What is QH-TRIP?

QH-TRIP (Queensland Health – Translating Research Into Practice) supports health professionals to implement evidence-informed changes in health service delivery. The approach provides a systematic method for identifying practice gaps, applying evidence, implementing change, and ensuring improvements are sustained and scaled across services.

The TRIP approach is designed for clinicians and health service teams who aim to improve quality, safety, and patient outcomes through practical, locally tailored implementation projects.

Taking a TRIP involves the following steps:

Identify a Problem

A problem arises when there is a difference between what should be done and what is currently being done. This is called the 'evidence practice gap'. The evidence-practice gap may arise from new knowledge or evidence (e.g. new clinical guidelines or a systematic review) that is not yet being applied, or a perceived problem in clinical practice that is a source of frustration in your work.

This TRIP stage involves identifying and describing the clinical or service delivery problem. The focus is on distinguishing between a perceived problem and an actual problem by examining available data and current practice. Local context, patient populations, and service priorities are considered to ensure the problem is relevant and actionable.

It can be tempting to jump straight into implementing change. However, clearly defining the problem ensures that change efforts address a real and measurable practice gap. Without a clear understanding of the issue, there is a risk of implementing changes that do not improve outcomes or lead to unnecessary workload and change fatigue.

Evidence to Support Change

Using high-quality evidence to answer your clinical question increases the likelihood that the proposed change will improve outcomes and align with best practice. Evidence also supports justification for change and resource allocation.

Relevant evidence is identified, reviewed, and critically appraised to determine its quality, consistency, and applicability to the local setting. Evidence may include systematic reviews, clinical practice guidelines, high-quality primary studies, benchmarking data, or consumer/community feedback. Research evidence comes in many forms, including meta-analyses and systematic reviews, robust study designs, and clinical practice guidelines. Critical appraisal tools and processes can help evaluate evidence in a systematic way.

If no suitable evidence exists, the issue may represent a research question rather than a TRIP project.

Planning for Change

It is important to consider the degree of fit between the clinical problem, the evidence, and any proposed changes within the local context. Effective planning ensures that evidence is adapted appropriately to the local context and that barriers to implementation are identified early. Poor planning increases the risk of implementation failure.

This stage focuses on designing the change by aligning evidence with local systems, workflows, and resources. Stakeholders are engaged, roles and responsibilities are defined, and potential barriers and enablers are assessed. Implementation theories, models, or frameworks may be selected to guide the approach.

Implementing Change

Structured implementation supports consistent adoption of the new practice and reduces variation in how change is applied across teams or services.

In this stage, the planned change is introduced into practice. This may involve implementation strategies such as education and training, workflow redesign, documentation changes, or system-level adjustments. Ongoing communication and support are essential for engagement and adherence.

Implementation theories, models, and frameworks can help researchers understand how and why implementation succeeds or sometimes fails. Theories, models, and/or frameworks can be applied in the planning, implementing, and/or evaluation stages of change to systematically plan and implement practice change.

Evaluating Change

Evaluation determines whether the change achieved its intended outcomes and whether it was implemented as planned. This information is critical for accountability, learning, and decision-making.

Evaluation includes assessment of both clinical or service outcomes and implementation outcomes. Clinical outcomes focus on patient health, safety, or quality of care. Implementation outcomes examine how well the change was delivered, including fidelity, acceptability, feasibility, and unintended consequences.

Sustainability, Scale, & Spread

Sustaining change ensures that improvements are maintained over time and embedded into routine practice, rather than being short-term or project-dependent.

In this stage, processes are established to support ongoing delivery of the new practice. This may include policy integration, workforce capability development, governance structures, and monitoring systems.

Scaling and spreading successful initiatives maximise the value of implementation efforts and promote system-wide improvement. Planning for this ensures the change is adapted and applied to other settings, teams, or populations while maintaining core evidence-based components. Contextual differences are assessed to ensure safe and effective implementation in a new setting.

> The TRIP process provides a structured, iterative approach to health service implementation; to bring about practice change in health care settings.