



**RNAO's International Affairs & Best Practice Guidelines Centre
Best Practice Spotlight Organization® Long-Term Care Designation
Request for Proposals in Ontario Long-Term Care, Cohort L 2025-2028**

Important dates

- **Request for proposals issued:** Thursday, Aug. 14, 2024
- **Letter of intent deadline:** Monday, Oct. 21, 2024
- **Access to online application:** Tuesday, Oct. 22, 2024
- **Full proposal deadline:** Monday, Nov. 25, 2024 at 4 p.m. ET
- **Results released to applicants:** Tuesday, Feb. 11, 2025

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Purpose

The Registered Nurses' Association of Ontario (RNAO) is requesting proposals from interested and eligible **long-term care (LTC) homes located in Ontario**, to work in collaboration with the RNAO in implementing, evaluating and sustaining multiple clinical best practice guidelines (BPG), and disseminating knowledge from their experiences and outcomes with guideline implementation. This is an initiative launched in April 2014 and is being carried out in conjunction with the [Long-Term Care Best Practices Program](#), supported by the Government of Ontario¹.

Background

The [Best Practice Spotlight Organization® \(BPSO®\)](#) designation is a key knowledge translation strategy to help optimize health outcomes at the individual, organizational and health system levels. The BPSO Long-Term Care (BPSO LTC) designation has been designed to support LTC homes in achieving clinical excellence through the implementation, evaluation and sustainability of multiple clinical BPGs. The BPSO LTC Designation tailors the BPSO Designation to the needs of the LTC sector. The BPSO Designation was launched in 2003 as a central knowledge-translation and uptake strategy of RNAO's Best Practice Guideline Program. Since then, the BPSO program has become a social movement of science, with more than 1,500 BPSOs in Ontario, Canada and around the world.

This Request for Proposals (RFP) is exclusive to Ontario long-term care settings and aims to select and support a cohort of BPSO LTC organizations. Successful applicants will initially enter into a formal three (3) year agreement with RNAO. During this time, LTC home leaders and their staff will focus on enhancing their evidence-based cultures, with the mandate to implement, evaluate and sustain a minimum of three (3) RNAO clinical BPGs, two of which must be implemented across the entire organization.

At the end of the three-year period, and assuming all deliverables are met, the participating LTC home will achieve "BPSO Long-Term Care Designate" status. As a designated BPSO, the LTC home focuses on sustainability and commits to continue the implementation, evaluation, spread and expansion of BPGs in their LTC home, and to serve as a mentor to new BPSOs, locally, nationally and internationally. BPSO LTC Designation is renewed every two years, assuming deliverables are met. See [Appendix A](#) for more information regarding BPSO Designate requirements.

This is the twelfth LTC sector-specific BPSO RFP issued by RNAO. There are several areas of the RFP that have been modified to enhance the experience of participating

¹ If, pursuant to the provisions of the Financial Administration Act (Ontario), RNAO does not receive, via the Province of Ontario, the necessary appropriation for payment under this agreement, RNAO is not obligated to make any such payment, and, as a consequence RNAO may reduce the funding available, or terminate the agreement.

LTC homes and ensure successful engagement of the LTC sector in the BPSO Designation – both in the initial three years and beyond. The BPSO LTC program will support participating LTC homes in achieving the quadruple aim of health system transformation as the province moves to an Ontario Health Team model - improving health outcomes; enhancing the resident experience; reducing health expenditures; and improving the experience of health-care providers.

Refer to RNAO's [BPSO LTC Designation](#) and the [Best Practice Guidelines Program brochure](#) for more information.

Instructions to applicants

1. Organizations intending to submit a proposal are asked to forward an electronic letter of intent to the attention of Ms. Janet Chee, Associate Director through Citlali Singh, Project Coordinator at csingh@RNAO.ca by **4 p.m. ET on Monday, Oct. 21, 2024**. Letters on intent should include:
 - a. a statement expressing the LTC home's intent to submit a full proposal by the **Monday, November 25, 2024** deadline,
 - b. an indication that the organization understands the requirements of the RFP, and
 - c. a brief description of the level of organizational support.

Those organizations submitting a Letter of Intent will receive instructions to access the online application form on Oct. 22. Please note that the letter of intent is not binding, and organizations may choose to withdraw their letter of intent prior to the submission deadline.

2. Proposals in response to this RFP must be entered online by **4 p.m. ET on Monday, November 25, 2024**. The proposal submission website will be closed at 5:00 pm ET.
3. RNAO will post amendments to the RFP (if any) on the RNAO website ([RNAO.ca](https://www.rnao.ca)) by **Monday, Nov. 11, 2024** (10 business days before the deadline for submitting the RFP).
4. All questions or inquiries concerning this RFP must be received in writing or by email no later than five (5) business days (**November 18, 2024**) prior to the proposal deadline and be submitted to csingh@RNAO.ca for the attention of Ms. Janet Chee, Associate Director. An emailed response to the inquiry will be provided by RNAO. Verbal responses to any inquiry cannot be relied upon and are not binding on either party.
5. If an Agreement is to be awarded as a result of this RFP, it shall be awarded to the applicant who has the capacity in all respects to fully perform the requirements of the initiative, and the integrity, reliability and accountability to assure achievement of the deliverables in the Agreement.
6. In the event of any inconsistency between this RFP, and the ensuing Agreement, the Agreement shall govern.
7. The RNAO has the right to amend or cancel this RFP at any time and to reissue it for any reason whatsoever without incurring any liability and no applicant will have any claim against the RNAO, any of its staff, or the Government of Ontario, as a consequence.

8. Any and all amendments made by the RNAO to the RFP will be issued on the RNAO website ([RNAO.ca](https://rnao.ca)) up to and including the date ten working days prior to the Monday, November 11, 2024, deadline.
9. RNAO is not liable for any costs related to the preparation or presentation of proposals.
10. The BPSO proposal evaluation committee will review each submission, and in its sole discretion and without liability to any organization and/or person, shall have the right to disqualify any proposal that contains false information or if, on its face, the proposal has a conflict of interest. Moreover, RNAO reserves the exclusive right to determine the qualitative aspects of all proposals relative to the evaluation criteria.
11. Proposals may be shortlisted, and applicants may be requested to provide further information and/or make revisions before the final selection of BPSO pre-designates.
12. The organization's proposal and accompanying documentation shall become the property of RNAO and will not be returned. All information and data supplied by the applicant will be held in confidence by RNAO and will not be disclosed to parties other than the BPSO proposal evaluation committee without the prior written consent of the applicant.

See [section 2.2](#) for more information on how RNAO evaluates the RFP.

Terms of reference

BPSO LTC Designation

The BPSO LTC Designation is an opportunity for long-term care homes to partner with RNAO to create evidence-based cultures in their organizations through systematic implementation, evaluation and sustainability of multiple RNAO BPGs. The objectives of this designation program are to:

1. establish dynamic, long-term partnerships with long-term care settings that focus on making an impact on resident care through evidence-based nursing practice;
2. demonstrate strategies for successfully implementing RNAO BPGs at the individual and organizational level;
3. establish and adopt effective and consistent approaches to evaluate implementation activities utilizing appropriate structure, process and outcome indicators; and,
4. integrate effective strategies for system-wide guideline implementation targeted to long-term care.

