



RNAO

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



**RNAO's International Affairs & Best Practice Guidelines Centre
Best Practice Spotlight Organization® Long-Term Care Designation
Request for Proposals in Ontario Long-Term Care, Cohort K 2024-2027**

Important dates

- **Request for proposals issued:** Wednesday, Aug. 9, 2023
- **Letter of intent deadline:** Monday, Oct. 2, 2023
- **Access to online application:** Tuesday, Oct. 3, 2023
- **Full proposal deadline:** Monday, Dec. 4, 2023 at 4 p.m. ET
- **Results released to applicants:** Tuesday, Feb. 13, 2024

Purpose

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

Background

The Best Practice Spotlight Organization Long-Term Care (BPSO-LTC) Designation has been designed to support long-term care homes in achieving clinical excellence through the implementation, evaluation and sustainability of multiple clinical practice guidelines. The BPSO-LTC Designation tailors the BPSO Designation to the needs of the LTC sector. The BPSO Designation was launched in 2003 as a central knowledge-translation and uptake strategy of RNAO's Best Practice Guideline Program. Since then, the BPSO program has become a social movement of science, with [more than 1,500 BPSOs](#) in Ontario, Canada and around the world.

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

At the end of the three-year period, and assuming all deliverables are met, the participating LTC home will achieve "BPSO-LTC Designate" status. As a designated BPSO-LTC, the LTC home focuses on sustainability and commits to continue the implementation, evaluation, spread and expansion of best practice guidelines in their LTC home, and to serve as a mentor to new BPSOs, locally, nationally and internationally. BPSO-LTC Designation is renewed every two years, assuming deliverables are met.

This is the 11th LTC sector-specific BPSO RFP issued by RNAO. There are several areas of the RFP that have been modified to enhance the experience of participating LTC homes and ensure successful engagement of the LTC sector in the BPSO Designation – both in the initial three years and beyond. The BPSO-LTC program will support participating LTC homes in achieving the quadruple aim of health system transformation as the province moves to an Ontario Health Team model

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

- improving health outcomes; enhancing the resident experience; reducing health expenditures; and improving the experience of health-care providers.

Instructions to Applicants

1. An electronic letter of intent must be submitted to the attention of Ms. Janet Chee, Associate Director through Citlali Singh, Project Coordinator at csingh@RNAO.ca by **4:00 p.m. ET on Monday, Oct. 2, 2023**. The letter should include a statement expressing the LTC home's intent to submit a full proposal by the **Monday, December 4, 2023** 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. Instructions related to the online application process will be provided to those organizations that provide a Letter of Intent by the deadline.

Those organizations submitting a Letter of Intent will receive instructions to access the online application form after the Oct. 2nd deadline. Please note that the letter of intent is not binding, and organizations may choose to withdraw their letter of intent prior to the submission deadline.

2. Proposals in response to this RFP must be entered online by **4:00 p.m. ET on Monday, December 4, 2023**. The proposal submission website will be closed at 5:00 pm ET.
3. All questions or inquiries concerning this RFP must be received by email no later than 10 business days (**November 20, 2023**) prior to the proposal deadline and be submitted to csingh@RNAO.ca for the attention of Ms. Janet Chee, Associate Director. An emailed response to the inquiry will be provided by RNAO. Verbal responses to any inquiry cannot be relied upon and are not binding on either party.
4. If an Agreement is to be awarded as a result of this RFP, it shall be awarded to the applicant who has the capacity in all respects to fully perform the requirements of the initiative, and the integrity, reliability and accountability to assure achievement of the deliverables in the Agreement.
5. In the event of any inconsistency between this RFP, and the ensuing Agreement, the Agreement shall govern.
6. The RNAO has the right to amend or cancel this RFP at any time and to reissue it for any reason whatsoever without incurring any liability and no applicant will have any claim against the RNAO, any of its staff, or the Government of Ontario, as a consequence.
7. 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 the date ten working days prior to the Monday, December 4, 2023, deadline.
8. The RNAO is not liable for any costs related to the preparation or presentation of proposals.

9. The BPSO-LTC 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.
10. Proposals may be short-listed and applicants may be requested to provide further information and/or make revisions prior to final selection.
11. 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 BPSO-LTC 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, launched a multi-year program in November 1999 to develop, disseminate, and actively support the uptake and sustainability of evidence-based practice guidelines, and evaluate their impact on patients/clients/residents, staff, organizational and system outcomes.

