

Opportunity Analysis worksheet: Comparing your practices to best practices

A Palliative Approach to Care in the Last 12 Months of Life, March 2020



Download this guideline for free at: https://rnao.ca/sites/rnao-ca/files/bpg/PALLATIVE_CARE_WEB.pdf

Review RNAO's evidence-based implementation resource, Leading Change Toolkit, Fourth edition, at [Leading Change Toolkit™ | RNAO.ca](https://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” and build confidence in the change.)
- Are there recommendations based on higher levels of evidence than others?
- Are there any barriers to implementation? (These may include staffing, skill mix, budget, workload issues, etc.)

- 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 that are 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, **Find your implementation coach | RNAO.ca** 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: <i>A Palliative Approach to Care in the Last 12 Months of Life</i>	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 Question #1: Should an interprofessional approach be recommended for the provision of care to adults in the last 12 months of life? Outcomes: Person and family experience with care; effectiveness of provided care from the person and family perspective; access to care; coordination of care; transitions in care; effectiveness of provided care from the health provider perspective.		
1.1: The expert panel recommends that health-service organizations implement an interprofessional model of care for the provision of palliative care and end-of-life care to persons and families. <i>Strong</i>		
1.2: The expert panel recommends that the interprofessional health team, in collaboration with the person and family, develop an individualized, person-centred plan of care and re-evaluate the plan of care based on the changing status, needs and preferences of the person. <i>Strong</i>		
Recommendation Question #2: What nurse-led interventions should be recommended for a palliative approach to the delivery of care in the last 12 months of life? Outcomes: Support for spiritual care; support for emotional care; support for existential care; care in alignment with the person’s wishes; culturally safe care; place of death		
2.1: The expert panel recommends that nurses assess the cultural needs and values of persons and families. <i>Strong</i>		

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<p>2.2: The expert panel recommends that nurses perform ongoing assessments of persons and families for the following:</p> <ul style="list-style-type: none"> • values, beliefs, expectations and preferences about progressive life-limiting illness and death; and • preferred place of death. <p>Strong</p>		
<p>2.3: The expert panel suggests that as part of a holistic assessment, nurses assess the spiritual, emotional and existential needs of persons and families, including:</p> <ul style="list-style-type: none"> • concerns about end of life; and • presence of spiritual, emotional and existential distress. <p>Conditional</p>		
<p>2.4: The expert panel recommends that nurses address the person’s and family’s palliative care and end-of-life care expectations.</p> <p>Strong</p>		
<p>2.5: The expert panel suggests that nurses provide opportunities for life reflection to persons and families.</p> <p>Conditional</p>		
<p>2.6: The expert panel recommends that nurses facilitate access to resources, space and services needed by persons and families for cultural, spiritual and/or religious practices.</p> <p>Strong</p>		
<p>2.7: The expert panel recommends that for persons who prefer to die at home, health-service organizations implement high-quality home and community care, which includes:</p> <ul style="list-style-type: none"> • access to after-hours services; • care coordination; and • support provided by an interprofessional health team. <p>Strong</p>		

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<p>Recommendation Question #3: Should continuing education, targeted skills training and debriefing be recommended for supporting nurses and the interprofessional health team who provide care to persons in the last 12 months of life and their families?</p> <p>Outcomes: Compassion fatigue; stress/distress; resilience</p>		
<p>3.1: The expert panel recommends that health-service organizations provide education and skills training for nurses and the interprofessional health team related to self-care, including stress management and mitigation of compassion fatigue.</p> <p><i>Strong</i></p>		
<p>3.2: The expert panel recommends that health-service organizations provide time and resources for nurses and the interprofessional health team to engage in debriefing</p> <p><i>Strong</i></p>		