LTC homes selected through this RFP will be referred to as **Best Practice Spotlight Organizations LTC (BPSO LTC)**. As BPSO LTCs, long-term care homes will contribute significantly to our growing understanding of the guideline implementation and sustainability process, and to the ongoing evaluation of the impact of RNAO's BPGs on resident, staff, organizational and system outcomes. The BPSO LTC organizations will work collaboratively with RNAO, with both parties committing financial and expert resources to the program. RNAO will commit financial and expert resources based on funding support from the Government of Ontario, available through the LTC Best Practices Program. The BPSO LTC site will commit finances – actual and/or in-kind – and expertise from its own resources, leveraging existing quality improvement activities. There is no specific requirement for “matched funding”.

The BPSO LTC organization must commit to:

1. Engage in a three-year partnership with RNAO, to be reviewed annually, provided criteria are met.
2. Contribute the necessary human and financial resources (actual and/or in-kind) to support guideline implementation, evaluation, and sustainability during the initial three-year pre-designation period, and as a BPSO LTC Designate.

Program deliverables

Sustainability structures

- 1. BPSO lead/co-lead:** Identify and provide a regulated nursing staff member employed in a leadership role within the LTC home to act as BPSO lead to coordinate the implementation, evaluation and sustainability activities. This individual will be the key contact for RNAO. They will need dedicated time to focus on BPSO work, which will include working with the RNAO BPSO Coach. The BPSO lead will require additional time beyond that spent with the BPSO Coach to lead the BPSO LTC activities and achieve the expected deliverables. A BPSO co-lead should also be identified to support BPSO activities should the BPSO lead not be available. The co-lead should participate in as many BPSO activities as possible, be familiar with the BPSO implementation plan, and have access to all materials developed through the BPSO pre-designate period and beyond. The BPSO lead/co-lead will be required to attend RNAO hosted monthly knowledge exchange meetings and be available for coordination and communication between RNAO and the BPSO. Full-time equivalent (FTE) requirement for lead work: 0.4-1.0 FTE of registered nurse (RN), registered practical nurse (RPN) and/or nurse practitioner (NP).
- 2. BPG implementation teams:** Create implementation teams for each BPG that include a BPG lead/co-lead, best practice champions and members of the team who will be actively engaged in the implementation, evaluation and sustainability of the BPG.
- 3. BPSO steering committee:** Establish a BPSO infrastructure including a steering committee responsible for the BPSO designation within their organization and include a reporting and accountability structure to guide the work of the BPSO lead/co-lead and the implementation team(s). This reporting structure should include a communication strategy to the senior leadership team, resident and family advisory committee (if applicable), and the organization's board of directors.
- 4. Recordkeeping:** All BPSO documents and related materials must be saved in a central location on the BPSO electronic network drive and be accessible to the BPSO lead/co-lead and other BPSO team members, as appropriate. The intent is to provide an inventory of BPSO LTC capacity development, implementation and evaluation activities. BPSO documentation should include:
 - a database of internal human resources who are engaged in BPSO-related activities through the Best Practice Champions Network®, Advanced Clinical Practice Fellowship program, Clinical BPG Institute or other activities
 - records of BPSO progress and activities (including copies of the submitted progress reports to RNAO)
 - BPSO information and data collected for the indicators outlined in the evaluation plan

- key roles related to BPSO work that can be used to support any expected or unexpected transitions in leadership roles (e.g., a master BPSO folder and BPSO handover document, names of persons involved in data submission).

5. Sustainability plan: Develop a sustainability plan for the first two (2) years of BPSO designation that includes integration of the BPGs with organizational structures, processes and staff roles, and bolsters BPG spread and expansion activities as a BPSO Designate. Plans for sustaining work from the pre-designation period as well as continued evaluation and spread and expansion of BPG implementation and achieving other BPSO Designate deliverables are required. This plan should be well developed and approved by the end of year two.

Systematic BPG implementation

6. Implementation requirements: In order to support LTC in meeting legislative requirements, several of the guidelines listed below reflect one or more of the required programs outlined in the Fixing Long-Term Care Act, 2021 and Regulations 246/22 for which RNAO has BPGs: falls prevention and management; skin and wound care; continence care and bowel management; and pain management within the context of person and family-centred care.

Implement and/or expand the implementation of a minimum of three (3) RNAO **clinical** BPGs which support quality care in LTC as noted below:

- **Two** mandatory guidelines for implementation, chosen to align with the provincial government's health system transformation agenda
 1. [Transitions in Care and Services \(2023\)](#).
 2. *[Person-and Family-Centred Care](#) (3rd edition to be published in 2025)

These guidelines must be implemented organization-wide, including mandatory recommendations/indicators from the guideline, plus any additional recommendations that address gaps within the long-term care home.

- In addition, the organization must select a minimum of **one** additional guideline that aligns with their organizational goals and priorities. Depending on organizational need, the remaining guideline(s) may be implemented within specific units or across the entire organization. These clinical-focused guidelines are to be selected from the list of guidelines in [Appendix C](#).
- If your organization is currently implementing RNAO Clinical Pathways, each guideline that is implemented through the Clinical Pathways program will be considered a guideline implemented through the BPSO program. If you have already implemented the *Person- and Family Centred Care* and/or the

Transitions in Care and Services guideline and/or other guidelines, then additional guidelines must be selected to meet the (3) guideline implementation deliverable. You are welcome to select upcoming guidelines that will be implemented through RNAO Clinical Pathways. Please connect with your Clinical Pathways implementation specialist for more information about upcoming guidelines that will be implemented in your cohort.

- The implementation of guidelines may include mandatory recommendations and indicators established by RNAO, plus any additional recommendations that address gaps in practice within the organization. Implementation must be as follows:

| Pre-designation | Implementation requirements |
|-----------------|---|
| Year 1 | <ul style="list-style-type: none"> • Initiated implementation of the <i>Transitions in Care and Services</i> BPG and the <i>Person- and Family-Centred Care</i> BPG by the end of year 1 • LTC homes implementing Clinical Pathways can initiate the implementation of other clinical BPGs if <i>Transitions in Care and Services</i> and <i>Person- and Family Centred Care</i> has been implemented. |
| Year 2 | <ul style="list-style-type: none"> • Full implementation of the <i>Transitions in Care and Services</i> BPG and the <i>Person- and Family-Centred Care</i> BPG – across the entire organization or curriculum – by the end of year 2 • LTC homes implementing Clinical Pathways can initiate implementation of other clinical BPGs if <i>Transitions in Care and Services</i> and <i>Person- and Family Centred Care</i> has been implemented. • Full implementation of the third BPG by the end of year 2 |
| Year 3 | <ul style="list-style-type: none"> • Focused integration, sustainability and ongoing evaluation of all BPGs selected for implementation (three or more) in year 3 |

For LTC homes applying as a corporation with multiple sites, there are two options for implementation stream:

- a) All homes implement all three guidelines within the 3-year designation period. The corporation will select one site to be the ‘lead site’ to coordinate BPSO efforts across all sites.
- b) All sites must implement the *Person- and Family-Centred Care* and *Transitions in Care and Services* guidelines across all sites. The remaining guideline(s) may be implemented across the entire organization or the corporation may identify one site to be the ‘lead site’ to implement the

remaining guideline(s) prior to the completion of the pre-designate period. The 'lead site' must plan to spread to other sites the remaining guideline within the pre-designate period with completion of implementation that can occur during or after the pre-designate period.

Additional guidelines for implementation, beyond the minimum of three (3), may be identified by the LTC home from Appendix C or from the complete list of guidelines, including system and healthy work environment guidelines, posted on RNAO's website at [RNAO.ca/bpg](https://rnao.ca/bpg).

