



Registered Nurses' Association of Ontario
L'Association des infirmières et infirmiers
autorisés de l'Ontario

RNAO's International Affairs & Best Practice Guidelines Centre LTC - Best Practice Spotlight Organization® Request for Proposals

Reference Number: LTC-BPSO® 106#

Ending Date: February 19, 2014

The Registered Nurses' Association of Ontario (RNAO) is requesting Proposals from interested and eligible **long-term care homes located in Ontario**, to work in collaboration with the RNAO in implementing and evaluating multiple clinical nursing best practice guidelines (BPGs), and disseminating knowledge from their experiences and outcomes with guideline implementation. This is a new initiative that is being carried out in conjunction with the Long-Term Care Best Practices Program, supported by the Government of Ontario.

Background

The Long-Term Care - Best Practice Spotlight Organization (LTC-BPSO®) Program has been designed to support long-term care homes in achieving clinical excellence through the implementation and sustainability of multiple clinical practice guidelines. This initiative tailors the original BPSO® Program to the needs of the LTC sector. The BPSO® Program was launched in 2003 as a central knowledge-translation and uptake component of RNAO's Best Practice Guideline Program. The BPSO® Program began with nine founding organizations and has grown to include 76 BPSO®s globally (Canada, USA, Spain, Chile, Colombia, Australia), representing 320 sites across all health-care sectors. This Request for Proposal (RFP) is exclusive to long-term care settings and aims to select and support a cohort of up to fourteen LTC-BPSO® organizations -- one in each Local Health Integration Network (LHIN) within Ontario. Successful applicants will initially enter into a formal three (3) year agreement with RNAO. During this time, long-term care home leaders and their staff will focus on enhancing their evidence-based cultures, with the mandate to implement and evaluate a minimum of three RNAO clinical practice guidelines, one 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 "LTC-BPSO® Designate" status. As a designated LTC-BPSO®, a LTC home focuses on sustainability and commits through a formal agreement with RNAO to continue the implementation and evaluation of best practice guidelines in their home, and within the global community by serving as a mentor to a new LTC-BPSO® organization.

As confirmed in the most recent survey of BPSO[®] organizations, the Best Practice Spotlight Organization[®] initiative has been a resounding success in demonstrating the uptake and utilization of best practice guidelines and their impact on client/resident and organizational outcomes. The program's strategic approach has served to trigger the development of evidence-based cultures, strengthen the clinical practice of the nurses directly impacted by the BPSO[®] initiative, influence the practice of other health-care providers, and optimize clinical and system outcomes.

This is the first long-term care sector-specific BPSO[®] Request for Proposal (RFP) issued by RNAO. Although long-term care homes have participated in the BPSO[®] initiative in the past, there are several areas of the RFP that have been modified to enhance the experience of participating LTC homes, and ensure successful engagement of the LTC sector in the BPSO[®] initiative – both in the initial three years, and beyond.

Instructions to Applicants

1. An electronic letter of intent must be submitted to the attention of Ms. Heather McConnell, Associate Director through Citlali Singh, Project Coordinator at csingh@rnao.ca by 4:00 pm Eastern Time on January 20, 2014. The letter should include a statement expressing the long-term care home's intent to submit a full proposal by the February 19, 2014 deadline. Letters of intent should also indicate that the applicant organization understands the requirements of the RFP and include a brief description of the level of organizational support.
2. Proposals in response to this RFP must be received by mail/courier or delivered by hand by 4:00 pm ET on **February 19, 2014**, at:

Registered Nurses' Association of Ontario
International Affairs & Best Practice Guidelines Centre
Attention: Ms. Heather McConnell, Associate Director
c/o Citlali Singh
158 Pearl Street
Toronto, Ontario
M5H 1L3
3. **Proposals received after the exact time and date noted above will not be accepted and will be returned to the applicant unopened.**
4. The original (with original signatures), 4 additional copies and an electronic copy (e.g., CD, USB, memory stick etc.) with the full proposal are to be submitted by mail/courier or delivered by hand, quoting **(title and Reference No.)**, on the outside of the envelope or package.
5. The RNAO will not be responsible for any proposal that:
 - Does not indicate the Request for Proposal reference number, closing date and

