



**RNAO's International Affairs & Best Practice Guidelines Centre
Best Practice Spotlight Organization® (BPSO®)
Request for proposals in Ontario (Cohort 8 BPSO RFP)
2024-2027**

Important dates

- **Request for proposals issued:** Wednesday, Aug 9, 2023
- **Information Session:** Wednesday, Aug, 23, 2023 at 11 a.m. ET
- **Letter of intent deadline:** Monday, Oct. 2, 2023 at 4 p.m. ET
- **Full proposal deadline:** Monday, Dec. 4, 2023 at 4 p.m. ET
- **Results released to applicants:** Tuesday, Feb 13, 2024

Table of Contents

Purpose & background.....	2
Instructions to applicants.....	3
Terms of reference.....	5
Background about BPSO designation.....	5
Program deliverables.....	6
Sustainability structures.....	6
Systematic BPG implementation.....	6
Capacity development and knowledge exchange.....	8
Monitoring, evaluation and research.....	10
Dissemination.....	11
RNAO program supports.....	12
Eligibility criteria for BPSO applicants.....	13
Proposal evaluation.....	15
Selection Methods.....	15
The agreement.....	19
Appendices.....	20
Appendix A: Sustainability, spread and scaling up- BPSO designation period (after 2027)	20
Appendix B: How the BPSO program supports achievement of the Quadruple Aim and the Sustainability Development Goals.....	21
Appendix C: RNAO Best Practice Guidelines (BPGs)	22
Appendix D: NQuIRE participation requirements.....	24
Appendix E: Template: Summary of scope of work to be performed.....	25
Appendix F: Proposed three-year work plan.....	26
Appendix G: Budget template (sample)	27

Purpose

The Registered Nurses' Association of Ontario (RNAO) is requesting proposals from interested and eligible health service and academic entities in Ontario, to work in collaboration with RNAO to implement and evaluate multiple clinical-focused best practice guidelines (BPG), disseminate the knowledge gained from their BPSO experiences, share the outcomes achieved through guideline implementation, and meet the deliverables required to attain **Best Practice Spotlight Organization (BPSO)** designation. Funding for this initiative has been provided by the Government of Ontario.

Background

The Best Practice Spotlight Organization (BPSO) designation is a key knowledge translation strategy launched in 2003 to help optimize health outcomes at the individual, organizational and health system levels. 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) helps RNAO select a new cohort of BPSOs in Ontario. Successful applicants enter a formal three-year pre-designation agreement with RNAO to ultimately attain BPSO designation. During the pre-designation period, organizations focus on enhancing their evidence-based cultures, with the mandate to implement and evaluate a minimum of three RNAO BPGs.

At the end of the three-year pre-designation period, and assuming all deliverables have been met, the organizations achieve “BPSO Designate” status. As a designated BPSO, an organization focuses on the sustainability, spread and expansion of the BPGs implemented in practice and commits to implementation and evaluation of additional BPGs in their organization. BPSO designates also serve as a mentor to new local, national or international BPSOs. BPSO designation is renewed every two years, assuming deliverables are met. See [Appendix A](#) for more information regarding BPSO Designate requirements.

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

Instructions to applicants

Organizations intending to submit a proposal are asked to forward a letter of intent* via email by **Monday, Oct. 2, 2023 at 4 p.m. ET** to the attention of Susan McNeill, Associate Director, Guideline Implementation and Knowledge Transfer, International Affairs and Best Practice Guidelines Centre through Andrea Stubbs, Project Lead, at astubbs@RNAO.ca. Letters of intent should include:

- a statement expressing the applicant's intent to submit a full proposal by the Dec. 4 deadline
- an indication that the organization understands the RFP requirements
- a brief description of the level of organizational support

** RNAO will release instructions related to submitting your online proposal after this Oct. 2 deadline. Although the above step is not mandatory in RNAO's RFP process, it aids RNAO in planning and in understanding demand and community needs.*

