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February 4th, 2023

Institute for Safe Medication Canada (ISMP Canada)
4711 Yonge St. #706
North York, ON M2N 6K8

Re: Response to the Request for Proposals for the Evaluation of *Strengthening Medication Safety in Long-Term Care – Quality Improvement Stream*

To Whom It May Concern,

SUMMIT CONSULTING submits to you this customized evaluation proposal for *Strengthening Medication Safety in Long-Term Care (SMS-LTC) – Quality Improvement Stream.* As a summit represents reaching the highest point attainable, we are dedicated to elevating your program to its highest potential through the understanding of various perspectives.

Enclosed you will find a comprehensive evaluation plan including: an overview of the program and key stakeholders, a description of the proposed evaluation approach and data collection methods, an analysis plan, possible challenges and corresponding mitigation strategies, and a demonstration of evaluation competencies. To further describe the program, a logic model outlining and linking program inputs, activities, and outcomes is included, as well as an evaluation matrix describing the key questions for the proposed evaluation.

Our consultants have expertise in all aspects of designing and conducting research and evaluations within a variety of contexts. We have extensive experience conducting community-based research, working with long-term care (LTC) homes and considering diversity within populations. We are confident we can deliver a rigorous, yet feasible evaluation plan informed by evaluation theory and local contextual knowledge. We provide innovative solutions driven by the needs of evaluation stakeholders so that our findings are practical and actionable.

Please contact us should you have any question or clarifications regarding our proposal. We want to emphasize this proposal is a living document and we welcome any suggestions to ensure the evaluation meets the unique needs of the *SMS-LTC* program and all relevant stakeholders. Our team is committed to an iterative approach and we are eager to collaborate with you.

Warm regards,

The Summit Consulting Team

Evaluation of the Strengthening Medication Safety in Long-Term Care – Quality Improvement Stream Program

Evaluation Proposal

Prepared by:

Prepared for:

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Prepared on:
February 4th, 2023

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1.0 Understanding of Requirement

1.1 Program Overview

Institution of Safe Medication Practises Canada

The Institution of Safe Medication Practises (ISMP) Canada is a national, independent non-profit agency that focuses on advance medication safety in all healthcare settings. Founded in 2000 the ISMP aims to achieve its vision of *zero preventable harm from medications* by purposefully partnering with organization, practitioners, consumers, and caregivers to achieve its vision of zero preventable harm from medications. ISMP Canada is unique in that it recognizes that as a trusted partner, it can improve health care by strengthening medication safety through timely learning, sharing and acting. ISMP Canada is guided by the following five core values: quality, reliability, and integrity, 2) learning, sharing and empowering, 3) privacy and confidentiality, 4) Research and Innovation, and 5) Trust and Transparency.

Strengthening Medication Safety in Long-term care (SMS-LTC)

In June 25, 2021, ICMP Canada launched a three-year initiative with the Ministry of Long-Term care to improve medication safety and medication management in all long-term care homes in Ontario. This initiative was established after recognizing that long-term care home residents, are at an increased risk of adverse drug events and harm if they are prescribed taking multiple drugs to treat the various medical conditions that they may endure. Since Medication management is complex and resource intensive in the LTC environment, ISMP Canada was requested to enhance safety and quality of life for LTC residents to reduce harm associated with medication management errors within Long-Term Care. This will include initiatives addressing Justice Gillese's specific medication safety recommendations, including detecting potential medication incidents that would otherwise go unnoticed. The Initiative provides Long-Term Care Homes Free Access to Support and Tools in 4 Key Areas: 1) Measuring and Evaluating Medication Safety; 2) Reporting and Learning and Improving Following a Medication Incident; 3) Quality Improvement; 4) Tools & Support.

