

Examination of Data Analysis Methods on Behavioral Changes in the PA SNAP Ed/ Eat Right Philly Program: Eight years of Data and Analysis Techniques

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Learning Outcome: Upon completion, participants will be able to describe how multiple methods of data analysis can inform and strengthen evaluation data for SNAP-Ed providers.

Drexel University's Eat Right Philly Nutrition Education Program (DRX ERP), a Pennsylvania Supplemental Nutrition Assistance Program Education (PA SNAP-Ed) partner, provides nutrition education in schools throughout Philadelphia, PA. Drexel collects yearly pre and post data regarding behavior change among students who receive the curriculum. A retrospective study was conducted to evaluate changes in behavior from 2013 through 2021. Effectiveness of the curriculum in high school students, was determined using the Modified Youth Risk Behavior Surveillance System. Previous research using pre and post behavior found significant positive changes in youth behavior between 2013 – 2015 ($p < .05$). To substantiate the effects of DRX ERP in research presented here, paired samples t-tests, between 2016 – 2021 showed improvements in youth health behaviors. Students increased vegetable consumption between 2016-2017 ($p < 0.001$), 2018-2019 ($p = 0.011$) and 2020-2021 ($p = 0.032$). Students showed significant positive behavior change in fruit ($p < 0.001$), and fruit juice consumption ($p < 0.001$), during 2016-2017. Chi-Square analyses identified meaningful effect size changes after versus before DRX ERP for behavioral change. 2019-2020 showed no significant p values, but effect size showed changes ranging from small to large impacts for measured variables. Effect size metrics of pre and post behavior change to DRX ERP provide evidence of the program's utility in meeting outcome indicators of the SNAP-Ed Framework. However, long term studies are needed to determine if these methods should be modified for more equitable measurements of behavior change. Findings indicate that effect size measurement may better elucidate how nutrition education impacts behavior change in ways that p-values are limited.

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Implementing and Evaluating Reflective Learning in a Medical Nutrition Therapy Lecture-Lab Course

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Learning Outcome: Assess student learning formatively using a brief, written reflective learning assignment

Reflective learning is a component of ACEND's Future Education Model that promotes "deep" learning via metacognition, ongoing improvement in performing professional tasks and behaviors, and safe and competent patient/client care, when practiced regularly. Learners ($N = 46$) completed 345 written learning reflections (LR) answering 7 questions for selected learning activities in medical nutrition therapy (MNT) lecture-lab courses as a formative assessment strategy. Results showed that 72% (249) of LRs indicated students' progress in achieving planned learning outcomes; 14% (47) demonstrated connections across content within the course; 2% (8) made connections to content in a different course in the curriculum; and 2% (6) indicated that students identified strategies for future learning and practice. Seventeen LRs (5%) evinced that students misunderstood or omitted critical concepts, providing an opportunity for instructor corrective feedback. Thirteen LR (4%) indicated that students extended learning beyond the planned learning outcomes. Thirty-one LRs (9%) provided no evidence of learning or a lack of engagement with the reflective learning process. Based on faculty analysis of these findings and student input, we revised the LR questions for use in the current academic year and created a rubric to grant credit for engagement in reflective learning. Implementing reflective learning allowed effective formative assessment of student learning progress.

Funding source: None

Navigating the Perfect Storm: Staffing Crisis During the Pandemic

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Learning Outcome: Upon completion, participant will be able to implement successful solutions to combat increased hospitalizations and the national staffing shortage of dietitians through the pandemic.

With increasing inpatient volumes, increased medical complexity of patients and staffing below labor budget, our ability to provide patient care was compromised. As leaders we utilized data and facts to drive decisions. Staffing was 15% below budgeted labor and patient volumes were exceeding 130% of projected census across 5 locations. It was our goal as the nutrition leadership team to address this staffing crisis in a proactive manner to curb the magnitude of the storm. A team brainstorming session was conducted to identify strategies to provide quality care for our patients and prevent staff burnout. A rapid improvement event was held resulting in a streamlined electronic nutrition assessment to improve charting efficiency. Outreach to recently separated employees occurred to ascertain interest in working remotely as a per diem dietitian utilizing telehealth technology. Staff were incentivized with a bonus to work additional hours and for traveling to a hospital location one hour from the main hospital. With the program implemented, the team achieved a charting compliance of 96%. In addition, the team supported optimizing quality of nutrition care for Covid-19 patients by updating practice guidelines. These practice guidelines will be featured at the upcoming ASPEN 2022 conference poster session. In conclusion, the team felt valued and appreciated which resulted in improved morale, trusting work environment and a willingness to weather the storm as a united front.

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The Registered Dietitian's Role in Increasing Patient Participation in Hospital Room Service

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Learning Outcome: Identify root cause for low participation of available meal service selection Describe methods to increase patient participation in room service by 50%

Research has shown that a room service (RS) model for hospital patient meal service has the ability to improve patient experience. The foundation of RS is that patients are given a restaurant-style menu where they can order a meal of their choosing, in an on-demand fashion. Patient meals are made to order and not the traditional non-select (NS) or limited-selection menus of the recent past. Johns Hopkins Bayview Medical Center Food Service Department sought to evaluate and subsequently improve patient participation in the existing room service program. Investigations identified meals where 50% of patients were not ordering RS and were instead being given a NS tray. The reasons for this included patient cognition, physical impairment, long hold times when calling in meal orders, and hospital staff ordering on behalf of the patient. Next, four strategies were identified to increase the rate of patient participation in RS: technology, training, collaboration, and recruitment. This led to the implementation of these strategies which increased patient participation in RS. (1) The Let's Eat App, developed by the nutrition software company CBORD was made available to patients. (2) The RS staff was trained in taking patient meal orders at bedside. (3) management collaborated with nursing who were tasked with teaching the Let's Eat App to patients. (4) Human resources and Food Services collectively developed talent recruitment strategies including job fairs and weekly time blocks to conduct interviews. It was concluded that implementing technology and staff training and collaboration can increase patient participation in RS.

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