STUDENT EVALUATION CASE COMPETITION
CONCOURS DE CAS EN ÉVALUATION POUR LES ÉTUDIANT(E)S

2020 Competition Preliminary Round

Evaluation of the Approach to Care Initiative Pilot Seniors Services and Long-Term Care Division, City of Toronto

February 8, 2020

The Case Competition is proudly sponsored by:

Canadian Evaluation Society
Société canadienne d'évaluation

CANADIAN EVALUATION SOCIETY
EDUCATIONAL FUND

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POUR L' ÉDUCATION

Introduction

Welcome to the Preliminary Round of the 2020 CES/CESEF Student Evaluation Case Competition! Here is the scenario for this round:

> Your consulting firm has been invited to respond to the attached Request for Proposals (RFP) to conduct an evaluation of the Approach to Care, an initiative of the Seniors Services and Long-Term Care Division of the City of Toronto.
>
> The Approach to Care Initiative aims to improve the culture of care in long-term care homes through staff skill development and organizational culture change. This initiative is being pilot tested in one long-term care home for one year, and an evaluation is sought to prepare for full implementation across all 10 long-term care homes under the purview of the City of Toronto.
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> Your proposal should demonstrate your understanding of the assignment and include a program logic model, a proposed methodology, and an evaluation matrix. In addition, your proposal should identify the evaluation competencies[1] required to support meaningful engagement of residents with dementia, respect the diversity of residents in the homes, and manage staff hierarchy.
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> Section 2.2 of the RFP identifies the proposal requirements in more detail. The assessment criteria for the proposals are identified in section 2.3 of the RFP. Three proposals will be short-listed for the teams to participate in Round 2 of the Student Case Competition.

We look forward to your submission at the end of the day.

Organizing Committee

The 2020 CES Student Case Competition Working Group and Case Selection Sub-Committee:

Kathryn Radford, Brian McGowan, Christine Sheppard, Micheal Heimlick, Tin Vo, Michelle Naimi, Marla Steinberg, Mikki Campbell, and Samantha Inwood.

Bea Courtney continues to contribute in an advisory capacity.

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[1] Competencies for Canadian Evaluators is posted on the CES website under Designations.
Compétences pour les évaluateurs canadiens sont affichées sur le site Web de SCÉ, sous « Titres ».

Rules

1. The team's designated contact person will receive an e-mail from Case Competition organizers indicating a website and team identification number for retrieval of the case.

2. Teams can begin work upon receipt of the document from the contact person.

3. Submissions may be in either official language.

4. The submission must be uploaded to the same website **no later than 5 hours and 30 minutes** after initial download.

5. Coaches must not communicate with their teams once the case document has been downloaded and distributed to the team.

6. Submissions must be non-identifiable. Teams should refer to themselves only by an imaginative, non-revealing code name, such as Noble Consultants. Do **not** identify the university or any city or province/territory, real or imaginary. This is a key point to be kept in mind when writing your submission.

7. Technical specifications for the proposal outlined on **page 9** must be adhered to, otherwise, points will be deducted.

8. Do **not** use the word 'evaluation' or a variation of it in your team name, as it is confusing for the judges if teams have chosen similar names.

9. Your submission should be saved as **[your team name].pdf**, e.g. Noble Consultants.pdf. The submission must be submitted as one **PDF** file (not a zipped file of multiple documents).

10. Judges may take up to six weeks to select the three best submissions. All teams will receive feedback.

Questions or Problems

To communicate with organizers on the day of the competition, please email casecomp@evaluationcanada.ca, or call one of the following individuals:

Name	Phone Number	Availability (EST)
Micheal Heimlick *(enquiries in English)*	1-306-361-5904	8:00 am to 6:00 pm
Kathryn Radford *(demandes de renseignements en français)*	1-613-558-6457	8:00 am to 6:00 pm

Have fun and good luck!

Request for Proposals

Evaluation of the Approach to Care Initiative Pilot

February 8, 2020

1.0 Seniors Services and Long-Term Care Division and Program Profile

1.1 About the Seniors Services and Long-Term Care Division

The City of Toronto's Seniors Services and Long-Term Care (SSLTC) Division is committed to providing a coordinated and comprehensive approach to resident care that recognizes the holistic needs, values, strengths, and desires of long-term care residents. SSLTC directly operates 10 long-term care homes which provide 24-hour resident-focused care for over 2,600 residents. The 10 homes range in size from 127 to 456 beds, organized into smaller units, sometimes grouped by culture or level of care needs. In addition to clinical nursing care, staff also provide programs and services to support activity, leisure and community connection. Each home adapts their programming to meet local needs.

Long-term care homes are provincially-subsidized facilities with oversight from the Ontario Ministry of Health & Long-Term Care and accompanying legislation and mandates outlined by the *Long-Term Care Act*[2] and accountability agreements between the province and long-term care home providers. As such, long-term care is a highly regulated and vigorously monitored sector. SSLTC regularly reviews operations related to resident and family satisfaction, compliance, public reporting, expenditure comparison, staffing, and funding for specialized care.