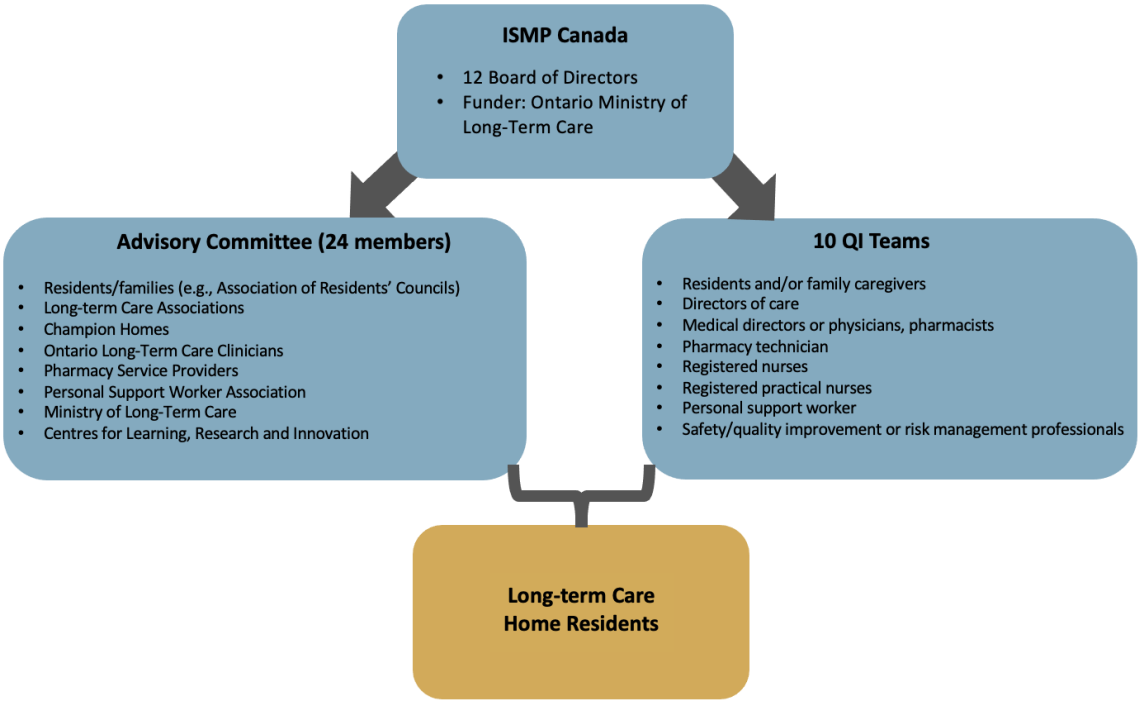
Quality improvement stream

The Quality improvement stream, which was launched in November 2021 focuses on supporting homes in continuous quality improvement by concentrating on the journey of residents and families, personal support workers, nurses, physicians, managers, and pharmacists coming together, staying together and working together towards improved outcomes. ISMP Canada provides support in two areas of QI: 1) Education and Training in Quality Improvement Techniques and 2) Coaching and Facilitation of Quality Improvement Teams.

1.1 Program Stakeholders

In the stakeholder diagram (**Figure 1**), we identified several stakeholders that who have a vested interested in the SMS-LTC program, specifically within the QI stream, and the corresponding evaluation findings. This map does not indicate the relationship between stakeholders placed within each circle. It should be noted that while the preliminary stakeholders have been identified, it is possible that additional stakeholders may be identified later in the evaluation. An evaluation advisory committee comprised of interested and available members will be formed to increase participation in the evaluation process, ensure transparency, and foster relations and collaboration with key stakeholders.

Figure 1. Key stakeholders and Primary Intended Users



1.3 Evaluation Purpose

The main objectives of the evaluation are to:

1) Assess the fundamental design of the SMS-LTC Quality Improvement Stream's initiative within the 10 Champion Homes across Ontario.
2) Assess how the SMS-LTC Quality Improvement Stream program is being implemented in LTC homes across Ontario.
3) Assess early outcomes among residents and staff of LTC homes, primary care providers and other relevant stakeholders.

2.0 Logic Model and Logic Model Narrative

2.1 Logic Model

Please see *Appendix A* for the proposed program logic model developed to describe the SMS-LTC Quality Improvement Stream program's primary activities while connecting them to its intended impacts within the larger system of programs and services.

