



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

**RNAO's International Affairs & Best Practice Guidelines Program
Best Practice Spotlight Organization®
Request for Proposals in Ontario (Ref No. BPSO® RFP - 211)**

Closing Date: October 5, 2017

The Registered Nurses' Association of Ontario (RNAO) is requesting Proposals from interested and eligible health service and academic entities located in Ontario, to work in collaboration with the RNAO in implementing and evaluating multiple clinical nursing best practice guidelines (BPGs), and disseminating knowledge from their experiences and outcomes with guideline implementation; to attain **Best Practice Spotlight Organization® (BPSO®)** designation. Funding for this initiative has been provided by the Government of Ontario¹.

Background

To date, 101 BPSO Direct and five BPSO Host organizations – involving over 500 health service and academic entities – are active in the BPSO Designation Program. Fifty-nine (59) BPSOs are in Ontario, with others across Canada, and in Australia, Chile, China, Colombia, Italy, Jamaica, Spain, and South Africa.

This RFP is targeted to select and fund a new cohort of BPSOs in Ontario. Successful applicants will engage for three years in a formal agreement with RNAO. During this time, organizations focus on enhancing their evidence-based cultures, with the mandate to implement and evaluate at a minimum five RNAO clinical practice guidelines.

At the end of the 3 year pre-designation period, and assuming all deliverables are met, the organizations achieve “BPSO Designate” status. As a designated BPSO, an organization focuses on sustainability and commits to continue the implementation, evaluation, spread and expansion of best practice guidelines in their organization and to serve as a mentor to new BPSO, locally, nationally and internationally. BPSO Designation is renewed every two years, assuming deliverables are met.

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.

This Request for Proposals is issued in Ontario every three years, and invites organizations to apply to become a BPSO.

Instructions to Applicants

1. An electronic letter of intent should be submitted to the attention of the Director – Dr. Valerie Grdisa, International Affairs and Best Practice Guidelines Centre through Citlali Singh, Project Coordinator at BPSO@RNAO.ca by 4:00 pm ET on **July 26, 2017**. The letter should include a statement expressing the organization's intent to submit a full proposal by the **October 5, 2017** deadline. Letters of intent should also indicate that the applicant understands the requirements of the Request for Proposal and include a brief description of the level of organizational support. Although letters of intent are not mandatory, the receipt of such letters will help us in our planning process. Instructions related to the online application process will be released after the letter of intent deadline.
2. Proposals in response to this RFP must be entered online by 4:00 pm ET on **October 5, 2017**. **The proposal submission website will be closed at 5:00 pm ET.**
3. All questions or inquiries concerning this RFP must be received in writing or by email no later than five (5) business days (September 31, 2017) prior to the proposal deadline and be submitted to Citlali Singh at BPSO@RNAO.ca for the attention of the Director – Dr. Valerie Grdisa, International Affairs and Best Practice Guidelines Centre. An email 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 Ontario Ministry of Health and Long-Term Care, 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 a date one-week prior to the deadline.

8. The RNAO is not liable for any costs related to the preparation or presentation of proposals.
9. 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, 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 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 in 1998 a multi-year program to develop, disseminate, and actively support the uptake of evidence-based practice guidelines, and evaluate their impact on patient, organizational and health system outcomes.

The Nursing Best Practice Guideline Program was launched in November 1999 and has developed fifty-three (53) guidelines to date – 41 clinical guidelines and twelve (12) system and healthy work environment guidelines. The published guidelines are disseminated widely and uptake optimization is supported using a multi-pronged approach that includes interventions at the individual, organizational and broad health system levels. The guidelines are developed in collaboration with a panel of experts including the public and patients, reviewed by a diverse range of stakeholders, and endorsed by our partners such as Sigma Theta Tau International, International Council of Nurses, Canada Health Infoway, Accreditation Canada and Wounds Canada.

