

QH-TRIP | Translating Research Into Practice

Implementation Masterclass

Module 4: Planning for Change - Align the organisation

Participant Handbook



Implementation Masterclass Module 4: Planning for Change - Align the organisation Participant Handbook

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Prelude

Welcome to Module 4 of the Implementation Masterclass.

This module continues the transition to understanding the problem in terms of its impact on people and its place within the organisation. Module 4 shifts the focus from identifying the problem and the people involved to understanding the organisational context in which change happens. In practice, stakeholder analysis and organisational context are often explored together because stakeholders understand how their service works, what supports practice, and what gets in the way. In this module, we separate these ideas to make them easier to understand and apply. The emphasis is on planning for change by understanding the organisation and its readiness to support implementation.

Behaviours are shaped by the organisations we work in, and understanding routines and culture can help participants feel more confident and capable of navigating complex health systems. In healthcare, recognising how systems, routines, expectations, and local culture influence practice can empower participants to approach change more effectively.

Using the shared case study, you will explore how organisational context, including culture, routines and structures, shapes practice and influences implementation. You will be introduced to practical ways to understand organisational context and supported in thinking more strategically about readiness for change. Reflective prompts and translation into practice activities support you to connect these ideas to your own context, building confidence and shared language that will support future conversations with peers, mentors, and researchers.

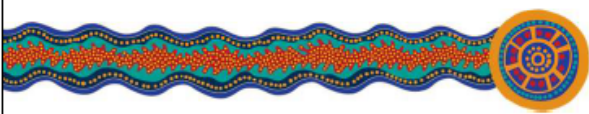
By the end of this module, you should feel more confident recognising the organisational factors that shape implementation and better equipped to plan change in a way that is realistic, respectful, and achievable.

Helpful links and resources

The following articles, blogs, videos, podcasts and websites provide useful information to support your learning. You do not need to read all resources before commencing the module.

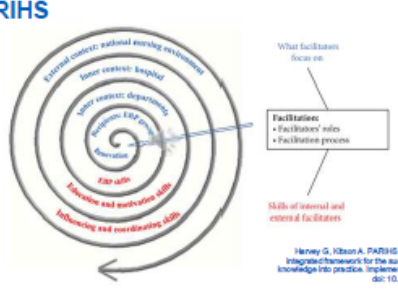
Consolidated Framework for Implementation Research (CFIR)	Consolidated Framework For Implementation Research (cfirguide.org).
	The Consolidated Framework for Implementation Research (CFIR) User Guide: a five-step guide for conducting implementation research using the framework (Reardon et al., 2025).
	Using the Consolidated Framework for Implementation Research (CFIR) in implementation research and practice (Khan, 2025). The Center for Implementation.
i-PARIHS	PARIHS revisited: from heuristic to integrated framework for the successful implementation of knowledge into practice (Harvey & Kitson, 2016).
	Combined use of the integrated-Promoting Action on Research Implementation in Health Services (i-PARIHS) framework with other implementation frameworks: a systematic review (Hunter et al., 2025).
	Use of the i-PARIHS framework in nutrition and dietetics research and practice: A citation analysis of the literature and case studies (Young et al., 2025).
Context Compass Framework	Addressing contextual barriers in implementation: The Context Compass Framework (The Center for Implementation)
	Making context assessment manageable: how to slice and dice context in different ways (Khan & Moore, 2025). The Center for Implementation.
Organisational readiness	Organizational readiness for change: A systematic review of the healthcare literature (Caci et al., 2025).
Readiness tools	Implementation Readiness Assessment Tool (Implementation & Evaluation HUB)
	Readiness Thinking Tool: Why organizational readiness for change matters (Khan, 2019). The Center for Implementation.
Logic models	Developing and Using Program Logic: A Guide (NSW Health).
	Your guide to using Logic Models (NHS – Midlands and Lancashire Commissioning Support Unit).

