

QH-TRIP | Translating Research Into Practice

Implementation Masterclass

Module 6: Evaluating Change Participant Handbook



Implementation Masterclass Module 6: Evaluating Change Participant Handbook

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For more information contact:

Office of the Chief Allied Health Officer (OCAHO), Health Workforce Division, Queensland Health, GPO Box 48, Brisbane QLD 4001, email allied_health_advisory@health.qld.gov.au, phone (07) 3328 9928.

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Prelude

Welcome to Module 6 of the Implementation Masterclass.

This module shifts our focus from planning implementation to understanding whether change is occurring and how we can demonstrate that change to others. It continues to build on the progressive planning from earlier modules and focuses on determining practical ways to distinguish between and measure intervention and implementation outcomes.

In this module, you are encouraged to move beyond matching and monitoring implementation strategies to support behaviour change, and to determine ways to evaluate the success of both the intervention and the implementation strategies that support its introduction into routine practice.

You will explore how practical measurement approaches can be developed with implementation teams and stakeholders, fostering a sense of shared ownership that strengthens implementation outcomes. The case study illustrates how measurement choices were shaped and enacted.

This module also continues and finalises the development of the logic model. You will examine how early decisions about what to monitor and how to measure those actions connect to intervention and implementation outcomes, ultimately influencing the impact of change.

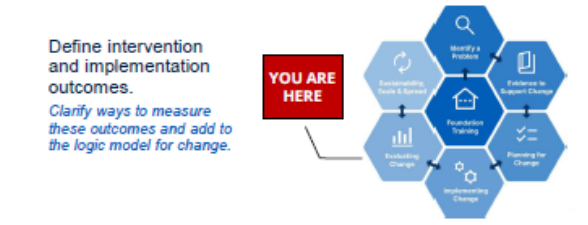
By the end of this module, you should have greater confidence in moving from analysis to measurement and evaluation, and in working collaboratively with teams and stakeholders to support implementation over time, including addressing common questions about evaluation planning.

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.

Outcome measurement	<u>Outcomes for implementation research: conceptual distinctions, measurement challenges, and research agenda. (Proctor et al., 2011).</u>
Implementation outcomes as process evaluation	<u>Process evaluation of complex interventions: Medical Research Council guidance. (Moore et al., 2015).</u>
Intervention vs. implementation outcomes	<u>Implementation science made too simple: a teaching tool. (Curran, 2020).</u>
RE-AIM	<u>What is RE-AIM? (re-aim.org)</u>
	<u>The RE-AIM Framework: a systematic review of use over time. (Gaglio, Shoup, & Glasgow, 2013).</u>
	<u>RE-AIM planning and evaluation framework: adapting to new science and practice with a 20-year review. (Glasgow et al., 2019).</u>
	<u>Use of RE-AIM to develop a multi-media facilitation tool for the patient-centered medical home. (Glasgow et al., 2011).</u>

Presentation slides

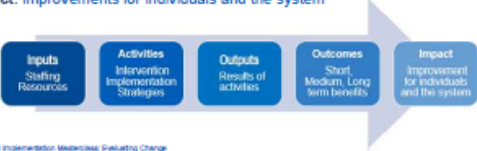
Slide	Notes
Implementation Masterclass Module 6: Evaluating change  0	
 The Queensland Government respectfully acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional and Cultural Custodians of the lands on which we live and work to deliver healthcare to all Queenslanders and recognises the continuation of First Nations peoples' cultures and connection to the lands, waters and communities across Queensland. 1 Q4 TRIP Implementation Masterclass: Evaluating Change 1	
Module 6: Evaluating change Define intervention and implementation outcomes. <i>Clarify ways to measure these outcomes and add to the logic model for change.</i>  2 Q4 TRIP Implementation Masterclass: Evaluating Change 2	
Learning objectives - Define intervention and implementation outcomes and measurement strategies - Describe the impact of addressing the original important problem Review your personal learning goal, if required. 3 Q4 TRIP Implementation Masterclass: Evaluating Change 3	

Slide	Notes
DISCUSSION  • What are your experiences of observing and participating in measuring organisational change? • Have you been asked to describe how you know that you have made a difference? Remember to: <i>Listen</i> with curiosity. <i>Respect</i> confidentiality. <i>Contribute</i> authentically. 4 Q4 TRIP / Implementation Masterclass: Evaluating change 4	
Ready to measure change Measuring change is key to determining and communicating implementation success • Evidence-practice gap highlights intervention outcomes that are unrealised in current practice. • Need to determine if implementation strategies are supporting the implementation of these outcomes.  5 Q4 TRIP / Implementation Masterclass: Evaluating Change 5	
Choose how to measure change Change occurs: • At individual, team and organisational levels; • Across many different stakeholders; • At different times and rates. Stay open to multiple perspectives.  6 Q4 TRIP / Implementation Masterclass: Evaluating Change 6	
Challenges in measuring change Organisational challenges  Routine reporting of implementation is often inconsistent.  Implementation is subject to changing organisational contexts and priorities.  7 Q4 TRIP / Implementation Masterclass: Evaluating Change 7	