The BPSO designation is targeted to specifically support guideline implementation at the individual and organizational levels, with plans for scaling it up to the whole health system. For details on all our implementation interventions, and to see the full list of best practice guidelines visit www.RNAO.ca/bpg. They are also accessible on international guideline databases such as the National Guidelines Clearinghouse at www.guideline.gov and the Guidelines International Network at www.g-i-n.net/home.

BPSO Designation Description

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 systematic implementation of multiple RNAO clinical best practice guidelines. The objectives of this designation program are to:

1. establish dynamic, long-term partnerships that focus on making an impact on client care through supporting evidence-based practice;
2. demonstrate creative strategies for successfully implementing best practice guidelines at the individual and organizational level;
3. establish and adopt effective and consistent approaches to evaluate implementation utilizing structure, process and outcome indicators; and
4. identify effective strategies for system-wide dissemination of BPG implementation and impact on outcomes.

Organizations selected through this RFP will be referred to as a **Best Practice Spotlight Organization (BPSO)**. As BPSO organizations, health service and academic entities will contribute significantly to our growing understanding of implementation science, and to the ongoing evaluation of the impact of RNAO's best practice guidelines

on patient, staff, organizational and health system outcomes. The BPSOs will work collaboratively with RNAO, with both parties committing financial and expert resources to the initiative. RNAO will commit financial and expert resources based on funding from the Government of Ontario and the BPSO will commit finances and expertise from its own resources.

At minimum, the BPSO will commit to:

1. Engage in a three-year partnership with RNAO, to be reviewed annually and renewed, provided criteria are met.
2. Contribute financial resources to support this initiative. BPSOs are required to match the budget requested in their proposal, at a minimum.

Implementation:

3. Implement a minimum of five (5) RNAO clinical best practice guidelines, two of which must be implemented across the entire organization or threaded across the curriculum (in the case of academic entities); the remaining guidelines may be implemented within specific units/programs (or academic courses), across an entire program/department (curriculum), or across the entire organization (corporate strategy), depending on organizational need. A minimum of three of the guidelines identified for implementation will be selected from the mandatory list identified in [Appendix A](#).

The implementation of three (3) guidelines must be initiated in Year 1. The remaining two (2) guidelines selected for implementation may be initiated in Year 1 or Year 2, based on the needs of the organization. Implementation of the required five (5) clinical BPGs must be completed by the end of Year 2 at the latest, in order to allow for integration, sustainability and evaluation in Year 3.

4. The BPSO will integrate RNAO Nursing Order Sets for three (3) guidelines, at minimum, selected from the list in [Appendix A](#) or other available Nursing Order Sets. RNAO will provide the BPSO with free access to RNAO's Nursing Order Set library via the Nursing Order Set website.

Capacity Development:

5. Engage a critical mass of at least 15% of the nursing staff (or faculty/students) as RNAO Best Practice Champions, over the span of the three year partnership. The intent is to develop capacity among a cohort of nurses and other health providers, as well as persons with lived experience such as patients and/or their family members, who are able to support guideline implementation and evaluation. Champion development targets should be carried out according to the following schedule: Year 1 - 6%; Year 2, an additional 6%, totaling 12%; Year 3, and

additional 3%, totaling 15%. In organization of 25 nursing staff or less, the target is for 20% of these staff to be prepared as Champions by the end of Year 3.

6. Send nursing and other staff to the RNAO Institutes (either the Foundational or Advanced Stream) in each year of the partnership according to the following formula:
 - for organizations with more than 2000 registered nursing staff, a minimum of four (4) nurses and/or other health professionals;
 - for organizations with 1000 to 2000 registered nursing staff, three (3) nurses and/or other health professionals;
 - for organizations with 100-999 registered nursing staff, two (2) nurses and/or other health professionals; and,
 - for organizations with less than 100 nursing staff, one (1) nurse or other health professional.

