Introduction to Implementation Science

Translating Evidence into Practice

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Evidence Alone Is Not Enough

17–20

years
for clinical innovations to reach routine practice

<50%

of clinical innovations ever make it into general use

80%

of medical research dollars fail to achieve public health impact

"Establishing effectiveness of an innovation does not guarantee its uptake into routine usage."

Bauer & Kirchner, 2020

What Is Implementation Science?

> *The scientific study of methods to promote the systematic uptake of research findings and other evidence-based practices into routine practice — to improve the quality and effectiveness of health services.*

Eccles & Mittman, 2006

Implementation Science...

- Identifies barriers and facilitators to uptake
- Develops strategies that bridge evidence and practice
- Treats context as a key variable — not background noise
- Partners with practitioners and system leaders

It is NOT...

- Testing whether an intervention works (that's efficacy)
- Quality improvement at a single site
- Simply spreading information or education
- Assuming good evidence automatically spreads

Theories, Models & Frameworks

Implementation science uses theoretical tools — each serving a different purpose:

Determinant Frameworks

Explain WHAT influences outcomes

Identify barriers and enablers across multiple levels — individual, team, organization, and wider context — that affect whether implementation succeeds.

e.g. CFIR, PARIHS, Theoretical Domains Framework

Process Models

Guide the HOW

Describe stages for translating research into practice. Provide step-by-step guidance for planning and executing implementation.

e.g. Knowledge-to-Action Framework, Iowa Model, Stetler Model

Evaluation Frameworks

Measure SUCCESS

Provide structure for assessing whether and how well implementation worked — reach, adoption, fidelity, sustainability.

e.g. RE-AIM, Proctor et al. outcomes taxonomy

Source: Nilsen, 2015

Why This Matters for Nurse Retention in Saskatchewan

01

The evidence exists

Nurse retention strategies, promising practices, and resources have been developed across Canada and internationally. We know a great deal about what may support retention.

02

The gap is implementation

Contextual barriers, including workload, workforce culture, system structures, and resource constraints, often prevent evidence-informed retention strategies from being adopted, implemented, and sustained. The word **sustained** is important because implementation science is not just about starting something.

03

Context is everything

What works in one organization, community, or province may not work the same way in Saskatchewan. Understanding local barriers, facilitators, and workforce realities is essential for successful implementation.

04

Today's forum IS implementation science in action

Identifying barriers, engaging stakeholders, prioritizing evidence-informed solutions, and planning for action are all foundational implementation science activities.

What We Are Doing Today

Project Goal

To identify and examine the factors influencing the implementation of evidence-informed nurse retention strategies within Saskatchewan and to establish the partnerships and priorities required to advance implementation-focused research.

Forum Objectives

1. Synthesize evidence on nurse retention strategies and known implementation challenges
2. Identify barriers and facilitators influencing uptake of retention strategies across Saskatchewan
3. Identify and prioritize strategies perceived as feasible and contextually relevant
4. Recruit 2–3 partner teams ready to participate in future implementation and evaluation research

Your experience and insights are the evidence.

Implementation science tells us that contextual knowledge — what works, what doesn't, and why — is essential. The people in this room hold that knowledge.

Today, you are not just forum participants. You are implementation partners.