ebhc CONFERENCE 2026

THE ECOSYSTEM OF EVIDENCE

Navigating the future
of the ecosystem of evidence

Artificial intelligence and digital transformation
in research and healthcare

11th EBHC International Conference
Taormina, 21st – 24th October 2026

#EBHC2026

Making Evidence Implementable

Feasibility and Usability of a Digital Platform Supporting Front-Line Implementation

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30th GIMBE 1996-2026 EVIDENCE FOR HEALTH

CIHR IRSC Canadian Institutes of Health Research / Instituts de recherche en santé du Canada

UNIVERSITY OF TORONTO

SickKids RESEARCH INSTITUTE

Barwick Implementation Lab



Adults received only 54.9% of recommended care.

Persistent gaps in guideline-concordant practice across many clinical areas.

Implementation rates vary widely by recommendation, setting, and context.

Many evidence-based recommendations are not routinely delivered in practice.

McGlynn EA, Asch SM, Adams J, et al. (2003). *The quality of health care delivered to adults in the United States*. **New England Journal of Medicine**, 348, 2635-2645.

Implementing evidence guidelines and quality standards is everyone's problem.

How can we make implementation simpler?



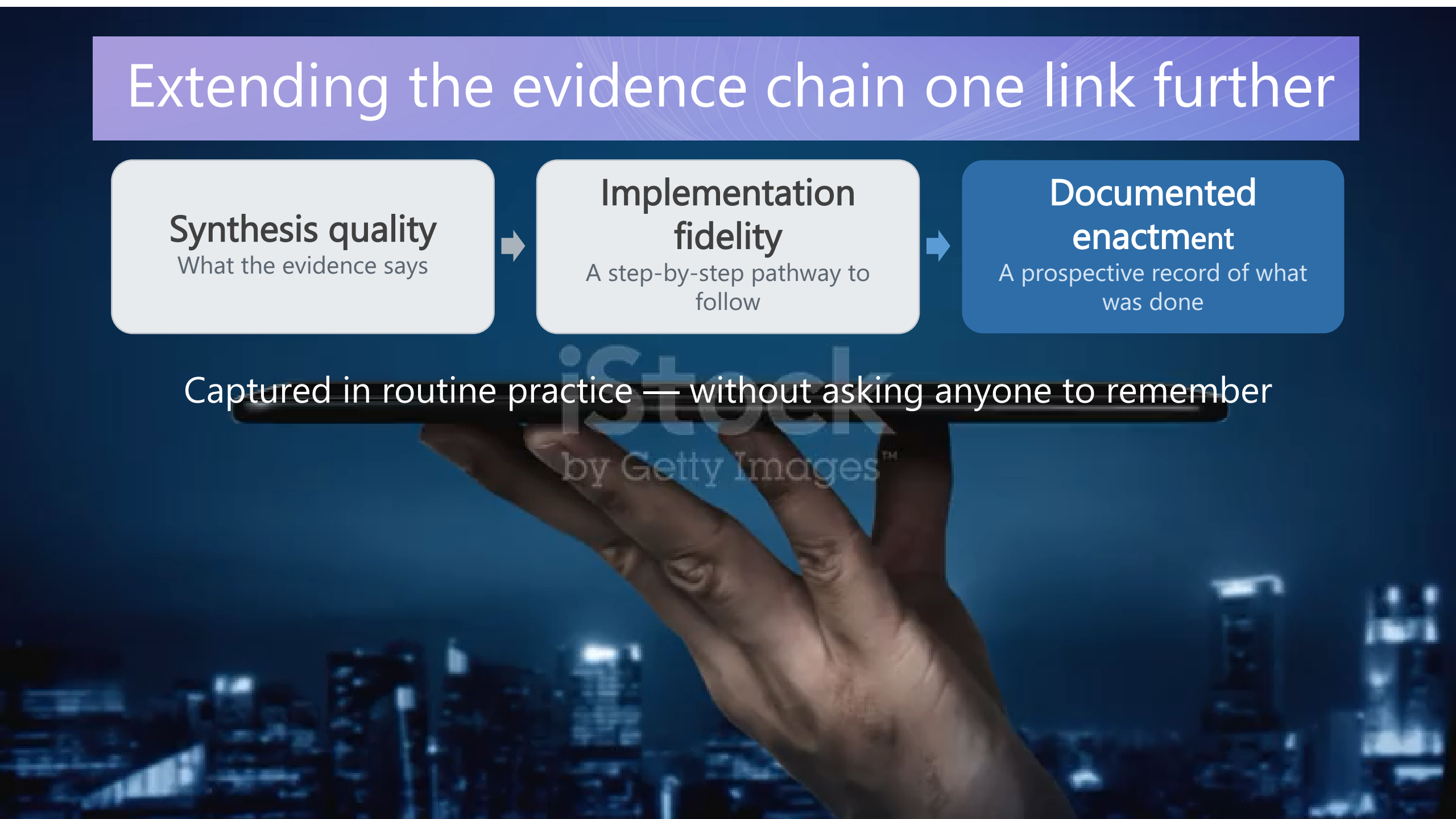
Extending the evidence chain one link further