7. Submit proposals, by registered nurses, to participate in the RNAO [Advanced Clinical Practice Fellowship](#) (ACPF) Program over the span of the 3 year partnership according to the following formula:
 - for organizations that have 500 or more registered nurses on staff, submit a minimum of one (1) proposal per year over the three-year pre-designation period;
 - for organizations with fewer than 500 registered nurses on staff, two (2) proposals over the three year pre-designation period;
 - for organizations with fewer than 50 registered nurses on staff, submit one (1) proposal over the three year pre-designation period; and,
 - for academic entities, submit one (1) proposal by a faculty member over the three year pre-designation period.

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.

8. Maintain a database of internal human resources who are engaged in BPSO-related activities through the Best Practice Champions Network[®], ACPF, Clinical BPG Institute, etc., and plan a program for knowledge exchange.

9. Provide 0.5-1.0 FTE registered nurse (preferably master's prepared), for the position of BPSO Lead to coordinate the implementation and evaluation activities.

10. 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 and the implementation team(s). This reporting structure should include a communication strategy to the senior leadership team, and the entities institution's Board of Directors/Governors and/or Senate.

11. Commit 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 every two months thereafter.
12. Commit to working with a BPSO Designate mentor organization, as appropriate, in order to develop guideline implementation, evaluation, sustainability and spread capacity.
13. Develop a sustainability plan for the first 2 years of BPSO designation that includes integration of the best practice guidelines with organizational structures, processes/curriculum and staff roles, and bolsters BPG spread and expansion activities as a BPSO Designate.

Evaluation and Research:

14. Mandatory participation in the RNAO international indicator data system Nursing Quality Indicators for Reporting and Evaluation[®] (NQuIRE[®]), which collects data on human resource structure, nursing practice, and patient outcome indicators. It is required that an NQuIRE Data Usage Agreement be signed by the BPSO upon acceptance as a BPSO and prior to participating in NQuIRE.
 - a) The minimum requirement for NQuIRE participation is to submit monthly data on a quarterly schedule consistently for units, teams, programs or services as outlined below:
 - For health service organizations, a minimum of two (2) human resource structure indicators and one (1) NQuIRE process indicator and one (1) NQuIRE outcome indicator for each of the three mandatory guidelines selected for implementation. These will be selected from a list of mandatory indicators for those guidelines outlined in [Appendix A](#).
 - Baseline data submission is required on the process and outcome indicators chosen above for a period of 3-12 months (as available) prior to the initiation of 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 academic entities, participation in NQuIRE will involve supporting the development and/or identification of process and outcome indicators measuring the impact of guideline implementation on student and organizational outcomes.
 - b) Collect and submit indicator data:
 - The RNAO will provide the BPSO with the data collection requirements and data collection tools (via NQuIRE's web-based data system for inputting data) for the quality indicators chosen for monitoring and evaluating the best practice guidelines selected for implementation.

- BPSOs will be able to produce their own automated reports via the data system's web interface.
- The RNAO will provide training and guidance on how to collect data.
 - Data collected from health service BPSOs will not include individual client identifiers, and will be aggregated to determine the impact of clinical best practice guidelines on client outcomes, nursing practice and organizational performance.
- c) Collect and share results based on customized evaluation metrics (e.g., patient mobility rates or student experience ratings) and/or data collection from other data repositories (e.g., interRAI Community Mental Health Assessment) that demonstrate the impact of implementing the best practice guidelines in health service or academic entities and/or complement the NQuIRE results.
- d) Conduct regular quality improvement monitoring activities related to implementation of each best practice guideline and submit results in web-based semi-annual reports to RNAO.
15. Take advantage of opportunities to participate in research projects, as requested by RNAO and as appropriate, related to evidence uptake, client, student, organizational, financial and/or health system outcomes, as well as policy formulation/evaluation. This could include the involvement of researchers or graduate students external to the organization who could support the facilitation of research and capacity building within the BPSO and inform practice and policy and improve outcomes across organizations or sectors.
16. Provide ethics reciprocity and/or expedited ethical review processes for any collaborative research project engaged in with internal/external research teams.
17. Apply for organizational membership in the Nursing Best Practice Research Centre (NBPRC) within Year 1, and support at least one staff member to become an individual member of the NBPRC. NBPRC membership is offered at no cost and further information about the NBPRC is available at NBPRC.ca.

