QH-TRIP | Translating Research Into Practice

Implementation Masterclass

Module 4: Planning for Change - Align the organisation

Participant Handbook

DELIVERING FOR QUEENSLAND | Queensland Government

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

Published by the State of Queensland (Queensland Health), June 2026

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Disclaimer

Table of Contents

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
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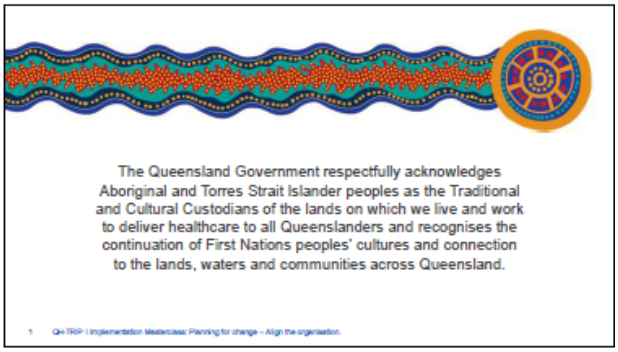
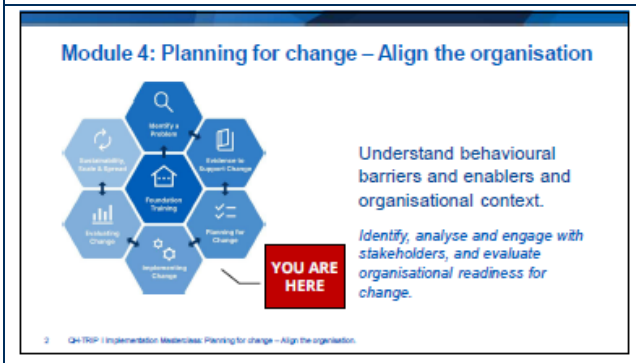
 1	
 2	
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Slide	Notes
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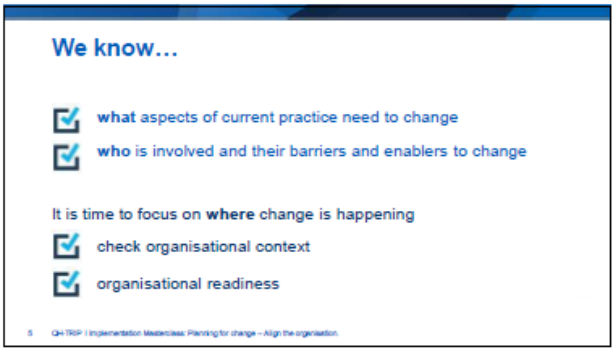
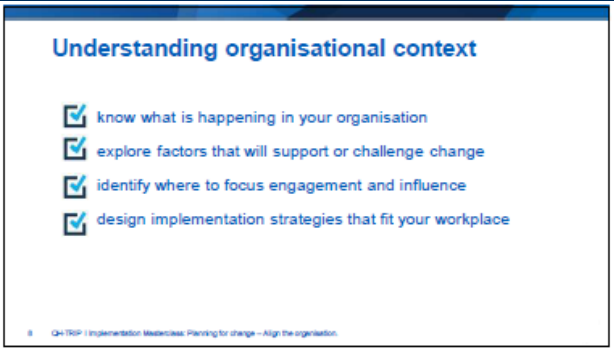
 5	
 6	
 7	

