Appendix A: Literature search strategy

Database: Embase

#8
#4 AND (1993:py OR 1994:py OR 1995:py OR 1996:py OR 1997:py OR 1998:py OR 1999:py OR 2000:py OR 2001:py OR 2002:py OR 2003:py OR 2004:py OR 2005:py OR 2006:py OR 2007:py OR 2008:py OR 2009:py OR 2010:py OR 2011:py OR 2012:py OR 2013:py OR 2014:py OR 2015:py OR 2016:py OR 2017:py OR 2018:py OR 2019:py OR 2020:py OR 2021:py OR 2022:py) AND ('article'/it OR 'article in press'/it OR 'review'/it OR 'short survey'/it) AND [english]/lim

#4
#1 AND #2 AND #3

#3
'health service'/exp OR 'university hospital'/exp OR 'hospital'/exp OR 'hospital medicine'/exp OR 'health care':ti,ab,kw OR healthcare:ti,ab,kw OR hospital:ti,ab,kw

#2
'framework'/exp OR 'model'/exp OR 'theory'/exp OR 'models'/exp OR 'theoretical model'/exp OR model*:ti,ab,kw OR framework*:ti,ab,kw OR theory:ti,ab,kw OR theories:ti,ab,kw

#1
'evidence based practice'/de OR 'evidence based medicine'/de OR 'evidence based dentistry'/exp OR 'evidence based practice center'/exp OR 'evidence-based pharmacy'/exp OR 'evidence based practice':ti,ab,kw OR 'evidence based medicine':ti,ab,kw OR 'evidence-based practice':ti,ab,kw OR 'evidence-based medicine':ti,ab,kw

Database: Ovid MEDLINE(R)

In-Process, In-Data-Review & Other Non-Indexed Citations and Daily <1946 to April 01, 2022>

1 evidence-based practice/ or evidence-based dentistry/ or exp evidence-based medicine/ or evidence-based pharmacy practice/ or "evidence based medicine".ti,ab,kw,kf. or "evidence-based medicine".ti,ab,kw,kf. or "evidence based practice".ti,ab,kw,kf. or "evidence-based practice".ti,ab,kw,kf.
2 exp Health Services/ or exp Hospitals/ or exp Hospital Medicine/ or exp Academic Medical Centers/ or healthcare.ti,ab,kw,kf. or hospital*.ti,ab,kw,kf. 3624136
3 exp Models, Organizational/ or model*.ti,ab,kw,kf. or framework*.ti,ab,kw,kf. or theory.ti,ab,kw,kf. or theories.ti,ab,kw,kf. or exp Models, Theoretical/ 4765738
4 1 and 2 and 3
5 limit 4 to yr="1990 -Current"
6 limit 5 to ("in data review" or in process or medline)
7 limit 6 to (english language or no language specified)
8 exp Research Design/ or exp Research/ or "Journal Article".pt. or Review.pt. 31240784
9 6 and 8
10 limit 9 to (english language or no language specified)

Database: Scopus

(TITLE-ABS-KEY (framework* OR model* OR theory OR {theoretical model*} OR theories OR {organizational model*})) AND (TITLE-ABS-KEY ({health service*} OR {university hospital*} OR hospital* OR {hospital medicine*} OR {health care} OR healthcare OR {Academic Medical Center*})) AND (TITLE-ABS-KEY ({evidence based practice} OR {evidence based medicine} OR {evidence-based practice} OR {evidence-based medicine})) AND (LIMIT-TO (PUBYEAR , 2022) OR LIMIT-TO (PUBYEAR , 2021) OR LIMIT-TO (PUBYEAR , 2020) OR LIMIT-TO (PUBYEAR , 2019) OR LIMIT-TO (PUBYEAR , 2018) OR LIMIT-TO (PUBYEAR , 2017) OR LIMIT-TO (PUBYEAR , 2016) OR LIMIT-TO (PUBYEAR , 2015) OR LIMIT-TO (PUBYEAR , 2014) OR LIMIT-TO (PUBYEAR , 2013) OR LIMIT-TO (PUBYEAR , 2012) OR LIMIT-TO (PUBYEAR , 2011) OR LIMIT-TO (PUBYEAR , 2010) OR LIMIT-TO (PUBYEAR , 2009) OR LIMIT-TO (PUBYEAR , 2008) OR LIMIT-TO (PUBYEAR , 2007) OR LIMIT-TO (PUBYEAR , 2006) OR LIMIT-TO (PUBYEAR , 2005) OR LIMIT-TO (PUBYEAR , 2004) OR LIMIT-TO (PUBYEAR , 2003) OR LIMIT-TO (PUBYEAR , 2002) OR LIMIT-TO (PUBYEAR , 2001) OR LIMIT-TO (PUBYEAR , 2000) OR LIMIT-TO (PUBYEAR , 1999) OR LIMIT-TO (PUBYEAR , 1998) OR LIMIT-TO (PUBYEAR , 1997) OR LIMIT-TO (PUBYEAR , 1996) OR LIMIT-TO (PUBYEAR , 1995) OR LIMIT-TO (PUBYEAR , 1993)) AND (LIMIT-TO (LANGUAGE , "English")) AND (LIMIT-TO (SRCTYPE , "j")) AND (LIMIT-TO (DOCTYPE , "ar") OR LIMIT-TO (DOCTYPE , "re") OR LIMIT-TO (DOCTYPE , "sh"))