The Best Practice Guideline Program has, to date, produced over 50 clinical, system and healthy work environments guidelines, including a toolkit² to aid in the implementation of the guidelines in practice settings, an educator's resource³ to facilitate guideline implementation in the health-care curriculum and a myriad of educational programs offered across Canada and internationally⁴. The published guidelines are disseminated widely and uptake is supported using a multi-pronged approach that includes an individual, organizational and broad health system focus. The BPSO Designation 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 Government of Ontario since 2005 and led by the RNAO since 2008. The goal of this program is to improve resident care outcomes, in Ontario long term care homes, through systematic approaches to the implementation and sustainability of evidence-based practices.

In addition, the RNAO Best Practice Spotlight Organization Designation provides support

² Registered Nurses' Association of Ontario. (2021). *Leading Change Toolkit™*. Retrieved from <https://rnao.ca/leading-change-toolkit>

³ Registered Nurses Association of Ontario, (2005) *Educator's Resource: Integration of Best Practice Guidelines*. Toronto, Canada: Registered Nurses' Association of Ontario.

⁴ Grinspun, D. & Bajnok, I. (2018). *Transforming nursing through knowledge: Best practices for guideline development, implementation science and evaluation*. Indianapolis, IN: Sigma Theta Tau International.

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 Designation, the BPSO-LTC Designation, and for a full list of the RNAO's best practice guidelines, visit [RNAO.ca](https://rnao.ca).

BPSO-LTC Designation Description

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

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

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

At a minimum, the BPSO-LTC 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 human and financial resources (actual and/or in-kind) to support guideline implementation, evaluation, and sustainability during the initial three-year pre-designation period, and as a BPSO-LTC Designate.

Implementation:

In order to support LTC in meeting legislative requirements, several of the guidelines

listed below reflect one or more of the required programs outlined in the Fixing Long-Term Care Act, 2021 and Regulations 246/22 for which RNAO has best practice guidelines: falls prevention and management; skin and wound care; continence care and bowel management; and pain management within the context of person and family-centred care.

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

- **Two** mandatory guidelines for implementation, chosen to align with the provincial government's health system transformation agenda, is [Person and Family-Centred Care \(2015\)](#) and [Transitions in Care and Services \(2023\)](#). These guidelines must be implemented organization-wide, including mandatory recommendations/indicators from the guideline, plus any additional recommendations that address gaps within the long-term care home.
- A minimum of **one** additional guideline must be selected from those listed in Table 1, for which mandatory recommendations/indicators will be identified for implementation and data collection:

TABLE 1: Options for guideline implementation

• A Palliative Approach to Care in the Last 12 Months of Life (no NQuIRE indicators)
• A Proactive Approach to Bladder and Bowel Management in Adults , (4 th ed)
• Assessment and Management of Foot Ulcers for People with Diabetes (2 nd ed) (next edition to be published Spring 2024)
• Assessment and Management of Pain (3 rd ed) (next edition to be published summer 2024)
• Risk Assessment, Prevention and Management of Pressure Injuries for the Interprofessional Team (3 rd ed) (new combined edition will be published summer 2024) ⁺
• Delirium, Dementia, and Depression in Older Adults: Assessment and Care (2 nd ed)
• End-of-Life Care During the Last Days and Hours (no NQuIRE indicators)
• Oral Health: Supporting Clients who Require Assistance (2 nd ed)
• Preventing and Addressing Abuse and Neglect of Older Adults (no NQuIRE indicators)
• Preventing Falls and Reducing Injury from Falls (4 th ed) (next edition to be published fall 2025)
• Promoting Safety: Alternatives to the Use of Restraints (no NQuIRE indicators)
• Risk Assessment and Prevention of Pressure Ulcers (This guideline will be retired when the combined guideline is published in summer 2024) ⁺
• Supporting Adults Who Anticipate or Live with an Ostomy (2 nd ed)

* Please note that for those guidelines being released as a next edition in 2024/25, implementation should be planned for year 2, to ensure that the most current version of the guideline is the focus of implementation activities.

+ The next edition of these two BPGs will be combined into one guideline, and therefore if selecting this area of focus, this will be one BPG for implementation.