Slide	Notes
A sequence to measure change  8 QH TRIP / Implementation Masterclass: Evaluating Change	
Distinguish outcome measures Intervention Outcomes Show that the new/different intervention is effective. <i>Does this intervention 'work' in this setting?</i> Implementation Outcomes Show that the implementation strategies worked. <i>Do these strategies make the behaviour changes easy to do?</i> 9 QH TRIP / Implementation Masterclass: Evaluating Change	
Clarify intervention outcome (effectiveness) Answers the question: Is the intervention effective in the current setting? Longer-term outcomes related to episodes of care or individual clinical conditions. (e.g. length of stay, blood pressure.) How to measure: Measure objectively before and after to calculate change. 10 QH TRIP / Implementation Masterclass: Evaluating Change	
Measure implementation (process) outcomes Answers the question: Do the implementation strategies facilitate specific behaviour changes? Represent short- or medium-term outcomes. (e.g. change in behaviour, adoption, engagement.) How to measure: Measure quantitatively and qualitatively to explain mechanisms of change. 11 QH TRIP / Implementation Masterclass: Evaluating Change	

Slide	Notes																								
A sequence to measure change <pre>graph LR; A[Clarify • Intervention • Implementation outcomes] --> B[Decide • Measurements • Tools for each outcome]; B --> C[Implement • Feasible data collection • with key stakeholders]; C --> D[Measure • Monitor • Analyse • Provide feedback]; D --> E[Celebrate • Success • Sustain benefits]; E --> A;</pre> 12 QH TRIP / Implementation Masterclass: Evaluating Change																									
12																									
Select implementation outcomes Plan to measure outcomes in each column. Discuss with stakeholders to identify the most important implementation outcomes to report on. Plan when to measure implementation outcomes. <table><thead><tr><th>Implementation Outcomes</th><th>Service Outcomes</th><th>Client Outcomes</th></tr></thead><tbody><tr><td>Feasibility</td><td>Efficiency</td><td>Satisfaction</td></tr><tr><td>Fidelity</td><td>Safety</td><td>Function</td></tr><tr><td>Penetration</td><td>Effectiveness</td><td>Symptomatology</td></tr><tr><td>Acceptability</td><td>Equity</td><td></td></tr><tr><td>Sustainability</td><td>Patient-centeredness</td><td></td></tr><tr><td>Uptake</td><td>Timeliness</td><td></td></tr><tr><td>Costs</td><td></td><td></td></tr></tbody></table> Adapted from: Proctor, E., Silmere, H., Raghavan, R. et al. Outcomes for Implementation Research: Conceptual Distinctions, Measurement Challenges, and Research Agenda. <i>Adm Policy Ment Health</i> 38, 65–76 (2011). 13 QH TRIP / Implementation Masterclass: Evaluating Change	Implementation Outcomes	Service Outcomes	Client Outcomes	Feasibility	Efficiency	Satisfaction	Fidelity	Safety	Function	Penetration	Effectiveness	Symptomatology	Acceptability	Equity		Sustainability	Patient-centeredness		Uptake	Timeliness		Costs			
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Early implementation outcome measures <table><tbody><tr><td>Acceptability</td><td>• Perception that the specific Implementation strategy is agreeable, or satisfactory for key users.</td></tr><tr><td>Appropriateness</td><td>• Perceived fit and relevance of the Implementation strategy for a given practice setting, provider, or consumer.</td></tr><tr><td>Feasibility</td><td>• Extent to which the Implementation strategy can be successfully used or carried out within a given setting.</td></tr></tbody></table> Implementation Outcomes: Feasibility, Fidelity, Penetration, Acceptability, Sustainability, Uptake, Costs. 14 QH TRIP / Implementation Masterclass: Evaluating Change	Acceptability	• Perception that the specific Implementation strategy is agreeable, or satisfactory for key users.	Appropriateness	• Perceived fit and relevance of the Implementation strategy for a given practice setting, provider, or consumer.	Feasibility	• Extent to which the Implementation strategy can be successfully used or carried out within a given setting.																			
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14																									
Monitor outcomes during implementation <table><tbody><tr><td>Adoption</td><td>• Intention to use, or actual uptake of an Implementation strategy.</td></tr><tr><td>Cost</td><td>• Time & resources required for delivering Implementation strategy/ies.</td></tr><tr><td>Fidelity</td><td>• The extent to which the Implementation strategy was able to be delivered as intended.</td></tr></tbody></table> 15 QH TRIP / Implementation Masterclass: Evaluating Change	Adoption	• Intention to use, or actual uptake of an Implementation strategy.	Cost	• Time & resources required for delivering Implementation strategy/ies.	Fidelity	• The extent to which the Implementation strategy was able to be delivered as intended.																			
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15																									

