Welcome to the Long-Term Care Best Practice Spotlight Organization ® Information Webinar
Welcome & Introductions

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Presentation Objectives

• Describe the Best Practice Spotlight Organization® (BPSO) designation program and process for becoming a LTC-BPSO®
• Review eligibility requirements for organizations interested in applying for the LTC-BPSO® designation
• Share experience from a current LTC-BPSO®
• Discuss the LTC-BPSO® pre-designation deliverables
• Describe supports provided by RNAO
• Questions and discussion
RNAO is the professional association for Registered Nurses, Nurse Practitioners and nursing students in Ontario.

The strong, credible voice leading the nursing profession to influence and promote healthy public policy, and clinical excellence.

The Best Practice Guidelines is a signature program of RNAO.
Best Practice Guidelines Program Mandate

Funded by the Ontario Ministry of Health and Long-Term Care since 1999 to:

Develop, disseminate, and actively support the uptake of evidence-based clinical & healthy work environment best practice guidelines and to evaluate their impact in patient/organizational and health system outcomes.
Mission:
To enhance the quality of care for residents in long-term care homes and facilitate a culture of evidence-based practice through the implementation of the RNAO’s best practice guidelines by front-line staff in LTC homes.

Funded by the Ontario Ministry of Health and Long-Term Care.
RNAO's BPG Implementation Methodology

- **Individual** Level
  - Champion Network®
  - ACPF
  - Nursing Order Sets
  - RNAO Communities
  - Professional Development

- **Organizational** Level
  - Best Practice Spotlight Organization® Designation

- **System** Level
  - Implementation Projects
Organizational Implementation

Key Strategy

*Best Practice Spotlight Organizations® (BPSO®)*

Goal

Influence the uptake of best practice guidelines across all health-care organizations, to enable practice excellence and positive client/resident outcomes
Best Practice Spotlight Organization®

Organizations partner with RNAO to implement multiple BPGs over a 3-year period and attain the BPSO® Designation

- Application process and formal partnership with RNAO
- Specific requirements for:
  - Systematic BPG implementation
  - Infrastructure
  - Reporting
  - Knowledge exchange
  - Dissemination
  - Sustainability planning
  - Measuring outcomes through standard indicators
- Designated BPSO®: expansion, spread and sustained use of BPGs, mentoring opportunities and measuring outcomes
24 LTC-BPSOs Representing 38 LTC Homes
Ontario BPSOs

76 BPSOs in Ontario representing over 400 health-care and academic organizations.
Global BPSO Network

7 BPSO Hosts
WITH
138 BPSOs Direct
REPRESENTING
700 health-care and academic organizations
LTC-BPSO® Designation

LTC homes partner with RNAO to create evidence-based cultures in their organizations through systematic implementation of multiple RNAO BPGs, achieved through:

1. establishing dynamic, long-term partnerships that positively impact resident care through supporting knowledge-based nursing practice
2. demonstrating creative, contextualized strategies for successfully implementing nursing best practice guidelines at the individual and organizational level
3. establishing and using effective approaches to evaluate BPG implementation in LTC utilizing appropriate structure, process and outcome indicators, and
4. identifying effective strategies for system-wide dissemination of guideline implementation and outcomes particularly targeted to LTC.
LTC-BPSO® Designates 2014-2017

- Parkview Manor Health Care Centre, Chesley, ON
- Region of Peel LTC, Brampton, Mississauga, Caledon, ON
- St. Peter’s Residence at Chedoke, Hamilton, ON
LTC-BPSO® Designates 2015-2018

- Pioneer Ridge Long Term Care & Senior Services, Thunder Bay, ON
- Bruyère Continuing Care, Saint-Louis Residence, Orléans, ON
LTC-BPSO® 2016-2019

- Grove Park Home
- The Perley and Rideau Veterans’ Health Centre
- Halton Region
  - Allendale
  - Creek Way Village
  - Post Inn Village
LTC-BPSO® 2016-2019

- Niagara Region
  - Douglas H. Rapelje Lodge
  - Woodlands of Sunset
  - Deer Park Villa

- Tilbury Manor Nursing Home

- William A. George Extended Care Facility

- Woodingford Lodge
  - Woodstock
  - Ingersoll
  - Tillsonburg

Woodingford Lodge … an exceptional place to live & work
LTC-BPSO® 2017-2020

- Bruce County Homes
  - Brucelea Haven LTC Home
  - Gateway Haven LTC Home
- Fiddick’s Nursing Home Ltd.
- Holland Christian Homes
  - Faith Manor Nursing Home
  - Grace Manor
- Markhaven Home for Seniors
- Nipigon District Memorial Hospital
LTC-BPSO® 2018-2021