2.2 Logic Model Narrative

The SMS-LTC program logic model visually and systematically depicts the flow of the program's necessary resources to accomplish specific activities producing numerous outputs, which ultimately leads to the realization of various intended outcomes (Cooksy et al., 2001). The logic model serves as a graphical representation of the program that can be used for program planning, monitoring, evaluation and as a communication tool. Arrows in the logic model

demonstrate causal linkages and the sequence of events from resources through to outcomes, which outline what the program aims to achieve (Porteous et al., 1997).

Further, the proposed logic model acknowledges assumptions required for successful program implementation, along with risks and external factors that have the potential to impact causal linkages between components. The proposed logic model is built on the assumption that the QI teams for the selected champion homes are representative and diverse, making them well-suited for the leadership role. The model is also built on the assumption that educational and training resources will be accessed and utilized lending to a behavioral change among the staff. Our team sees potential risk given that the program relies on uptake from the QI teams and they could be resistant to new processes and experience fatigue due to increased one demands. One risk that has become apparent is that the success of the quality improvement initiatives rely on implementation by the QI team staff, hence any turnover to staff where training was invested may hinder the intended outcomes. Subsequently, external factors which may play a role in the program's success include the adverse conditions of the COVID-19 pandemic impacting all aspects of healthcare and staff, changes to provincial government priorities, and continued funding from the Ontario Ministry of Health and LTC, which may affect the program's implementation and continued sustainability.

The logic model presented is based on the Summit Consulting team's understanding of the SMS-LTC's context and priorities. We recommend that a program theory of change is solidified in the future, in addition to a contribution analysis to fully understand the effect of the program on all relevant stakeholders and participants. The logic model is a snapshot of the SMS-LTC QI stream program at this point in time and is designed to be an iterative tool subject to revision as program components evolve. Prior to completion of the logic model, we expect to have a review session with key stakeholders to capture the broad range of perspectives and ensure the model is harmonious with ISMP Canada's vision to of zero preventable harm from medications and intended outcomes of SMS-LTC.

3.0 Evaluation Approach and Methods

3.1 Evaluation Design

In order to respond to the evaluation purpose (outlined in 1.3), we propose conducting a **joint process and outcome evaluation** of the SMS LTC – QI Stream to examine the fundamental design, its implementation and early outcomes at the end of the three-year implementation. A process evaluation describes the program and whether it was delivered as intended (WHO, 2000). An outcome evaluation measures near term effects of a program (Ontario Centre of Excellence for Child and Youth Mental Health, 2013). This evaluation will be taking place near the end of program cycle, while the Champion Home Final Evaluation takes place.

3.2 Evaluation Approach

To ensure that the findings of this evaluation are useful, a **utilization-focused approach** is proposed (Patton, 2000). Personally engaging primary intended evaluation users throughout the evaluation process is essential (Bryson et al., 2011; Patton, 2000). To apply this approach, we recommend that the SMS-LTC Advisory Committee (hereafter referred to as Advisory

Committee) be engaged in the evaluation, given the organizations present on this existing committee would be responsible for leadership in sustaining the initiative and implementing further phases of the SMS-LTC project**.** The Advisory Committee's role will be to provide feedback on the evaluation plan, data collection processes and tools, interpretation and dissemination. Decisions will be informed by how they would affect the use of the evaluation, as per Patton (2000). To empower the Advisory Committee members to participate in the process, recognizing some would have limited evaluation experience (Patton, 2000), training would be provided, such as introductions of relevant terms and approaches.

Recognizing that that the people residing and working in ON LTC homes are increasingly diverse, including in race, ethnicity, language, and religion (Ontario Centres for Learning, Research & Innovation in Long-Term Care, 2020), a **diversity, equity, and inclusion lens** will be employed in this evaluation. This approach will be embedded throughout, including in the construction of the evaluation questions, identification of priority populations for stakeholder engagement, identification of the methods (using a mixed methods approach in order to better understand the lived experience of SMS-LTC participants and a range of participatory strategies), analysis of the data (including disaggregating data where sample sizes permit), interpretation of the data, and sharing of the evaluation results (Bellwether Education Partners, 2020; Hunt et al., 2022). Summit Evaluation will work with key stakeholders to be reflective of our social positions, power structures, and assumptions. We will ensure that people traditionally marginalized or excluded are included in the evaluation and that systemic barriers to program implementation and outcomes are assessed (Bamberger & Segone, 2011; Government of Canada, 2011; Mertens, 2005*).*This evaluation will also consider intersectionality of the residents and staff (or the interaction of a person's identities), in relation to their ability to participation and benefit from the project, as well as unintended impacts (Hankivsky, 2014). *For more details on how we are applying a DEI approach, please reference the methods, challenges and mitigation strategies and the complete evaluation matrix.*

