QH-TRIP | Translating Research Into Practice

QH-TRIP Implementation Toolkit

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QH-TRIP – Translating Research Into Practice (QH-TRIP) Implementation Toolkit.

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1 QH-TRIP Implementation Toolkit Introduction

1.1 Aim

The Queensland Health – Translating Research Into Practice (QH-TRIP) initiative aims to build the capacity of all health practitioners to embed knowledge translation within their usual practice. This QH-TRIP Implementation Toolkit (toolkit) is designed to articulate the QH-TRIP Initiative and to support a standardised approach to implementing the initiative across sites.

The toolkit:

- Provides background to the QH-TRIP initiative
- Describes the key components which form the QH-TRIP initiative
- Highlights the factors that are key to the success of the QH-TRIP initiative by identifying the central elements and implementation examples for each component
- Identifies areas for evaluation to assess the impact of the QH-TRIP initiative
- Provides practical resources, templates, and supporting materials to assist with implementation.

1.2 QH-TRIP Implementation Toolkit user guide

This toolkit provides detailed information to assist with implementing the QH-TRIP initiative at Queensland Health sites. The anticipated audience is health service leaders, department or unit managers, and QH-TRIP program leaders or coordinators.

The toolkit is aligned to key components of the QH-TRIP initiative. It helps plan and undertake QH-TRIP activities. It is important to understand the difference between *implementing* the QH-TRIP initiative and *engaging* with QH-TRIP. **The key components of the QH-TRIP initiative are interdependent and not standalone;** all are essential to its implementation. Individual elements can be chosen, depending on the needs of the setting. For example, the isolated activity of watching QH-TRIP webinars counts as professional development, not as the implementation of the QH-TRIP initiative.

The five components of QH-TRIP include the central elements required to implement the initiative, as well as examples of implementation activities.

1. Training and Education
2. TRIP Projects and Implementation
3. Support and Networks
4. Showcase and Recognition
5. Evaluation

Section 4 of this toolkit discusses each component in detail and includes:

Central elements

Essential activities for health services or local sites to complete to undertake a QH-TRIP initiative. They are important for the successful implementation of QH-TRIP and are required to be undertaken unless otherwise stated.

Implementation examples

Suggestions of how activities and strategies can be tailored to the broader health service or local setting to support the implementation of the central elements. The suggested activities and strategies are not mandatory, nor are the examples provided exhaustive.

This icon highlights examples of how the QH-TRIP initiative has been implemented in Queensland Health, to further demonstrate opportunities for implementation.

2 The QH-TRIP Initiative

2.1 What is QH-TRIP?

Translating research into clinical practice in a timely, cohesive and equitable way is a significant challenge faced by the health system. In Australian hospitals, 60% of care is evidence-based, while up to 25% is unnecessary or potentially harmful[1]. Translating Research Into Practice (TRIP) symbolises the progression of science and research from the scientist's desk to meaningful change in clinical practice.

QH-TRIP is an initiative that aims to embed knowledge translation from research within the usual business of Hospital and Health Services (HHSs) by building the capacity of the health practitioner workforce. The QH-TRIP initiative is a training package designed to prepare clinicians to plan and undertake a translational research project in their practice. It offers a unique opportunity to improve health systems and facilitate organisational capacity building by increasing awareness of and the application of knowledge translation in practice. QH-TRIP can help research translation become 'business as usual' for every clinician (see Appendix 1).

The Office of the Chief Allied Health Officer (OCAHO) is committed to supporting health practitioners to undertake activities that minimise health resource waste, maximise the value of the health dollar spent, and improve patient care. As a result, QH-TRIP is a key initiative within 'Optimising the allied health workforce for best care and best value: A 10-year Strategy 2019-2029' and the 'Queensland Health Allied Health Research Plan: 2020-2029' (see Appendices 2 and 3).

