The SIMPLER Steps for better nutrition, better outcomes

A QuickStart guide for local quality improvement

Form your team

Get together with a few of your motivated colleagues.

- Nurse, doctor, allied health — whatever mix you have available.
- 2–4 people is enough to get started – no big committee needed.

Set a SIMPLER Aim

Example: “Most of the people at risk of malnutrition have not received nutrition information!”
Aim: “Next month, at least half of our patients (or their carers) will have received nutrition information and be given something easy to read.”

Test, choose, and collect measures

- Look at 10 charts, and/or
- Ask 10 patients or their carers, and/or
- Ask 10 health workers during a team meeting.

Example measures are in each of the SIMPLER Six Posters

Select, test and implement changes

Choose a change that does not need a dietitian / nutrition specialist.
Select-Test-Learn-Adapt.
Try it for a couple of patients, or for part of a day.

Example changes are in each of the SIMPLER Six Posters

Review and keep going

Compare your before and after. Learn and adapt. If it helped, keep doing it, and tell others. Then pick your next “Select-Test-Learn-Adapt” change.

Don’t get complicated. Keep it SIMPLER!

The SIMPLER Six

- Avoided unnecessary fasting?
- Aware of nutrition risk status?
- Received nutrition information?
- Received high protein foods & fluids?
- Received oral nutritional supplements?
- Post-discharge nutrition plan?

Scan to learn more about SIMPLER!

Visit the FFN SIMPLER Global Hub

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The SIMPLER Pathway for better nutrition, better outcomes

The SIMPLER Nutrition Pathway[a]

for Fragility Fractures

[Enter hospital / health service]

Nutrition Risk Status

At risk[b]:
All hip fracture inpatients;
Others screened 'at risk';
Clinical assessment 'at risk'

Not at risk

Urgent specialist care referral

"At risk"

Standard Nutrition Care

[site specific standard care processes]

Identified 'At risk'

Identified 'Not at risk'

Supportive Nutrition Care

(Does not need a dietitian / nutrition specialist)

S *Screened 'at risk' = Commence nutrition care as follows:*

I Interdisciplinary nutrition assessment and reassessment

M Make the diagnosis, inform the patient/carer and document[c]

P Plan supportive interventions with the patient/carer

L impLement supportive nutrition interventions[d]:

- [enter intervention 1]
- [enter intervention 2]
- [enter intervention 3]
- etc

E Evaluate nutrition care provided (unless not at risk)

- [enter measure 1]
- [enter measure 2]
- [enter measure 3]
- etc

R Review, redesign, and/or reform practice through audit, quality improvement, research and policy.

Specialist care required?

Specialist care not required

Specialised Nutrition Care[e]

[site specific specialist care processes]

[a] The SIMPLER Pathway[1] is applied and adapted with permission from Queensland Health [2, 3] and is provided here for educational purposes only. It must be customized to local contexts and governance requirements prior to implementation. [b] Most screening tools have demonstrated poor sensitivity in hip fracture inpatients; this can result in underdiagnosis and undertreatment of malnutrition. Consider routinely treating all hip fracture patients at risk of malnutrition until diagnosed as malnourished or not [4-9]. For other fragility fracture patients, consider using a validated screening tool such as the Mini-Nutritional Assessment Short Form[10], Malnutrition Screening Tool[11], or Malnutrition Universal Screening Tool[12]. Other high-risk conditions, for example delirium may be considered by treating teams 'at risk' until assessed otherwise. [c] Using a validated diagnostic tool for example, the Global Leadership Initiative on Malnutrition (GLIM) criteria[13], International Classification of Diseases (ICD) criteria[14], the Subjective Global Assessment[15], the Mini-Nutritional Assessment Short Form (score <8)[10, 16]. This may be performed after supportive interventions are commenced. [d] Within 72 hours (target <24 hours) of presentation with a hip fracture. Highly recommended 'core' interventions are detailed in the toolkit as the 'SIMPLER Six'. For detailed examples of additional SIMPLE(R) supportive nutrition care interventions, consider the Multimodal, multidisciplinary nutritional care in acute hip fracture model[17], Orthogeriatrics Nutrition care chapter [18], Interdisciplinary Nutritional Management and Care for Older Adults Textbook [19], The SIMPLE Approach systematised, interdisciplinary care opportunities[20, 21] (for local adaptation), and synthesized literature sources [7, 12, 22-31]. [e]Across global settings, access to nutrition specialists such as Dietitians, Nutritionists, Medical Nutrition Specialists and suitably trained Nurse practitioners varies considerably. Whether access to specialist nutrition care is routinely available, and/or what the referral requirements are for specialist care, are highly dependent on local resources and care processes.