1. You must submit your **full proposal** using the online submission form by **Monday Dec. 4, 2023 by 4 p.m. ET. You will not be able to upload a proposal after this date and time.** See the application process section for further details.
2. RNAO will post amendments to the RFP (if any) on the RNAO website (<https://RNAO.ca>) by **Monday, Nov. 20, 2023** (10 business days before the deadline for submitting the RFP).
3. RNAO must receive any **inquiries** concerning this RFP **in writing or by email** on or before **Monday Nov. 27, 2023 at 4 p.m. ET** (five business days before the submission deadline). Please email any inquiries to Andrea Stubbs at astubbs@RNAO.ca to the attention of Susan McNeill, Associate Director, International Affairs and Best Practice Guidelines Centre. RNAO will provide an email response to the inquiry. Verbal responses to any inquiry cannot be relied upon and are not binding on either party.
4. RNAO is not liable for any costs related to the preparation or presentation of proposals.
5. 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.
6. 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.
7. In order for an agreement to be awarded as a result of this RFP, the applicant must

demonstrate the ability to meet program requirements (e.g., the integrity, reliability and accountability to assure the achievement of the deliverables in the agreement.)

8. In the event of any inconsistency between this RFP and an ensuing agreement, the terms of the agreement shall govern.
9. 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 RNAO, any of its staff, or the Government of Ontario as a consequence.
10. 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

Background about BPSO designation

The BPSO designation is an opportunity for health service and academic entities (i.e., Schools of Nursing) to partner with RNAO to create evidence-based practice cultures in their organizations through the systematic implementation of multiple RNAO clinical-focused best practice guidelines. The objectives of this designation program are to:

1. Establish dynamic, long-term partnerships that focus on making an impact on patient care through supporting evidence-based practice.
2. Demonstrate creative strategies for successfully implementing BPGs at the individual, organizational and systems level.
3. Establish and use effective approaches to evaluate implementation activities through structure, process and outcome indicators.
4. Identify effective strategies for system-wide dissemination of BPG implementation and outcomes.
5. Support achievement of the Quadruple Aim and the United Nations Sustainable Development Goals. [[see Appendix B](#)]

RNAO commits evidence-based resources and expert coaching through funding from the Government of Ontario. BPSOs commit finances - actual and/or in-kind - and expertise from its own resources, leveraging existing quality improvement activities.

At minimum, the BPSO must commit to:

1. engaging in a partnership with RNAO over the three-year pre-designate period, which is supported by a dedicated RNAO coach and monitored biannually through report review meetings
2. contributing the necessary human and financial resources (actual and/or in-kind) to support implementation of RNAO best practice guidelines (BPG), evaluation and sustainability during the initial three-year pre-designation period, and as a BPSO designate

Program deliverables

Sustainability structures

1. BPSO lead/co-lead: Provide a 0.5-1.0 FTE registered nurse or other regulated health professional (preferably master's prepared), for the position of BPSO lead/co-lead to coordinate the BPG implementation and evaluation activities. The BPSO lead/co-lead may be from other health disciplines, depending on the setting and service delivery model. 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. BPSOs are strongly encouraged to consider having a co-lead model where two or more individuals work collaboratively to support the achievement of the BPSO deliverables.

2. 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, patient and family advisory committee (if applicable), and the organization's/institution's board of directors, governors, and/or senate.

3. Recordkeeping: Maintain BPSO documentation, including:

- a database of internal human resources who are engaged in BPSO-related activities through the Best Practice Champions Network®, Advanced Clinical Practice Fellowship (ACPF) 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).

4. Sustainability plan: Develop a sustainability plan within the first two years of BPSO designation that includes integration of the BPGs with organizational structures, processes/curriculum and staff roles, and bolsters BPG spread and expansion activities as a BPSO Designate.

Systematic BPG implementation

1. Implementation requirements: Implement a minimum of three RNAO clinical-focused best practice guidelines (BPG). This must include these two guidelines:

1. [Transitions in Care and Services](#)
2. [Person- and Family-Centred Care](#)

These mandatory guidelines must be implemented organization-wide or across the curriculum (in the case of academic entities).

In addition, the organization must select a minimum of **one** additional clinical-focused guideline that aligns with their organizational/community goals and priorities. Depending on organizational need, the remaining guideline(s) may be implemented within specific units/programs (or academic courses), across an entire program/department (curriculum), or across the entire organization (corporate strategy). These clinical-focused guidelines are to be selected from the list of guidelines in [Appendix C](#).

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 year	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
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 • 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

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

Practice changes need to demonstrate a positive impact on health outcomes, and curriculum changes need to demonstrate a positive impact on student learning and

practices (see evaluation page 10-11).