In addition, a **sustainability lens** will be applied to address how well the design supports sustainability of quality improvement at the facilities, that the early outcomes will be carried forward and to inform scaling the SMS-LTC initiative to additional LTC facilities in Ontario. Sustainability is key to ensure that the funding and time invested in the project continue to advance the goals of the initiative (Schell et al., 2013). Considering sustainability is also critical for maintaining relationships with stakeholders in order to support ongoing collaboration.

3.3 Assumptions

Some assumptions that we are operating with in the preparation of this proposal:

- This evaluation would begin near the completion of the QI stream activities.
- The sustainability lens that is requested in the RFP is regarding the sustainability of quality improvement approach in Ontario LTC homes, rather than environmental.
- The feedback surveys for the online modules and workshops will include information that can be leveraged for this evaluation.

3.4 Evaluation Matrix

The **key questions** addressed in the proposed evaluation are:

1. How effective is the fundamental design model of the SMS-LTC QI Stream initative?
2. How was SMS-LTC QI Stream initiative implemented within the 10 Champion Homes?
3. What are the early outcomes of the SMS-LTC QI initiative?

Based on the key evaluation questions listed above, further evaluation sub-questions have been identified. Please refer to **Appendix B** for a complete list along with indicators, data sources, and data collection methods for each question. We strongly **recommend meeting with the Advisory Committee** to revise and confirm these questions before we proceed with implementing the proposed evaluation plan.

3.5 Data Collection Methods

In our evaluation plan, we propose the use of multiple types and sources of data and methods of data collection to respond to the evaluation questions. By integrating the data from different sources in this mixed-methods approach, we ensure adequate data coverage for each question and allows for the triangulation of findings.

Method #1 – Review of Existing SMS-LTC Data

This evaluation plan aims to maximize possible use of existing data given the existing data collection infrastructure and adequate data quality. This includes use of participation and activity tracking information for each of the SMS-LTC activities, as well as existing feedback survey data and recordings of the facilitation support activities. The review of the data will inform indicators related to the implementation of the activities, participant perceptions of the SMS-LTC, and early outcomes related to progress on the priority improvement projects. In addition, administrative data that reflects the demographic characteristics of residents at each LTC home will be requested to support the disaggregation of outcome data.

Method #2 - Online Focus Groups QI Teams and ISMP SMS-LTC Advisory Committee

Given the on-going COVID-19 concerns within the LTC setting, the evaluation team proposes the use of virtual focus groups. This method is built on the assumption that it is feasible for the QI Teams and the Advisory Committee to access an online meeting platform given that SMS-LTC program activities and meetings have been delivered in an online format. To promote the engagement of residents and their family caregivers in the QI Team, we will schedule the focus groups to accommodate their availability and ensure they have access to the technology to support their involvement. The focus groups will be based on a convenience sample of members who are readily available to participate. Additionally, we will administer a short demographic survey to identify if our respondents are representative of the population, to examine errors and biases in the way data was collected and analyzed, and to assess whether experiences and impacts differed based on intersectional identities.

QI Teams: An online focus group will be held with each of the 10 Champion Homes. The focus groups will be used to understand the effectiveness and sustainability of the model, adaptations, and barriers and facilitators to the SMS-LTC implementation. A convenience sample of members who are readily available to participate will be included in the focus groups.

ISMP Advisory Committee: One to two focus groups (approximately 6-8 participants in each) will be held with members of the ISMP Advisory Committee. These focus groups will be used to understand the effectiveness of the SMS-LTC program design.