Appendix B: Initial Tracking Form

both/J found/ A found	In search	Yes/No/ Maybe	Name	Model/ Framework	EBP/KT/Impl	Reference in Rayyan	Seminal or updated article reference
both	yes	yes	Joanna Briggs Institute (JBI)	Model	EBP	Jordan , Z., Lockwood, C., Munn, Z., & Aromataris, E. (2018). Redeveloping the JBI model of evidence based healthcare. JBI Evidence Implementation, 16(4), 227-241.	Jordan , Z., Lockwood, C., Munn, Z., & Aromataris, E. (2019). The updated Joanna Briggs Institute model of evidence-based healthcare. JBI Evidence Implementation, 17(1), 58-71.
J	yes	yes	Model for evidence base practice change	Model	EBP	Long, L. E., Burkett, K., & McGee, S. (2009). Promotion of safe outcomes: incorporating evidence into policies and procedures. Nursing Clinics of North America, 44(1), 57-70.	NOT IN SEARCH: Rosswurm , M. A., & Larrabee, J. H. (1999). A model for change to evidence-based practice. Image: The Journal of Nursing Scholarship, 31(4), 317-322.
both	yes	yes	The Advancing Research & Clinical Practice through Close Collaboration (ARCC)	Model	Impl	Melnyk , B. M. (2012). Achieving a high-reliability organization through implementation of the ARCC model for systemwide sustainability of evidence-based practice. *Nursing Administration Quarterly*, *36*(2), 127-135.	Melnyk , B. M., Fineout-Overholt, E., Gallagher-Ford, L., & Stillwell, S. B. (2011). Evidence-based practice, step by step: sustaining evidence-based practice through organizational policies and an innovative model. *AJN The American Journal of Nursing*, *111*(9), 57-60.
both	yes	yes	Stetler Model	Model	EBP	Stetler , C. B. (2001). Updating the Stetler model of research utilization to facilitate evidence-based practice. Nursing Outlook, 49(6), 272-279.	Stetler, C. B. (2001). Updating the Stetler model of research utilization to facilitate evidence-based practice. Nursing Outlook, 49(6), 272-279.
both	yes	yes	Iowa Model	Model	EBP	Iowa Model Collaborative , Buckwalter, K. C., Cullen, L., Hanrahan, K., Kleiber, C., McCarthy, A. M., ... & Authored on behalf of the Iowa Model Collaborative. (2017). Iowa model of evidence-based practice: Revisions and validation. Worldviews on Evidence-Based Nursing, 14(3), 175-182.)	Iowa Model Collaborative, Buckwalter, K. C., Cullen, L., Hanrahan, K., Kleiber, C., McCarthy, A. M., ... & Authored on behalf of the Iowa Model Collaborative. (2017). Iowa model of evidence-based practice: Revisions and validation. Worldviews on Evidence-Based Nursing, 14(3), 175-182.)
J	yes	yes	St Luke's EBP Model	Model	EBP	Anderson , J. J., Mokracek, M., & Lindy, C. N. (2009). A nursing quality program driven by evidence-based practice. *Nursing Clinics of North America*, *44*(1), 83-91.	Melnyk , B. M., & Fineout-Overhold, E. (2022). Evidence-based practice in nursing & healthcare: A guide to best practice. Lippincott Williams & Wilkins. Not in search
J	yes	yes	I3 Model for Advancing Quality Patient-Centered Care	Model	EBP	Hagle , M., Dwyer, D., Gettrust, L., Lusk, D., Peterson, K., & Tennies, S. (2020). Development and implementation of a model for research, evidence-based practice, quality improvement, and innovation. *Journal of Nursing Care Quality*, *35*(2), 102-107.	Hagle, M., Dwyer, D., Gettrust, L., Lusk, D., Peterson, K., & Tennies, S. (2020). Development and implementation of a model for research, evidence-based practice, quality improvement, and innovation. *Journal of Nursing Care Quality*, *35*(2), 102-107.
J	yes	yes	Evidence Based Public Health	Model	EBPH	Brownson , R. C., Fielding, J. E., & Maylahn, C. M. (2009). Evidence-based public health: a fundamental concept for public health practice. *Annual review of public health*, *30*(1), 175-201.	Brownson, R. C., Fielding, J. E., & Maylahn, C. M. (2009). Evidence-based public health: a fundamental concept for public health practice. *Annual review of public health*, *30*(1), 175-201.
J	yes	yes	EB Management theoretical framework	Framework	EBP	Janati , A., Hasanpoor, E., Hajebrahimi, S., & Sadeghi-Bazargani, H. (2018). Evidence-based management–healthcare manager viewpoints. *International journal of health care quality assurance*.	Axelsson , R. (1998), 'Towards an evidence based health care management', The International Journal of Health planning and Management, Vol. 13 No. 4, pp. 307-317.
both	yes	yes	Knowledge to action (KTA)	Framework	KT	Moodie , S. T., Kothari, A., Bagatto, M. P., Seewald, R., Miller, L. T., & Scollie, S. D. (2011). Knowledge translation in audiology: promoting the clinical application of best evidence. *Trends in amplification*, *15*(1), 5-22.	no in search Graham , I. D., Logan, J., Harrison, M. B., Straus, S. E., Tetroe, J., Caswell, W., & Robinson, N. (2006). Lost in knowledge translation: time for a map?. Journal of continuing education in the health professions, 26(1), 13-24.
J	yes	yes	John Hopkins	Model	EBP	Newhouse , R. P., Dearholt, S., Poe, S., Pugh, L. C., & White, K. M. (2007). Organizational change strategies for evidence-based practice. *JONA: The Journal of Nursing Administration*, *37*(12), 552-557.	Newhouse, R. P., Dearholt, S., Poe, S., Pugh, L. C., & White, K. M. (2007). Organizational change strategies for evidence-based practice. JONA: The Journal of Nursing Administration, 37(12), 552-557.