At a minimum, the *Person- and Family-Centred Care* and *Transitions in Care and Services* guideline must be implemented across the entire LTC home, while the others may be implemented either across the entire LTC home, or within specific programs/units/home areas. All BPGs must be implemented by the end of the second year. This will leave year three for a focus on evaluation and sustainability and preparation for BPSO-LTC Designation. 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 – 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

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

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

Additional guidelines for implementation, beyond the minimum of three (3), may be identified by the LTC home from Table 1 above or from the complete list of guidelines, including system and healthy work environment guidelines, posted on RNAO's website at www.RNAO.ca/bpg.

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

- conducting gap/opportunity analyses for all mandatory and selected guidelines

- submitting the gap analyses to the RNAO through structured reporting processes
 - identifying priority recommendations for implementation
 - implementing substantive practice changes to address these priorities
4. The BPSO-LTC may choose to integrate RNAO BPG Clinical Pathways within their electronic medical record system. Preference will be given to those applications that include RNAO BPG Clinical Pathways as part of their implementation plan, but this is not mandatory. RNAO will provide supports to BPSO-LTCs who choose to implement RNAO BPG Clinical Pathways.

Capacity Development:

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

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

The intent is to develop capacity among a cohort of staff including registered nursing staff that will be able to support guideline implementation, evaluation and sustainability. This cohort should include the designated BPSO-LTC Liaison/co-Liaison (see item #12) and staff currently engaged in clinical practice change related to the required programs outlined above.

6. Send a minimum of one (1) registered nurse (RN), registered practical nurse (RPN) or nurse practitioner (NP) to the RNAO Clinical BPG Institute in each year of the pre-designate period, with registration funded by RNAO with support from the Government of Ontario.
7. Submit a minimum of one (1) proposal over the span of the 3-year pre-designation period for a RN or NP to participate in the RNAO Advanced Clinical Practice Fellowship (ACPF) Program. As the intent is to develop capacity in guideline implementation, the submissions must be related to the guidelines being implemented as part of the BPSO Designation. In order to facilitate the application process, the requirement for the BPSO-LTC is to commit to in-kind support to enable successful completion of the fellowship. Click [here](#) for more information about the ACPF Program.
8. Maintain a database of internal human resources who are engaged in BPSO-LTC related activities through the Best Practice Champions Network, ACPF, Clinical BPG Institute, etc., and plan a program for knowledge exchange amongst these staff.

9. Send up to four (4) staff to the BPSO-LTC Orientation, and up to two (2) staff to the Annual BPSO Knowledge Exchange Symposium. Funding is provided by RNAO with support from the Government of Ontario for travel and accommodation, as required.
10. Establish a BPSO-LTC infrastructure including a steering committee responsible for the BPSO Designation within their organization and include a reporting and accountability framework to guide the work of the BPSO-LTC Liaison/co-Liaison and the implementation team(s).
11. Commit to working with the assigned RNAO LTC Best Practice Implementation Coach who will act as the dedicated RNAO BPSO Coach throughout the three (3) year pre-designation period. The BPSO Coach will provide support through a consultative and coaching model, and will NOT be a working member of the BPSO-LTC implementation team.
12. Identify and provide a regulated nursing staff member employed in a leadership role within the LTC home to act as BPSO Liaison to coordinate the implementation, evaluation and sustainability activities. This individual will be the key person to liaise with the RNAO BPSO Coach. They will need dedicated time for BPSO-LTC activities, which will include working with the BPSO Coach who will be available to provide support to a maximum of 0.2 FTE or up to 1 day/week. The BPSO Coach will provide consultation services in person and/or virtually, and meeting frequency will be mutually established. The BPSO Liaison is required to be available to work directly with the BPSO Coach. The BPSO Liaison will require additional time beyond that spent with the BPSO Coach to lead the BPSO-LTC activities and achieve the expected deliverables. A BPSO-LTC co-Liaison should also be identified to support BPSO activities should the BPSO-LTC Liaison not be available. The co-Liaison should participate in as many BPSO activities as possible, be familiar with the BPSO implementation plan, and have access to all materials developed through the BPSO pre-designate period and beyond.
13. Commit to working with a BPSO Designate mentor organization, as appropriate, in order to develop guideline implementation capacity.
14. 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. Plans for sustaining work from the pre-designation period as well as continued evaluation and spread and expansion of BPG implementation and achieving other BPSO Designate deliverables are required. This plan should be well developed and approved by the end of year 2.
15. The BPSO Liaison is expected to participate actively in monthly BPSO-LTC Knowledge Exchange virtual meetings, hosted by RNAO, in order to share knowledge and experiences with other BPSO-LTC Liaisons/co-Liaisons. If neither of these staff are available to attend, one or more Best Practice Champions are welcome to attend to represent the BPSO-LTC.

