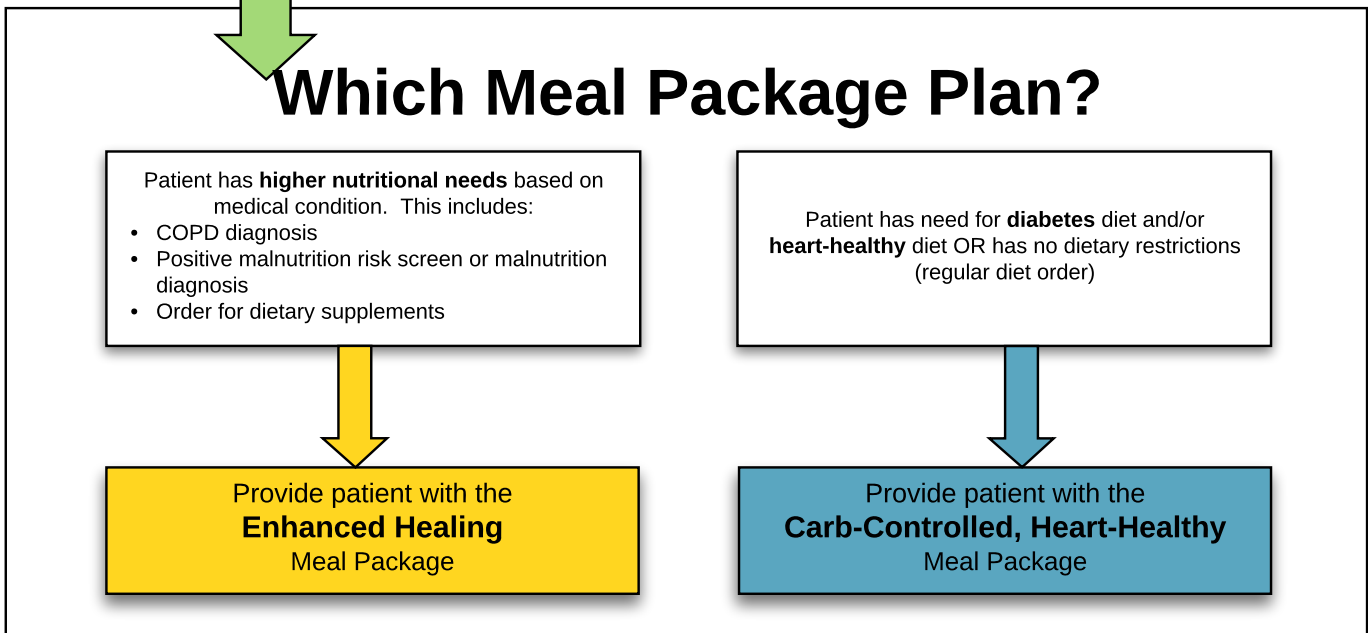
Grant funds from the Administration for Community Living (ACL) and the Maryland Department of Aging assisted in the development of this material. Points of view or opinions contained herein are those of the authors and do not necessarily represent the official position or policies of the ACL or Department.



\*SOURCE: Dietary Reference Intakes for Energy, Carbohydrate, Fiber, Fat, Fatty Acids, Cholesterol, Protein, and Amino Acids (2002/2005). <https://www.ncbi.nlm.nih.gov/books/NBK56068/table/summarytables15/?report=objectonly>