Systematic implementation of a minimum of three guidelines as outlined above should align with RNAO's implementation science methodology and the frameworks in RNAO's [Leading Change Toolkit](#) (i.e., the [Knowledge-to-Action Framework](#) and the [Social Movement Action Framework](#)). At minimum, this includes:

- conducting gap/opportunity analyses for all mandatory and selected guidelines
- submitting the gap analyses to the RNAO through structured reporting processes
- identifying priority recommendations for implementation
- implementing substantive practice or curriculum changes to address these priorities

- 7. Required implementation planning and reporting:** The BPSO agrees to engage in the following planning and reporting activities related to BPG implementation:
- **Action plan:** Develop and submit an action plan that includes a list of recommendations/good practice statements for implementation, and outlines specific implementation activities and anticipated outcomes from implementation of each BPG.
 - **Gap analyses:** Complete and submit gap analyses to RNAO related to each BPG at the following stages:
 - before implementation of each BPG, and
 - after implementation of each BPG, to determine whether implementation has been completed.
 - **Comprehensive implementation:** Implementation strategies should include a multi-pronged approach to effectively meet best practice gaps. For example, implementation could include education, substantive practice changes, and relevant organization or policy changes.

Recommended: RNAO Clinical Pathways™: The BPSO LTC may choose to integrate RNAO BPG Clinical Pathways within their electronic medical record system. Preference will be given to those applications that include RNAO BPG Clinical Pathways as part of their implementation plan, but this is not mandatory. RNAO will provide supports to BPSO LTCs who choose to implement RNAO BPG Clinical Pathways.

Capacity development and knowledge exchange

- 8. Best Practice Champions:** Engage and maintain a critical mass of at least 20 per cent of care-giving and management staff (a combination of NPs, RNs, RPNs, PSWs and other members of the interprofessional team) as RNAO Best Practice Champions, over the span of the 3-year partnership. Champion development targets (minimum) should be carried out according to the following schedule:

| Program year | Annual target (percentage) | Target progress (Target = 20% of interprofessional staff) |
|--------------|----------------------------|---|
| Year 1 | ≥8% | 8% |
| Year 2 | ≥8% | 16% |
| Year 3 | ≥4% | 20% |

The intent is to develop capacity among a cohort of staff including registered nursing staff that will be able to support guideline implementation, evaluation and sustainability. This cohort should include the designated BPSO LTC Lead/co-Lead and staff currently engaged in clinical practice change related to the required programs outlined above.

- 9. Knowledge Exchange:** Participate in virtual and in-person meetings and events with RNAO and the local and global BPSO network. At minimum this includes:
- attendance and participation of up to four (4) members to the BPSO orientation launch event hosted by RNAO
 - active participation by the BPSO lead or co-lead – and other members of the implementation team, where appropriate – in monthly knowledge exchange meetings in order to share knowledge and experiences with other BPSO LTC Leads/co-Leads. If neither of these staff are available to attend, one or more Best Practice Champions are welcome to attend to represent the BPSO LTC.
 - attendance of up to two (2) members of the interprofessional team at the annual BPSO Knowledge Exchange Symposium.
- 10. Enhanced capacity development:** Develop enhanced capacity among those who are leading guideline implementation, evaluation and sustainability activities. Send a minimum of one (1) RN, RPN or NP to the RNAO Clinical BPG Institute in each year of the pre-designate period, with registration funded by RNAO with support from the Government of Ontario for the first year.
- 11. Advanced Clinical Practice Fellowship (ACPF):** BPSOs are required to identify RNs and NPs to submit a minimum of one (1) proposal over the span of the 3-year pre-designation period to participate in the RNAO's [ACPF Program](#). As the intent is to develop capacity in guideline implementation, the submissions must be related to the guidelines being implemented as part of the BPSO Designation. In order to

facilitate the application process, the requirement for the BPSO is to commit to in-kind support to enable successful completion of the fellowship. Click [here](#) for more information about the ACPF Program.

- 12. RNAO coach:** Commit to working with the assigned RNAO LTC Best Practice Implementation Coach who will act as the dedicated RNAO BPSO Coach throughout the three (3) year pre-designation period, including scheduling a meeting within the first month of the BPSO pre-designation period and at least monthly in years one & two. The frequency of these meetings can be reassessed in year three. The BPSO Coach will provide support through a consultative and coaching model, and will NOT be a working member of the BPSO LTC implementation team. See page 12 for more information.
- 13. Mentorship:** Commits to working with a BPSO designate mentor organization, as appropriate, in order to support their capacity for guideline implementation, evaluation, sustainability and spread.

Monitoring, evaluation and research

- 14. BPSO progress reports:** Each BPSO is required to submit a progress report twice per year. This online qualitative report supports continuous quality improvement and captures information about the organization's capacity development, practice changes, successes and challenges. It provides a mechanism for RNAO to track progress, focus coaching efforts, support rapid learning and identify outcome/impact stories.
- 15. Report review meetings:** Virtual BPSO report review meetings will be conducted with RNAO staff with the BPSO lead or co-leads to discuss BPSO-related activities and outcomes/impacts evident in the progress and final BPSO reports. Following the final year report meeting, a summary of deliverables will be provided to acknowledge the status of the BPSO.
- 16. Site visit:** Hosts a minimum of one site visit over the three-year period, at a mutually agreed upon time, to review progress related to implementation, monitoring and evaluation activities.
- 17. NQuIRE:** Participation in RNAO's Nursing Quality Indicators for Reporting and Evaluation® (NQuIRE®) international data system is **mandatory** for BPSOs. NQuIRE collects data on human resource structure indicators; BPG-specific structure, process and outcome indicators; and the indicators for BPG uptake and sustainability. The BPSO must sign an NQuIRE Data Usage Agreement upon acceptance as a BPSO and before commencing participation in NQuIRE. See [Appendix D](#) for details about NQuIRE participation requirements.

18. Research opportunities: Take advantage of opportunities to participate in indicator validation, research projects, as requested by RNAO and as appropriate, related to evidence uptake, clinical, organizational, financial and/or system outcomes, as well as policy formulation and evaluation. This may include the involvement of researchers external to the organization that could support the facilitation of research and capacity building within the long-term care home and the long-term care sector. Where appropriate, BPSOs can provide reciprocity and/or expedited ethical review processes for any collaborative research project with internal/external research teams. BPSOs can also participate in forums that will provide the BPSO with opportunities for linking with researchers and others related to evidence-based practice, specifically guideline implementation, evaluation and sustainability.

19. BPSO evaluation: Agrees to participate in any survey/focus group(s) for BPSO evaluation and research purposes during the pre-designation period and beyond, as applicable.

20. Third-party accreditation: Leverages activities related to third-party accreditation with BPSO work, as applicable.

Dissemination

21. BPSO launch: Launch the BPSO program within your own organization to clearly communicate your commitment to the BPSO program and to celebrate the start of the BPSO journey. The launch event can be utilized to recruit champions, engage staff, residents, and families, and to communicate the organization's commitment to an evidence-based culture.

22. External dissemination: Share learnings, resources developed and achievements with the wider health-care community through achieving at least one of the options below in **each of** Years 1, 2 and 3 of the pre-designation periods (three activities total over the duration of the agreement):

Dissemination activities

- Present at a local, provincial, national or international conference on BPSO activities and guideline implementation and/or outcomes. Note: internal staff education does NOT meet this requirement.
- Present at an RNAO event (examples: conferences, workshops or webinars) at the request of RNAO.
- Develop an impact story related to your BPSO work highlighting the positive impacts on patients/residents, families, staff or your community. These may be a published story, short video or other dissemination method. This could be published on the RNAO website or used for educational or promotional purposes.