Synthesis quality
What the evidence says

Implementation fidelity
A step-by-step pathway to follow

Documented enactment
A prospective record of what was done

Captured in routine practice — without asking anyone to remember

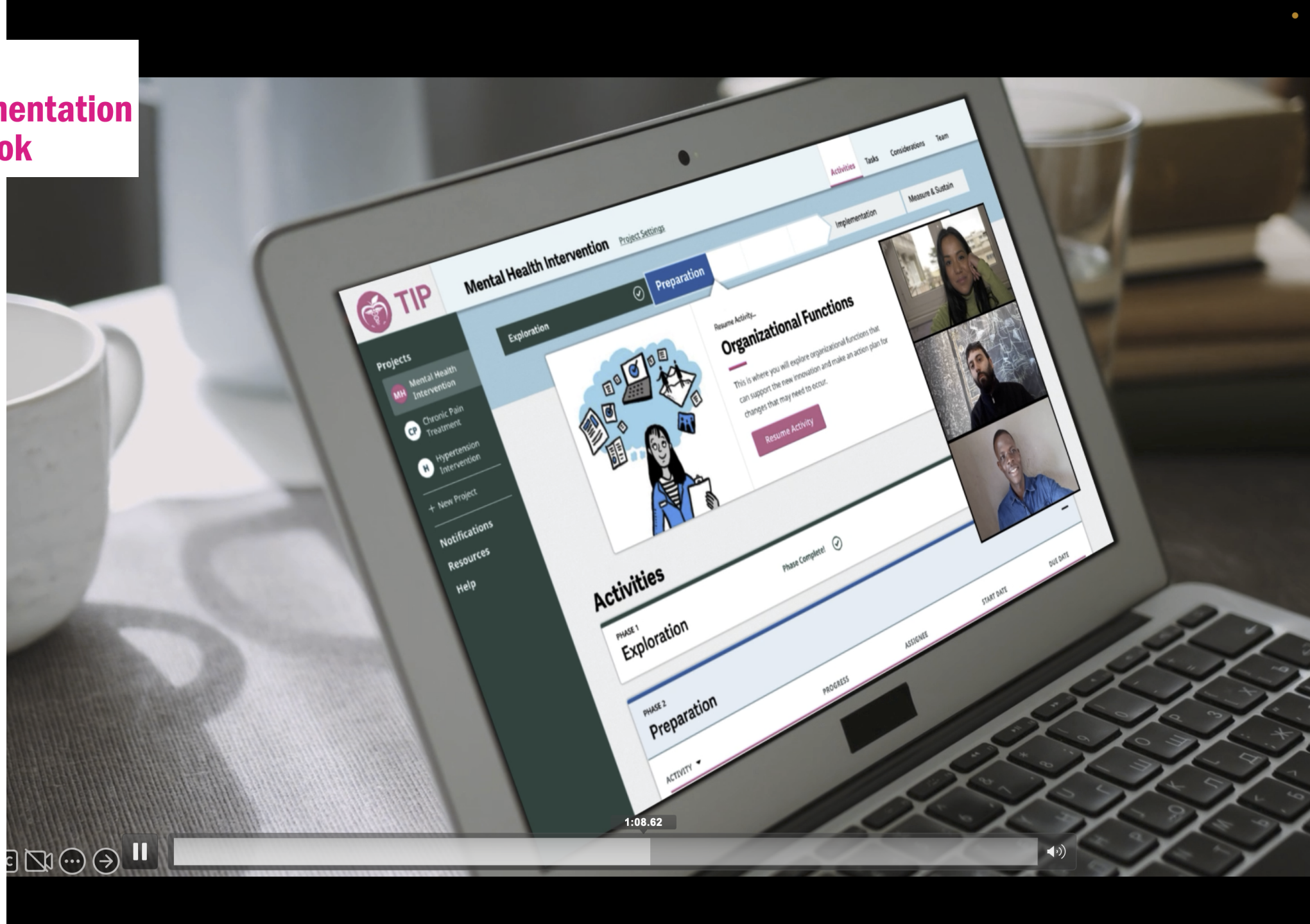


The Implementation Playbook

Scan to read the paper

Promo Video
(the concept)

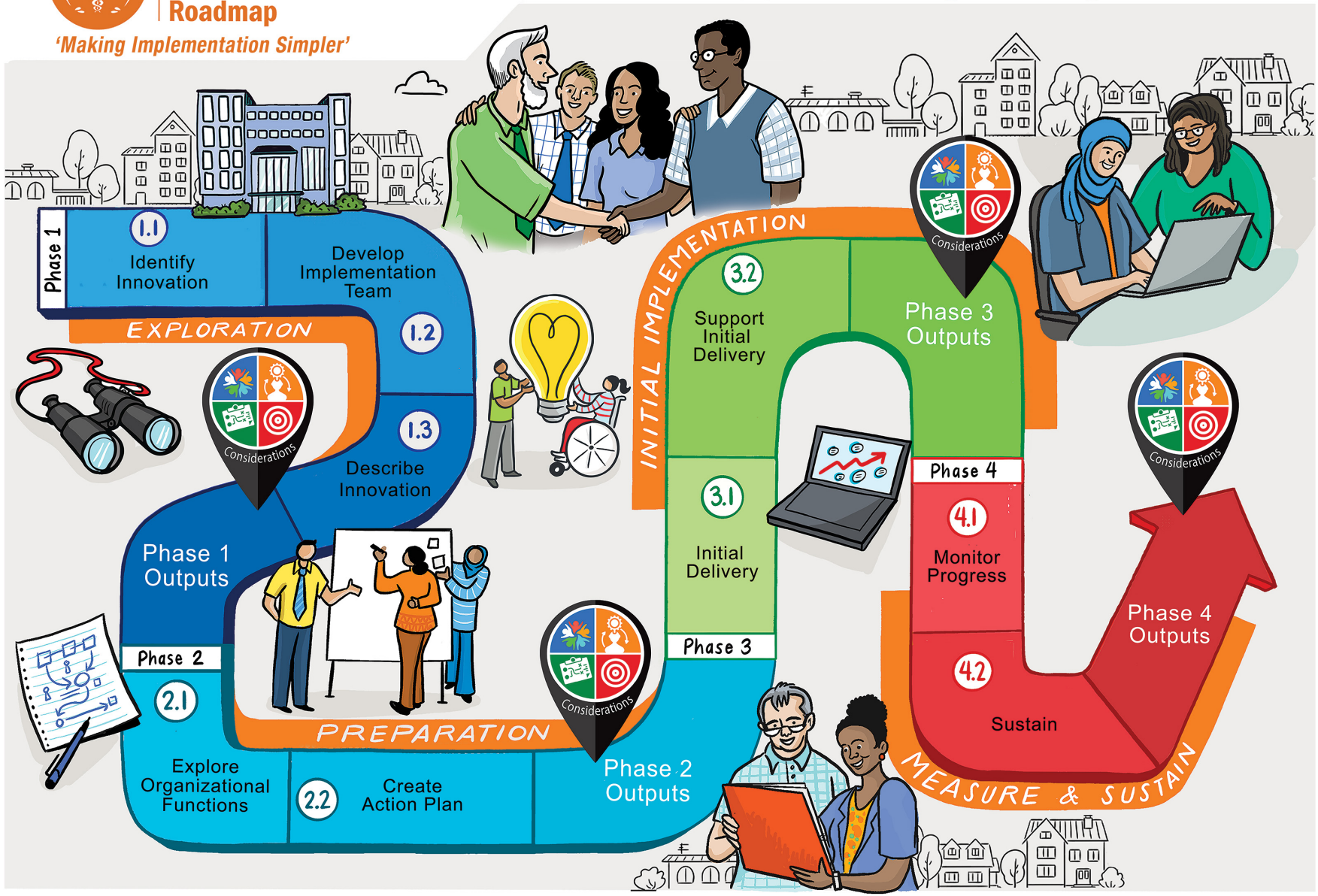
Orientation Video
(how it works)