16. All BPSO documents and related materials must be saved in a centralized location on the BPSO-LTC electronic network drive and be accessible to the BPSO-LTC Liaison/co-Liaison and other BPSO-LTC team members, as appropriate. The intent is to provide an inventory of BPSO-LTC capacity development, implementation and evaluation activities.

Evaluation and Research:

17. Mandatory participation in the RNAO international indicator data system Nursing Quality Indicators for Reporting and Evaluation® (NQuIRE®), which collects data on human resource structure, practice and resident outcome indicators. An NQuIRE Data System Usage Agreement is required to be signed by the BPSO-LTC organization upon acceptance as a BPSO-LTC and prior to commencing participation in NQuIRE.

- a) The minimum requirement for NQuIRE participation is to consistently submit data monthly, quarterly or annually, depending on the indicator, for units, teams, programs or services as outlined below:
- A minimum of **two (2)** human resource structure indicators (from Table 2 below)

TABLE 2: Examples of human resource structure indicators include:

• <i>Nursing hours per patient day or patient visit:</i> Total number of nursing hours worked relative to the patient load on the implementation site during the measurement period
• <i>Staff mix, RN worked hours:</i> Percentage of the total nursing worked hours provided by RNs during the measurement period
• <i>Staff mix, agency/purchased nursing staff hours:</i> Percentage of the total nursing worked hours provided by agency/ purchased nursing staff during the measurement period
• <i>Absenteeism:</i> Percentage of full-time nursing earned hours that were paid sick time hours during the measurement period
• <i>Turnover rate:</i> The number of permanent full- and permanent part-time nursing staff who have left the employment of the organization (both voluntarily and involuntarily) as a percentage of the total number of permanent full-time and permanent part-time nursing staff

- Report on the mandatory indicators for BPG uptake and sustainability
- For the *Person- and Family-Centred Care* and *Transitions in Care and Services* guidelines and other relevant guidelines, submit mandatory **process** and **outcome** indicators, where established, for ALL BPSO-LTC including all homes within a multi-site BPSO-LTC.
- For the additional guideline(s) selected for implementation, 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 above for a period of 3-12 months (as available) prior to the initiation of implementation activities. Baseline data will support the completion of a gap

analysis and allows the BPSO-LTC to monitor improvements. In addition, guidelines previously implemented prior to the start of the BPSO-LTC work are to be identified, to provide context for the baseline data. Report on implementation indicators as available.

- For guidelines without NQuIRE indicators, BPSOs are required to collect and share data in the MyBPSO reporting system based on other monitoring and evaluation measures that demonstrate the impact of implementing BPGs. These evaluation measures may include data collection on indicators reported to other data repositories (for example, RAI-MDS) and/or indicators developed by the BPSO for monitoring continuous quality improvement initiatives in discussion with RNAO.
- b) Collect and submit indicator data:
- The RNAO will provide the BPSO-LTC with the data collection requirements and data collection tools (via NQuIRE’s web-based data system for inputting data) for the quality indicators identified for monitoring and evaluating the best practice guidelines selected for implementation. BPSO-LTCs will be able to produce their own automated reports including dashboards for selected implementation sites via the data system’s web interface.
 - The RNAO will provide training and guidance on how to collect and submit data.
 - Data collected from BPSO-LTCs will be confidential, and will not include individual resident identifiers, but will be aggregated monthly data to determine the impact of clinical best practice guidelines on resident outcomes, practice and organizational performance.
- c) Collect and share results from established health information data repositories (e.g., RAI-MDS) and apply the “collect once, use many times” principle to demonstrate the impact of implementing the best practice guidelines in LTC homes and/or complement the NQuIRE results.
- d) Conduct regular quality improvement monitoring activities related to the implementation of each best practice guideline and submit results in web-based semi-annual reports to RNAO.
18. Each BPSO-LTC is required to submit a “MyBPSO” web-based status report twice per year. This online report captures information about capacity development, practice changes, successes and challenges. It provides a mechanism for RNAO to track progress, focus coaching efforts, support rapid learning and identify impact stories.
19. Take advantage of opportunities to participate in indicator validation, 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.

