



# RESEARCH PHASED STRATEGIC PLAN

WeRPN

## Abstract

The goal of the strategy is to increase representation of evidence in the literature regarding the utilization of RPNs, optimization of the RPN roles, and the impact and value of RPN interventions on client outcomes across sectors in our health system.

Dr. Nancy Snobelen, DHA, MBA, B.Sc.(C.D.),  
Reg CASLPO (non-practicing), S-LP(C)  
[nsnobelen@werpn.com](mailto:nsnobelen@werpn.com)

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# WeRPN Research Phased Strategic Plan

## Introduction

In October 2019, WeRPN engaged Dr. N. Snobelen as a research consultant for the purpose of developing a formal staged research strategy. The goal of the WeRPN research strategy is to provide a vision and guidance document for identifying, developing, and conducting research crucial to the profession of Registered Practical Nurses (RPNs). The research strategy is to develop a plan including designing and delivering approaches that can be used to generate the data to assist with managing requests from health system leaders and others for quality improvement, decision-making and policy development. These approaches include conducting a combination of early stage research projects in partnership with academic and governmental partnered competitive research projects, e.g., Healthcare Excellence Canada [formerly Canadian Foundation for Healthcare Improvement (CFHI) and Canadian Patient Safety Institute (CPSI)], Social Sciences and Humanities Research Council (SSHRC), Canadian Institute for Healthcare Research (CIHR), sequentially funded competitive applications projects (WeRPN requests for proposals), and focused in-house led contracted third party studies, co-designed with RPNs and RPNs as participants.

The goal of the strategy is to address the under-representation of evidence in the literature regarding the utilization of Ontario RPNs, optimization of the RPN roles, and the impact and value of RPN interventions on processes and client outcomes across sectors in our health system. Because of the unique structure of Ontario's nursing profession and the RPN/RN model, current research cannot reliably be applied between jurisdictions since a variety of approaches to education, implementation and use of the role of registered practical nurse, provincially, nationally and/or globally exist and are not standardized. WeRPN's most recent literature reviews were completed in 2013, 2014 and 2019 with specificity, e.g., staffing models, home care.

## Background

### What is an Ontario Registered Practical Nurse?

Registered Practical Nurses (RPN) are:

- ❖ nurses registered with and regulated by the College of Nurses of Ontario,
- ❖ educated and hold a diploma in practical nursing from an accredited Ontario college,
- ❖ combine knowledge, skills, and judgement to provide compassionate, informed, and expert, technical, medical, and virtuous nursing care,
- ❖ mostly employed to provide direct care daily to clients, residents, patients and families, and
- ❖ in even greater demand for their service and skills as Ontario's demographics shift.

Today, more than 55,000 RPNs ([www.cno/stats](http://www.cno/stats)) are registered with the College of Nurses of Ontario (CNO) and support patients, clients and residents in hospitals, primary care practices, public health units, community care agencies, long-term care facilities, retirement homes, schools and private practice.

### About WeRPN ([www.werpn.com](http://www.werpn.com))

WeRPN is the Registered Practical Nurses of Ontario, formerly RPNAO, the professional association representing the voice of RPNs in Ontario with over 14,500 voluntary members.

### *Mission*

WeRPN's mission is to break the walls down, build the person up, and bring the people together to improve client care. WeRPN realizes this mission via four strategic drivers: advancing expertise, driving evidence, advocacy and influence-building, and innovative growth.

### *Vision*

WeRPN's vision is to support improved health outcomes and deliver the best possible care to patients, residents, and clients.

### *Values*

- ❖ *Proud Professional*- We are smart and knowledgeable. We hold ourselves to rigorous and rising standards. We take pride in ongoing learning and sharing our learning experiences with counterparts at home and around the world.
- ❖ *Leading the Way Together* - We believe there is tremendous opportunity to deliver even greater client care more effectively. Achieving this requires challenging norms – including the myth that anyone within the health system is more “important” than others. So even though we stand for our members, our brand is committed to providing excellent client care in collaboration with our fellow health professionals.
- ❖ *Giving RPNs a voice* - We champion the critical role of RPNs by unifying our members, listening carefully to their needs, advocating on their behalf, and telling personal nursing stories in a way that ensures they are heard.
- ❖ *Focused on the Greater Good* - Everything we do is for the good of the client, the health system, and the nursing profession at large. Client care always comes first.

### WeRPN Strategic Plan and Drivers of impact

WeRPN's current activities are directed by the 2020-2024 Strategic Plan. [https://www.werpn.com/wp-content/uploads/2020/06/5462\\_WeRPN\\_Strategic\\_Plan\\_FA.pdf](https://www.werpn.com/wp-content/uploads/2020/06/5462_WeRPN_Strategic_Plan_FA.pdf)). WeRPN identifies four strategic drivers of impact:

- |                          |  |
|--------------------------|--|
| ❖ Advancing expertise    | WeRPN advances the expertise of the RPN by focusing on raising the professional profile; driving the creation of innovative new roles; facilitating access to continuing education and professional skills development; and developing resources and education programs that support the optimization, utilization, and impact of RPNs across the health system. WeRPN assists RPNs to meet the evolving demands for new competencies practice, and expertise. |
| ❖ Innovative growth      | As the RPN professional association, WeRPN is focused on the future and continues to identify and pursue new revenue streams to market the profession.   |
| ❖ Advocacy and influence | By nurturing impactful and influential strategic partnerships and strengthening our relationships with elected officials and other decision-makers WeRPN initiates meaningful health and nursing policy changes and advocates for WeRPN members. Promoting these partnerships builds greater awareness of the impact of WeRPN's advocacy work.   |
| ❖ Driving evidence       | WeRPN strives to influence the academic research and nursing community to increase representation of the role and the impact of  |

RPN interventions in the literature. Knowledge mobilization of RPN-related research to WeRPN members, and the health community will raise the professional profile and demonstrate the economic value of RPNs.

#### Expediting the strategic drivers (2019-20)

The following activities partially detail how WeRPN has moved forward on these strategic initiatives. Further information can be found in the WeRPN Annual report 2019-2020

[https://www.werpn.com/wp-content/uploads/2020/10/5589\\_WeRPN\\_Annual\\_Report\\_2020\\_FA.pdf](https://www.werpn.com/wp-content/uploads/2020/10/5589_WeRPN_Annual_Report_2020_FA.pdf)

- |                          |  |
|--------------------------|--|
| ❖ Advancing expertise    | Public awareness campaigns, e.g., YouTube video storytelling, workshops, webinars, sponsored registration to Dorothy Wylie Health Leaders Institute, access to Nursing Education Fund (NEI)  |
| ❖ Innovative growth      | Membership growth - Enhanced engagement with practical nursing educational institutions created a 24% growth rate in our student memberships. Total membership is 14,530 (1,295 students) members.<br>Revenue generation – Engaging J. Scott, consultant to market Knowledge Process Model and develop a leadership education program. |
| ❖ Advocacy and influence | Public inquiry into safety and security in LTC (Nursing staffing – subcommittee report (July 2020)); Public inquiry into LTC and impact of COVID-19; Nursing provincial committee.   |
| ❖ Driving evidence       | RPN Innovation Fund - priorities<br>RPNAO Research Think Tank – priorities<br>Nursing Leaders Network – research questions<br>Engagement of research consultant.   |

### Strategic Driver: Driving evidence

It is recommended that a comprehensive scoping review of relevant academic peer-reviewed literature be conducted to understand the current state of evidence for policy and practice decision-making.

### Previous research reports, studies and/or activities by WeRPN

*Table 1: Relevant research studies supported/conducted by WeRPN*

Reference	Year	Type of study	Relevant Findings
Ganann R, Weeres A, Lam A, Chung H, Valaitis R. Optimization of home care nurses in Canada: A scoping review. Health Soc Care Community. 2019;27:e604–e621. <a href="https://doi.org/10.1111/hsc.12797">https://doi.org/10.1111/hsc.12797</a>	2019	Scoping review	Optimization factors were categorized under seven domains: Continuity of Care/Care; Staffing Mix and Staffing Levels; Professional Development; Quality Practice Environments; Intra-professional and Inter-professional and Inter-sectoral Collaboration; Enhancing Scope of Practice; and Appropriate Use of Technology. Fragmentation and underfunding of the home care sector and resultant service cuts negatively impact optimization. Given the fiscal climate, optimizing the existing workforce is essential to support effective and efficient care delivery models. Many factors are inter-related and have synergistic impacts (e.g., recruitment and retention, compensation and benefits, professional development supports, staffing mix and levels, workload management and the use of technology). Quality practice environments facilitate optimal practice by maximizing human resources and supporting workforce stability. Role clarity and leadership supports foster more effective interprofessional team functioning that leverages expertise and enhances patient outcomes. Results inform employers, policy makers and relevant associations regarding barriers and enablers that influence the optimization of home care nursing in nursing, intra- and inter-professional and inter-organizational context
Livingstone, D., Adams, T., Sawchuk, P., Jones, B., Martin, D. (2019). <i>Changing Workplaces in a Knowledge Economy: Ontario RPN Survey Synopsis</i> . RPNAO Workforce Survey.	2019	Quantitative Cross-sectional survey	<p>Themed category comments corroborate survey findings: work life (toxicity, RN/RPN divide), wages/jobs, organizational/management issues, scope of practice, workload complexity, representation/advocacy, education, and role perception by others.</p> <ul style="list-style-type: none"><li>• The overall satisfaction within the RPN role was relatively high, however some serious challenges to RPN practice were captured in written commentary by 26% (n = 560).</li><li>• Workload, complexity and the technological demands of the job have increased over the past 5 years and nurses commented on high levels of acuity, the</li></ul>

Reference	Year	Type of study	Relevant Findings
			<p>increasingly heavy patients, and patients with co-morbidities along with the need for appropriate technical resources and ongoing continuing education;</p> <ul style="list-style-type: none"> <li>• Similarly, organizational changes were apparent, and nurses desire more involvement in decision making at the organizational/policy level and more opportunities for advancement;</li> <li>• While the data described the model of care as team or by patient assignment, staffing sufficient to manage workload was at issue within the written comments where nurses were highly concerned that patient or resident focused care was sacrificed over other tasks (documentation per government regulations, medication administration to many residents, oversight of unregulated care providers, management of incidents and issues);</li> <li>• Nurses desire full time positions and this survey identified that many have more than one part time job/employer; some outside the field of nursing to make ends meet;</li> <li>• While many RPNs belong to a union, their union was described as within other trades, and the comments identify a desire to be represented by nurses (all categories of nurses or by RPNs alone);</li> <li>• The point, above (Re. union representation), may have relevance to the wage gap between RNs and RPNs as remarkably disparaged in the comments. For perspective regarding nursing salaries, in 2018, the Ontario living wage (wages to maintain a normal standard of living) spanned \$15.53-\$21.75 based on regions<sup>1</sup>, the Toronto region being the highest, equating to \$30,283 - \$42,412 per annum. About half of the Ontario nursing respondents make only a 'living' wage or less (see Appendix B);</li> <li>• The full RPN scope of practice may not be known or operationalized by many of those directing RPN practice and this is borne out by the comments regarding management's caregiving assignments;</li> <li>• The data describing discrimination and abuse are concerning and the comments attest to a working environment illustrated by the terms seen in Appendix A -</li> </ul>

<sup>1</sup> [www.ontariolivingwage.com](http://www.ontariolivingwage.com)



Reference	Year	Type of study	Relevant Findings
			<p>toxic, violent and abusive (by coworkers, patients, families, managers/owners, and others);</p> <ul style="list-style-type: none"> <li>• One sub-heading under work life in the qualitative comments is called the RN/RPN divide where the issues were not only the difference in wages, but also an acknowledgement of intra-professional resentment and hostility;</li> <li>• RPNAO respondents commented specifically regarding the damaging effects on the RPN role by organizations representing the RN category of nurses;</li> <li>• The comments relating to public/media representation and knowledge of the professional RPN role provide an opportunity for the promotion of the RPN role.</li> </ul>
Registered Practical Nurses Association of Ontario. (2019). <i>Nurses Where We Need Them: Reconceptualizing the Nursing Process and Enhance Role Clarity</i> . Mississauga, Canada.	2019	WeRPN report - Grey literature	<ul style="list-style-type: none"> <li>• Expected worsening shortage of RNs and PSWs; growth of RPN availability</li> <li>• Lack of role clarity impacting the ability to put the RPN education and experience to its best use to deliver the best care possible to patients</li> <li>• Misunderstandings about the difference between the roles of RNs and RPNs create risk of underutilization or misallocation of nurses, gaps in care and role conflict with outcomes of worse care and more stressful work environments</li> <li>• Although several factors such as legislation, regulatory frameworks, healthcare system structures and supports impact the optimization of nursing roles, a new look at the nursing process can provide a strong foundation</li> <li>• CNO outlines entrance to practice competencies for RN and RPN – confusion remains</li> <li>• Focus should be on role clarity using the Knowledge Process Model with nurses, nurse leaders, interprofessional clinicians and policy makers</li> <li>• Reasons: <ul style="list-style-type: none"> <li>○ Scope of practice is a broad, not-specific, outline of knowledge and skill across nursing categories</li> <li>○ Changes to nursing education – enhanced knowledge base of nurses graduating post 2005; nurses graduating prior to 2005 continue practice with a variety of educational backgrounds and years of experience in the staff mix</li> <li>○ Changes to regulation – CNO eliminated specific task-based lists for “standard of practice”; CNO implemented a knowledge-based approach “3-factor framework (individual nurse, patient characteristics/factors and</li> </ul> </li> </ul>

Reference	Year	Type of study	Relevant Findings
			<p>environmental supports)’ to guide staffing decision-making, e.g., matching patient to nurse</p> <ul style="list-style-type: none"> <li>○ Inconsistent application of “3-factor framework” – applying framework requires contextual interpretation and judgement on training, knowledge, experience, critical thinking and skills of the individual nurse, patient acuity and predictability of their outcomes and environmental supports to the nurse all weighted equally</li> <li>○ Decision-making in nurse deployment requires intimate knowledge of every nurse’s individual knowledge, experience and ability to engage in consultation with others</li> <li>○ Erroneous beliefs that only RNs can perform certain highly technical tasks b/c of a misdirected focus on task implementation excluding knowledge and critical thinking attained through education and experience</li> <li>○ Engagement and role satisfaction are negatively impacted in environments where nurses are not able to use all their competencies</li> </ul> <ul style="list-style-type: none"> <li>● Knowledge Process Model – 5 component (assessment, nursing diagnosis, planning, implementation, and evaluation) cyclical knowledge-based approach to nursing process with greater weighting on assessment and evaluation</li> <li>● Implementation of the Knowledge Process Model to improve role clarity, optimize scope of practice, assist decision-making regarding staff mix (RPN/RN) and daily patient-nurse assignment, and support nurse recruitment, orientation and ongoing professional development</li> <li>● Environment requires collaboration and consultation to utilize collective wisdom of the team for optimization of the resources available</li> <li>● Research opportunities for how well the Knowledge Process model works: <ul style="list-style-type: none"> <li>○ What is the appropriate staffing on the unit and how is that determined?</li> <li>○ How engaged are RPNs in organizational governance?</li> <li>○ How collaborative and supportive is the team?</li> <li>○ What is the knowledge level of nursing categories across nursing categories?</li> <li>○ What innovative staffing models currently exist? How well are they working, e.g., staff shortages, use of off service nurses, etc.?</li> </ul> </li> </ul>

Reference	Year	Type of study	Relevant Findings
			<ul style="list-style-type: none"> <li>○ What models of care best promote collaboration and flexibility amongst the team?</li> <li>○ How well do governance structures involve front line nurses?</li> <li>○ How aware are nurses of their accountabilities to voice concerns?</li> <li>○ How well are RPNs putting their education and experience to best use?</li> <li>○ What is the extent of the long-term health human resources strategy?</li> <li>○ What amount of time is required by nurses for adequate assessment, monitoring, and planning individualized care to meet patients' needs?</li> <li>○ Are these time allowances being implemented?</li> <li>○ What is the perceived success of career laddering opportunities? How is this measured?</li> <li>○ What is the current extent of RPN-based research studies? Is there growth in the research examining innovative models of care delivery and flexible staffing models?</li> </ul>
Registered Practical Nurses Association of Ontario. (2018). <i>Practically Speaking: An International Comparison of Register Practical Nurse (RPN) Roles to Identify Best Practice</i> . Mississauga, Ontario.	2018		
Registered Practical Nurses Association of Ontario. (2018). <i>Changing an Unacceptable Reality: Enabling Nursing Knowledge for Quality Resident Outcomes in Ontario's Long Term care Homes</i> .	2018	Non-experimental descriptive survey – RPNs and RNs	<p>RPNs are LTC experts (31% of all RPNs) and RPNs hold a prominent direct care role versus 8% of all RNs who hold more planning and coordinating roles</p> <p>Barriers to optimal application of nursing specific knowledge in planning and evaluating LTC resident care:</p> <ul style="list-style-type: none"> <li>• Change in patient acuity - since 2010, admission eligibility to Ontario Long-term care homes has required an assessment of high or very high level needs. In 2015, 85% of residents classified as high level of care (constant supervision, assistance with personal care and management of medical co-morbidities); 73% with cognitive impairment; 62%</li> </ul>

Reference	Year	Type of study	Relevant Findings
Mississauga, Canada: Author.			<p>with dementia; 46% exhibiting responsive behaviours; 41% needing monitoring of acute medical conditions.</p> <ul style="list-style-type: none"> <li>• Resource constraints – access to adequate funding and human resources shortages</li> <li>• Augmented workload – engagement in full scope of practice without workload adjustments undermines adequate time for ongoing assessments, review of care plans, documentation and collaborative practice</li> <li>• Burden of time from medication administration – 20- 40% of nursing care hours</li> <li>• Dynamic factors of increasing care needs and associated workload encroaches on emotional and psychosocial needs of LTC patients</li> </ul>
Baumann, A., Crea-Arsenio, M., Norman, P., Eggleton, E., (2014). The Role of Nurses in High Functioning Teams in Acute Care Settings. Hamilton: McMaster University.	2014	Mixed methods cross-sectional descriptive using Appreciative Inquiry	<ul style="list-style-type: none"> <li>• RPN role has expanded over time, is distinct and overlaps depending on patient assignment worked independently but together using a fluid approach</li> <li>• RPNs worked to full scope, role is valued, share common goals and demonstrated commitment to each other, worked in a buddy system, consistently shared patient data, collaborated on patient care plans and actions, had open communication and ongoing dialogue in high functioning teams</li> <li>• High levels of trust and respect between RPNs and RNs</li> <li>• Role clarity was high in complex situations, enhanced by communication tools</li> <li>• Supportive management is vital – recognized high functioning teams and engrained teamwork into their organizational culture.</li> <li>• CNO Entry to practice competencies (ETP) for RNs were described as having 7 key principles and 9 roles; RPNs ETP competencies were described as assessment, planning, implementation and evaluation.</li> </ul>
Registered Practical Nurses Association. (2014). Nurse Staffing Literature Review. Mississauga, Canada: Author.	2014	Scoping review	<ul style="list-style-type: none"> <li>• Fourth iteration of the RPNAO's Nurse Staffing Literature Review.</li> <li>• Aim of these reviews is to provide the RPNAO with a summary of the latest academic and professional research literature available related to the healthcare role of RPNs.</li> <li>• The topics of education, staffing, work environment, nurse categorization and models of nursing care have been the primary focus of the various reviews.</li> <li>• The latest reports also examined the role of ENs in different countries of the British Commonwealth because of the close alignment of ENs with RPNs.</li> <li>• Although entry-level education has tended to concentrate on RNs, the value of current curricula for all categories of nurses is being debated in the literature.</li> </ul>