The Implementation Roadmap

'Making Implementation Simpler'

Equity Considerations | Strategies | Barriers/ Facilitators | Implementation Outcomes



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Citation: Barwick, M. (2023). The Implementation Roadmap. Toronto, Ontario: The Hospital for Sick Children

SickKids



The Implementation Playbook

Recruiting TIP Users

19 teams did not enroll

Barriers to enrollment: Project-fit constraints, organizational disruptions or exploratory interest only

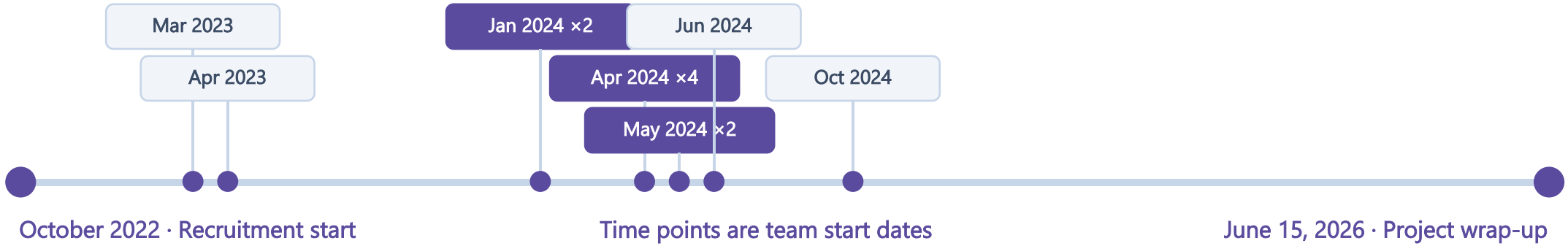
31
teams interested

12
teams enrolled and received TIP access

4 teams dropped out

Competing challenges: lost funding, shifting organizational priorities, staffing upheaval

8 teams participated in usability testing.



User Contexts

Sectors

- Public health
- VA hospitals
- Health authority
- Child & Youth Mental health
- Pediatric hospitals
- Adult mental health

Site geography

- Ontario, CA
- California, USA
- Saskatchewan, CA
- Ohio, USA

Innovations implemented

- Sedation weaning protocol (*n* = 2 orgs)
- Smoking cessation initiatives
- Age-friendly care models (*n* = 2 sites)
- Postpartum hemorrhage management
- Forensic mental health care
- CYMH standardized clinical assessment tools
- Family and Patient-Oriented Engagement Framework

Takeaway: TIP was tested across diverse sectors and innovations

Progression Through TIP

Average activity-page engagement across eight teams

24 possible activities per team

Accessed
17.6
of 24 activity pages

→ 81.3%
Access → Input

Input Entered
14.3
of 24 activity pages

→ 92.9%
Input → Completion

Completed
13.3
of 24 activity pages

Teams used TIP broadly, with strong follow-through.

Note: As descriptive patterns of platform use are extracted from a small, heterogeneous cohort, findings should not be interpreted as causal evidence. Furthermore, completion reflects population of all expected fields and is not a measure of content quality.