\* 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	Day 2	Day 3	Day 4	Day 5	Day 6
<b>Breakfast</b>	Corn Flakes, Fruit Cup, Granola Bar, Milk 68g of Carbs	Oatmeal, Granola Bar, Milk 46g of Carbs	Cereal, Craisins, Milk 64g of Carbs	Corn Flakes, Fruit Cup, Granola Bar, Milk 68g of Carbs	Cereal, Fruit Cup, Milk 58g of Carbs	Oatmeal, Granola Bar, Milk 46g of Carbs
<b>Lunch</b>	Crackers, Tuna, Tomato Soup, Mayo Packet 45g of Carbs	Rice & Quinoa, Corn Cup, Salsa, Protein Bar 68g of Carbs	Tuna, Corn Cup, Vegetable Soup, Crackers, Peanut Butter 53g of Carbs	Chicken, Crackers, Chicken Noodle Soup, Carrot Cup, Craisins 57g of Carbs	Crackers, Tuna, Tomato Soup, Peanut Butter 56g of Carbs	Rice & Quinoa, Vegetable Soup 57g of Carbs
<b>Dinner</b>	Pasta, Chicken, Green Bean Cup, Yogurt 60g of Carbs	Raisins, Chicken, Carrot Cup, Mayo Packet, Crackers 48g of Carbs	Salmon, Pasta, Green Bean Cup, Mayo Packet 45g of Carbs	Pasta, Tuna, Green Bean Cup, Mayo Packet 44g of Carbs	Chicken, Raisins, Crackers, Mayo Packet, Carrot Cup 48g of Carbs	Salmon, Pasta, Green Bean Cup, Mayo Packet 45g of Carbs
<b>Snacks</b>	Crackers, Peanut Butter 33g of Carbs	Fruit Snacks, Yogurt, Applesauce 54g of Carbs	Fruit Cup, Yogurt, Granola Bar 46g of Carbs	Yogurt, Applesauce, Raisins 57g of Carbs	Applesauce, Yogurt, Granola Bar 49g of Carbs	Yogurt, Fruit Snacks, Protein Bar 51g of Carbs
<b>Totals<sup>1</sup></b>	Kcal 1630, Pro 76, Fat 62, CHO 206, Na+ 2035, K+ 1875 g g g mg mg	Kcal 1560, Pro 70, Fat 47, CHO 216, Na+ 1850, K+ 1779 g g g mg mg	Kcal 1598, Pro 79, Fat 57, CHO 208, Na+ 1890, K+ 2018 g g g mg mg	Kcal 1480, Pro 68, Fat 39, CHO 226, Na+ 1855, K+ 1743 g g g mg mg	Kcal 1598, Pro 71, Fat 60, CHO 211, Na+ 1685, K+ 2269 g g g mg mg	Kcal 1520, Pro 78, Fat 44, CHO 199, Na+ 1545, K+ 1486 g g g mg mg

Enhanced Healing (high-protein, high-energy)

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
<b>Breakfast</b>	Corn Flakes, Fruit Cup, Granola Bar, Milk	Oatmeal, Craisins, Granola Bar, Milk	Cereal, Craisins, Granola Bar, Milk	Corn Flakes, Fruit Cup, Granola Bar, Milk	Cereal, Fruit Cup, Granola Bar, Milk	Oatmeal, Raisins, Granola Bar, Milk
<b>Lunch</b>	Tuna, Crackers, Tomato Soup, Mayo Packet	Rice & Quinoa, Corn Cup, Salsa, Protein Bar	Tuna, Corn Cup, Vegetable Soup, Crackers, Peanut Butter	Chicken, Crackers, Chicken Noodle Soup	Tuna, Crackers, Tomato Soup, Peanut butter	Rice & Quinoa, Corn Cup, Vegetable Soup, Yogurt
<b>Dinner</b>	Pasta, Chicken, Green Bean Cup, Yogurt	Chicken, Raisins, Crackers, Mayo Packet, Carrot Cup, Chocolate Milk	Salmon, Mac & Cheese, Green Bean Cup	Rice & Quinoa, Tuna, Green Bean Cup, Mayo Packet, Yogurt	Chicken, Mac & Cheese, Carrot Cup	Salmon, Pasta, Carrot Cup, Mayo Packet
<b>Snacks</b>	Pretzels, Peanut Butter, Chocolate Milk, Ensure, Protein Bar	Pretzels, Peanut Butter, Ensure, Applesauce, Yogurt	Fruit Cup, Yogurt, Protein Bar, Fruit Snacks, Ensure	Applesauce, Ensure, Chocolate Milk, Protein Bar	Fruit Snacks, Yogurt, Ensure, Applesauce, Protein Bar	Fruit Cup, Ensure, Protein Bar, Crackers, Peanut Butter
<b>Totals<sup>1</sup></b>	Kcal 2430, Pro 123, Fat 75, CHO 334, Na+ 2850, K+ 2789 g g g mg mg	Kcal 2360, Pro 99, Fat 76, CHO 322, Na+ 2740, K+ 2895 g g g mg mg	Kcal 2018, Pro 110, Fat 65, CHO 265, Na+ 2565, K+ 2507 g g g mg mg	Kcal 1970, Pro 105, Fat 58, CHO 274, Na+ 2270, K+ 2684 g g g mg mg	Kcal 2018, Pro 106, Fat 67, CHO 266, Na+ 2365, K+ 2499 g g g mg mg	Kcal 2430, Pro 105, Fat 77, CHO 2465, K+ 2750 g g g mg mg

<sup>1</sup>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.

