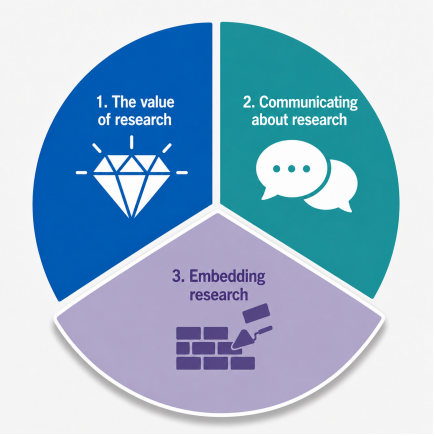
EnableR | Leaders Enable Research

The research continuum

Embedding research



This document discusses the research continuum – from quality improvement to research and implementation. It offers strategies to promote research within clinical teams.

Health leaders play a key role in creating environments where staff engage in research, use evidence, and continuously improve care. By bridging the gap between research and practice, leaders support innovative care, optimise resources, and enhance care delivery. This is enabled through a research continuum – Quality Initiatives and Service Development, Research, and Translating Research into Practice (TRIP) – to ensure research drives meaningful service improvement in the real world.

Quality Initiatives and Service Development

Quality improvement (QI) projects are used identify and address practical issues within clinical services – to streamline processes, improve efficiency, or enhance patient outcomes.

Example:

An allied health team identifies delays in discharge planning for patients requiring rehabilitation, leading to longer hospital stays and reduced patient flow. They review baseline data to understand where delays occur and find gaps in communication between hospital and community services. Using a simple quality improvement approach (e.g. Plan–Do–Study–Act cycles), the team introduces a standardised referral template, establishes a single point of contact, and implements regular multidisciplinary discharge huddles. They test and refine these changes over several cycles based on staff feedback and time-to-discharge data. As a result, referrals are completed earlier, communication is clearer, and discharge planning begins sooner. This reduces delays, shortens length of stay, and improves patient flow, while maintaining safe and coordinated transitions to community rehabilitation services.

Research

Research activities are structured investigations that answer a specific question to generate new evidence. They can build on quality initiatives by rigorously testing and understanding local changes to see if they are effective and can be applied more broadly.

> Example:
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> Building on quality initiatives, a team identifies ongoing variation in discharge planning for patients requiring rehabilitation, despite local improvements. To better understand what works and why, they design a research project to evaluate the effectiveness of different discharge planning approaches.
>
> The team partners with a university and develops a structured study comparing standard practice with an enhanced discharge model (including early assessment and coordinated communication). They obtain ethics approval, define outcome measures (e.g. length of stay, readmissions, patient-reported outcomes), and collect data over a defined period.
>
> The findings provide robust, generalisable evidence on the most effective approaches. Health leaders support this work by securing time and resources, fostering research partnerships, and encouraging staff to build research skills and capability.

Translating Research Into Practice (TRIP)

Knowledge translation embeds research findings into routine clinical care.

> Example:
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> Based on research findings demonstrating improved discharge processes, a health team identifies the need to implement a streamlined discharge protocol across services. The aim is to ensure consistent, evidence-based practice and improve patient flow and experience.
>
> Using a TRIP approach, the project team works with key stakeholders to adapt the protocol for different settings, provides targeted staff training, and embeds the changes into workflows. Potential barriers (e.g. staff resistance, competing priorities) are addressed through clear communication, local champions, and ongoing support.
>
> Implementation is monitored using key metrics such as discharge times, length of stay, and patient satisfaction. Feedback is used to refine the approach and support sustained change, resulting in more consistent discharge planning, and better patient outcomes.

How do these approaches work together?

Quality improvement, research and implementation work together to build a strong, evidence-informed health service. High-performing health services intentionally invest across all areas to build capability, align priorities, and create a culture where research and service improvement are everyday practice.

- **Quality Improvement** tests and refines changes locally.
- **Research** tests interventions to generate new evidence.
- **Knowledge Translation / Implementation** ensures evidence is applied in practice.