Dissemination:

18. Present a minimum of one (1) paper/poster in each of the three years at local, provincial, national or international conference(s), highlighting the outcomes of BPSO-related activities, and acknowledging the Ministry of Health and Long-Term Care, the RNAO and the BPSO designation.
19. Submit 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 best practice guideline implementation, and provide RNAO with citations of all

BPSO-related publications for posting on RNAO's BPG Literature Database (bpgreference.RNAO.ca)

20. Include the following statement of acknowledgement on all presentations, publications and other BPSO-related dissemination activities:

"This work is part of the BPSO Designation Program, funded by the Ontario Ministry of Health and Long-Term Care. For more information about the RNAO BPSO Program please visit www.RNAO.ca."

21. Display the BPSO logo, provided by RNAO, on any professional practice, nursing, and BPSO related work, and acknowledge BPSO status in relevant organizational communication and dissemination activities (i.e., institutional website, annual report, newsletter, Nursing Week events, etc).
22. Share learnings, materials developed and achievements with the wider health-care and academic communities. This dissemination can be advanced through posting of implementation resources on the RNAO website, BPSO Communities or through participating in events, such as at the RNAO Institutes and knowledge exchange events, as well as important forums such as the International Council of Nurses and Sigma Theta Tau International.
23. Develop a BPSO webpage on the host organization website by the end of the first year to disseminate information about the BPSO designation. Links to the RNAO website will be facilitated.
24. Create a Social Media presence, according to organizational policies, using the hashtag #xxxxxBPSO.

Sustainability, Spread and Scaling Up – Designated BPSO after 2021:

At the end of the 3-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, expanding guideline implementation internally and externally, and supporting 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:

25. Continue to support staff participation in capacity building opportunities (e.g., Best Practice Champions Network, RNAO professional development offerings, Advanced Clinical Practice Fellowships, Knowledge Exchange Symposium, etc.) and maintain engagement of 15% of nursing staff as champions.

26. Sustain 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.
27. Initiate the implementation and evaluation of two (2) additional guidelines (at least one must be clinical) within the two year designation period to address service delivery needs or academic priorities of the respective BPSO. The implementation of one of these guidelines must be initiated during the first year.
28. Support 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.
29. Continue to disseminate the outcomes of the BPSO designation, as noted above.

The RNAO, at minimum, will commit to:

1. Provide the BPSO with access to published and electronic guidelines and Nursing Order Sets.
2. Provide the BPSO with an orientation to the IABPG Centre, the BPSO Designation and to specific guidelines and implementation resources, as appropriate, through funding from by the Ministry of Health and Long-Term Care.
3. Support Champion development and BPG capacity building through provision of Best Practice Champions workshops and virtual programs, access to the Best Practice Champions Network, and RNAO's Best Practice Clinical Institutes.
4. Provide expert consultation on guideline implementation, uptake and evaluation.
5. Enable access to implementation resources.
6. Provide opportunities to BPSOs to participate in various aspects of guideline development, implementation projects and dissemination activities. These opportunities would be mutually agreed upon by both parties.
7. Facilitate participation in the network of BPSO Leads for the purposes of knowledge transfer and exchange, through regular teleconferences, or other meetings/events.
8. Host an annual BPSO Symposium to support continued capacity development, knowledge dissemination and networking opportunities with other BPSOs and support BPSO attendance through funding from the Ministry of Health and Long-Term Care.