- applicant's name;
- Is delivered to any address other than that provided above;
 - Is emailed or is sent by FAX.
6. All questions or inquiries concerning this RFP must be received in writing or by email no later than five (5) calendar days prior to the proposal deadline and be submitted to Citlali Singh at csingh@rnao.ca for the attention of Ms. Heather McConnell, 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.
 7. 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 performance of the Agreement.
 8. In the event of any inconsistency between this RFP, and the ensuing Agreement, the Agreement shall govern.
 9. 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 Ontario Ministry of Health and Long-Term Care, as a consequence.
 10. Any and all amendments made by the RNAO to the RFP will be issued on the RNAO website (www.RNAO.ca) up to and including date one-week prior to the deadline – February 10, 2014.
 11. The RNAO is not liable for any costs related to the preparation or presentation of proposals.
 12. The LTC-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, the RNAO reserves the exclusive right to determine the qualitative aspects of all proposals relative to the evaluation criteria.
 13. The applicant's proposal and accompanying documentation shall become the property of the 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 LTC-BPSO[®] Proposal Evaluation Committee without the prior written consent of the applicant.

TERMS OF REFERENCE

Overview

The Registered Nurses' Association of Ontario (RNAO), through funding from the Government of Ontario, has embarked on a multi-year program to develop, implement, disseminate, actively support the uptake of nursing best practice guidelines, and evaluate its impact on patients/clients/residents, staff, organizational and system outcomes.

The Nursing Best Practice Guideline Program was launched in November of 1999 and has, to date, developed a total of forty-eight (48) guidelines, 39 clinical guidelines and nine guidelines which focus on healthy work environments (HWE). The published guidelines are disseminated widely and uptake is supported using a multi-pronged approach that includes a focus on individual, organizational and broad health system capacity development. The BPSO[®] initiative is targeted to specifically support guideline implementation at the individual and organizational levels.

The RNAO's Long-Term Care Best Practices Program has been funded by the Ministry of Health and Long-Term Care since 2005, and led by the RNAO since 2008. The mission of this program is to enhance the quality of care for residents in long-term care homes (LTC) in Ontario and to facilitate a culture of evidence-based practice through the implementation of best practice guidelines by front-line staff in LTC homes. The shared values of this work include recognition that successful implementation will be achieved by: involving key stakeholders throughout the process; sharing of resources; learning through dialogue; ongoing evaluation and reflection; and integrating plans for sustainability.

In addition, the RNAO Best Practice Spotlight Organization[®] Program provides support to specific organizations as they work to create evidence-based practice cultures through a formal partnership with RNAO focused on implementing multiple clinical practice guidelines.

For details on the LTC Best Practices Program, the BPSO[®] Program and for a full list of the RNAO's best practice guidelines, visit www.rnao.ca. RNAO is now launching the Long-Term Care - Best Practice Spotlight Organization[®] initiative (LTC-BPSO[®]), which tailors the BPSO[®] Program to the long-term care sector.

LTC-BPSO[®] Program Description

The LTC-BPSO[®] program is an opportunity for long-term care homes to partner with RNAO to create evidence-based cultures in their organizations through systematic implementation of multiple RNAO BPGs. The objectives of this initiative are to:

1. establish dynamic, long-term partnerships with long-term care settings that focus

- on making an impact on resident care through supporting knowledge-based nursing practice;
2. demonstrate strategies for successfully implementing nursing best practice guidelines at the individual and organizational level;
 3. establish and utilize effective approaches to evaluate implementation activities in long-term care settings utilizing appropriate structure, process and outcome indicators; and
 4. identify effective strategies for system-wide dissemination of guideline implementation and outcomes, particularly targeted to long-term care.

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

At minimum, the LTC-BPSO® organizations will commit to:

1. Engage in a three-year partnership with RNAO, to be reviewed and renewed annually, provided criteria are met.
2. Contribute the necessary financial resources -- actual or in-kind -- to support guideline implementation and sustainability during the initial three-year partnership period, and beyond.