both	yes	yes	The clinical scholar model	Model	EBP	Strout T, Lancaster K, Schultz AA. Development and implementation of an inductive Model for Evidencebased Practice: A grassroots approach for building evidence-based practice capacity in staff nurses. Nurs Clin North Am. 2009; 44(1):93-102	Not in search Schultz A. Origins and aspirations: conceiving the clinical scholar model. Excellence in Nursing Knowledge 2005;1–4 [online publication].
J	yes	yes	An Evidence Implementation Model for Public Health Systems	Model	Impl	Vincenten , J., MacKay, J. M., Schröder-Bäck, P., Schloemer, T., & Brand, H. (2019). Factors influencing implementation of evidence-based interventions in public health systems–a model. *Central European journal of public health*, *27*(3), 198-203.	Vincenten, J., MacKay, J. M., Schröder-Bäck, P., Schloemer, T., & Brand, H. (2019). Factors influencing implementation of evidence-based interventions in public health systems–a model. *Central European journal of public health*, *27*(3), 198-203.
J	yes	yes	San Diego 8A's Model	Model	EBP	Ecoff , L., Stichler, J. F., & Davidson, J. E. (2020). Design, implementation and evaluation of a regional evidence-based practice institute. *Applied nursing research: ANR*, *55*, 151300.	Not in search Brown , C. E., & Ecoff, L. (2011). A systematic approach to the inclusion of evidence in healthcare design. HERD: Health Environments Research & Design Journal, 4(2), 7-16.
J	no	yes	Clinical Excellence Through Evidence Based Practice (CETEP)	Model	EBP	Collins , P., Golembeski, S., Selgas, M., Sparger, K., Burke, N., & Vaughn, B. (2007). Clinical excellence through evidence-based practice--a model to guide practice changes. *Topics in Advanced Practice Nursing*, *7*(4).	Collins, P., Golembeski, S., Selgas, M., Sparger, K., Burke, N., & Vaughn, B. (2007). Clinical excellence through evidence-based practice--a model to guide practice changes. Topics in Advanced Practice Nursing, 7(4).
J	no	yes	Monash Learning Health system framework.	Frame work	Impl	Enticott , J. C., Melder, A., Johnson, A., Jones, A., Shaw, T., Keech, W., ... & Teede, H. (2021). A Learning Health System Framework to Operationalize Health Data to Improve Quality Care: An Australian Perspective. *Frontiers in Medicine*, 1824.	Enticott, J. C., Melder, A., Johnson, A., Jones, A., Shaw, T., Keech, W., ... & Teede, H. (2021). A Learning Health System Framework to Operationalize Health Data to Improve Quality Care: An Australian Perspective. *Frontiers in Medicine*, 1824.
J	yes	yes	The Tyler Collaborative Model.	Model	EBP	Olade , R. A. (2004). Strategic collaborative model for evidence-based nursing practice. *Worldviews on Evidence-Based Nursing*, *1*(1), 60-68.	Olade, R. A. (2004). Strategic collaborative model for evidence-based nursing practice. *Worldviews on Evidence-Based Nursing*, *1*(1), 60-68.
A	yes	yes	ACE star model	Model	EBP	Kring , D. L. (2008). Clinical nurse specialist practice domains and evidence-based practice competencies: a matrix of influence. *Clinical Nurse Specialist*, *22*(4), 179-183	Not in search Stevens K.R. (2004) ACE Star Model of EBP: Knowledge Transformation. Academic Center for Evidence-Based Practice. The University of Texas Health Science Center at San Antonio,
J	yes	yes	The Practice Guidelines Development Cycle	Frame work	EBP	Browman , G. P., Levine, M. N., Mohide, E. A., Hayward, R. S., Pritchard, K. I., Gafni, A., & Laupacis, A. (1995). The practice guidelines development cycle: a conceptual tool for practice guidelines development and implementation. *Journal of Clinical Oncology*, *13*(2), 502-512.	Browman, G. P., Levine, M. N., Mohide, E. A., Hayward, R. S., Pritchard, K. I., Gafni, A., & Laupacis, A. (1995). The practice guidelines development cycle: a conceptual tool for practice guidelines development and implementation. *Journal of Clinical Oncology*, *13*(2), 502-512.
	no	no	no name	Model	EBP	Balakas , K., Potter, P., Pratt, E., Rea, G., & Williams, J. (2009). Evidence equals excellence: the application of an evidence-based practice model in an academic medical center. *Nursing Clinics of North America*, *44*(1), 1-10.	
	yes	no	Baptist Health Lexington EBP Model	Model	EBP	Brockopp , D. Y., Moe, K., Corley, D., & Schreiber, J. (2013). The Baptist Health Lexington Evidence-Based Practice Model. *The Journal of Nursing Administration*, *43*(4), 187-193.	
	yes	no	Read Effectiveness Adoption Implementation	Model	Impl	Glasgow , R. E., Harden, S. M., Gaglio, B., Rabin, B., Smith, M. L., Porter, G. C., ... & Estabrooks, P. A. (2019). RE-AIM planning and evaluation framework: adapting	

			Maintenance/Sustainability (RE-AIM)				
	yes	no	Framework for Research Dissemination and Utilization (RD&U) -	Framework	Impl	Dobbins M, Ciliska D, Cockerill R, Barnsley J, DiCenso A. A framework for the dissemination and utilization of research for health-care policy and practice. The Online Journal of Knowledge Synthesis for Nursing 2002; 9(7)	
	yes	no	Model in an academic medical center	Model	EBP	Balakas K, Potter P, Pratt E, Rea G,Williams J. Evidence equals excellence: the application of an evidencebased practice model in an academic medical center. Nurs Clin North Am. 2009; 44(1):1-10.	
	yes	no	Evidence-Informed Public Health Framework (EIPH)	Framework	EBPH	Martin , W., Wharf Higgins, J., Pauly, B. B., & MacDonald, M. (2017). "Layers of translation"-evidence literacy in public health practice: a qualitative secondary analysis. *BMC Public Health*, *17*(1), 1-13.	
	yes	no	Promoting Action on Research Implementation in Health Services (PARIHS)	Framework	Impl	Stetler CB, Damschroder LJ, Helfrich CD, Hagedorn HJ. A Guide for applying a revised version of the PARIHS framework for implementation. Implementation Science 2011; 6(99).	Kitson , A. L., Rycroft-Malone, J., Harvey, G., McCormack, B., Seers, K., & Titchen, A. (2008). Evaluating the successful implementation of evidence into practice using the PARiHS framework: theoretical and practical challenges. *Implementation science*, *3*(1), 1-12.
	yes	no	Colorado EBP model:	Model	EBP	Goode , C. J., Fink, R. M., Krugman, M., Oman, K. S., & Traditi, L. K. (2011). The Colorado patient-centered interprofessional evidence-based practice model: A framework for transformation. *Worldvi on Evidence-Based Nursing*, *8*(2), 96-105.	
	yes	no	IMPACT Model Arora	Model	Impl	Arora M, Mathur MR, Singh N. A framework to prevent and control tobacco among adolescents and children: introducing the IMPACT model. The Indian Journal of Pediatrics. 2013 Mar;80:55-62.	
	yes	no	The Research and Clinical Practice Integration model	Model	Impl	Manns , P. J., & Darrah, J. (2006). Linking research and clinical practice in physical therapy: strategies for integration. *Physiotherapy*, *92*(2), 88-94.	
	no	no	The Coordinated Implementation Model	Model	Impl	Lomas J. Retailing research: increasing the role of evidence in clinical services for childbirth. The Milbank Quarterly. 1993 Jan 1:439-75.	
	no	no	Multisystem model of Knowledge Integration and Translation (MKIT)	Model	Impl	Palmer D, Kramlich D. An introduction to the multisystem model of knowledge integration and translation. Adv Nurs Sci. 2011; 34(1):29-38.	
	yes	no	Interactive systems framework	Framework	Impl	Noonan , R. K., Wilson, K. M., & Mercer, S. L. (2012). Navigating the road ahead: public health challenges and the interactive systems framework for dissemination and implementation. *American journal of community psychology*, *50*(3), 572-580.	
	yes	no	ASPN EBP	Model	EBP	Mamaril , M. E., Ross, J. M., Krenzischek, D., O'Brien, D., Wilson, L., Clark, M., ... & Hooper, V. (2006). The ASPN's EBP Conceptual Model: Framework for perianesthesia practice and research. *Journal of PeriAnesthesia Nursing*, *21*(3), 157-167	Mamaril, M. E., Ross, J. M., Krenzischek, D., O'Brien, D., Wilson, L., Clark, M., ... & Hooper, V. (2006). The ASPN's EBP Conceptual Model: Framework for perianesthesia practice and research. *Journal of PeriAnesthesia Nursing*, *21*(3), 157-168