Slide	Notes
 8	
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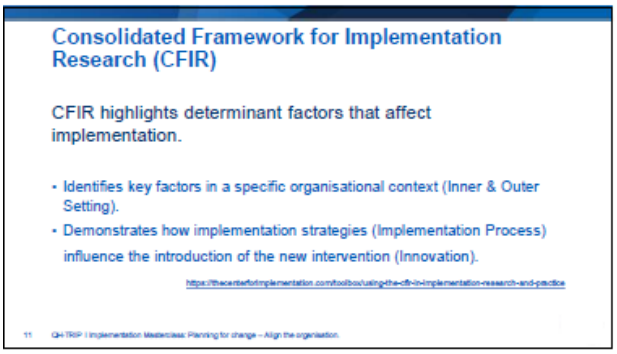
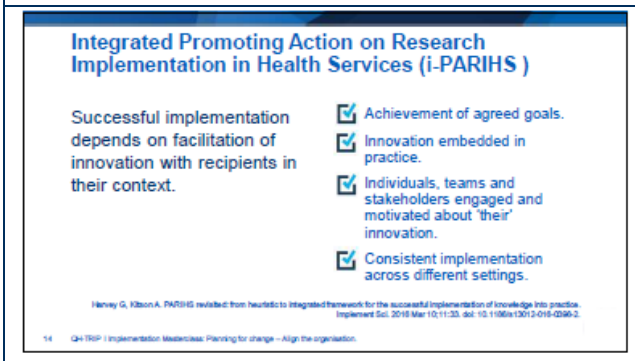
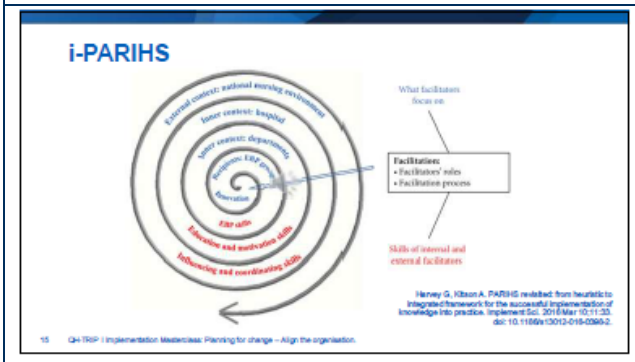
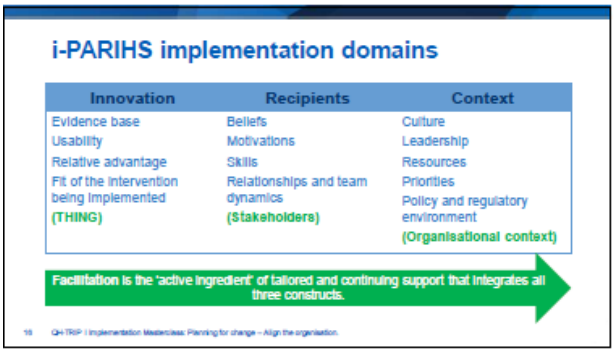
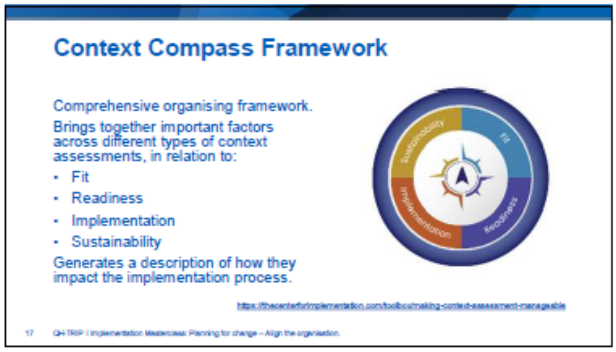
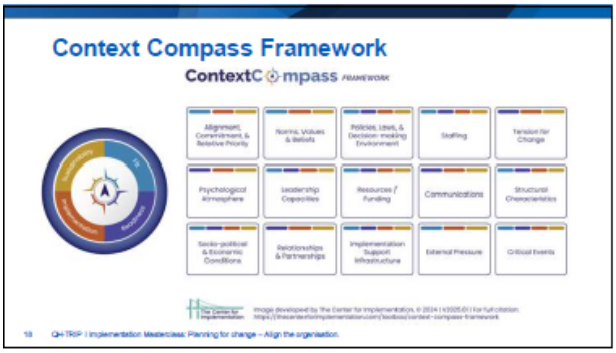
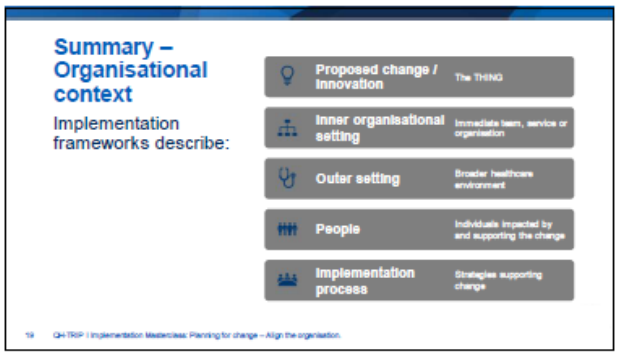
 10	
 11	