2.2 How did QH-TRIP develop?

In 2020, the then Office of the Chief Allied Health Officer (OCAHO) funded the development of Allied Health – Translating Research Into Practice (AH-TRIP). The AH-TRIP initiative was grounded in knowledge translation principles and supported by evidence from the literature and local experience. The need for AH-TRIP was established through stakeholder engagement. It was developed by Queensland Health practitioner-researchers, based on evidence and a needs assessment[2,3] conducted with the anticipated end-users: allied health practitioners working across practice settings (see Appendices 4 and 5).

The Queensland needs assessment found that narrowing the gap between research and practice was important to health practitioners. There was a high interest in gaining knowledge and support, but health practitioners reported low to moderate confidence in their ability to translate research into practice, particularly regarding implementation, evaluation, and dissemination of translational research[2,3].

In 2024-25, OCAHO sought to enhance the functionality and usability of the AH-TRIP website to better align with the diverse needs of Health Practitioners across Queensland Health. Using a structured co-design approach, the project engaged key stakeholders to ensure the platform effectively supported knowledge translation in practice. The work combined evaluation against established learning theories and implementation science frameworks with analysis of stakeholder insights gathered through journey

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[1] Grimshaw, J.M., Eccles, M.P., Lavis, J.N., Hill, S.J., & Squires, J.E. (2012). Knowledge translation of research findings. Implementation Science, 7(1), 50. doi: 10.1186/1748-5908-7-50

[2] *Barrimore, S.E., *Cameron, A.E., Young, A.M., Hickman, I.J., & Campbell, K.L. (2020). Translating Research Into Practice: How confident are allied health clinicians? *Journal of Allied Health* Winter, 49(4), 258-262.

[3] Young, A.M., Olenski, S., Wilkinson, S.A., Campbell, K., Barnes, R., Cameron, A., & Hickman, I. (2019). Knowledge translation in dietetics: a survey of dieticians' awareness and confidence. *Canadian Journal of Dietetic Practice and Research, 12*, 1-5. Doi: 10.3148/cjdpr-2019-027

mapping. This evidence-integrated approach identified platform strengths and priority areas for improvement, particularly to enhance role-specific guidance and strengthen TRIP implementation capability. Based on these recommendations, OCAHO delivered a digital uplift of the platform. This included refreshed and rebranded content, updated resources and tools, and multimedia materials. The website was rebranded from AH-TRIP to QH-TRIP to better reflect its scope and audience within Queensland Health.

2.3 Who is QH-TRIP designed for?

QH-TRIP is a multidisciplinary initiative intended for use by all health professions. It has been designed for health practitioners without prior experience of knowledge translation or research, and those with developing experience and expertise.

Translating research into practice and using research to drive service improvement and ensure best practice is within the remit of both health practitioners delivering care to patients and those responsible for service planning and design. Accordingly, QH-TRIP can be adapted for different clinical contexts.

3 Terminology

Different terms for translating research into practice (TRIP) are often used interchangeably, including:

