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Improved Glycemic Management in Hospital

Project Bulletin

Congratulations Dr. Karmon Helmle (Provincial Improved Glycemic Management team) and the Calgary Hospitalist Improvement Committee (CHIC) who co-authored a paper on the learnings that have informed the evidenced based, multifaceted tool kit available to sites interested in implementing basal bolus insulin therapy.

The [article](#) is published online in the Canadian Journal of Diabetes.

Knowledge Topics for Improved Glycemic Management

The DON SCN has worked with Clinical Knowledge and Content Management (CKCM) in the creation of two provincial knowledge topics; Basal Bolus Insulin Therapy and the Safe Management of Insulin Pump Therapy in hospital. AHS staff can access these topics on Insite's Clinical Knowledge Topic Viewer.

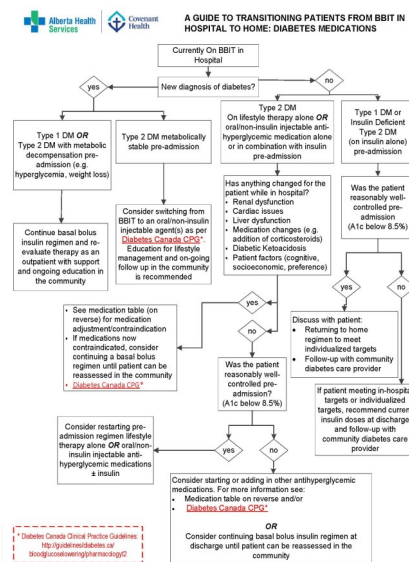
Other topics scheduled to be introduced in to the topic viewer are Perioperative Guidelines for patients with diabetes, Glycemic Management for adults, Glycemic Management for pediatrics, and Diabetes in Pregnancy.

Please contact the [DON SCN](#) if you would like more information on the provincial working groups that are developing these provincial knowledge topics.



Transition Algorithm and Pearls to Discharge Planning for patients on BBIT in-hospital

In response to requests from early adopter sites, the provincial in-patient glycemic management team has worked with early adopters and stakeholders, such as Provincial Continuing Care, to develop a decision tool to support prescribers in safe transition of patients from hospital to the outpatient environment. This tool provides some guidance on transitioning from BBIT prescribed in hospital to the most appropriate home diabetes regimen, with additional considerations for patients moving to continuing care. This tool can be found in the “How to BBIT: a prescribers guide” on www.bbit.ca. If you would like a copy of the document or provide feedback on the algorithm please contact the [DON SCN](#).



North Zone:

QEII Hospital Grande Prairie- implemented basal bolus insulin therapy February 26, 2018. The sites steering committee worked collaboratively with their multidisciplinary teams for a site wide rollout. Monthly audit data collection will begin in May 2018.

Edmonton Zone:

University of Alberta Hospital - implemented BBIT throughout early 2017. UAH site champions are reviewing their 6 month audit data to provide ongoing support for their multidisciplinary teams. Quarterly data collection is in progress.

Grey Nuns Community Hospital (Covenant Health)- implemented BBIT in June 2017. Monthly audit data collection has been completed. The provincial team will assist the site in reviewing and interpreting their data to support sustainment of this clinical practice change.

Edmonton Zone Integrated Quality Management Portfolio - IQM has a plan to implement basal bolus insulin therapy and improved glycemic management at all remaining EZ acute care sites. IQM leadership is identifying physician champions around their zone.

Have you visited

www.bbit.ca ?

This website is used to share resources with sites across the province. We are continually providing new or revised resources as we work with early adopter sites.

Educational Resources:

- Site Implementation Guidelines
- How to BBIT (for prescribers) including transition algorithm
- BBIT self study guide (for nurses)
- Patient Handout
- Surgical Considerations for BBIT ordering
- Online calculator

Calgary Zone:

Hospitalist Program - The GO (Glycemic Optimization) Project, has completed their 18 month audit data collection. The Calgary Hospitalist Improvement Committee (CHIC) continue to share their learnings with other sites and provide feedback on resources to support implementation and sustainment of the practice change.

The surgical portfolio in Calgary urban has collaborated with this initiative to support educational resources specific to surgical considerations in glycemic management, see www.bbit.ca to view document.

Canmore General Hospital and Oilfields General Hospital (Black Diamond, AB) - are two rural sites in Calgary Zone who were the first early adopter sites, both implementing in early 2016. Final 18 month audit data collection has been completed.

Calgary Rural Acute Care Sites - Spring 2017, the remaining acute care sites (5) in Calgary Rural zone attended a train the trainer session. Each site has worked with their local multidisciplinary teams to support site wide implementation. Site champions from Canmore and Oilfields General Hospitals share learnings from their implementation with these sites.

Central Zone:

Red Deer Regional Hospital- a steering committee is engaging key stakeholders at the site to plan for a site implementation in 2018.

Rural Acute Care Sites - many sites across the zone are interested in implementing BBIT. Sites are reviewing the site implementation guidelines.