9. Meet on a semi-annual basis (via teleconference) with each BPSO to review 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, and the RNAO leadership team, including the BPSO Coach.
10. Conduct a minimum of one site visit over the three year period, at a mutually agreed upon time, to review on the ground implementation, monitoring and evaluation activities (i.e. NQuIRE).
11. Provide an RNAO BPSO Coach for each BPSO for the duration of the BPSO three year pre-designation period. The RNAO BPSO Coach will be a point of contact for the BPSO, and their role will include consultation, coaching, regular meetings (at minimum every two months), linking with resources, referrals and site visits as necessary during the pre-designation period.
12. Identify and direct appropriate research opportunities to the BPSO.
13. Support a consistent approach to data collection by the BPSO through the international indicator data system Nursing Quality Indicators for Reporting and Evaluation™ (NQuIRE) of structure, process and outcome indicators through specifying indicators for best practice guidelines being implemented as well as by providing relevant instruments to the BPSO along with instruction and guidance for collecting these data. NQuIRE training is provided through consultations and web-based resources, and will include, but not be limited to, support on reporting via the NQuIRE web-based platform and creating automated reports.
14. Provide BPSOs with regular quality improvement updates by creating NQuIRE reports of aggregate quality indicator data from BPSOs.
15. Provide BPSOs with template for the Evidence Boosters document that demonstrates the impact of guideline implementation using NQuIRE data and customized evaluation metrics (e.g., patient mobility rates or student experience ratings) and/or other data repositories (e.g., interRAI Community Mental Health Assessment).
16. Provide up to \$105,000 per Ontario-based health-care organization or academic entity for the duration of the three year BPSO pre-designation period. Organizations are required to submit, with their proposal, annual budget requests to RNAO of up to \$35,000 per year, for a maximum of \$105,000 over the three year agreement, reflective of the anticipated costs associated with each year of the initiative. Organizations must commit to match or exceed the amount requested in each budget. Funding will be distributed in annual installments based on the budget submitted and the RNAO may, in its sole discretion, adjust the amount of funding to be provided. The total amount requested for all three years should not exceed the maximum funding of \$105,000. Funding for Year 2 and Year 3 will be contingent upon successful completion of annual deliverables.

Eligibility Criteria for BPSO Applicants:

Organizations are considered eligible to apply to this BPSO Request for Proposals if they meet the following criteria:

1. Have demonstrated a commitment to evidence-based practice by previous implementation of one or more RNAO clinical nursing best practice guidelines.
2. Have supported staff to participate in opportunities to develop capacity in evidence-based practice such as Best Practice Champions Network, Advanced Clinical Practice Fellowship, attendance at RNAO professional development offerings and other quality improvement capacity building initiatives.
3. Have strong and explicit support 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 – for evidence-based practice and demonstrated support to the nursing profession and to the implementation of RNAO's best practice guidelines.
4. Have an organizational vision, mission and/or mandate that provides for an opportunity to leverage other initiatives related to evidence-based practice, quality improvement, patient safety, student experience and/or outcomes improvement.
5. Have the capacity to implement, monitor and evaluate nursing best practice guidelines including the monthly collection and quarterly submission of data on NQuIRE indicators and customized evaluation metrics and/or other data repositories at baseline prior to implementation and at post-implementation intervals. This includes involving from the outset an informatics/IT or decision support person as a member of the NQuIRE team, to understand and support the evaluation deliverables.
6. Have capacity to hire (with funds committed to this initiative) a registered nurse in the role of BPSO Lead (preferably master's prepared) who will support guideline implementation, evaluation and sustainability.
7. Have demonstrated ability to engage in successful partnerships within the health-care/academic community, across a range of sectors.
8. For both health service and academic entities, have formalized relationships with each other such as clinical placement agreements, preceptorship programs, adjunct appointments etc.
9. Have 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 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	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:

An electronic Letter of Intent to submit a proposal should be received by Citlali Singh, Project Coordinator, at BPSO@RNAO.ca with a confirmation of receipt by **4:00 pm ET July 26, 2017**. Please note that the Letter of Intent is not mandatory or binding, and organizations may choose to withdraw their Letter of Intent prior to the deadline. Receiving Letters of Intent support the planning for the proposal review process. The letter of intent should include:

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

2.2 Proposal

The following details should be provided in each proposal submitted. This information will be utilized in evaluating each proposal received. The 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.

Scope of Work to be Performed (20%):

Provide an overview which demonstrates that the applicant organization understands

the purpose and objectives of the BPSO Designation. Describe the size of the organization where guideline implementation will take place, including the number of clients, 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 following schedule: Year 1: 6%; Year 2: plus 6%, totaling 12%; Year 3: plus 3%, totaling 15%.