Implementation:

3. Implement and/or expand the implementation of a minimum of three (3) RNAO clinical best practice guidelines which support quality care in LTC from the following list:
 - Assessment and Management of Foot Ulcers for People with Diabetes (2nd ed)
 - Assessment and Management of Pain
 - Assessment and Management of Stage I – IV Pressure Ulcers
 - Client Centred Care
 - Decision Support for Chronic Kidney Disease
 - Integrating Smoking Cessation in Daily Nursing Practice
 - Nursing Management of Hypertension
 - Ostomy Care and Management
 - Prevention of Falls and Fall Injuries in the Older Adult Population
 - Recognizing, Preventing and Managing Elder Abuse (to be published in 2014)
 - Reducing Foot Complications in People with Diabetes

- Risk Assessment and Prevention of Pressure Ulcers
- Screening for Delirium, Dementia and Depression
- Strategies to Support Self-Management in Chronic Conditions
- Stroke Assessment Across the Continuum of Care

At minimum, one of the three (3) clinical guidelines must be implemented across the entire LTC home, while the others may be implemented within specific programs/units. Additional guidelines for implementation, beyond the minimum of three (3), may be identified by the LTC home from the list above or the complete list of guidelines posted on RNAO's website at www.rnao.ca/bpg.

The number of guidelines proposed for implementation by LTC homes will be dependent on several factors, including: capacity of the home, previous experience with implementing RNAO's BPGs, scope of the implementation (whether at the unit and/or organizational level, and for multi-site homes, whether across all sites, or whether initial implementation will be at a selected site; numbers of units; size of units; number of overall staff involved); identified gaps in service; and, organizational priorities related to resident care and safety. As noted previously, for those LTC homes with multiple sites, organizations may select one site to initiate their LTC-BPSO[®] work, and plan to spread during their LTC-BPSO[®] designation period, or they may choose to implement across the entire organization at all sites. If the applicant selects the later choice, the one guideline to be implemented across the LTC home must be implemented at all sites.

In order to support LTC in meeting legislative requirements, several of the guidelines listed above reflect one or more of the required programs outlined in the Long-Term Care Homes Act, 2007 and Regulations 79/10. Preference will be given to those applications that select clinical guidelines for implementation that address one or more of the following: a) a focus on resident (client) centred care; b) elder abuse prevention; c) one or more of the required programs outlined in the Long-Term Care Homes Act, 2007 and Regulations 79/10 for which RNAO has best practice guidelines: Falls Prevention and Management; Skin and Wound Care; Continence Care and Bowel Management; and, Pain Management.

4. Engage a critical mass of at least 15% of care-giving and management staff (a combination of RNs, RPNs, PSWs and allied health) as RNAO Best Practice Champions, over the span of the 3-year partnership. The intent is to develop capacity among a cohort of staff including registered nursing staff who are able to support guideline implementation and evaluation. This cohort should include staff currently engaged in clinical practice change related to the required programs outlined above.
5. Funded by RNAO through the Ministry of Health and Long-term Care funding source, send a minimum of one (1) registered nurse or registered practical nurse to the RNAO Clinical Summer Institute (either the Foundational or Booster Stream) in each year of the partnership.