Reference	Year	Type of study	Relevant Findings
			<ul style="list-style-type: none"> <li>Staffing issues usually only concerned RNs, but some of the studies collected this year were expanded to include LPNs/RPNs.</li> <li>Job satisfaction, working conditions and organizational culture remained central issues when discussing the work environment settings in which nurses work.</li> <li>For a number of countries, the national regulatory systems used to categorize nurses, especially LPNs and RNs, received attention in several articles.</li> <li>While models of nursing care typically centre on professional practices, one article found during the search discussed the improvements that can occur through changes to physical layouts when delivering nursing services.</li> <li>SEN specific research in the U.K. was not found but several articles highlighted the increasingly important place of ENs in the Australian healthcare system.</li> </ul>
Registered Practical Nurses Association of Ontario. (2014). <i>It's All About Synergies: Understanding the Role of the Registered Practical Nurse in Ontario's Health System</i> . Mississauga, Canada: Author.	2014	Large scale consultation mixed methods approach	<ul style="list-style-type: none"> <li>RPNs viewed as a valuable member of the health care team in the provision of quality patient care</li> <li>Although frequently used, the phrase "Scope of Practice" is not well understood with most nurses describing scope of practice as tasks they are allowed to do in their practice settings</li> <li>Many misconceptions and old truths continue among RPNs and RNs regarding the RPN scope of practice which contributes to role confusion, underutilization and inappropriate utilization of RPNs</li> <li>Leadership plays a vital role in setting expectations regarding scope of practice, collaboration, and respect within the practice setting.</li> <li>Nursing care delivery models based on principles of collaboration and partnership allow for optimal teamwork, respect and knowledge sharing</li> <li>Organizational practices play a key role in determining the appropriate utilization of the RPN role</li> <li>Given there is a significant degree of overlap between the RPN and the RN roles, many nurses and nursing leaders are uncomfortable with who can do what to cover all possible scenarios. There is a need to be comfortable with an informed "it depends" answer and discussion</li> <li>Suggest: <ul style="list-style-type: none"> <li>Interprofessional education opportunities</li> </ul> </li> </ul>

Reference	Year	Type of study	Relevant Findings
			<ul style="list-style-type: none"> <li>○ Legislative change updates from the College of Nurses outlined in in practical language</li> <li>○ Organizational development strategies that educate about organization specific implications for practice</li> <li>○ Research and/or program evaluation focus on understanding enablers and barriers to optimize the scope of practice of RPNs</li> <li>○ Collaboration among professional nursing organizations to acknowledge and embrace the overlapping nature of the nursing profession and the collective contributions to patient care and health system performance</li> </ul>
Registered Practical Nurses Association. (2013). Nurse Staffing Literature Review. Mississauga, Canada: Author.	2013	Scoping review	<ul style="list-style-type: none"> <li>• An annual review of RPN-related scientific and academic research conducted for the Registered Practical Nurses Association of Ontario (RPNAO)</li> <li>• Content related to the nursing themes identified in previous studies, follow up on the status of enrolled nurses, and investigate high-functioning nursing teams.</li> <li>• Findings corresponded to the previous reviews.</li> <li>• Education and training is primarily RN focused, as is nurse staffing.</li> <li>• Nursing work environments can be simplistically summed up as “a positive nursing work environment is associated with fewer patient adverse effects.”</li> <li>• When reviewing nursing categorization, the role of nurses in a global environment should be considered.</li> <li>• The selection of nursing care models still requires evidence-based decision making.</li> <li>• The UK has moved from having Enrolled Nurses to struggling with how nursing Assistant Practitioners should fit into its healthcare system, while</li> <li>• Australian Enrolled Nurses are viewed as major contributors to patient care delivery.</li> <li>• Although the topic of teams is a major area of research, no studies were located that dealt with high-functioning nursing teams.</li> <li>• As has been seen in the previous reviews, RPN research continues to be a wide-open field for future research endeavours.</li> </ul>
Baumann, A., Blythe, J., Baxter, P., Alvarado, K., Martin, D. (2009). <i>Registered Practical Nurses:</i>	2009	Discussion paper	<ul style="list-style-type: none"> <li>• 24 Ontario colleges provide educational programs for RPN diplomas</li> <li>• In 2005, amendments to the Nursing Act of 1991, RPNs allowed to initiate controlled acts procedures</li> </ul>

Reference	Year	Type of study	Relevant Findings
<i>An Overview of Education and Practice.</i> Nursing Health Services Research Unit, Health Human Resource Series Number 12			<ul style="list-style-type: none"> <li>• Qualifications for entry to the PN programs have not changed significantly except for requirements of Grade 11 math</li> <li>• Core components (theoretical knowledge, human biology and practical skills are largely unchanged</li> <li>• Course content updated to match expanded knowledge base and skill set required</li> <li>• Role of PN internationally, nationally and provincially under researched</li> <li>• Diversity of PN educational preparation and practice roles requires local studies</li> <li>• Difficulty to plan future workforce b/c of limited literature</li> <li>• Increased collaboration is necessary but requires definitive roles and ensures RPNs are used appropriately to their full scope.</li> <li>• Baseline knowledge of RPN practice and role are required in all health care sectors</li> <li>• Further information on RN/RPN decision-making would reveal whether previously perceived distinctions perceived by researchers persist despite the changed educational preparations for RNs and RPNs</li> <li>• Require clarification of appropriate contexts where RPNs can work to their full scope</li> <li>• Resolution of the RN/RPN role ambiguity is required</li> <li>• Understanding how collaboration influences costs would help health care employers to staff efficiently and effectively</li> </ul>

### Grey Literature:

Registered Practical Nurses Association. 2020. 2020 WeRPN members survey.

Registered Practical Nurses Association. 2020. 2020 WeRPN GPNC –(C) certification survey.

### RPN Innovation fund

In 2006 the Nursing Retention Fund (NRF), an irrevocable trust fund, was established by the Government of Ontario Ministry of Health and Long Term Care (MOHLTC). The purpose of this fund was to support education and retraining of nurses making workplace transitions secondary to the widespread restructuring that was occurring in Ontario's public hospitals. In March 2016, in accordance with the NRF terms, residual funds were paid out to WeRPN and the Registered Nurses Association of Ontario (RNAO) so the RPN Innovation Fund was established. The broad purpose of the Innovation Fund was to have transformative and sustainable impact on the health system by supporting the optimization of the RPN role to meet emerging clients, family, and community health needs. From January to May 2017, WeRPN engaged RPNs and other stakeholders province-wide to establish how to use the fund most effectively. The environmental scan noted the following health industry trends:

1. impact of an aging population,
2. desire to improve health outcomes,
3. need to slow the growth of health system costs
4. shift to home and community care, and
5. expanding presence of digital technology for care and administration.

Using mind-maps, interviews with content experts and a survey, five areas of focus across three broadly themed priority areas (Professional Development, Clarify the Role, and Innovation) were created (Jones, 2019).

### Priority themes from Innovation Fund study:

#### *1. Clarify the Role*

RPNs believe that more work is needed to assist the health professional team and members of the public to **understand the contributions and value the role of the RPN**. This can be accomplished by:

- 1) Role clarity and collaboration
  - a) Equality within the nursing profession – role image, role equality, respect , standardize the working scope of practice
  - b) Collaboration within the health professional team
  - c) RPN role optimization
  - d) Role enhancement - coaching, system navigation and enabling clients as partners.
- 2) Promotion and Advocacy
  - a) Awareness of RPN profession, role, and value– generate evidence, promote profession and communicate more broadly
  - b) Advocacy – stronger action from WeRPN; high profile media; expanding scope of practice
  - c) Profile (demographics) – age, gender, location, employment status, responsibilities and duties, populations served;



## 2. Professional Development

RPNs value continuous learning and more work is needed **to prepare them now and for the future**. This can be accomplished by:

- 1) Leadership Development
  - a) Skill requirements – conflict management; critical thinking, change management, professional courage, data and statistics, staff coaching, horizontal violence prevention, mentorship
  - b) Leadership Opportunities – certification
- 2) Research Education
  - a) Skills requirements – knowledge translation, exchange and implementation; methods,
  - b) Clinical care opportunities – research questions, study participation
- 3) Wellness Supports and self-care
  - a) Access to wellness and self-care supports
  - b) Access to wellness education
- 4) Client care
  - a) Point of care practice – wellness and health aging, wound care, prevention, self-management and management of chronic disease management, gerontology, health literacy, health coaching, palliative care, oncology, mental health, family/caregiver support
  - b) Current evidence-informed practice
  - c) Effective use of digital technology
  - d) Certification
  - e) System access and navigation

## 3. Innovation

RPNs believe transforming the RPN practice experience and putting effort into expanding and communicating the contribution of RPNs is innovative. This can be accomplished by:

- 5) Delivery of care
  - a) Developing new models of care – aligned and celebrated, patient assignments
  - b) Using new evidence-based care techniques
  - c) Expanding digital technology, e.g., virtual care, technology-enabled care
  - d) Specialty certification – highly developed expertise, recognition
  - e) Process improvement collaborations
  - f) Equipment purchases
- 6) Thought leadership
  - a) Opportunities for **networking, sharing and collaborating**, either face to face or digitally, within the RPN profession.
  - b) RPN focused research

## Research Think Tank

Hosted in June 2018, the Research Think Tank Day summarized a potential research agenda supported by clinicians, academics, and other representative stakeholders. Among the numerous research questions generated about the organization and delivery of nursing services in Ontario, the following three major priorities emerged:

1. Value impact of the optimized RPN role(s)
  - a) What are the roles of the RPN in all sectors?
  - b) What patient outcomes can be attributed to these roles?
  - c) What barriers exist to prevent working to full scope?

- d) What are leadership beliefs about the roles? How is this reflected in organizational policies, procedures, and job descriptions? How well do others understand these RPN roles?
- 2. New models of care and implementation of patient matching using the CNO three factor framework
  - a) What are the success factors for collaborative care delivery models?
  - b) How is staffing mix chosen? How is this validated?
  - c) What oversight is needed?
  - d) What are the barriers and facilitators?
  - e) What is the basis for assigning the responsible nurse for each patient?
  - f) Who makes the assignments? And on what basis?
  - g) What tools are used to assess patients status and needs?
  - h) What is stable? What is predictable? What happens if either change?
  - i) What are the models of care requirements in different settings?
  - j) When matching occurs, are outcomes comparable better?
  - k) What extent are models using matching implemented with fidelity?
- 3. Health Human resource and workforce planning
  - a) What is currently used to for workforce planning?
  - b) What are the number of RPN programs and graduates?
  - c) How well does education meet job requirements in all sectors?
  - d) What are the demographics of the RPN workforce?
  - e) How are competencies assessed?
  - f) How are novice clinicians transitioned to the workforce?
  - g) What workforce deviances are associated with patient outcomes?

#### Nursing Leadership Network 2019 – Focus group session

An educational session was presented at the 2019 Nursing Leadership Network (NLN) on Ontario conference in 2019. B. Jones presented the Innovation Fund and Research Think Tank results and conducted focus group sessions for further feedback on research topics. The following are the priority research questions generated from the NLN session participants:

Question	Theme
What are the nursing strategies to enhance leadership competencies?	Role/Impact/Value
How are patient outcomes impacted by the influence of RPNs in care teams?	Role/impact/value
How are quality outcomes impacted by RPNs?	Role/impact/value
What are the demographics (education, age, gender, etc) of RPNs?	Roles/impact/value
What differentiates RPN practice?	Role/impact/value
What is the experience of RPN/RN lateral violence?	Roles/impact/value
How do RPNs practice within the interprofessional model?	Roles/impact/value
What opportunities for growth within the RPN role?	Roles/impact/value
What quality outcomes do we see when RPNs and patients are matched appropriately?	Roles/impact/value
What are the patients' and /or environmental characteristics that support autonomous practice?	Delivery of care
What are the barriers to effective collaborations between RNs and RPNs when patients' conditions improve or decline?	Delivery of care
What is the research evidence to support "matching"?	Delivery of care

Question	Theme
What Model of Care optimizes the members of team to achieve quadruple aim?	Delivery of care
What percentage, e.g., 80%, RPN, NP, RN, RT, OT, PT, SW members?	Delivery of care
How well are we matching nurses to patients using three factor framework? How do we assess? How do we assign?	Delivery of care
Are we using the three factor framework model or are we still using geographical nursing?	Delivery of care
What are patient outcomes associated with staff mix?	Delivery of care
What are the patient outcomes in acute care – staff mix – longer shift ?	Delivery of care
Are RPNs included in staff mix decisions and research directions?	Workforce planning
What is the effect of educational strategy for strengthening RPN use of evidence?	Workforce planning
How do we ensure when we design new facilities they are designed based on model of care?	Workforce planning
What are the success factors when transitioning from pre-licensure to post-licensure?	Workforce planning
How many RPNs looking to bridge RN and why?	Workforce planning
Why are they leaving nursing?	Workforce planning
Is RPN practice sector specific?	Practice

### The Research Phased Strategic Plan

To deliver the best care and the best outcomes possible for residents, patients, clients, families and/or caregivers living in the community or society in general, WeRPN seeks to promote, sponsor and lead spirited inquiry, ethically sound, and systematic investigative academic and applied research. The results will contribute to the knowledge base for health system policy and planning (health human resource and workforce planning, optimization); nursing practice (care protocols, specialization); interprofessional collaborative models of care (delivery of care, matching, holistic); and role clarity, advocacy, impact, and value of RPNs. The information from the Innovation Fund priority themes, Research Think Day report, and NLN conference, serves as a base for the focused research strategy and potential research questions.

Using a framework to support consistent and coherent decisions and actions over time, influenced by environmental context and broader organizational business goals, WeRPN's phased and diversified research strategy approach considered four elements<sup>2</sup>:

- 1) Architecture – aligned with WeRPN's strategic goals, a balance of centralized and decentralized coordinated projects from academic, third party neutral and "real-world" partnership contexts to address priorities and expected outcomes.
- 2) Processes – addressing fluidity, sequencing, monitoring, control, and governance of projects.
- 3) People – considerations about human resources – internal employees; competencies and training; general and specialist consulting and contracted services; individuals or groups with specific research capabilities.

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<sup>2</sup> Pisano 2012

- 4) Portfolio – allocation of resources across lifetime of strategy, annual allocations, across projects, across sectors focused on established key priorities for the organization; criteria used to sort, prioritize, and select sponsored projects.

#### Vision and research priorities

By 2023-2024, WERPN expects to create a path to research excellence in the RPN profession by collaborating with knowledge users, researchers, academics, and employers and accessing research resources, provincially and nationally.

#### Research priorities:

WeRPN will focus on these four priority areas:

- 1) **Value/impact of the optimized RPN roles.** This priority has direct alignment with WeRPN's strategic drivers of advancing expertise, advocacy and influence and driving evidence. What are the variety of roles and range of activities performed by RPNs, e.g., Caring discourse (feelings and relational care); Technical work (physical and instrumental); Scientific and medical work (cognitive and critical thinking work)? What are the required competencies linked to these roles and activities? How do these roles and competencies compare and contrast to RNs and/or other health care providers? How do the patient outcomes compare and differ from other roles? What is the impact of an RPN providing care on the served patients? What is the public awareness and understanding of nursing scientific knowledge and clinical skills requirements? What is the image RPNs project? What are the institutional restrictions or barriers on RPNs? These are only a few of the research questions requiring answers to advance RPN expertise, advocate for and influence the health system about the value of RPNs and provide evidence to support policy changes. What are the RPN competencies required of administrative/leadership for teacher/instructor, Professional Practice Lead, Director of Care roles?
- 2) **Delivery of care.** This priority has direct alignment to advancing expertise and driving evidence. What new models of care can improve patient outcomes and system performance using optimization of the RPN roles? How does our current system of patient matching to the nurse, the environment and the patient (College of Nurses of Ontario Three Factor Framework)<sup>3</sup> perform? Offering progressive models of care advances RPN expertise and provides evidence to support policy and practice changes. Are RPNs able to use their knowledge, skills, and judgment to greatest extent possible? How do RPNs organize their care for patient assignment; bedside care? sinking from view and becoming work of others; use of RPN specific cognitive skills for knowledge process model - assessment, treatment planning and treatment delivery; Evaluation of outcomes - examples of outcome measurements need to reflect bedside direct care investigating topics such as gratitude; emotionally attentiveness (time to talk; kind and gentle; listen to expressed concerns; compassionate); patient safety measures; quality of care measures; are patients receiving nursing time equivalent to what they need (Hours per patient day (HPPD)); doses of nurses time; direct observation, surveys, risk adjusted statistics; patient documentation; abstracted data elements; complications – falls, pressure injuries; hospital acquired infections, DVTs, PE; depression; delirium; pain; mortality; failure to rescue; psychosocial status of patient; functional status. What are the concrete contributions around physical(technical and medical knowledge and care), psychosocial (caring and virtuous discourse care) and educational care (health literacy and system navigation knowledge and skills)? What

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<sup>3</sup> CNO The patient, the nurse and the environment

are the models of care and staffing mix combinations? Does a holistic model create more continuity and better outcomes? How do RPNs interact with less skilled workers at the bedside?

- 3) **Excellence in practice and leading change for better patient outcomes.** This priority directly aligns with the strategic drivers of advancing expertise and driving evidence. RPN specific practice guidelines and evidence-based reviews will provide evidence of innovative and effective protocols that can be measured by patient outcomes. Evidence of impact to patient outcomes and health system change will advance RPN expertise.
- 4) **Health Human resource and workforce planning.** This priority directly aligns to advocacy and influence, advancing expertise, and driving evidence. Building, maintaining and planning workforce needs are required because of current workforce challenges: health care staffing shortages, aging and gendered workforce; retention and recruitment issues for nursing industry and by sectors; working conditions, e.g., mandatory overtime; nurse to patient ratio. Evidence in current workforce demographics and population needs linked to educational planning and health system workforce needs drives policy, e.g., educational curriculum, career ladder, micro-credentialing, to mitigate workplace challenges and optimize costly yet valuable human resources. Health human resource and workforce planning is key to supporting the Triple Aim Initiative (Institute for Healthcare Improvement (IHI) retrieved from <http://www.ihl.org/Engage/Initiatives/TripleAim/Pages/default.aspx>) - improving the experience of care, improving the health of populations, and reducing per capita costs of health care. Focusing on human resources as the most important asset also addresses the newly imagined fourth aim of focusing on the health and wellbeing of the workforce.