Presentation slides

Slide	Notes
QH-TRIP Translating Research Into Practice Implementation Masterclass Module 4: Planning for change – Align the organisation    0	
 The Queensland Government respectfully acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional and Cultural Custodians of the lands on which we live and work to deliver healthcare to all Queenslanders and recognises the continuation of First Nations peoples' cultures and connection to the lands, waters and communities across Queensland. 1 QH-TRIP Implementation Masterclass: Planning for change – Align the organisation. 1	
Module 4: Planning for change – Align the organisation  Understand behavioural barriers and enablers and organisational context. <i>Identify, analyse and engage with stakeholders, and evaluate organisational readiness for change.</i> 2 QH-TRIP Implementation Masterclass: Planning for change – Align the organisation. 2	
Learning objectives - Understand organisational context - Evaluate organisational readiness for change - Begin to co-design a logic model 3 QH-TRIP Implementation Masterclass: Planning for change – Align the organisation. 3	

Slide	Notes
DISCUSSION  • What is your current role in leading, experiencing and/or observing organisational change? • Have you experienced change which never really got started? Remember to: <i>Listen</i> with curiosity. <i>Respect</i> confidentiality. <i>Contribute</i> authentically. 4 Q4 TRSP Implementation Masterclass: Plan for Change – Align the Organisation 4	
We know... ☒ what aspects of current practice need to change ☒ who is involved and their barriers and enablers to change It is time to focus on where change is happening ☒ check organisational context ☒ organisational readiness 5 Q4 TRSP Implementation Masterclass: Planning for change – Align the organisation 5	
Organisational context influences the problem Many implementation challenges that appear to be individual behaviour issues are actually influenced by organisational systems, processes, resources or culture.  Organisational context: Internal and external factors that influence how an organisation functions. 6 Q4 TRSP Implementation Masterclass: Planning for change – Align the organisation 6	
Organisational context influences Implementation Implementation succeeds when we understand the: • People • Structures • Culture • Processes ...that shape our everyday work. 7 Q4 TRSP Implementation Masterclass: Planning for change – Align the organisation 7	

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Understanding organisational context ✓ know what is happening in your organisation ✓ explore factors that will support or challenge change ✓ identify where to focus engagement and influence ✓ design implementation strategies that fit your workplace 8 Q4 TRIP Implementation Masterclass: Planning for change – Align the organisation. 8	
Explore organisational context - Many Implementation Models, Frameworks and Theories - Use with support from mentors and/or researchers - Understand whether the organisation is ready to support change. 9 Q4 TRIP Implementation Masterclass: Planning for change – Align the organisation. 9	
Evaluate organisational context Consolidated Framework for Implementation Research (CFIR) Integrated Promoting Action on Research Implementation in Health Services (i-PARIHS) Context Compass Framework 10 Q4 TRIP Implementation Masterclass: Planning for change – Align the organisation. 10	
Consolidated Framework for Implementation Research (CFIR) CFIR highlights determinant factors that affect implementation. - Identifies key factors in a specific organisational context (Inner & Outer Setting). - Demonstrates how implementation strategies (Implementation Process) influence the introduction of the new intervention (Innovation). https://thecenterforimplementation.com/about/using-the-cfir-in-implementation-research-and-practice 11 Q4 TRIP Implementation Masterclass: Planning for change – Align the organisation. 11	

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Consolidated Framework for Implementation Research (CFIR) 2.0  12 Q4 TRIP Implementation Masterclass: Planning for change – Align the organisation.	
CFIR Implementation Determinant Domains 1. Innovation Components and features of the intervention (the THING). 2. Outer setting System-wide influences such as policies and funding. 3. Inner setting Local culture, communication, leadership, and resources. 4. Individuals Stakeholder roles, characteristics, and behaviours. 5. Process Planning, engagement, execution, and evaluation of implementation. Organisational context Create a map of important factors that might facilitate or enable change 13 Q4 TRIP Implementation Masterclass: Planning for change – Align the organisation.	
Integrated Promoting Action on Research Implementation in Health Services (i-PARIHS) Successful implementation depends on facilitation of innovation with recipients in their context. ✓ Achievement of agreed goals. ✓ Innovation embedded in practice. ✓ Individuals, teams and stakeholders engaged and motivated about 'their' innovation. ✓ Consistent implementation across different settings. Harvey G. Kibson A. PARIHS revisited: from heuristic to integrated framework for the successful implementation of knowledge into practice. <i>Implement Sci.</i> 2019 Mar 10;11:33. doi: 10.1186/s13012-019-0266-2. 14 Q4 TRIP Implementation Masterclass: Planning for change – Align the organisation.	
i-PARIHS  15 Q4 TRIP Implementation Masterclass: Planning for change – Align the organisation.	