Slide	Notes
 12	
 13	
 14	
 15	

Slide	Notes
 16	
 17	
 18	
 19	

Slide	Notes
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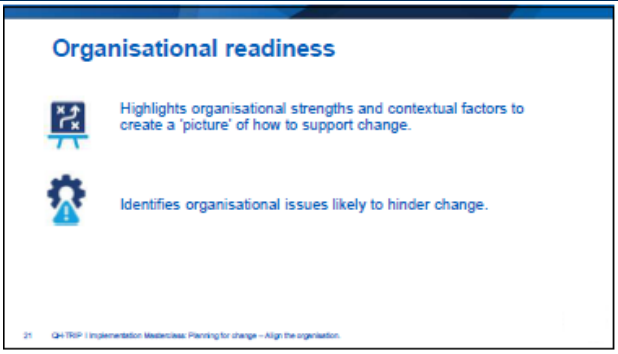
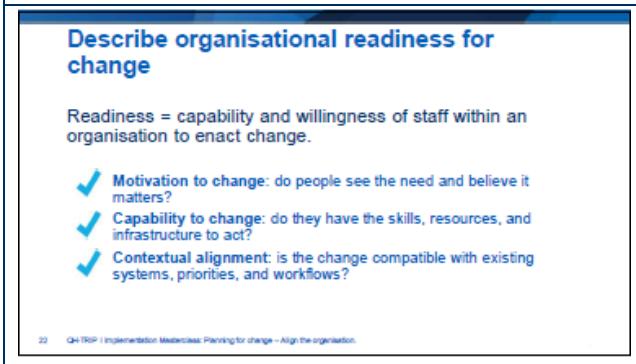
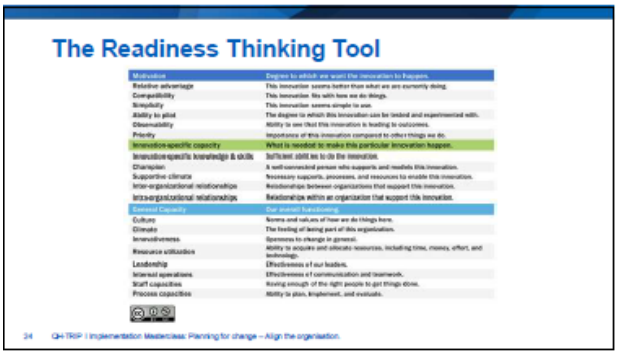
 21	
 22	
 23	

Slide	Notes
 24	
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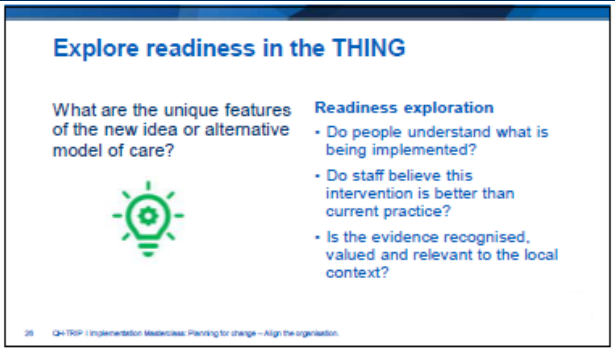
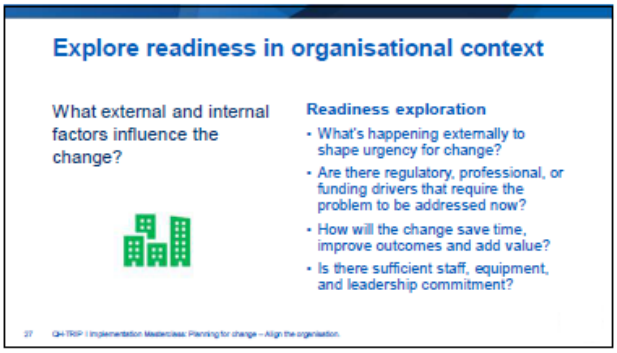
 26	
 27	