#### *Expected Outcomes*

Overall expected outcomes from research about the RPN profession will enable:

- a celebrated role in the system,
- delivery of excellence in care and practice, and
- RPNs as leaders in innovations and delivering health system change.

Challenges within the RPN profession trace back to issues of human resource shortages, staffing levels and staffing reductions for cost-cutting purposes. Optimization of the role would be envisioned as a valued and collaborative team player, employing their full scope of practice, receiving fair compensation, engaged in their work, feeling psychosocially healthy and demonstrating positive measurable patient/client, and system outcomes.

The research plan will enable WeRPN to be recognized as credible advisors backed by collaborative partnerships and evidence-informed knowledge generated from academic research fellowships and projects. Armed with jurisdictionally and category-specific evidence, WeRPN will more assertively initiate and pursue meaningful health system and workforce policy changes. Clinically, the RPN workforce will utilize more innovative nursing practice/intervention protocols backed by clarity of roles and competencies. In addition, the RPN workforce will be more engaged and valued in novel and collaborative interprofessional models of care that ensures the best optimization and full impact of the roles of the RPN professional with residents, patients, clients, families and/or caregivers' outcomes across sectors.

### Mission, Objectives and Operationalizing the plan

The **mission** of the research strategic plan is to delineate the phases required for effective fund utilization aligned with WeRPN's strategic drivers of impact. Studies will be conducted independently by WeRPN and/or inter-dependently and collaboratively by nurturing impactful and influential strategic partnerships with knowledge users (WeRPN members and non-members working professionals), researchers, academics, employers, nursing community, elected officials and government regulators and decision-makers. This vision and mission will be affirmed by the CEO and Director of Professional Practice, Research, and Innovation. Financial consideration reviewed and approved by Director of Finance.

#### *Objectives:*

By 2024, WeRPN will:

1. Implement the three year research plan (2021-2024) that reflects actionable directions for research expenditures aligned with WeRPN 2020 – 2024 strategic plan
2. Communicate progress to WERPN membership, and conduct activities of knowledge mobilization, promotion, and utilization of results for research proposals and fellowships.
3. Develop a focused research governance approach, e.g., Research Advisory Council, to:
  - a. establish a methodology to capture membership opinion of essential research topics, e.g., focus groups, special interest group, advisory committee
  - b. prioritize, recommend, and promote RPN research priorities,
  - c. approve project descriptions for each priority area to be included in Request for proposals,
  - d. evaluate nominations and award an "Excellence in Research" award
  - e. establish an evidence-based review database,
  - f. review, rank and categorize pertinent articles, demonstrating impact and value of the role of the RPN, and
  - g. develop and monitor indicators of progress and return on investment of research funds.
4. Develop resources, supports, and tools to support members' research capacity, e.g., "how to kit" eLearning module on how to start a research project as a front-line professional.
5. Create a network of researchers who have demonstrated knowledge, skill, and ability regarding the role of RPNs who will extend to the network of SPOR senior researchers.

#### *Methods*

The vision and mission will be achieved through two methods.

Method 1:

Sponsor/support/co-produce/create priority-area research projects that reflect current population needs' trends, and emphasizes category-specific cognitive knowledge, skills, interventions, and tactics aligned with WeRPN research priorities.

The one year projects awarded will arise out of competitive application "Request for Research Proposals". At least one intervention-based project per year will be led by the in-house professional practice team even if research projects do not develop around the targeted priorities. WeRPN will contract with a third party researcher to carry out the priority project.

Research projects can be either primary data based, for example, experimental -intervention, observational – case studies, qualitative, mixed methods, multi-methods, proof of concept or Implementation Science; or secondary datasets, for example, systematic literature review – explicit, systematic, replicable, meta-analysis or meta-synthesis, or scoping studies. The research questions and methods would be focused on interventions (independent, dependent, inter-dependent) impacting client outcomes either objective or client-reported and uses a knowledge mobilization plan that incorporates WERPN members and non-members.

Sample activities such as conducting a comprehensive literature or scoping literature reviews through professional practice and providing opportunity for students on placement would serve as a perpetual evidence-based database of studies involving RPNs. Research studies that reflect current practice trends [frailty, multiple chronic conditions, increasing age, community environments, complex multiple interventions (not condition-specific)], would need to emphasize the impact and value of RPNs. These studies must involve the creation of collaborative partnerships that engages or partners with government or other decision-makers, health system sectors of current importance and future potential sectors, employers and future employers, across jurisdictions (health regions) that offers RPNs the opportunity to be involved in research.

#### Method 2:

Create an inquisitive knowledge culture. Building a culture of research within WeRPN is dependent on the WeRPN professional practice team and RPN members and is essential to facilitate interest and desire to support evidence-informed practice and to build research capacity.

Sample activities to create a culture of knowledge generation, translation and exchange, dissemination, utilization/implementation include:

- Knowledge and skills training –
  - RPN curricula supports use of evidence to develop practice excellence yet offer limited instruction. WeRPN will develop a Request for Proposals to develop practical approach eLearning or Webinar modules on establishing or advancing RPN understanding of research. The content of the modules would offer:
    - critical exploration of the language of research, ethical principles, and challenges,
    - the elements of the research process differentiating quantitative, qualitative, and mixed methods approaches,
    - methods to critically review literature (determining credibility, authority, and reliability of sources) relevant to their field, and
    - developing literature search strategies and tools such as subject specific databases for finding, downloading, and citing print and electronic resources.
- WeRPN Research Advisory Council
  - Generate research topics, research questions and research priorities
  - Create a journal club to review and disseminate new knowledge
  - Develop and maintain evidence database of all studies relating to RPNs, e.g., practice guidelines, evidence-based reviews; evidence-based interventions, knowledge translation and exchange
  - Sponsor an award of excellence for research
- Opportunities to be involved in research studies:

- Recruited as participants
- Serving on research teams in design, development, implementation, and completion of research studies
- Create research projects regarding RPNs with partners
- Create quality improvement collaboratives to address change management methodology
- Opportunities to implement best-practice knowledge
  - Participate in quality improvement projects
  - Develop care protocols with RPN-specific cognitive skills with expected and measured outcomes

### **Recommended (not yet approved) Three (3) Year Funding Plan:**

Governance, Evaluation and Awards	
Research Advisory Council	<ul style="list-style-type: none"> <li>● Invite WeRPN members, ambassadors, and leadership, academic and research advisors.</li> <li>● Guide research strategic plan mobilization</li> <li>● Generate research questions and topics</li> <li>● Develop and maintain RPN literature database including a current literature review</li> <li>● Secure researcher network for methodology, ethics, statistical analysis</li> <li>● Review research expenditures and investments</li> <li>● Develop Award of Excellence in Research criteria</li> <li>● Evaluate and recommend award for Excellence in Research</li> <li>● Connect to the Ontario Supporting Patient-Oriented Research (SPOR) support unit (OSSU) and other researchers for expertise to evaluate Requests for research proposals</li> <li>● Evaluate and recommend grant proposal and fellowship application awards</li> </ul>
Excellence in Research Award	<ul style="list-style-type: none"> <li>● Annual award (if applicable) for members, teams or employers supporting RPN research and knowledge translation</li> </ul>
Evaluation of research strategy	<ul style="list-style-type: none"> <li>● Evaluate research strategy – monitor indicators of success</li> <li>● Culture of research propagation</li> <li>● Culture of research use</li> <li>● Capacity to conduct research</li> <li>● Monitoring indicators, such as,               <ul style="list-style-type: none"> <li>○ Reports on health system and workforce policy/regulatory changes, nursing practice changes related to RPNs</li> <li>○ Number of research grant proposal applications submitted to “Call for proposals”</li> <li>○ Number of peer-reviewed journal publications, reports, conference presentations, grey literature reviewed per year for evidence database</li> <li>○ Scoping review completed by Professional Practice department</li> <li>○ Amount of research funding expended</li> <li>○ Number of fellowships proposal received</li> <li>○ Number of fellowships completed</li> </ul> </li> </ul>



	<ul style="list-style-type: none"> <li>○ Number of requests for participant recruitment and dissemination of results</li> </ul>
<b>Education/Capacity building</b>	
Research course	<ul style="list-style-type: none"> <li>• Introductory Research Concepts and Methodologies; critical appraisal</li> </ul>
Fellowships to conduct small scale research studies, e.g., case studies, participatory research	<ul style="list-style-type: none"> <li>• 30% in-kind employer matching contribution</li> <li>• Payback clause in agreement</li> <li>• Attached to a college or university researcher</li> <li>• 6 months duration (may be extended without further resources)</li> <li>• Addresses one or more of the four research priority areas</li> </ul>
<b>Research Projects</b>	
Open competition research projects – 2 calls per year	<ul style="list-style-type: none"> <li>• Academically rigorous</li> <li>• Open-access peer-reviewed</li> <li>• Addresses one or more of the research priorities</li> <li>• Small, medium and large projects</li> <li>• Focuses on RPNs</li> </ul>

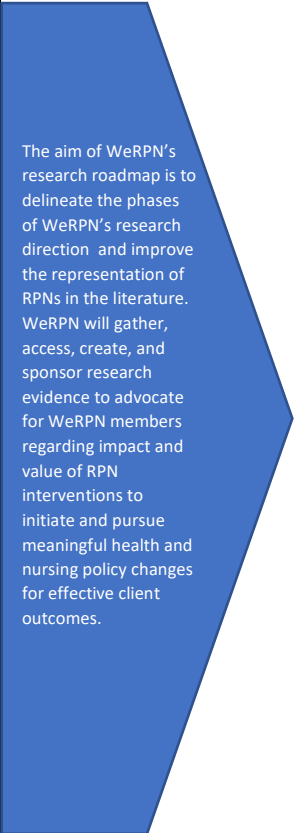
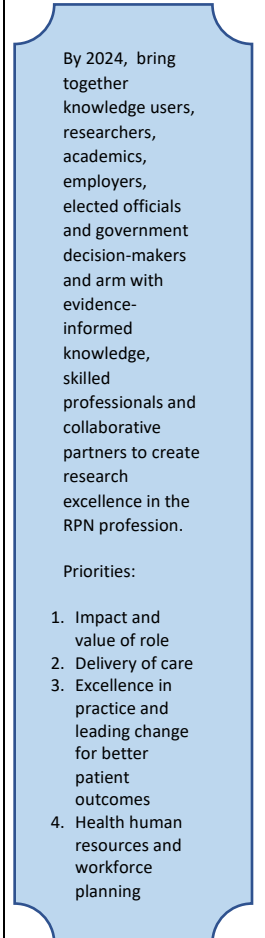
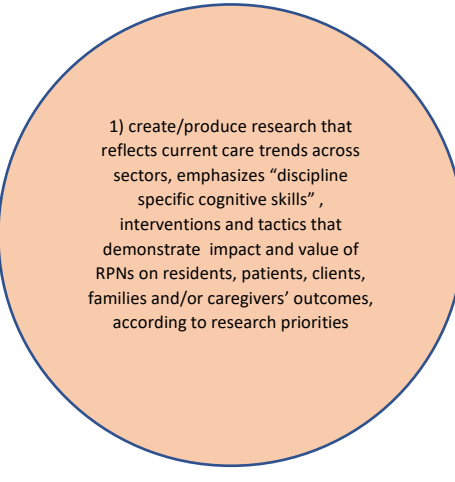

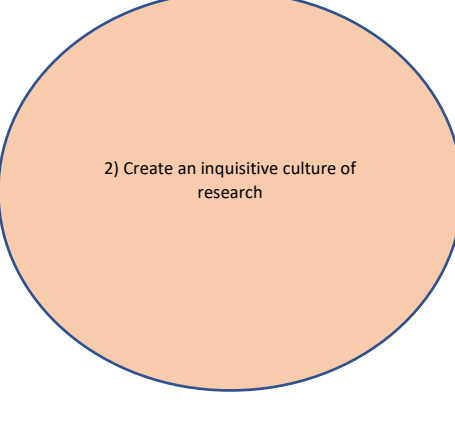
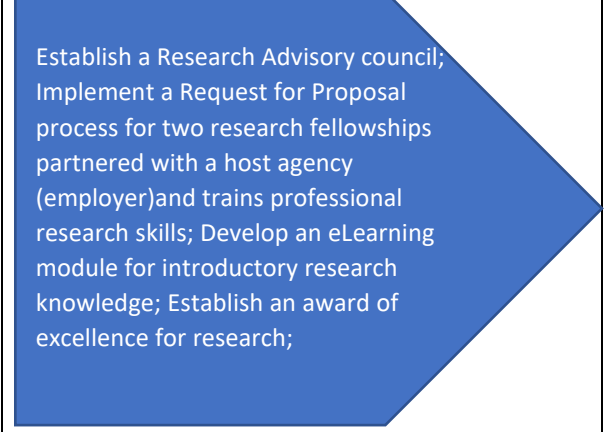
*Table 2: Tasks to be completed over three (3) years to achieve objectives:*

<b>What</b>	<b>How</b>
Research Advisory Council	<ol style="list-style-type: none"> <li>1. Establish a proposed membership list: <ol style="list-style-type: none"> <li>a) WeRPN executive leadership (2) – CEO, Director of Professional Practice, Innovation and Research, and Director (alternate)</li> <li>b) Professional Practice associate (1)</li> <li>c) RPN ambassadors (2)</li> <li>d) Patient/resident/family/care partners representing population(s) served by RPNs (2)</li> <li>e) Academics, e.g., university and college professors (2 – one university; one college)</li> <li>f) Researchers experienced with evaluation of high quality, ethically sound, publishable study proposals, ad hoc (3)</li> </ol> </li> <li>2. Select and invite Research Advisory Council members</li> <li>3. Develop Terms of Reference to create WeRPN's culture of research</li> <li>4. Develop a process for identifying important research topic areas/ideas</li> <li>5. Establish a methodology to capture membership opinion of essential research topics, e.g., focus groups, special interest group, advisory committee</li> <li>6. Develop an evaluation process for establishing priority areas</li> <li>7. Prioritize, recommend, and promote RPN research priorities</li> <li>8. Approve project descriptions for each priority area to be included in Request for proposals</li> <li>9. Contract a systematic literature review, rank and categorize pertinent articles, demonstrating impact and value of the role of the RPN</li> <li>10. Establish an evidence-based review database</li> <li>11. Connect with OSSU SPOR network to seek evaluators, retired researchers, etc</li> <li>12. Develop letters of agreement/contract with SPOR evaluators</li> <li>13. Review evaluation process with methods experts</li> </ol>
Excellence award for Research for individuals, teams or organizations supporting RPN research	<ol style="list-style-type: none"> <li>1. Develop a request for nomination for award of excellence in research</li> <li>2. Develop an evaluation criterion for award competition</li> <li>3. Find a sponsor for the award</li> </ol>
Evaluation of Return on Investment (ROI) for research	<ol style="list-style-type: none"> <li>1. Develop and implement a "Request for Proposal" to evaluate the ROI of research expenditures in achieving the vision and mission of the research strategic plan, e.g., culture, productivity, and the alignment with the WeRPN strategic plan</li> </ol>
Monitoring - Indicators	<ol style="list-style-type: none"> <li>1. Research Advisory Council to develop a monitoring report including the following indicators: <ol style="list-style-type: none"> <li>a) Reports on health system and workforce policy/regulatory changes, nursing practice changes related to RPNs</li> <li>b) Number of research grant proposal applications submitted to "Request for proposals"</li> </ol> </li> </ol>

What	How														
	<p>c) Number of peer-reviewed journal publications, reports, conference presentations, grey literature reviewed per year for evidence database</p> <p>d) Scoping review completed by Professional Practice department</p> <p>e) Amount of research funding expended</p> <p>f) Number of fellowships proposal received</p> <p>g) Number of fellowships completed</p> <p>h) Number of requests for participant recruitment and dissemination of results</p> <p>i) Total Resources allocated to date – internally funded; externally funded; in kind contributions</p> <p>j) Annual resources allocated</p> <p>k) Per project resources allocated</p> <p>l) Per sector resources allocated</p> <p>m) Per key priority resources allocated</p> <p>n) Receive reports of progress and final reports</p> <p>o) Archival of peer-reviewed studies published in academic journal</p>														
Introductory Research Concepts and methodologies eLearning module	<p>1. Develop a request for proposal for development of eLearning module</p> <p>2. Establish expected outcomes and evaluation criteria for proposals</p> <p>3. Award winning proposal</p> <p>4. Develop promotional materials for establishing a research culture</p> <p>5. Promote introductory eLearning module</p>														
Post-diploma educational fellowships (30% employer matching contribution)	<p>1. Develop a Fellowship Request for proposals (criteria = member of RPN; present results) with background on each priority area incorporating RPNs and academic researchers as partners, co-designers, and co-implementers to conduct a small scale research project. WeRPN would sponsor the successful candidate’s wage to be used in a 6 month period in conjunction with a matching in-kind employer contribution of 30%. This fellowship could either be one full-time or two part-time RPNs.</p> <table><tr><td>April - May</td><td>June</td><td>July</td><td>Sept - Nov</td><td>Dec</td><td>Jan</td><td>July</td></tr><tr><td>Call for proposals</td><td>Proposals due</td><td>Award funded proposals</td><td>Call for proposals, if necessary</td><td>Proposals due Midterm reports due</td><td>Award funded proposals, if necessary</td><td>Final reports and financial reconciliations due</td></tr></table> <p>2. Create a Word Press Apply site for applications</p> <p>3. Develop an evaluation template</p> <p>4. Establish access to reviewers to an evaluation network through SPOR</p> <p>5. Develop a letter of agreement</p>	April - May	June	July	Sept - Nov	Dec	Jan	July	Call for proposals	Proposals due	Award funded proposals	Call for proposals, if necessary	Proposals due Midterm reports due	Award funded proposals, if necessary	Final reports and financial reconciliations due
April - May	June	July	Sept - Nov	Dec	Jan	July									
Call for proposals	Proposals due	Award funded proposals	Call for proposals, if necessary	Proposals due Midterm reports due	Award funded proposals, if necessary	Final reports and financial reconciliations due									
Open competition research projects	<p>1. Develop a Request for proposals with background, incorporating Patient Oriented Research (POR) and RPNs as partners, co-designers and co-implementers, for each priority area.</p> <p>2. Develop a schedule for calls for proposals aligned with the research topic areas: <u>Role Clarity/Optimization; Delivery of Care; Excellence in practice and leading change for better patient outcomes; and Health Human resource education and workforce planning</u></p> <table><tr><td>April - May</td><td>June</td><td>July</td><td>Sept - Nov</td><td>Dec</td><td>Jan</td><td>July</td></tr></table>	April - May	June	July	Sept - Nov	Dec	Jan	July							
April - May	June	July	Sept - Nov	Dec	Jan	July									

What	How						
	Call for proposals	Proposals due	Award funded proposals	Call for proposals, if necessary	Proposals due Midterm reports due	Award funded proposals, if necessary	Final reports and financial reconciliations due
	<div>3. Create a Word Press Application process/site for applications, evaluations or develop a research application protocol to be submitted as a pdf document.</div> <div>4. Notify evaluation network participants</div> <div>5. Develop a letter of agreement for administering the research awards including frequency and type of reporting progress</div> <div>6. Develop a process for knowledge mobilization and results dissemination to members and non-members, e.g., peer-reviewed publication, conference presentations, Board presentations</div> <div>7. Establish an agreement/contract with an external research writer</div>						

## The Research Phased Strategic Plan - Graphic

Mission What is the role of WeRPN's research program	Vision What does the core purpose of WeRPN's research program need to be?	Strategic Outcomes What are the biggest factors that will help us achieve our mission?	Funding scheme	Strategic Outputs What we need to work on, for each of our strategic outcomes, to achieve our mission
 <p>The aim of WeRPN's research roadmap is to delineate the phases of WeRPN's research direction and improve the representation of RPNs in the literature. WeRPN will gather, access, create, and sponsor research evidence to advocate for WeRPN members regarding impact and value of RPN interventions to initiate and pursue meaningful health and nursing policy changes for effective client outcomes.</p>	 <p>By 2024, bring together knowledge users, researchers, academics, employers, elected officials and government decision-makers and arm with evidence-informed knowledge, skilled professionals and collaborative partners to create research excellence in the RPN profession.</p> <p>Priorities:</p> <ol style="list-style-type: none"> <li>1. Impact and value of role</li> <li>2. Delivery of care</li> <li>3. Excellence in practice and leading change for better patient outcomes</li> <li>4. Health human resources and workforce planning</li> </ol>	 <p>1) create/produce research that reflects current care trends across sectors, emphasizes "discipline specific cognitive skills", interventions and tactics that demonstrate impact and value of RPNs on residents, patients, clients, families and/or caregivers' outcomes, according to research priorities</p>	<p>Year 1 (2021-2022) approved Year 2 = TBD Year 3 = TBD</p>	 <p>Implement a Request for Proposal process; Establish an evaluation framework and network with assistance from SPOR OSSU</p>
		 <p>2) Create an inquisitive culture of research</p>	<p>Year 1(2021-2022) approved Year 2 = TBD Year 3 = TBD</p>	 <p>Establish a Research Advisory council; Implement a Request for Proposal process for two research fellowships partnered with a host agency (employer)and trains professional research skills; Develop an eLearning module for introductory research knowledge; Establish an award of excellence for research;</p>

## Research Partnership and Participant Recruitment Process

The voice of the RPN is sometimes requested through membership recruitment for research projects.