Slide

Notes

i-PARIHS implementation domains

Innovation	Recipients	Context
Evidence base	Beliefs	Culture
Usability	Motivations	Leadership
Relative advantage	Skills	Resources
Fit of the intervention being implemented	Relationships and team dynamics	Priorities
(THING)	(Stakeholders)	Policy and regulatory environment
		(Organisational context)

Facilitation is the 'active ingredient' of tailored and continuing support that integrates all three constructs.

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Context Compass Framework

Comprehensive organising framework.

Brings together important factors across different types of context assessments, in relation to:

- Fit
- Readiness
- Implementation
- Sustainability

Generates a description of how they impact the implementation process.

<https://thecenterforimplementation.com/tools/training-context-assessment-manageable>

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Context Compass Framework

ContextC ompass Framework

Alignment, Commitment, & Relative Priority	Norms, values & beliefs	Process, tools, & Decision-making Environment	Staffing	Financial for Change
Psychological atmosphere	Leadership Capacities	Resources / Funding	Communications	Structural Characteristics
Socio-political & Economic Conditions	Relationships & Partnerships	Implementation Support Infrastructure	External Pressure	Critical Events

Image developed by The Center for Implementation. © 2024 | 10305-01 | For facilitation: <https://thecenterforimplementation.com/tools/training-context-assessment-manageable>

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Summary – Organisational context

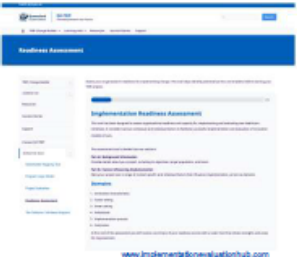
Implementation frameworks describe:

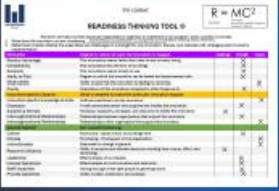
Proposed change / Innovation	The THING
Inner organisational setting	Immediate team, service or organisation
Outer setting	Broader healthcare environment
People	Individuals impacted by and supporting the change
Implementation process	Strategies supporting change

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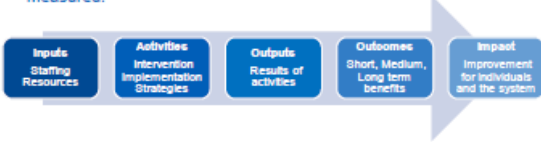
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Slide	Notes
Connecting organisational context factors Implementation is shaped by interactions between the evidence-informed intervention, multiple people and their organisation/s.  20 Q4 TRIP Implementation Masterclass: Planning for change – Align the organisation 20	
Organisational readiness  Highlights organisational strengths and contextual factors to create a 'picture' of how to support change.  Identifies organisational issues likely to hinder change. 21 Q4 TRIP Implementation Masterclass: Planning for change – Align the organisation 21	
Describe organisational readiness for change Readiness = capability and willingness of staff within an organisation to enact change. ✓ Motivation to change: do people see the need and believe it matters? ✓ Capability to change: do they have the skills, resources, and infrastructure to act? ✓ Contextual alignment: is the change compatible with existing systems, priorities, and workflows? 22 Q4 TRIP Implementation Masterclass: Planning for change – Align the organisation 22	
Collate organisational readiness Key factors are often identified in stakeholder discussions, and within implementation team. Use a specific implementation framework and/or readiness assessment tool to organise factors for meaningful explanation.  23 Q4 TRIP Implementation Masterclass: Planning for change – Align the organisation 23	