• F.J. Davey Home
• Geraldton District Hospital John Owen Evans Residence
• John Noble Home
• Meadow Park Long Term Care | Jarlette Health Services
LTC-BPSO® 2018-2021

- Primacare Living Solutions
- The Wexford Residence Inc
- Villa Colombo Homes for the Aged
This request for proposals (RFP) is exclusive to Ontario LTC homes/organizations to select and support a new cohort of LTC-BPSOs.

Successful applicants will initially enter into a formal agreement with RNAO from 2019-2022 renewed annually.
LTC - BPSO®
Eligibility Criteria
2019-2022
LTC homes are eligible to apply for this LTC-BPSO® RFP if they meet the following criteria:

• Demonstrated a commitment to evidence-based practice by previous implementation of one or more RNAO clinical nursing best practice guidelines.

• 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 events or LTC sector-specific provincial quality improvement capacity building initiatives.
LTC-BPSO® Eligibility Criteria

- A senior nurse leader, in the role of Administrator, Director of Care (or equivalent), who is a member of the senior management team.

- Strong and explicit support from the board (as applicable), senior management, senior nurse leader, clinical nursing staff, union and other key stakeholders for evidence-based practice and demonstrated support to the nursing profession and to the implementation of RNAO’s best practice guidelines.

- Organizational vision/mission that provides an opportunity for leveraging other initiatives related to evidence-based practice and resident safety.
LTC-BPSO® Eligibility Criteria

• Capacity to implement, monitor and evaluate nursing best practice guidelines, using NQuIRe™ including the collection and submission of data on nursing practice, resident outcomes, and organizational human resource structure indicators at baseline prior to implementation, and at regular post-implementation intervals.

• Capacity to allocate a BPSO® Liaison (a registered nursing staff member in a leadership role) who will work with the RNAO LTC-BPSO® Coach to support guideline implementation, evaluation and sustainability.
LTC-BPSO® Eligibility Criteria

- Demonstrated ability to engage in successful partnerships within the healthcare community, both within the LTC sector and beyond.

- Capacity and commitment to meet the requirements of the terms and conditions of the LTC-BPSO® Designation (following the 3-year pre-designation) in order to maintain the LTC-BPSO® Designation (renewable every two years, assuming terms and conditions are met).
LTC-BPSO® Experience: Holland Christian Homes

Kaitlan Laviolette MN, NP-PHC
Organization Overview

- Grace Manor (Brampton)
- Faith Manor (Brampton)
- 120 residents at each site
- Over 200 staff (NP, RNs, RPNs, PSWs) plus other allied health care providers (PT, RD, etc.)
- We are a community for seniors of primarily Dutch heritage, providing a continuum of care inclusive of independent and assisted living as well as housing two long-term care facilities.
Overall Goal

• We hope to increase nursing capacity and leadership across the organization and ensure compliance with the Ministry’s standards. Our aim is to adopt effective and consistent approaches to implementing and evaluating best practice guidelines through our partnership with the RNAO.

• Our goal is that by meeting these short-term achievements we can enhance the quality of life of those individuals living in long-term care. We want to build a solid foundation to ensure sustainability of conformance to best practices across all service areas in our homes. Likewise, we hope to foster and sustain a culture of evidence-based practice in both of our Manors.
## BPG Implementation Overview

<table>
<thead>
<tr>
<th>BPG Name</th>
<th>Where the BPG is being implemented (unit, site or entire home)</th>
<th>Year of implementation (Year 1 or Year 2)</th>
<th>Rationale for selecting this BPG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventing and Addressing Abuse and Neglect of Older Adults</td>
<td>Both Manors</td>
<td>Year 1 (2017)</td>
<td>Goal: increase capacity of ALL employees and volunteers to identify and prevent abuse and neglect. Improve our organizations training model of abuse and neglect.</td>
</tr>
<tr>
<td>Prevention of Falls and Fall injuries in the Older Adult Population</td>
<td>Faith manor (Second Floor)</td>
<td>Year 2 (2018)</td>
<td>Currently we have a high fall rate on our second floor of Faith Manor. Our Goal is to reduce our fall rates, specifically falls with injury.</td>
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Early Evaluation results

• Both manors have seen a decrease in the number of concern forms, we often see that the majority of concern forms revolve around care related issues, we are now being notified of care-related concerns earlier and we are able to intervene quickly to resolve any issues.