### Internal Projects:

To facilitate, WeRPN supported or initiated research projects will utilize direct email, eNewsletters, journals and social media processes for participant recruitment. All requests for electronic recruitment will be directed to the Director, Policy and Communications, once recommended by the Research Advisory Council with final approval from Director, Professional Practice and Research.

### External Projects:

On occasion and with increasing frequency, WeRPN is asked to assist with recruitment of RPN participants for external research studies. For external studies to be considered, an External Request Form (see attached) including a one -page project summary describing the study proposal, methodology, knowledge mobilization plan, anticipated timelines and the informational recruitment poster/flyer/link materials must be submitted to the Research Advisory Council. Criteria for approval includes:

- Alignment with WeRPN strategic priorities,
- Demonstrated benefit to the RPN profession,
- Involvement of RPNs in research design, planning, implementation, and knowledge mobilization, and
- Acknowledgement of involvement or collaboration with WeRPN

Once approved by the Research Advisory Council with final approval by Director, Professional Practice and Research, all requests for electronic recruitment will be directed to the Director, Policy and Communications.

To facilitate recruitment, the information provided will be included in the eNewsletters, and on Social media channels –Face book, Twitter, Instagram, Linked in, depending on the type of recruitment, e.g., survey link, contact information and the time of the recruitment.

External recruitment will not occur during Nurses’ week (May), early July to mid-September, October 14 – 31, and Dec 15 – Jan 15. Recruitment notices will be sent out a maximum of three times. If conflicting requests occur, external requests will not supersede or contradict a WeRPN project or event and will be delayed or denied, as required. If approved, notification will be sent to the researcher with details on when the digital recruitment efforts occurred.

Knowledge dissemination will proceed according to the plan outlined in the study. Researchers will be asked to share the results of the study through peer-review published reports or otherwise noting the number of RPNs who participated and pertinent results.

Feedback to Principal Investigators regarding decision and actions:

To be determined by Research Advisory Council

### Partnership requests – Letters of Support

In other circumstances, WeRPN receives requests to engage in research projects as collaborators, co-investigators and/or through written letters of support. These partnership requests may also require cash or in-kind funding supports. To facilitate engagement, an External Request Form including a one - page project summary describing the study proposal, methodology, knowledge mobilization plan, and anticipated timelines will be submitted to the Research Advisory Council. If recommended by the Research Advisory Council, the CEO must approve these types of requests and serve as signatory on the letter of support (see sample attached).

## Appendices



## Appendix A

### Call for Academic Research Proposals



Registered Practical Nurses  
Association of Ontario

# RESEARCH PHASED STRATEGIC PLAN

## APPLICATION GUIDELINES

Deadline for Submission: June 30, 2021

5025 Orbitor Drive, Building 5, Suite 200,  
Mississauga, Ontario, L4W 4Y5  
905.602.4664/1.877.602.4664  
[info@WeRPN.com](mailto:info@WeRPN.com)

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# REQUEST FOR ACADEMIC RESEARCH PROPOSALS

Overview	
Value	As determined by researcher
Duration	1 year ending July 31, 2022
Applications deadlines(s)*	5 p.m. Eastern on June 30, 2021
Results announced*	August 1, 2021
Apply	Minimum \$2500; Maximum to be determined

\*Note: If the deadline falls on a weekend or a Ontario public holiday, the online application system will remain open until 5 p.m. on the next business day.

## 1. INTRODUCTION

The Registered Practical Nurses Association of Ontario (WeRPN) provides research grant funds to encourage and support all levels of research through an annual research budget. Eligible researchers include those from Ontario post-secondary research institutions – colleges or universities and/or independent researchers, e.g., not affiliated with a college or university, who believe a proposed project meets all or most of the components, e.g., data integrity, research ethics board approval, peer-reviewed publication, and is commensurate with the size of grant, e.g., small pilot study, case study. These funds are intended to generate high quality academic research co-designed with Registered Practical Nurses (RPNs) and RPNs as participants and/or with the involvement of governmental and/or industry partners. The research projects are offered to align with WeRPN's strategic plan and address the under-representation of evidence in the literature regarding the utilization of RPNs, optimization of the RPN roles, and the impact and value of RPN interventions on processes and client outcomes across sectors in our health system. Because of the unique structure of Ontario's nursing profession and the RPN/RN model, research cannot credibly be applied between jurisdictions since non-standardized approaches to education, implementation and use of the role of registered practical nurse, provincially, nationally and/or globally do not exist.

Through its own merit review process, WeRPN determines the number of competitions, establishes the deadlines for competitions, and sets application procedures for small-moderate scale research and research-related activities about the research priorities for Registered Practical Nurses.

## 2. WeRPN

### *What is an Ontario Registered Practical Nurse?*

Registered Practical Nurses (RPN) are:

- ❖ regulated nurses with the College of Nurses of Ontario,
- ❖ minimally, hold a diploma in practical nursing from an accredited Ontario college,
- ❖ combine knowledge, skills, and judgement to provide compassionate, informed, and expert, technical, medical, and virtuous nursing care,
- ❖ mostly employed to provide direct care to clients, residents and families on a daily basis, and
- ❖ in even greater demand for their service and skills as Ontario's demographics shift.

Today, more than 55,000 RPNs ([www.cno/stats](http://www.cno/stats)) are registered with the College of Nurses of Ontario (CNO) and support patients, clients and residents in hospitals, primary care practices, public health units, community care agencies, long-term care facilities, retirement homes and schools.

#### *About WeRPN ([www.werpn.com](http://www.werpn.com))*

The Registered Practical Nurses of Ontario (WeRPN), formerly RPNAO, was founded in 1958, and is the professional association representing the voice of RPNs in Ontario with over 14,500 voluntary members.

#### *Mission*

WeRPN's mission is to break the walls down, build the person up, and bring the people together to improve client care. WeRPN realizes this mission via four strategic drivers: advancing expertise, driving evidence, advocacy and influence-building, and innovative growth.

#### *Vision*

WeRPN's vision is to support improved health outcomes and deliver the best possible care to patients, residents, and clients.

#### *Values*

- ❖ Proud Professional- We are smart and knowledgeable. We hold ourselves to rigorous and rising standards. We take pride in ongoing learning and sharing our learning experiences with counterparts at home and around the world.
- ❖ Leading the Way Together - We believe there is tremendous opportunity to deliver even greater client care more effectively. Achieving this requires challenging norms – including the myth that anyone within the health system is more “important” than others. So even though we stand for our members, our brand is committed to providing excellent client care in collaboration with our fellow health professionals.
- ❖ Giving RPNs a voice - We champion the critical role of RPNs by unifying our members, listening carefully to their needs, advocating on their behalf, and telling personal nursing stories in a way that ensures they are heard.
- ❖ Focused on the Greater Good - Everything we do is for the good of the client, the health system, and the nursing profession at large. Client care always comes first.

#### *WeRPN Strategic Plan and Drivers of Impact*

WeRPN's current activities are directed by the 2020-2024 Strategic Plan. Please access the strategic plan [here](#)

The current status of the 2020-2024 strategic plan [can be found here](#):

### **3. RESEARCH PRIORITIES**

Through a provincial Innovation Tour (2017), a Research Think Tank (2018) and a focus group at the National Nursing Leaders Conference (2019), WeRPN identified the need for research proposals in the areas of professional development (leadership, research, wellness, clinical practice), role awareness (role clarity, nursing profession equality, interprofessional team collaboration, role optimization), promotion and advocacy (value-add awareness, advocacy) and

innovation (delivery of care, specialization) for sponsored research projects from scientists/ academicians/ professionals/ administrators from innovative institutions.

As a result, our priorities for this 2021-2022 call for proposals include these four priority areas:

1. **Value/impact of the optimized RPN roles.** This priority has direct alignment with WeRPN's strategic drivers of advancing expertise, advocacy and influence and driving evidence. What are the variety of roles and range of activities performed by RPNs, e.g., Caring discourse (feelings and relational care); Technical work (physical and instrumental); Scientific and medical work (cognitive and critical thinking work)? What are the required competencies linked to these roles and activities? How do these roles and competencies compare and contrast to RNs and/or other health care providers? How do the patient outcomes compare and differ from other roles? What is the impact of an RPN providing care on the served patients? What is the public awareness and understanding of nursing scientific knowledge and clinical skills requirements? What is the image RPNs project? What are the institutional restrictions or barriers on RPNs? These are only a few of the research questions requiring answers to advance RPN expertise, advocate for and influence the health system about the value of RPNs and provide evidence to support policy changes. What are the RPN competencies required of administrative/leadership for teacher/instructor, Professional Practice Lead, Director of Care roles?
2. **Delivery of care.** This priority has direct alignment to advancing expertise and driving evidence. What new models of care can improve patient outcomes and system performance using optimization of the RPN roles? How does our current system of patient matching to the nurse, the environment and the patient (College of Nurses of Ontario Three Factor Framework)<sup>4</sup> perform? Offering progressive models of care advances RPN expertise and provides evidence to support policy and practice changes. Are RPNs able to use their knowledge, skills, and judgment to greatest extent possible? How do RPNs organize their care for patient assignment; bedside care? Sinking from view and becoming work of others; use of RPN specific cognitive skills for knowledge process model - assessment, treatment planning and treatment delivery; Evaluation of outcomes - examples of outcome measurements need to reflect bedside direct care investigating topics such as gratitude; emotionally attentiveness (time to talk; kind and gentle; listen to expressed concerns; compassionate); patient safety measures; quality of care measures; are patients receiving nursing time equivalent to what they need (Hours per patient day (HPPD)); doses of nurses time; direct observation, surveys, risk adjusted statistics; patient documentation; abstracted data elements; complications – falls, pressure injuries; hospital acquired infections, DVTs, PE; depression; delirium; pain; mortality; failure to rescue; psychosocial status of patient; functional status. What are the concrete contributions around physical (technical and medical knowledge and care), psychosocial (caring and virtuous discourse care) and educational care (health literacy and system navigation knowledge and skills)? What are the models of care and staffing mix combinations? Does a holistic model create more continuity and better outcomes? How do RPNs interact with less skilled workers at the bedside?
3. **Excellence in practice and leading change for better patient outcomes.** This priority directly aligns with the strategic drivers of advancing expertise and driving evidence. RPN specific practice guidelines and evidence-based reviews will provide evidence of

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<sup>4</sup> CNO The patient, the nurse and the environment

innovative and effective protocols that can be measured by patient outcomes. Evidence of impact to patient outcomes and health system change will advance RPN expertise.

4. **Health Human resource and workforce planning.** This priority directly aligns to advocacy and influence, advancing expertise, and driving evidence. Building, maintaining, and planning workforce needs are required because of current workforce challenges: health care staffing shortages, aging and gendered workforce; retention and recruitment issues for nursing industry and by sectors; working conditions (e.g., mandatory overtime); nurse to patient ratio. Evidence in current workforce demographics and population needs linked to educational planning and health system workforce needs drives policy, (e.g., career laddering, micro-credentialling) to mitigate workplace challenges and optimize costly yet valuable human resources.

## 4. GUIDELINES

### 1. GENERAL:

- a. This program of sponsored research projects can be conducted simultaneously or sequentially on themes of critical significance and priority for WeRPN in Ontario, Canada.
- b. The WeRPN expects that the research will develop new understanding and insight on the issues which will become benchmark in terms of concept, theory, methodology and research outcomes.
- c. Such research studies will be commissioned by WeRPN from identified experts, research institutions and practicing clinicians in a desired theme of study.
- d. An institution of institutions, individual scholar, or group of scholars, interested in carrying out a program of research on any theme notified by WeRPN under this program having necessary facilities and expertise, may submit a proposal thereon to the WeRPN.
- e. The extent and scope of these studies can be smaller case studies, exploratory action research studies or extensive studies employing one or multiple methods with larger financial outlays.
- f. Given the breadth of the call for proposals and the nature of research expected under the sponsored program ranging from case studies to small pilot projects to moderate sized endeavours, the WeRPN expects that the research could be interprofessional in character with researchers from different discipline constituting a team, e.g., economic impact analysis. Research teams can be individual researcher or institutes or may consist of more than one department/Centre/institute.

## 5. FUNDS AVAILABLE

The funding is being provided by WeRPN. Annually, the maximum funding per grant is variable. For this call, the 2021-2022 funding is \$XXXXX, allowing potential for multiple grants. Individual grant awards are dependent on the specifics of the proposal, the number of proposals received, and the number of proposals recommended for funding. Subsequent opportunities for applications may be issued. Matching or exceeding cash or in-kind contributions from partnership organizations are strongly encouraged.

## 6. REVIEW PROCESS AND ADJUDICATION

Applications are adjudicated and available funds are awarded through a merit review process of the WeRPN Research Advisory Council. Each grant will be reviewed by a minimum of three (3) reviewers. Applicants will be offered an opportunity to recommend up to three (3) reviewers. WeRPN bases grant approval decisions on the recommendation of the adjudicators and on the funds available. Funding decisions are guided by the principle of minimum essential funding. Recommendations are based on the evaluation criteria below. Feedback will be provided upon notification of whether grant was awarded or declined.

## 7. EVALUATION CRITERIA

Challenge – The aim and importance of the endeavour (60%):

- The research's relevance to needs, challenges, priorities and opportunities facing partner organization (if applicable), WeRPN, and RPNs
- Originality, significant and expected contribution to knowledge
- Appropriateness of the literature review, methods, rigour and theoretical approach
- Potential for the project to have influence and impact with governmental, regulatory, industry and partner organization and beyond.
- Research Questions or Hypothesis: The research questions to be answered/ addressed are unequivocally stated.
- Implications:- The proposal states whether this research would bring forth any implications locally, nationally, or internationally, any methodological innovations or contribute to theory building.

Feasibility – The plan to achieve excellence (20%)

- Duration of the Project: The timelines for the project activities are detailed sufficiently, appear feasible and do not exceed one year. It should indicate the time needed for various tasks such as ethics approval, preparation of schedules, pilot study (if any), data collection, data analysis, report writing etc.
- Budget: The budget indicates the number, type and cost of personnel, travel, data processing, supplies, printing, books, journals, equipment, contingency, and any other items with justification. Indications of other planned resources, including leveraging cash and in-kind support from host institution and/or from partner organization.



- Quality and appropriateness of knowledge mobilization plans, including effective dissemination, exchange and engagement with the partner organization and other stakeholders within and/or beyond the research community. Includes a manuscript prepared for peer review publication. Successful applicants will be encouraged to enable other researchers and stakeholders to access and re-use or text-mine the data suggesting an Open Access approach.
- Involvement of team including RPNs and patients, clients, residents and/or families/caregivers in the design and conduct of the research and/or related activities is evident

Capability – The expertise to succeed (15%)

- 
- Evidence of other knowledge mobilization activities (e.g., films, performances, commissioned reports, presentations, knowledge synthesis, experience in collaboration/other interactions with stakeholders, contribution to public debate and the media) and of impacts on professional practice, social service, policies, etc.
- Evidence of past contributions to training and mentoring of students, postdoctoral researchers, and highly qualified personnel
- Quality, quantity, and significance of past experience and published and/or creative outputs of the applicant and any co-applicants relative to their roles in the partnership and to the stage of their career

Proposal's alignment with WERPN Strategic plan (5%)

- Adjudicated by WeRPN Research Advisory Council

## 8. ELIGIBILITY FOR AWARD

- a) Priority will be given to proposals forwarded by organizations/ institutions with a strong history of RPN research and quality improvement.
- b) Eligible researchers include those from Ontario post-secondary research institutions – colleges or universities, and/or independent researchers, e.g., not affiliated with a college or university, who believe a proposed project meets all or most of the components, e.g., data integrity, research ethics board approval, peer-reviewed publication, and is commensurate with the size of grant, e.g., small pilot study, case study.
- c) In the event that the open competition proposals fail to sufficiently meet the criteria above, WeRPN reserves the right to ask for specific research proposals to seek out studies focused on priority areas. For such purposes, applications may be sought from scientists/ academicians/ professionals/ administrators. In such cases, the prescribed application form will be submitted to WeRPN.

Applying teams will need to minimally consist of:

- One principal applicant –either a new or established researcher with access to research ethics board approval.