For more information, visit the FFN SIMPLER Global Hub, @ https://fragilityfracturenetwork.org/simpler

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Avoided unnecessary fasting?

What does unnecessary fasting usually look like?

Fasting solids for more than 6 hours

Fasting fluids for more than 2 hours*
*Many hospitals now allow SIP to SEND up until transfer to theatre

Repeated fasting – fasting more than once

How can we measure "Avoided unnecessary fasting?"

Audit 10 Charts (Don't do too many; it's not research)
Fasted for more than 6 hours before surgery, or fasted more than once?

Ask 10 patients with a good memory
Were your fasted for more than about 6 hours before your surgery, or fasted more than once?

Survey 10 clinicians (Do a quick poll at a team meeting)
Proportion fasted for more than about 6 hours before surgery, or fasted more than once?

Select, test and implement changes to improve "Avoided unnecessary fasting?"

Select from the following or choose your own

Set clear fasting goals – and audit and report them
Update fasting policy, procedures and protocols
Make it clear who is responsible for fasting orders
Support patients, families, carers to ask about fasting
Use signs at the bedside to show fasting times and status
Add alerts, tracking, and care prompts to computer systems
Add fasting checks to morning huddles or handovers
Create 'check and challenge' fasting champions
Coach staff to feel confident asking "Why is this patient fasting?"
Share patient and staff stories about fasting
Question fasting from midnight or "just in case"
Improve access to operating theatres
Deliver meals to emergency departments
Create rewards or incentives to avoid unnecessary fasting
Ask hospital executives for dedicated theatre time
Put up this poster in key areas

Scan to learn more about SIMPLER!

The SIMPLER Six

- Avoided unnecessary fasting?
- Aware of nutrition risk status?
- Received nutrition information?
- Received high protein foods & fluids?
- Received oral nutritional supplements?
- Post-discharge nutrition plan?

Did it help? If so, keep doing it. If not, learn and adapt, or try something else.

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SIMPLE better nutrition, better outcomes

Aware of nutrition risk?

Who should be aware of malnutrition or nutrition risk?

Anybody with a recent hip fracture
All hip fracture patients should be considered 'at risk' of malnutrition until assessed as well nourished, and not at risk of becoming malnourished.

Anybody else screened 'at risk' of malnutrition
For other fragility fracture patients, using a validated nutrition screening tool. People who are overweight or living with obesity can also have malnutrition.

Anybody assessed and diagnosed as malnourished
Malnutrition should be diagnosed using a validated nutrition assessment tool such as GLIM, MNA-SF, or SGA. Don't rely on BMI or blood markers.

How do we measure awareness of malnutrition or nutrition risk?

Audit 10 Charts (Don't do too many; it's not research)
Is there documented evidence of nutrition assessment and discussion with the patient / carer?

Ask 10 patients with a good memory
Have you been provided with the results of your nutrition assessment?

Survey 10 clinicians (Do a quick poll at a team meeting)
"What proportion of patients who are malnourished or at risk of malnutrition and have a good memory are aware of this?"

Select, test and implement changes to improve "Aware of nutrition risk?"

Select from the following or choose your own

Inform hip fracture patients they are 'at risk' until assessed
Use a validated screening tool for other patients
Explain the result when you screen
Communicate malnutrition in person-centred language
Role-model nutrition discussions during bedside rounds
Provide all 'at risk' patients with written information
Apply IT alerts, care prompts, and tracking tools
Support nurses and others to diagnose malnutrition
Celebrate and recognize teams with high awareness rates
Update nutrition protocol / procedure / pathway
Audit and report awareness of nutrition risk
Use patient stories in posters or team meetings
Build nutrition screening into onboarding or staff reviews
Put up this poster in key areas

Scan to learn more

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SIMPLE better nutrition, better outcomes

Received nutrition information?