	yes	no	EBP Model	model	EBP	Galiano , A., Simonetti, M., Quiroga, N., & Larrain, A. (2020). Development, implementation and evaluation of an evidence-based practice model in a new hospital in Chile. Journal of Nursing Management, 28(7), 1748-1757.	Galiano, A., Simonetti, M., Quiroga, N., & Larrain, A. (2020). Development, implementation and evaluation of an evidence-based practice model in a new hospital in Chile. Journal of Nursing Management, 28(7), 1748-1757.
	yes	no	Ottawa	Model	EBP	Logan , J., Harrison, M. B., Graham, I. D., Dunn, K., & Bissonnette, J. (1999). Evidence-based pressure-ulcer practice: the Ottawa model of research use. *Canadian Journal of Nursing Research Archive*.	NOT IN SEARCH: Graham , I. D., & Logan, J. (2004). Translating research-innovations in knowledge transfer and continuity of care. Canadian Journal of Nursing Research Archive, 89-104.
	no	no	Canadian Institutes of Health Research (CIHR) framework	Frame work	KT	Not in search: Smylie , J., Martin, C. M., Kaplan-Myrth, N., Steele, L., Tait, C., & Hogg, W. (2004). Knowledge translation and indigenous knowledge. International Journal of Circumpolar Health, 63(sup2), 139-143.	
	yes	no	Monash Centre for Health Research and Implementation Framework	Frame work	Impl	Robinson , T., Skouteris, H., Melder, A., Bailey, C., Morris, H., Garad, R., & Teede, H. J. (2018, January). Application of Monash Centre for Health Research and Implementation Framework to the development of polycycstic ovary syndrome guideline: A case study on implementation. In Seminars in Reproductive Medicine (Vol. 36, No. 01, pp. 013-018). Thieme Medical Publishers.	Robinson, T., Skouteris, H., Melder, A., Bailey, C., Morris, H., Garad, R., & Teede, H. J. (2018, January). Application of Monash Centre for Health Research and Implementation Framework to the development of polycycstic ovary syndrome guideline: A case study on implementation. In Seminars in Reproductive Medicine (Vol. 36, No. 01, pp. 013-018). Thieme Medical Publishers.

Appendix C: Full Data Capture Form

Author	Name	Framework/ Mode	EBP/ Imple / KT/ EBPH/ EBMgt	Key features (areas of focus)	Summarize general themes	Identify knowledge gaps	Ask	Acquire	Assess	Apply	Evaluate	Pt Discussed	Pt Incorp	Pt Tools	Clinical Skill
Iowa model collaborative (2017)	Iowa Model	Model	EBP	1) Identify either a "problem-focused trigger" or "knowledge-focused trigger." 2) Determine whether the "trigger" is a healthcare organization's priority. 3) Reflect a team's topic of interest and include interested stakeholders. The team will search, appraise, and synthesize literature related to the topic. 4) Evaluate the availability and merit (e.g., level of evidence, quality of evidence) of evidence. If evidence availability and merit are lacking, conduct research. 5) If credible and reliable evidence is available, pilot the practice change. 6) Appraise pilot for level of success. If pilot is successful, disseminate findings within the organization and implement recommended change into practice.	1) Recommended for use at organizational systems level 2) Detailed flowchart guides decision-making process 3) Identified decision points and feedback loops throughout the model 5) Emphasizes pilot project before initiating system-wide project 6) Designed for interprofessional collaboration	User must possess a level of knowledge and related skills to assess evidence	study states need for asking if the problems is a priority	Assemble, Appraise and Synthesize Body of Evidence Conduct systematic search	Assemble, Appraise and Synthesize Body of Evidence Weigh quality, quantity, consistency, and risk	Identify and engage key personnel Hardwire change into system Monitor key indicators through quality improvement Reinfuse as needed	Identify and engage key personnel Hardwire change into system Monitor key indicators through quality improvement Reinfuse as needed	yes	yes	yes	yes
Enticott (2021)	Monash Partners Learning Health System	Framework	EBP	Stakeholder driven engagement 1) Engage the people 2) Identifying priorities Research Derived Evidence 3) Evidence Based Information 4) Evidence synthesis and Guidelines Data Derived Evidence 5) Data and information systems 6) Benchmarking Implementation Evidence 7) Implementation 8) Healthcare improvement	1) A systems-level approach for sustainability and scalability that Integrates research and data. 2) Implementation is data focused	User must possess a level of knowledge and related skills for assessing literature (not specified)	Stakeholder driven engagement 1) Engage the people 2) Identifying priorities	Research Derived Evidence 3) Evidence Based Information 4) Evidence synthesis and Guidelines	Research Derived Evidence 3) Evidence Based Information 4) Evidence synthesis and Guidelines	Data Derived Evidence 5) Data and information systems 6) Benchmarking Implementation Evidence 7) Implementation 8) Healthcare improvement	Data Derived Evidence 5) Data and information systems 6) Benchmarking Implementation Evidence 7) Implementation 8) Healthcare improvement	yes	yes	no	yes

Melnyk (2012)	ARCC	Model	Impl	1) Assess the healthcare organization for readiness for change and implementation of EBP project. 2) Identify potential and actual barriers to and facilitators of EBP project. 3) Identify EBP champions to work with specific clinical units. 4) Implement evidence into practice. 5) Evaluate EBP outcomes.	1) Well-developed training program with tools and scales to assess literature and implement EBP 1) Focuses on EBP mentors to undergo training 2) Identifies a network of stakeholders who are supportive of the EBP project 3) Emphasis on healthcare organizational readiness and identification of facilities and barriers (Scale provided) 4) Encompasses research, patient values, and clinical expertise as evidence 5) Control theory and cognitive behavior theory guides model	Limited direction on how patient values/preferences are integrated into the model	1) Assess the healthcare organization for readiness for change and implantation of EBP project. 2) Identify potential and actual barriers to and facilitators of EBP project	3) Identify EBP mentors to work with specific clinical units.	3) Identify EBP mentors to work with specific clinical units. 5) Encompasses research, patient values, and clinical expertise as evidence (not discussed how).	4) Implement evidence into practice.	5) Evaluate EBP outcomes	yes	yes	no	yes
Strout (2009)	The clinical scholar model	Model	EBP	Nursing model focused on clinical nurse scholars 1) Observation 2) Analysis 3) Synthesis 4) Application/Evaluation 5) Dissemination.	1) Predicated on the development of a cadre of point-of-care nurses who become clinical scholars, committed to patient care, knowledge development, research translation, and evidence implementation. 2) Includes the use of research, EBP, and quality improvement. 2) Depends on creation of EBP mentors and pilot programs.	Skill development and tools dependent on utilizing workshops to develop EBP Mentors	1) Observation	2) Analysis	3) Synthesis	4) Application/Evaluation	5) Dissemination.	yes	yes	yes	yes