Method #3 – LTC Drop-in for Staff

All staff members at each of the 10 Champion Homes will be invited to attend an in-person drop-in discussion group that invites LTC members to share how the SMS-LTC initiative is making a difference in their LTC community. Members are invited to share stories and feedback verbally or in written format. With permission, verbal discussions will be digitally recorded and transcribed and combined with written feedback for analysis. If COVID-19 concerns present a barrier to in-person engagement, a virtual meeting space will be created. A computer with video and audio access will be set up in a common area of the LTC home and members can drop-in to the online meeting to share their thoughts. Participants who attend the drop-in will be provided with a $10.00 gift card as a small token of appreciation for their time. The drop-in session will span day and night shifts to try to accommodate staff availability. For those who cannot attend, a poster with an email address will be placed in the staff room to enable staff to submit their feedback.

Method #4 – World Café with Residents and Family Caregivers

This method will capture the experience of residents and family caregivers' engagement in the quality improvement process at their LTC home, as well as their perceptions of the impacts the SMS-LTC has had on their medication management and medication incidents. The World Café method will enable an intimate exchange of stories, ideas and connect diverse perspectives (Brown & Isaacs, 2005). The café will be set up in a common area of the LTC home so that residents and family caregivers can sit, meet, and talk with drinks and music available to facilitate a comfortable café environment. Rounds of conversation will be facilitated by the evaluation team and discussed by participants at each of the tables. After each round, participants will move to another table and continue discussions with a new group of people. Throughout each discussion round, participants can share their feedback verbally or record their responses in the form of text, sketches, or symbols on index cards on the table. At the end, a whole group conversation led by the facilitator will share summative discoveries and insights. Residents and family caregivers will be informed of the voluntariness of the activity, and the evaluation team will engage in an informed consent process to ensure we protect the resident's well-being and respect their self-determination. The evaluation team will follow the COVID-19 protocols established by the LTC homes to ensure safe data collection (e.g., physical distancing, masking). Furthermore, we will administer a short demographic survey to identify if our respondents are representative of the population, to examine errors and biases in the way data was collected and analyzed, and to assess whether experiences and impacts differed based on intersectional identities.

Method #5: Champion Home Final Evaluation Survey

The final evaluation survey can be used to fill gaps in data collected through other data collection methods and previously collected data. We recommend the final evaluation survey ask questions pertaining to: 1) What two priority medication management improvement projects were implemented and how, 2) What standards for quality improvement were implemented or changed during the project, 3) What barriers and facilitators were perceived to implementing the initiative, 4) What changes were made to care team workload and practices, and 5) What changes were made to QI & risk management processes? The evaluation matrix identifies where the final survey may provide information on indicators relevant to the three key evaluation questions. We propose the development of this survey and specific survey questions be done collaboratively between our team and the SMS-LTC QI Stream advisory committee.

3.6 Data Analysis

Both quantitative and qualitative analyses will be performed. For the quantitative portion, we will conduct analyses using SAS 9.4 using the data from the existing participation and assessment data sources. Descriptive statistics will be used to summarize data and chi-squared analysis will be used to assess differences at the univariate-level between predictor and outcome variables. Generalized linear models will be used to assess longitudinal changes of the measures assessed in the medication safety self-assessments across time. A review of existing feedback surveys, the online focus groups, the drop-in and the world café will generate primarily qualitative data, thus we propose using NVIVO 12.0 to conduct content analyses where content will be coded and grouped into common themes. Patterns in themes will be identified

4.0 Dissemination of Evaluation Findings

Summit Consulting will develop a knowledge mobilization plan (KM) with input from the Advisory Committee (Briggs et al., n.d.). The plan will identify for each of the key populations in Figure 1: key messages, what types of products/activities would be best suited for each population and when the products should be developed and shared during the evaluation process (Canadian Health Services Research Foundation, n.d.). To be flexible and responsive to learnings as the project progresses, this would be a living KM plan, that would continue to be reviewed and updated.

In addition to engaging the Advisory Committee, recognizing the key roles of the Quality Improvement teams at the Champion Homes in the evaluation, they will all be invited to participate in a launch event once the evaluation plan has been mostly finalized and also in a participatory session will be held with the members of the EAC to review the data and recommendations and to discuss next steps.