• ‘Overall satisfaction’ on the resident/family satisfaction survey has increased from 2016 to 2017 at Faith Manor.
  – Faith Manor: 92% satisfaction (2016); 95% satisfaction (2017).
  – Grace Manor’s results were unchanged: 94% satisfaction (2016 & 2017).
Early Evaluation results

Faith Manor:
• Staff to Resident Abuse and Neglect: 10 (2016) decreased to 4 (3 unfounded; 2017)
• Complaints: 6 (2016), 0 (2017)

Grace Manor:
• Concerns related to personal care 14 (2016), increased to 16 in (2017)
• Allegation of abuse and neglect: 12 (2016), decreased to 11 (2017)
• *A decrease in both CIS reports and concern forms were noted in the second half of 2017.
Best Practice Champions

Best Practice Champions Trained in 2017 – 16
Best Practice Champions Trained in 2018 – 8
TO DATE TOTAL = 24
BEST PRACTICE CHAMPIONS WORKSHOPS

Are you passionate about improving patient care in your organization?
Do you have the ability and desire to bring awareness of best practice guidelines to your organization?

The Best Practice Guidelines Champions Level One Workshop is a FREE, one day session designed to introduce nurses and other health professionals to evidence based practice, RNAO's Best Practice Guidelines, and how you can implement them in your work setting. The workshop discusses how to evaluate evidence, how to assess your practice and your workplace, and how to plan for implementing Best Practice Guidelines, including marketing, engaging stakeholders, and developing plans and proposals.

Holland Christian Homes
Level 1 Workshop: Wednesday November 21, 2018
7900 McLaughlin Rd. S. | Brampton

To register or for more info, please visit: www.rnao.ca/events
For more information contact Andrea Stubbs: astubbs@rnao.ca or 1-800-268-7199 x213

Come and learn how to be a Champion Of Evidence-based Practice Using RNAO Best Practice Guidelines!
What we have learned along the way

• Build a strong team
• Plan meetings in advance and set expectations
• Ask for staff feedback along the way
• Utilize your RNAO Coach
• Think about your evaluation plan EARLY and review NQuIRe
• Consider Nursing Order Sets and review this during the Gap Analysis
• Start your RNAO reports early and keep track of changes along the way.
• Reach out to other BPSO Sites/Leads to learn from their experiences and share resources.
Kaitlan Laviolette MN, NP-PHC
Title: Nurse Practitioner
Email: Kaitlan.laviolette@hch.ca
Phone: 905-463-7002 Ext. 5261
Fax: 905-459-7843
LTC-BPSO® Requirements

At minimum, LTC BPSO® organizations will commit to:

Engage in a three-year partnership with RNAO, to be reviewed annually and renewed, provided criteria are met.

Contribute the necessary financial resources to support guideline implementation, evaluation and sustainability during the initial 3-year pre-designation period and as a LTC-BPSO® Designate.
Systematic Implementation

- Implementation Toolkit
- Steering Committee
- BPSO® Lead/BPSO® Coach
- Capacity building/Knowledge exchange
- Dissemination
- Evaluation
- Regular reporting

**REVISED KNOWLEDGE-TO-ACTION FRAMEWORK**

**UNDERSTANDING THE KNOWLEDGE-TO-ACTION PROCESS**

A two-step process:
1. Knowledge Creation:
   - Identification of critical evidence results in knowledge products (e.g. BPs)
2. Action Cycle:
   - Process in which the knowledge created is implemented, evaluated and sustained
   - Based on a synthesis of evidence-based theories on formal change processes

*The knowledge-to-action process is not always sequential. Many phases may occur or need to be considered simultaneously.*

- Monitor Knowledge Use & Evaluate Outcomes
- Chapter 6: Identify key indicators
- Concept of knowledge
- Evaluating patient and related outcomes

- Assess Facilitators and Barriers for Chapter 3: Knowledge Use
  - Identification of barriers and facilitators
  - How to measure and overcome

- Solve, Tailor, Implement Interventions/Implementation Strategies
  - Chapter 4: Implementation strategies

- Adapt Knowledge to Local Context
  - Chapter 2, Part A: Setting up infrastructure for implementation of BPs
  - Initial identification of stakeholders