Key actions for health leaders to support team members across the research continuum

Key actions to support Quality Initiatives and Service Development:

Make QI activities structured and simple	• Help staff define the problem clearly. • Agree on a small, testable change. • Encourage staff to use tools like PDSA cycles or audits. • Help teams identify baseline data before changes are made. • Support small-scale testing. • Support teams to decide to **adopt**, **adapt**, or **stop**.
Set clear, measurable goals	• Work with your team member to agree on one or two priority problems that matter in practice. • Define what success looks like in measurable terms. • Ensure goals are relevant to day-to-day clinical work. • Revisit goals regularly in team huddles/meetings • Keep goals visible (e.g. dashboard, whiteboard)
Provide practical support	• Build QI time into workloads where possible. • Reduce friction by providing templates and tools. • Connect staff with someone who can support methodology or data interpretation when needed. • Integrate QI into existing workflows (not 'extra work').
Create a culture of continuous improvement	• Actively encourage staff to raise problems and test ideas without fear of blame. • Normalise 'trying things out' as part of everyday clinical work, not an extra task. • Respond to issues with curiosity rather than blame. • Recognise effort and learning – not just successful outcomes. • Share improvement stories in team meetings.
Involve the right people early	• Include multidisciplinary team members from the start. • Where appropriate, involve consumers/patients to understand experience and test whether changes are meaningful. • Co-design solutions rather than imposing change.
Capture learning and make it usable	• Encourage teams to document what they changed, what happened, and what they learned. • Keep documentation simple. • Use this documentation to support the next cycle of improvement rather than as an administrative burden. • Escalate patterns of persistent issues into broader service improvement or research when needed. • Share outcomes across teams to spread learning.

Key actions to support research:

Enable protected time and clear roles for research	• Build research activity into role descriptions, workload planning, or backfill arrangements. • Support protected time for staff involved in research. • Clearly define expectations (e.g. a set number of hours per week or a formal research role) so staff have realistic capacity to participate in research. • Help team members plan their workload, so research activity is realistic, not extra work. • Consider backfill or adjusted duties for staff contributing to research projects.
Collaborate with academic institutions and research partners	• Facilitate introductions with universities, research institutes, or clinical researchers. • Engage early with researchers to clarify the question, methodology, ethics requirements, and data needs to ensure the study is rigorous and feasible in a clinical setting. • Help ensure research is feasible within clinical settings and workflows. • Promote ongoing partnerships rather than one-off projects.
Align research with organisational priorities and consumer needs	• Encourage staff to consider topics linked to known service gaps, strategic goals, or patient-identified priorities. • Use local service data, incident trends, and service performance to guide priorities. • Include consumer feedback and patient experience in topic selection • Ensure research questions are relevant to frontline practice. • Support focus on work that is likely to influence care delivery or outcomes.
Build research capability in your team	• Support access to research training, short courses, workshops. • Encourage mentoring relationships. • Link staff who have less research experience with academic supervisors or research partners. • Recognise research skill development as part of professional growth.
Make data, ethics, and governance easier to navigate	• Help staff access relevant clinical data. • Provide support to navigate ethics and governance processes. • Connect staff with the right approval pathways. • Clarify local processes for requests and approvals.
Promote dissemination of findings	• Encourage teams to share findings internally (e.g. meetings, newsletters, forums). • Support staff to present at conferences or professional events. • Promote publication or formal reporting where appropriate. • Celebrate and showcase research impact within the organization.

Key actions to support Translation of Research Into Practice (TRIP):

Use the Queensland Health TRIP framework	• Encourage staff to learn about the TRIP framework through available training or resources. • Create opportunities to discuss TRIP in team meetings or education sessions. • Help staff understand *why* implementation matters for patient outcomes and service quality. • Reinforce that TRIP is part of everyday clinical practice, not an "extra project". • Support shared language so teams can easily talk about implementation work.
Identify and support local champions	• Identify respected clinicians who can act as TRIP champions within the team. • Support champions with time, recognition, and visible leadership backing. • Encourage champions to model new practices and support peers informally. • Create regular touchpoints between champions and leadership to troubleshoot issues. • Use champions to help communicate updates and reinforce practice change.
Ensure leadership alignment	• Actively endorse the practice change and communicate its importance consistently. • Align expectations across all levels of leadership so messages are consistent. • Help remove barriers to implementation (e.g. workflow issues, competing priorities). • Reinforce progress and expectations in routine leadership conversations.
Integrate changes into everyday systems to sustain practice change	• Update clinical guidelines and local procedures to reflect new evidence-based practice. • Embed changes into documentation templates and electronic systems where possible. • Include changes in orientation and onboarding, education and competency development.
Celebrate success	• Regularly check whether changes are being used in practice. • Acknowledge and celebrate adoption and improvement efforts. • Use data or feedback to show impact and reinforce value. • Keep improvements visible so they remain part of "how we do things here".