- Publish an [RNAO Evidence Booster](#) in collaboration with RNAO, outlining key successes with implementation and associated outcomes data.
- Participate on an RNAO committee to advance guideline development, implementation or evaluation.

23. Manuscript submission: Submit a minimum of one article for publication, ideally peer reviewed, by the end of the three-year BPSO pre-designate period related to outcomes that result from BPG implementation. Provide RNAO with citations of all BPSO related publications. These publications may include journals (peer reviewed and/or non-peer reviewed), association publications, newsletters etc. where the focus is on BPSO LTC, guideline implementation and related outcomes. This may include publications where BPSO LTC team members are lead author(s) or publications where the BPSO LTC team members are part of a team of co-authors, and/or joint authorship with the RNAO BPSO Coach and/or others involved in the BPSO Designation. **Note:** Internal organization newsletters do not meet this requirement.

24. Use of BPSO logo: Displays the BPSO logo, provided by RNAO, on any professional practice, nursing, and BPSO related work, and acknowledge your BPSO status in relevant organizational communication and dissemination activities (i.e., organization’s website, annual report, newsletter, Nursing Week events, etc.). Note: During the pre-designate period, organizations are welcome and encouraged to refer to themselves as a “Best Practice Spotlight Organization” or “BPSO”.

25. Information sharing: Shares learnings, materials developed and achievements with the wider health-care and academic communities. This dissemination can be advanced by posting implementation resources on the RNAO website or by participating in events, such as at RNAO Institutes and knowledge exchange events, and forums such as the International Council of Nurses Congress and SIGMA’s Research Congress.

26. Webpage: Develops a BPSO webpage on the organization’s website by the end of the first year to disseminate information about the BPSO designation. It must include at minimum:

- the BPSO and RNAO logos
- a description of the BPSO program
- a link to the RNAO website
- the full names and weblinks of the BPGs your organization are implementing (see Appendix A for a list of all RNAO BPGs with links)
- the acknowledgement text

27. Social media: Creates a social media presence, according to organizational policies using channels available to you per your organizational policies. RNAO strongly

recommends participating in X (formerly Twitter), using #BPSO and tagging @RNAO and follow other BPSOs to support broader dissemination of your work.

28. Public visibility: Support the public visibility of BPSO and participate in the global BPSO collective identify by using the BPSO logo. Include a high-resolution logo, provided by RNAO on all print and digital materials related to BPSO work, including organizational websites, presentations, informational materials, promotional flyers and social media.

29. Acknowledgement: Includes the following statement on all presentations, publications and other BPSO-related dissemination activities:

“This work is part of the BPSO® designation program, funded by the Government of Ontario. For more information about the RNAO BPSO program please visit [RNAO.ca](https://www.rnao.ca).”

Recommended: Engages and develops a minimum of one case story of your outcome/impact associated with BPG implementation or collaborate with RNAO to develop an Evidence Booster that profiles the impact of BPG implementation. To learn more about RNAO’s Evidence Boosters, please visit the BPG impact page at [RNAO.ca](https://www.rnao.ca).

RNAO program supports

RNAO will commit to the following during the pre-designation period:

1. The assigned RNAO LTC Best Practice Implementation Coach will act as the BPSO Coach for each BPSO for the three-year pre-designation period. The RNAO BPSO Coach, a member of the LTC Best Practices Program team, will work with the BPSO LTC to a maximum of 0.2 FTE (the equivalent of one (1) day per week). Their role will include working directly with the BPSO LTC Lead/co-Lead and the implementation team, supporting guideline implementation, evaluation and sustainability through consultation, coaching, linking with resources, and referrals. The BPSO Coach will provide their services through a combination of in-person and technology-enabled approaches to support the BPSO LTC Lead/co-Lead in learning guideline implementation skills. The frequency of contact between the two roles will decrease over time, based on need.

For organizations with multiple long-term care homes, the availability of the RNAO BPSO Coach will remain at 0.2 FTE. RNAO will assign one (1) Coach if home’s location crosses multiple regional boundaries.

2. Providing the BPSO with an orientation to the IABPG Centre, the BPSO Designation and to specific guidelines and implementation resources, through

funding from the Government of Ontario.

3. Supporting champion development and BPG capacity building through the provision of Best Practice Champions workshops and virtual programs, access to the Best Practice Champions Network, and RNAO's Clinical BPG Institute.
4. Providing expert consultation on guideline implementation, uptake and evaluation and sustainability through an assigned RNAO BPSO Coach.
5. Providing opportunities to BPSOs to participate in various aspects of guideline development, implementation projects, evaluation, research and dissemination activities. These opportunities would be mutually agreed upon by both parties.
6. Facilitating participation in the BPSO network for the purposes of knowledge transfer and exchange, through regular virtual meetings, or other meetings/events.
7. Hosting an annual BPSO Knowledge Exchange Symposium to support continued capacity development, knowledge dissemination and networking opportunities with other BPSOs and; support BPSO attendance through funding from the Government of Ontario, as required.
8. Hosting BPSO report review meetings on a semi-annual basis to review BPSO progress reports, monitor progress and provide recommendations. The first meeting will take place after six months in the program, and will include key organizational decision-makers, and RNAO's leadership team, including the RNAO BPSO Coach.
9. Conducting a minimum of one site visit over the three-year period, at a mutually agreed upon time, to review implementation, monitoring and evaluation activities
10. In collaboration with the LTC homes, identify and/or direct appropriate research opportunities to the BPSO LTC organizations as appropriate.
11. Providing access to RNAO's NQuIRE data system, as well as comprehensive training on and ongoing support with using NQuIRE to ensure a consistent approach to monitoring and evaluation.
12. Providing BPSOs with support to develop [Evidence Boosters](#), which are used to demonstrate the impact of RNAO BPG implementation.
13. Fund, through the Government of Ontario/RNAO agreement, the following capacity building and guideline implementation resources:
 - a. 0.2 FTE BPSO Coach (the equivalent of one day per week), provided through the LTC Best Practices Program.

- b. Attendance expenses (limited to transportation and accommodation) for up to two (2) BPSO staff members, as required, to attend the BPSO program orientation launch.
- c. Registration, including accommodation and travel as necessary, for one (1) NP, RN or RPN to attend the RNAO Clinical BPG Institute in the first year of pre-designation.
- d. Attendance expenses (limited to transportation and accommodation) for one (1) BPSO staff member/year, as required, to attend the annual RNAO BPSO Knowledge Exchange Symposium.

