



Translation Phase: Implementation

2025 Johns Hopkins Evidence-Based Practice



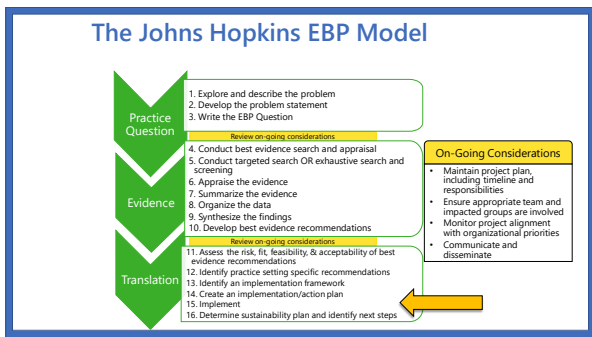
© 2025 Johns Hopkins Health System



Objectives

- Describe steps involved in implementation
- Discuss implementation frame works
- Explore Appendix J
- Discuss the action planning process
- Identify next steps

© 2025 Johns Hopkins Health System



Change versus Translation

Change

- The act of doing something differently
- Altering practice or behavior
- Focuses on the 'what' (what action or procedure changes)
- Usually short-term and specific to a task or intervention

Translation

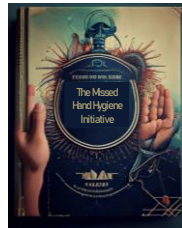
- The process of moving evidence into practice effectively
- Focuses on the 'how' (how evidence becomes sustainable practice)
- Involves assessing context, planning, implementing, and evaluating

Bridges, W. (2009). *Managing Transitions: Making the Most of Change*, 3rd Edition, Da Capo Press: PA.

© 2025 Johns Hopkins Health System

EBP Storytime: When Translation Fails

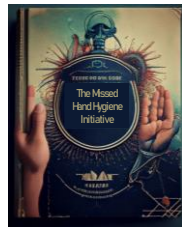
- EBP project launched to improve hand hygiene compliance to lower infection rates
- Implemented dispensers and staff education



© 2025 Johns Hopkins Health System

EBP Storytime: When Translation Fails

- No context or feasibility assessment
- Limited front-line engagement
- No monitoring or feedback loop
- No sustainability plan



© 2025 Johns Hopkins Health System

EBP Storytime: When Translation Fails



Even strong evidence can fail if translation and implementation don't consider local context, stakeholder engagement, and operational barriers.



© 2025 Johns Hopkins Health System

Implementation



Once organization-specific recommendations have been made, the EBP team shifts focus to implementing the changes through action planning.

© 2025 Johns Hopkins Health System

Implementation Framework

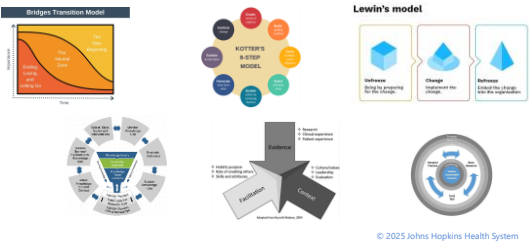


- Benefits:
- Structured approach
 - Identifies influences
 - Evaluates effectiveness
 - Consistency and replication
 - Sustainability

© 2025 Johns Hopkins Health System



Identifying an Implementation Framework



Implementation Framework

The Johns Hopkins Quality and Safety Research Group

Translating Evidence into Practice Model (TRIP)



Peter J Pronovost et al. BMJ 2008;337:bmj.a1714

Translating Evidence into Practice Model

Identify interventions associated with improved outcomes. Provide a summary of the evidence that will be translated into practice.



Peter J Pronovost et al. BMJ 2008;337:bmj.a1714

Translating Evidence into Practice Model

Observe staff performing the interventions.
"Walk the process" to identify defects in each step if implementation.
Enlist all stakeholders to share concerns and identify potential gains and losses associated with implementation.

2

Summarize the Evidence

Identify Local Barriers to Implementation

Measure Performance

Examine all Patients Receive the Interventions

ENGAGE

EVALUATE

EXECUTE

EDUCATE

Enablers

Expand

Peter J Pronovost et al. BMJ 2008;337:bmj.a1714

Translating Evidence into Practice Model

Select measures (process or outcome)
Develop and pilot test measures
Measure baseline performance

3

Summarize the Evidence

Identify Local Barriers to Implementation

Measure Performance

Examine all Patients Receive the Interventions

ENGAGE

EVALUATE

EXECUTE

EDUCATE

Enablers

Expand

Peter J Pronovost et al. BMJ 2008;337:bmj.a1714

Translating Evidence into Practice Model

Implement the 4 E's targeting key stakeholders from frontline staff to executives