As more people are now aging in place, residents are entering long-term care homes at later stages when their health is more physically frail and unstable, and their care needs are greater and more complex. Residents in SSLTC homes are on average 85 years old and live in the home for an average of 1.2 years. However, the homes also serve a younger population, some of whom live in the homes for many years.

Residents with moderate to severe cognitive impairment make up 69% of the home's population, and 58% of the residents with cognitive impairment have responsive behaviours. As a result of their medical condition, they behave in ways that make it challenging to provide the necessary care. Many residents also have clinically complex conditions, such as hard-to-treat psychiatric diseases, chronic illnesses, acquired brain injuries, intellectual disabilities, mental illnesses, and substance use disorders. Furthermore, most residents use mobility devices and require help with activities of daily living, including bathing, dressing, toileting, and eating. When compared to the

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[2] https://www.ontario.ca/laws/statute/07l08

provincial average, a greater proportion of residents entering SSLTC homes require complete assistance with activities of daily living. Each of these conditions requires additional staff, specialized expertise, strategies, and resources.

The residents of SSLTC homes are diverse with regard to their race and ethnicity, languages, faiths and denominations, abilities, sexual and gender identities, and socioeconomic status. This diversity points to the need to deliver a range of services that respect the residents' needs. Thus, not only do long-term care staff contend with the physical health challenges of the residents, they must also provide care in a way that respects the diversity of residents.

1.2   About the Approach to Care Initiative

Background

Long-term care homes are not exclusively medical and nursing care institutions; they are social environments where people who need care can continue to live their lives to the fullest. For the resident to experience long-term care as their home, meeting only care and medical needs is not enough. Residents also have social, emotional and psychological needs that staff support.

Rising rates of dementia and clinical complexity are putting a strain on long-term care staff. The whole sector is challenged with recruitment and retention, under-staffing and workload demands, insufficient time to provide direct care and support to residents, and training on how to provide care to the complexity and diversity of conditions outlined above. SSLTC is addressing these challenges through a new approach to care, which will require enhanced technology, redesigned physical environments, increased staffing and continuous education to support staff members. The enhanced technology, including electronic health records and I-pad technology for documentation, as well as efforts to make the environment appear more "home-like," were completed in 2019. The focus in 2020 is on increased staffing and new staff training to better support the social and emotional needs of residents.

SSLTC recently identified the best practices of investing in caring relationships, flexibility in care, and collaborative teamwork with strong and supportive leadership to meet the diverse and unique needs of long-term care residents. To integrate these best practices into ongoing care, SSLTC is moving from a task-oriented, schedule-driven approach to care to a social model of living. The approach shifts from asking "what's wrong?" and "what's the matter?" to asking "what works?" and "what matters?". Traditional task-oriented and schedule-driven care will shift to one based on collaboration and input from residents and their families in planning their care.

In order to support staff in this culture shift, the Approach to Care will include professional develop to teach the skills of emotional self-awareness and recognition of emotions in others, and help staff learn how to deliver care through supportive positive

relationships and collaborative teamwork to ensure high quality care and experience for residents, families, volunteers and staff.

The Approach to Care is not a prescribed set of rules, but rather a flexible framework, comprised of leading practices gleaned from various models, adapted to the individual needs of each resident. This approach aims to maintain trusting relationships with residents and their families, as well as healthy working interactions among colleagues.

Pilot project

The Approach to Care will be piloted for a 12-month period in one randomly selected SSLTC home, starting in 2020. This is home to 150 residents, ranging from 37 to 102 years of age, living in four (4) resident home areas that are divided by level of care, each with of 22 to 50 beds.

The pilot will be guided by home-level and head office advisory teams, and will include:

- a shared governance approach to decision-making
- new relationship and emotional support education and training modules
- enhanced direct care and recreation staffing ratios
- consistent care assignments
- more flexible relationship-based and emotion-centred care, and
- environmental (i.e., home-like environment) and technological enhancements (i.e., electronic record keeping).

The purpose of the pilot is to develop and refine techniques for supporting staff education in order to support full adoption and sustain the new approach to care. The pilot's success will be used to determine the suitability of rolling-out the approach in the nine other LTC homes, and how best to do so.

During the pilot, a multi-stakeholder head office-level committee (including Divisional trainer, management representatives from all homes) and a home-level interprofessional committee (including management and staff) will be established to support the implementation, education, and resolution of challenges at the home. The home-level committee will support the Approach to Care implementation, monitor the implementation process, and consult with and provide updates to the head office-level committee. The committees and support structure can be adapted based on evaluation findings.

Education

Implementation of the Approach to Care involves training for all staff. The training will start April 2020. The education plan to support the approach to care has been developed using scholarly research and consultations with residents, families, union representatives and community healthcare partners. The topics covered in the training

are relationship-based care, emotional support and communication, enhancing use of empathy, teamwork and decision-making, as well as diversity, inclusion and equity.