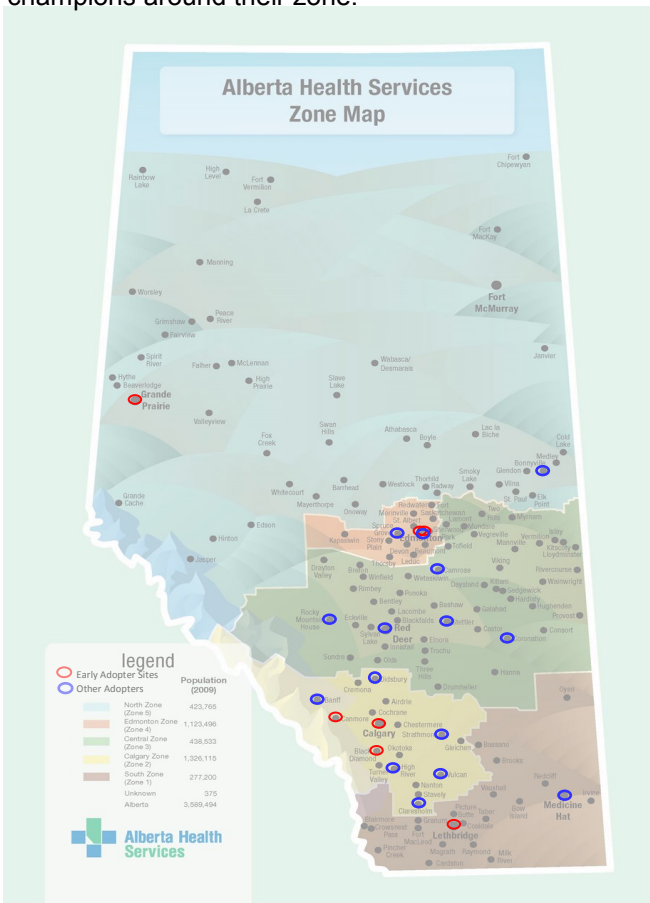
South Zone:

Chinook Regional Hospital Lethbridge- implemented BBIT and improved glycemic management across the site in April 2016. The site has collected 18 months of audit data and has reviewed their final report. Site champions continue to share learnings with other sites across the province and provide feedback on resources in development to inform spread and scale of this clinical practice change.

Medicine Hat Regional Hospital - has engaged a site steering committee to support the implementation of BBIT for 2018. A TTT is being planned for Spring 2018.

Covenant Health Corporate:

Has prioritized improved glycemic management in acute care settings as a priority for 2018. They are in planning stages with several of their sites across the province to implement basal bolus insulin therapy to improve glycemic management.



Provincial Glycemic Management Policy Suite for Adults in Acute Care– Update

The DON SCN led the development of the Glycemic Management Policy suite, through the guidance of a provincial multidisciplinary working group with broad stakeholder consultation. The Glycemic Management Policy suite includes an overarching glycemic management policy with procedures and algorithms for the treatment of hyperglycemia and hypoglycemia. These provincial governance documents became effective September 1, 2017. A minor revision was made effective in October 2017, regarding applicability for non-acute care settings. The revision reads *“This document may be used in non-acute care settings. Site/unit managers are responsible for determining whether this document in whole or in part is appropriate to their patient care setting and communicating that out to staff. “*

Covenant Health staff were active members of the provincial working group during the development of this document. Covenant Health Corporate has adopted this governance document, in whole, and became effective at their sites provincially on March 9, 2018.

For more information about the provincial policy suite and resources to introduce the new governance documents at your site (including a FAQ and recorded webinar), we invite you to visit our [webpage](#): or contact us at: DiabetesObesityNutrition.SCN@ahs.ca.

Safe Management of Insulin Pump Therapy In-Hospital

In-hospital guidelines and required forms for the self-management of Insulin Pump Therapy (IPT) in hospital can be found at: www.ipumpit.ca

South Zone continues to work on a zone wide awareness and an education process for the safe use of insulin pump therapy in hospital. Chinook Regional Hospital has completed their implementation of the IPT guidelines. Medicine Hat Regional Hospital continues to work towards implementation.

We are excited to share that healthcare authorities from across the country have been reviewing, adopting, and citing guidelines for the safe use of IPT in hospital. For more information on how other sites are implementing these guidelines, please contact the [DON SCN](#) .

Peri-operative Guidelines Diabetes Management

The DON and Surgery SCNs are supporting Clinical Knowledge and Content Management (CKCM) in developing clinical guidelines for patients with diabetes who are preparing for and undergoing surgery. Dr. Shannon Ruzycski is the topic lead. She will be collaborating with multiple stakeholders involved in the peri-operative care of patients with diabetes, as well as members of the provincial ERAS (Enhanced Recovery After Surgery) and in-patient diabetes initiative teams. We would like to thank Dr. Zaina Albalawi for starting this work and continuing to support this knowledge topic. If you would like more information on the work being done on peri-operative guidelines, please contact [DON SCN](#).