The applicant organization will state which RNAO best practice guidelines (BPGs) it intends to implement in order to address gaps in service, and how these guidelines were identified. This must include a minimum of five (5) RNAO clinical best practice guidelines (three of which must be selected from the list in [Appendix A](#)). The remaining guidelines 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 three (3) guidelines must be initiated in the Year 1. The two (2) guidelines selected for organization-wide implementation must be implemented across the entire organization (curriculum) by the end of the Year 2. Implementation of the required five (5) BPGs must be completed by the end of Year 2, at the latest, in order to allow for integration and evaluation in Year 3.

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

Through quality improvement processes, applicants will demonstrate commitment to monitoring changes in nursing practice, and client 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. 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 3-year BPSO pre-designation period. [Appendix B](#) provides a template to summarize the scope of guideline implementation, and the template in [Appendix C](#) 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 guideline implementation, monitoring and evaluation will impact on nursing practice, client/student and organizational outcomes.

Applicant organizations should indicate, where appropriate, any other organization that would be involved in the BPSO Designation by virtue of ongoing relationships/partnerships.

Organizational Support (20%):

Organizational support is a clear contributor to a successful BPSO Designation. In this section, clearly demonstrate the extent of organizational support at all levels including staff support from all relevant disciplines. Letters of support are required, at minimum, from the Chairperson of the Board (as applicable), Chief Executive Officer (or equivalent), Chief Nursing Officer/Chief Nursing Executive or Dean/Director, union representative (as applicable) or representative of nursing staff (RN, RPN) where no union is involved. Letters of support acknowledge and commit to the ongoing requirements that are part of the BPSO 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 Designation. These letters should be uploaded as attachments.

Previous Experience with RNAO Guideline Implementation (10%):

Describe which RNAO guidelines, either clinical or healthy work environment, have been implemented, or are currently being implemented within the organization. Discuss which levels (units, teams, programs) of the organization are currently involved in implementation, strategies used, existing infrastructure, resource allocation, challenges and barriers faced, and how these are being addressed. Include a discussion of how 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 guideline implementation work, as applicable.

BPSO Team's Knowledge, Skill and Experience (15%):

Provide an overview of the structure of the proposed BPSO Designation, including how guideline implementation will be managed. Describe the skills of the BPSO Lead in relation to this work (résumé or CV of BPSO Lead to be uploaded as an attachment; résumés 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%):

Provide evidence of internal resources and the capacity to meet BPSO requirements and sustain outcomes (e.g., clinical and program management expertise, access to equipment, buy-in from key stakeholders, information management and technology support, etc). This description will also address the organization's capacity to provide data on nursing, client/student, and organizational outcomes as part of NQIRE, and

include examples of any such indicator data collection or management systems currently employed within the organization.

In addition, 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 Designation. Describe past relevant experience that supports the applicant organization's capacity to engage in the BPSO Designation. A letter of support from a past or current partner may be uploaded, as appropriate.

Financial contribution (15%):

Provide a detailed budget for Year 1, Year 2 and Year 3 of the BPSO pre-designation period. Demonstrate a minimum of matching funds from applicant organization. The budget must be itemized as follows: human resources, special consultations, quality improvement monitoring, education/training, and implementation resources. 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 6 of this RFP. Refer to [Appendix D](#) for a sample budget template.

BPSO are required to keep and maintain all financial records, invoices and other documents relating to expenditure of funding for this initiative and provide RNAO with a record of actual expenditures with required reports. Unused funding at the end of each year and interest earned shall be returned to RNAO.

3. The Agreement

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

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

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

- a) Extend the period for negotiation or signing of the Agreement
- b) Cease negotiations with the applicant and enter into negotiations with any other applicant without issuing a new RFP
- c) Not enter into the Agreement with that applicant
- d) Cancel this RFP, or
- e) Issue a new RFP.