Recommended: BPG Order Sets™: BPSOs are encouraged to implement RNAO BPG Order Sets for the two mandatory guidelines and to consider using BPG Order Sets for additional BPGs, where available. BPG Order Sets are implementation tools that support the integration of practice changes within electronic or paper-based documentation systems. A BPG Order Set agreement will need to be signed prior to RNAO providing the BPSO with free access to RNAO’s BPG Order Set library.

Capacity development and knowledge exchange

1. Best Practice Champions: Over the span of the three-year pre-designate period, engage a critical mass of at least 20 per cent of the nursing staff (or faculty/students for academic sites), and the interprofessional team as appropriate, in the role of RNAO Best Practice Champions. The intent of this requirement is to develop capacity among nurses and interprofessional team members. BPSOs are also encouraged to engage a wide range of individuals as champions, including but not limited to patients and/or their family members, senior leadership, volunteers and support staff who are able to support guideline implementation and evaluation, depending on the setting.

Champion recruiting targets should be carried out according to the following schedules:

a. Organizations with more than 25 interprofessional staff

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

b. Organizations with 25 or less interprofessional staff

The target for recruiting and preparing champions is 20 per cent of staff – or at least five staff members in total – by the end of year 3.

2. Knowledge Exchange: Participates in virtual and in-person meetings and events with RNAO and the local and global BPSO network. At minimum this includes:

- participate in 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.

- attendance of up to two members of the interprofessional team at the annual BPSO Knowledge Exchange Symposium. Transportation and accommodation of two staff members will be funded for this in-person event by RNAO, as required. Funding will not be provided if the symposium is held virtually.

3. Enhanced capacity development: Develops enhanced capacity among those who are leading guideline implementation, evaluation and sustainability activities. Send nurses, members of the interprofessional team and other staff (as applicable) to the RNAO Clinical BPG Institute in each year of the partnership subject to the following constraints:

Number of interprofessional staff at organization *nurses and/or interprofessional team members	Minimum number of interprofessional staff to be trained *nurses and/or interprofessional team members
More than 2,000	4
1,000 – 1,999	3
100 – 999	2
10 – 99	1
Less than 10	To be determined on individual basis

4. Advanced Clinical Practice Fellowship (ACPF): BPSOs are required to identify registered nurses (RN) and nurse practitioners (NP) to submit proposals to participate in RNAO’s [ACPF Program](#). The proposal submissions must be related to the BPGs being implemented during the BPSO pre-designate period. Over the span of the three-year partnership, submissions should be made subject to the following constraints:

Number of RNs on staff	Minimum number of proposals per pre-designation period
500 or more	1 proposal per year (3 total)
50 – 499	2 proposals over 3 years
Fewer than 50	1 proposal over 3 years
Academic entities	1 proposal by a faculty member or student over 3 years

5. RNAO coach: Commits to working with an assigned RNAO BPSO Coach (RNAO staff member) throughout the three-year 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. See page 12 for more information.

- 6. 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

- 1. 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.
- 2. 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 letter to the BPSO sponsor will be provided to acknowledge the status of the BPSO.
- 3. 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.
- 4. Evaluation (academic BPSOs):** Participates in the development and/or identification of structure, process and outcome indicators and measuring the impact of guideline implementation (for example on student knowledge, performance and/or clinical outcomes).
- 5. 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.
- 6. Research opportunities:** BPSOs have the opportunity to participate in indicator validation, research projects, as requested by RNAO and as appropriate, related to evidence uptake, clinical, student, organizational, financial and/or health system outcomes, policy development and evaluation. This may include the involvement of researchers and/or graduate students external to the organization who could support the facilitation of research and capacity building within the BPSO, inform practice and policy, and improve outcomes across organizations or sectors. 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.

7. **BPSO evaluation:** Agrees to participate in any survey/focus group(s) for BPSO evaluation purposes.
8. **Third-party accreditation:** Leverages activities related to third-party accreditation with BPSO work, as applicable.

Dissemination

1. **Conference presentations:** Presents a minimum of one paper/poster in each of the three years at local, provincial, national or international conference(s), highlighting the impact of guideline implementation (one or more of the three guidelines selected for implementation), and acknowledging the Government of Ontario, the RNAO and the BPSO designation.
2. **Manuscript submission:** Submits a minimum of one (1) manuscript for publication (preferably peer reviewed) during the three-year BPSO pre-designation period related to outcomes that result from BPG implementation, and provide RNAO with citations of all BPSO-related publications.
3. **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".
4. **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.
5. **Webpage:** Develops a BPSO webpage on the organization's website by the end of the first year to disseminate information about the BPSO designation.
6. **Social media:** Creates a social media presence, according to organizational policies, using #[organization name]BPSO on Twitter and other social media

platforms. BPSOs are encouraged to use #BPSO, tag @RNAO (on Twitter) and follow other BPSOs to support broader dissemination of your work.