20. Participate in forums that will provide the BPSO-LTC opportunities for linking with researchers and others related to evidence-based practice, specifically guideline implementation, evaluation and sustainability.
21. Agree to participate in any survey/focus group for BPSO evaluation purposes, during the pre-designation period and beyond.
22. Leverage activities related to third-party accreditation with BPSO-LTC work, as applicable.

Dissemination:

23. Share learnings, resources developed and achievements with the long-term care sector and the wider health-care community. The BPSO-LTC must select a minimum of two (2) 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;
 - Publish an Evidence-Booster in collaboration with RNAO outlining key successes with implementation;
 - Participate on an RNAO committee to advance guideline development, implementation or evaluation.
24. Submit a minimum of one (1) article for publication by the end of the three-year pre-designation period related to best practice guideline implementation, and provide RNAO with citations of all BPSO-LTC related publications for sharing with the broader health care community. These publications may include journals (peer reviewed and/or non-peer reviewed), association publications, newsletters etc. where the focus is on BPSO-LTC, guideline implementation and related outcomes. This may include publications where BPSO-LTC team members are lead author(s) or publications where the BPSO-LTC team members are part of a team of co-authors, and/or joint authorship with the RNAO BPSO Coach and/or others involved in the BPSO Designation.
25. Include the following statement of acknowledgement on all presentations, publications and other BPSO-LTC related dissemination activities:

“This work is part of the BPSO® designation program, funded by the Government of Ontario. For more information about the RNAO BPSO program, please visit [RNAO.ca](https://rnao.ca).”
26. By the end of Year 2, develop an accessible BPSO web page on the LTC home’s website to broadly disseminate information about, and profile, the BPSO-LTC

Designation. Links to the RNAO website will be facilitated.

27. Display the BPSO logo, provided by RNAO, on any BPSO related professional practice, nursing, and related work, and acknowledge BPSO status in relevant organizational communication and dissemination activities (e.g., website, annual report, newsletter, Nursing Week events, etc.). This includes establishing a visible BPSO presence within the BPSO-LTC.
28. 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.

Sustainability, Spread and Scaling Up – Designated BPSO-LTC after 2027:

At the end of the three (3) year BPSO-LTC pre-designation period, and assuming all deliverables are met, the BPSO-LTC organization will achieve “BPSO-LTC Designate” status. As a designated BPSO-LTC, and in order to maintain the BPSO-LTC designation (renewable every two years), LTC homes are expected to focus on sustaining and spreading current guideline activities, expanding guideline implementation internally and externally, and supporting other organizations in the development of evidence-based practice cultures. For those LTC homes with multiple sites, the expectation is that the 'lead site' would continue to work to spread the implemented best-practices to the remaining sites following achievement of BPSO-LTC Designation. Specific deliverables will be delineated in the BPSO-LTC Designate Agreement Terms and Conditions, and will address the following areas:

29. Continue to support staff participation in capacity building opportunities including RNAO professional development events, and BPSO Knowledge Exchange Symposium; and maintain engagement of 20% of care-giving and management staff as Best Practice Champions.
30. Sustain guideline implementation and evaluation activities, including NQuIRE participation, initiated during the three-year BPSO-LTC pre-designation period, and spread this work to other practice areas within the organization and/or initiate reporting on new BPGs being implemented.
31. Initiate the implementation and evaluation of a minimum of at least one additional guideline (clinical or healthy work environment) per designation period (two years) to address service delivery needs of the long-term care home.
32. Support the wider health-care community by serving as a mentor to new BPSO-LTC organizations (during their pre-designation period) at the local, national or international level. This would be mutually agreed upon by the BPSO-LTC and RNAO.
33. Continue to disseminate the outcomes of the BPSO Designation, as noted above.