AUGUST 2024 - FEBRUARY 2025 | 210 DAYS

Smoking Cessation Initiative

Public Health Unit

A large implementation team at a Northern Ontario public health unit implemented a smoking cessation screening tool across its clinical programs. During initial implementation, the health unit underwent an amalgamation that led to staff changes and paused implementation. Two team members, including a champion trained in implementation science, subsequently resumed implementation, which is ongoing.

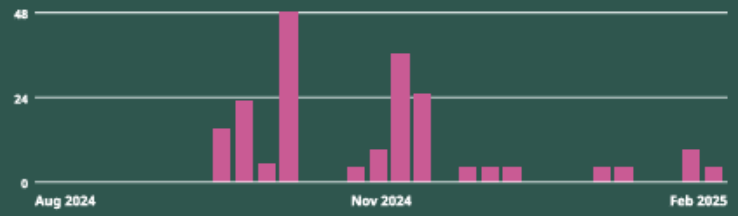
Key Insights

- **Highest engagement in cohort:** this organization was one of only two to finish the pathway, and engaged 19/24 activites
- **Worked in bursts:** Active on only 23 of the 210 days of the project. 89% of edits were in Sept-Nov 2024.
- **The hard work was in facilitators and barriers:** 1.5 Implementation Factors alone has 48 edits (~20% of all edits). The whole Implementation phase has only 7.