- Co-applicant(s) - at least one researcher with expertise in Registered Practical Nursing and the Ontario health system and/or expertise in health services, policy and/or systems research
- Knowledge User - at least one Registered Practical Nurse registered with the College of Nurses of Ontario and currently in the workforce, preferably a member of WeRPN, as appropriate.
- Partner Organization – at least one Ontario health system partner representative with decision-making authority, as appropriate.
- At least one patient/resident/care partner with lived experience of care by an Ontario Registered Practical Nurse, as appropriate.
- Collaborator (optional) – any team member who contributes significantly to the development, design and implementation of the project.

Applicants who demonstrate partnership with the Supporting Patient-Oriented Research (SPOR) - Ontario SPOR Support Unit (OSSU) research network is an asset.

## 9. APPLICATION SUBMISSION REQUIREMENTS

As part of the grant application process, applicants are required to complete the WeRPN Research Application form, with all the sections described below (mandatory), unless otherwise specified:

- Title (maximum 250 characters)
- Summary of proposal (one page maximum)
- Goal(s) and Project Description (five pages maximum)
- Expected Outcomes (one page maximum)
- List of References (Optional) (two pages maximum)
- Quality of the team and anticipated contributions of each team member (two pages maximum)
- Budget and budget justification (two pages max) including funds requested from WeRPN and cash and in-kind contributions from research partners.
- Knowledge Mobilization plan (one page maximum)
- Potential reviewers (optional) (one page maximum)
- Exclusion of potential reviewers (optional) (one page maximum)
- Summary of research contributions and relevant experience of principal applicant (five pages maximum)
- Principal investigator(s) – CV
- Co-investigator(s) – CV
- Knowledge User – CV
- Health System Partner - Letter of engagement/support, as appropriate
- Patient/Resident/Care partner – Letter of engagement/support, as appropriate
- Collaborator(s) – Letter of engagement/support (optional)

## 10. HOW TO APPLY

All applications must be made on the requested application form, e.g., application form in pdf format, along with all supporting materials (maximum three pages).

Applications must be approved by an authorized research grant officer, or equivalent, from the applicant's institution, as dictated by institutional policy. The application deadline is 5 pm EST. No applications will be accepted after the 5 pm EST .

## 11. PROJECT TIME PERIOD KEY DATES:

- ❖ Funding announcement: May 1, 2021
- ❖ Applications due: June 30, 2021 at 5 pm EST. No late submissions will be accepted.
- ❖ Anticipated notice of decision and funding start: August 1, 2021

All grants will be available for a period of up to one year. All travel and research must be completed within one year of receiving the award. Travel or research expenses that occur after one one-year span of the grant will not be eligible unless there is an approved extension of the use of the funds. Extensions can be requested and will be reviewed by WeRPN.

## 12. ADDITIONAL DOCUMENTATION

Applicants may provide additional materials (3 pages maximum) that they think will strengthen their overall case for funding. The review committee is not obligated to consider these materials but may consider them at their discretion.

## 13. ETHICS: HUMAN SUBJECTS, ANIMALS AND BIOHAZARDS

All research proposals involving ethics (human subjects), animal subjects and/or biohazardous materials must be approved by a recognized institutional review board. Applicants must indicate whether they require approval for use of human and/or animal subjects and/or biohazardous materials in the application.

## 14. FINAL REPORTS

Grant holders will be expected to report on the use of grant funds, on funded activities undertaken during the grant period, and on outcomes. Successful applicants will be informed of reporting requirements upon receiving notice of the award. Final reports are due to WeRPN 30 days after the end date of the one-year project.

The sponsored project will be required to be completed in one year, resulting in a peer-reviewed major publication by a reputed publisher. Limited extensions of time may be granted by the Research Advisory Council. However, no financial enhancement to the initially sanctioned grant shall be done.

## 15. BUDGET

All budget items must adhere to the guidelines outlined for these grants in this document. Adequate budget justification is required in each application (two pages maximum). Decisions will be based on the detailed explanations of costs.

The Institute/individual scholar/group of scholars will have autonomy for framing the budget subject to the following broad expenditure sub-heads:

No	Expenditures for the sole purpose of the research study	Percentage allocation to the total budget of the study
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1	Personnel: Full time or Part-time Research Associate or Assistant (staff or student assistance - does not include salaries of principal or co-investigators or collaborators) or project lead	
2	Non-Personnel/Non-Travel: Source Materials/ Software/ Data Base/ Open Access publishing fees	
3	Travel: Travel/Logistics/ Boarding/	
4	Institutional Overheads – administrative staff, telephones, office supplies, office rent used for research purposes	Not exceeding 5%

#### Remuneration and Emoluments of Project Staff

- a) Only essential core research staff should be employed for the project.
- b) Such staff could be engaged by the Project Director/Coordinator on a full time or part time basis and the duration and consolidated monthly emoluments of their employment may be decided by the project director within the limits of the sanctioned financial allocation.
- c) A re-appropriation up to 10% of any expenditure into another existing/new expenditure shall be permissible, subject to approval by the WeRPN.

## 16. BUDGET JUSTIFICATION AND ALLOWABLE COSTS (max. two pages)

### a. Personnel

Costs to hire Research Assistants, Research Associates and to support high quality personnel development may be requested. Applicants must pay appropriate wages and include benefits at a rate no higher than 25%. The budget justification description must include a description of duties of the personnel requested, the required qualifications, and an explanation as to why the position is necessary to the project.

### b. Non-personnel/Non-travel - Supplies and Services

Whenever possible, number of units and unit costs should be explained. Quotes from suppliers should be provided for purchased services, e.g., IT contracts.

### c. Travel

Details should be provided as to why travel is necessary rather than utilizing current technology. Travel must comply with WeRPN's policies and guidelines and will cover travel and subsistence costs only. Original receipts will be required when travel claims are included. Applicants are required to provide documents supporting the costs of all travel and are expected to use the most economical means of transportation and to take advantage of seat sales and travel discount whenever possible. Types of travel and travel costs are detailed below.

#### i. Air train fare and car rental

#### ii. Mileage

Mileage costs must be calculated using established WeRPN rates or the research partner rates if the personnel position is subject to bargaining unit contract language.

#### iii. Meals and Accommodation

Applicants should provide their best estimate of the cost of their subsistence for the travel period. Detailed information as to destination and length of stay are required in the budget. Documents supporting the cost of accommodation should be provided. Specific meal allowances, per diem and accommodation rates should be calculated using established WERPN rates or the research partner rates if the personnel position is subject to bargaining unit contract language.

d. Equipment

i. Computing Equipment and Software

No computer equipment funding is allowed under this "Request for proposals". Funding for relevant/ specialized software is allowed.

ii. Other Equipment

e. Ineligible expenses

Grant funds must be used exclusively for the sole purpose of the funded grant proposal. Equipment costs and purchases are ineligible expenses although could be recognized as in-kind contributions if purchased new. Receipts of purchased goods would be required documentation.

## 17. DECISION

WeRPN reserves the right to determine the eligibility of applications, based on the information therein. WeRPN also reserves the right to interpret the policies governing its funding opportunities. WeRPN reserves the right to exclude from competition any submissions that are incomplete or inconsistent. Excluded applications will not be presented to reviewers for consideration. Once notified, the successful applicant will receive a letter of agreement and must sign a contract explicitly stating the terms of the agreement with WeRPN.

## 18. PROCEDURE FOR AWARD OF SPONSORED RESEARCH PROJECT

All research proposals received, along with those selected for research grant, will be placed before the Research Advisory Council for final approval.

All the Sponsored Projects after due process of evaluation by evaluation experts will be subsequently recommended to the Research Advisory Council. Successful and unsuccessful applicants will be notified by July 2021. These results will be transmitted to applicants electronically. Successful applicants are required to provide confirmation of their acceptance within 7 days of award notification.

WeRPN may hold interactive sessions with the prospective recipients of sponsored studies to finalize the academic and financial details.

Each Sponsored Research Study will be asked to provide the name and contact information of their departmental Finance Manager. WeRPN Director of Finance will ensure the necessary information is provided to the awardee's departmental financial office so installment payments can be provided. The allocations will be disbursed in three installments according to the agreement/contract, and the last being released on completion of the study and submission of report.

Installments subsequent to the first will be released on the basis of the receipt of progress reports. A template will be provided for progress reports.

## 19. REPORTING AND EVALUATION

Each sponsored study's Principal Investigator will have a reporting relationship with the Research Advisory Council using interim and final reports.

## 20. OBLIGATIONS OF THE INSTITUTION

All studies funded by WeRPN under sponsored projects are expected to acknowledge the supportive contribution of WeRPN in all forms of dissemination of findings of the study both in print and on electronic media.

The forwarding institution, where the proposed research project is to be located and administered has to provide, in the prescribed format contained in the Application Form, an undertaking to administer and manage the WeRPN grant and provide logistical support for study.

Such institution will be under obligation to ensure submission of the final report and audited statement of accounts.

Should an awardee be unable to complete the research study for which he/she is receiving support, WeRPN should be notified immediately.

In the event that the recipient/awardee fails to carry out the terms and conditions of the agreement, WeRPN may, at any time, cancel all further instalments of funds and demand the repayment of an amount equal to any funds WeRPN provided.

## 21. CONTACT INFORMATION:

Those applicants needing help while preparing the application should communicate with WeRPN well in advance of the application deadline. For assistance with general inquiries, technical issues or proposal questions, this competition is administered by:

Professional Practice Department

WeRPN

5025 Orbitor Drive, Building 5, Suite 200

Mississauga, Ontario L4W 4Y5

Email: [ppractice@werpn.com](mailto:ppractice@werpn.com) (Subject line: Research Request for proposals)

Phone: (905) 602-4664

Fax: (905) 602-4666

Contact person: Attention: Annette Weeres, Director of Professional Practice and Research

## 22. SUBMISSION PROCESS

Applicants must complete the WeRPN Academic Research Grant Application Form and combine with all other required information and forward in a single pdf document with file name -

Applicant last name\_first name\_2021WeRPNresearchgrant.pdf

Please submit file to:

Annette Weeres  
Director of Professional Practice and Research  
[aweeres@werpn.com](mailto:aweeres@werpn.com)

**If you are applying for more than one research project, separate proposals are required for each submission.**

**Late or incomplete applications will not be considered.**



Registered Practical Nurses  
Association of Ontario

# CALL FOR OPEN COMPETITION RESEARCH GRANT PROPOSALS

## APPLICATION FORM

Deadline for Submission: June 30, 2021

5025 Orbitor Drive, Building 5, Suite 200,  
Mississauga, Ontario, L4W 4Y5  
905.602.4664/1.877.602.4664  
[info@WeRPN.com](mailto:info@WeRPN.com)

- ❖ Please read the WeRPN Call for Proposals Application Guidelines carefully before completing this form.
- ❖ If you are applying for more than one award, separate proposals are required for each submission.



## APPLICATION CHECKLIST

- ☐ Complete Application Form
- ☐ Signature form – Principal Investigator and Institution
- ☐ Principal Investigator's academic CV
- ☐ Co-investigator's academic CV
- ☐ Knowledge User(s) CV
- ☐ Letters of support
- ☐ Combine into one PDF document
- ☐ Submit to [aweeres@werpn.com](mailto:aweeres@werpn.com)

Principal investigator's name:	Address:
Telephone:	Position:
Email:	Faculty:
a) Title of Research Project: (max 250 characters)	
b) Request for funding:	
c) In-kind contributions:	
d) Total project costs (sum of b + c):	
<b>Signatures</b>	
Principal Investigator:	Date:
Institution signature:	Date:

## Contents of Application Form

- a) Summary of Research Proposal (maximum one page)
- b) Goal(s) and Project Description (maximum five pages) – background, purpose/objective, hypotheses, literature review, methodology, analysis, implications, relevance to WeRPN
- c) Expected Outcomes (maximum one page) – social, economic, scientific
- d) References (maximum two pages)
- e) Description of quality of team including expected contribution (maximum two pages). Please refer to guidelines for expected team membership
- f) Budget and budget justification (maximum two pages)
- g) Knowledge Mobilization plan (maximum one page)
- h) Potential reviewers name and contact information (optional) (maximum three)
- i) Potential reviewers to be excluded (optional)
- j) Appendix A: Principal investigator CV
- k) Appendix B: Co-investigators' CV
- l) Appendix C: Knowledge User CV
- m) Appendix D: Letters of Support
- n) Supplemental materials (maximum three pages)

## Appendix B: WeRPN Evaluation Template

Evaluation Criteria	Evaluators' comments	Evaluators' Score (3 – 6)	Weighted Score (weighting X Score)
<p>Challenge (60%)</p> <p>Title: (250 characters max)</p> <ul style="list-style-type: none"> <li>The title of project is concise (with sub-title, if any) reflecting the scope of the investigation.</li> </ul> <p>Aim of the Project:</p> <ul style="list-style-type: none"> <li>The broad aim of the project emphasizing the overall thrust of the proposed investigation should be clearly mentioned.</li> </ul> <p>Statement of the Problem:</p> <ul style="list-style-type: none"> <li>The problem to be investigated should be clearly contextualized in the theoretical framework. The research's relevance to WeRPN research priorities, needs, challenges, and opportunities</li> </ul> <p>Overview of Literature:</p> <ul style="list-style-type: none"> <li>The problem identified should be logically and appropriately linked to other studies on the theme in the literature delineating the need for the present investigation. Originality, significant and expected contribution to knowledge specific to WeRPN, RPNs and the partner organization.</li> </ul> <p>Conceptual Framework:</p> <ul style="list-style-type: none"> <li>The concepts to be used, their relevance and applicability to the study and their operationalization should be indicated.</li> <li>Research Questions or Hypothesis: The research questions to be answered/ addressed need to be unequivocally stated.</li> </ul>			

Evaluation Criteria	Evaluators' comments	Evaluators' Score (3 – 6)	Weighted Score (weighting X Score)
<p>Research Methodology:</p> <ul style="list-style-type: none"> <li>• Overall appropriateness of the methods, rigour and theoretical approach</li> <li>• Coverage: The proposal should clearly indicate the universe of the study sampling frame, sampling methods, sampling size, units of observation etc.</li> <li>• Data Collection: The proposal should indicate sources of data, types of data, tools and techniques for collection of various categories of proposed data.</li> <li>• Data Analysis: It should indicate the statistical techniques, if any, proposed to be used in data processing, specific packages for data analysis, content analysis, indices/scaling techniques proposed to be used etc.</li> <li>• Implications:- The proposal should state whether this research would bring forth any implications for policy making either for the region concerned or the country, any methodological innovations or contribute to theory building.</li> </ul> <p>References:</p> <ul style="list-style-type: none"> <li>• The proposal should include a “List of References” mentioned in the text along with other important recent additions to the literature on the theme. The references should indicate the author, title, publisher, and year of publication and should follow standard formats, e.g., APA/MLA/Harvard, etc.</li> </ul>			

Evaluation Criteria	Evaluators' comments	Evaluators' Score (3 – 6)	Weighted Score (weighting X Score)
<p>Quality of training</p> <ul style="list-style-type: none"> <li>The proposal should outline the training goals, methods and mentoring to be provided to RPN students, emerging scholars, and other highly qualified personnel</li> </ul>			
<p>Feasibility (20%)</p> <p>Duration of the Project:</p> <ul style="list-style-type: none"> <li>The timelines for the project activities are detailed sufficiently, appear feasible and do not exceed one year. It should indicate the time needed for various tasks such as preparation of schedules, pilot study (if any), data collection, data analysis, report writing etc.</li> <li>Probability that the objectives will be met within the timeline proposed</li> </ul> <p>Personnel:</p> <ul style="list-style-type: none"> <li>The proposal should indicate the number and category of personnel needed for various tasks, their qualifications and the person-months needed with adequate justification.</li> <li>Involvement of RPNs and patients, clients, residents and/or families/caregivers in the design and conduct of the research and/or related activities</li> </ul> <p>Budget:</p> <ul style="list-style-type: none"> <li>The budget indicates the cost of personnel, travel (no. of days and places with justification), data processing, supplies,</li> </ul>			

Evaluation Criteria	Evaluators' comments	Evaluators' Score (3 – 6)	Weighted Score (weighting X Score)
<p>printing, books, journals, equipment, contingency and any other items.</p> <ul style="list-style-type: none"> <li>• Appropriateness of the requested budget and justification of proposed costs</li> <li>• Indications of other planned resources, including leveraging cash and in-kind support from host institution and/or from partner organization</li> </ul>			
<p>Capability (15%)</p> <ul style="list-style-type: none"> <li>• Quality, quantity, and significance of past experience and published and/or creative outputs of the applicant and any co-applicants relative to their roles in the partnership and to the stage of their career</li> <li>• Quality and appropriateness of knowledge mobilization plans, including effective dissemination, exchange, and engagement with WeRPN and other stakeholders within and/or beyond the research community</li> <li>• Evidence of other knowledge mobilization activities (e.g., films, performances, commissioned reports, presentations, knowledge synthesis, experience in collaboration/other interactions with stakeholders, contribution to public debate and the media) and of impacts on professional practice, social service, policies, etc.;</li> <li>• Evidence of past contributions to training and mentoring of students, postdoctoral researchers, and highly qualified personnel</li> </ul>			

Evaluation Criteria	Evaluators' comments	Evaluators' Score (3 – 6)	Weighted Score (weighting X Score)
<ul style="list-style-type: none"> <li>Proposal's alignment with WeRPN Strategic plan (5%) – adjudicated by WeRPN Research Advisory Council</li> </ul>			
Challenge weighted score			
Feasibility weighted score			
Capability weighted score			
Alignment with strategic goals weighted score			
Total weighted score			



## Appendix C: WeRPN Sample Contract with Affiliating Research Institute



### AGREEMENT

The Parties have executed the Agreement on the dates set out below. This Agreement (this "Agreement") is made effective as of the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

**BETWEEN:** **REGISTERED PRACTICAL NURSES ASSOCIATION OF ONTARIO**  
5025 Orbitor Drive, Bldg 4, Suite 200  
Mississauga, Ontario, L4W 4Y5  
("WeRPN")

**AND:** **University of XXXXX**  
<<Department>>  
<<Full Address 1>>  
<<Full Address 2>>  
<<City>>, <<Province>>, <<postal code>>  
(the "Recipient").

### CONSIDERATION

In consideration of the mutual covenants and agreements contained in this Agreement and for other good and valuable consideration, the receipt and sufficiency of which are expressly acknowledged, the WeRPN and the Recipient agree as follows:

#### 1.0 Entire Agreement

The agreement, together with:

Schedule "A" - Project Specific Information and Additional Provisions

Schedule "B" - Project, Budget and Reports, and

Any amending agreement entered into as provided for in section 2.1

constitutes the entire agreement between the Parties with respect to the subject matter contained in the Agreement and supersedes all prior oral or written representations and agreements.