The RNAO, at a minimum, will commit to:

1. Provide the BPSO-LTC organization with access to RNAO's published guidelines.
2. Provide the BPSO-LTC organizations with an orientation to the International Affairs and Best Practice Guidelines Centre, the RNAO Long-Term Care Best Practices Program, the BPSO Designation and to specific guidelines and implementation resources with funding through the Government of Ontario.
3. Support Champion development and BPG capacity building through the provision of Best Practice Champions workshops/online learning, access to the Best Practice Champions Network, and RNAO's Clinical BPG Institute, and provision of financial support for registration and travel costs through funding from the Government of Ontario, as required.
4. Enable access to implementation resources.
5. Provide opportunities to BPSO-LTC 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 BPSO-LTC Liaisons/co-Liaisons for the purposes of knowledge transfer and exchange, through regular video-conferences or other meetings/events. This network may be exclusive to the LTC sector, and/or may involve BPSO leads from other sectors.
7. Host an annual BPSO Knowledge Exchange Symposium to support continued capacity development, knowledge dissemination and networking opportunities with other BPSOs and support BPSO attendance through funding from the Government of Ontario, as required.
8. Meet on a semi-annual basis (via tele/video-conference) with each BPSO-LTC to review MyBPSO reports, monitor progress, and provide recommendations. The first meeting will take place after six months within the program, and will include key organizational decision-makers, BPSO Coach and the RNAO leadership team. Such a meeting can take place earlier than six months, at the request of the BPSO-LTC or the BPSO Coach.
9. Conduct a minimum of one site visit over the three-year period, at a mutually agreed upon time, to review and audit on the ground implementation, monitoring, and evaluation activities (i.e., NQuIRE).
10. The assigned RNAO LTC Best Practice Implementation Coach will act as the BPSO Coach for each BPSO for the three-year pre-designation period. The RNAO BPSO Coach, a member of the LTC Best Practices Program team, will work with the BPSO-LTC to a maximum of 0.2 FTE (the equivalent of one (1) day per week). Their role will include working directly with the BPSO-LTC Liaison/co-Liaison and the implementation team, supporting guideline implementation, evaluation and

sustainability through consultation, coaching, linking with resources, and referrals. The BPSO Coach will provide his/her services through a combination of in-person and technology-enabled approaches to support the BPSO-LTC Liaison/co-Liaison in learning guideline implementation skills. The frequency of contact between the two roles will decrease over time, based on need.

For those LTC homes with multiple sites, the availability of the RNAO BPSO Coach will still be 0.2 FTE (the equivalent of one (1) day per week). RNAO will assign ONE Coach if homes cross multiple regional boundaries.

11. In collaboration with the LTC homes, identify and/or direct appropriate research opportunities to the BPSO-LTC organizations.
12. Support a consistent approach to data collection, through RNAO's international indicator data system *Nursing Quality Indicators for Reporting and Evaluation*[®] (NQIRE[®]), of practice, human resource structure, and resident outcome indicators by BPSO-LTC organizations through specifying indicators for, at minimum, the best practice guidelines implemented ([page 6](#)) as well as by providing relevant instruments to BPSO-LTC organizations along with instruction and guidance for collecting data. The RNAO Evaluation and Monitoring team will provide education and support to the BPSO-LTCs on an ongoing and as needed basis.
13. Fund, through the Government of Ontario/RNAO agreement, the following capacity building and guideline implementation resources:
 - a. 0.2 FTE BPSO Coach (the equivalent of one day per week), provided through the LTC Best Practices Program.
 - b. Attendance of up to four (4) staff members (travel and accommodation, as necessary) to attend the BPSO-LTC Program Orientation Launch.
 - c. Registration, including accommodation and travel as necessary, for one (1) NP, RN or RPN per year to attend the RNAO Clinical BPG Institute.
 - d. Attendance of two (2) staff members/year to attend the annual RNAO BPSO Knowledge Exchange Symposium (travel and accommodation, as necessary).

Eligibility Criteria for BPSO-LTC Applicants:

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

1. Have demonstrated a commitment to evidence-based practice by the previous implementation of one or more RNAO clinical best practice guideline(s).
2. Have supported staff to participate in opportunities to develop capacity in evidence-based practice such as the Best Practice Champions Network[®], Advanced Clinical Practice Fellowship Program, attendance at the RNAO Learning 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 the implementation of RNAO's best practice guidelines. This includes a description of how the BPSO-LTC will ensure regular communication about the progress of BPSO-LTC activities and outcomes to the governance level of the organization.
5. Have an organizational 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 best practice guidelines using NQuIRE, including the collection and submission of data on practice, resident outcomes, and organizational human resource structure indicators at baseline prior to implementation, and at regular post-implementation intervals.
7. Have the capacity to allocate a BPSO Liaison and co-Liaison who will work with the RNAO BPSO Coach to support guideline implementation, evaluation and sustainability.
8. Have demonstrated the ability to engage in successful partnerships within the health-care community, both within the LTC sector and beyond.
9. Have the capacity and commitment to meet the requirements of the terms and conditions of the BPSO-LTC Designation (following the 3-year pre-designation period) in order to maintain their earned BPSO-LTC Designation (renewable every two years, assuming terms and conditions are met).