Activity Completion



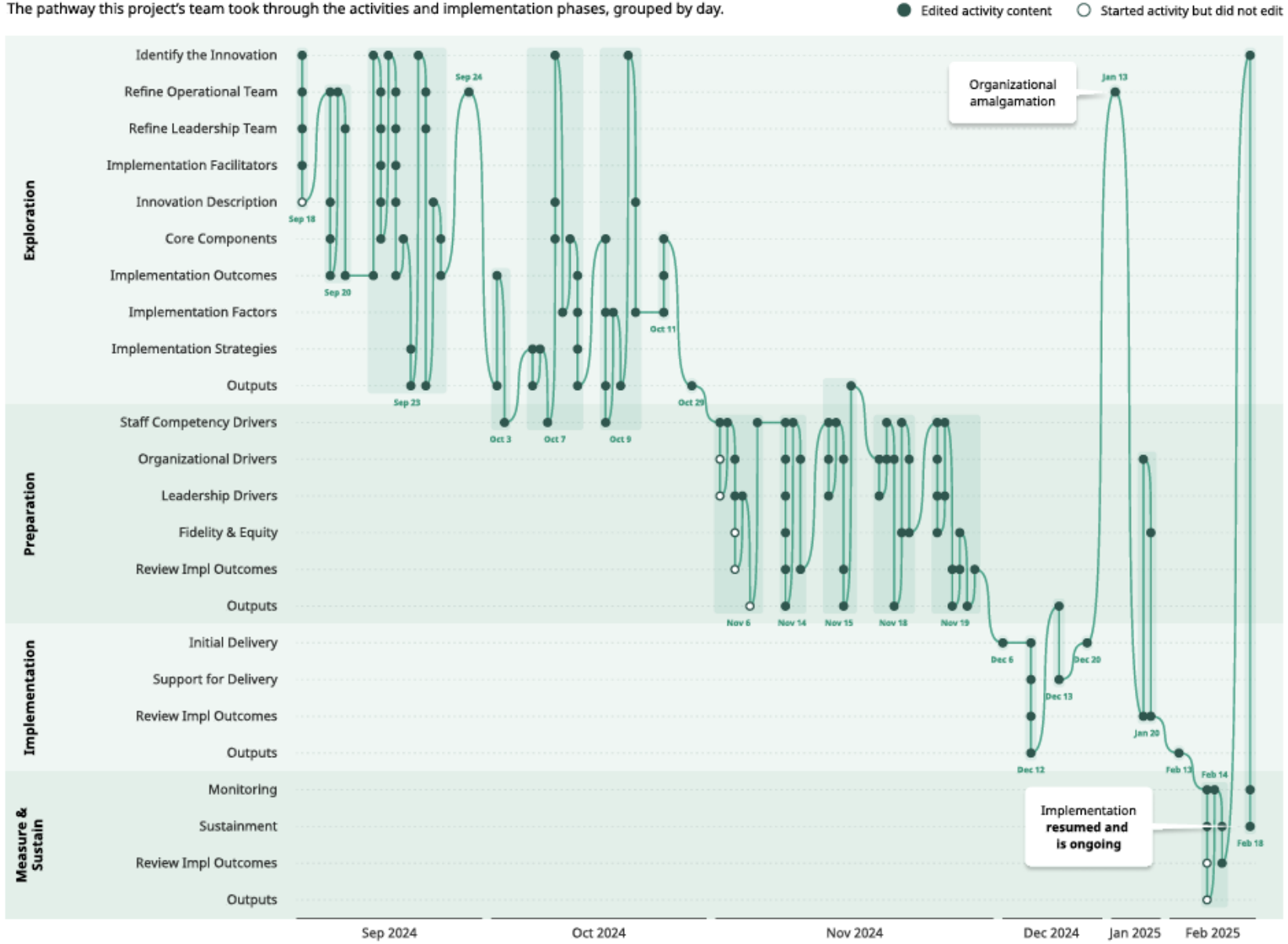
Edits by week



The Implementation Playbook

Implementation Journey

The pathway this project's team took through the activities and implementation phases, grouped by day.



MAY 2025 - JULY 2025 | 64 DAYS

Age-Friendly 4Ms:2

Veteran's Hospital

This team implemented a set of evidence-based practices known as the 4M as part of an age-friendly framework to assess older adults in the spinal cord injury long-term care centre within an adult hospital. TIP use was part of a larger organizational research project. The project was abandoned early in the preparation phase because staffing changes dissolved the implementation team

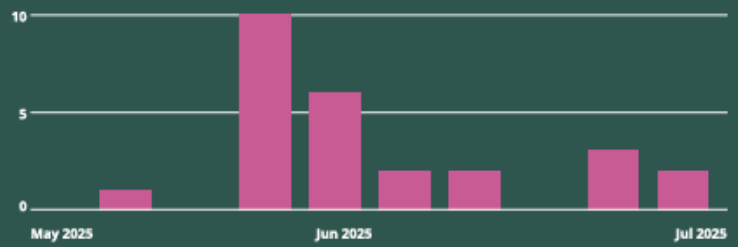
Key Insights

- **Periodic bursts of work:** Activity began within the first 4 days. Activity showed up on 9 days across 64 calendar days (14%).
- **Exploration held almost all the work:** 20 of 26 edits (77%) were in Exploration. The most-edited activity was Implementation Strategies (8 edits).
- **Reached Preparation:** The team edited 14 of 24 activities and accessed 16 of them. Later phases have not been edited yet. The journey did not drop back to an earlier phase.