- Stakeholders
  - Chapter 2, Part B: Define stakeholders and local impact
  - Stakeholder analysis process
  - Stakeholder tools
  - Resources
  - Chapter 2, Part C: Business Case
  - NOSO resources

- Knowledge Inquiry
  - Knowledge Synthesis

- Knowledge Products (BPs)

- Identify Problem
  - Identify, Review, Select Knowledge
  - Chapter 1: Identify gaps using quality improvement process and data
  - Identification of key knowledge (BPs)

- Sustain Knowledge Use
  - Chapter 6

Adapted from: "Knowledge Translation in Health Care: Moving from Evidence to Practice" by Steven J. Greenfield and Gordon F. Scales. Copyright 2006 by Blackwell Publishing Ltd. Adapted with permission.
BPSO® Deliverables
Implementation
Implement and/or expand the implementation of a minimum of three (3) RNAO clinical best practice guidelines.

A minimum of one guideline for implementation, preferably two, must be selected from the following mandatory list:

- Assessment and Management of Foot Ulcers for People with Diabetes (2nd ed)
- OR
- Assessment and Management of Pressure Injuries for the Interprofessional Team (3rd ed) (NQuIRE indicators pending)
- Assessment and Management of Pain (3rd ed)
- Preventing Falls and Reducing Injury from Falls (3rd ed) (NQuIRE indictors pending)
LTC-BPSO® - Implementation

Implement and/or expand the implementation of a minimum of 3 RNAO clinical BPGs.

The remaining guideline(s) for implementation may be selected from the mandatory, or the list below:

• Delirium, Dementia, and Depression in Older Adults: Assessment and Care (3rd ed) (NQuIRE indicators pending)
• End-of-Life Care During the Last Days and Hours (next edition to be released 2018/19)*
• Integrating Tobacco Cessation into Daily Practice (3rd ed)
• Oral Health: Nursing Assessment and Interventions (next edition to be released 2018/19)*
• Ostomy Care and Management (next edition to be released 2018/19)*
• Promoting Safety: Alternatives to the Use of Restraints (NQuIRE indicators pending)
• Person- and Family-Centred Care (NQuIRE indicators pending)
• Preventing and Addressing Abuse and Neglect of Older Adults (NQuIRE indicators pending)
• Prevention of Constipation in the Older Adult Population
• Promoting Continence Using Prompted Voiding
• Risk Assessment and Prevention of Pressure Ulcers
• Strategies to Support Self-Management in Chronic Conditions
LTC-BPSO® - Implementation

• At minimum, one of the three (3) clinical BPGs must be implemented across the entire LTC home, while the others may be implemented within specific programs/units/home areas.

• All BPGs must be implemented by the end of the second year, with the implementation at least one guideline completed in the first year. This leaves year three to focus on evaluation, sustaining the improvements made and preparing for LTC-BPSO® Designation.
For LTC homes with multiple sites, applicants may select:

- one site to initiate their LTC-BPSO® work, and plan to spread to their other sites once they are a LTC-BPSO® Designate

or

- conduct the LTC-BPSO® work across the entire organization at all sites. If the latter choice is selected, the guideline selected to be implemented across the LTC home must be implemented at all sites.
LTC-BPSO® - Implementation

• The LTC-BPSO may choose to integrate RNAO BPG Order Sets within their electronic medical record system for, at minimum, those guideline(s) being implemented across the entire organization.

• Engage a critical mass of at least 15% of care-giving and management staff (a combination of RNs, RPNs, PSWs and allied health) as RNAO Best Practice Champions, over the span of the 3-year partnership.

  Champion development targets:
  – Year 1 - 6%;
  – Year 2- an additional 6%, totaling 12%;
  – Year 3- an additional 3%, totaling 15%.
LTC-BPSO® Deliverables Implementation

LTC-BPSO® Steering Committee
LTC-BPSO® Lead/LTC-BPSO® Coach
LTC-BPSO® Deliverables
Capacity Building - Champions

A collective force that influences knowledge transfer and uptake of best practice guidelines

RNAO has prepared thousands of Champions in a range of sectors and areas of focus

Engage a critical mass of at least 15% of care-giving and management staff over the span of the 3-year pre-designation period.
LTC-BPSO® Deliverables
Capacity Building – BPG Institute

Clinical Best Practice Guideline Institute – June 2019

- Foundational Stream
- Advanced Stream
Submit proposals for RNs to participate in the Advanced Clinical Practice Fellowship program over the span of the 3-year pre-designate period.
ACPF: Supporting Nurses as Knowledge Professionals