Slide	Notes																																				
Late implementation outcome measures Penetration - The integration or REACH of implementation strategies within the local setting. Sustainability - The extent to the new practice continues to be used over time, as part of normal practice. 16 QH TRIP Implementation Masterclass: Evaluating Change																																					
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A practical guide for implementation outcomes <table> <tr> <th>Implementation outcome</th><th>Practical description</th><th>Measurement suggestion</th></tr> <tr> <td colspan="3">Early in implementation consider</td></tr> <tr> <td>Acceptability</td><td>Do staff and patients perceive that the implementation strategy is satisfactory?</td><td>Quick surveys, Short interviews</td></tr> <tr> <td>Appropriateness</td><td>Does the strategy feel like a good fit and is it relevant to address the underlying problem?</td><td>Surveys, Focus groups</td></tr> <tr> <td>Feasibility</td><td>Can this strategy work here, given staffing, competing priorities and resources?</td><td>Pilot tests, Reporting and feedback</td></tr> <tr> <td colspan="3">For regular monitoring</td></tr> <tr> <td>Adoption</td><td>Are users using, or intending to use the strategy?</td><td>Attendance, Participation, Audits</td></tr> <tr> <td>Costs</td><td>How much time, money and resources does it take to deliver the strategy in this context?</td><td>Administrative data, Cost estimates</td></tr> <tr> <td>Fidelity</td><td>Is the strategy delivered as intended, without significant change?</td><td>Audit checklists, Observation</td></tr> <tr> <td colspan="3">For future actions</td></tr> <tr> <td>Penetration</td><td>How much has the strategy spread into routine work across staff and services?</td><td>Checklists, Audits</td></tr> <tr> <td>Sustainability</td><td>How the strategy become part of routine practice?</td><td>Monitoring, Audits</td></tr> </table> 17 QH TRIP Implementation Masterclass: Evaluating Change	Implementation outcome	Practical description	Measurement suggestion	Early in implementation consider			Acceptability	Do staff and patients perceive that the implementation strategy is satisfactory?	Quick surveys, Short interviews	Appropriateness	Does the strategy feel like a good fit and is it relevant to address the underlying problem?	Surveys, Focus groups	Feasibility	Can this strategy work here, given staffing, competing priorities and resources?	Pilot tests, Reporting and feedback	For regular monitoring			Adoption	Are users using, or intending to use the strategy?	Attendance, Participation, Audits	Costs	How much time, money and resources does it take to deliver the strategy in this context?	Administrative data, Cost estimates	Fidelity	Is the strategy delivered as intended, without significant change?	Audit checklists, Observation	For future actions			Penetration	How much has the strategy spread into routine work across staff and services?	Checklists, Audits	Sustainability	How the strategy become part of routine practice?	Monitoring, Audits	
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Learning objectives: Progress update Now we can: Define intervention and implementation outcomes and measurement strategies. Next, we need to: Continue to develop a logic model. Describe the impact of addressing the original important problem. 18 QH TRIP Implementation Masterclass: Evaluating Change																																					
18																																					
Complete the logic model 19 QH TRIP Implementation Masterclass: Evaluating Change																																					
19																																					

Slide	Notes
Revisit 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  20 Q4 TRIP Implementation Masterclass: Evaluating Change	
Distinguish between outputs and outcomes Outputs Direct products of activities, in terms of what is done and/or delivered, including: • Delivery of intervention, and • Introduction of implementation strategies. Outcomes Reflect practice change and the benefits realised from completing (and measuring) the activities. • Changes in knowledge, skills, and behaviour. • Designated as short-, medium-, or long-term changes. 21 Q4 TRIP Implementation Masterclass: Evaluating Change	
Determine data collection and timeframes Within each health organisation, stakeholders know how things work. • How to measure and monitor implementation strategies • How people work together. Use the following prompts: • What outcomes can you measure? • What time (and place) to collect them? • Who will collect and document them? • How often can they be measured?  22 Q4 TRIP Implementation Masterclass: Evaluating Change	
Transfer outcomes to logic model Highlight key timelines and measures within a health system. • Ensure outputs measure activities completed, or implementation strategies activated. • Identify the long-term intervention outcome that denotes effectiveness of the intervention. • Move backwards and forwards with other implementation outcomes to consider the timing and process of change.  23 Q4 TRIP Implementation Masterclass: Evaluating Change	

Slide

Notes

Clarify outputs and outcome measures

Component	Guiding question	Examples
Purpose	What do you expect to improve?	Introduce an evidence-informed intervention to improve XXXX
Context	Where will this take place?	Specific service, department, professional staff group
Inputs	What resources are required?	Staff time, data systems, technology, materials, partnerships
Activities	What is changing? Intervention and implementation strategies	Introduction of intervention, process or product, clinical pathways Education and training, clinical champions, flyers, reminders
Outputs	What will be delivered?	Number of sessions held, materials distributed, participants reached & engaged, surveys & audits completed
Short-term Outcomes	What are the early indicators of this change?	Increased knowledge, confidence, skills Changes in routines, adoption of new processes
Medium-term Outcomes	What indicates change is happening?	Adherence to new processes & policies Maintenance of knowledge, confidence & skills
Longer-term Outcomes	What are the broader benefits?	Realisation of expected benefits, sustained practice change Addressed the underlying barriers and leveraged enablers for change

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Components underpinning logic models

Assumptions

What beliefs and assumptions underpin this work?