4

Summarize the Evidence

Identify Local Barriers to Implementation

Measure Performance

Examine all Patients Receive the Interventions

ENGAGE

EVALUATE

EXECUTE

EDUCATE

Enablers

Expand

Peter J Pronovost et al. BMJ 2008;337:bmj.a1714

Translating Evidence into Practice Model

Implement the 4 E's targeting key stakeholders from frontline staff to executives

Engage: Explain why the interventions are important

Educate: Share the evidence supporting the interventions

Execute: Design an intervention "toolkit" targeted at barriers, standardization, independent checks, reminders, and learning from mistakes

Evaluate: Regularly assess for performance measures and unintended consequences

Summarize the Evidence

Identify Local Barriers to Implementation

Measure Performance

Engage all Patients Receive the Interventions

Engage

Evaluate

Educate

Execute

Endure

Expand

Peter J Pronovost et al. BMJ 2008;337:bmj.a1714

Translating Evidence into Practice Model

Endure-Sustain the Practice

Summarize the Evidence

Identify Local Barriers to Implementation

Measure Performance

Engage all Patients Receive the Interventions

Engage

Evaluate

Educate

Execute

Endure

Expand

Peter J Pronovost et al. BMJ 2008;337:bmj.a1714

Translating Evidence into Practice Model

Expand- Spread the Success

Summarize the Evidence

Identify Local Barriers to Implementation

Measure Performance

Engage all Patients Receive the Interventions

Engage

Evaluate

Educate

Execute

Endure

Expand

Peter J Pronovost et al. BMJ 2008;337:bmj.a1714



© 2025 Johns Hopkins Health System

Implementation Plan

- Evaluate** the project team and include new members when necessary.
- Identify** impacted individuals or groups affected by the changes.
- Determine** outcome measures.
- Select** a model or framework to guide implementation.
- Identify** resources and barriers as well as strategies to address them.
- Create** deliverables, responsible parties, and due dates in the Implementation and Action Planning Tool (A3)-Appendix J.

Implementation Plan

- Evaluate** the project team and include new members when necessary.
- Identify** impacted individuals or groups affected by the changes.
- Determine** outcome measures.
- Select** a model or framework to guide implementation.
- Identify** resources and barriers as well as strategies to address them.
- Create** deliverables, responsible parties, and due dates in the Implementation and Action Planning Tool (A3)-Appendix J.

Implementation Plan



- Evaluate** the project team and include new members when necessary.
- Identify** impacted individuals or groups affected by the changes.
- Determine** outcome measures.
- Select** a model or framework to guide implementation.
- Identify** resources and barriers as well as strategies to address them.
- Create** deliverables, responsible parties, and due dates in the Implementation and Action Planning Tool (A3)-Appendix J.

Implementation Plan



- Evaluate** the project team and include new members when necessary.
- Identify** impacted individuals or groups affected by the changes.
- Determine** outcome measures.
- Select** a model or framework to guide implementation.
- Identify** resources and barriers as well as strategies to address them.
- Create** deliverables, responsible parties, and due dates in the Implementation and Action Planning Tool (A3)-Appendix J.

Implementation Plan



- Evaluate** the project team and include new members when necessary.
- Identify** impacted individuals or groups affected by the changes.
- Determine** outcome measures.
- Select** a model or framework to guide implementation.
- Identify** resources and barriers as well as strategies to address them.
- Create** deliverables, responsible parties, and due dates in the Implementation and Action Planning Tool (A3)-Appendix J.

Implementation Plan



Evaluate the project team and include new members when necessary.

Identify impacted individuals or groups affected by the changes.

Determine outcome measures.

Select a model or framework to guide implementation.

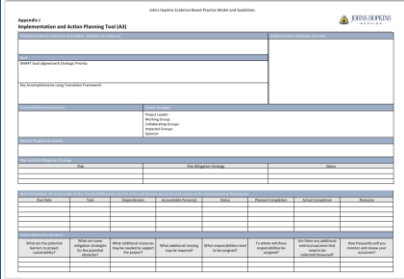
Identify resources and barriers as well as strategies to address them.

Create deliverables, responsible parties, and due dates in the Implementation and Action Planning Tool (A3)- Appendix J.



