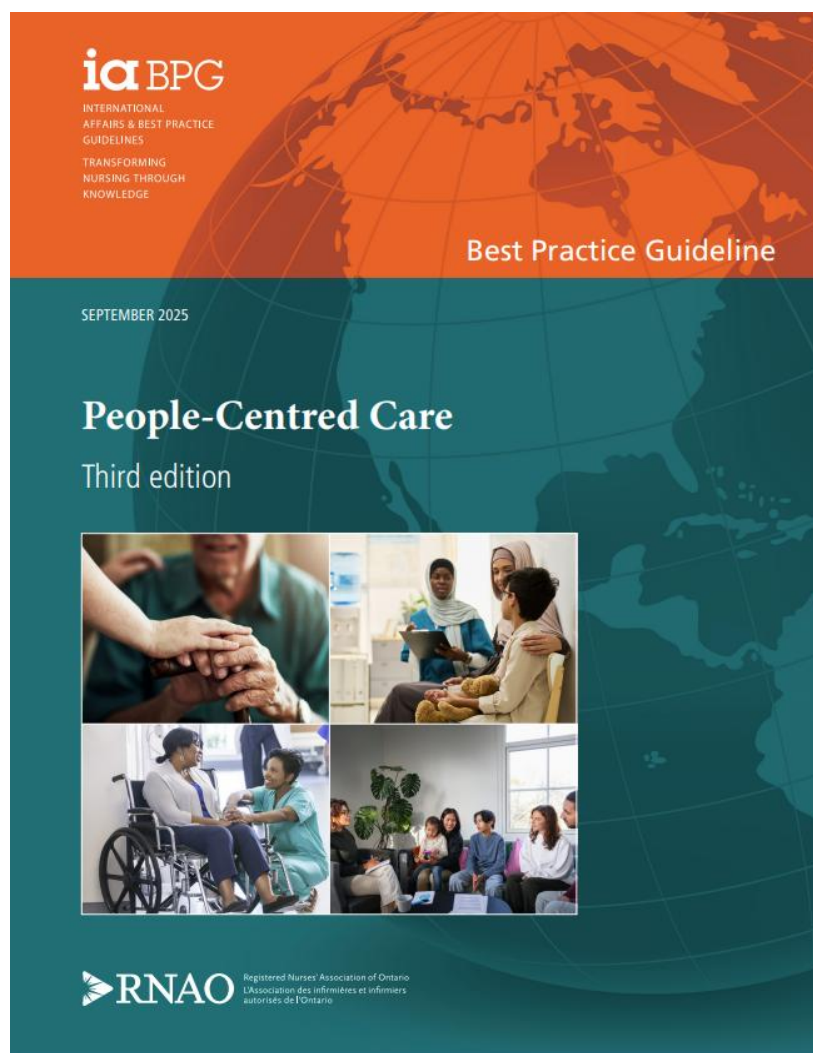


# Gap (opportunity) analysis worksheet: Comparing your practices to best practices

*People-Centred Care*, Third edition  
September 2025



Download this guideline for free at:  
[RNAO.ca/bpg/guidelines/people-centred-care](https://rnao.ca/bpg/guidelines/people-centred-care)

Review RNAO's evidence-based implementation resource, Leading Change Toolkit,  
Fourth edition, at [RNAO.ca/bpg/leading-change-toolkit](https://rnao.ca/bpg/leading-change-toolkit)

## **What is a gap (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 a gap (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 a gap (opportunity) analysis?**

Engage the team and internal and external partners as needed in gathering information for the opportunity "gap" 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 gap 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 “gap” analysis to the next level, see the RNAO [Leading Change Toolkit, Fourth edition](#)
5. **For Long-Term Care Homes:** Contact your, **Find your implementation coach | RNAO.ca** to assist you with completing an opportunity “gap” 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](#).

## Gap (opportunity) analysis worksheet

**Site:** \_\_\_\_\_

**Date completed:** \_\_\_\_\_

**Team members participating in the gap analysis:**

- |         |         |
|---------|---------|
| • _____ | • _____ |
| • _____ | • _____ |
| • _____ | • _____ |

<b>RNAO guideline (<i>People-Centred Care</i>)</b>	<b>Met, partially met or unmet?</b>	<b>Notes</b> (Examples of what to include: is this a priority to our organization, information on current practice, possible overlap with other programs or partners)
<b>Therapeutic relationships</b>		
<p><b>Good practice statement 1.0:</b> It is good practice for health and social service providers to establish and maintain a therapeutic relationship with people that is grounded in trauma-informed care and culturally safe practices, ensuring respect, trust and collaboration.</p> <p><b>Strength of the recommendation:</b> Not applicable</p>		
<b>Shared decision-making</b>		
<p><b>Good practice statement 2.0:</b> It is good practice for health and social service providers to participate in shared decision-making with people as they make informed decisions about their treatment, care and services.</p> <p><b>Strength of the recommendation:</b> Not applicable</p>		
<p><b>Good practice statement 3.0:</b> It is good practice for health and social service providers to regularly assess people for readiness for advanced care planning and facilitate the process when ready.</p> <p><b>Strength of the recommendation:</b> Not applicable</p>		

RNAO guideline ( <i>People-Centred Care</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)
<p><b>Recommendation 1.0:</b> The expert panel recommends that people are provided with decision aids to enhance participation in making informed decisions related to health screening and health-care treatment options.</p> <p><b>Strength of the recommendation: Strong</b></p>		
<b>Plan of care</b>		
<p><b>Good practice statement 4.0:</b> It is good practice for health and social service providers to collaboratively develop a plan of care with people that reflects their values, beliefs, goals, needs, attitudes, and preferences.</p> <p><b>Strength of the recommendation: Not applicable</b></p>		
<b>Health-care environments: Sensory-minimizing strategies</b>		
<p><b>Recommendation 2.0:</b> The expert panel suggests that people are provided with eye masks and/or earplugs as a sensory-minimising strategy according to the needs and preferences of the person.</p> <p><b>Strength of the recommendation: Conditional</b></p>		
<b>Virtual care</b>		
<p><b>Good practice statement 5.0:</b> Where virtual care can be offered as an alternative to in-person care, it is good practice for health and social service providers to determine appropriateness and modality based on people’s care needs and preferences and to adjust as needs evolve.</p> <p><b>Strength of the recommendation: Not applicable</b></p>		