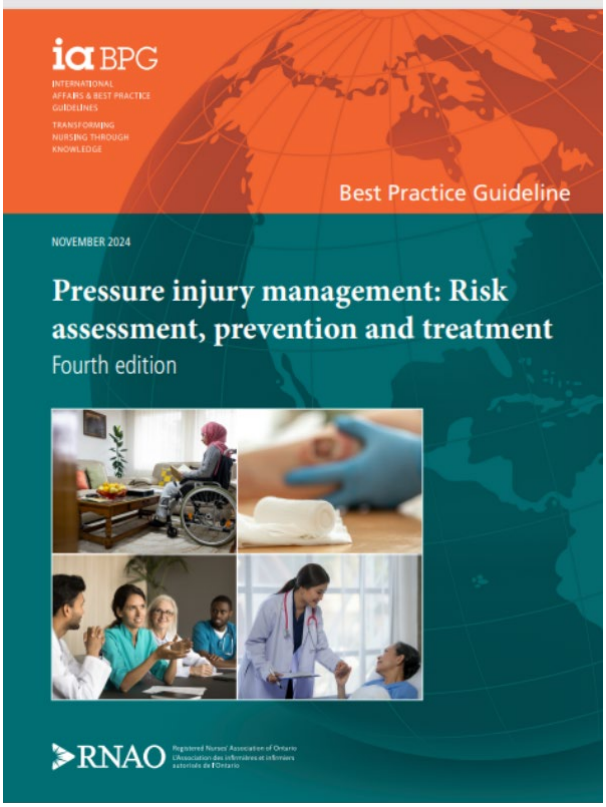
Opportunity analysis worksheet:
Comparing your practices to best practices

Pressure injury management: Risk assessment, prevention and treatment, November 2024



Download this guideline for free at: [Pressure injury management: Risk assessment, prevention and treatment | RNAO.ca]

Review RNAO's evidence-based implementation resource, Leading Change Toolkit, Fourth edition, at RNAO.ca/leading-change-toolkit

What is an opportunity analysis?

This is a process comparing your organization's current practice with evidence-based best practice recommendations to determine:

- Existing practices and processes that are currently implemented and supported by best practices. This information is useful to reinforce practice strengths.
- Recommendations that are currently partially implemented in practice. These would be good first targets for change efforts.
- Recommendations that are not currently being met.
- Recommendations that are not applicable to your practice setting.

Why should we conduct an opportunity analysis?

- Contributes to annual evaluation by allowing you to compare practice from year to year and choose which areas to focus on changing within the year.
- Focuses on needed practice change which prevents a total overhaul of practice and builds on established practices and processes.
- Informs next steps such as development of infrastructure to support implementation, internal/external partner engagement, identification of barriers and facilitators, resource requirements, selection of implementation strategies and evaluation approaches.
- Leads to sustained practice change by informing plans related to process, staff and organization and reinforces current evidence-based practices.

How can we get started conducting an opportunity analysis?

Engage the team and internal and external partners as needed in gathering information for the opportunity analysis. Collect information on:

- Current practice – is it known and is it consistent? (met, unmet, partially met)
- Partially met recommendations may only be implemented in some parts of the home, or you may feel it is only half done.
- Are there some recommendations that must be implemented before others?
- Can any recommendations be implemented quickly? (TIP: These are "easy wins" that build confidence in the change.)
- Are there recommendations based on higher levels of evidence than others?

- Are there any barriers to implementation? (Examples include: staffing, skill mix, budget, and workload issues)
- What are the time frames in relation to specific actions and people or departments who can support the change effort?
- Are there links with other practices and programs in your organization?
- Are there existing resources and education that your organization can access?
- Are there any must-do recommendations crucial to client/resident/patient and staff safety?
- What alignment do we consider with legislation, policy, accreditation, etc.?

Important note for long-term care homes: Completing this opportunity analysis each year helps you compare your current practices with evidence-based standards set by the Ministry of Health and Long-Term Care, as required by the Fixing Long-Term Care Act, 2021 and Ontario Regulation 246/22.