A variety of knowledge products will be developed and layered to promote accessibility and support use by different users (Rogers & Macfarlan, 2018). Products will include a comprehensive final report, an executive summary and key messages (as per 1:3:25 format; Canadian Health Services Research, 2001), a brief plain language summary report, and

presentation slides. For residents, caregivers and staff, infographics of key findings will be posted at the Champion homes.

5.0 Assessment of Challenges and Mitigation Strategies

Below we identify some possible challenges that may be encountered throughout the evaluation process and propose some **innovative and practical solutions**.

Potential Challenge	Mitigation Strategies
Language/cultural barriers in engaging staff and residents	- All members of Summit Consulting have completed training to work with marginalized groups including racialized, LGBTQ2+, and Indigenous populations. - The World Café with residents and caregivers and the LTC drop-ins with staff will include translators to support data gathering with members of different language communities.
Diverse dissemination products required Little time to read lengthy evaluation reports (Rogers and Mcfarlan, 2018)	Summit Consulting recognizes that it may be difficult for non-researchers such as front-line workers, managers, and policymakers to access evaluation findings. As such, we will layer communication products – a technique described in detail by Hutchinson, 2017, to facilitate engagement based on stakeholders' capacity, for example, creating infographics, videos, and a detailed evaluation report (see also the Knowledge Dissemination section).
Data collection among staff at Champion Homes LTC staff have many demands on their time during shifts and are experiencing high rates of burn-out (Ontario Centres for Learning, Research and Innovation. Research Institute for Aging, 2021). Staff can also experience bullying and discrimination in the workplace and may feel uncomfortable sharing feedback in front of other staff.	Drop-in times at LTC homes for staff to share their stories with evaluators held at various times over the day will support their limited capacity for engagement. A private space will be provided to support confidentiality of submissions. Staff not able or not comfortable to participate during the drop-in sessions will be able to email their submissions, as well. Securing management support for data collection will also be important.

6.0 Competencies for Canadian Evaluation Practice

Summit Consulting prioritizes the adherence to proper standards of practices, code of ethics, and evaluation competencies outlined in the Canadian Evaluation Society (CES) Competencies for Canadian Evaluation Practice to conduct a process and outcome evaluation. To successfully evaluate the impact of the SMS-LTC program facilitated by ISMP Canada, the following aptitudes have been identified (CES, 2018).