Jordan (2019)	JBI	Model	EBP	1) Global Health 2) Evidence Generation 3) Evidence synthesis; 3) Evidence (knowledge) transfer; and 4) Evidence Implementation Each of these components is modeled to incorporate their essential elements; and the achievement of improved global health is conceptualized as both the goal and end-point of any or all of the model components and driver of evidence-based healthcare	1) Utilizes different types of evidence (SR, Guidelines, Expert opinion). Expert opinion also includes patients. 2) Evidence dissemination important part of the model.	User must possess a level of knowledge and related skills to assess evidence	1) Global health (includes knowledge needs)	2) Evidence Generation	3) Evidence Synthesis	4) Evidence Transfer 5) Implementation	5) Implementation	yes	yes	yes	yes
Collins (2007)	CETEP	Model	EBP	1) Define the clinical practice question; 2) Assess the critical appraisal components; 3) Plan the implementation; 4) Implement the practice change; and 5) Evaluate the practice change	Authors reviewed existing literature and models and identified additional components believed to be vital in developing, reviewing, and/or revising patient care practices. 1) Study incorporates Evidence factors, patient factors, and clinical setting factors for the assessment phase. 2) Most robust questions involving patient preference 3) Uses a pilot program for implementation phase of program	Resources available for assessing the literature discussed but determined to be health-system specific	1) Define the clinical practice question;	2) Assess the critical appraisal components;	3) Plan the implementation;	4) Implement the practice change; and	5) Evaluate the practice change	yes	yes	yes	yes
Newhouse (2007)	Johns Hopkins	Model	EBP	1) Practice Question: Using a team approach, the EBP question is identified. 2) Evidence: The team searches, appraises, rates the strength of evidence, describes quality of evidence, and makes a practice recommendation on the strength of evidence. 3) Translation: In this stage, feasibility is determined, an action plan is created, and change is implemented	1) Well-developed tool kit that provides guide for question development, evidence-rating scale, and appraisal guide for various forms of evidence	User must possess a level of knowledge and related skills to assess evidence	1) Practice Question: Using a team approach, the EBP question is identified.	2) Evidence: The team searches, appraises, rates the strength of evidence, describes quality of evidence, and makes a practice recommendation on the strength of evidence.	2) Evidence: The team searches, appraises, rates the strength of evidence, describes quality of evidence, and makes a practice recommendation on the strength of evidence.	3) Translation: In this stage, feasibility is determined, an action plan is created, and change is implemented and evaluated. Findings are presented to the healthcare organization	3) Translation: In this stage, feasibility is determined, an action plan is created, and change is implemented and evaluated. Findings are presented to the healthcare organization	yes	yes	yes	yes

				and evaluated. Findings are presented to the healthcare organization											
Stetler (2001)	Stetler Model	Model	EBP	1) Preparation: Identify a priority need. Identify the purpose of the EBP project, context in which the project will occur, and relevant sources of evidence. 2) Validation: Assess sources of evidence for level and overall quality. Determine whether source has merit and goodness of fit and whether to accept or reject the evidence in relation to project purpose. 3) Comparative Evaluation/Decision Making: Evidence findings are logically summarized and similarities and differences among sources of evidence are evaluated. Determine whether it is acceptable and feasible to apply summation of findings to practice. 4) Translation/Application: Develop the "how to's" for implementation of summarized findings. Identify practice implications that justify application of findings for change. 5) Evaluation: Identify expected outcomes of the project and determine whether the goals of EBP were successfully achieved.	1) Designed to encourage critical thinking about the integration of research findings 2) Promotes use of best evidence as an ongoing practice that is also fluid 3) Allows for categorization of evidence as external (e.g., research) or internal (e.g., organization outcome data) 4) Emphasizes use by single practitioner but may include groups of practitioners or other stakeholders	Primary focus is single practitioner Patient value/preference not clearly integrated into model User must possess a level of knowledge and related skills	Specific about the need for clarity of purpose and potential significance of internal or external factors.	Validation: Assess sources of evidence for level and overall quality. Determine whether source has merit and goodness of fit and whether to accept or reject the evidence in relation to project purpose.	Validation: Assess sources of evidence for level and overall quality. Determine whether source has merit and goodness of fit and whether to accept or reject the evidence in relation to project purpose. comparative Evaluation/Decision Making: Evidence findings are logically summarized and similarities and differences among sources of evidence are evaluated. Determine whether it is acceptable and feasible to apply summation of findings to practice.	Translation/Application: Develop the "how to's" for implementation of summarized findings. Identify practice implications that justify application of findings for change.	Evaluation: Identify expected outcomes of the project and determine whether the goals of EBP were successfully achieved.	no	no	no	yes

Moodie (2011)	KTA	Framework	KT	1) Identify problems that need to be addressed and begin searching for evidence and research about the identified problem. 2) Adapt the knowledge use to a local context. 3) Identify barriers to use of knowledge. 4) Select, adapt, and implement interventions. 5) Monitor the use of implanted knowledge. 6) Evaluate outcomes related to knowledge use. 7) Sustain appropriate knowledge use.	1) Adapts well for use with individuals, teams, and healthcare organizations 2) Is grounded in planned action theory 3) Breaks knowledge-to-action process into manageable sections. 4) Discussion of providing evidence in a way that influences clinical practice, stakeholders, and end-users in a way to promote uptake of knowledge	Patient values/preferences not clearly integrated into model User must possess a level of knowledge and related skills for knowledge creation	1) Identify problems that need to be addressed and begin searching for evidence and research about the identified problem.	1) Identify problems that need to be addressed and begin searching for evidence and research about the identified problem.	1) Identify problems that need to be addressed and begin searching for evidence and research about the identified problem. 2) Adapt the knowledge use to a local context.	3) Identify barriers to use of knowledge. 4) Select, adapt, and implement interventions.	5) Monitor the use of implanted knowledge. 6) Evaluate outcomes related to knowledge use. 7) Sustain appropriate knowledge use.	yes	no	no	yes
Janati (2018)	EBMgt	Model	EBMgt	Approach to improve the practice of health care management, at the same time as it may stimulate research on the organization and management of health care. Evidence Based Management means that healthcare managers should learn to search for and critically appraise evidence from management research as a basis for their practice Phase 1: 1) asking; 2) acquiring; 3) appraising; 4) aggregating; 5) applying 6) assessing. Phase 2: predictors, barriers, training organizations and research institutes	1) There are methodological differences between medical research and management research. 2) Evidence focuses more on qualitative evidence. The evidence based approach means to try to prove or disprove the effectiveness and efficiency of different models of organization and management. Sources of evidence: a) Scientific and research b) Facts & information of hospital c) Political-social development plans d) Manager's professional expertise e) Ethical-Moral Evidence f) Value and expectations of all stakeholders	User must possess a level of knowledge and related skills for assessing literature, Model discusses this lack of skill Lack of time and skill is the major limiting factor Lack of specifics on patient value/preference discussed	1) Asking	2) Acquire	3) Appraising	4) Aggregating 5) applying	6) Assessing	yes	no	no	yes