- 7. 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 www.RNAO.ca.”

- 8. 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 www.RNAO.ca.

RNAO program supports

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

1. Providing an RNAO BPSO Coach for each BPSO. The RNAO BPSO Coach will be a point of contact for the BPSO, and their role will include consultation, coaching, scheduling regular meetings (at least one per month), and linking BPSOs with resources, referrals to other BPSOs and conducting a site visit during the pre-designation period.
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.
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. Identifying and directing appropriate research opportunities to the BPSO.
11. Providing access to RNAOs 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.

Eligibility criteria for BPSO applicants

Organizations are eligible to apply under this BPSO 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 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.

4. 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.
5. 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.
6. Has the capacity to dedicate a BPSO lead/co-lead (0.5-1.0 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.
7. Has a demonstrated ability to engage in successful partnerships within the health-care/academic community and across a range of sectors.
8. 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 **Monday, Oct. 2, 2023 at 4 p.m.** ET to the attention of Susan McNeill, Associate Director, Guideline Implementation and Knowledge Transfer, International Affairs and Best Practice Guidelines Centre through Andrea Stubbs, Project Lead, at astubbs@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 Dec. 4 deadline
- an indication that the organization understands the RFP requirements
- a brief description of the level of organizational support

2.2 RFP

The following details should be provided in each RFP 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 patients, number of regulated and non-regulated nursing staff and other health professionals, along with a summary of staffing models. For academic entities, a description of the structure of the program, number of faculty and students in all applicable programs is required. 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](#). The third BPG may be implemented within specific units/programs (or academic courses), across an entire program/department, or across the entire organization/curriculum, depending on organizational need. The implementation of BPGs must be consistent with requirements outlined in the systematic implementation section above (see page 6).

Identify and describe the desired short- and long-term goals of the BPSO experience and how their approach to BPG implementation, monitoring and evaluation will impact clinical practice, patient/student and organizational outcomes.

Through quality improvement processes, applicants will demonstrate commitment to monitoring changes in clinical practice, and patient and organizational outcomes related to the implementation of the BPGs. The applicant will include an explicit statement related to their agreement to meet the data collection and data submission requirements for BPSO. The scope of the initiative (at the unit and/or organizational level), and the number of units/courses and staff involved should be described, including the associated timeframes for implementation of each BPG, over the three-year BPSO pre-designation period. [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, clinical/student 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)

Clearly demonstrate the extent of the organizational support at all levels including staff support from all relevant disciplines. Letters of support are required, at minimum, from:

- chairperson of the Board (as applicable)
- chief executive officer (or equivalent)
- chief nursing officer/chief nursing executive or dean/director
- 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 will ensure regular communication about the BPSO activities to the governance level of the organization, including the Board, while acknowledging and committing to the ongoing requirements that are part of the BPSO pre-designation. These letters should be uploaded as attachments.

Previous experience with RNAO BPG implementation (10 per cent)

Describe which RNAO BPGs have been implemented, or are currently being implemented within the organization.

Discuss which levels (units, teams, programs) of the organization are currently involved in BPG 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 has been engaged in the process to date.

Describe how you have utilized your Best Practice Champions (stating the number of champions that are currently working in your organization), Advanced Clinical Practice Fellows, and RNAO professional development program attendees in your BPG implementation work, as applicable.

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 pre-designation, including how BPG implementation will be managed. Describe the skills of the BPSO lead/co-lead in relation to this work (resumé or CV of BPSO lead or co-lead to be uploaded as an attachment; resumé or CVs of other relevant staff may be included if appropriate). Include a description of how existing quality improvement staff will be integrated into BPSO activities.

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

Provide evidence of internal resources and the capacity to meet BPSO requirements and sustain outcomes (for example, clinical and program management expertise, access to equipment, engagement of key stakeholders, and information management and technology support). This description will also address the organization's capacity to provide data on nursing, patient/student, and organizational outcomes as part of NQuIRE, and include examples of any such indicator data collection or management systems currently employed within the organization.