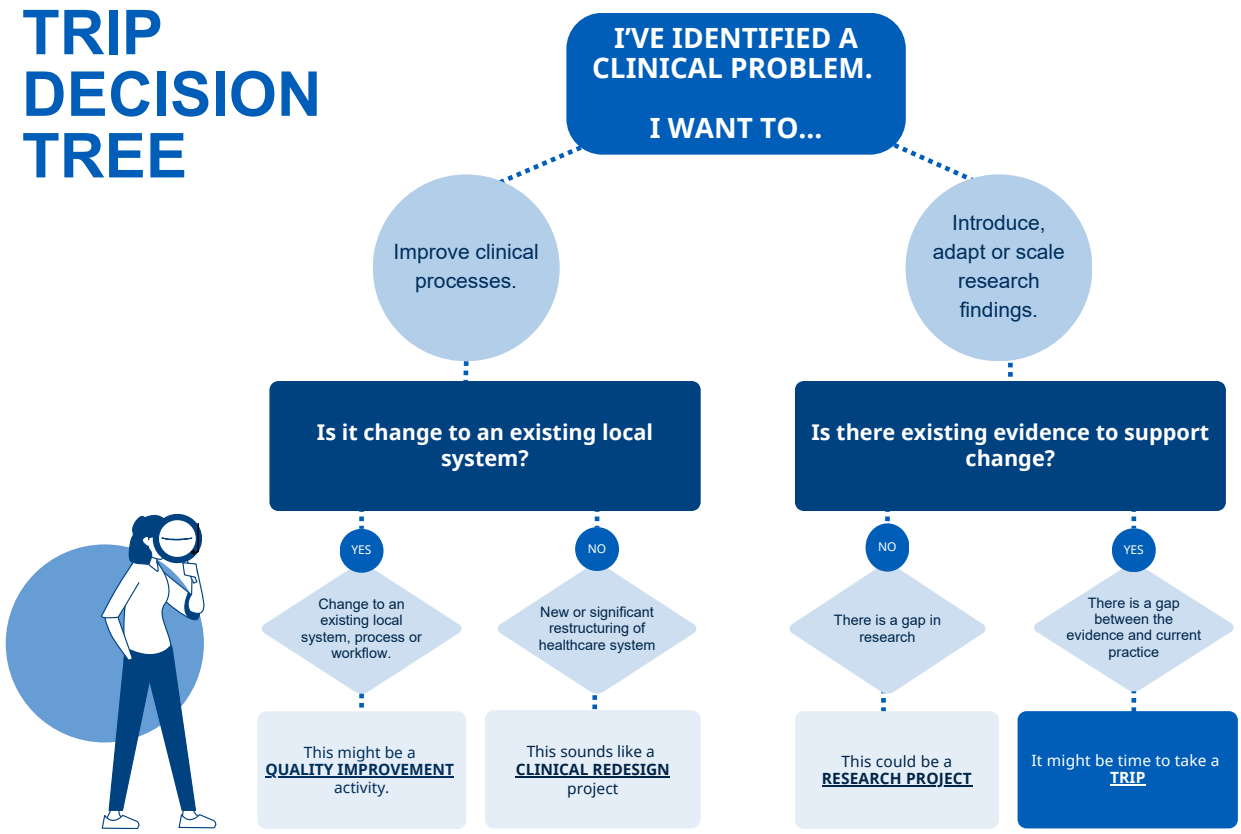
- Knowledge translation
- Implementation science
- Research impact
- Knowledge mobilisation

The selected term used in QH-TRIP and throughout this toolkit is TRIP.

Translating Research Into Practice (TRIP): A dynamic and iterative process of implementing clinical practice change, aligned with the best available evidence to improve health outcomes.

TRIP involves **using existing evidence** to inform the design and implementation of healthcare at the ward/clinic, service, or model-of-care level, rather than individual treatment decision-making at the patient level.

TRIP draws on quality improvement methodology and implementation science to systematically **bridge the gap** between evidence and practice. In contrast, traditional quality improvement methods focus on improving patient care processes and outcomes in a specific healthcare setting.



4 Key Components

The key components of QH-TRIP provide a structure for health practitioners to successfully implement the initiative within a healthcare setting.

Figure 1. The five key components of the QH-TRIP initiative.

4.1 Component 1: Training and Education

The training and education component is designed to raise awareness about utilising TRIP within the healthcare setting, encourage discussion and provide a structure for engagement.

The TRIP process:

There are six overarching steps to take the TRIP approach:

1. Identify and understand a clinical (or service) problem
2. Review and understand the evidence
3. Plan for change
4. Implement a change
5. Monitor outcomes and measure success
6. Plan for sustainability, scale and spread.

Each module of the QH-TRIP online training and education platform guides health practitioners through the phases of the TRIP process, as illustrated in Figure 2.

Figure 2. The phases of the QH-TRIP process.

The QH-TRIP online platform supports learners to:

- Develop a basic understanding of TRIP
- Plan and undertake TRIP activities.