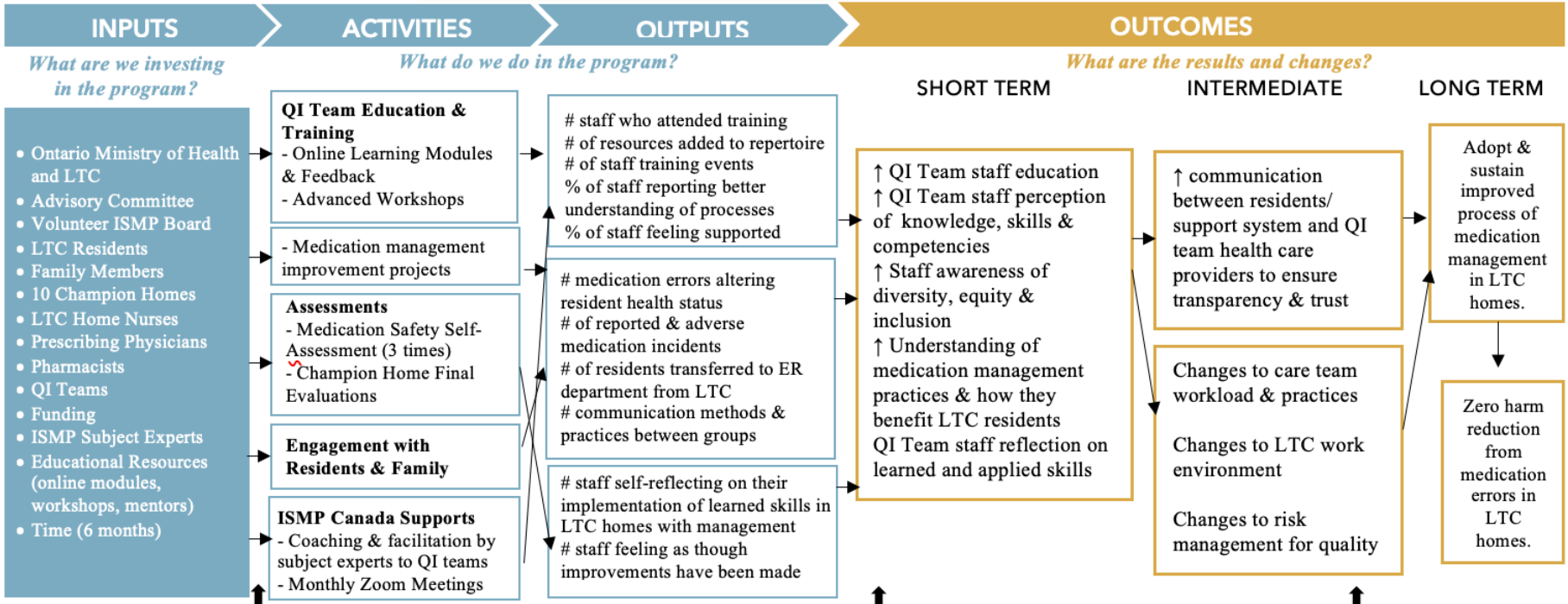
Reflective Practice	**1.6 Is committed to transparency in all aspects of the evaluation.** Summit Consulting understands that ISMP Canada values trust and transparency. To ensure we uphold that value, we will ensure that all stakeholders will be informed regarding the purpose of the evaluation and the process of the evaluation. The results of the evaluation will be disclosed and disseminated in an understandable manner (e.g., use of clear simple language, data visualizations) to all stakeholders, while also maintaining the confidentiality of participants.
Interpersonal Practice	**5.1 Uses communication strategies appropriate to the cultural, linguistic, social, and political context.** It is agreed upon that this competency is critical to the success of our program evaluation due to the diversity within and among stakeholders. Summit consulting understands that in order for this evaluation to be successful, a variety of appropriate communication strategies must be adopted and tailored to fit the different key stakeholder groups. Incorporating various modes of communication such as online focus groups with QI teams and LTC community drop-ins collect informative data. Plain and sensitive language will be used for interactions with LTC home residents and their families in order to promote accessibility across all individuals considering language barriers, racialization, education levels, mental capacity, Indigenous cultures, and 2SLGBTQ+. Further, to increase accessibility, language and sign language services would be made available.

7.0 Concluding Remarks

Using a utilization-focused approach we have proposed to conduct a joint process and outcome evaluation to address the design and implementation of SMS-LTC. We have outlined a number of specific evaluation questions. Both qualitative and quantitative methods are recommended for data collection, as well as the use of multiple data sources to enable the triangulation of findings. Possible challenges and potential solutions are also discussed. We hope you find this evaluation plan meets your needs and provides both **innovative and feasible** solutions.

APPENDIX A: Program Logic Model

PROGRAM GOAL: To provide a new standard process of medication management practices in LTC homes across Ontario, in order to reduce the number of medication errors that cause harm to residents.
SITUATION: ISMP Canada is implementing the SMS-LTC Quality Improvement program intended to measure and improve medication safety in LTC homes, specifically medication management systems, analysis and community engagement.. Many residents in LTC homes have some form of cognitive impairment, rely on others for basic daily needs, and/or have a physical impairment.



Assumptions: **1)** QI teams are representative and diverse as leaders **2)** knowledge change will lead to behavior change, **3)** training resources will be accessed and utilized

Risks: **1)** Investment in QI team staff training & education lost due to staffing changes/turnover, **2)** Potential for staff fatigue and burnout due to increased demands, **3)** Staff resistant to new processes

External Factors: **1)** Adverse conditions due to COVID-19 pandemic, **2)** Continued funding from Ontario Ministry of LTC, **3)** Changes in government priorities

PROGRAM THEORY OF CHANGE:

IF, QI Team staff receives education/ training and completes self-assessments.