Anderson (2009)	St Luke's	Model	EBP	Adopted from Iowa model 1. Area of interest 2. Collect the most relevant and best evidence. 3. Critically appraise the evidence. 4. Integrate the evidence with one's clinical expertise, patient preferences, and values in making a practice decision or change. 5. Evaluate the practice decision or change.	1) Hospital level model adapted from Iowa model 2) Model success focuses on clear directions, aggressive timeline, and the short-term commitment required of team members	Patient preference not clearly integrated into model. Provides a general overview of assessing literature without specifics direction or tools	1) area of interest	2) Collect the most relevant and best evidence	3) Critically appraise the evidence.	4. Integrate the evidence with one's clinical expertise, patient preferences, and values in making a practice decision or change. (Pilot change)	5. Evaluate the practice decision or change. (Adopt based on Pilot)	yes	no	no	yes
Hagle (2019)	The I3 Model for Advancing Quality Patient Centered Care	Model	EBP	1) Inquiry, 2 Improvement 3) Innovation. Inquiry encompasses research, Improvement includes QI projects, and innovation is discovery in studies and best evidence projects.	1) Model focuses on options for EBP, QI, and research needs. 2) Each process includes a step to obtain pre-data or best evidence. 3) The I3 Model incorporates the voice of the customer (VOC)	Tools provided for QI process but not for assessing literature. User must possess a level of knowledge and related skills for assessing literature (not specified)	1) Inquiry	1) inquiry	1) Inquiry	2) improvement	2) improvement	yes	no	no	no
Rosswurm (1999)	Model for Change to Evidence Based Practice	Model	EBP	1) Identify the need to change practice; 2) Approximate the problem with outcome in- dictators; 3) Summarize the best scientific evidence (systematic review) considering feasibility, benefits and risks for its implementation; 4) Develop a plan for changing the practice, including the necessary resources; 5) Implement and evaluate change (inform if a pilot study is conducted); 6) Integrate and maintain change in practice (communicate results to strategic leaders); 7) Monitor implementation (evaluate process and results).	1) The model is based on theoretical and research literature related to evidence-based practice, research utilization, standardized language, and change theory. 2) The model supports evidence-based practice changes derived from a combination of quantitative and qualitative data, clinical expertise, and contextual evidence. (Assessment worksheet provided and risk and benefit discussed) 3) Recommends the creation of EBP Team of stakeholders and implementation should be piloted	Patient values/preferences not clearly integrated into model	1) Identify the need to change practice; 2) Approximate the problem with outcome in-dictators;	Summarize the best scientific evidence (systematic review) considering feasibility, benefits and risks for its implementation;	Summarize the best scientific evidence (systematic review) considering feasibility, benefits and risks for its implementation; (Evidence worksheet provided)	4) Develop a plan for changing the practice, including the necessary resources; 5) Implement and evaluate change (inform if a pilot study is conducted); 6) Integrate and maintain change in practice (communicate results to strategic leaders);	7) Monitor implementation (evaluate process and results).	yes	no	no	yes

Hess (2014)	Evidence Based Public Health	Model	EBPH	Steps: 1. community assessment 2) Quantifying the issue 3) Developing a concise statemen of the issue 4) Determine what is known through the literature 5) Developing and prioritizing program and policy options 6) Developing an action plan and implementing interventions 7) Evaluating the program or policy	1) EBPH incorporates a framework with less emphasis on evidence hierarchy and more emphasis on knowledge translation 2) Evidence: Qualitative and quantitative, Evidence analysis has the least consensus. 3) Focuses on matching question to research type.	Lack of consensus on evidence analysis and hierarchy Public health models different from medical models so concepts of public preference not discussed but is focused on health outcomes.	1. community assessment 2) Quantifying the issue 3) Developing a concise statement of the issue	4) Determine what is known through the literature	4) Determine what is known through the literature	5) Developing and prioritizing program and policy options 6) Developing an action plan and implementing interventions 7) Evaluating the program or policy	5) Developing and prioritizing program and policy options 6) Developing an action plan and implementing interventions 7) Evaluating the program or policy	no	no	no	no
Kring (2008)	ACE Star Model	Model	EBP	1) Discovery: This stage involves searching for new knowledge found in traditional quantitative and qualitative methodologies. 2) Evidence Summary: The primary task is to synthesize the body of research knowledge into a meaningful statement of evidence for a given topic. This is a knowledge-generating stage, which occurs simultaneously with new findings that may arise from the synthesis. 3) Translation: The aim of translation is to provide clinicians with a practice document (e.g., clinical practice guideline) derived from the synthesis and summation of research findings. 4) Integration: Practitioner and healthcare organization practices are changed through formal and informal channels. 5) Evaluation: An array of EBP outcomes are evaluated on impact, quality, and satisfaction.	1) Promotes discovery of evidence through systematic reviews 2) Promotes transition of evidence through guideline creation 2) Includes use of qualitative evidence 3) Primary goal of model is knowledge transformation 4) Expertise and patient preference is considered another form of evidence 5) Identifies factors that impact adoption of innovation	Patient values/preference not clearly integrated into model (pt. satisfaction measured) Simple overview of each step with limited resources discussed	1) Discovery: This stage involves searching for new knowledge found in traditional quantitative and qualitative methodologies.	1) Discovery: This stage involves searching for new knowledge found in traditional quantitative and qualitative methodologies.	3) Translation: The aim of translation is to provide clinicians with a practice document (e.g., clinical practice guideline) derived from the synthesis and summation of research findings.	4) Integration: Practitioner and healthcare organization practices are changed through formal and informal channels.	5) Evaluation: An array of EBP outcomes are evaluated on impact, quality, and satisfaction.	no	no	no	no