#### 2.0 Amending the Agreement

2.1 The Agreement may only be amended by a written agreement duly executed by the Parties.

#### 3.0 Term of the Agreement

- 3.1 This Agreement is effective as of the commencement date set out in Schedule “A” and, unless earlier terminated pursuant to Section 9 hereof, shall continue until the termination date set out in Schedule “A” (the “Term”).

#### **4.0 Funds Provided**

- a. WeRPN will provide the Recipient up to the Maximum Funds for the purpose of carrying out the Project;
- b. WeRPN will provide the funds to the Recipient in accordance to the payment plan as outlined on Schedule “B”.
- c. WeRPN will deposit the Funds into an account designated by the Recipient provided that the account:
  - i. resides at a Canadian financial institution; and
  - ii. is in the name of the Recipient.
- d. WeRPN is not obligated to provide any Funds to the Recipient until the Recipient provides the certificates of insurance or other proof as WeRPN may request pursuant to Section 8.
- e. WeRPN is not obligated to provide instalments of Funds until it is satisfied with the progress of the Project;

#### **5.0 Approved Project and Use of Funding.** The Recipient will do all of the following:

- a. carry out the Project in accordance with the Agreement;
- b. use the Funds only for the purpose of carrying out the Approved Project;
- c. spend the Funds only in accordance with the Budget;
- d. not use the Funds to cover any cost that has or will be funded or reimbursed by one or more of any third party, ministry, agency, or organization of the Government of Ontario.
- e. ensure that the Approved Project is completed by the Completion Date; and notify WeRPN if the Approved Project cannot be completed by the Completion Date.
- f. If the Recipient have not used the Funding for the purpose of the Approved Project, WeRPN may request repayment of all or part of the Funding within thirty (30) days.
- g. Any substantive changes to the Approved Project must be submitted immediately and in writing to WeRPN and requires WeRPN’s written approval. Minor changes or pivots resulting from planned tests of change may proceed without approval and must be documented in the final report.
- h. submit to WeRPN at the address referred to in Schedule “A”, all Reports in accordance with the timelines and content requirements as provided for in Schedule “B”

#### **6.0 Acknowledge Support.** Unless otherwise directed by the WeRPN, the Recipient will:

- a. acknowledge the support of WeRPN for the Project in a form and manner as directed by the WeRPN
- b. indicate, in any of its Project-related publications, whether written, oral, or visual, that the views expressed in the publication are the views of the Recipient and do not necessarily reflect those of the WeRPN.

#### **7.0 Indemnity**

The Recipient will indemnify and hold harmless WeRPN and its directors, officers, employees, agents and other representatives from and against any and all liability, loss, costs, damages, and expenses (including legal, expert and consultant fees), causes of action, actions, claims, demands, lawsuits, or other proceedings, by whomever made, sustained, incurred, brought, or prosecuted, in any way arising out of or in connection with the Project or otherwise in connection with the Agreement, unless solely caused by the negligence or wilful misconduct of WeRPN.

## **8.0 Insurance**

The Recipient shall be responsible for maintaining its own business insurance and shall provide WeRPN with proof of such insurance upon request.

## **9.0 Termination**

9.1 This Agreement shall terminate as specified in Section 3 above. Either party may terminate this Agreement:

- a. at any time for convenience upon fourteen (14) days' written notice to the other party; or
- b. immediately upon written notice if the other party becomes insolvent, or is made the subject of bankruptcy, conservatorship, receivership or similar proceedings.

9.2 WeRPN may also terminate this Agreement, without prejudice to WeRPN's rights hereunder if the Recipient breaches any provision of this Agreement or the Schedules attached hereto and fails to remedy such breach within five (5) business days following notice thereof.

9.3 On termination of this Agreement, the Recipient will deliver to WeRPN all funding provided by WeRPN and relating in any way to the Project.

## **10.0 Notice**

10.1 Notice will be in writing and will be delivered by email, postage-prepaid mail, personal delivery, or fax, and will be addressed to the WeRPN and the Recipient respectively as provided for Schedule "A", or as either Party later designates to the other by Notice.

10.2 Notice will be deemed to have been given:

- a. in the case of postage-prepaid mail, five Business Days after the Notice is mailed; or
- b. in the case of email, personal delivery, or fax, one Business Day after the Notice is delivered.

## **11.0 Representations & Warranties**

**The Recipient represents and warrants that it has:**

- i. It is, and will continue to be, a validly existing legal entity with full power to fulfill its obligations under the Agreement;
- ii. it has, and will continue to have, the experience and expertise necessary to carry out the Project;
- iii. the full power and authority to enter into the Agreement; and
- iv. taken all necessary actions to authorize the execution of the Agreement

## **12.0 Conflict of Interest Disclosure**

The Recipient shall disclose to WeRPN, without delay any situation that may be reasonably interpreted as a conflict of interest or a potential conflict of interest or may give rise to the perception of a conflict of interest.

### **13.0 Originality**

As creator of materials under the term of the agreement, the Recipient warrant that all deliverables material, products, works or services delivered under this Agreement do not infringe or violate any copyright, trademark, or other intellectual property rights of any third party.

### **14.0 Ownership of Materials & Intellectual Property**

Ownership of submitted project reports all right, title and interest of any nature whatsoever therein shall be owned and controlled independently by WeRPN. Each party agrees to represent the other in any publication, use, reproduction, public display, or exhibit in a manner consistent with the collaborative and respectful nature of this agreement.

### **15.0 Confidentiality**

The Recipient will ensure that during the term of this Agreement and after its expiration, the Recipient will maintain confidential and secure all material and information which is the property of WeRPN and will not disclose or use any material or information belonging to WeRPN without first obtaining the written consent of WeRPN.

### **16.0 Relationship**

Parties Independent. The Recipient is not an agent, joint venturer, partner, or employee of WeRPN, and the Recipient will not represent itself in any way that might be taken by a reasonable person to suggest that it is, or take any actions that could establish or imply such a relationship.

### **17.0 Assignment of agreement or funds**

- 17.1 The Recipient will not, without the prior written consent of the WeRPN, assign any of its rights or obligations under the Agreement.
- 17.2 Agreement Binding. All rights and obligations contained in the Agreement will extend to and be binding on the Parties' respective heirs, executors, administrators, successors, and permitted assigns.

### **18.0 Entire Agreement and Governing Law**

- 18.1 This Agreement and the Schedules attached hereto constitute the entire agreement between the parties and supersede all previous negotiations, understandings and agreements, verbal or written with respect to any matters referred to in this Agreement except as specifically set out in this Agreement. The Schedules hereto form an integral part of this Agreement and are incorporated by reference herein.
- 18.2 This Agreement shall be governed by and construed in accordance with the laws of the Province of Ontario and the applicable federal laws of Canada.

### **19.0 Severability**

- 19.1 If any provision of this Agreement, or the application of such provision to any person or in any circumstance, shall be determined to be invalid, illegal or unenforceable, the remaining provisions of this Agreement, and the application of such provision to any person or in any circumstance other than that to which it is held to be invalid, illegal or unenforceable, shall not be affected thereby.

### **20.0 Acknowledgement**

The parties acknowledge that they have read and understand this Agreement, and agree to be bound by its terms and conditions.

I / we have read and accepted the terms and conditions outlined above and those attaching to the Agreement.

SIGNED by Dianne Martin, Chief )  
Executive Officer for and on behalf of )  
the REGISTERED PRACTICAL ) .....  
NURSES ASSOCIATION OF )  
ONTARIO Signature Date

SIGNED by )  
Name, Title )  
(an authorized signatory) for and on ) .....  
behalf of the XXXX ) Signature Date

SIGNED by )  
Name, Title )  
(an authorized signatory) for and on ) .....  
behalf of the XXXX ) Signature Date

## SCHEDULE "A"

### PROJECT SPECIFIC INFORMATION AND ADDITIONAL PROVISIONS

Maximum Funds	\$----
Term	[Insert start date]/to [Insert end date]
Contact information for the purposes of Notice to the WeRPN	Annette Weeres, Director of Professional Practice 5025 Orbitor Drive, Bldg 4, Suite 200 Mississauga, Ontario, L4W 4Y5 Tel: 905-602-4664 Email: aweeres@werpn.com
Contact information for the purposes of Notice to the Recipient	Name and Position:<<Name>> {insert title} <<Name>>, {insert title} Address: T: Email:
Contact information for the senior financial person in the Recipient organization (e.g., CFO, CAO)-to respond as required to requests from the WeRPN related to the Agreement	Name and Position:<<Name>> {insert title} <<Name>>, {insert title} Address: T: Email:

## **SCHEDULE "B"**

### **PROJECT, BUDGET and REPORTS**

---

#### **PROJECT TITLE:**

The Principal Investigator will serve as the research Program Director/Coordinator.

#### **BUDGET:**

The allocations will be disbursed in two installments according to the agreement/contract, and the last being released on completion of the study and submission of a final report. Installments subsequent to the first are subject to the availability of funds and will be released on the basis of the receipt of the midterm progress and final reports (see attached template).

#### **REPORTING AND EVALUATION:**

Award holders will be expected to report on the use of grant funds, on funded activities undertaken during the grant period, and on outcomes. A mid-term progress report is due by February 1, 2022. Final reports are due to WeRPN 30 days after the end date of the one-year project – August 30, 2022. Limited extensions of time may be granted by the Research Advisory Council. However, no financial enhancement to the initially sanctioned grant shall be done. Each sponsored study's Program Director/Coordinator will have a reporting relationship with the Research Advisory Council for receipt of reports and questions. Completion of the sponsored project will include submission of a manuscript for a peer-reviewed major publication by a reputed publisher.

#### **PAYMENT SCHEDULE:**

Initial payment: 50% of awarded funds - \$XXXX.00 - (July 8, 20XX)

Final payment: 50% of awarded funds - \$ XXXX.00 upon acknowledged receipt of mid-term and final reports and fulfilment of all obligations described in the Agreement (July 31, 20XX)

## Appendix D: WeRPN Funded Academic Research Grants Midterm Progress Report Format

1. Date:
2. Title of the Research Project:
3. Period of the report: From: \_\_\_\_\_ To: \_\_\_\_\_
4. Progress Report: (Please prepare a detailed report maximum 1000 words) of the work completed on the project to date)
5. Statement of expenditure incurred during the period:
  - a) Total expenditures (to date)
15. Residual balance still available
  - a) Anticipated expenditure during the next period of six months
16. Certified that no change has been made in the project as approved by the WERPN
17. Certified that all statements are true to the best of their knowledge.
18. Signatures (PI, Research Director and/or Signing authority for organization)



WeRPN Midterm Reporting Template	
Date	
Title:	
Reporting period:	August 1, 2021 to Feb 1, 2022
Progress Report:	Attached as separate pdf document (1000 words max)
Statement of expenditures:	Total expenditures to date (as of Dec 31, 2021)
Statement of anticipated expenditures:	Total expenditures anticipated (by June 30, 2022)
Certification that no significant changes to the initial agreement:	Yes or No
Certification that all statements are true to the best of your knowledge:	Yes or No
Signatures:	
Principal Investigator	
Financial signatory for organization	

## Appendix E: Call for Research Fellowship Proposals

# CALL FOR FELLOWSHIP PROPOSALS 2021-2022

## APPLICATION GUIDELINES

Deadline for Submission: Sept 3, 2021

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## REQUEST FOR RESEARCH FELLOWSHIP PROPOSALS

Overview	
Value	Up to a maximum of \$XXXXXX WeRPN funded with matching 30% employer <u>in-kind</u> contribution(maximum \$XXXX)
Duration	ending June 30, 20XX
Applications deadlines(s)*	5 p.m. Eastern on July 31, 20XX
Results announced*	Dec 1, 20XX

\*Note: If the deadline falls on a weekend or a Canadian public holiday, the application process will remain open until 5 p.m. on the next business day.

## 2. INTRODUCTION

The Registered Practical Nurses Association of Ontario (WeRPN) wishes to encourage and support all levels of research through an annual research budget. For fiscal year beginning July 1, 20XX to June 30, 20XX, WeRPN is inviting applications for one co-sponsored RPN research fellowships up to a maximum of \$XXXXXX each. The purpose of the research fellowships is to develop opportunities for RPNs to build applied research knowledge capacity and capability in “real-world” contexts, facilitate a culture of curiosity and clinical practice improvements, and nurture confidence and competence in leading small scale research studies for RPNs, e.g., writing for publication. Using evidence to inform practice is an entry to practice competency requirement that requires nurturing and support. WeRPN hopes to encourage and facilitate individual RPNs and employers to engage in research to achieve enhanced capacity and capability in evidence-informed practice.

WeRPN welcomes co-sponsored research fellowship applications from successful applicants to the Calls for Academic Research proposals. The co-sponsorship criteria include:

1. a 30% matching in-kind contribution up to a maximum of \$XXXX from the RPN fellow’s employer, and
2. completion of the project by June 30, 20XX.

## 3. WeRPN

*What is an Ontario Registered Practical Nurse?*

Registered Practical Nurses (RPN) are:

- ❖ regulated nurses with the College of Nurses of Ontario,
- ❖ current education - diploma in practical nursing from an accredited Ontario college,

- ❖ combine knowledge, skills, and judgement to provide compassionate, informed, and expert, technical, medical, and virtuous nursing care,
- ❖ majority employed to provide direct care to clients, residents and families on a daily basis, and
- ❖ in even greater demand for their service and skills as Ontario's demographics shift.

Today, more than 55,000 RPNs ([www.cno/stats](http://www.cno/stats)) are registered with the College of Nurses of Ontario (CNO) and support patients, clients and residents in hospitals, primary care practices, public health units, community care agencies, long-term care facilities, retirement homes and schools.

### *About WeRPN ([www.WeRPN.com](http://www.WeRPN.com))*

The Registered Practical Nurses of Ontario (WeRPN), formerly RPNAO, was founded in 1958, and is the professional association representing the voice of RPNs in Ontario with over 14,500 voluntary members.

### *Mission*

WeRPN's mission is to break the walls down, build the person up, and bring the people together to improve client care. WeRPN realizes this mission via four strategic drivers: advancing expertise, driving evidence, advocacy and influence-building, and innovative growth.

### *Vision*

WeRPN's vision is to support improved health outcomes and deliver the best possible care to patients, residents, and clients.

### *Values*

- ❖ Proud Professional- We are smart and knowledgeable. We hold ourselves to rigorous and rising standards. We take pride in ongoing learning and sharing our learning experiences with counterparts at home and around the world.
- ❖ Leading the Way Together - We believe there is tremendous opportunity to deliver even greater client care more effectively. Achieving this requires challenging norms – including the myth that anyone within the health system is more “important” than others. So even though we stand for our members, our brand is committed to providing excellent client care in collaboration with our fellow health professionals.
- ❖ Giving RPNs a voice - We champion the critical role of RPNs by unifying our members, listening carefully to their needs, advocating on their behalf, and telling personal nursing stories in a way that ensures they are heard.

- ❖ Focused on the Greater Good - Everything we do is for the good of the client, the health system, and the nursing profession at large. Client care always comes first.

#### *WeRPN Strategic Plan and Drivers of Impact*

WeRPN's current activities are directed by the 2020-2024 Strategic Plan. Please access the strategic plan [here](#)

The current status of the 2020-2024 strategic plan [can be found here](#):

## 4. FELLOWSHIP FOCUS & PRIORITIES

To operationalize the WeRPN research strategic plan, two areas of focus were established:

1. Sponsor/support/co-produce/create priority-area research projects that reflect current population needs' trends, and emphasizes category-specific cognitive knowledge, skills, interventions, and tactics aligned with WeRPN research priorities..
2. Create an inquisitive knowledge culture. Building a culture of research within the RPN profession is dependent on RPN members and the WeRPN professional practice team to facilitate interest and desire to support evidence-informed practice and to build research capacity. The call for fellowship proposals is a key strategy to building an inquisitive knowledge culture and research capacity.

## 5. GUIDELINES

Proposals must:

1. Identify an RPN applicant, an organizational Executive Sponsor and an academic mentor from one of the successful Call for Academic Research Proposals grant holders.
2. Involve practice settings where RPNs are directly involved in the delivery of patient/client care (e.g., hospitals, long term care, community care, retirement homes, assisted living, public health, primary care, private practice) OR Involve work environments where RPNs are not providing direct care but are supporting teams, clients and families while using their nursing knowledge to support the health of Ontarians.
3. Be co-sponsored by and not limited to a health care, social services or educational institution with a matching 30% in-kind contribution (maximum \$XXXX) to the overall project costs.

## 6. FUNDS AVAILABLE

The funding is being provided by WeRPN. For this call in 2021-2022, the maximum funding is \$XXXXX. One fellowship grant is available. A 30% in-kind matching contribution, up to a maximum of \$XXXX, from the employer partnership organizations are required. The only eligible expenses are the salary and benefits of the RPN fellow.

## 7. HOW TO APPLY

1. The application form must be completed by all applicants. All details, including contact information must be complete.
2. **Complete applications must be received by July 31, 20XX, time stamped no later than 1700 hours.**
3. The submission must follow the application form, be typed letter quality, 12 cpi or 10 point, 1.5 spacing, 1" inch margins and include:
  - a. Fellowship Applicant's Curriculum Vitae CV
  - b. Researcher's Curriculum Vitae CV
  - c. Employer Executive Sponsor Curriculum Vitae CV
  - d. Letter of support from organization's Executive sponsor

## 8. ADDITIONAL DOCUMENTATION

Applicants may provide additional materials (3 pages maximum) that they think will strengthen their overall case for funding. The review committee is not obligated to consider these materials but may consider them at their discretion.

## 9. REVIEW PROCESS AND ADJUDICATION

Applications are adjudicated and available funds are awarded through a merit review process of the WeRPN Research Advisory Council. WeRPN bases fellowship approval decisions on the recommendation of the adjudicators and on the funds available. Recommendations are based on the evaluation criteria below. Feedback will be provided upon notification if a grant was declined.

One fellowship will be granted. The Chair will review the forms from the review team to determine:

- Based on ratings, the highest rated proposal will be recommended by Research Advisory Council to CEO for funding.
- If more than one proposal has the same highest rating, *then the Chair will submit a ranking for the proposals (the Chair ranking will only be used in this circumstance).*
- In the unlikely circumstance that the committee does not find any of the proposals fundable in their current form, then no grant will be awarded.