Proposal Evaluation - Selection Methods

1. Rating

The BPSO-LTC 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 mandatory guidelines selected	20%
b) organizational support	20%
c) previous experience with RNAO guideline implementation, monitoring and evaluation	10%
d) BPSO-LTC team's knowledge, skill and experience	15%
e) capacity to deliver on BPSO-LTC requirements and sustain outcomes	20%
f) 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@RNAO.ca with a confirmation of receipt by **4:00 p.m. ET on October 2, 2023**. 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(s) and key contact person.
- An indication that the requirements of the Request for Proposal are understood.
- Description of organizational support.

Those organizations submitting a Letter of Intent will receive instructions to access the online application form after the October 2 deadline.

2.2 Proposal

The following details should be provided in each proposal submitted, and this information will be utilized in evaluating each proposal 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 3 years) and no more than 2 pages of other relevant information that will support the proposal.

A. 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 BPSO-LTC Designation.

Describe the size of the organization/site where guideline implementation will take place, including the number of residents, the number of regulated and non-regulated nursing staff (e.g., NPs, RNs, RPNs, PSWs) and other health professionals, along with a summary of staffing model/staff mix and staffing ratios. The applicant will identify the total number of champions to be prepared and the minimum target number for each year of the program which should be planned according to the schedule outlined in the capacity development section on [page 8](#).

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. The three (3) BPGs must be clinical BPGs – at a minimum, *Person- and Family-Centred Care* and *Transitions in Care and Services*, and the remaining guideline from the lists in Table 1 on [page 6](#). At a minimum, the *Person- and Family-Centred Care* and *Transitions in Care and Services* guideline must be implemented across the entire LTC home, while the other guideline(s) may be implemented either across the entire LTC home, or within specific programs/units/home areas. All BPGs must be implemented by the end of the second year. This will leave year three for a focus on evaluation and sustainability and preparation for BPSO-LTC Designation.

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

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

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

Through quality improvement processes, applicants will demonstrate a commitment to monitoring changes in nursing practice, and resident and organizational outcomes related to the implementation of the guidelines. The applicant will include an explicit statement related to their agreement to meet the data collection and data submission requirements for BPSO-LTC organizations. The scope of the initiative (at the home area and/or organizational level), and the number of units and staff involved should be described, including the associated timeframes for implementation of each BPG, over the three-year BPSO-LTC pre-designation period. As noted previously, for those LTC homes with multiple sites, also indicate the scope of implementation across the multi-

sites according to whether you are selecting option a) or b).

Appendix A provides a template to summarize the applicant organization's plans for guideline implementation, and Appendix B provides a template for a high-level work plan.

B. Organizational Support (20%):

Organizational support is a clear contributor to a successful BPSO Designation. In this section, clearly outline the extent of organizational support at all levels including staff support from all relevant disciplines. Letters of support are required at a minimum from the Chairperson of the Board (as applicable), Administrator/Director of Care (or equivalent), Resident and Family Councils, union representative (as applicable) and representatives of caregiving staff. The letter of support from the senior sponsor should include a description of how the BPSO-LTC leadership will ensure regular communication about the BPSO-LTC to the governance level of the organization while acknowledging and committing to the ongoing requirements that are part of the BPSO Designation. These letters should be uploaded as attachments.

C. Previous Experience with RNAO Guideline Implementation (10%):

Describe which RNAO guidelines, either clinical or healthy work environment, have been implemented previously, or are currently being implemented within the LTC home. Discuss what levels (sites, home areas, teams, programs) of the organization are currently involved in implementation, strategies used, existing infrastructure, resource allocation, challenges and barriers faced, and how these are being addressed. Include a discussion of how the interprofessional team, including regulated and unregulated staff, have been engaged in the process to date. Describe how you have accessed the RNAO LTC Best Practice Implementation Coach working within your region to support your evidence-based practice work, and any Best Practice Champions (stating the number of Champions that are currently working in your home), Advanced Clinical Practice Fellows, RNAO Learning Institute attendees and/or other organizational supports in your guideline implementation work, as applicable. This can also include implementation of RNAO BPG Clinical Pathways. If you are implementing or are planning to implement RNAO BPG Clinical Pathways, indicate the start date i.e., cohort and pathways implemented.

