This study aims to build the reason for necessary change in the management of malnutrition care and to describe the process used to develop the model for implementation of malnutrition care in six Australian (Queensland) hospitals.

**Methods:**
Two action research cycles conducted as a quality assurance activity were conducted between October 2016 and March 2017. Action Cycle I was titled “Problem identification and building a case for change” and used a cross-sectional survey to gather data on the management of malnutrition across the hospitals. Action Cycle II was titled “Adapting a model to fit the Queensland context”. Governance and communications processes were established to identify state-wide and local evidence practice gaps, etc. to help develop the final pathway of implementation testing and evaluation.

**Key Findings**
Twenty-three surveys were distributed with 21 completed (91%). There was substantial within and across site variance with care processes focused towards highly individualized, dietitian-delivered care. A model for the Systematized, Interdisciplinary Malnutrition Pathway for impLementation and Evaluation in hospitals (SIMPLE) in hospitals was drafted based on contemporary models, including the Canadian INPAC, and supporting literature. Consensus for implementation of the final model was achieved across site clinicians, leaders and governance structures.

**Clinical relevance:**
This study presented the first two action research cycles associated with the development of the SIMPLE approach to managing malnutrition in Australian hospitals. It showed that systematized, delegated and interdisciplinary nutrition care activities are realistic in some settings. A made in Australia model that
provides interdisciplinary care is now available. Next steps include testing the model in other settings and to determine if the interdisciplinary model improves hospital malnutrition care.