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. The budget must be itemized as follows: human resources, education and training, 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 8-9 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 G](#)

-----END-----

Appendix A:

Sustainability, spread and 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.

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 two additional guidelines (at least one that focuses on clinical practice) within the two-year designation period to address service delivery needs or academic priorities of the BPSO. 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:

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 Fall 2024/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 Susan McNeill, Associate Director, Guideline Implementation and Knowledge Transfer at smcneill@RNAO.ca. A complete list of RNAO BPGs are available on our [website](#).

1. [A Palliative Approach to Care in The Last 12 Months of Life, 2020](#)
2. [A Proactive Approach to Bladder and Bowel Management in Adults, 4th Edition, 2021](#)
3. [Adult Asthma Care Guidelines for Nurses: Promoting Control of Asthma 2nd Edition, 2017](#)
4. [Assessment and Interventions for Perinatal Depression, 2018](#)
5. 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: spring 2024)
6. Next edition of: [Assessment and Management of Pain, 3rd Edition, 2013](#)
 - Estimated publication date for the 4th edition: summer 2024
7. 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: summer 2024)
8. [Crisis Intervention for Adults Using a Trauma-Informed Approach, 3rd Edition 2017](#)
9. [Delirium, Dementia, and Depression in Older Adults: Assessment and Care, 2nd Edition, 2016](#)

10. [Engaging Clients Who Use Substances, 2015](#)
11. [Initiation, Exclusivity, and Continuation of Breastfeeding for Newborns, Infants and Young Children, 3rd Edition, 2018](#)
12. [Integrating Tobacco Interventions into Daily Practice, 3rd Edition, 2017](#)
13. [Oral Health: Supporting Adults Who Require Assistance, 2020](#)
14. [Preventing and Addressing Abuse and Neglect of Older Adults - Person-Centred, Collaborative, System-Wide Approaches, 2014](#)
15. Next edition of: [Preventing Falls and Reducing Injury from Falls, 4th Edition, 2017](#)
 - Estimated publication date for the 5th edition: fall 2025
16. [Primary Prevention of Childhood Obesity 2nd Edition, 2014](#)
17. [Promoting Smoking Reduction & Cessation with Indigenous Peoples of Reproductive Age & Their Communities, 2022](#)
18. 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: spring 2024)
19. 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 (anticipated publication date: summer 2024)
20. [Supporting Adults Who Anticipate or Live with an Ostomy, 2nd Edition, 2019](#)
21. [Vascular Access, 2nd Edition, 2021](#)
22. [Working with Families to Promote Safe Sleep for Infants 0-12 Months of Age, 2014](#)

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:

NQulRE participation requirements:

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

- For health service organizations, a minimum of two human resource structure indicators.
- 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 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. In addition, guidelines previously implemented prior to the start of the BPSO work are to be identified, to provide some context for the pre-implementation data.
- For guidelines without NQulRE 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, interRAI Community Mental Health Assessment) 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 NQulRE 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.

Appendix E:

Template: Summary of scope of work to be performed

BPG for implementation	Service/academic program gap(s) or goal to be addressed by implementing the BPG	Unit(s)/departments/courses for implementation OR implementation at the organizational/ academic institution level	Number of interprofessional team members, other staff or faculty to be involved in BPG implementation	Integration of BPG Order Set™ (yes/no)
Transitions in Care and Services		Organization/ academic institution wide		
Person and Family-Centred Care		Organization/ /academic institution wide		

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 year	Implementation requirements
Year 1	<ul style="list-style-type: none"> Initiated implementation of the <i>Transitions in Care and Services BPG</i> and the <i>Person- and Family-Centred Care BPG</i> by the end of year 1
Year 2	<ul style="list-style-type: none"> Full implementation of the <i>Transitions in Care and Services BPG</i> and the <i>Person- and Family-Centred Care BPG</i> – across the entire organization or curriculum – by the end of year 2 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

BPG	Implementation unit(s)	Planning timeframe		Implementation timeframe		Evaluation data submission (baseline and quarterly) timeframe	
		Month/Year	Month/Year	Month/Year	Month/Year	Month/Year	Month/Year
		Start	End	Start	End	Start	Ongoing
1.							
2.							
3.							

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

Appendix G:

Budget template (sample)

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: 2024-2025

• Year 2: 2025-2026

• Year 3: 2026-2027

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 		
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		