Attachment: Appendix A to D

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Appendix A: List of Mandatory BPGs for implementation, by Sector

BPSOs must implement three (3) of the guidelines listed below applicable to their sector, and two (2) additional RNAO clinical guidelines that will help them achieve their service or academic priorities.

Acute Care	Long-Term Care	Home Care	Primary Care/ Public Health
Preventing Falls and Reducing Harm from Falls, Second Edition, 2017* Assessment and Management of Pain, Third Edition, 2013 Assessment and Management of Foot Ulcers for People with Diabetes, Second Edition, 2013 and/or Assessment and Management of Pressure Injuries for the Interprofessional Team, Third Edition, 2016*	Preventing Falls and Reducing Harm from Falls, Second Edition, 2017* Assessment and Management of Pain, Third Edition, 2013 Assessment and Management of Foot Ulcers for People with Diabetes, Second Edition, 2013 and/or Assessment and Management of Pressure Injuries for the Interprofessional Team, Third Edition, 2016*	Preventing Falls and Reducing Harm from Falls, Second Edition, 2017* Assessment and Management of Pain, Third Edition, 2013 Assessment and Management of Foot Ulcers for People with Diabetes, Second Edition, 2013 and/or Assessment and Management of Pressure Injuries for the Interprofessional Team, Third Edition, 2016*	Engaging Clients Who Use Substances, 2015 Integrating Tobacco and Nicotine Interventions into Daily Practice, Second Edition, 2017 Breastfeeding Best Practice Guidelines for Nurses, 2018 and/or Primary Prevention of Childhood Obesity, Second Edition, 2014

*Academic BPSOs will be expected to select from the above mandatory guidelines.

Appendix B:
Template: Summary of Scope of Work to Be Performed

Clinical Guidelines for Implementation (include year of publication)	Service Gap(s) Addressed by Guideline	Unit(s)/Departments for Implementation OR Implementation at the Organizational Level	Number of staff involved in Implementation
Guideline Publication Date			
Guideline Publication Date			
Guideline Publication Date			
Guideline Publication Date			
Guideline Publication Date			

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

Appendix C: Proposed Three Year Work Plan

The implementation of three (3) guidelines must be initiated in Year 1. The two (2) guidelines selected for organization-wide implementation must be implemented across the entire organization by the end of Year 2. Implementation of the required five (5) BPGs must be completed by the end of Year 2, at the latest, in order to allow for integration and evaluation in Year 3.

Best Practice Guideline	Unit/Units to be implemented	Year 1	Year 2	Comments
1.				
2.				
3.				
4.				
5.				

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

Best Practice Guideline	Planning for Implementation and Evaluation Time Frame		Implementation Time Frame		Evaluation – Data Submission (baseline and quarterly) Time Frame	
	Start	End	Start	End	Start	Ongoing
1.						
2.						
3.						
4.						
5.						

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

Appendix D: Budget Template (sample)

The categories listed below are the required line items to be included in the annual budgets for the three years of the BPSO pre-designation period. Additional lines may be added to reflect any additional expenses anticipated beyond those listed in the key categories below.

Please note that an individual budget is required for each year of the BPSO experience. The RNAO contribution is not to exceed \$35,000 annually, and the organization is required to contribute financial resources that, at minimum, match the request from RNAO. The 3-year total is not to exceed \$105,000:

- Year 1: 2018-2019
- Year 2: 2019-2020
- Year 3: 2020-2021

Year ____:

Item Budget	(1= 2+3) Total Annual Budget: RNAO Contribution Requested plus BPSO Budgeted Contribution	(2) RNAO Contribution Requested	(3) BPSO Budgeted Contribution	Comments
TOTAL HUMAN RESOURCE COSTS • Project Leader • Project Teams etc.				
TOTAL SPECIAL CONSULTATIONS				
TOTAL QUALITY IMPROVEMENT MONITORING/ EVALUATION				
TOTAL EDUCATION AND TRAINING				
TOTAL IMPLEMENTATION RESOURCES (list items, as appropriate)				
TOTAL				