Next steps

1. Celebrate the recommendations you are meeting.
2. Prioritize the areas you want to work on. Start with practice changes that can be made easily or are crucial to client/resident/patient and staff safety. Start by reinforcing success and focusing on quick wins.
3. These priority areas become the foundation for planning your program or implementing practice change.
4. For more information on taking your opportunity analysis to the next level, see the RNAO Leading Change Toolkit, Fourth edition
5. **For long-term care homes:** Contact your LTC implementation coach – visit our **Find your implementation coach** webpage to assist you with completing an opportunity analysis.
6. **For all other BPSOs:** Contact your implementation coach.

For more information about the interpretation of evidence and recommendation statements, please see RNAO's explainer, *Advancements in RNAO Best Practice Guideline Methodology: Transition to the GRADE Approach*.

Opportunity analysis worksheet

Site: _____

Date completed: _____

Team members participating in the opportunity analysis:

- _____
- _____
- _____
- _____
- _____
- _____

RNAO guideline (Pressure injury management: Risk assessment, prevention and treatment)	**Met, partially met or unmet?**	**Notes** (Examples of what to include: is this a priority to our organization, information on current practice, possible overlap with other programs or partners)
Foundational		
Good practice statement 1.0: It is good practice for organizations to implement an interprofessional approach for the assessment, prevention and treatment of pressure injuries. This approach includes shared decision making with persons at risk of or living with pressure injuries and their essential caregivers.		
Good practice statement 2.0: It is good practice for organizations and Health providers to communicate and collaborate in a culturally safe and inclusive manner with persons and their essential caregivers in the assessment, prevention and treatment of pressure injuries.		
Good practice statement 3.0: It is good practice for health providers in collaboration with persons and their essential caregivers, to use a systematic approach in the management of pressure injuries, which includes assessment, prevention and treatment.		
Assessement		
Good practice statement 4.0: It is good practice for health providers in collaboration with persons and their essential caregivers to use a multicomponent approach to assess and reassess a person's risk of developing pressure injuries.		

RNAO guideline (Pressure injury management: Risk assessment, prevention and treatment)	Met, partially met or unmet?	Notes (Examples of what to include: is this a priority to our organization, information on current practice, possible overlap with other programs or partners)
Good practice statement 5.0: It is good practice for health providers to classify a pressure injury using a validated classification system. This classification system should not be used for monitoring pressure injury healing.		
Recommendation 1.0: The expert panel suggests that nurses and health providers use thermography as an adjunct to skin assessment for early detection of pressure injuries.		
Recommendation 1.1: The expert panel suggests that nurses and Health providers use subepidermal moisture detection as an adjunct to skin assessment for early detection of pressure injuries. Strength of the recommendation: Conditional		
Prevention and treatment		
Recommendation 2.0: The expert panel suggests that nurses and Health providers reposition persons at risk of pressure injuries every 2-4 hours. Strength of the recommendation: Conditional		
Good practice statement 6.0: It is good practice for nurses and health providers to select an appropriate support surface in collaboration with the person and their essential caregivers, by considering the following: ■ individual risk factors ■ contextual factors ■ person's preferences; and ■ comfort		
Recommendation 3.0: The expert panel suggests that nurses and health providers implement preventative care bundles for persons at risk of pressure injuries. Strength of the recommendation: Conditional		

RNAO guideline (Pressure injury management: Risk assessment, prevention and treatment)	Met, partially met or unmet?	Notes (Examples of what to include: is this a priority to our organization, information on current practice, possible overlap with other programs or partners)
Recommendation 4.0: The expert panel suggests that nurses and health providers apply multilayer foam silicone dressings as a prophylactic measure for individuals at risk of pressure injuries, in addition to other preventative care strategies. These dressings should be applied to specific at-risk body locations, considering the potential for shearing, friction and pressure. Strength of the recommendation: Conditional		
Recommendation 5.0: The expert panel suggests that nurses and health providers, in collaboration with the person and their essential caregivers, consider using negative pressure wound therapy for treatment of pressure injuries if the wound and person meet indications and there are no contraindications. Strength of the recommendation: Conditional		
Recommendation 5.1: The expert panel suggests that nurses and Health providers, in collaboration with the person and their essential caregivers, consider using electrical stimulation for treatment of pressure injuries if the wound and person meet indications and there are no contraindications. Strength of the recommendation: Conditional		