Eligibility criteria for BPSO applicants

Long-term care home organizations are eligible to apply under this BPSO LTC Request for Proposals if they meet the following criteria:

1. Demonstrates a commitment to evidence-based practice by previous implementation of one or more RNAO best practice guidelines.
2. Supports staff to participate in opportunities to develop capacity in evidence-based practices such as participation in the BPSO orientation launch, Best Practice Champions Network, Advanced Clinical Practice Fellowship, attendance at RNAO professional development offerings and other quality improvement capacity-building initiatives.
3. Has a senior nurse leader, in the role of Administrator, Director of Care (or equivalent), who is a member of the senior management team.
4. Has strong and explicit support for evidence-based practice, the nursing profession and the implementation of RNAO's best practice guidelines from the board of directors, top senior management official (CEO/President), senior nurse leader (CNE/CNO or Dean/Director), clinical nursing staff/faculty/students, union leader and other key stakeholders such as a patient and family advisory council.
5. Has an organizational vision, mission and/or mandate that provides an opportunity to leverage other initiatives related to evidence-based practice, quality improvement, patient safety, student experience and/or outcomes improvement.
6. Has the capacity to implement, monitor and evaluate BPGs including monthly data collection on NQuIRE indicators and customized evaluation metrics at baseline i.e., prior to implementation. This includes involving an informatics/IT or decision support person as a member of the BPSO team, to understand and support the evaluation deliverables.

7. Has the capacity to dedicate a BPSO lead/co-lead (0.4-1.0 FTE) registered nurse or other regulated professional (preferably master's prepared) who will coordinate guideline implementation, evaluation and sustainability activities. BPSO leads/co-leads may be from other health disciplines, depending on the setting and service delivery model.
8. Has a demonstrated ability to engage in successful partnerships within the health-care/academic community and across a range of sectors.
9. Has the capacity and commitment to meet the requirements of the terms and conditions of the BPSO Designation (following the three-year pre-designation period) in order to maintain their earned BPSO Designation (renewable every two years, assuming terms and conditions are met).

Proposal Evaluation

Selection Methods

1. Rating

The BPSO Proposal Evaluation Committee will use specific criteria to rate each response to this RFP. Ratings will be confidential and no details will be released to any of the other Applicants.

Each proposal will be evaluated using the following criteria:

- | | | |
|----|---|-----|
| a) | scope of work, including mandatory guidelines selected | 20% |
| b) | organizational support | 20% |
| c) | previous experience with RNAO guideline implementation, monitoring and evaluation | 10% |
| d) | BPSO team’s knowledge, skill and experience | 15% |
| e) | capacity to deliver on BPSO requirements and sustain outcomes | 20% |
| f) | financial contribution | 15% |

2. Application process

2.1 Letter of intent:

Organizations intending to submit a proposal are asked to forward an electronic letter of intent via email by **October 21, 2024 at 4 p.m. ET** to the attention of Janet Chee, Associate Director, LTC Best Practices program through Citlali Singh, Project Coordinator at csingh@RNAO.ca. Links to the online application form will be released on this date for those that have submitted a letter of intent. The letter of intent is not binding, and organizations may choose to withdraw their letter of intent prior to the proposal submission deadline. Receiving letters of intent supports the planning for the RFP process. The letter of intent should include:

- a statement expressing the applicant's intent to submit a full proposal by the November 25 deadline
- an indication that the organization understands the RFP requirements
- a brief description of the level of organizational support

2.2 Proposal

The following details should be provided in each proposal submitted. This information will be used to evaluate each RFP received. The online application form provides questions within each of a set of categories, with a description of the number of words/characters for each response. Appendices (attachments to be uploaded) are restricted to letters of support, resumes, guideline implementation summary, budgets (for three years) and no more than two pages of other relevant information that will support the RFP.

Scope of work to be performed (20 per cent)

Provide an overview which shows that the applicant organization understands the purpose and objectives of the BPSO pre-designation. Describe the size of the organization where guideline implementation will take place, including the number of residents, number of regulated and non-regulated nursing staff (e.g., NPs, RNs, RPNs, PSWs) and other health professionals, along with a summary of staffing models/staff mix and staffing ratios. The applicant will identify the total number of champions to be prepared and the target number for each year of the pre-designation period which should be planned according to the schedule outlined in the capacity development and knowledge exchange section above (see page 8).

State which RNAO best practice guidelines (BPGs) the applicant organization intends to implement in order to address gaps in service, and how these BPGs were identified. This includes the two mandatory guidelines and a minimum of an additional clinical-focused BPG which selected from the list in [Appendix C](#). At a minimum, the *Person- and Family-Centred Care* and *Transitions in Care and Services* guideline must be implemented across the entire LTC home, while the other guideline(s) may be implemented either across the entire LTC home, or within specific programs/units/home areas. All BPGs must be implemented by the end of the second year. This will leave year three for a focus on evaluation and sustainability and preparation for BPSO LTC Designation.

If the LTC homes is currently enrolled and implementing RNAO Clinical Pathways, each guideline that is implemented through the Clinical Pathways program is considered a guideline implemented through the BPSO program. If you have already implemented the *Person- and Family Centred Care* and/or the *Transitions in Care and Services* guideline and/or other guidelines, then additional guidelines must be selected to meet the (3) guideline implementation deliverable. You are welcome to select upcoming guidelines that will be implemented through RNAO Clinical Pathways. Please connect with your Clinical Pathways coach for more information about upcoming guidelines that will be implemented in your cohort.

For those LTC homes applying as a corporation with multiple sites, there are two options for Implementation stream:

- a) All homes implement all three guidelines within the 3-year designation period. One site will be selected to be the 'lead site' to coordinate BPSO efforts across all sites.
- b) All sites must implement the *Person- and Family-Centred Care* and *Transitions in Care and Services* guideline across all sites. The remaining guideline(s) may be implemented across the entire organization or the corporation may identify one site to be the 'lead site' to implement the remaining guideline(s) prior to the completion of the pre-designate period. The 'lead site' must plan to spread to other sites the remaining guideline within the pre-designate period with completion of implementation that can occur during or after the pre-designate period.

The applicant will identify and describe the desired short- and long-term goals of the BPSO LTC experience and how their approach to guideline implementation, monitoring and evaluation will impact on nursing practice, resident and organizational outcomes.

Through quality improvement processes, applicants will demonstrate a commitment to monitoring changes in nursing practice, and resident and organizational outcomes related to the implementation of the guidelines. The applicant will include an explicit statement related to their agreement to meet the data collection and data submission requirements for BPSO LTC organizations. The scope of the initiative (at the home area and/or organizational level), and the number of units and staff involved should be described, including the associated timeframes for implementation of each BPG, over the three-year BPSO LTC pre-designation period. As noted previously, for those LTC homes with multiple sites, also indicate the scope of implementation across the multi-sites according to whether you are selecting option a) or b). [Appendix E](#) provides a template to summarize the scope of guideline implementation, and the template in [Appendix F](#) is to be used to describe a high-level work plan. The applicant will identify and describe the desired short- and long-term goals of their BPSO work and how their approach to BPG implementation, monitoring and evaluation will impact on clinical practice and organizational outcomes.

Indicate, where appropriate, any other organizations that would be involved in the BPSO designation via any ongoing relationships or partnerships.

Organizational support (20 per cent)

Organizational support is a clear contributor to a successful BPSO Designation. In this section, clearly outline the extent of organizational support at all levels including staff support from all relevant disciplines. Letters of support are required, at minimum, from:

- the chairperson of the Board (as applicable),
- administrator/director of care (or equivalent),
- resident and family councils,
- union representative (as applicable)
- staff representatives

Letters of support should acknowledge and commit to the ongoing requirements that are part of the BPSO pre-designation. The letter of support from the senior sponsor should include a description of how the BPSO LTC leadership will ensure regular communication about the BPSO activities to the governance level of the organization while acknowledging and committing to the ongoing requirements that are part of the BPSO Designation. These letters should be uploaded as attachments.

Previous experience with RNAO BPG implementation (10 per cent)

Describe which RNAO guidelines, either clinical or healthy work environment, have been implemented previously, or are currently being implemented within the LTC home including RNAO Clinical Pathways.