Slide	Notes																																												
The Readiness Thinking Tool <table border="1"> <thead> <tr> <th>Readiness</th><th>Organisational and social innovation to become</th></tr> </thead> <tbody> <tr> <td>Relative advantage</td><td>This innovation seems better than what we are currently doing.</td></tr> <tr> <td>Compatibility</td><td>This innovation fits with how we do things.</td></tr> <tr> <td>Complexity</td><td>This innovation seems simple to use.</td></tr> <tr> <td>Ability to pilot</td><td>The degree to which this innovation can be tested and implemented with.</td></tr> <tr> <td>Observability</td><td>Ability to see that this innovation is leading to outcomes.</td></tr> <tr> <td>Priority</td><td>Importance of this innovation compared to other things we do.</td></tr> <tr> <td>Innovation specific capacity</td><td>What is needed to make this particular innovation happen.</td></tr> <tr> <td>Innovation specific knowledge & skills</td><td>Do I have staff who do the innovation.</td></tr> <tr> <td>Champion</td><td>A well connected person who supports and enables this innovation.</td></tr> <tr> <td>Supportive climate</td><td>Necessary supports, processes, and resources to enable this innovation.</td></tr> <tr> <td>Inter-organisational relationships</td><td>Relationships between organisations that support this innovation.</td></tr> <tr> <td>Intra-organisational relationships</td><td>Relationships within an organisation that support this innovation.</td></tr> <tr> <td>General Capacity</td><td>Our general innovation capacity.</td></tr> <tr> <td>Culture</td><td>Values and values of how we do things here.</td></tr> <tr> <td>Climate</td><td>The feeling of being part of this organisation.</td></tr> <tr> <td>Innovativeness</td><td>Openness to change in general.</td></tr> <tr> <td>Resource utilisation</td><td>Ability to allocate and utilise resources, including time, money, effort, and technology.</td></tr> <tr> <td>Leadership</td><td>Effectiveness of our leaders.</td></tr> <tr> <td>Internal operations</td><td>Effectiveness of communication and teamwork.</td></tr> <tr> <td>Staff capacities</td><td>Having enough of the right people to get things done.</td></tr> <tr> <td>Process capacities</td><td>Ability to plan, implement, and evaluate.</td></tr> </tbody> </table> 24 QM TRIP Implementation Masterclass: Planning for change - Align the organisation.	Readiness	Organisational and social innovation to become	Relative advantage	This innovation seems better than what we are currently doing.	Compatibility	This innovation fits with how we do things.	Complexity	This innovation seems simple to use.	Ability to pilot	The degree to which this innovation can be tested and implemented with.	Observability	Ability to see that this innovation is leading to outcomes.	Priority	Importance of this innovation compared to other things we do.	Innovation specific capacity	What is needed to make this particular innovation happen.	Innovation specific knowledge & skills	Do I have staff who do the innovation.	Champion	A well connected person who supports and enables this innovation.	Supportive climate	Necessary supports, processes, and resources to enable this innovation.	Inter-organisational relationships	Relationships between organisations that support this innovation.	Intra-organisational relationships	Relationships within an organisation that support this innovation.	General Capacity	Our general innovation capacity.	Culture	Values and values of how we do things here.	Climate	The feeling of being part of this organisation.	Innovativeness	Openness to change in general.	Resource utilisation	Ability to allocate and utilise resources, including time, money, effort, and technology.	Leadership	Effectiveness of our leaders.	Internal operations	Effectiveness of communication and teamwork.	Staff capacities	Having enough of the right people to get things done.	Process capacities	Ability to plan, implement, and evaluate.	
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Another readiness assessment tool Local PhD research integrates CFIR determinants into an interactive data rich dashboard.  25 QM TRIP Implementation Masterclass: Planning for change - Align the organisation.																																													
Explore readiness in the THING What are the unique features of the new idea or alternative model of care?  Readiness exploration • Do people understand what is being implemented? • Do staff believe this intervention is better than current practice? • Is the evidence recognised, valued and relevant to the local context? 26 QM TRIP Implementation Masterclass: Planning for change - Align the organisation.																																													
Explore readiness in organisational context What external and internal factors influence the change?  Readiness exploration • What's happening externally to shape urgency for change? • Are there regulatory, professional, or funding drivers that require the problem to be addressed now? • How will the change save time, improve outcomes and add value? • Is there sufficient staff, equipment, and leadership commitment? 27 QM TRIP Implementation Masterclass: Planning for change - Align the organisation.																																													