© 2025 Johns Hopkins Health System

Implementation and Action Planning Tool (A3)



Implementation and Action Planning Tool (A3)

Appendix 1
Implementation and Action Planning Tool (A3)

SMART Goal Statement (Single Priority)

Key Accomplishments using Translation Framework

TRIP Step	Accomplishment	Timeline	Responsible
Identify	Completed staff surveys and workflow mapping to assess dispenser access and workflow barriers	Jan – Feb 2025	EBP Team, Infection Prevention
Engage	Selected Clean Hands Champions on each unit	Feb – Mar 2025	Nurse Managers
Educate	Developed e-learning + 15-minute skills demo sessions	Mar-25	NPPDS Educators
Execute	Installed additional dispensers, launched audits, and feedback dashboard	Apr-25	Facilities, Infection Prevention
Evaluate	Tracked compliance weekly and shared data on unit huddle boards	May-Jun 2025	EBP Team
Endure	Monthly audits, annual refresher education	Jul 2025 onward	Infection Prevention, Unit Leads
Expand	Spread project to outpatient infusion and peri-op areas	Oct 2025 onward	EBP Team, Leadership

Problem/Evidence Summary of problem, synthesis of evidence, summarize the Evidence

Local Problem: Hospital infection control data revealed hand hygiene compliance averaging 68%, below the national benchmark of 90% (CDC, 2024). Unit-based observations indicated inconsistent adherence to the "Five Moments for Hand Hygiene."

Evidence Synthesis: Evidence shows that improving accessibility of hand sanitizer, visual reminders, and real-time feedback significantly increase compliance and reduce healthcare-associated infections (WHOD, 2023; Boyce et al., 2022). The Johns Hopkins TRIP Model will guide this project's translation and implementation.

Implementation and Action Planning Tool (A3)

Appendix 1
Implementation and Action Planning Tool (A3)

SMART Goal Statement (Single Priority)

Key Accomplishments using Translation Framework

TRIP Step	Accomplishment	Timeline	Responsible
Identify	Completed staff surveys and workflow mapping to assess dispenser access and workflow barriers	Jan – Feb 2025	EBP Team, Infection Prevention
Engage	Selected Clean Hands Champions on each unit	Feb – Mar 2025	Nurse Managers
Educate	Developed e-learning + 15-minute skills demo sessions	Mar-25	NPPDS Educators
Execute	Installed additional dispensers, launched audits, and feedback dashboard	Apr-25	Facilities, Infection Prevention
Evaluate	Tracked compliance weekly and shared data on unit huddle boards	May-Jun 2025	EBP Team
Endure	Monthly audits, annual refresher education	Jul 2025 onward	Infection Prevention, Unit Leads
Expand	Spread project to outpatient infusion and peri-op areas	Oct 2025 onward	EBP Team, Leadership

Problem/Evidence Summary of problem, synthesis of evidence, summarize the Evidence

Local Problem: Hospital infection control data revealed hand hygiene compliance averaging 68%, below the national benchmark of 90% (CDC, 2024). Unit-based observations indicated inconsistent adherence to the "Five Moments for Hand Hygiene."

Evidence Synthesis: Evidence shows that improving accessibility of hand sanitizer, visual reminders, and real-time feedback significantly increase compliance and reduce healthcare-associated infections (WHOD, 2023; Boyce et al., 2022). The Johns Hopkins TRIP Model will guide this project's translation and implementation.

Implementation and Action Planning Tool (A3)

Appendix 1
Implementation and Action Planning Tool (A3)

SMART Goal Statement (Single Priority)

Key Accomplishments using Translation Framework

TRIP Step	Accomplishment	Timeline	Responsible
Identify	Completed staff surveys and workflow mapping to assess dispenser access and workflow barriers	Jan – Feb 2025	EBP Team, Infection Prevention
Engage	Selected Clean Hands Champions on each unit	Feb – Mar 2025	Nurse Managers
Educate	Developed e-learning + 15-minute skills demo sessions	Mar-25	NPPDS Educators
Execute	Installed additional dispensers, launched audits, and feedback dashboard	Apr-25	Facilities, Infection Prevention
Evaluate	Tracked compliance weekly and shared data on unit huddle boards	May-Jun 2025	EBP Team
Endure	Monthly audits, annual refresher education	Jul 2025 onward	Infection Prevention, Unit Leads
Expand	Spread project to outpatient infusion and peri-op areas	Oct 2025 onward	EBP Team, Leadership

Problem/Evidence Summary of problem, synthesis of evidence, summarize the Evidence

Local Problem: Hospital infection control data revealed hand hygiene compliance averaging 68%, below the national benchmark of 90% (CDC, 2024). Unit-based observations indicated inconsistent adherence to the "Five Moments for Hand Hygiene."

Evidence Synthesis: Evidence shows that improving accessibility of hand sanitizer, visual reminders, and real-time feedback significantly increase compliance and reduce healthcare-associated infections (WHOD, 2023; Boyce et al., 2022). The Johns Hopkins TRIP Model will guide this project's translation and implementation.