External factors

What conditions or influences, beyond our control, could help or hinder this work?

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Understand to explain behaviour change

Assumptions:

- Define the conditions for change to occur.
- Explain how the behaviour change is expected to occur.

Check to ensure:

- Realistic implementation activities and strategies.
- Relevant theory of change.
- Informed by barriers and enablers.
- Addresses the original problem.

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CASE STUDY

Identify and measure key implementation outcomes to embed Keep Your Move in the Tube (KMIT).

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CASE STUDY: DISCUSSION

Plan to measure outputs of activities

Implementation Activity	Detailed Activities	Measuring Completion of Activities = OUTPUTS
1. Identify current practice regarding activity restrictions following median stenectomy and identify clinician perceived barriers and enablers to change.	Working group Baseline survey Lit review Anecdotal	- Identified Barriers & Facilitators - Mapped against domains - Behaviour Change Wheel and context analysis

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CASE STUDY: DISCUSSION

Plan to measure outputs of activities

Implementation Activity	Implementation Strategy	Activities = OUTPUTS
2. Establishment of an implementation strategy to overcome barriers and standardise practice across QH in collaboration with CR clinicians.	Education and training strategy	- Webinar - evidence & guide for clinicians & patients - Staff training video - Post stenectomy guideline development
EMST* resource toolkit development	Change management toolkit development	- Copyright User Agreement negotiation - Subsistence agreement - EMST* resource access - Stakeholder engagement - Context assessment tool - Education - Early adoption modelling - Local facilitator role

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CASE STUDY: DISCUSSION

Activities create outputs

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Activity 1: Follow the logic (case study)

CASE STUDY: DISCUSSION

Plan to measure implementation outcomes

Implementation Activity	Implementation Strategy	Activities = OUTPUTS	OUTCOME Measures
2. Establishment of an implementation strategy to overcome barriers and standardise practice across QH in collaboration with CR clinicians.	Education and training strategy	- Webinar - evidence & guide for clinicians & patients - Staff training video - Post stenectomy guideline development	- No clinician attendance off education sessions - No increased awareness of EMST* - No using standardised guideline
EMST* resource toolkit development	Change management toolkit development	- Copyright User Agreement negotiation - Subsistence agreement - EMST* resource access - Stakeholder engagement - Context assessment tool - Education - Early adoption modelling - Local facilitator role	- Copyright User Agreement complete 15 Health Service subsistence in place - No accessing EMST* resource toolkit - No clinicians reflecting on local practice and engaging in change management - No accessing change management toolkit - No sites accessing facilitator for support

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CASE STUDY: DISCUSSION

Plan to measure implementation processes

Implementation Activity	Measurement method	Process	OUTPUT and OUTCOME Measures
3. Embed local practice change within QH acute sites and CR programs.	Baseline survey	- Pilot implementation strategy with working group - Focus group check point to improve toolkits once trialed - Identify early adopters for modelling clinical champions - Expand across state with facilitator guidance - Standardize implementation of management and rehab post territory	10 pilot sites 4 changes to toolkits - Identified early adopters 10 uptake of modelling partnerships - Repeat baseline survey 10 updated practice change across sites 10 using standardized guideline - Standardized practice across QH

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CASE STUDY: DISCUSSION

Clarify logic model components

Component	Guiding question	Examples
Personas	What will improve?	Introduce KMIT resource toolkit
Context	Where will this happen?	Acute and outpatient cardiac rehabilitation sites
Inputs	What resources are required?	Copyright User Agreement, staff time, educational resources and development
Activities	What is changing?	Webinar, Video, Guideline Change Management toolkit, clinical champions
Outputs	What will be delivered?	Number of sessions held, clinician attendance, scores of toolkit, surveys & audit completed
Short-term Outcomes	What are the early indicators of this change?	Clinician attendance, access, satisfaction
Medium-term Outcomes	What indicates change is happening?	Increased clinician awareness, knowledge, implementation
Long-term Outcomes	What are the broader benefits?	Standardized post-operative management and rehabilitation Stabilisation or reduction in adverse events

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CASE STUDY: DISCUSSION

Logic model summary

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TRANSLATE INTO PRACTICE

Review the program logic model you created in Module 4.

Use the template provided to clarify outputs and outcome measures for your program logic model.