Slide	Notes
Explore readiness in people Which individuals across the organisation can support and drive implementation?  Readiness exploration • How do individuals' attitudes, skills, and confidence affect readiness to change? • Do staff feel confident and motivated to change their daily practices? • Is there a small, interested group who are ready to try the change and give feedback? 28 Q4-TSP Implementation Masterclass: Planning for change – Align the organisation. 28	
CASE STUDY Understand organisational context. Explore organisational readiness for change. 29 Q4-TSP Implementation Masterclass: Planning for change – Align the organisation. 29	
CASE STUDY: DISCUSSION  Readiness for change • Motivation = strength • KMIT capacity = uncertain re knowledge, skills, relationships, climate • General capacity = uncertainty in climate, innovation, resources 30 Q4-TSP Implementation Masterclass: Planning for change – Align the organisation. 30	
CASE STUDY: DISCUSSION Summary of organisational factors Innovation characteristics Practical KMIT strategy, clear educational resources, need authority, easy to implement External Factors Accessible national & international guidelines – clear patient & organisational benefits Internal Factors Integrating evidence into practice across the state, project time and resources available People Medical, nursing, allied health clinicians, clients, researchers 31 Q4-TSP Implementation Masterclass: Planning for change – Align the organisation. 31	

Slide	Notes
TRANSLATE INTO PRACTICE How would you analyse organisational readiness? 32 Q4 TRIP / Implementation Masterclass: Planning for change – Align the organisation. 32 <u>Activity 1: Organisational Readiness</u>	
Learning objectives: Progress update Now that we can: - Understand organisational context - Evaluate organisational readiness for change Next, we need to: - Co-design a logic model 33 Q4 TRIP / Implementation Masterclass: Planning for change – Align the organisation. 33	
Time to document the Implementation Plan 34 Q4 TRIP / Implementation Masterclass: Planning for change – Align the organisation. 34	
What is a logic model? A logic model is a: - Visual representation of how change is expected to work. - Clear map of what is invested, what is delivered, and the outcomes achieved.  35 Q4 TRIP / Implementation Masterclass: Planning for change – Align the organisation. 35	

Slide	Notes														
How to read a logic model Logic models illustrate: • How activities lead to outputs • What you are trying to achieve and how outcomes will be measured.  36 Q4 TRIP Implementation Masterclass: Planning for change – Align the organisation. 36															
Benefits of a using a logic model <table border="1"> <tbody> <tr> <td>Provide</td><td>clear process for communication and engagement</td></tr> <tr> <td>Explain</td><td>how activities generate an expected improvement</td></tr> <tr> <td>Engage</td><td>stakeholders in design and construction</td></tr> <tr> <td>Guide</td><td>selection of implementation strategies</td></tr> <tr> <td>Clarify</td><td>expected outputs and outcomes</td></tr> <tr> <td>Support</td><td>monitoring and evaluation</td></tr> <tr> <td>Report</td><td>an integrated implementation plan on a single page</td></tr> </tbody> </table> 37 Q4 TRIP Implementation Masterclass: Planning for change – Align the organisation. 37	Provide	clear process for communication and engagement	Explain	how activities generate an expected improvement	Engage	stakeholders in design and construction	Guide	selection of implementation strategies	Clarify	expected outputs and outcomes	Support	monitoring and evaluation	Report	an integrated implementation plan on a single page	
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Interdependent components of a logic model Inputs: resources invested and introduced into an organisation. Activities: what happens, as the inputs are utilised. Outputs: results of the activities, within the organisation. Outcomes: benefits from using the activities, over time. Impact: improvements for individuals and the system.  38 Q4 TRIP Implementation Masterclass: Planning for change – Align the organisation. 38															
Co-design a logic model Collaborate with stakeholders to discuss and develop. ☒ Logic models can be built forwards, and/or retrospectively. ☒ Choose the simplest graphical system. ☒ Agree on the language used, consider a glossary. ☒ Consider as a living document. 39 Q4 TRIP Implementation Masterclass: Planning for change – Align the organisation. 39															