Who should be offered nutrition information?

Anybody with a recent hip fracture
All hip fracture patients / carers should be offered information about nutrition needs and treatment choices after a hip fracture. Even if their screening tool is negative

Anybody else screened 'at risk' of malnutrition
For other fragility fracture patients, anybody screened at risk of malnutrition should be offered nutrition information. There is no need to wait until a full assessment.

Anybody assessed and diagnosed as malnourished
Any patient who has been diagnosed with malnutrition, or their carer where needed, should be offered information about nutrition diagnosis, needs and treatment choices.

How can we measure "Received nutrition information?"

Audit 10 Charts (Don't do too many; it's not research)
Is there evidence of provision of information about nutrition?

Ask 10 patients with a good memory (or their carers)
Have you been provided with information about nutrition?

Survey 10 clinicians (Do a quick poll at a team meeting)
What proportion of patients cared for in the past month are provided with information about nutrition?

Select, test and implement changes to improve "Received nutrition information?"

Select from the following or choose your own

Update systems, policies and pathways to support nutrition info
Audit and report how many 'at risk' patients get nutrition info
Ask patients who say no to ONS if they know what they are for
Create multimedia resources with patients and carers
Include patients, families, and carers in nutrition talks
Explain why nutrition matters using simple, consistent messages
Co-design strategies with frontline staff, patients and carers
Repeat key messages and use reminders or teach-back
Make nutrition education part of team roles and tasks
Obtain funding for nutrition champions or assistants
Include nutrition in routine processes like mobilisation
Share real stories or champions to promote nutrition
Support staff who feel unsure talking about nutrition
Use simulation or bedside coaching to build confidence and skills
Put up this poster in key areas

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Received high protein foods & fluids?

Who should be offered high protein foods & fluids?

Anybody with a recent hip fracture*
All hip fracture patients should be offered high protein foods and fluids until assessed as well-nourished and are able to eat and drink enough to meet their needs

Anybody else screened 'at risk' of malnutrition or diagnosed as malnourished*
Offer high protein foods and fluids for other fragility fracture patients where they are not eating and drinking enough, or screened at risk of malnutrition, or are already diagnosed as malnourished.

*who are approved for oral intake and do not require specialised diets

How can we measure "Received high protein foods & fluids"?

Audit 10 Charts (Don't do too many; it's not research)
Documented evidence of provision of high protein / energy food and fluid choices, and assessment of food and fluid intake?

Ask 10 patients with a good memory (or their carers)
Are you receiving high quality, high protein food and fluid choices?
Has anybody asked you how much you have been eating?

Survey 10 clinicians (Do a quick poll at a team meeting)
What proportion of hip fracture patients have received high protein foods & fluids, and have had their intake assessed within 72 hours of surgery?

Select, test and implement changes to improve "Received high protein foods & fluids?"

Select from the following or choose your own

Audit, report and reward intake goal achievements

Nutrition policies, protocols, pathways, and systems support high protein choices from 'at-risk' screening

Supply high protein foods and fluid choices at all meals, between meals, and after hours

Explain the role of high protein foods & fluids for recovery

Align patient goals with nutrition goals and review regularly

Signal high protein needs using visual prompts (eg red trays)

Train ward staff to troubleshoot common barriers to intake

De-prescribe unnecessary dietary restrictions

Engage family, staff, and volunteers to help at mealtimes

Rethink routines to stop mealtime interruptions and allow time to eat and drink

Establish a ward pantry or mini-kitchen

Showcase staff and patient stories for a 'nutrition assistant'

Put up this poster in key areas

Scan to learn more

The SIMPLER Six

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Received Oral Nutritional Supplements

Who should be offered Oral Nutritional Supplements?

Anybody with a recent hip fracture*
All hip fracture patients should be offered oral nutritional supplements until assessed as well-nourished and are able to eat and drink enough to meet their needs

Anybody else screened 'at risk' of malnutrition or diagnosed as malnourished*
who are unlikely to meet requirements through high protein foods and fluids alone.

*who are approved for oral intake and do not require specialised diets

How can we measure "Received Oral Nutritional Supplements"?