Vincenten (2019)	An Evidence Implementation Model for Public Health Systems	Model	Impl	Not a linear model 1) Circle 1 Evidence implementation target 2) Circle 2 Actors involved in implementation 3) Circle 3 Knowledge transfer 4) Circle 4 Barriers and facilitators to evidence implementation	1) Broad framework to developed to help decision makers, researchers, knowledge brokers and implementers identify opportunities to strengthen needed action 2) Includes setting measurable evidence implementation targets 3) Includes all actors in all stages of knowledge transfer to increase shared aim and reduce barriers 4) Model is broad with diverse implementation	Provides a general overview without specifics Public health models different from medical models so concepts of public preference not discussed No specifics of how to assess literature	1) Circle 1 Evidence implementation target	3) Circle 3 Knowledge transfer	3) Circle 3 Knowledge transfer	2) Circle 2 Actors involved in implementation 4) Circle 4 Barriers and facilitators to evidence implementation	2) Circle 2 Actors involved in implementation 4) Circle 4 Barriers and facilitators to evidence implementation	no	no	no	no
Ecoff (2020)	San Diego 8A's EBP Model	Model	EBP	The 8 A's refer to: 1) Assessing a clinical or practice problem; 2) Asking a clinical question in a PICOT (population/patient, implementation, comparison, outcome, and time) format; 3) Acquiring existing sources of evidence; 4) Appraising the levels of evidence; 5) Applying the evidence to a practice change (implementation 6) Analyzing the results of the change as compared to the previous implementation state 7) Advancing the practice change through internal and external dissemination 8) Adopting the practice for sustainability over time.	1) Model was created to make it easier for nurses to complete EBP projects. 2) The San Diego 8A's EBPI model was derived primarily from previously published models 3) Change Theory part of the model 4) Utilizes mentors to implement	No specifics on Patient preference/value incorporation User must possess a level of knowledge and related skills for assessing literature (not specified)	1) Assessing a clinical or practice problem; 2) Asking a clinical question in a PICOT (population/patient, implementation, comparison, outcome, and time) format;	3) Acquiring existing sources of evidence;	Appraising the levels of evidence;	5) Applying the evidence to a practice change (implementation	6) Analyzing the results of the change as compared to the previous implementation state 7) Advancing the practice change through internal and external dissemination 8) Adopting the practice for sustainability over time.	no	no	no	no

Olade (2004)	Tyler Collaborative Model for EBP	Model	EBP	Phase One: Unfreezing 1) Building relationships 2) Diagnosing the Problem 3) Acquiring Resources Phase Two: Moving 4) Choosing the Solution 5) Gaining Acceptance Phase Three: Refreezing 6) Stabilization	Model focuses on barriers of nurses to implement EBP: 1) Difficulty of practicing nurses to synthesize scientific evidence, and 2. Lack of adequate administrative commitment to make evidence-based nursing a priority. EBP Consultants should be funded to work with the EBP round table (EBP group) Model discusses the need to put the same emphasis currently given to conducting research on the provision of consultation services for the translation of research into practice.	No mention of patient preference/value	2) Diagnosing the Problem	3) Acquiring Resources	4) Choosing the Solution	5) Gaining Acceptance	6) Stabilization	no	no	no	no
Browman (1995)	The Practice Guidelines development Cycle	Framework	EBP	1) Select/Frame clinical problem 2) Generate evidence-based recommendations 3) Ratify EBR 4) Formulate practice guideline 5) Independent review 6) Negotiate practice policies 7) Adopt guideline policies 8) Scheduled review	1) Original EBP Model developed to create clinical guidelines. 2) Framework recommends facilitator to assign tasks and manage advancement 3) Appropriate structure needs to be in place for framework to succeed 4) Cycle tolerates discordance between EBR and clinical guidelines and bw guidelines and institutional polices but requires documentation	No mention of patient preference/value User must possess a level of knowledge and related skills for assessing literature (not specified)	1) Select/Frame clinical problem	2) Generate evidence-based recommendations	2) Generate evidence-based recommendations	3) Ratify EBR 4) Formulate practice guideline 5) Independent review 6) Negotiate practice policies 7) Adopt guideline policies	8) Scheduled review	no	no	no	no
								tools				12/19 (63%)	7/19 (37%)	4/19 (21%)	

References

1. Jordan Z, Lockwood C, Munn Z, Aromataris E. Redeveloping the JBI Model of Evidence Based Healthcare. International journal of evidence-based healthcare. 2018;16(4):227-41.
2. Jordan Z, Lockwood C, Munn Z, Aromataris E. The updated Joanna Briggs Institute Model of Evidence-Based Healthcare. International journal of evidence-based healthcare. 2019;17(1):58-71.
3. Long LE, Burkett K, McGee S. Promotion of Safe Outcomes: Incorporating Evidence into Policies and Procedures. Nursing Clinics of North America. 2009;44(1):57-70.
4. Rosswurm MA, Larrabee JH. A model for change to evidence-based practice. Image--the journal of nursing scholarship. 1999;31(4):317-22.
5. Melnyk BM. Achieving a high-reliability organization through implementation of the ARCC model for systemwide sustainability of evidence-based practice. Nursing administration quarterly. 2012;36(2):127-35.
6. Melnyk BM, Fineout-Overholt E, Gallagher-Ford L, Stillwell SB. Evidence-based practice, step by step: sustaining evidence-based practice through organizational policies and an innovative model. The American journal of nursing. 2011;111(9):57-60.
7. Stetler CB. Updating the Stetler Model of research utilization to facilitate evidence-based practice. Nursing outlook. 2001;49(6):272-9.
8. Collaborative IM, Buckwalter KC, Cullen L, Hanrahan K, Kleiber C, McCarthy AM, et al. Iowa model of evidence-based practice: Revisions and validation. Worldviews on Evidence-Based Nursing. 2017;14(3):175-82.
9. Anderson JJ, Mokracek M, Lindy CN. A Nursing Quality Program Driven by Evidence-Based Practice. Nursing Clinics of North America. 2009;44(1):83-91.
10. Melnyk BM, Fineout-Overholt E. Evidence-based practice in nursing & healthcare: A guide to best practice: Lippincott Williams & Wilkins; 2022.
11. Hagle M, Dwyer D, Gettrust L, Lusk D, Peterson K, Tennies S. Development and Implementation of a Model for Research, Evidence-Based Practice, Quality Improvement, and Innovation. Journal of nursing care quality. 2020;35(2):102-7.
12. Brownson RC, Gurney JG, GH. Evidence-based decision making in public health. Journal of public health management and practice : JPHMP. 1999;5(5):86-97.
13. Janati A, Hasanpoor E, Hajebrahimi S, Sadeghi-Bazargani H. Evidence-based management - healthcare manager viewpoints. International journal of health care quality assurance. 2018;31(5):436-48.
14. Axelsson R. Towards an evidence based health care management. The International journal of health planning and management. 1998;13(4):307-17.
15. Moodie ST, Kothari A, Bagatto MP, Seewald R, Miller LT, Scollie SD. Knowledge translation in audiology: promoting the clinical application of best evidence. Trends in amplification. 2011;15(1):5-22.
16. Graham ID, Logan J, Harrison MB, Straus SE, Tetroe J, Caswell W, et al. Lost in knowledge translation: time for a map? Journal of continuing education in the health professions. 2006;26(1):13-24.
17. Newhouse RP, Dearholt S, Poe S, Pugh LC, White KM. Organizational change strategies for evidence-based practice. The Journal of nursing administration. 2007;37(12):552-7.
18. Strout TD, Lancaster K, Schultz AA. Development and implementation of an inductive model for evidence-based practice: A grassroots approach for building evidence-based practice capacity in staff nurses. The Nursing clinics of North America. 2009;44(1):93-102, xi.
19. Schultz A. Origins and aspirations: conceiving the clinical scholar model. Excellence in Nursing Knowledge. 2005;2(2).
20. Vincenten J, Morag Mackay J, Schröder-Bäck P, Schloemer T, Br, H. Factors influencing implementation of evidence-based interventions in public health systems – A model. Central European Journal of Public Health. 2019;27(3):198-203.
21. Ecoff L, Brown CE. Evidence-based architectural and space design supports magnet® empirical outcomes. Journal of Nursing Administration. 2010;40(12):505-8.
22. Brown CE, Ecoff L. A systematic approach to the inclusion of evidence in healthcare design. HERD: Health Environments Research & Design Journal. 2011;4(2):7-16.