Slide	Notes		
Clarify the problem and context Problem - Who will do what differently - How it will address the clinical problem Context Summarise the organisational context - Unique organisational gaps and enablers - Readiness for change 40 Q4 TRIP Implementation Masterclass: Planning for change – Align the organisation. 40 <tr><td> Summarise context - Summarise organisational factors that influence implementation. - Highlight “ingredients” that make change possible. Factors influencing implementation Stakeholders e.g. patients, staff, project team, leaders, external partners Internal Factors/Organisational Context e.g. culture and readiness, leadership support, infrastructure, resources, policies and procedures. Implementation process e.g. strategies, structures and mechanisms to facilitate the change Innovation Characteristics e.g. evidence strength and quality, alignment, strategies, adaptability, complexity, compatibility System-Level Factors e.g. policy directives, professional guidelines, financing, performance targets, strategic alignment, partnerships 41 Q4 TRIP Implementation Masterclass: Planning for change – Align the organisation. 41 <tr><td> Distinguish between Inputs and Activities Inputs Organisational resources used to address the problem - staff expertise and time - existing data sources - infrastructure - specific funding or budget. Inputs: what you have Activities - Evidence-informed intervention and - Agreed implementation strategies. Activities: what you do with it 42 Q4 TRIP Implementation Masterclass: Planning for change – Align the organisation. 42 <tr><td> CASE STUDY: Logic Model Cardiac program context and inputs Background Uncertainty exists about clinical practice post median sternotomy in Queensland Historical management is based on time and lead resources to minimise sternal complications. Emerging evidence based on biomechanical principles, suggest improved functional outcomes without an increase in adverse events. Purpose To codify knowledge to practice gap exists within Queensland and understand the barriers and enablers to integrating the emerging evidence into practice, resulting in standardised practice across QLS. Inputs Statewide CR program adviser Allied health & CR clinician Cardiothoracic Surgeons (BAGAS and Adviser Time) KLMP resources Legal agreement for KLMP resource use Q4 Ethics waiver 43 Q4 TRIP Implementation Masterclass: Planning for change 43 </td></tr></td></tr></td></tr>	Summarise context - Summarise organisational factors that influence implementation. - Highlight “ingredients” that make change possible. Factors influencing implementation Stakeholders e.g. patients, staff, project team, leaders, external partners Internal Factors/Organisational Context e.g. culture and readiness, leadership support, infrastructure, resources, policies and procedures. 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Summarise context - Summarise organisational factors that influence implementation. - Highlight “ingredients” that make change possible. Factors influencing implementation Stakeholders e.g. patients, staff, project team, leaders, external partners Internal Factors/Organisational Context e.g. culture and readiness, leadership support, infrastructure, resources, policies and procedures. Implementation process e.g. strategies, structures and mechanisms to facilitate the change Innovation Characteristics e.g. evidence strength and quality, alignment, strategies, adaptability, complexity, compatibility System-Level Factors e.g. policy directives, professional guidelines, financing, performance targets, strategic alignment, partnerships 41 Q4 TRIP Implementation Masterclass: Planning for change – Align the organisation. 