## **Appendix E: 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....



These resources may help!



### 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](http://www.MarylandAccessPoint.info)

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



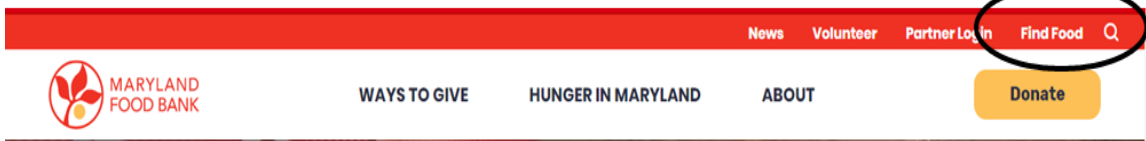
# If you need food or other support....



**Food Pantries** want to help.

To find a food pantry in your area:

1. Go to the Maryland Food Bank website <https://mdfoodbank.org>
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)

These resources may help!



# 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

# 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

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.

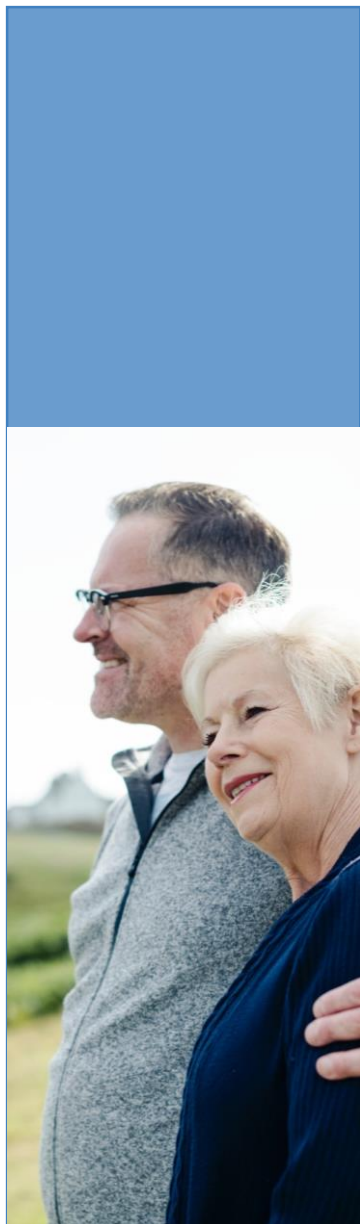
We want you to stay healthy once you leave the hospital. Enjoy these foods on us!

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

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?



## 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.

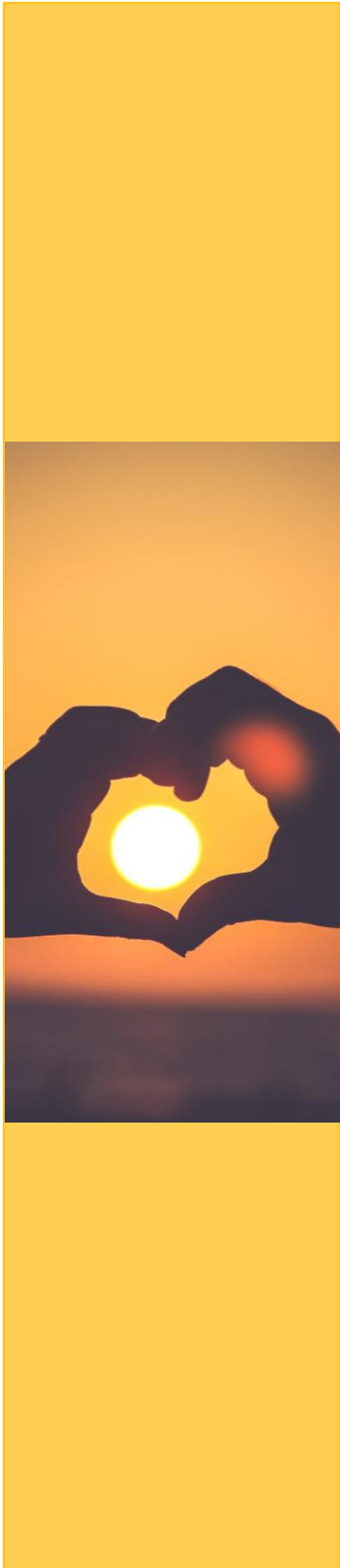
### Easy to prepare

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 ADMINISTOR

#### (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 5<sup>th</sup> 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**

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## 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: \_\_\_\_\_