In addition, supervisors, managers (including upper management) and team leaders will receive training on teambuilding, relational care, and staff empowerment. The training will be delivered by a Divisional trainer with the help of team members, as well as coaches and champions at the long-term care home. The master trainers and coaches will provide timely support to help front-line staff apply the knowledge into action. To sustain the Approach to Care practices, the educational component of the program will be integrated into orientation for all new staff, performance evaluations, clinical care dashboards, and recruitment.

Lesson learned from the pilot will inform the roll-out of the approach to care to all SSLTC homes. Ongoing learning will continue to inform the care models, ensuring that residents receive the care and quality of life they deserve in their later years.

1.3   Program Logic Model

The pilot program does not currently have a logic model.

2.0   Scope of Work

2.1   Evaluation Services Required

SSLTC is seeking a consulting team to prepare and conduct an evaluation of the pilot test of the Approach to Care Initiative 6 months post-implementation (i.e., October 2020) to document:

1. How the Approach to Care pilot is being implemented, including emerging challenges and successes for full-scale implementation;

2. The effectiveness of the educational modules, including increase to knowledge and skills and the application of the learning in the day-to-day work; and

3. Overall changes in the culture within the long-term care homes, including the extent the relationship-focused and emotional support values have been implemented in the homes, as well as changes to leadership style, communication methods, and resident and family engagement.

A process evaluation of the implementation will be required in addition to an outcome evaluation examining the cultural change through the pilot of the Approach to Care. SSLTC is interested in obtaining information that will allow course corrections during implementation of the Approach to Care Initiative. The evaluation must be implemented with minimal impact on facility staff and residents.

2.2   Proposal Requirements

Your proposal should include the following components:

1. An overview of your understanding of the Approach to Care Initiative and the evaluation requirements.

2. A logic model and logic model narrative for the program, including at least one underlying assumption, one risk and one external factor that may influence whether the outcomes can be achieved.

3. A description of the evaluation approach, information sources, and data collection methods you recommend.

4. An evaluation matrix for the pilot test of the Approach to Care Initiative, with a list of key evaluation questions, at least two indicators per question. The matrix should clearly identify which indicator is linked to which question.

5. A schedule for development and implementation of the evaluation, with dates for key deliverables.

6. Anticipated methodological challenges and how the consultant team proposes dealing with them.

7. Three evaluation competencies[3] that you feel will be most important in supporting this evaluation to meaningfully engage residents with dementia, respect the diversity of the homes, and manage staff hierarchy. Explain how these competencies are reflected in the proposed approach.

The Steering Committee estimates that it will take 40 work days of consultant time for this evaluation.

The Committee does not require that proposals include a detailed budget.

Proposals **must** meet the following technical specifications:

- Maximum of **12** pages, excluding the cover letter, cover page and table of contents. **Text over 12 pages, including any appendices, will not be read or scored.**

- Standard paper size (8.5 x 11).

- 12-point minimum font size for text.

- Have 1-inch margins (top, bottom, left and right sides).

- For tables and figures, minimum font size is 10 point and have margins of at least 1 inch.

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[3] Competencies for Canadian Evaluators is posted on the CES website under Designations.
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2.3 Judging Criteria

The criteria by which submissions will be assessed are as follows:

Criteria	Weight
1. **Understanding of the requirement:** Demonstration of an understanding of the Approach to Care Initiative and the Seniors Services and Long-Term Care Division's evaluation needs (beyond a reiteration of the text provided in the RFP).	5%
2. **Logic model and logic model narrative for the program:** Clarity, completeness and appropriateness of the proposed logic model, including at least one underlying assumption, one risk and one external factor that may influence whether the outcomes can be achieved. These can be part of the logic model figure or explained as part of the logic model narrative.	15%
3. **Overall Approach to the Mandate and Relevance of the Evaluation Questions:** Appropriateness of the approach for undertaking the evaluation; appropriateness and clarity of evaluation questions, and responsiveness to client needs.	15%
4. **Methodological Approaches:** Appropriateness and feasibility of methodological approaches to addressing the evaluation questions.	20%
5. **Evaluation Indicators:** Clarity and appropriateness of indicators to answer evaluation questions, including accompanying matrix.	15%
6. **Evaluation Schedule:** Completeness and appropriateness of the proposed evaluation schedule, with dates and key deliverables.	5%
7. **Challenges and mitigation strategies:** Clarity and appropriateness of the assessment of potential challenges and the mitigation strategies.	10%
8. **Competencies for Canadian evaluation practice:** Relevance of the competencies identified.	5%
9. **Innovation:** Creativity and innovation in stakeholder engagement, data collection methods and mitigation strategies.	5%
10. **Proposal:** Quality of the proposal (writing and format) and adherence to proposal guidelines.	5%
Total	**100%**