41 <tr><td> Distinguish between Inputs and Activities Inputs Organisational resources used to address the problem - staff expertise and time - existing data sources - infrastructure - specific funding or budget. Inputs: what you have Activities - Evidence-informed intervention and - Agreed implementation strategies. Activities: what you do with it 42 Q4 TRIP Implementation Masterclass: Planning for change – Align the organisation. 42 <tr><td> CASE STUDY: Logic Model Cardiac program context and inputs Background Uncertainty exists about clinical practice post median sternotomy in Queensland Historical management is based on time and lead resources to minimise sternal complications. Emerging evidence based on biomechanical principles, suggest improved functional outcomes without an increase in adverse events. Purpose To codify knowledge to practice gap exists within Queensland and understand the barriers and enablers to integrating the emerging evidence into practice, resulting in standardised practice across QLS. Inputs Statewide CR program adviser Allied health & CR clinician Cardiothoracic Surgeons (BAGAS and Adviser Time) KLMP resources Legal agreement for KLMP resource use Q4 Ethics waiver 43 Q4 TRIP Implementation Masterclass: Planning for change 43 </td></tr></td></tr>	Distinguish between Inputs and Activities Inputs Organisational resources used to address the problem - staff expertise and time - existing data sources - infrastructure - specific funding or budget. Inputs: what you have Activities - Evidence-informed intervention and - Agreed implementation strategies. Activities: what you do with it 42 Q4 TRIP Implementation Masterclass: Planning for change – Align the organisation. 42 <tr><td> CASE STUDY: Logic Model Cardiac program context and inputs Background Uncertainty exists about clinical practice post median sternotomy in Queensland Historical management is based on time and lead resources to minimise sternal complications. Emerging evidence based on biomechanical principles, suggest improved functional outcomes without an increase in adverse events. Purpose To codify knowledge to practice gap exists within Queensland and understand the barriers and enablers to integrating the emerging evidence into practice, resulting in standardised practice across QLS. Inputs Statewide CR program adviser Allied health & CR clinician Cardiothoracic Surgeons (BAGAS and Adviser Time) KLMP resources Legal agreement for KLMP resource use Q4 Ethics waiver 43 Q4 TRIP Implementation Masterclass: Planning for change 43 </td></tr>	CASE STUDY: Logic Model Cardiac program context and inputs Background Uncertainty exists about clinical practice post median sternotomy in Queensland Historical management is based on time and lead resources to minimise sternal complications. Emerging evidence based on biomechanical principles, suggest improved functional outcomes without an increase in adverse events. Purpose To codify knowledge to practice gap exists within Queensland and understand the barriers and enablers to integrating the emerging evidence into practice, resulting in standardised practice across QLS. Inputs Statewide CR program adviser Allied health & CR clinician Cardiothoracic Surgeons (BAGAS and Adviser Time) KLMP resources Legal agreement for KLMP resource use Q4 Ethics waiver 43 Q4 TRIP Implementation Masterclass: Planning for change 43	
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TRANSLATE INTO PRACTICE Develop your own logic model. Consider the value of co-design, local organisational context, and readiness for change. 45 QH-TRIP Implementation Masterclass: Planning for change – Align the organisation 45 Activity 2: QH-TRIP Program Logic Model	
Close: Review learning objectives You can now: - Understand organisational context - Evaluate organisational readiness for change - Begin to co-design a logic model 46 QH-TRIP Implementation Masterclass: Planning for change – Align the organisation 46	
Next: Implementing change  47 QH-TRIP Implementation Masterclass: Planning for change – Align the organisation 47	