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Activity 2: Consider the components of a logic model (TRIP)

Slide	Notes										
Develop an Evaluation Plan  Develop a plan early so that everyone knows how to: - Collect data to track indicators. - Analyse data. - Share results with all stakeholders.  A clear plan will ensure data can be used efficiently to: - Report on small changes (monitoring). - Evaluate overall outcomes and impact. 36 QH TRIP Implementation Masterclass: Evaluating Change											
RE-AIM Framework - Integrated evaluation tool - Addresses the gap between 'efficacy' trials and public health impact. - Integrates intervention and implementation outcomes. - Proposes five steps to translate research into action... www.re-aim.org  37 QH TRIP Implementation Masterclass: Evaluating Change https://re-aim.org/learn/what-is-re-aim/											
RE-AIM Framework – Key components  <table border="1"> <tbody> <tr> <td>REACH in the target population</td><td>Number, proportion, and representativeness of individuals who participate.</td></tr> <tr> <td>EFFECTIVENESS of intervention</td><td>Impact on key outcomes, including negative effects, quality of life, and economic outcomes.</td></tr> <tr> <td>ADOPTION by target staff, settings</td><td>Number, proportion, and representativeness of settings and staff who initiate the intervention.</td></tr> <tr> <td>IMPLEMENTATION consistency</td><td>Fidelity, adaptations, and costs of delivering the intervention as intended.</td></tr> <tr> <td>MAINTENANCE of benefits over time</td><td>Long-term effects at individual and organisational levels.</td></tr> </tbody> </table> 38 QH TRIP Implementation Masterclass: Evaluating Change https://re-aim.org/learn/what-is-re-aim/	REACH in the target population	Number, proportion, and representativeness of individuals who participate.	EFFECTIVENESS of intervention	Impact on key outcomes, including negative effects, quality of life, and economic outcomes.	ADOPTION by target staff, settings	Number, proportion, and representativeness of settings and staff who initiate the intervention.	IMPLEMENTATION consistency	Fidelity, adaptations, and costs of delivering the intervention as intended.	MAINTENANCE of benefits over time	Long-term effects at individual and organisational levels.	
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CASE STUDY Measure intervention and implementation outcomes to embed Keep Your Move in the Tube (KMIT) according to RE-AIM.  39 QH TRIP Implementation Masterclass: Evaluating Change											

Slide	Notes										
CASE STUDY: DISCUSSION Measure outcomes using RE-AIM Designed 3 purpose-built surveys - for distribution by change champions Education and Training Survey 1 and 2 - assess clinician familiarity, knowledge and understanding of KMIT - completed at baseline & 12 weeks after education interventions Adoption and Acceptability Survey 3 - assess adoption and acceptability of KMIT into local practice - undertaken 16–18 weeks after the education. 40 QH-TSP Implementation Masterclass: Evaluating Change											
CASE STUDY: DISCUSSION Key measurement details <table border="1"> <tbody> <tr> <td>Reach</td><td>Number of clinicians trained in KMIT at each site</td></tr> <tr> <td>Effectiveness</td><td>Clinician familiarity, knowledge and understanding of KMIT (Education and Training Surveys)</td></tr> <tr> <td>Adoption</td><td>Proportion of clinicians who reported integrating KMIT into clinical practice</td></tr> <tr> <td>Implementation</td><td>Clinician perceptions about acceptability of implementing KMIT into work practices (Adoption and Acceptability Survey)</td></tr> <tr> <td>Clinical outcomes</td><td>Data for sternal wound infection, hospital length of stay, discharge destination, and readmission within 30 days</td></tr> </tbody> </table> 41 QH-TSP Implementation Masterclass: Evaluating Change 41 <u>Activity 3: Identify RE-AIM outcomes and results (case study)</u>	Reach	Number of clinicians trained in KMIT at each site	Effectiveness	Clinician familiarity, knowledge and understanding of KMIT (Education and Training Surveys)	Adoption	Proportion of clinicians who reported integrating KMIT into clinical practice	Implementation	Clinician perceptions about acceptability of implementing KMIT into work practices (Adoption and Acceptability Survey)	Clinical outcomes	Data for sternal wound infection, hospital length of stay, discharge destination, and readmission within 30 days	
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CASE STUDY: DISCUSSION Reported benefits <table border="1"> <tbody> <tr> <td>Reach</td><td>39 education and training sessions, for 390 clinicians.</td></tr> <tr> <td>Effectiveness</td><td>Familiarity with KMIT improved from 11% to 76%. Knowledge and understanding improved.</td></tr> <tr> <td>Adoption</td><td>82% participants integrated KMIT principles into their practice. Increase from 22% at baseline to 65% after education.</td></tr> <tr> <td>Implementation</td><td>Very high acceptability of implementing KMIT into clinical practice (100%).</td></tr> <tr> <td>Maintenance</td><td>10% clinicians reported that KMIT was a normal part of work. 98% clinical champions would provide continuing support. 84% of clinicians reported sufficient resources & training.</td></tr> </tbody> </table> 42 QH-TSP Implementation Masterclass: Evaluating Change 42	Reach	39 education and training sessions, for 390 clinicians.	Effectiveness	Familiarity with KMIT improved from 11% to 76%. Knowledge and understanding improved.	Adoption	82% participants integrated KMIT principles into their practice. Increase from 22% at baseline to 65% after education.	Implementation	Very high acceptability of implementing KMIT into clinical practice (100%).	Maintenance	10% clinicians reported that KMIT was a normal part of work. 98% clinical champions would provide continuing support. 84% of clinicians reported sufficient resources & training.	
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Maintenance	10% clinicians reported that KMIT was a normal part of work. 98% clinical champions would provide continuing support. 84% of clinicians reported sufficient resources & training.										
CASE STUDY: DISCUSSION Long term outcomes Standardised clinical post-operative management and rehabilitation 82% clinicians reported that KMIT was a normal part of work. Clinical Outcomes - No observable increase in adverse events for over 4,000 patients 2020–24. 43 QH-TSP Implementation Masterclass: Evaluating Change 43											