## 10. EVALUATION CRITERIA

- 1) Objectives of the fellowship – Is the scope of the Fellowship clearly articulated? Is the scope of the Fellowship clearly aligned with the original research problem/issue? Do the fellowship objectives flow logically with the original funded research submission?
- 2) How well does this fellowship enhance the original project and the WeRPN goals of:
  - a) developing opportunities for RPNs to build applied research knowledge capacity and capability in “real-world” contexts,
  - b) facilitating a culture of curiosity and clinical practice improvements, nurture confidence and competence in leading small scale research studies for RPNs, e.g., writing for publication,
  - c) using evidence to inform practice, and/or
  - d) encouraging and facilitating individual RPNs and employers to engage in research to achieve enhanced capacity and capability in evidence-informed practice.
- 3) Methodologies: Is a learning plan clearly outlined for the fellowship? Is the proposed methodology appropriate and sufficient to achieve the objectives of the learning plan? Do the activities link to the objectives? Is the design suitable for the fellowship posed? Are the research activities clearly described and suited to the fellowship learning plan? Do the described activities cover all aspects of learning about research studies, e.g., study design, choosing methods of study, issue of ethics, instrument selection or design, literature review, participant sampling and recruitment, data collection, data analysis, knowledge mobilization, e.g., writing for publication, peer-reviewed manuscripts, conference abstract writing and presentation, resource development, etc.
- 4) Timeline: Is the proposed methodology achievable in the timeframes proposed?
- 5) Expected deliverables: Are the expected outcomes described? Do the proposed deliverables match the objectives? Do the deliverables include a final report to WeRPN? Is there a knowledge mobilization plan? Does the Kmb plan include involvement from the fellow?
- 6) Benefit to the fellow. Are the described expected benefits to the fellow value for money, time and effort?

- 7) Interaction: Is the description of the executive sponsor's role clear and sufficient? Is the executive sponsorship role beneficial to the fellow's role? Is the description of how the fellowship will enhance the employer's organization clear and appropriate?

## 11. DECISION

WeRPN reserves the right to determine the eligibility of applications, based on the information therein. WeRPN reserves the right to exclude from competition any submissions that are incomplete or inconsistent. Each fellowship application will be reviewed by a minimum of three (3) reviewers. Once notified, the successful applicant will receive a letter of agreement and must sign a contract explicitly stating the terms of the agreement with WeRPN.

## 12. PROJECT TIME PERIOD KEY DATES:

- ❖ Funding announcement: December 20XX
- ❖ Applications due: July 31, 20XX, at 5 pm. No late submissions will be accepted.
- ❖ Anticipated notice of decision and funding start: December 1, 20XX

## 13. FINAL REPORTS

Each sponsored fellow will have a reporting relationship with the Research Advisory Council using interim and final reports.

Fellowship holders will be expected to report on the activities undertaken during the grant period, and on outcomes. Successful applicants will be informed of reporting requirements upon receiving notice of the award. The sponsored project will be required to be completed by June 30, 20XX. Limited extensions of time may be granted by the Research Advisory Council. However, no financial enhancement to the initially sanctioned grant shall be done.

Final reports are due to WeRPN one month after the end date of the project – July 30, 20XX.

## 14. PROCEDURE FOR AWARD OF SPONSORED RESEARCH PROJECT

After due process of evaluation by evaluation experts, the successful project will be subsequently recommended to the Research Advisory Council. Successful and unsuccessful applicants will be notified by Dec 1, 20XX. These results will be transmitted to applicants electronically. Successful applicants are required to provide confirmation of their acceptance within 7 days of award notification.

WeRPN may hold interactive sessions with the prospective recipients of sponsored studies to finalize the academic and financial details.

Each Sponsored Research Study will be asked to provide the name and contact information of their departmental Finance Manager. WeRPN Director of Finance will ensure the necessary information is provided to the awardee's departmental financial office so installment payments can be provided. The allocations will be disbursed in two installments according to the agreement/contract, and the last being released on completion of the study report by July 30, 20XX.

## 15. ACCOUNTABILITIES

The Fellowship applicant is required to:

- i. carry out the Project in accordance with an agreement with WeRPN.
- j. use the Funds only for the purpose of carrying out the Approved Project.
- k. not use the Funds to cover any cost that has or will be funded or reimbursed by one or more of any third party, ministry, agency, or organization of the Government of Ontario.
- l. ensure that the Approved Project is completed by the Completion Date; and notify WeRPN if the Approved Project cannot be completed by the Completion Date. If the fellowship applicant has not used the Funding for the purpose of the Approved Project, WeRPN may request repayment of all or part of the Funding within thirty (30) days.
- m. submit immediately and in writing, any substantive changes to the Approved Project to WeRPN for written approval. Minor changes or pivots resulting from planned tests of change may proceed without approval and must be documented in the final report.
- n. submit a final report to WeRPN to the Chair within the one year duration of the project.
- o. The research fellow is expected to present or publish findings from the study, e.g., WeRPN Annual General Meeting & Conference, WeRPN newsletter/journal. WeRPN will provide an opportunity for fellows to present a video webinar to the RPN community. Submitted abstracts, manuscripts and citations should be included in the final report.
- p. The support of WeRPN should be acknowledged in presentations and publications.
- q. Final Project Report Due: July 30, 20XX. The report must include a description of the project, outcomes and personal experience of the fellow and final budget reconciliation.
- r. Any violation of rules will entail refund of the entire research grant to WeRPN.

## 16. TERMINATION

Either party may terminate this Agreement:

- c. at any time for convenience upon fourteen (14) days' written notice to the other party; or
- d. immediately upon written notice if the other party becomes insolvent, or is made the subject of bankruptcy, conservatorship, receivership, or similar proceedings.

## 17. CONTACT INFORMATION:

Those applicants needing help while preparing the application should communicate with WeRPN well in advance of the application deadline. For assistance with general inquiries, technical issues or proposal questions, this competition is administered by:

Professional Practice Department

WeRPN

5025 Orbitor Drive, Building 5, Suite 200

Mississauga, Ontario L4W 4Y5

Email: [aweeres@werpn.com](mailto:aweeres@werpn.com) (Subject line: Request for research fellowship proposals)

Phone: (905) 602-4664

Contact person: Attention: A. Weeres

## 18. SUBMISSION PROCESS

Applicants must complete the WeRPN Academic Research Grant Application Form and combine with all other required information and forward in a single pdf document with file name -

Applicant last name\_first name\_2021WeRPNresearchfellowshipgrant.pdf

Please submit file to:

Annette Weeres

Director of Professional Practice and Research

[aweeres@WeRPN.com](mailto:aweeres@WeRPN.com)

**If you are applying for more than one research project, separate proposals are required for each submission.**

**Late or incomplete applications will not be considered.**

**WeRPN Research Fellowship Grant Competition  
Proposal Evaluation Form**

Proposal title:

Item	Comments	Weighted score
<b>Background and research problem</b> <ul style="list-style-type: none"> <li>Is the scope of the research problem/issue clearly established?</li> <li>Does the proposal address an issue of relevance to Registered Practical Nursing?</li> </ul>		
<b>Research question</b> <ul style="list-style-type: none"> <li>Is the research question or hypothesis to be tested clearly articulated?</li> <li>Does the question/hypothesis flow logically from the research problem?</li> </ul>		
<b>Methods</b> <ul style="list-style-type: none"> <li>Is study design described clearly?</li> <li>Is the design suitable for the question posed?</li> <li>Is the sample described? Are inclusion and exclusion criteria clear?</li> <li>Is the sampling plan and recruitment method described, suited to the design and reasonable?</li> <li>Is the plan for data analysis clearly described and suited to the design?</li> </ul>		
<b>Ethical concerns</b> <ul style="list-style-type: none"> <li>Are ethical considerations adequately addressed? (e.g. confidentiality, use of</li> </ul>		

<p>proxy consent if the study is to include persons with cognitive impairment)</p> <ul style="list-style-type: none"> <li>Is the process for Ethics Approval identified?</li> </ul>		
<p>Researcher /Research team expertise</p> <ul style="list-style-type: none"> <li>Is the experience of the researcher/researcher team suited to the proposed method?</li> <li>If the fellow is a novice researcher, do they have the support of experienced investigators?</li> <li>Do the investigators describe how this study links to development of a program of research and/or the WeRPN research priorities?</li> </ul>		
<p>Budget and Financial Management</p> <ul style="list-style-type: none"> <li>The budget is provided with sufficient detail and justification.</li> <li>The funds requested are within the eligible expenses.</li> <li>The researcher is expected to complete the project as proposed within the timeframe and budget specified.</li> </ul>		
Total Score		

## **WeRPN Research Fellowship Grant Application Checklist**

Applicants: Please use the following checklist to ensure you have included the relevant documents for your application.

**Please note that all documents should be combined and submitted as one PDF document.**

1. Completed application form below.
2. Project Description that includes:
  - a. Research Proposal (maximum 5 pages):
    - Title
    - Background (including expected outcomes and relevance to the profession of Registered Practical Nursing)
    - Research question and/or hypotheses
    - Method (detailed description of research method and how the research will be carried out including data generation (how will the data be obtained?) and data analysis (how will the data be analyzed?) and project timelines.
    - Ethical considerations
  - b. Quality of the team (maximum 2 pages)
  - c. List of references (optional) (maximum 2 pages)
3. Curriculum vitae for RPN Fellow (not included in page count)
4. Curriculum vitae for Researcher (not included in page count)
5. Letter of Support from co-contributing organization (not included in page count)
6. Supplemental materials as appropriate(optional) (maximum 3 pages)

### **RESEARCH FELLOWSHIP GRANT APPLICATION SUBMISSION DEADLINE:**

**July 31, 20XX - time stamped no later than 1700 hr.**

**Completed application in one pdf document is to be sent by email to [aweeres@werpn.com](mailto:aweeres@werpn.com)**

It is your responsibility to ensure that your application is complete upon submission. Incomplete applications will not be considered.



Registered Practical Nurses  
Association of Ontario

**MEMORANDUM OF AGREEMENT  
RESEARCH FELLOWSHIP**





Registered Practical Nurses  
Association of Ontario



Registered Practical Nurses  
Association of Ontario

## FUNDING AGREEMENT

<b>Provider of funding</b>	<b>Registered Practical Nurses Association of Ontario</b> referred to throughout this Agreement as <b>"WeRPN"</b> .
<b>Recipient of funding</b> ( <i>i.e.</i> name of organisation entering into the Agreement).	<b>[Recipient's Legal Name]</b> referred to throughout this Agreement as <b>"the Recipient"</b> .
<b>Amount of funding:</b>	Up to \$ XXXXX (HST exclusive), being the total funds granted, which will be referred to in this Agreement as the <b>"Fund" or "Funding"</b> .
<b>Name of Project for which funding is being provided:</b>	Funding to (Research Fellowship), as specified in Attachment B, which will be referred to in this Agreement as the <b>"Project"</b> .
<b>Projects must be completed by:</b>	June 30, 2022, this will be referred to in this Agreement as the <b>"Completion Date"</b> .

### CONSIDERATION

In consideration of the mutual covenants and agreements contained in this Agreement and for other good and valuable consideration, the receipt and sufficiency of which are expressly acknowledged, WeRPN and the Recipient agree as follows:

### ENTIRE AGREEMENT

The agreement, together with:

Schedule "A" - Project Specific Information and Additional Provisions

Schedule "B" - Project, Budget and Reports

constitutes the entire agreement between the Parties with respect to the subject matter contained in the Agreement and supersedes all prior oral or written representations and agreements.

**21.0 Term**

This Agreement is effective as of the commencement date set out in Schedule “A” and, unless earlier terminated pursuant to Section 7 hereof, shall continue until the termination date set out in Schedule “A” (the “Term”).

**22.0 Funds Provided.**

- f. WERPN will provide the Recipient up to a maximum of \$XXXXXX;
- g. WERPN will provide the funds to the Recipient in accordance to the payment plan as follows:
  - a. 1<sup>st</sup> payment installment – \$XXXXXX upon signing
  - b. Final payment installment upon submission of final report and based upon reported budget reconciliation–
- h. WERPN is not obligated to provide any Funds to the Recipient until the Recipient provides the certificates of insurance or other proof as WERPN may request pursuant to Section 6.
- i. WERPN is not obligated to provide instalments of Funds until it is satisfied with the progress of the Project;

**23.0 Approved Project and Use of Funding.** The Recipient will do all of the following:

- s. carry out the Project in accordance with the Agreement;
- t. use the Funds only for the purpose of carrying out the Approved Project;
- u. spend the Funds only in accordance with the Budget;
- v. not use the Funds to cover any cost that has or will be funded or reimbursed by one or more of any third party, ministry, agency, or organization of the Government of Ontario.
- w. ensure that the Approved Project is completed by the Completion Date; and notify WERPN if the Approved Project cannot be completed by the Completion Date.
- x. If the Recipient have not used the Funding for the purpose of the Approved Project, WERPN may request repayment of all or part of the Funding within thirty (30) days.
- y. Any substantive changes to the Approved Project must be submitted immediately and in writing to WERPN and requires WERPN’s written approval. Minor changes or pivots resulting from planned tests of change may proceed without approval and must be documented in the final report.
- z. Submit to WeRPN at the address referred to in Schedule A, all Reports in accordance with the timelines and content requirements as provided for in Schedule “B”

**24.0 Acknowledge Support.** Unless otherwise directed by WeRPN, the Recipient will:

- c. acknowledge the support of WeRPN for the Project in a form and manner as directed by WeRPN

- d. indicate, in any of its Project-related publications, whether written, oral, or visual, that the views expressed in the publication are the views of the Recipient and do not necessarily reflect those of WeRPN.

#### **25.0 Indemnity**

The Recipient will indemnify and hold harmless WERPN and its directors, officers, employees, agents and other representatives from and against any and all liability, loss, costs, damages, and expenses (including legal, expert and consultant fees), causes of action, actions, claims, demands, lawsuits, or other proceedings, by whomever made, sustained, incurred, brought, or prosecuted, in any way arising out of or in connection with the Project or otherwise in connection with the Agreement, unless solely caused by the negligence or wilful misconduct of WERPN.

#### **26.0 Insurance**

The Recipient shall be responsible for maintaining its own business insurance and shall provide WERPN with proof of such insurance upon request.

#### **27.0 Termination**

27.1 This Agreement shall terminate as specified in Section 1 above. Either party may terminate this Agreement:

- e. at any time for convenience upon fourteen (14) days' written notice to the other party; or
- f. immediately upon written notice if the other party becomes insolvent, or is made the subject of bankruptcy, conservatorship, receivership or similar proceedings.

27.2 WERPN may also terminate this Agreement, without prejudice to WERPN's rights hereunder if the Recipient breaches any provision of this Agreement or the Schedules attached hereto and fails to remedy such breach within five (5) business days following notice thereof.

27.3 On termination of this Agreement, the Recipient will deliver to WERPN all funding provided by WERPN and relating in any way to the Project.

#### **28.0 Notice**

28.1 Notice will be in writing and will be delivered by email, postage-prepaid mail, personal delivery, or fax, and will be addressed to WeRPN and the Recipient respectively as provided for Schedule "A", or as either Party later designates to the other by Notice.

28.2 Notice will be deemed to have been given:

- c. in the case of postage-prepaid mail, five Business Days after the Notice is mailed; or
- d. in the case of email, personal delivery, or fax, one Business Day after the Notice is delivered.

#### **29.0 Originality**

As creator of materials under the term of the agreement, the Recipient warrants that all deliverables material, products, works or services delivered under this Agreement do not infringe or violate any copyright, trademark, or other intellectual property rights of any third party.

#### **30.0 Ownership of Materials & Intellectual Property**

Ownership of submitted project reports all right, title and interest of any nature whatsoever therein shall be owned and controlled independently by each WERPN and the Recipient. Each party agrees to represent the other in any publication, use, reproduction, public display, or exhibit in a manner consistent with the collaborative and respectful nature of this agreement.

### 31.0 Confidentiality

The Recipient will ensure that during the term of this Agreement and after its expiration, the Recipient will maintain confidential and secure all material and information which is the property of WERPN and will not disclose or use any material or information belonging to WERPN without first obtaining the written consent of WERPN.

### 32.0 Relationship

Parties Independent. The Recipient is not an agent, joint venturer, partner, or employee of WERPN, and the Recipient will not represent itself in any way that might be taken by a reasonable person to suggest that it is, or take any actions that could establish or imply such a relationship.

### 33.0 ASSIGNMENT OF AGREEMENT OR FUNDS

- 33.1 The Recipient will not, without the prior written consent of WeRPN, assign any of its rights or obligations under the Agreement.
- 33.2 Agreement Binding. All rights and obligations contained in the Agreement will extend to and be binding on the Parties' respective heirs, executors, administrators, successors, and permitted assigns.

### 34.0 Entire Agreement and Governing Law

- 34.1 This Agreement and the Schedules attached hereto constitute the entire agreement between the parties and supersede all previous negotiations, understandings and agreements, verbal or written with respect to any matters referred to in this Agreement except as specifically set out in this Agreement. The Schedules hereto form an integral part of this Agreement and are incorporated by reference herein.
- 34.2 This Agreement shall be governed by and construed in accordance with the laws of the Province of Ontario and the applicable federal laws of Canada.

### 35.0 Acknowledgement

The parties acknowledge that they have read and understand this Agreement, and agree to be bound by its terms and conditions.

**I / we have read and accepted the terms and conditions outlined above and those attaching to the Agreement.**

SIGNED by Dianne Martin , Chief Executive )  
Officer for and on behalf of the **REGISTERED** )  
**PRACTICAL NURSES ASSOCIATION OF** )  
**ONTARIO**

.....  
Signature

.....  
Date



Registered Practical Nurses  
Association of Ontario

SIGNED by

\_\_\_\_\_  
(an authorised signatory) for and on behalf  
of the **INSERT ORGANIZATION NAME**

)  
)  
)  
)

.....  
Signature

.....  
Date

## SCHEDULE "A"

### PROJECT SPECIFIC INFORMATION AND ADDITIONAL PROVISIONS

Maximum Funds	\$XXXXXX
Term	Date of signing/to Dec __, 20XX
Contact information for the purposes of Notice to the WERPN	Annette Weeres, Director, Professional Practice 5025 Orbitor Drive, Bldg 5, Suite 200, Mississauga, ON, L4W 4Y5 Tel: 905-602-4664 Extension 247 Email: <a href="mailto:aweeres@werpn.com">aweeres@werpn.com</a>
Contact information for the purposes of Notice to the Recipient	Name and Position: ---- Address: ----- Fax: ---- Email: ----
Contact information for the senior financial person in the Recipient organization (e.g., CFO, CAO) – to respond as required to requests from WeRPN related to the Agreement	Name and Position: ---- Address: ---- Fax: ---- Email: ----

## Research Fellowship

This funding will provide <<Name of Fellow>>, RPN the opportunity to lead <<insert project name>> research project that aligns with a focus of the four WeRPN research priorities. Applicability and relevance to the Research Strategic Plan - must focus on one of the four priorities:

- Value/impact of the optimized RPN roles
- Delivery of care
- Excellence in practice and leading change for better patient outcomes
- Health Human resource and workforce planning

## Funding

One-time funding of up to \$XXXXXX will be granted with a 30% matching in-kind contribution from <<Employer>>. Funding allocation will occur in two installments, \$XXXX at project outset and the balance upon receipt of the final report and budget reconciliation to WERPN.

[Name of Employer organization] agrees to pay all project expenditures in excess of the maximum funding provided by WERPN under the terms of this agreement.