6. Submit a minimum of one (1) proposal over the span of the 3-year partnership for registered nurses (RNs) to participate in the RNAO Advanced Clinical Practice Fellowship (ACPF) Program. The aim is to develop capacity in guideline implementation, and therefore the submissions must be within the Best Practice Guideline Implementation (BPGIF) stream. In order to facilitate the application process, the requirement for the LTC-BPSO[®] is to commit to in-kind support to enable successful completion of the fellowship.
7. Establish and implement a process for developing a network of Best Practice Champions, Summer Institute attendees, and ACPF fellows within their organizations to build capacity and share implementation/evaluation experiences.
8. Funded by RNAO through the Ministry of Health and Long-term Care funding source, send up to two (2) staff to each of the LTC-BPSO[®] Orientation Session (in the first year), and the Annual BPSO[®] Knowledge Exchange Symposium (in the second and third years).
9. Establish a LTC-BPSO[®] structure including a steering committee responsible for the BPSO[®] initiative within their organization.
10. Commit to working with their LHIN-based RNAO LTC Best Practice Coordinator who will act as the dedicated RNAO LTC-BPSO[®] Coach throughout the three (3) year period.
11. Identify and provide a BPSO[®] liaison (a regulated nursing staff member and/or other staff member in a leadership role within the LTC home) to coordinate the implementation and evaluation activities. This individual will be the key person to liaise with the RNAO LTC-BPSO[®] Coach, and will need dedicated time (approximately 0.2 FTE or 1 day/week within their portfolio to facilitate the LTC-BPSO[®] activities.
12. Commit to working with a BPSO[®] designate mentor organization, as appropriate, in order to develop guideline implementation capacity.
13. Develop a sustainability plan for the first two (2) years of BPSO[®] designation that includes integration of the best practice guidelines with organizational structures, processes and staff roles.

Evaluation and Research

The LTC-BPSO[®] will be required to participate in the RNAO international indicator database *Nursing Quality Indicators for Reporting and Evaluation* (NQIRE), which collects data on nursing practice, organizational structure, and client/resident outcome indicators. For more information about NQIRE, visit the RNAO website at <http://rnao.ca/bpg/initiatives/nquire>.

14. Select quality indicators related to organizational structure, nursing practice and resident clinical outcomes that are relevant to the guidelines selected for implementation and appropriate to the LTC sector. Indicator selection will be done in collaboration with RNAO and on the basis of those indicators that are aligned with implemented practice recommendations in the LTC-BPSO[®] as well as those that are identified by the LTC-BPSO[®] as a measurement priority and feasible for data collection (i.e., those indicators that are already collected through other means, e.g., the RAI-MDS).
15. Collect and submit indicator data.
 - a. The RNAO will provide the LTC-BPSO[®] with the data collection requirements and data collection tools (via NQUIRE) for the quality indicators chosen for monitoring and evaluating best practice guidelines selected for implementation, as listed in #3 above.
 - b. Data collected from each LTC-BPSO[®] will not include individual resident identifiers, and will be aggregated to determine the impact of clinical best practice guidelines on resident outcomes and nursing practice.
16. Conduct regular quality improvement monitoring activities related to implementation of each best practice guideline and submit results in bi-annual reports to RNAO.

Evaluation and Research - Capacity Building Opportunities:

17. Take advantage of opportunities to participate in research projects, as requested and as appropriate, related to knowledge uptake, clinical, financial and/or system outcomes, as well as policy formulation/evaluation. This could 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.
18. Eligible to become an organizational member of the Nursing Best Practice Research Centre (NBPRC) which will afford the LTC-BPSO[®] opportunities for linking with researchers and others related to evidence-based practice and guideline implementation. Information about the NBPRC is available at www.nbprc.ca.

Dissemination

19. Share learnings, resources developed and achievements with the long term care sector and the wider health-care community. The LTC-BPSO[®] may select a minimum of two options from the following list over the three-year period to support dissemination:
 - Present at local, provincial, national or international conference(s) on BPSO[®] activities and guideline implementation and/or outcomes;
 - Participate in RNAO events such as conferences/workshops/webinars as speakers/facilitators, at the request of RNAO;

- Share implementation resources, through mutual agreement, on the RNAO website.
20. Submit a manuscript for publication in a peer-reviewed or non peer-reviewed journal by the end of the three-year period. This may include leading publications, or publications where the LTC-BPSO[®] 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[®] Program.
 21. By the end of Year 2, develop a visible BPSO[®] webpage on the LTC home's website to disseminate information about, and profile, the LTC-BPSO[®] Program

