**PAPER NUMBER #286**

**An Evidence-based implementation strategy to improve clinical practice in Alberta Hospitals**

**Presenting Author**

Dr. Gabrielle Zimmermann

**Affiliation**

1. Alberta SPOR SUPPORT Unit KT Platform, Canada
2. University of Calgary, Canada

**Country of residence**

Canada

**Objectives/aims**

The Diabetes, Obesity, and Nutrition Strategic Clinical Network (DON SCN) of Alberta Health Services (AHS) is leading a multifaceted provincial initiative with the goal to improve and standardize how patients with diabetes are cared for in Alberta hospitals. The initial priority of this initiative is the implementation of Basal Bolus Insulin Therapy (BBIT) - a way of ordering multiple daily injections of subcutaneous insulin that better replicates how our body naturally produces insulin. To ensure they used an evidenced-based implementation strategy, the DON SCN partnered with the Knowledge Translation (KT) Platform of the Alberta SPOR SUPPORT Unit.

**Methods**

The KT Platform offers consultation, support and training across the knowledge-to-action cycle, and was engaged by the DON SCN to utilize their expertise in implementation science. Barriers to the use of BBIT were identified at early adopter sites across Alberta by the DON SCN through focus groups, interviews and observation. Using behaviour change theory and frameworks, the KT Platform strategically mapped barriers to KT interventions (implementation strategies) through a collaborative and iterative process. An evidence-informed implementation guide or “KT toolkit” was co-created to assist with implementation at additional sites which includes an interactive website (www.bbit.ca).

**Main findings**

Engagement with stakeholders involved in the implementation of BBIT was important to understand barriers to use. Using theory to help map these barriers to appropriate KT interventions provided a tailored & targeted approach to implementation. This collaborative process required multiple iterations using micro Plan-Do-Study-Act cycles at multiple sites. It also required assessment at multiple levels of the organization. A key KT intervention was audit & feedback. This allowed the stakeholders involved (clinicians, administrators) to recognize how BBIT was improving practice and patient health. The KT Toolkit is being used to spread & sustain this evidence-based program across the province.