Audit 10 Charts (Don't do too many; it's not research)
Documented evidence of provision of Oral Nutritional Supplements, and assessment of intake?

Ask 10 patients with a good memory
Are you receiving Oral Nutritional Supplements?
Has anybody asked you what these are for?
How much of these are you having?

Survey 10 clinicians (Do a quick poll at a team meeting)
What proportion of hip fracture patients have received oral nutritional supplements, and had their intake assessed within 72 hours of surgery?

Select, test and implement changes to improve "Received Oral Nutritional Supplements?"

Select from the following or choose your own

Expand ONS options and clarify what counts as a supplement
Offer ONS to all hip fracture patients until assessed as well-nourished and likely to be eating and drinking enough
Review, update, and apply policies, procedures, and pathways
Make roles clear for providing, prescribing and assessing ONS
Add ONS prompts to IT systems for all hip fractures
Prescribe ONS in medication charts as medicine
Train and empower staff to order or prescribe ONS
Make ONS available outside of meal times
Give clear spoken and written information about ONS
Align patient-centred goals with ONS intake
Give ONS during exercise or rehab session
Track ONS intake, wastage, barriers and enablers in IT systems
Audit and report ONS access, adherence, and outcomes
Use stories, audit data, and peer role models to share success
Recognise teams or individuals who are ONS champions

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FFN Fragility Fracture Network

SIMPLE better nutrition, better outcomes

Post-discharge nutrition plan?

Who should be offered a post-discharge nutrition plan?

Anybody with a recent hip fracture
unless they have been assessed as well nourished and are not at risk of malnutrition at time of discharge.

Anybody else screened 'at risk' of malnutrition or diagnosed as malnourished
who remain malnourished or 'at risk' of malnutrition at time of discharge.

How can we measure "Post-discharge nutrition plan?"

For all patients who remain 'at risk' of malnutrition or malnourished on discharge

Audit 10 Charts (Don't do too many; it's not research)
Malnutrition status and treatment plan included in discharge paperwork?

Ask 10 patients with a good memory (or their care givers)
Has anybody asked if they can give your nutrition information to your preferred post-hospital health care provider?

Survey 10 clinicians (Do a quick poll at a team meeting)
What proportion of hip fracture patients have had their malnutrition status and nutrition treatment plan included in their discharge paperwork?

Select, test and implement changes to improve "Post-discharge nutrition plan?"

Select from the following or choose your own

Update and apply policies, procedures, and guidelines
Assign clear roles for nutrition in clinical handover
Include nutrition status and plan in discharge documents
Set discharge nutrition goals, audit and report on results
Make nutrition status and plan visible across all systems
Use simple, standardised, and automated discharge tools
Train staff to identify malnutrition and explain discharge plans
Show examples of good discharge planning to guide teams
Identify and support discharge champions
Support patients to ask about discharge plans
Offer patients and carers a copy of the nutrition care plan
Include nutrition in discharge planning meeting template
Recognise teams who document nutrition in discharge plans
Share stories that show why nutrition follow-up matters
Train primary care teams in malnutrition follow-up strategies
Ask patients if they received nutrition info before discharge

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SIMPLER Pathway Templates for Local Adaptation and Co-Design

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Acknowledgements

This document has been created by the the Fragility Fracture Network (FFN) in partnership with The University of Iceland. FFN is a non-profit entity dedicated to improving nutrition care globally. FFN are grateful for corporate advisory committee and project funding from industry partners, including Nutricia. Industry partners have no control or influence over the content of the pathway, protocol, or toolkit resources.

We acknowledge all those who developed, implemented, and evaluated the initial multidisciplinary, multimodal nutrition care program initiated in The Prince Charles Hospital Hip Fracture Unit, Australia, the SIMPLE and SIMPLER Programs in Australia and the More2Eat Program in Canada, and contributors to Nutritional Care of the Older Patient with Fragility Fracture chapter in the Orthogeriatrics textbook, the INTERFACE nutrition care module, and the Interdisciplinary Nutritional Management and Care for Older Adults textbook. Concepts contained within these works underpin the SIMPLER Nutrition Pathway for Fragility Fractures, Toolkit, and other associated resources including this document.

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