Slide	Notes
DISCUSSION Discuss choice of RE-AIM measurement strategies and outcomes. Does this clarify how the original problem was addressed?  44 QH TRIP Implementation Masterclass: Evaluating Change 44	
TRANSLATE INTO PRACTICE Map the RE-AIM framework to your implementation project. 45 QH TRIP Implementation Masterclass: Evaluating Change 45 Activity 4: Identify RE-AIM measures (TRIP)	
A sequence to measure change 46 QH TRIP Implementation Masterclass: Evaluating Change 46	
Describe the impact of change Impact = the broader benefit of addressing the original important problem, for patients, consumers, healthcare workers, and the organisation.  47 QH TRIP Implementation Masterclass: Evaluating Change 47 Where possible, highlight improvements in: • Patient and consumer experience (e.g., satisfaction, function) • Population health (e.g., health outcomes, reduced variation) • Reduced costs or better value (e.g., avoided admissions, length of stay) • Provider experience (e.g., workforce satisfaction, burnout measures).	

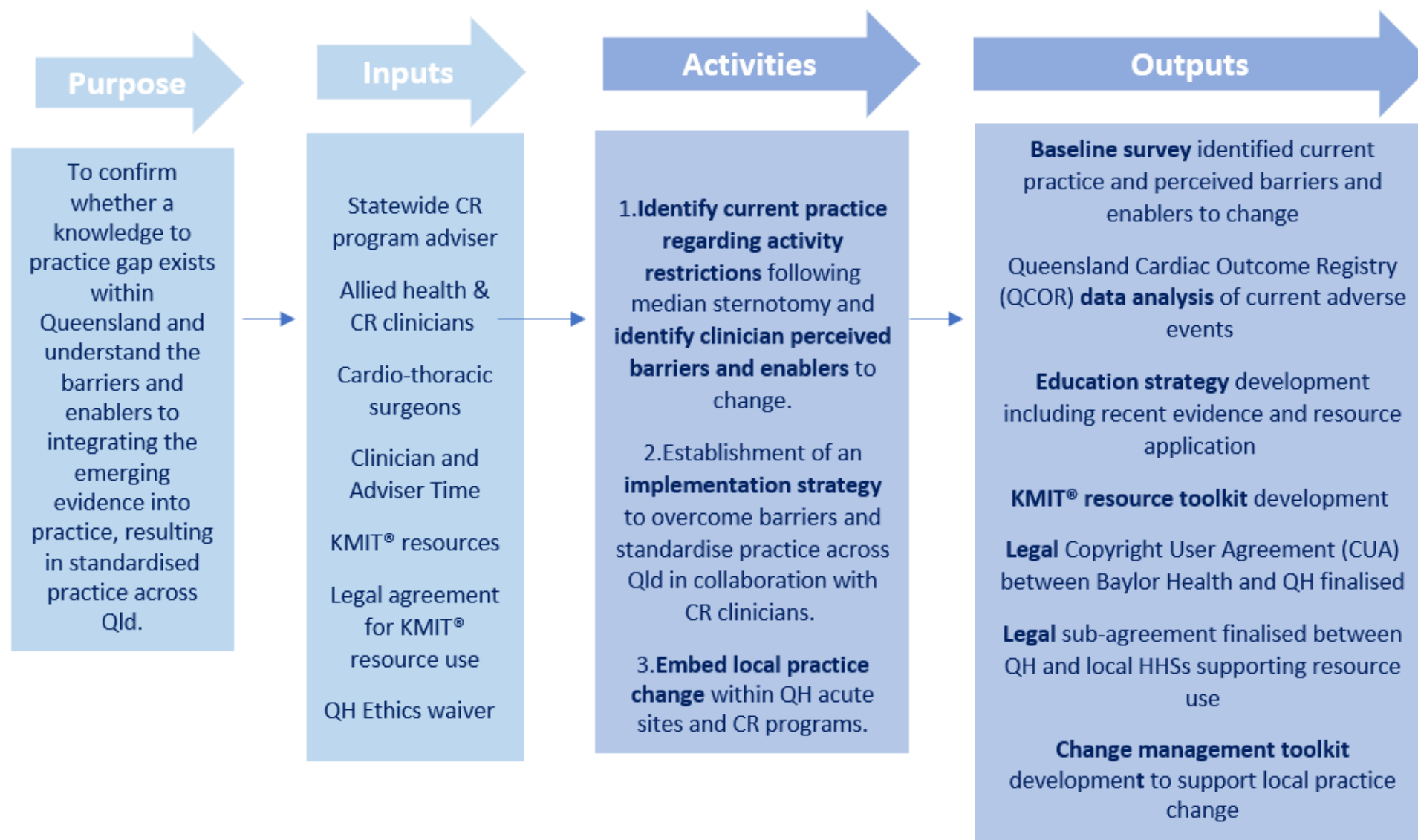
Slide	Notes
Benefit of implementation Link data and stories to explain how the original problem was addressed and describe the difference it made. Ask two important questions: 1. Can stakeholders explain how the improvement was generated? 2. Can the beneficiaries describe how the benefits made a difference for them? 48 QHTRIP / Implementation Masterclass: Evaluating Change 48	
TRANSLATE INTO PRACTICE How will you measure implementation and intervention outcomes? 49 QHTRIP / Implementation Masterclass: Evaluating Change 49	
Close: Review learning objectives You can now: - Define intervention and implementation outcomes and measurement strategies. - Describe the impact of addressing the original important problem. 50 QHTRIP / Implementation Masterclass: Evaluating Change 50	
Next: Sustainability, Scale, & Spread Ready to Scale, Spread and Sustain the Change?  51 QHTRIP / Implementation Masterclass: Evaluating Change 51	