Discuss which levels (sites, home areas, teams, programs) of the organization are currently involved in implementation, strategies used, existing infrastructure, resource allocation, challenges and barriers faced, and how these are being addressed. Include a discussion of how the interprofessional team, including regulated and unregulated staff, have been engaged in the process to date.

Describe how you have accessed the RNAO LTC Best Practice Implementation Coach working within your region to support your evidence-based practice work, and any Best Practice Champions (stating the number of Champions that are currently working in your home), Advanced Clinical Practice Fellows, RNAO Learning Institute attendees and/or other organizational supports in your guideline implementation work, as applicable. This can also include implementation of RNAO BPG Clinical Pathways. If you are implementing or are planning to implement RNAO BPG Clinical Pathways, indicate the start date i.e., cohort and pathways implemented.

Outline your experience with evaluation, explaining your approaches to using indicators for monitoring and evaluating implementation, data collection, and using data to inform continuous quality improvement.

BPSO team's knowledge, skill and experience (15 per cent)

Provide an overview of the structure of the proposed BPSO LTC Designation, including how guideline implementation will be managed and how the RNAO BPSO Coach will be engaged in this work. Describe the skills of the BPSO lead or BPSO co-lead, in relation to this initiative (résumés or CV of the BPSO lead and co-lead are to be uploaded with the application); résumés of other relevant staff may be included, if appropriate. Include a description of how existing teams focused on the required programs outlined in the Fixing Long-Term Care Act, 2021 and Ontario Regulation 246/22 will be integrated into the BPSO LTC activities. Refer to Appendix H and I for considerations for selecting the BPSO Lead and co-Lead and the Site Lead(s).

Capacity to deliver on BPSO requirements and sustain outcomes (20 per cent)

Provide evidence of internal resources and the capacity to meet BPSO LTC requirements and sustain outcomes (e.g., clinical and program management expertise, access to equipment, buy-in from key stakeholders, information management and technology support, centralized location for saving BPSO LTC electronic files, etc.).

This description will also address the organization's capacity to provide data on practice, resident and organizational outcomes as part of NQuIRE. This should include: a description of the applicant organization's understanding of the requirement for data submission to NQuIRE; identification of which human resource structure indicator(s) the applicant organization is committing to collect, from the list included on page 31; and a clear statement of the current evaluation and monitoring processes within the organization, including identifying sources of data, how the applicant organization intends to collect the data, staff involved e.g., BPSO lead/co-lead, IT/decision support, payroll/HR/admin office representatives).

In addition, discuss how the applicant organization plans to meet BPSO deliverables, for example, engage staff in the ACPF program, dissemination of outcomes (through those options listed on page 14-15) and the development and submission of an article for publication.

Discuss how the applicant organization will sustain involvement in staff capacity development opportunities, guideline implementation/spread and evaluation activities as a BPSO designate.

Provide evidence of involvement in other initiatives that the organization has undertaken which would be comparable to the scope of the BPSO pre-designation. Describe past relevant experience that supports the applicant organization's capacity to engage in the BPSO pre-designation. A letter of support from a past or current partner may be uploaded, as appropriate.

Financial contribution (15 per cent)

Provide a detailed budget for year one, year two and year three of the BPSO pre-designation period. This should include actual and/or in-kind contributions for the three-year pre-designation period. The budget must be itemized as follows: human resources, education and training (e.g., cost of staff replacement), implementation resources, social movement actions, quality improvement monitoring/evaluation, dissemination activities, special consultations and other anticipated costs. Expenses related to Clinical BPG Institute attendance, ACPF support and related expenditures should be reflected in the budget, based on the requirements list on page 8-16 of this RFP. Refer to [Appendix G](#) for a sample budget template.

The agreement

Any award from the RFP is conditional upon the applicant entering into a formal agreement with RNAO to perform the services and other obligations described in this proposal.

If a successful applicant fails to enter into the agreement within 30 calendar days of receipt of notification that the applicant's RFP has been accepted, or if any applicant wishes to make amendments to the agreement terms that are not acceptable to RNAO, RNAO shall have the right, in its sole discretion and without liability to any person or organization to:

- a) extend the period for negotiation or signing of the agreement
- b) cease negotiations with the applicant and enter into negotiations with any other applicant without issuing a new RFP
- c) not enter into the agreement with that applicant
- d) cancel this RFP, or
- e) issue a new RFP.

Attachment: [Appendices A to I](#)

-----END-----

Appendix A: Sustainability, spread & scaling up – BPSO designate period (after 2027)

At the end of the three-year BPSO pre-designation period, and assuming all deliverables are met, the organization will achieve “BPSO Designate” status. As a designated BPSO, and in order to maintain the BPSO designation (renewable every two years), organizations are expected to focus on sustaining and spreading current guidelines, expand guideline implementation internally and externally, and support other organizations in the development of evidence-based practice cultures. For those LTC homes with multiple sites, the expectation is that the 'lead site' would continue to work to spread the implemented best-practices to the remaining sites following achievement of BPSO LTC Designation. Specific deliverables will be delineated in the BPSO Designate Agreement Terms and Conditions, and will address the following areas:

- Continues to maintain a BPSO lead/co-lead who will support guideline implementation, evaluation and sustainability. The BPSO lead/co-lead maintains a relationship with RNAO through the BPSO coach. The frequency of these meetings will be determined in consultation with RNAO.
- Continues to support staff participation in capacity building opportunities (for example, Best Practice Champions Network, RNAO professional development offerings, Advanced Clinical Practice Fellowships, BPSO Knowledge Exchange Symposium, etc.) and maintain engagement of a minimum of 20 per cent of staff (nursing and the interprofessional team) as champions.
- Sustains guideline implementation and evaluation activities, including NQuIRE participation initiated during the BPSO pre-designation period; and spread this work to other practice areas within the organization.
- Initiates the implementation and evaluation of a minimum of at least one additional guideline (clinical or healthy work environment) per designation period (two years) to address service delivery needs of the long-term care home. The implementation of one of these guidelines must be initiated during the first year.
- Supports the broader health community by serving as a mentor to new BPSO organizations during their pre-designation period, at the local, national or international level.
- Continues to disseminate the outcomes of the BPSO designation through conference presentations, social media, publications etc.

Appendix B: Sustainable Development Goals and the Quadruple Aim

How the BPSO program supports achievement of the Quadruple Aim and the Sustainable Development Goals



This framework incorporates the United Nations [Sustainable Development Goals](#) (SDGs) (outer circle) together with the Quadruple Aim, addressing population health, supporting underserved populations and promoting health equity (1).

1. Registered Nurses' Association of Ontario (RNAO). (February, 2021). Nurse Practitioner Task Force Report: Vision for Tomorrow

Appendix C: RNAO Best Practice Guidelines (BPGs)

Mandatory guidelines for all BPSOs:

- [Transitions in Care and Services, 2nd Edition, 2023](#)
- *[Person-and Family-Centred Care, 2015](#)
 - update in progress with an expected publication date of Winter 2025
 - this guideline will include concepts from two additional guidelines: [Establishing Therapeutic Relationships, 2006](#); and [Supporting and Strengthening Families Through Expected and Unexpected Life Events, 2006](#)

Guidelines for pre-designate BPSOs

Organizations can select their third, and any additional BPGs for implementation during the pre-designation period from the following list. If you are interested in a BPG not included in this list or have questions about the revision cycle or retired BPGs, contact Janet Chee, Associate Director, through Citlali Singh at csingh@RNAO.ca. A complete list of RNAO BPGs is available on our [website](#).