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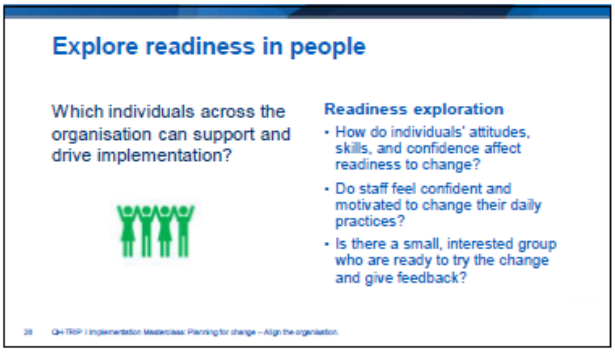
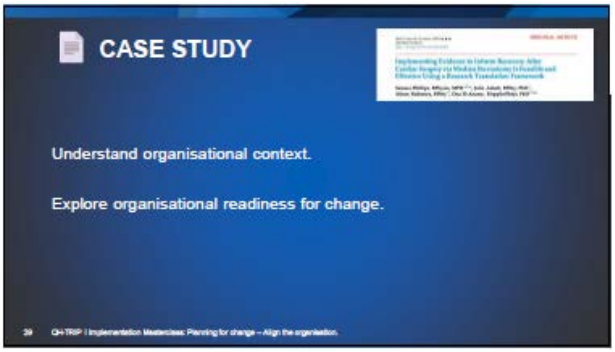
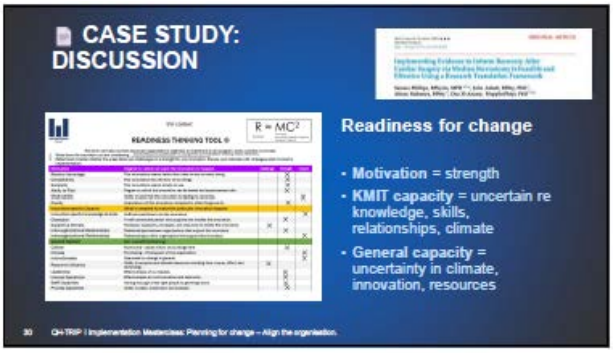
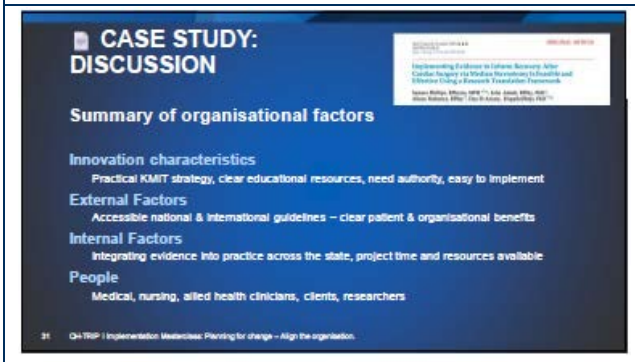
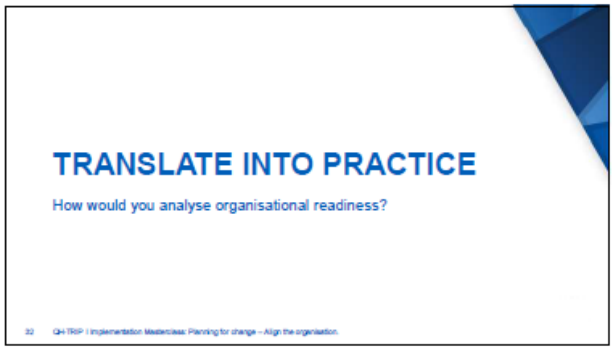
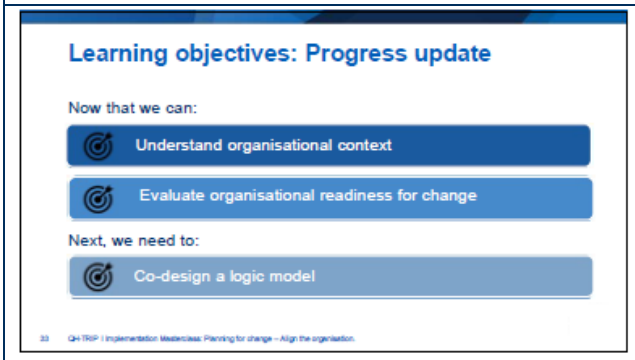