The online training platform provides access to:

- Bite-sized educational webinars and case studies
- Frameworks, tools, worksheets, resources, and manuals
- Recommended reading of key papers
- A free online database (a university login or journal subscription is not required).

Central elements: Required webinars

All health practitioners must complete the 'Foundation Training' and 'Identifying a Clinical Problem' webinars.

Foundation Training

This stage introduces clinicians to Translating Research Into Practice (TRIP) and the purpose of QH-TRIP. It is ideal for individuals, teams, or departments new to TRIP – the essential starting point for anyone beginning their TRIP journey.

Identify a Clinical Problem

This first step of the TRIP process defines the clinical problem or evidence-practice gap, ensuring the project targets a meaningful issue and establishes a clear rationale for change. It helps health practitioners clarify why they are undertaking a TRIP project and what change they aim to achieve – before translating any evidence into practice.

Implementation examples

Consider the following when implementing *Component 1: Training and Education*:

Accessing education and training

- While the content can be accessed individually, consider accessing it as a group of health practitioners (teams or departments):
  - Convene a group of QH-TRIP champions and health practitioners interested in TRIP (see below) to access online content and discuss key readings in a journal club or interest group style setting.
  - Run toolbox sessions, schedule professional development in-service meetings or arrange a half-day workshop
  - View the content in short bursts, e.g. one webinar per staff meeting.
- Watch several webinars, then use the supplementary resources during and after the sessions to support and embed learning and practical application.

Adaptation and generation

- Adapt the QH-TRIP online platform materials as necessary to suit local needs.
  - Engage interested health practitioners to modify or generate TRIP content.
- Engage health practitioners already undertaking TRIP projects to record a presentation or provide examples of completed project templates and frameworks.
- Collaborate with a Hospital and Health Service or relevant external partner to produce any TRIP material needed to support local needs.
- Contact qhtrip@health.qld.gov.au to discuss including your TRIP project on the website. This will support other health practitioners to access content and learn from your team.

Communication

- Distribute relevant training and education materials, information, updates and opportunities at appropriate intervals.
- Identify and use all opportunities to promote the QH-TRIP initiative and provide updates (e.g. newsletter, forum).
- Consider including goals and targets in professional, operational, business, and strategic plans.

Join Us

The Queensland Health statewide QH-TRIP initiative regularly disseminates relevant information via our email network. Members include the steering committee, working groups, QH-TRIP champions, interested health practitioners, and health leaders across Hospital and Health Services. Information includes updates, opportunities, helpful hints, the latest research publications, and recognition of achievements. Recipients have the option to provide feedback and unsubscribe.

Join the QH-TRIP emails by contacting qhtrip@health.qld.gov.au

4.2 Component 2: TRIP Projects and Implementation

TRIP projects build capacity and skills by applying knowledge translation principles to *real world* problems. The QH-TRIP principles enable critical reflection and provide a framework for measuring current practice.

The QH-TRIP initiative is designed specifically for TRIP projects where:

- there is clear evidence of a local problem, i.e. a practice gap, and
- evidence exists to guide how health services should be delivered.

Learning about TRIP and **doing** TRIP are entirely different experiences. The only way to truly develop TRIP capacity is by doing so, and having a TRIP project to apply the QH-TRIP principles in practice is a key part of the QH-TRIP initiative.

Central elements: The TRIP project

TRIP projects come in many forms, including:

- clinician-generated projects to address a local problem
- changing practice in line with recommendations from evidence-based guidelines
- implementing local research projects into sustainable practice change
- a newly funded service to be developed.

The QH-TRIP principles are applicable at any or all stages of a project; the TRIP project can be in the planning phase, already underway, or ready for evaluation (especially if it was not successful). This can be a powerful introduction to the QH-TRIP principles and why and how they apply to a TRIP project.