- [A Palliative Approach to Care in The Last 12 Months of Life, 2020](#)
- [A Proactive Approach to Bladder and Bowel Management in Adults, 4th Edition, 2021](#)
- Next edition of: [Assessment and Management of Foot Ulcers for People with Diabetes, 2nd Edition, 2013](#)
 - Note: This guideline will be replaced by Prevention and Management of Diabetic Foot Ulcers, 3rd Edition. Estimated publication date is 2024.
- Next edition of: [Assessment and Management of Pain, 3rd Edition, 2013](#)
 - Estimated publication date for the 4th edition is 2024
- Next edition of: [Assessment and Management of Pressure Injuries for the Interprofessional Team, 3rd Edition, 2016](#)
 - Note: This guideline will be replaced by Risk Assessment, Prevention and Treatment of Pressure Injuries, 4th Edition. Estimated publication date is 2024.
- [Delirium, Dementia, and Depression in Older Adults: Assessment and Care, 2nd Edition, 2016](#)
- [End-of-Life Care During the Last Days and Hours, 2011](#)
- [Oral Health: Supporting Adults Who Require Assistance, 2020](#)
- [Preventing and Addressing Abuse and Neglect of Older Adults - Person-Centred, Collaborative, System-Wide Approaches, 2014](#)
- Next edition of: [Preventing Falls and Reducing Injury from Falls, 4th Edition, 2017](#)
 - Estimated publication date for the 5th edition is 2025.
- [Promoting Safety: Alternatives to the Use of Restraints, 2012](#)
- Next edition of: [Reducing Foot Complications for People with Diabetes, 2007](#)
 - Note: This guideline will be replaced by Prevention and Management of Diabetic Foot Ulcers, 3rd Edition. Estimated publication date is 2024.
- Next edition of [Risk Assessment and Prevention of Pressure Ulcers, 2011](#)

- Note: This guideline will be replaced by Risk Assessment, Prevention and Treatment of Pressure Injuries, 4th Edition. Estimated publication date is 2024.
- [Supporting Adults Who Anticipate or Live with an Ostomy, 2nd Edition, 2019](#)

All guidelines and other related program tools and resources can be found on the RNAO website at [RNAO.ca/bpg](https://rnao.ca/bpg)

*RNAO reserves the right to change the above list.

Appendix D: NQuIRE participation requirements

The minimum requirement for NQuIRE participation is to submit monthly data on a quarterly schedule (as outlined in the NQuIRE data dictionary) for consistent units, teams, programs or services as outlined below:

- A minimum of two human resource structure indicators. Examples of human resource structure indicators include:

| |
|--|
| <ul style="list-style-type: none"> • <i>Nursing hours per patient day or patient visit</i>: Total number of nursing hours worked relative to the patient load on the implementation site during the measurement period |
| <ul style="list-style-type: none"> • <i>Staff mix, RN worked hours</i>: Percentage of the total nursing worked hours provided by RNs during the measurement period |
| <ul style="list-style-type: none"> • <i>Staff mix, agency/purchased nursing staff hours</i>: Percentage of the total nursing worked hours provided by agency/ purchased nursing staff during the measurement period |
| <ul style="list-style-type: none"> • <i>Absenteeism</i>: Percentage of full-time nursing earned hours that were paid sick time hours during the measurement period |
| <ul style="list-style-type: none"> • <i>Turnover rate</i>: The number of permanent full- and permanent part-time nursing staff who have left the employment of the organization (both voluntarily and involuntarily) as a percentage of the total number of permanent full-time and permanent part-time nursing staff |

- For the *Person- and Family-Centred Care and Transitions in Care and Services* guidelines and other relevant guidelines, submit mandatory process and outcome indicators, where established, for ALL BPSO including all homes within a multi-site BPSO LTC.
- For the additional guideline(s) chosen by the BPSO, a minimum of one process and one outcome indicator will be submitted, as available.
- Baseline data submission is required on the process and outcome indicators chosen above for a period of three months to one year (as available) before starting implementation activities. Baseline data will support the completion of a gap analysis and allows the BPSO LTC to monitor improvements. In addition, guidelines previously implemented prior to the start of the BPSO LTC work are to be identified, to provide context for the baseline data. Report on implementation indicators as available.
- For guidelines without NQuIRE indicators, BPSOs are required to collect and share data in the MyBPSO reporting system based on other monitoring and evaluation measures that demonstrate the impact of implementing BPGs. These evaluation measures may include data collection on indicators reported to other data repositories (for example, RAI-MDS) and/or indicators developed by the BPSO for monitoring continuous quality improvement initiatives in discussion with RNAO.
- Report on the mandatory indicators for BPG uptake and sustainability

- Use NQUIRE reports to support discussions around BPG implementation, monitoring, and evaluation with the RNAO team, BPSO coach and the BPG implementation teams.
- **Note:** Data collected from BPSOs will not include personal health information identifiers but will be aggregated monthly data to determine the impact of clinical BPGs on resident outcomes, practice and organizational performance.

Appendix E: Summary of scope of work to be performed template

| Clinical guideline for implementation | Service gap(s) or goal to be addressed by implementing the guideline | Implementation level (across entire organization OR site unit/home areas/programs/ teams) | Number of staff to be involved in Implementation | Integration of Clinical Pathways (yes/no) |
|---|--|---|--|---|
| Transitions in Care and Services, 2nd Edition, 2023 | | Across the entire LTC Home | | |
| Person-and Family-Centred Care, 2015 | | Across the entire LTC Home | | |
| | | | | |
| | | | | |

Add additional rows as needed to summarize your organization's plans for BPG implementation.

Appendix F: Proposed three-year work plan

The implementation of guidelines must be as follows:

| Pre-designation | Implementation requirements |
|-----------------|---|
| Year 1 | <ul style="list-style-type: none"> Initiated implementation of the <i>Transitions in Care and Services</i> BPG and the <i>Person- and Family-Centred Care</i> BPGs by the end of year 1 LTC homes implementing Clinical Pathways can initiate the implementation of other clinical BPGs if <i>Transitions in Care and Services</i> and <i>Person- and Family Centred Care</i> has been implemented. |
| Year 2 | <ul style="list-style-type: none"> Full implementation of the <i>Transitions in Care and Services</i> BPG and the <i>Person- and Family-Centred Care</i> BPG – across the entire organization by the end of year 2 LTC homes implementing Clinical Pathways can initiate implementation of other clinical BPGs if <i>Transitions in Care and Services</i> and <i>Person- and Family Centred Care</i> has been implemented. Full implementation of the third BPG by the end of year 2 |
| Year 3 | <ul style="list-style-type: none"> Focused integration, sustainability and ongoing evaluation of all BPGs selected for implementation (three or more) in year 3 |

| Best Practice Guideline | Implementation unit(s) | Planning timeframe (Pre-implementation) | | Implementation timeframe | | Evaluation data submission timeframe | |
|--|------------------------|---|----------------|--------------------------|----------------|--------------------------------------|--------------------|
| | | Month/Year Start | Month/Year End | Month/Year Start | Month/Year End | Month/Year Start | Month/Year Ongoing |
| Transitions in Care and Services | | | | | | | |
| Person-and Family-Centred Care | | | | | | | |
| 3. | | | | | | | |

Add additional rows as necessary to summarize the applicant organization's plans for guideline implementation.

