The JBI Model of Evidence-based Healthcare: Evidence Implementation

JBI has played a significant role in developing the science of synthesis and in implementing evidence in policy and practice. Within the revised JBI Model for Evidence-based Healthcare (Figure 1), implementation is defined as “purposeful and enabling set of activities designed to engage key stakeholders with research evidence to inform decision-making and generate sustained improvement in the quality of healthcare delivery” (p.67) (Jordan, Z et al. 2016).

![The JBI Model of Evidence-based Healthcare](image)

Figure 1: The JBI Conceptual Model for Evidence-based Healthcare

Importantly, the JBI Model of Evidence-based Healthcare provides an overarching framework for implementation in healthcare. Although there is only one section specifically labelled “evidence implementation” within the model, this component should not be viewed in isolation from the entire framework. The JBI Model demonstrates the intersection between identifying health needs, generating evidence to address those needs, and then synthesising this evidence to inform evidence transfer and implementation activity. Training and education to equip health professionals with the skills, knowledge and resources for EBHC are central for evidence implementation. JBI actions this globally through collaboration, education programs, living networks, and by working with health professionals who want to drive EBHC in their area of practice. All of these preceding elements of the model are key to our understanding of evidence implementation.

Within this section of the model (with the caveat that the preceding elements of the model are also critical for evidence implementation), we assert that the components of evidence implementation include:

- Context analysis
- Facilitation of change
- Evaluation of process and outcome