AH-TRIP Program Logic

Problem/ Situation	Inputs	Outputs		Outcomes - Impact		
		Activities	Participation	Short-term	Medium-term	Long-term
Non evidence-based practices as a result of lack of TRIP	**AH-TRIP toolkit; AH-TRIP program lead/team**	**Support implementation of AH-TRIP initiative**	**Health service leaders; department managers; AH-TRIP program leads or coordinators**	**Reaction, satisfaction**	**Awareness Knowledge Learning Attitudes Self-efficacy Opinions Motivations**	**Health service outcomes Workforce capacity Policies**
	e.g. time and funding for project, additional resources used	*e.g. strategies used to implement AH-TRIP, use of toolkit*	*e.g. number of teams/ sites implementing AH-TRIP, number of health professionals involved*	*e.g. satisfaction with overall AH-TRIP initiative*	*e.g. change in self-efficacy (Park et. al), awareness and attitude towards TRIP*	*e.g. individual and team capacity building (application of AH-TRIP process to new projects; mentoring/ supporting others, embedding AH-TRIP into local processes); patient/ health service outcomes for AH-TRIP projects*
Reduced clinician knowledge and awareness of TRIP	**AH-TRIP online training and education platform**	**Complete "Foundation Training" and "Identifying a clinical problem" modules + additional local training events**	**All health practitioners**			
	e.g. webinars/ resources used, cost/ resource required to delivery training	*e.g. delivery of webinars and alternative training (format, content,)*	*e.g. number and discipline of health professionals completing webinars/ attendance at other training offered*	*e.g. satisfaction with webinars and training*	*e.g. change in knowledge (post-webinar quiz)*	*e.g. as above*

Problem/ Situation	Inputs	Outputs		Outcomes - Impact		
		Activities	Participation	Short-term	Medium-term	Long-term
Limited mentoring and support for those undertaking TRIP	**AH-TRIP champions; AH-TRIP champion manual**	**Promote, advocate and contribute to operationalising AH-TRIP in local teams**	**All health practitioners; department or unit managers**	*e.g. health professional satisfaction with champion role and support provided*	*e.g. change in self-efficacy (Park et. al), confidence in fulfilling champion role*	*e.g. as above*
	e.g. number of champions, satisfaction with their role and support provided	*e.g. activities performed by champions, time dedicated to role; support required/ provided*	*e.g. number of health professionals/ departments receiving information from champions,*			
	AH-TRIP experts and enthusiasts	**Provide expert advice and support via structured mentoring program**	**Health practitioners undertaking a TRIP project**	*e.g. satisfaction with mentoring and advice provided*	*e.g. change in KT self-efficacy (Park et. al)*	*e.g. as above*
	e.g. number of experts/ enthusiasts, time/ cost involved, satisfaction with role and support provided	*e.g. method of support (format, number/duration of sessions, panel composition, cost/ resource required)*	*e.g. number and discipline of health professionals supported*			
Limited mechanisms to recognise and showcase TRIP	**AH-TRIP showcase toolkit**	**Local mechanism for recognising and showcasing AH-TRIP projects and AHPs**	**Health service leaders; department managers; all health practitioners**	*e.g. satisfaction with event*	*e.g. intention to engage in TRIP in future*	*e.g. as above*
	e.g. time/ cost involved, use of toolkit	*e.g. delivery of recognition/ showcase (modality, process for selection of projects and winners)*	*e.g. number and discipline of attendees and submissions*			

Assumptions

External Factors