Implementation examples

- Consider implementing systems to encourage all new quality improvement projects to become TRIP projects by including QH-TRIP terminology and resources within project and quality improvement reporting templates.
- Set expectations that all projects require a documented problem definition and a literature review before approval to proceed with implementation.
- Set a goal of at least one TRIP project per team/department.
- Provide dedicated internal funding rounds specifically for TRIP projects.
- Introduce systems to monitor and report on TRIP projects, e.g. updates at team meetings.

4.3 Component 3: Support and Networks

Accessing and receiving expert advice and support to undertake a TRIP project in a Hospital and Health Service is invaluable. Additionally, having committed individuals who can mobilise QH-TRIP within each setting will help generate interest and raise awareness.

Central elements: Expert advice and support

Providing project support and mentoring health practitioners during TRIP projects is essential. Mentors should have implementation expertise within the Hospital and Health Service or externally.

Options for sourcing expertise include:

- Health practitioners, health leaders, research fellows or conjoint positions who have previously undertaken a TRIP project or who have a working knowledge of TRIP.
- QH-TRIP representatives.
- University partners.

Implementation examples

Suggestions for seeking advice and support include:

- Organising a peer support group with local TRIP projects, facilitated by a skilled research fellow, health practitioner, or QH-TRIP representative.
- Arranging telementoring group-based sessions for TRIP projects, supported by a knowledge translation expert and a facilitator.
- Scheduling expert mentor sessions with health practitioners undertaking the QH-TRIP initiative.

QH-TRIP Telementoring Support

In Queensland Health, statewide telementoring is run annually. Each series comprises 8 to 10 one-hour sessions that provide virtual, group-based telementoring support for health practitioner-led TRIP projects. Inclusion in these sessions is via an expression of interest (see Appendices 6-8). The sessions include an independent facilitator and a panel of knowledge translation enthusiasts (TRIP experts and health service leaders). The TRIP projects complete a project proforma prior to the session, and the panel provides real-time constructive critique and knowledge translation support (see Appendix 9).

Central elements: QH-TRIP Champions

Champions are the backbone of the QH-TRIP initiative. They provide a tailored approach to meet the knowledge translation needs at the local site or health service. Champions do not need to be TRIP experts, but they need to have enthusiasm for TRIP and commit to undertaking it.

Champions can be identified from key stakeholder groups (e.g. health practitioners, team leaders and managers, health leaders, research fellows) to promote the QH-TRIP initiative.

All sites, departments, or teams participating in the QH-TRIP initiative **must have** at least one nominated QH-TRIP champion representative.

The role of the QH-TRIP champion is to:

- Promote, advocate, and contribute to operationalising the components of the QH-TRIP initiative.
- Support health practitioners in adopting the QH-TRIP approach to drive practice change.
- Build engagement and provide strategies to negotiate challenges.
- Anticipate and overcome barriers to implementing the QH-TRIP initiative.

Implementation examples

Options for TRIP network engagement and communication strategies include:

- Using the QH-TRIP resources to facilitate QH-TRIP education sessions, clinical skills, and workshops within clinical teams or departments.
- Having QH-TRIP as a standing agenda item on team, departmental, research or other relevant meetings (e.g. Learning and Development committees).
- Promoting QH-TRIP and providing updates at local and health service forums.
- Using the TRIP network to circulate TRIP information and opportunities
- Running a TRIP journal club to investigate frameworks and tools and discuss TRIP research.
- Forming a TRIP Champion community of practice to provide champions with a forum for peer support and to share engagement strategies.
- Advocating for health practitioners, departments, and health services to include TRIP activities in their operational, business and strategic plans.
- Identifying TRIP projects that could generate resources to complement the QH-TRIP online platform materials
- Identifying local TRIP projects that would benefit from support and mentoring sessions
- Recognising and showcasing local TRIP projects and TRIP enablers.