Implementation and Action Planning Tool (A3)

Appendix I
Implementation and Action Planning Tool (A3)

Timeline/Milestones (Gantt)

Project Step	Start	End	Owner	Status
1. Define the problem	2024-01-01	2024-01-15	Dr. Denise Vera	Completed
2. Select the approach	2024-01-16	2024-01-31	Dr. Denise Vera	Completed
3. Develop the plan	2024-02-01	2024-02-15	Dr. Denise Vera	Completed
4. Implement the plan	2024-02-16	2024-03-15	Dr. Denise Vera	In Progress
5. Evaluate the results	2024-03-16	2024-03-31	Dr. Denise Vera	Not Started

Implementation and Action Planning Tool (A3)

Appendix I
Implementation and Action Planning Tool (A3)

Project Engagement

Project Leader: Dr. Denise Vera, EBP Team Lead
Working Group: Unit Case Heads/Champions, Infection Preventionists, Charge Nurses
Collaborating Groups: Facilities Team, Patient Experience Office, IT Support (for dashboard)
Impacted Groups: All clinical staff, patients, families, environmental services staff
Sponsor: Chief Nursing Officer & Hospital Epidemiologist

Implementation and Action Planning Tool (A3)

Appendix I
Implementation and Action Planning Tool (A3)

Metrics Progress (Evaluate)

Metric Type	Description	Data Source	Frequency
Process Measure	% of observed hand hygiene opportunities completed	Infection Prevention Audits	Weekly
Outcome Measure	Hospital-acquired infection (HAI) rate	NHIS Database	Quarterly
Balancing Measure	Staff satisfaction with workflow and supply access	Qualtrics Survey	Bi-Monthly

Work Breakdown Structure (refer to the "Timeline/Activities" section of A3 and provide details for each phase of the implementation framework)							
Due Date	Task	Dependencies	Accountable Personnel	Status	Planned Completion	Actual Completion	Resource
Feb 15 2025	Conduct baseline compliance audits	Leadership approval	Accountable Personnel	Completed	Feb 15 2025	Feb 15 2025	Audit Tool
Mar 10 2025	Conduct education for all compliance units	Completed materials	Accountable Personnel	Completed	Mar 10 2025	Mar 10 2025	IMU Module
Apr 1 2025	Install new dispensers and signage	Facilities approval	Facilities Manager	In Progress	Apr 15 2025		Recognition Plan
May 1 2025	Begin compliance dashboard reporting	Audit data available	IT Team	Planned	May 1 2025		Power BI Dashboard
Jun 1 2025	Evaluate results + adjust plan	Initial data collected	OSP Team	Planned	Jun 1 2025		Audit Summary

[illegible][illegible]



EBP Storytime: Translating for Success

- EBP project launched to improve hand hygiene compliance to lower infection rates
- Implemented dispensers and staff education



© 2025 Johns Hopkins Health System



EBP Storytime

Compliance improved, infection rates dropped, and staff took ownership of the change

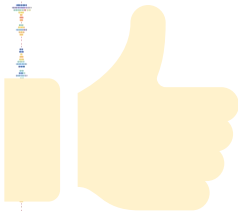
Turning It Around: Translating for Success

- ✓ 1. Assess Fit and Feasibility
- ✓ 2. Identify Setting-Specific Recommendations
- ✓ 3. Select an Implementation Framework
- ✓ 4. Create an Implementation Plan
- ✓ 5. Implement and Communicate
- ✓ 6. Plan for Sustainability

© 2025 Johns Hopkins Health System



Implementation



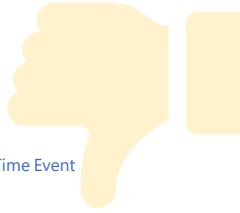
- Assess Readiness and Context
- Engage Stakeholders Early
- Use a Structured Framework
- Set SMART Goals
- Communicate Frequently
- Celebrate Small Wins
- Plan for Sustainability Early
- Measure and Adjust

© 2025 Johns Hopkins Health System



Implementation

- Don't Skip the Translation Step
- Don't Overwhelm Staff
- Don't Assume One Size Fits All
- Don't Ignore Resistance
- Don't Forget to Track Data
- Don't Neglect Leadership Involvement
- Don't Treat Implementation as a One-Time Event
- Don't Underestimate Culture



© 2025 Johns Hopkins Health System

Summary

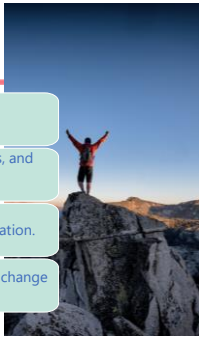


Using an implementation framework is essential.

Goal setting, timelines, barrier mitigation, measurements, and communication strategies can be used with other implementation frameworks.

Thorough planning is essential for successful implementation.

A sustainability plan is imperative to ensure the practice change outlasts the project.





© 2025 Johns Hopkins Health System