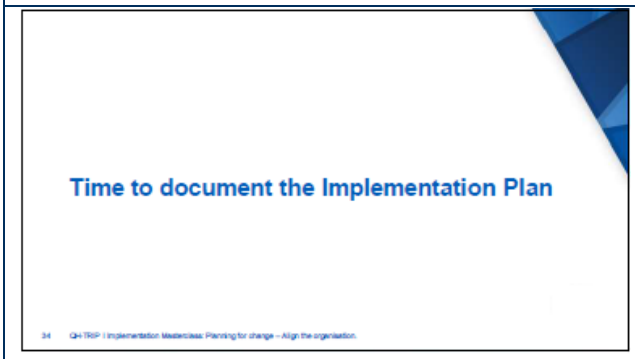
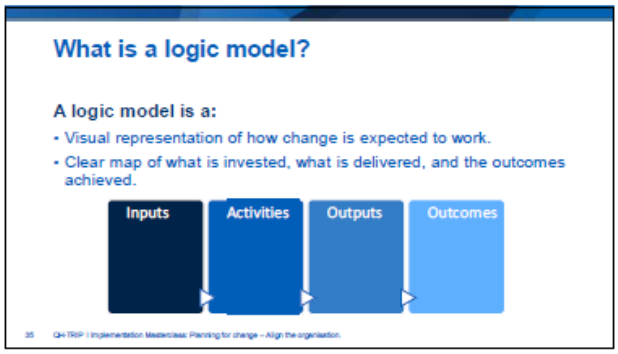
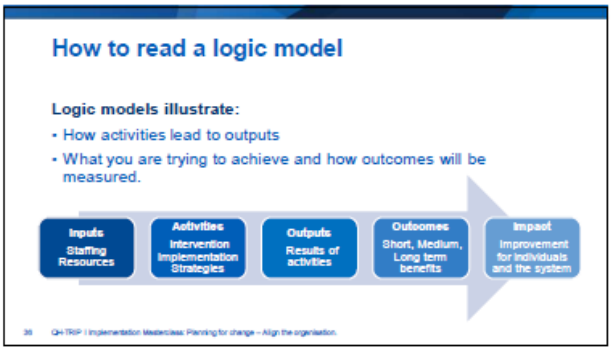
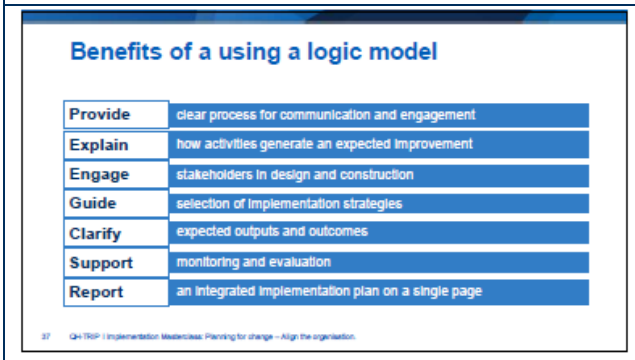
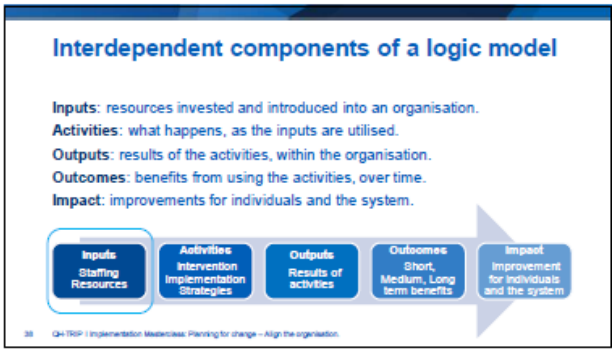
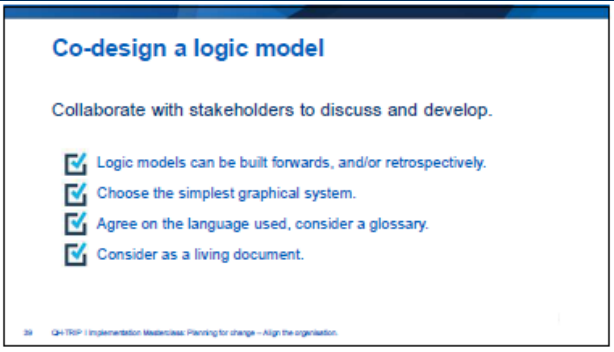
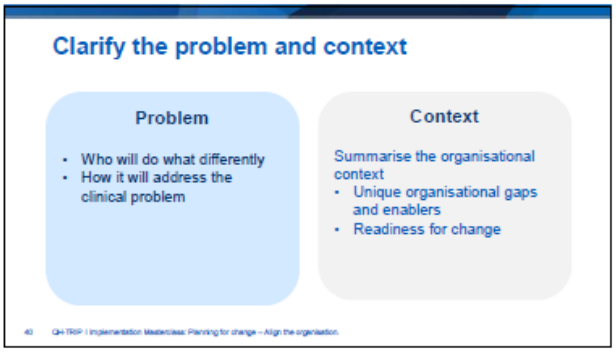
 28	
 29	
 30	
 31	