Sustainability – Post LTC-BPSO[®] Partnership

At the end of the three (3) year LTC-BPSO[®] partnership period, and assuming all deliverables are met, the LTC-BPSO[®] organization will achieve “LTC-BPSO[®] Designate” status. As a designated LTC-BPSO[®], and in order to maintain the LTC-BPSO[®] designation (renewable every two years), LTC homes are expected to sustain and spread current guideline activities, expand guideline implementation internally and externally, and support others in the development of evidence-based nursing cultures. For those LTC homes with multiple sites that selected one site to initiate their LTC-BPSO[®] work, the expectation is that they would work to spread the implemented best-practices to the remaining sites during the LTC-BPSO[®] designation period. Specific deliverables will be delineated in the LTC-BPSO[®] Designate Agreement Terms and Conditions, and will address the following areas:

22. Continue to support staff participation in capacity building opportunities including Best Practice Champions Network, RNAO Institutes, Advanced Clinical Practice Fellowships, and BPSO[®] Knowledge Exchange Symposium; and maintain engagement of 15% of care-giving and management staff as Best Practice Champions.
23. Sustain guideline implementation and evaluation activities initiated during the first three years of LTC-BPSO[®], and spread this work to other practice areas within the organization.
24. Initiate the implementation and evaluation of a minimum of one additional guideline per designation period (two years) to address service delivery needs of the long-term care home.
25. Support the wider health-care community by serving as a mentor to new “BPSO[®] candidate” organizations at the local, national or international level. This would be mutually agreed upon by the LTC-BPSO[®] and RNAO.
26. Continue to disseminate the outcomes of the BPSO[®] initiative, as noted in #19 above.

The RNAO, at minimum, will commit to:

1. Provide access to published guidelines to the LTC-BPSO[®] organizations
2. Funded by RNAO through the Ministry of Health and Long-term Care funding source, provide the LTC-BPSO[®] organizations with an orientation to the International Affairs and Best Practice Guidelines Centre, the RNAO Long-Term Care Best Practices Program, the BPSO[®] initiative and to specific guidelines and implementation resources.
3. Funded by RNAO through the Ministry of Health and Long-term Care funding source, provide support -- including registration and related travel costs -- for guideline implementation, through the Best Practice Champions workshops, Best Practice Champions Network[®], and RNAO's Best Practice Summer Institute.
4. Enable access to implementation resources.
5. Provide opportunities to LTC-BPSO[®] organizations to participate in various aspects of guideline development, implementation projects and dissemination activities. These opportunities would be mutually agreed upon by both parties.
6. Facilitate participation in a network of LTC-BPSO[®] liaisons, for the purposes of knowledge transfer and exchange, through regular teleconferences, or other meetings/events. This network may be exclusive to the LTC sector, or may involve BPSO[®] leads from other sectors.
7. Meet twice a year with each LTC-BPSO[®] to review reports, monitor progress and provide recommendations.
8. The LHIN-based RNAO LTC Best Practice Coordinator will act as the BPSO[®] Coach for each BPSO[®] for the three years prior to BPSO[®] designation. The RNAO LTC-BPSO[®] Coach, a member of the LTC Best Practices Program team, will work with the LTC-BPSO[®] in a 0.2 FTE (1 day per week). Their role will include working directly with the BPSO[®] liaison and the implementation team, supporting guideline implementation and evaluation through consultation, coaching, linking with resources, and referrals. The LTC-BPSO[®] Coach will provide their services through a combination of in-person and technology-enabled approaches.

For those LTC homes with multiple sites that choose to implement and/or expand the implementation of best practice guidelines across the entire organization at all sites, please note that the availability of the RNAO LTC-BPSO[®] Coach will also be 0.2 FTE (1 day/week).

9. In collaboration with the LTC Homes, identify and/or direct appropriate research opportunities to the LTC-BPSO[®] organizations.