**GOAL:** to develop and promote nursing knowledge and expertise, and improve client care and outcomes.

- A focused, self-directed learning experience for an RN or NP to develop clinical, leadership or best practice guideline implementation knowledge and skills.
- Support is provided by a mentor/mentoring team, the organization where the RN/NP is employed, and the RNAO.
- Areas of focus include Clinical Practice, Leadership or Guideline Implementation streams.
Monthly Knowledge Exchange webinars with LTC-BPSO leads, RNAO Coaches and other RNAO BPSO Team members.
LTC-BPSO® Deliverables

Capacity Building –
Annual BPSO KE Symposium

Support attendance of at least two key staff to the annual Knowledge Exchange Symposium. RNAO will provide funding for travel and accommodation, as necessary.
LTC-BPSO® Deliverables

Capacity Building – Mentorship

Commit to working with a LTC-BPSO designate mentor organization, as appropriate, in order to develop guideline implementation capacity.
LTC-BPSO® Deliverables
Capacity Building – Summary

CHECKLIST

- CHAMPIONS
- ACPF
- CLINICAL BPG INSTITUTE
- KNOWLEDGE EXCHANGE
- MENTORSHIP
BPSO® Deliverables
Sustainability
BPSO® Deliverables Reporting

• BPSOs submit a written report twice per year, highlighting the progress being made towards deliverables. An online report template is provided.

• RNAO team reviews each report, and meets with BPSO teams to highlight successes, reinforce successful approaches, ask questions and discuss need for additional support.

• The partnership with RNAO is reviewed and renewed annually, provided deliverables are met.
LTC-BPSO® - Monitoring & Evaluation

Nursing Quality Indicators for Reporting & Evaluation

NQuRE®
Goals of NQuIRE

• To develop a robust data system for reporting, monitoring and research that demonstrates the value of how evidence-based nursing practice improves health outcomes.

• As the data system expands, it will impact practice, management and policy decisions, education and health system research.
The minimum requirement for NQuIRE participation is to collect data monthly, quarterly or annually, depending on the indicator, consistently for units, teams, programs or services as outlined below:

—a minimum of two (2) human resource structure indicators collected at the unit level where the BPG is being implemented and one (1) NQuIRE® process indicator and one (1) NQuIRE outcome indicator for at minimum the one mandatory guideline selected for implementation.

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.
LTC-BPSO® - Mandatory NQuIRE Participation

• LTC-BPSO®’s will collect and submit indicator data:
  o RNAO will provide the data collection requirements and tools (via NQuIRE) for the quality indicators chosen for monitoring and evaluating BPG implementation.
  o Data collected will not include individual resident identifiers, and will be aggregated to determine the impact of clinical guidelines on resident outcomes and nursing practice.
LTC-BPSO®s will:

- Conduct regular quality improvement monitoring activities related to each BPG implemented and submit results in bi-annual reports to RNAO.
- Take advantage of opportunities to participate in research projects, as requested by RNAO and appropriate.
- Eligible to become an organizational member of the Nursing Best Practice Research Centre (NBPRC) which will afford the LTC-BPSO® opportunities for linking with researchers and others related to evidence-based practice and guideline implementation.
Present at conferences; participate in RNAO events as faculty; share implementation resources; manuscript submission; website; create a BPSO social media presence; use of the BPSO Logo.
Proposal Evaluation

- Scope of Work 20%
- Organizational Support 20%
- Previous experience with BPG Implementation 10%
- LTC-BPSO® Team Knowledge, Skill and Experience 15%
- Capacity to deliver on LTC-BPSO® requirements and sustain outcomes 20%
- Financial contribution 15%
Review Process

- LTC-BPSO® review committee
- Each proposal will be reviewed independently by 4-5 reviewers, using an established scoring matrix
- Successful applicants will be identified based on the review scores
- RNAO will inform applicants in writing of the status of their application
Important Dates

- RFP Release – October 4, 2018
- Letter of Intent – November 12, 2018
- RFP Deadline – December 6, 2018
- Release of Results – February 7, 2019
- Signed Contracts – March 29, 2019
- LTC-BPSO® Launch – April 10, 2019
- BPSO Annual Symposium – April 11, 2019
Questions

Must be received in writing or by email no later than Nov 29, 2018.

Submit to Citlali Singh, Project Coordinator at csingh@RNAO.ca for the attention of Heather McConnell, Associate Director.

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