Appendix G: Budget template

The categories listed below are the required line items to be included in the annual budgets for the BPSO. Additional lines should be added to reflect any additional expenses anticipated beyond those listed in the key categories.

Please note that an individual budget is required for each year of the BPSO partnership – a sample of a one-year budget template has been provided below.

• Year 1: 2025-2026

• Year 2: 2026-2027

• Year 3: 2027-2028

| Year _____: | BPSO budgeted contribution | Comments |
|--|----------------------------|----------|
| HUMAN RESOURCE COSTS <ul style="list-style-type: none"> • BPSO lead/co-lead • Implementation team members (as applicable) | | |
| EDUCATION AND TRAINING <ul style="list-style-type: none"> • champion release time • staff development/education • Clinical BPG Institute attendance • support for ACPF fellowship educational materials and funding | | |
| IMPLEMENTATION RESOURCES (list items, as appropriate) | | |
| SOCIAL MOVEMENT ACTIONS Activities related to developing public visibility, collective identity, collective action etc. | | |
| QUALITY IMPROVEMENT MONITORING/EVALUATION | | |
| DISSEMINATION <ul style="list-style-type: none"> • participation in conferences • manuscript fees | | |
| SPECIAL CONSULTATIONS | | |
| OTHER ANTICIPATED COSTS (add lines as needed) | | |
| TOTAL BPSO Contribution | | |

Appendix H: Considerations for selecting the BPSO Lead & co-Lead

The Best Practice Spotlight Organization (BPSO) identifies and provides a regulated nursing staff member in a leadership role within its organization to act as a **BPSO lead**. This person will collaborate and liaise with the RNAO BPSO Coach. The BPSO lead plans and leads the team through the guideline implementation journey. The lead oversees the entire organization's BPSO experience. Below are considerations for BPSOs when selecting the BPSO lead:



- Possess the knowledge, skill, judgment, commitment and motivation to support implementation of best practice guidelines (BPG) and lead change.
- Understand and embrace implementation science within an evidence-based framework
- Communicate effectively with Site Leads for multi-site homes) and the ability to lead, engage, motivate and support teams and stakeholders
- Possess critical thinking skills to link BPG implementation with existing strategic plans and quality improvement plans (QIPs)

Additional competencies:

- Delegate and follow-up on BPSO-related activities and deliverables with other team members (site lead, implementation teams, senior leadership, etc.) within the projected timelines
- Lead meetings and BPSO-related activities
- Create and sustain a BPSO an evidence-based culture by:
 - integrating best practices into existing workflow, routines, and roles across the organization
 - sharing the BPSO work with staff (e.g., education, newsletters, bulletin boards, social media, etc.)
 - empowering and developing staff to become champions with recruitment, capacity development and retention, etc.
 - developing a long-term sustainability plan
- Develop presentations and present to small and large groups at local/regional conferences, webinars, and key stakeholders as opportunities arise
- Initiative to work independently and to continue to work on projects while overcoming barriers and competing priorities

Other role responsibilities and considerations:

- Attendance and active participation in RNAO knowledge exchange meetings
- Represent the BPSO at report meetings with the RNAO
- Collaborate with site lead(s) and/or RAI coordinator for data collection, tracking, submission and evaluation to RNAO's web-based data system (NQUIRE)
- Gain foundational knowledge of BPG implementation by attending the RNAO Best Practice Champions workshop, Institutes, events and utilizing implementation tools, etc.
- Collaborate with the BPSO co-liaison (see below)

It takes a team to be successful on your BPSO journey. Important tips to team building:

- ensure a team approach is used so the BPSO work is not dependent solely on one person
- team should include a co-lead that is familiar with all aspects of the BPSO project and can support all aspects of implementation when the lead is not available or needs additional support
- build leadership capacity within the team through sharing of the workload
- foster a shared accountability and clear reporting structure (i.e., organization chart)
- build confidence and leadership abilities of BPG implementation team members engaging champions to actively lead implementation at the point-of-care level.
- frequently share BPSO progress, data and success stories with staff and leadership team
- encourage team to attend professional development opportunities provided by the RNAO

A previous version of this document was developed in partnership with BPSOs CAMA Woodlands & the Halton Region.

Appendix I: Considerations for Multi-site BPSO Lead & Site Lead

BPSO with multi-sites will have a slightly different structure which includes a BPSO Lead/co-Lead and BPSO Site Lead(s).

| BPSO Lead | BPSO Site Lead(s) |
|--|---|
| <ul style="list-style-type: none"> • BPSO Lead oversees implementation efforts across all BPSO sites • Liaise with RNAO on progress of BPSO program at individual homes and across all participating homes • Work directly with BPSO Site Lead(s) to develop and implement guideline implementation plans according to the program requirements | <ul style="list-style-type: none"> • Represent individual long-term care homes for implementation and sustainability of evidence-based changes • Collaborate with the BPSO Lead and BPSO Coach • Plans and leads the team through the guideline implementation journey • Oversees the entire home's BPSO experience |

The BPSO Site Lead is the same role as the BPSO Lead in non-multi-site BPSOs with the exclusion of the Lead responsibilities with RNAO.

Below are considerations for BPSOs when selecting the Site Lead:



- Possess the commitment, knowledge, skill, judgment and motivation to support implementation of best practice guidelines (BPG)
- Understand and embrace implementation science within an evidence-based framework
- Communicate effectively with the BPSO Liaison(s) and the ability to lead, engage, motivate and support teams and stakeholders
- Possess critical thinking skills to link BPG implementation with existing strategic plans and QIP

Additional competencies:

- Delegate and follow-up on BPSO-related activities and deliverables with other team members (implementation teams, senior leadership, etc.) within the projected timelines
- Lead meetings and BPSO-related activities
- Create and sustain a BPSO an evidence-based culture by:
 - integrating best practices into existing workflow, routines, and roles across the organization
 - sharing the BPSO work with staff (e.g., education, newsletters, bulletin boards, social media, etc.)
 - empowering and developing staff to become champions with recruitment, capacity development and retention, etc.
 - developing a long-term sustainability plan
- Develop presentations and present to small and large groups at local/regional conferences, webinars, and key stakeholders as opportunities arise
- Initiative to work independently and to continue to work on projects while overcoming barriers and competing priorities

Other role responsibilities and considerations:

- Attendance and active participation in RNAO-hosted knowledge exchange meetings
- Represent the BPSO at report meetings with the RNAO
- Collaborate with RAI coordinator for data collection, tracking, submission and evaluation to RNAO's web-based data system (NQUIRE)
- Gain foundational knowledge of BPG implementation by attending the RNAO Best Practice Champions workshop, institutes, events and utilizing implementation tools, etc.
- Collaborate with the BPSO Site Lead back-up (see below)

It takes a team to be successful on your BPSO journey. Important tips to team building:

- ensure a team approach is used so the BPSO work is not dependent solely on one person
- team should include a Site Co-Lead that is familiar with all aspects of the BPSO project and can support all aspects of implementation when the Site Lead is not available or needs additional support
- build leadership capacity within the team through sharing of the workload
- foster a shared accountability and clear reporting structure (i.e., organization chart)
- build confidence and leadership abilities of BPG implementation team members engaging champions to actively lead implementation at the point-of-care level.
- frequently share BPSO progress, data and success stories with staff and leadership team
- encourage team to attend professional development opportunities provided by the RNAO