10. Support a consistent approach to data collection, through the RNAO international indicator database *Nursing Quality Indicators for Reporting and Evaluation* (NQIRE), of nursing practice, organizational structure, and resident outcome indicators by LTC-BPSO[®] organizations through specifying indicators for each best practice guideline implemented (from the list under #3 above) as well as by providing relevant instruments to LTC-BPSO[®] organizations along with instruction and guidance for collecting these data.
11. Provide LTC-BPSO[®] organizations with regular quality improvement updates by creating reports of aggregate indicator data from the LTC-BPSOs[®].
12. Fund through the Ministry of Health and Long-term Care/RNAO agreement the following capacity building and guideline implementation resources:
 - a. 0.2 FTE LTC-BPSO[®] Coach (1 day/week), provided through the LTC Best Practices Program.
 - b. Staff attendance (travel and accommodation, as necessary) at the LTC-BPSO[®] Orientation session.
 - c. Registration, including accommodation and travel, for one RN or RPN per year to attend the RNAO Clinical Summer Institute (foundational or advanced stream).
 - d. Attendance of two staff members/year in years two and three to attend the annual RNAO BPSO[®] Knowledge Exchange Symposium (travel and accommodation, as necessary).

Eligibility Criteria for LTC-BPSO[®] Applicants:

Long-term care homes are considered eligible to apply for this LTC-BPSO[®] Request for Proposals if they meet the following criteria:

1. Have demonstrated a commitment to evidence-based practice by previous implementation of one or more RNAO clinical nursing best practice guidelines.
2. Have supported staff to participate in opportunities to develop capacity in evidence-based practice such as Best Practice Champions Network[®], Advanced Clinical Practice Fellowship, attendance at the Best Practice Guideline Institutes or sector specific provincial quality improvement capacity building initiatives.
3. Have a senior nurse leader, in the role of Administrator, Director of Care (or equivalent), who is a member of the senior management team.
4. Have strong and explicit support from their board (as applicable), senior management, senior nurse leader, clinical nursing staff, union and other key stakeholders for evidence-based practice and demonstrated support to the nursing profession and to the implementation of RNAO's best practice guidelines.
5. Have a vision/mission that provides an opportunity for leveraging other initiatives

related to evidence-based practice and resident safety.

6. Have the capacity to implement, monitor and evaluate nursing best practice guidelines including the collection and submission of data on nursing practice, resident outcomes, and organizational structure indicators at baseline prior to implementation, and at regular post-implementation intervals.
7. Have capacity to allocate a BPSO[®] liaison who will work with the RNAO LTC-BPSO[®] Coach to support guideline implementation, evaluation and sustainability.
8. Have demonstrated ability to engage in successful partnerships within the health-care community, both within the LTC sector and beyond.
9. Have the capacity to meet the requirements of the terms and conditions of the LTC-BPSO[®] designation (post initial three-year partnership) in order to maintain the LTC-BPSO[®] status (renewable every two years, assuming criteria are met).

PROPOSAL EVALUATION

Selection Methods

1. Rating

The LTC-BPSO[®] Proposal Evaluation Committee will utilize specific criteria to rate each proposal. 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 priority BPGs selected	20%
b) Organizational support	20%
c) Previous experience with RNAO guideline implementation	15%
d) BPSO [®] Team's knowledge, skill and experience	15%
e) Capacity to deliver on LTC-BPSO [®] requirements and sustain outcomes	15%
g) Financial contribution (actual or in-kind)	15%

2. Application Process

2.1 Letter of Intent:

An electronic letter of intent to submit a proposal must be received by Citlali Singh, Project Coordinator, at csingh@nao.ca with a confirmation of receipt by **4:00 pm Eastern Standard Time January 20, 2014**. 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. The Letter of Intent should include:

- Name of the long-term care home and key contact person.
- Indication that the requirements of the Request for Proposal are understood.
- Description of organizational support.

2.2 Proposal

The following details should be provided in each proposal submitted. This information will be utilized in evaluating each proposal received. The body of the proposal should be no more than 15 pages, single-spaced, with 1-inch margins and in Times New Roman 12-point font. Appendices (not included in the 15 page limit) are restricted to letters of support, resumes, guideline implementation summary, budgets (for 3 years) and no more than 2 pages of other relevant information that will support the proposal.

Scope of Work to be Performed (20%):

Provide an overview which demonstrates that the long-term care home applying for this RFP understands the purpose and objectives of the LTC-BPSO[®] initiative. Describe the size of the organization/site where guideline implementation will take

place, including the number of residents, number of regulated and non-regulated nursing staff (e.g., NPs, RNs, RPNs, PSW) and other health professionals, along with a summary of staffing model/staff mix and staffing ratios.