Slide	Notes
 32 Activity 1: Organisational Readiness	
 33	
 34	
 35	

Slide	Notes
 36	
 37	
 38	
 39	

Slide	Notes
 40	
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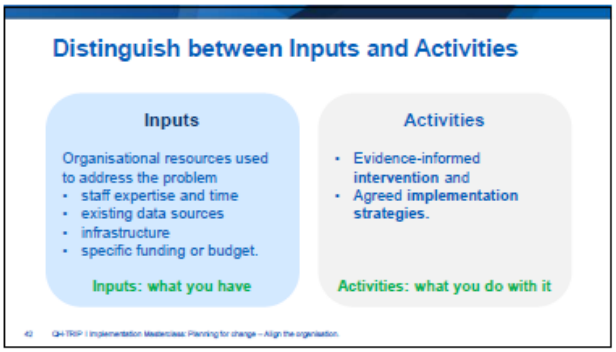
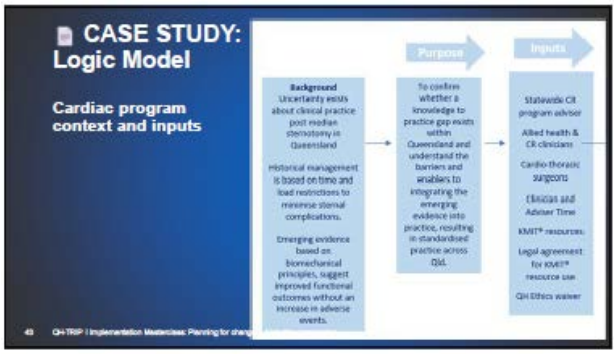
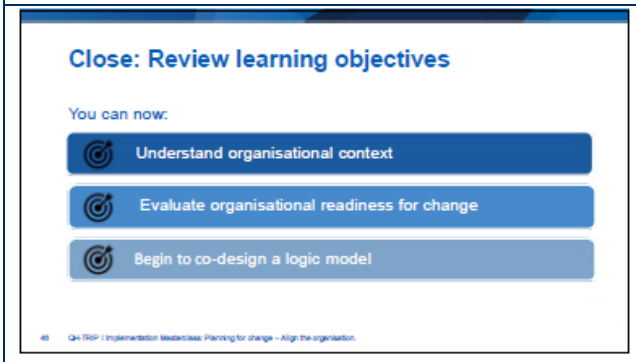
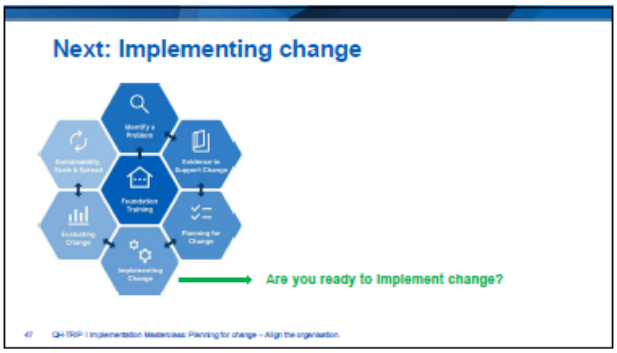
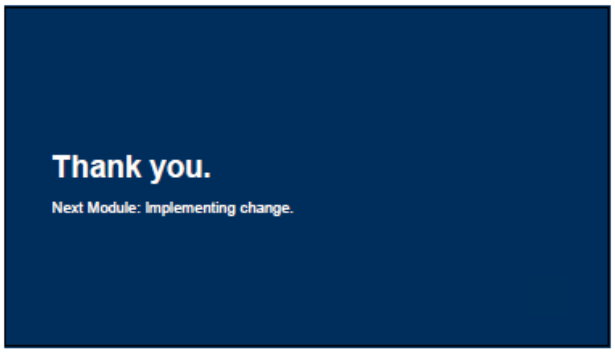
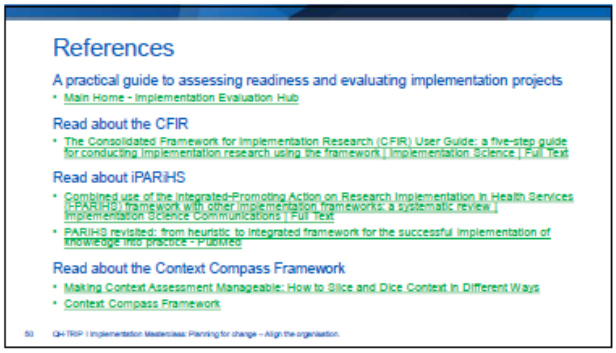
 42	
 43	