QI Team staff use knowledge learned to implement quality medicine practices and improve medication management

THEN, there will be better management and a reduction in the number of medicine errors causing harm

APPENDIX B: PROGRAM EVALUATION MATRIX

Evaluation Question	Evidence/Indicator(s)	Method(s)/Tool(s)	Data Source(s)/Sample
1. PROGRAM FUNDAMENTAL DESIGN: How effective is the fundamental design (model) of the SMS-LTC QI Stream initiative?			
1.1 Are the activities within the SMS-LTC QI stream initiative perceived as effective to reach the intended outcomes?	QI team perceptions of sufficiency & necessity of activities	Online focus group Final survey LTC drop-in	QI teams QI teams LTC staff
1.3 Were the resources provided by IMSP sufficient for Champion Homes to implement SMS-LTC QI activities?	Resources provides by ISMP QI team perceptions of sufficiency of resources	Online focus group Online focus group	Advisory Committee QI teams
1.4 To what extent is the model amenable to being scaled up across other LTCs elsewhere?	QI team perceptions IMSP SMS-LTC advisory committee perceptions	Online focus group Online focus group	QI teams IMSP staff
1.5 To what extend does the model allow for sustained QI processes for LTCs?	QI team perceptions Champion home staff perceptions New/adapted standards for quality improvement	Online focus group LTC drop-in Final survey Review existing data	QI teams Champion home staff QI team Medication safety assessments
2. PROGRAM IMPLEMENTATION: How was SMS-LTC QI stream initiative implemented within the 10 Champion Homes?			
2.1 To what extent did Champion homes implement the SMS-LTC with fidelity to the program model?	Completion rates of the Champion Home tracking QI team participation rates in team education & training	Review existing data Review existing data	Medication safety assessments Priority project indicator data Tracking of module access Workshop participation data Coaching & facilitation records Zoom meeting recordings
2.2 How did Champion homes adapt their local implementation of the SMS-LTC model to meet their varying needs and challenges?	Selection of priority improvement projects Assessment of Champion Home context Champion Home resident demographics	Online focus group Doc review Review existing data	QI teams Medication safety assessments LTC administrative records

2.3 What were the barriers and facilitators of implementation the SMS-LTC model within Champion Homes?	QI team perceptions of barriers and facilitators	Online focus group Final survey	QI teams QI teams
2.4 To what degree was the SMS-LTC program implemented in an equitable manner within champion homes?	QI team perception Comparison of medication safety assessment across Champion Homes Comparison of fidelity indicators across Champion Homes	Online focus group Review existing data Review existing data	QI teams QI teams QI teams
3. Question #3 What are the early outcomes of the SMS-LTC QI initiatives?			
3.1 What are the early outcomes experienced by Champion Home staff?	QI team self-assessment of knowledge of QI concepts and tools Changes to care team workload & practices Changes to LTC work environment Improvements to QI & risk management process	Review existing data Review existing data LTC drop-in Final survey Review existing data LTC drop-in Final survey Review existing data Final survey LTC drop-in	Online module feedback survey Workshop feedback survey Medication safety assessments Champion Home staff QI teams Medication safety assessments Champion Home staff QI teams Medication safety assessments Champion Home staff QI teams
3.2 What are the early outcomes for residents?	Perceptions of resident & family engagement % Residents or caregivers meaningfully engaged Change in medication safety indicators: # Medication errors per resident/quarter; # Resident transfers per resident/quarter # Medication incidents per resident/quarter; # Adverse reactions per resident/quarter; # Rescue medication used per resident/quarter	Review existing data World Café Review existing data Review existing data	Medication safety assessments Residents & caregivers Priority project indicator data Priority project indicator data
3.3 To what extent are outcomes experienced equitably?	Comparison of medication safety indicators by resident demographics Comparison of medication safety indicators by Champion Home	Review existing data	Priority project indicator data LTC administrative records
3.4 What unintended early outcomes (positive of negative) were produced?	Champion Home staff perceptions Resident & caregiver perceptions	LTC drop in World Cafe	Champion Home staff Patients & caregivers

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