The applicant organization will state which RNAO best practice guidelines (BPGs) it intends to implement/expand in order to address gaps in service, and how these guidelines were identified. At minimum, three (3) of the BPGs must be clinical BPGs from the list on page 5 & 6, at least one of which will be implemented across the LTC Home. Please note that higher scoring, on this category, will be given to those proposals that include a focus on the priority areas noted in Item 3 (page 6) under BPSO[®] requirements. For those LTC homes with multiple sites, organizations may select one site to initiate their LTC-BPSO[®] work, and plan to spread during their LTC-BPSO[®] designation period, or they may chose to implement across the entire organization at all sites (see Item 8 under RNAO supports).

The applicant will identify and describe the desired short- and long-term goals of the LTC-BPSO[®] 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 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 LTC-BPSO[®] organizations. The scope of the initiative (at the unit 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 3-year LTC-BPSO[®] partnership. As noted previously, for those LTC homes with multiple sites, organizations may select one site to initiate their LTC-BPSO[®] work, and plan to spread during their LTC-BPSO[®] designation period, or they may chose to implement across the entire organization at all sites during the terms of this partnership. Should the organization choose to implement across all sites, please indicate within which LHIN the BPSO[®] liaison is located, to support engagement with the LTC-BPSO[®] coach.

Appendix A provides a template to summarize the applicant organization's plans for guideline implementation.

Organizational Support (20%):

Organizational support is a clear contributor to a successful BPSO[®]. In this section clearly demonstrate 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), Director of Nursing, Resident and Family Councils, union representative (as applicable) and representatives of caregiving staff. These letters should be included as appendices.

Previous Experience with RNAO Guideline Implementation (15%):

Describe which RNAO guidelines, either clinical or healthy work environment, have been implemented, or are currently being implemented within the LTC home. Discuss what levels (sites, units, 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 regulated and unregulated staff have been engaged in the process to date. Describe how you have utilized the RNAO LTC Best Practice Coordinator in your LHIN, and any Best Practice Champions (stating the number of Champions that are currently working in your home), Advanced Clinical Practice Fellows, RNAO BPG Institute attendees and/or other organizational supports in your guideline implementation work.

LTC-BPSO[®] Team's Knowledge, Skill and Experience (15%):

Provide an overview of the structure of the proposed LTC-BPSO[®] initiative, including how guideline implementation will be managed and how the RNAO LTC-BPSO[®] Coach will be engaged in this work. Describe the skills of the BPSO[®] liaison in relation to this initiative (résumé of the LTC-BPSO[®] liaison is to be included in the appendices; 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 Long-Term Care Homes Act, 2007 and Regulations 79/10 will be integrated into the LTC-BPSO[®] activities.

Capacity to Deliver on LTC-BPSO[®] Requirements and Sustain Outcomes (15%):

Provide evidence of internal resources and the capacity to meet LTC-BPSO[®] requirements and sustain outcomes (e.g., clinical and program management expertise, access to equipment, buy-in from key stakeholders, information management and technology support, etc). This description will also address the organization's capacity to provide data on nursing, resident and organizational outcomes and include examples of any such indicator data collection or management systems currently used within the organization.

In addition, discuss how the applicant organization plans to sustain involvement in staff capacity development opportunities, guideline implementation/spread and evaluation activities post the three-year LTC-BPSO[®] experience.

Please provide evidence of involvement in other initiatives that the long-term care home has undertaken which would be comparable to the scope of this initiative. Describe past relevant experience that supports the applicant home's capacity to engage in the LTC-BPSO[®] initiative. A letter of support from a past or current partner may be included as an appendix.

Financial contribution (15%):

Provide a proposed budget – actual and/or in-kind for the 1st, 2nd, and 3rd years of the LTC-BPSO® initiative, prior to designation. The budget must be itemized as follows: human resources, special consultations, quality improvement monitoring/evaluation, education/training, and implementation resources. Refer to Appendix B for a sample budget template.