Slide	Notes
Thank you. Next Module: Spread and Scale for Sustainability. 52	
With thanks to Sharon Mickan Mosaic Health Consulting  53 QH TRIP Implementation Masterclass: Evaluating Change 53	
References Read key paper that describes implementation outcomes as process evaluation • Process evaluation of complex interventions: Medical Research Council guidance The BMJ Read this paper to clarify the difference between intervention and implementation outcomes • Implementation science made too simple: a teaching tool Implementation Science Communications Full Text Read seminal paper about outcome measurement • Outcomes for Implementation Research: Conceptual Distinctions, Measurement Challenges, and Research Agenda Administration and Policy in Mental Health and Mental Health Services Research 54 QH TRIP Implementation Masterclass: Evaluating Change 54	

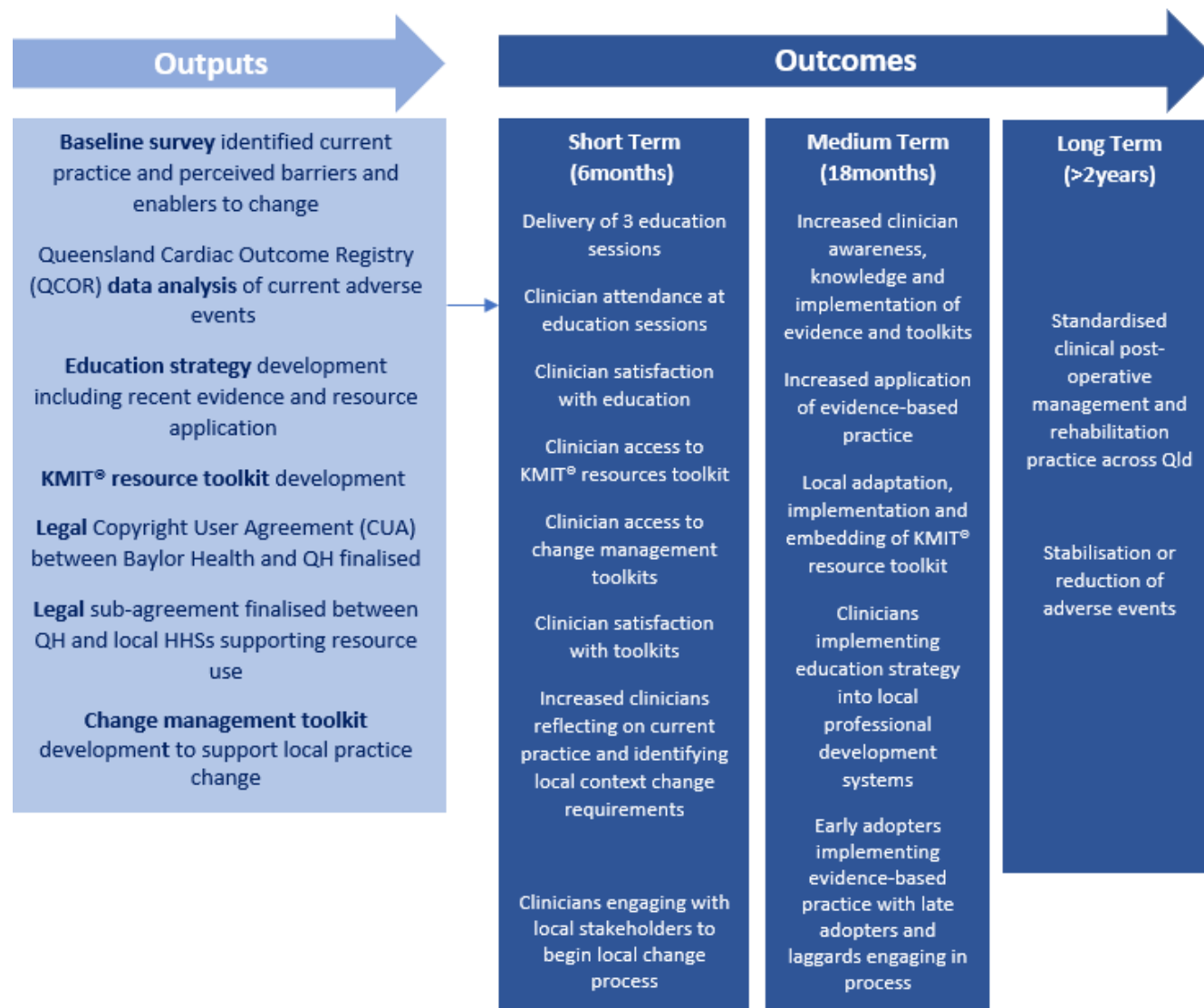
Appendix

1. Activity 1: Follow the logic (case study)
2. Activity 2: Consider the components of a logic model (TRIP)
3. Activity 3: Identify RE-AIM outcomes and results (case study)
4. Activity 4: Identify RE-AIM measures (TRIP)
5. Reflection: Application to local context
6. Template: Practical Guide for Implementation Outcomes
7. Template: Clarify Components of a Logic Model

A.1 Activity 1: Follow the logic (case study)



A.2 Activity 1: Follow the logic (case study) – cont.



A.3 Activity 2: Consider the components of a logic model (TRIP)

Component	Guiding question	Examples	Apply to practice
Inputs	What resources are required?	<i>Staff time, data systems, technology, materials, partnerships.</i>	
Activities	What is changing? Intervention and Implementation strategies	<i>Introduction of intervention, process or product, clinical pathways. Education and training, clinical champions, flyers, reminders.</i>	
Outputs	What will be delivered?	<i>Number of sessions held, materials distributed, participants reached and engaged, surveys and audits completed.</i>	
Short-term Outcomes	What are the early indicators of this change?	<i>Increased knowledge, confidence, skills. Changes in routines, adoption of new processes.</i>	
Medium-term Outcomes	What indicates change is happening?	<i>Adherence to new processes and policies. Maintenance of knowledge, confidence and skills.</i>	
Longer-term Outcomes	What are the broader benefits?	<i>Realisation of expected benefits, sustained practice change. Addressed the underlying barriers and leveraged enablers for change.</i>	

A.4 Activity 3: Identify RE-AIM outcomes and results (case study)

RE-Aim Component	Descriptor	Case Study results
Reach	Number of clinicians trained in KMIT at each site.	
Effectiveness	Clinician familiarity, knowledge and understanding of KMIT.	
Adoption	Proportion of clinicians who reported integrating KMIT into clinical practice.	
Implementation	Clinician perceptions of acceptability implementing KMIT.	