Slide	Notes
 44	
 45 Activity 2: QH-TRIP Program Logic Model	
 46	
 47	

Slide	Notes
 48	
 49	
 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

<table>
<tr><td colspan="3">PROBLEM STATEMENT:</td><td>TRIP PROJECT NAME:</td></tr>
<tr><td>INPUTS</td><td>ACTIVITIES
Implementation Strategies</td><td rowspan="3">OUTPUTS
Change Activities</td><td>OUTCOMES
Short Term</td></tr>
<tr><td rowspan="2"></td><td rowspan="2"></td><td>Intermediate</td></tr>
<tr><td>Long Term</td></tr>
<tr><td colspan="2">ASSUMPTIONS: Behaviour Change</td><td colspan="2">EXTERNAL FACTORS: Barriers/Enablers</td></tr>
</table>

A.3 Guide: QH-TRIP Program Logic Model

<table>
<tr><td colspan="3">PROBLEM STATEMENT
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.</td><td>TRIP PROJECT NAME
What is the ‘thing’ you are implementing?</td></tr>
<tr><td>INPUTS
The things you invest in to make the project possible.

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 ‘thing’.

Innovation Characteristics
e.g. evidence strength and quality, advantages/disadvantages, adaptability, complexity, compatibility.

System-Level Factors
e.g. policy directives, professional guidelines, financing, performance targets, strategic alignment, partnerships.</td><td>ACTIVITIES
Implementation Strategies
The actions, strategies, or interventions you will carry out to implement the evidence into practice.
e.g. staff training, workflow redesign, stakeholder engagement, audit and feedback.</td><td>OUTPUTS
Change Activities
The specific activities you will undertake, guided by your chosen implementation strategies.
e.g. staff training sessions, handouts</td><td>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.</td></tr>
<tr><td colspan="2">ASSUMPTIONS: Behaviour Change
Conditions that must hold true for activities to lead to outcomes.
e.g. Training staff will increase their confidence to use the guidelines.</td><td colspan="2">EXTERNAL FACTORS: Barriers/Enablers
Conditions outside the project’s control that may influence success.
e.g. organizational culture, leadership support, policy change, workforce pressures.</td></tr>
</table>

Note! Movement between activities, outputs, and outcomes is dynamic, with feedback loops created through adaptation, learning, and monitoring.

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.	