QH-TRIP Champions

In Queensland Health, the QH-TRIP champion network is centralised. It is expected that QH-TRIP champions act as a conduit between their local site and the statewide initiative. The statewide initiative provides resources, prompts and tools to the QH-TRIP champions to facilitate local engagement.

The initial process to become a QH-TRIP champion involves completing an expression of interest managed by the statewide QH-TRIP initiative (see Appendix 10). The QH-TRIP champion is expected to:

- Complete and sign the QH-TRIP champion checklist (see Appendix 11).
- Actively engage in the QH-TRIP initiative by identifying local opportunities, providing education, sharing resources, promoting QH-TRIP and participating in statewide opportunities.
- Complete at least the **Foundation training** and **Identifying a clinical problem** webinars.
- Be familiar with the QH-TRIP online training and education platform and QH-TRIP resources.
- Disseminate information about the QH-TRIP initiative (e.g., email updates, TRIP information, professional development, and opportunities) through their local network.
- Provide the statewide initiative with updates about engagement and QH-TRIP outputs within their local context (as requested).

4.4 Component 4: Showcase and Recognition

Recognising and showcasing the TRIP activities of health practitioners and health leaders is an important tenet of the QH-TRIP initiative. Showcasing TRIP projects also provides an opportunity to increase the scale and spread of evidence-based initiatives.

There should be a local process or forum to recognise individuals and teams who:

- undertake professional development in TRIP,
- embark on a TRIP project, and
- support other health practitioners to take the TRIP approach.

When showcasing TRIP, it is important to have a focus on quality and excellence whilst also providing a forum to celebrate team collaborations and lessons learnt.

Implementation examples

Options for showcase and recognition include:

- Organising a QH-TRIP showcase or award process to recognise and celebrate health practitioners and health leaders who have undertaken a TRIP project or enabled and supported TRIP activities. The showcase can be a local, Hospital and Health Services, or statewide event.
- Include TRIP projects in existing research symposiums or improvement showcases.
- Identify discipline-specific associations to recognise and celebrate TRIP activities, e.g. professional development events, showcases, conferences, case studies, professional support and professional prizes or awards.

Showcase

In Queensland Health, the annual statewide TRIP Showcase recognises and celebrates health practitioners who have undertaken a TRIP project, as well as acknowledging those who enable and support TRIP. The showcase provides an opportunity for health practitioners to present their TRIP projects and compete for a range of prizes. The TRIP projects are judged across various categories. It provides an opportunity for health practitioners to learn about TRIP projects in other health services, identify and foster collaborations, and consolidate TRIP knowledge.

4.5 Component 5: Evaluation

Evaluation of the QH-TRIP initiative is required to demonstrate the value of the time and money invested in supporting health practitioners' participation. It also captures the impact of the QH-TRIP initiative at the local level.

An evaluation provides an opportunity to:

- Monitor engagement in the initiative
- Measure TRIP output
- Benchmark within and between sites
- Assess the impact of QH-TRIP on health practitioners, local sites, Hospital and Health Services, and the broader health system.

A logic model outlining the QH-TRIP program logic may be useful in guiding a local evaluation of QH-TRIP (see Appendix 13). This may include evaluating short-, medium-, or long-term outcomes of the QH-TRIP initiative as a whole or of individual components. You may also choose to focus an evaluation on the implementation of QH-TRIP (i.e. focused on inputs and outputs). A local research fellow, TRIP expert, or QH-TRIP representative may be engaged to assist with any evaluation.