Maintenance of Clinical Outcomes	Data for sternal wound infection, length of stay, discharge destination, readmission in 30 days.	

A.5 Activity 4: Identify RE-AIM measures (TRIP)

RE-Aim Component	Outcome measure
Reach	
Effectiveness	
Adoption	
Implementation	
Maintenance of Clinical Outcomes	

A.6 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.	
6. Select implementation strategies.	
7. Measure implementation and intervention outcomes	

A.7 Template: Practical Guide for Implementation Outcomes

Implementation outcome	Practical description	Measurement suggestion
Early in implementation, consider...		
Acceptability	Do staff and patients perceive that the implementation strategy is satisfactory?	Quick surveys Short interviews
Appropriateness	Does the strategy feel like a good fit and is it relevant to address the underlying problem?	Surveys Focus groups
Feasibility	Can this strategy actually work here, given staffing, competing priorities & resources?	Pilot tests Reporting and feedback
For regular monitoring...		
Adoption	Are users using, or intending to use the strategy?	Attendance, participation Audits of usage
Costs	How much time, money and resources does it take to deliver the strategy in this context?	Administrative data Cost estimates
Fidelity	Is the strategy delivered as intended, without significant change?	Audit checklists Observation
For future actions...		
Penetration	How much has the strategy spread into routine work across staff and services?	Checklists Audits
Sustainability	How the strategy becomes part of routine practice?	Monitoring Audits

A.8 Template: Clarify Components of a Logic Model

Component	Guiding question	Examples
Purpose	<i>What do you expect to improve?</i>	Introduce an evidence-informed intervention to improve XXXX.
Context	<i>Where will this take place?</i>	Specific service, department, professional staff group.
Inputs	<i>What resources are required?</i>	Staff time, data systems, technology, materials, partnerships.
Activities	<i>What is changing?</i> Intervention and Implementation strategies	Introduction of intervention, process or product, clinical pathways. Education and training, clinical champions, flyers, reminders.
Outputs	<i>What will be delivered?</i>	Number of sessions held, materials distributed, participants reached and engaged, surveys and audits completed.
Short-term Outcomes	<i>What are the early indicators of this change?</i>	Increased knowledge, confidence, skills. Changes in routines, adoption of new processes.
Medium-term Outcomes	<i>What indicates change is happening?</i>	Adherence to new processes and policies. Maintenance of knowledge, confidence and skills.
Longer-term Outcomes	<i>What are the broader benefits?</i>	Realisation of expected benefits, sustained practice change. Addressed the underlying barriers and leveraged enablers for change.