23. Collins P, Golembeski S, Selgas M, Sparger K, Burke N, Vaughn B. Clinical excellence through evidence-based practice--a model to guide practice changes. Topics in Advanced Practice Nursing. 2007;7(4).
24. Enticott JC, Melder A, Johnson A, Jones A, Shaw T, Keech W, et al. A Learning Health System Framework to Operationalize Health Data to Improve Quality Care: An Australian Perspective. Frontiers in Medicine. 2021:1824.
25. Olade RA. Strategic collaborative model for evidence-based nursing practice. Worldviews on Evidence-Based Nursing. 2004;1(1):60-8.
26. Kring DL. Clinical nurse specialist practice domains and evidence-based practice competencies: a matrix of influence. Clinical nurse specialist CNS. 2008;22(4):179-83.
27. Stevens K. ACE star model of EBP: Knowledge transformation. Academic Center for Evidence-based Practice The University of Texas Health Science Center, San Antonio Retrieved on July. 2004;30:2009.
28. Browman GP, Levine MN, Mohide EA, Hayward RS, Pritchard KI, Gafni A, et al. The practice guidelines development cycle: a conceptual tool for practice guidelines development and implementation. Journal of clinical oncology : official journal of the American Society of Clinical Oncology. 1995;13(2):502-12.
29. Balakas K, Potter P, Pratt E, Rea G, Williams J. Evidence Equals Excellence: The Application of an Evidence-Based Practice Model in an Academic Medical Center. Nursing Clinics of North America. 2009;44(1):1-10.
30. Brockopp DY, Moe K, Corley D, Schreiber J. The Baptist Health Lexington evidence-based practice model: a 5-year journey. The Journal of nursing administration. 2013;43(4):187-93.
31. Glasgow RE, Harden SM, Gaglio B, Rabin B, Smith ML, Porter GC, et al. RE-AIM planning and evaluation framework: adapting to new science and practice with a 20-year review. Frontiers in public health. 2019;7:64.
32. Dobbins M, Ciliska D, Cockerill R, Barnsley J, DiCenso A. A framework for the dissemination and utilization of research for health-care policy and practice. The online journal of knowledge synthesis for nursing. 2002;9:7.
33. Martin W, Wharf Higgins J, Pauly BB, MacDonald M. "Layers of translation" - evidence literacy in public health practice: a qualitative secondary analysis. BMC public health. 2017;17(1):803.
34. Stetler CB, Damschroder LJ, Helfrich CD, Hagedorn HJ. A Guide for applying a revised version of the PARIHS framework for implementation. Implementation science : IS. 2011;6:99.
35. Kitson AL, Rycroft-Malone J, Harvey G, McCormack B, Seers K, Titchen A. Evaluating the successful implementation of evidence into practice using the PARiHS framework: theoretical and practical challenges. Implementation science. 2008;3(1):1-12.
36. Goode CJ, Fink RM, Krugman M, Oman KS, Traditi LK. The Colorado Patient-Centered Interprofessional Evidence-Based Practice Model: a framework for transformation. Worldviews on evidence-based nursing / Sigma Theta Tau International, Honor Society of Nursing. 2011;8(2):96-105.
37. Arora M, Mathur MR, Singh N. A Framework to Prevent and Control Tobacco among Adolescents and Children: Introducing the IMPACT Model. Indian Journal of Pediatrics. 2012:1-8.
38. Manns PJ, Darrah J. Linking research and clinical practice in physical therapy: strategies for integration. Physiotherapy. 2006;92(2):88-94.
39. Lomas J. Retailing research: increasing the role of evidence in clinical services for childbirth. The Milbank Quarterly. 1993:439-75.
40. Palmer D, Kramlich D. An introduction to the multisystem model of knowledge integration and translation. Advances in Nursing Science. 2011;34(1):29-38.
41. Noonan RK, Wilson KM, Mercer SL. Navigating the Road Ahead: Public Health Challenges and the Interactive Systems Framework for Dissemination and Implementation. American Journal of Community Psychology. 2012;50(3):572-80.
42. Mamaril ME, Ross JM, Krenzischek D, O'Brien D, Wilson L, Clark M, et al. The ASPN's EBP Conceptual Model: Framework for Perianesthesia Practice and Research. Journal of Perianesthesia Nursing. 2006;21(3):157-67.
43. Galiano A, Simonetti M, Quiroga N, Larrain A. Development, implementation and evaluation of an evidence-based practice model in a new hospital in Chile. Journal of nursing management. 2020;28(7):1748-57.
44. Logan J, Harrison MB, Graham ID, Dunn K, Bissonnette J. Evidence-based pressure-ulcer practice: the Ottawa model of research use. The Canadian journal of nursing research = Revue canadienne de recherche en sciences infirmieres. 1999;31(1):37-52.
45. Graham ID, Logan J. Translating research-innovations in knowledge transfer and continuity of care. Canadian Journal of Nursing Research Archive. 2004:89-104.

46. Smylie J, Martin CM, Kaplan-Myrth N, Steele L, Tait C, Hogg W. Knowledge translation and indigenous knowledge. International Journal of Circumpolar Health. 2004;63(sup2):139-43.
47. Robinson T, Skouteris H, Melder A, Bailey C, Morris H, Garad R, et al. Application of Monash Centre for Health Research and Implementation Framework to the Development of Polycycstic Ovary Syndrome Guideline: A Case Study on Implementation. Seminars in Reproductive Medicine. 2018;36(1):13-8.