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Thank you. Next Module: Implementing change. 48	
With thanks to Sharon Mickan Mosaic Health Consulting  49 Q4 TRIP Implementation Masterclass: Planning for change - Align the organisation. 49	
References A practical guide to assessing readiness and evaluating implementation projects • Main Home - Implementation Evaluation Hub Read about the CFIR • The Consolidated Framework for Implementation Research (CFIR) User Guide: a five-step guide for conducting implementation research using the framework Implementation Science Full Text Read about iPARiHS • Combined use of the Integrated-Promoting Action on Research Implementation in Health Services (iPARiHS) framework with other implementation frameworks: a systematic review Implementation Science Communications Full Text • PARiHS revisited: from heuristic to integrated framework for the successful implementation of knowledge into practice - Fulltext Read about the Context Compass Framework • Making Context Assessment Manageable: How to Slice and Dice Context in Different Ways • Context Compass Framework 50 Q4 TRIP Implementation Masterclass: Planning for change - Align the organisation. 50	

Appendix

1. Activity 1: Organisational Readiness
2. Activity 2: QH-TRIP Program Logic Model
3. Guide: QH-TRIP Program Logic Model
4. Reflection: Application to local context

A.1 Activity 1: Organisational Readiness

Readiness Questions		Local Responses
The Change (evidence-informed model of care, innovation)	Is there clarity about what is being implemented? Do staff believe this intervention is better than current practice? Is it seen as evidence-informed, useful, and adaptable to local conditions?	
Organisational Context (external and internal factors)	What's happening externally to shape urgency for change? Are there regulatory, professional, or funding drivers that require the problem to be addressed now? How will this save time, improve outcomes and add value? Is there sufficient staff, equipment, and leadership commitment?	
Stakeholders	How do individuals' attitudes, skills, and confidence affect readiness to change? Do staff feel confident and motivated to change their daily practices? Is there a small, interested group who are ready to try the change and give feedback?	

A.2 Activity 2: QH-TRIP Program Logic Model

PROBLEM STATEMENT:			TRIP PROJECT NAME:
INPUTS	ACTIVITIES Implementation Strategies	OUTPUTS Change Activities	OUTCOMES Short Term
			Intermediate
			Long Term
ASSUMPTIONS: Behaviour Change		EXTERNAL FACTORS: Barriers/Enablers	

A.3 Guide: QH-TRIP Program Logic Model

PROBLEM STATEMENT			TRIP PROJECT NAME
Describe the evidence-practice gap this project seeks to address. Identify why the project is needed, drawing on research evidence, local data, and stakeholder perspectives.			What is the 'thing' you are implementing?
INPUTS The things you invest in to make the project possible. Stakeholders <i>e.g. patients, staff, project team, leaders, external partners.</i> Internal Factors/Organisational Context <i>e.g. culture and readiness, leadership support, infrastructure, resources, policies and procedures.</i> Implementation process <i>e.g. strategies, structures and mechanisms to facilitate the 'thing'.</i> Innovation Characteristics <i>e.g. evidence strength and quality, advantages/disadvantages, adaptability, complexity, compatibility.</i> System-Level Factors <i>e.g. policy directives, professional guidelines, financing, performance targets, strategic alignment, partnerships.</i>	ACTIVITIES Implementation Strategies The actions, strategies, or interventions you will carry out to implement the evidence into practice. <i>e.g. staff training, workflow redesign, stakeholder engagement, audit and feedback.</i>	OUTPUTS Change Activities The specific activities you will undertake, guided by your chosen implementation strategies. <i>e.g. staff training sessions, handouts</i>	OUTCOMES Short Term Immediate changes in knowledge, skills or awareness. Intermediate Changes in behaviour, policy, or service delivery. Long Term Ultimate impacts such as improved patient outcomes, system efficiency, or sustainability of evidence use.
Note! Movement between activities, outputs, and outcomes is dynamic, with feedback loops created through adaptation, learning, and monitoring.			
ASSUMPTIONS: Behaviour Change Conditions that must hold true for activities to lead to outcomes. <i>e.g. Training staff will increase their confidence to use the guidelines.</i>		EXTERNAL FACTORS: Barriers/Enablers Conditions outside the project's control that may influence success. <i>e.g. organizational culture, leadership support, policy change, workforce pressures.</i>	

A.4 Reflection: Application to local context

1. Where is the Problem?	
2. What do you want to change?	
3. What is the evidence for the change?	
4. Who is involved?	
5. Describe organisational context and readiness for change.	