### Eligibility

Proposals must

- Identify a RPN lead and an organizational Executive Sponsor
- Involve practice settings where RPNs are directly involved in the delivery of patient/client care (e.g. acute care, long term care, community, public health, primary care)
- OR
- Involve work environments where RPNs are not providing direct care but are supporting teams, clients and families while using their nursing knowledge to support the health of Ontarians
- Identify an evaluation framework that measures project impact

Conditions of Funding:

- 1) RPN project leads must attend the WeRPN Annual General Meeting in October 20XX
- 2) installment of funding will not exceed a total maximum of \$XXXXX and based on the total indicated in the final budget reconciliation submitted with the final report. Final Project Report Due: June 30, 20XX. The report must include an abstract for publication consideration, a manuscript for publication, and final budget reconciliation, indicating the amount of funding requested for the second installment up to a maximum of \$XXXXX.
- 3) <<insert agency specific funding conditions>>
- 4) Timelines for reporting as outline in table are required to meet funding criteria

Date	Milestone
April 1, 20XX	Research Fellowship Proposal Invitation Open
July 31, 20XX	Proposals due
December, 20XX	Announcement of successful proposals
March 15, 20XX	Mid-term report due
July 31, 20XX	Final report and any unspent funding due

## **SCHEDULE "B"**

### **PROJECT, BUDGET and REPORTS**

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#### **PROJECT TITLE:**

The Principal Investigator will serve as the research Program Director/Coordinator.

#### **BUDGET:**

The allocations will be disbursed in two installments according to the agreement/contract, and the last being released on completion of the study and submission of a final report. Installments subsequent to the first are subject to the availability of funds and will be released on the basis of the receipt of the midterm progress and final reports.

#### **REPORTING AND EVALUATION:**

Award holders will be expected to report on the use of grant funds, on funded activities undertaken during the grant period, and on outcomes. A mid-term progress report is due by March 15, 20XX. Final reports are due to WeRPN 30 days after the end date of the one-year project – July 30, 20XX. Limited extensions of time may be granted by the Research Advisory Council. However, no financial enhancement to the initially sanctioned grant shall be done. Each sponsored study's Program Director/Coordinator will have a reporting relationship with the Research Advisory Council for receipt of reports and questions.

#### **PAYMENT SCHEDULE:**

Initial payment: 50% of maximum awarded funds, e.g., \$XXXXX - (December 8, 20XX)

Final payment: 50% of maximum awarded funds, e.g., \$XXXXX upon acknowledged receipt of mid-term and final reports and fulfilment of all obligations described in the Agreement (July 30, 20XX)



## Appendix G: Example of Rapid Review 2020<sup>5</sup>

Database	Search parameters
Pubmed's curated COVID-19 literature hub: <a href="#">LitCovid</a>	"long-term care" OR "long term care" OR "nursing home*" OR "aged care care cent*" OR "aged care facilit*" OR "extended care facilit*"
<a href="#">Trip Medical Database</a>	(covid OR coronavirus) AND ("long-term care" OR "long term care" OR "nursing home*" OR "aged care care cent*" OR "aged care facilit*" OR "extended care facilit*")
World Health Organization's <a href="#">Global literature on coronavirus disease</a>	covid OR coronavirus) AND ("long-term care" OR "long term care" OR "nursing home*" OR "aged care care cent*" OR "aged care facilit*" OR "extended care facilit*")
Joanna Briggs Institute <a href="#">COVID-19 Special Collection</a>	Site scan
<a href="#">COVID-19 Evidence Alerts</a> from McMaster PLUS™	"long-term care" OR "long term care" OR "nursing home*"
<a href="#">Public Health +</a>	"long term care" or "long-term care"
<a href="#">COVID-19 Living Overview of the Evidence (L.OVE)</a>	"long term care" or "long-term care"
<a href="#">McMaster Health Forum</a>	Site scan
Cochrane Rapid Reviews <a href="#">Question Bank</a>	"long-term care" OR "long term care" OR "nursing home*"
<a href="#">Prospero Registry of Systematic Reviews</a>	covid OR coronavirus) AND ("long-term care" OR "long term care" OR "nursing home*" OR "aged care care cent*" OR "aged care facilit*" OR "extended care facilit*")
<a href="#">MedRxiv preprint server</a>	"long term care"
NCCMT <a href="#">COVID-19 Rapid Evidence Reviews</a>	"long term care"
NCCDH <a href="#">Equity-informed Responses to COVID-19</a>	Site scan
NCCEH <a href="#">Environmental Health Resources for the COVID-19 Pandemic</a>	Site scan
NCCID <a href="#">Public Health Quick Links</a>	Site scan
NCCID <a href="#">Disease Debrief</a>	Site scan
NCCIH <a href="#">Updates on COVID-19</a>	Site scan
<a href="#">Uncover (USHER Network for COVID-19 Evidence Reviews)</a>	Site scan
<a href="#">Morbidity and Mortality Weekly Report (MMWR)</a>	Site scan
<a href="#">Institute national d'excellence en santé et en services sociaux (INESSS)</a>	Site scan
<a href="#">Guidelines International Network (GIN) Library</a>	Site scan
<a href="#">BC Centre for Disease Control (BCCDC)</a>	Site scan

<sup>5</sup> Adapted from National Collaborating Centre for Methods and Tools (NCCMT)

## Appendix H: External Request for Partnership and/or participant recruitment

<input type="checkbox"/> <b>Research partnership</b>		<input type="checkbox"/> <b>Participant recruitment</b>	
<b>Name of researcher</b>			
<b>Contact information for purposes of Notice to the researcher</b>		Position title: Organization: Street: City, Province, Postal Code Telephone: Email:	
<b>Title of Study</b>			
<b>Target sample participants</b>			
<b>Funding source</b>		<input type="checkbox"/> Yes, if Yes, please specify: _____ <input type="checkbox"/> No	
<b>Funding amount</b>		<input type="checkbox"/> Yes, if Yes, please specify: _____ <input type="checkbox"/> No	
<b>Requires funding contribution by WeRPN</b>		<input type="checkbox"/> Yes, if Yes, please submit budget expenditure forecast (in *.pdf format) <input type="checkbox"/> No	
<b>Duration of Study</b>		Start date: (dd/mm/yyyy) End Date: (dd/mm/yyyy)	
<b>Timelines for recruitment</b>		Requested start date: (dd/mm/yyyy) Anticipated end date: (dd/mm/yyyy)	
<b>Contract required with WeRPN</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Letter of Support required by WeRPN</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Contract required with WeRPN</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Research Ethics Board (name)</b>			
<b>Ethics approval</b>		<input type="checkbox"/> Yes, if Yes, attach certificate or letter of approval <input type="checkbox"/> Pending <input type="checkbox"/> Not required	
<b>Please submit a recruitment flyer (if applicable) and a one-page summary (*.pdf format) of the research project including details on:</b> <ol style="list-style-type: none"> <li>1. The research project including methodology and analysis</li> <li>2. Timelines for participant recruitment</li> </ol>			

3. Target Practice setting
4. What participants are asked to do, e.g., complete a survey, focus group, 1:1 interview and time requirement
5. Incentive for participation by the RPN recruits
6. Involvement of RPNs in the research design, planning, implementation, and knowledge mobilization

**Describe the implications of the study findings, e.g., benefits the RPN profession, aligns with the WeRPN strategic plan and/or research priorities and how WeRPN will be acknowledged for their involvement (max 200 words)**

Note: WeRPN will make every effort to fulfill the request of the research team. External studies for participant recruitment are limited to a maximum of three (3) times in newsletter and social media publications. Partnership requests and WeRPN internal studies only can access direct email notifications.

The researcher agrees to notify WeRPN of the date when enough participants have been recruited. The researcher also agrees to notify WeRPN when the study has been completed and provides a citation for accessing the published manuscript.

\_\_\_\_\_ <<Signature>> \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix I : Sample Letter of Support



Registered Practical Nurses  
Association of Ontario

Dr. Jane Doe, PhD  
Title and position

## **Re: Letter of Support for SSHRC Partnership Engagement Grant Application**

Dear Dr. Jane Doe and colleagues,

As the Chief Executive Officer of the Registered Practical Nurses Association of Ontario (WeRPN), I am pleased to offer my support for the research grant entitled '*Title of project*' submitted by Dr. Jane Doe's team.

Acknowledged as a global leader on the applied nursing role, WeRPN has over 14,000 voluntary members and is the leader and voice for over 46,000 RPNs working in Ontario constituting one third of the provincial nursing workforce and the second largest health profession. Approximately 26% (~12029) of Ontario's RPNs are employed in community care. They have a passion for what they do, are hard-working individuals who care deeply and are committed to the serving their clients in their own homes.

This study is important because WeRPN's mission is to actively contribute to solutions that meet the needs of an RPN workforce. RPNs who work in the home care sector are under pressure while trying to optimize quality of life and equity in services for the clients they serve. This study will inform our understanding of 1) the professional and personal resilience needs of RPNs working in home care; 2) the role of all key stakeholders in creating a habitable work environment and 3) the evidence for WeRPN and other stakeholders (e.g., educators, RPNs, home care organizations, clients, family/care partners, government) to influence strategies to recruit, retain and revitalize an engaged RPN workforce.

Previous work by these researchers have demonstrated the urgent need for strategies, resources and supports for a positive impact on personal, professional and organization resilience. WeRPN has partnered with this research team on several occasions with funded studies such as Social Sciences and Humanities Research Council of Canada Partnership Engagement Grant Special COVID initiative and a Health Care Excellence Canada- Strengthening Pandemic Response in Long-Term Care through six promising practices grant. As a result, WeRPN has enhanced self-care and leadership eLearning modules for resilience and are developing an organizational resilience guidebook for the Long-term care sector that may be transferrable to the community care sector.

Little to no research knowledge exists about employer/organizational or societal supports for RPNs, or how the RPN workforce thinks, lives, re-energizes, gains resilience, or interacts with one another, their teams and/or clients within the home care sector. Inadequate staffing and staffing shortages caused by a recent surge in migration away from the home care sector, underdeveloped recruitment

and retention strategies, and the physical and psychological burden of COVID-19 are taking their toll on the home care workforce. Home care clients who have the desire and who are encouraged to maintain their independence at home have increasing frailty, complexity and vulnerability requiring these specialized services.

WeRPN is committed to assisting the research team to achieve the desired outcomes by providing in-kind contributions valued at \$10,000. Our intellectual contribution to the design and planning regarding nursing culture, professional practice, research, and healthcare policy will be provided by me as CEO, our Director of Professional Practice and Research, and our Director of Communications and Policy. In addition, our professional practice associates, front-line RPNs and our research consultant will provide representation on the research team. WeRPN would also offer significant support in the overall knowledge mobilization plan by using our multiple communication channels (website, social media, print publications) to recruit participants, initiate knowledge exchange, co-develop resources including personal stories, webinars, workshops, and self-learning modules, alongside WeRPN members and workplace ambassadors, non-member RPNs and nursing leaders across Canada. WeRPN will co-create resources and present at provincial/national conferences including the WeRPN Annual General Meeting, and the Ontario Community Support Association conference. I host front-line RPNs at regularly scheduled Facebook live events and author numerous op-ed pieces. Our team members have established links and experience in knowledge translation activities with provincial, national, and global health agencies and professional societies. I have frequent opportunity to recommend practice and policy changes with governmental reviews (recent standing at the Long-Term Care Homes Public Inquiry into the Safety and Security of Residents in the Long-Term Care Homes System 2017-9), provincial nursing staffing committees and nursing leadership networks. These connections will be leveraged to facilitate practice and policy change as part of this project. It is imperative that society and professional organizations, like WeRPN, learn from experiences of nurses in home care to build and support personal and professional resilience impacting the care and well-being of older adults choosing to age in their home.

Bridging this evidence and knowledge gap will support our strategy of optimization, recruitment, and retention of the nursing workforce to provide safe, high quality patient care, a crucial undertaking as our population ages and we face significant shortages in care resources. We welcome the opportunity to continue to collaborate with the Dr. Jane Doe and her team in this work.

Sincerely,

Dianne Martin, RPN, RN, MA, FCAN  
Chief Executive Officer, WeRPN  
Registered Practical Nurses Association of Ontario  
dmartin@werpn.com

Dr. Jane Doe  
Title  
Name of University and Department  
Address  
City, ON Postal Code

**Re: Letter of Support for XXXX**

Dear Dr. Jane Doe and colleagues,

As the Chief Executive Officer of the Registered Practical Nurses Association of Ontario (WeRPN), I am pleased to offer my support for the research grant entitled ‘<<title of research study’ submitted by Dr. Jane Doe and team.

I am supportive of this proposed study because it will examine the benefits, drawbacks, barriers, and facilitators to implementing ..... The adapted intervention has demonstrated positive patient and provider outcomes in acute care settings, and I am eager to witness similar resident, healthcare provider and organizational outcomes when implementing the concepts and tools into the fields of study.

My expectation is that this study will strive to reduce negative resident outcomes (e.g., unnecessary hospitalizations, falls, nosocomial infections, death) by ensuring matching of resident needs and the care provider assigned to meet these needs. In addition, the opportunity for RPNs to work within their full scope of practice will improve healthcare provider job satisfaction, reduce burnout, promote psychological health and safety, and inform future staffing practices and workload management in LTC homes to ensure a positive work environment. The new knowledge created regarding the applicability of this adapted model will be used to inform future policy, practice and research in LTC homes across Canada. Ultimately, this research will ensure that scarce LTC human resources, such as RPNs, are appropriately utilized to achieve optimal outcomes and improve continuity of care.

Acknowledged as a global leader on the applied nursing role, the Registered Practical Nursing Association of Ontario RPNAO (WeRPN), has over 14,000 voluntary members and is the leader and voice for over 55,000 Registered Practical Nurses (RPNs) in Ontario constituting one third of the provincial nursing workforce and the second largest health profession. Approximately 27% (~14500) of Ontario’s RPNs are employed in long-term care (LTC) and are the largest regulated health professional group working in long-term care homes. They have a passion for what they do, are hard-working individuals who care deeply and are committed to the residents in the long term care system. For a long time, WeRPN has identified and communicated to public, institutional, and governmental agencies major weaknesses in our Long Term Care system. The residents have increasing frailty, complexity and vulnerability requiring specialized expertise. COVID, has unveiled a pervasive absence of research evidence regarding how the RPN workforce thinks, lives, and interacts with one

another, their teams and residents. Matching knowledge, skills and judgement to the needs of the residents is of prime importance for improving the respect, value and optimization of RPNs working in this sector and ensuring a high functioning LTC system.

RPNs working in long-term care are a vulnerable sector of frontline staff experiencing difficult working conditions in Canada with mounting work-related rates of physical injury, burnout, moral distress, stress and turnover. Inadequate staffing, staffing shortages, variability in use of full scope of practice, fragmentation in the models of care, absent recruitment and retention strategies, and inequitable compensation are some of the main challenges. Previous work by these researchers have demonstrated the negative impact of inadequate and inappropriate staffing and heavy workload on adverse resident and staff outcomes, yet no systematic process to inform staffing-resident matching decisions in the Canadian LTC sector exists. Appropriate staffing ensures an effective alignment between the unique characteristics of both the nurse and the patient for front-line RPNs in long-term care. Matching nurse competencies with patient needs promotes optimal outcomes and nurse well-being. WeRPN desires to know more effective solutions and tools to address the front-line struggles of RPNs working in LTC, and how the WeRPN organization can encourage transformation of LTC models of care, hence our commitment to this research project.

We welcome the opportunity to collaborate with the Dr. Jane Doe in this work. WeRPN's mission is to engage with and advocate for RPNs to provide high-quality, evidence-informed, patient-centred practice. The organization has a broad mandate including professional practice, education, advocacy, government relations/policy, research, and innovation and a strong gerontology special interest group who continually provide us insight into current issues within LTC. During my tenure, WeRPN supported a research Think Tank Day that recommended further study of models of care matching resident needs to nursing competencies and environmental supports. WeRPN has supported members and non-members with training fellowships, bursaries for leadership courses, eLearning courses and self-care webinars and several important RPN-focused studies, including high functioning nursing teams, nursing role clarity, nursing knowledge in long-term care and a global scan of the applied nursing role.

We are committed to assisting the research team to achieve the desired outcomes. For this project, our intellectual contribution regarding nursing culture, professional practice, research, and healthcare policy will be provided by me as CEO, our Director of professional practice, research and innovation, our Director of policy and communications, our professional practice coordinators and front-line RPNs. WeRPN would also offer significant support in the overall knowledge mobilization goal to develop, support and advocate for matching of nurse knowledge, skills and abilities with patient needs. WeRPN will use its multiple communication channels (website, social media, print publications) to recruit participants, initiate knowledge exchange, promote the resiliency model, and co-develop resources including personal stories, webinars, workshops, RPN Connect Hub collaborative, and self-learning modules content, alongside WeRPN members and workplace ambassadors, non-member RPNs and nursing leaders across Canada. Annually, an average of 153,000 users access 1,467,000 website pages and the organization has 14,500 subscribers for its print publications. Infographics about personal stories, the conceptual model, self-care tools, op-eds and live Facebook sessions will be shared using WeRPN's social media channels (Twitter, Instagram, LinkedIn and Facebook). WeRPN would offer to co-create resources and present knowledge





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translation activities at provincial/national conferences including the annual WeRPN AGM (October). WeRPN professional practice associates will assist by serving as evaluators and knowledge brokers ensuring an integrated knowledge translation approach. Our team members have established links and experience in knowledge translation activities with provincial, national, and global health agencies and professional societies and will share the results accordingly. In addition, I host front-line RPNs at regularly scheduled Facebook live events and author numerous op-ed pieces. Published reports/publications will be posted on WeRPN's website.

I have frequent opportunity to recommend practice and policy changes at the level of governmental LTC reviews (recent standing at the Long-Term Care Homes Public Inquiry into the Safety and Security of Residents in the Long-Term Care Homes System 2017-9), provincial nursing staffing committees and nursing leadership networks. These connections will be leveraged to facilitate practice and policy change as part of this project.

It is imperative that society and professional organizations, like WeRPN, learn from experiences of nurses in LTC to build and support professional practices impacting the care and well-being of older adults making LTC their home. Finding methods of a more holistic model of care, an enhanced just culture, and a presence of effective teamwork can successfully improve societal values placed on the long-term care environment and the vulnerable residents of the LTC sector, and restore trust of LTC residents, families, and health care providers. Bridging this evidence and knowledge gap will support our strategy of optimization, recruitment, and retention of the nursing workforce to provide safe, high quality patient care, a crucial undertaking as our population ages and we face significant shortages in care resources.

I look forward to seeing this research unfold and will do whatever I can to support Dr. Jane Doe and her team as they move this important work forward.

Sincerely,

Dianne Martin, RPN, RN, BScN, MA

Chief Executive Officer, WeRPN

Registered Practical Nurses Association of Ontario

[dmartin@werpn.com](mailto:dmartin@werpn.com)