Implementation examples

The following options may be considered when undertaking an evaluation of a local QH-TRIP initiative:

- Consider implementing a pre-post survey to measure the change in self-efficacy (see Appendix 14). This survey can be conducted before and after implementing the QH-TRIP initiative in a department, site, or Hospital and Health Service, or to evaluate specific activities or components (e.g., changes in the self-efficacy of champions or those provided with project support).
- Complete a detailed evaluation of a key component or TRIP activity, including:

Training and Education	Support and Networks
• Knowledge and Translation Self-efficacy Survey (see Appendix 14) • Provision, e.g. mode, individual/departments/ Hospitals and Health Service-wide initiatives • Change in knowledge (surveys are available for each training module on the website) • Attendance at local events.	• Method of support (e.g. face-to-face, virtual) • Number and duration of sessions for each project • Feedback from those receiving support • Barriers and enablers to providing and receiving support
QH-TRIP Champions	**Showcase and Recognition**
• Confidence in fulfilling the champion role • Activities performed • Time dedicated to the role • Barriers and enablers to fulfilling the role	• Number, disciplines, and location of submissions • Satisfaction with the event • Impact of those involved

Note: Seek advice from the local ethics committee prior to undertaking an evaluation of QH-TRIP in a local site, as well as for evaluating individual TRIP projects (where there may be uncertainty about whether it is research or TRIP) or when researching TRIP.

Statewide Evaluation Data

In Queensland Health, evaluation data is collected from individuals and sites by the statewide QH-TRIP program lead using evaluation surveys and interview guides. This information is presented in an annual report summarising local data, TRIP activity outcomes and statewide comparisons.

5 Implementing the QH-TRIP Initiative

To successfully implement the QH-TRIP initiative, the key components, evaluation, and specific considerations detailed below need to be in place.

Evidence and support

1) Review the evidence for the QH-TRIP initiative based on the need for knowledge translation in the healthcare setting.
2) Gain executive and health leader support.
3) Appoint QH-TRIP representative (e.g. project officer) and QH-TRIP champions (see Appendices 10 and 16).
4) Collect local data to understand current TRIP knowledge and confidence to inform local QH-TRIP implementation (see Appendices 4 and 5).
5) Identify and connect with local TRIP experts (e.g. university partners, research fellows).

Governance

6) Establish a steering committee to oversee the initiative's governance, leadership, and strategic direction.
7) Establish one or more working groups to support the implementation and sustainability of the initiative's key components.
8) Establish Terms of Reference (see Appendix 15).

Communication

9) Apply effective communication strategies to engage health practitioners and health leaders to:
    a. Undertake a TRIP project and engage in TRIP education and training.
    b. Support health practitioners to do TRIP-related activities
    c. Become a QH-TRIP champion or representative (e.g., a TRIP telementor).
10) Use transparent reporting processes for updates and completing evaluations.
11) Establish a TRIP network.

Commitment

12) Remove barriers to engagement (e.g. time, space, resources).
13) Include TRIP activities in professional, operational, business and strategic plans.

Funding

14) Have a dedicated project officer role/s to drive the implementation of the initiative (see Appendix 16)

    The project officer is responsible for managing and delegating tasks to mobilise the key components of the QH-TRIP initiative and will also have membership on relevant working groups and report to the steering committee.

15) Identify opportunities to provide health practitioners with funding to support professional development (e.g. a knowledge translation short course).
16) Identify funding to support the implementation of the optional examples for each of the key components of the QH-TRIP initiative (e.g. implementation panel, professional development, or showcase events).

Appendices: Toolkit Resources

AH-TRIP Implementation Toolkit Introduction

1. Promotional Video: What is AH-TRIP?
2. Queensland Health Allied Health 10-year Strategy 2019-2029
3. Queensland Health Allied Health Research Plan 2020-2029

The AH-TRIP Initiative

4. Needs Assessment: Allied Health Practitioners
5. Needs Assessment: Allied Health Leaders

Key Components

6. Telementoring Support: Panel Recruitment Information
7. Telementoring Support: Participant Recruitment Information
8. Telementoring Support: Project Submission
9. Telementoring Support: Project Proforma
10. TRIP Champion Expression of Interest
11. TRIP Champion Checklist
12. TRIP Showcase Toolkit

Evaluation

13. TRIP Program Logic Model
14. Knowledge Translation Self-Efficacy Survey

Implementing the AH-TRIP Initiative

15. Terms of Reference Template
16. Project Officer Role Description