Myelination is essential to nerve function. Neurons are the critical subunit of the nervous system that mediate receipt and transmission of essential chemical and electrical signals that enable us to survive and thrive. In neurons, messages (action potentials) are driven by transfer of positive and negatively charged ions back and forth across the cell membrane causing an electrical charge to be transmitted in about 7 ms – much quicker and more reliable than a lightning strike. To allow rapid conduction of electrical signals and make them more energy efficient, certain neuronal axons are covered by a myelin sheath. Myelination is essential to nerve health, as well as speed and directness of impulse transmission. Similarly, the role of JBI Evidence Implementation is essential to ensure the prompt dissemination of evidence implementation studies and other related publications.

Getting the signal through with the desired speed and adequate signal ratio in evidence-based health care (EBHC) is often described as dissemination or knowledge transfer; effective dissemination is as complex as neuronal myelination. The purpose of JBI Evidence Implementation is to facilitate – analogous to an action potential, while the speed and directness that an implementation focused journal will contribute to expanding the toolbox of JBI methods and methodology in implementation is analogous to reinforcing the myelin sheath. The process is informed by the JBI model for EBHC, our framework for a global mission to see evidence used to inform decision-making at the point of care.

The JBIC (JBI Collaboration) is a global collaboration, an interconnected network of practising health professionals, academics, researchers and policy makers and funders with a shared mission of identifying, disseminating, implementing and evaluating best practice. The JBIC has expertise in the pedagogy of implementation science and methods to diverse professional groups, as well as significant accumulated experience in mentoring and facilitating implementation studies across diverse geographic and sociocultural groups and a wide range of clinical specialties. JBI’s programmatic approach to implementation has enabled standardisation in line with the JBI model.

The launch of JBI Evidence Implementation is more than a rebrand and relaunch. It will enable dissemination of methods, programmes and projects for implementation of best practice by increasing the focus, directness and accessibility of content aligned with the JBI model to members of the JBIC and subscribers more widely. It is a behavioural nudge for JBI to amplify internationally the work we do at the point of care for implementation of evidence. The launch of JBI Evidence Implementation fills an opportunity gap for the JBIC that encompasses evidence implementation, including investigations of feasibility, applicability, meaningfulness and effectiveness in healthcare delivery and practice, including emerging programmatic and pragmatic innovations such as JBI Endorsement (https://wiki.jbi.global/display/JEP). The journal accepts and will feature analytic and evaluation studies using standardised data sets of comparable implementation reports conceptually aligned with the JBI model.

In parallel with JBI Evidence Synthesis (Editor in Chief: Associate Professor Aromataris), we recognise the strategic value of a journal for disseminating pragmatic implementation studies as well as the contribution to scholarship that makes visible the local implementation activities of the JBIC, that highlights and actively disseminates shared learnings and draws upon an expert editorial board, and the JBI Implementation Methods group. Increasing visibility and exposure to critique are important for further development of the scholarship implicit in JBI implementation studies.

There is much methodological work to be done in these areas for which a publication pathway is an essential component of scholarship and contribution to implementation science. Studies of fidelity, and scalability, rapid cycle change projects that investigate improvement or implementation related to the JBI model for EBHC and the subcomponents of implementation including context, facilitation or evaluation are critical to our understanding of implementation across diverse clinical and cultural contexts. Similarly, theoretical and
methodological work that evaluates, compares or contrasts approaches or world views are important ongoing contributions to knowledge. As such JBI Evidence Implementation aspires to provide the network support that speeds and strengthens the transfer of implementation science knowledge.5

As Editors in Chief, we are delighted to present JBI Evidence Implementation as an opportunity. Our vision as editors is to renew the JBIC focus on methodology, pedagogy and pragmatic implementation. We will achieve this by a focus on dissemination of rigorous, high-quality scholarship, research, synthesis and implementation case studies that inform and further the science and practice of EBHC within the context of implementation and improvement science. We have added new sections in the new journal including commentary/debates, educational articles in addition to other solicited articles to highlight JBI evidence implementation research to further the science of implementation and knowledge translation.

We hope you enjoy reading and interacting with the newly available content each quarter and look forward to working with the implementation science community and across the JBIC.

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Conflicts of interest
The authors report no conflicts of interest.

References