3. The Agreement

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

The Agreement will contain the relevant provisions of this RFP and of the successful proposal, as well as such other terms as may be mutually agreed upon, whether arising from the proposal or as a result of any negotiations prior or subsequent thereto.

If a successful applicant fails to enter into the Agreement within thirty (30) calendar days of receipt of notification that the applicant's proposal 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: Appendix A to C

-----END-----

APPENDIX A

Template: Summary of Scope of Work to Be Performed

Clinical Guidelines for Implementation	Service Gap(s) or Goal of Performance Excellence Addressed by Guideline	Sites/Unit(s)/Programs/ Teams for Implementation OR Implementation across the entire LTC Home	Number of staff involved in Implementation	Timeline for Implementation (Year 1, 2 or 3)

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

APPENDIX B Budget Template

The categories listed below are the required line items to be included in the annual budgets for the LTC-BPSO[®]. Additional lines may 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 LTC-BPSO[®] partnership – a sample one year budget template has been provided below. The RNAO annual contributions to the budget have been estimated, and are included in the template.

• Year 1: 2014-2015

• Year 2: 2015-2016

• Year 3: 2016-2017

Year ____:

	LTC-BPSO [®] Budgeted Contribution	Comments
TOTAL HUMAN RESOURCE COSTS • BPSO [®] Liaison • Implementation Team members (as applicable)		
TOTAL SPECIAL CONSULTATIONS		
TOTAL QUALITY IMPROVEMENT MONITORING/EVALUATION		
TOTAL EDUCATION AND TRAINING • Champion Release time (4 hours per champion/ workshop) • Staff release time – Summer Institute		
TOTAL IMPLEMENTATION RESOURCES (list items, as appropriate)		
TOTAL LTC-BPSO[®] Contribution		

	RNAO through the MOHLTC funding source Annual Budget Contribution	Comments
RNAO LTC-BPSO [®] Coach (0.2 FTE)	\$22,250	
Support to attend annual BPSO [®] Symposium (2 staff) – travel and accommodation	\$750	Approximate cost, depending on travel/accommodation requirements.
Support to attend LTC-BPSO [®] Orientation Launch (2 staff) – travel and accommodation	\$750	Approximate cost, depending on travel/accommodation requirements.
Summer Institute – Registration, Accommodation and Travel	\$3,200	
TOTAL RNAO through the MOHLTC funding source contribution	\$26,950	
TOTAL BUDGET: RNAO and BPSO[®] Combined		

APPENDIX C

LTC Best Practice Spotlight Organization[®] Applicants

Proposal Checklist

This checklist has been developed for use by the applicant organization to ensure the requirements of the RFP have been met. It is for planning purposes only, and does not need to be submitted to RNAO.

Item	Yes	No
Visited RNAO website to check for any updates to the RFP		
Letter of intent submitted and verification of receipt received from RNAO by 4:00 pm ET on January 20, 2014.		
Scope of work described and RNAO best practice guidelines of interest clearly communicated.		
Organizational support described and letters of support provided.		
Previous work with RNAO guideline implementation described. Clear indication of which of RNAO clinical BPGs have been implemented or are currently being implemented		
LTC-BPSO [®] Team's knowledge, skill and experience described. Resume of LTC-BPSO [®] liaison attached.		
Capacity to deliver on LTC-BPSO [®] requirements and sustain outcomes described, including evidence of past involvement in other initiatives which would be comparable to the scope of this initiative and the applicant's capacity to engage in the LTC-BPSO [®] initiative. A letter of support from a past or current partner may be included as an appendix.		
3-Year Budget provided.		
Body of proposal no more than 15 pages, single-spaced.		
Appendices as per proposal guidelines.		
Proposal being sent by mail/courier or delivered by hand for delivery by to RNAO by 4:00pm noon ET on February 19, 2014.		
Proposal includes – original + 4 hard copies and 1 electronic copy		
Envelope has title, Ref No. LTC-BPSO [®] #106		
Cover letter addressed to Ms. Heather McConnell, Associate Director, RNAO		