D. BPSO-LTC Team's Knowledge, Skill and Experience (15%):

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

E. Capacity to Deliver on BPSO-LTC Requirements and Sustain Outcomes (20%):

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

This description will also address the organization's capacity to provide data on practice, resident and organizational outcomes as part of NQuIRE. This should include: a description of the applicant organization's understanding of the requirement for data submission to NQuIRE; identification of which human resource structure indicator(s) the applicant organization is committing to collect, from the list included on [page 10](#); and a clear statement of the current evaluation and monitoring processes within the organization, including identifying sources of data, how the applicant organization intends to collect the data, staff involved e.g., BPSO-LTC Liaison/co-Liaison, IT/decision support, payroll/HR/admin office representatives).

In addition, discuss how the applicant organization plans to meet BPSO deliverables, for example, engage staff in the ACPF program, dissemination of outcomes (through those options listed on [page 10](#)) and the development and submission of an article for publication. 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 and which support the applicant home's capacity to engage in the BPSO-LTC Designation. A letter of support from a past or current partner may be uploaded, as appropriate.

F. Financial contribution (15%):

Provide a detailed budget for Year 1, Year 2 and Year 3 of the BPSO-LTC pre-designation period. This should include actual and/or in-kind contributions for the three-year pre-designation period. The budget must be itemized as follows: human resources, special consultations, quality improvement, monitoring/evaluation, education/training (e.g., cost of staff replacement) and implementation resources. Refer to Appendix C for a sample budget template. A separate, unique budget for each of the three years is required.

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 an

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 E

-----**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/Home Areas/ Programs / Teams for Implementation OR Implementation across the entire LTC Home	Number of staff to be involved in Implementation	Integration of BPG Order Set
Person and Family Centred Care		Across the entire LTC Home		
Transitions in Care		Across the entire LTC Home		
Guideline				

APPENDIX B: 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</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 – 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

Best Practice Guideline	Implementation Unit(s)	Planning Time Frame (Pre-Implementation)		Implementation Time Frame		Evaluation Time Frame	
		Month/Year	Month/Year	Month/Year	Month/Year	Month/Year	Month/Year
		Start	End	Start	End	Start	Ongoing
1.							
2.							
3.							
4.							

APPENDIX C: Budget Template

The categories listed below are the required line items to be included in the annual budgets for the BPSO-LTC. 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 BPSO-LTC 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: 2024-25

• Year 2: 2025-26

• Year 3: 2026-27

Year _____:	BPSO-LTC Budgeted Contribution	Comments
HUMAN RESOURCE COSTS • BPSO Liaison • Implementation Team members (as applicable)		
SPECIAL CONSULTATIONS		
QUALITY IMPROVEMENT MONITORING/EVALUATION		
EDUCATION AND TRAINING • Champion Release time, implementation team release time, Summer Institute attendance		
IMPLEMENTATION RESOURCES (list items, as appropriate)		
TOTAL BPSO-LTC Contribution		

	RNAO through the Government of Ontario funding source Annual Budget Contribution	Comments
RNAO 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 BPSO-LTC Orientation Launch (2 staff) – travel and accommodation	\$750	Approximate cost, depending on travel/accommodation requirements.
Clinical BPG Institute – Registration, Accommodation and Travel	\$3,500	In person Institute
TOTAL RNAO through the Government of Ontario's funding source contribution	\$27,250	

TOTAL BUDGET: Total BPSO-LTC plus Total RNAO		
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APPENDIX D

Considerations for selecting the BPSO Liaison and co-Liaison

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



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

Additional competencies:

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

Other role responsibilities and considerations:

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

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

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

A previous version of this document was developed in partnership with Long-Term Care BPSOs CAMA Woodlands and the Regional Municipality of Halton.

APPENDIX E

Considerations for Multi-site BPSOs

BPSO Liaison and BPSO Site Lead

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

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

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

Below are considerations for BPSOs when selecting the Site Lead:



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

Additional competencies:

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

Other role responsibilities and considerations:

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

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

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