Activity Completion



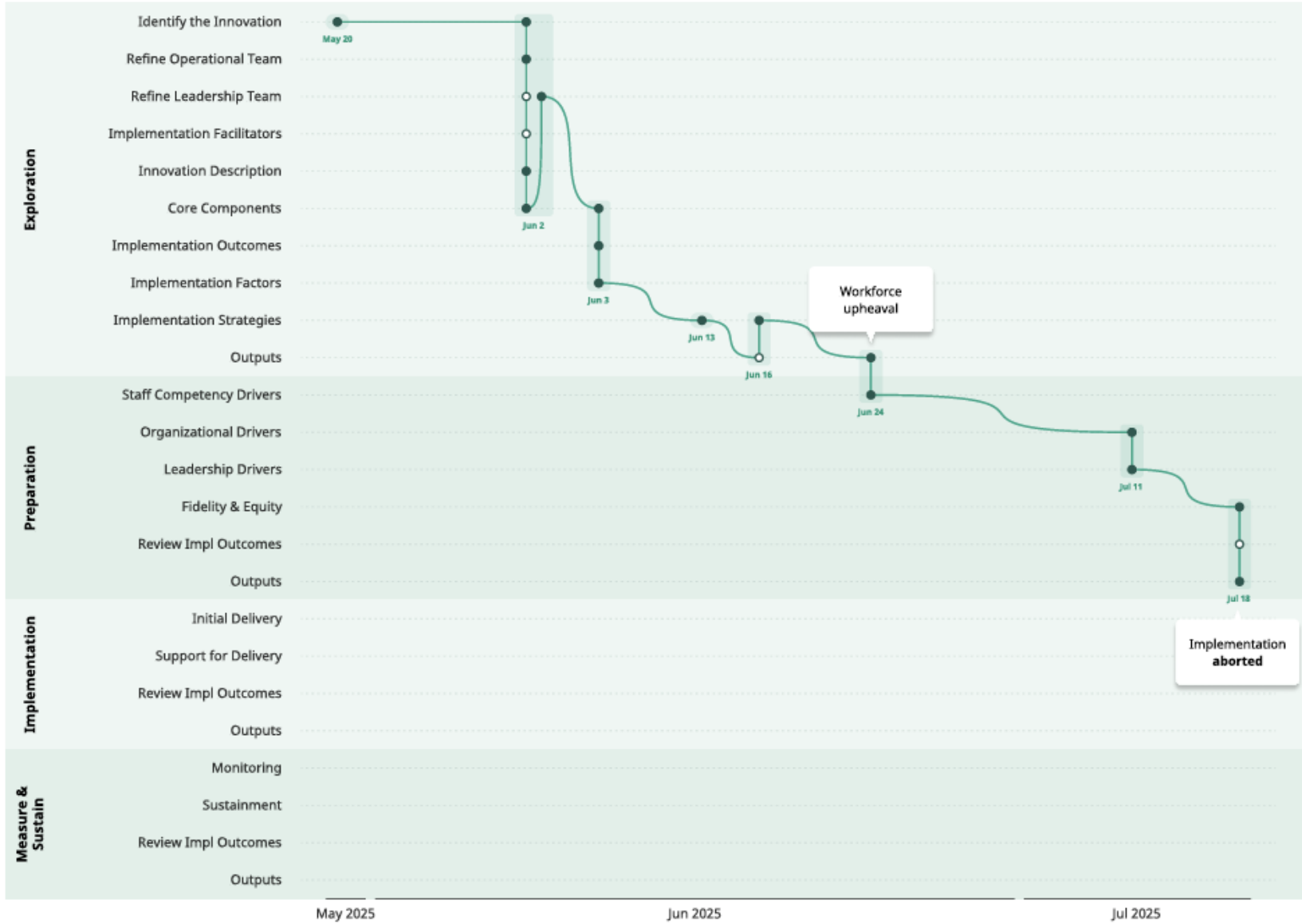
Edits by week



The Implementation Playbook

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User Perspectives

Deductive and inductive coding on 13/ 28 check-in transcripts from 8 teams (coding remains in progress).

- Structure that sticks
- Clarity on core components
- Learning while doing
- Collaboration
- Sharper workflows
- Momentum by design

Engage TIP early to maximize value — and no technical bugs were reported


IMPLEMENTATION
IN THE WILD
Turning evidence into impact—
when no one is looking.
1. EXPLORATION
Understand the need and context
2. PREPARATION
Build readiness and plan
3. IMPLEMENTATION
Take action and adapt
4. SUSTAINMENT
Embed, improve, and endure
Better Outcomes
Stronger Systems
Healthier Communities
FROM EVIDENCE
TO PRACTICE
UNEXPECTED BARRIERS
ADAPT AND ADJUST
THE IMPLEMENTATION PLAYBOOK
NOTES
• Engage staff
• Address barriers
• Small wins
• Keep adapting
TEAM PLAN
Assess
Engage
Implement
Monitor
Adapt
Sustain
WHAT WE BRING
EVIDENCE-BASED INNOVATION
LOCAL EXPERTISE
ADAPTABILITY
COLLABORATION
DETERMINATION
REAL WORLD.
REAL CONSTRAINTS.
REAL IMPACT.

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Want to use The Implementation Playbook?

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