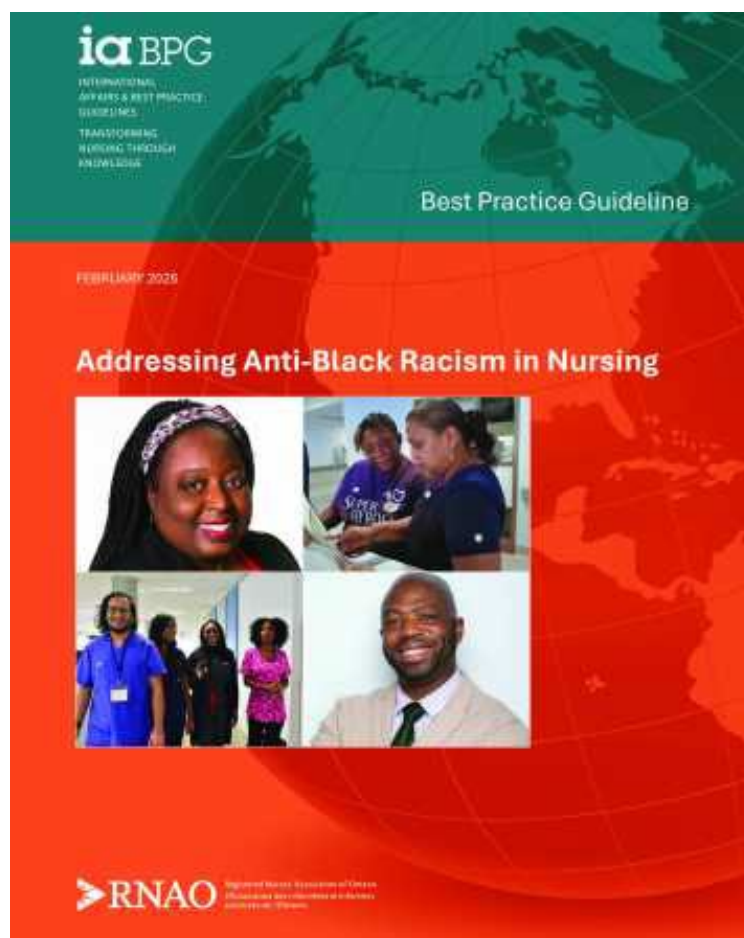


# Gap (Opportunity) Analysis Worksheet: Comparing your practices to best practices

## *Addressing Anti-Black Racism in Nursing, February 2026*



Download this guideline for free at: [Addressing Anti-Black Racism in Nursing | RNAO.ca](https://www.rnao.ca/leading-change-toolkit/gap-analysis-worksheet)

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

## Gap (opportunity) analysis worksheet

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

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

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

- |         |         |
|---------|---------|
| • _____ | • _____ |
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RNAO guideline <i>Addressing Anti-Black Racism in Nursing</i>	<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>Education</b>		
<p><b>Good Practice Statement 1.0:</b> It is good practice for all health and social service organizations and academic institutions to provide ongoing education to students, faculty and staff to address anti-Black racism in nursing.</p> <p><b>Strength of Recommendation:</b> Not applicable</p>		
<p><b>Recommendation 1.0:</b> The expert panel suggests that health and social service organizations and academic institutions provide interactive education that includes and/or promotes dialogue and engagement and/or reflection to address anti-Black racism in nursing.</p> <p><b>Strength of Recommendation:</b> Conditional</p>		
<p><b>Recommendation 1.1:</b> The expert panel suggests that health and social service organizations and academic institutions provide education programs led by experienced facilitators who foster authentic dialogue grounded in safety when addressing topics on anti-Black racism in nursing. Education programs may include:</p> <ul style="list-style-type: none"> <li>▪ small and large group discussions</li> </ul>		

<b>RNAO guideline Addressing Anti-Black Racism in Nursing</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)
<ul style="list-style-type: none"> <li>▪ critical self-reflection and self-sharing activities</li> <li>▪ activities that challenge personal bias.</li> </ul> <p><b>Strength of Recommendation:</b> Conditional</p>		
<b>Organization and Policy</b>		
<p><b>Good practice statement 2.0:</b> It is good practice for executive leaders and managers to develop, implement and evaluate zero tolerance policies regarding anti-Black racism in nursing.</p> <p><b>Strength of Recommendation:</b> Not applicable</p>		
<p><b>Good practice statement 3.0:</b> It is good practice for health and social service organizations and academic institutions to continually recognize the historical and contemporary contributions of Black nurses and other Black health professionals, particularly during Black History Month, African Heritage Month, and Caribbean Heritage Month.</p> <p><b>Strength of Recommendation:</b> Not applicable</p>		
<p><b>Good practice statement 4.0:</b> It is good practice for health and social service organizations and academic institutions to actively promote the retention, recruitment and career advancement of Black nurses and Black nursing students to increase representation of Black nurse leaders at all levels and in all sectors and settings.</p> <p><b>Strength of Recommendation:</b> Not applicable</p>		
<p><b>Recommendation 2.0:</b> The expert panel suggests that health and social service organizations and academic institutions establish formal mentorship</p>		

<b>RNAO guideline Addressing Anti-Black Racism in Nursing</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)
<p>programs to address anti-Black racism in nursing.</p> <p><b>Strength of Recommendation:</b> Conditional</p>		
<p><b>Recommendation 2.1:</b></p> <p>The expert panel suggests that health and social service organizations and academic institutions provide formal mentorship programs for Black nurses and Black nursing students and include the following:</p> <ul style="list-style-type: none"> <li>▪ mentor-mentee dyads that emphasize positive, empathetic relationships</li> <li>▪ career progression and advancement strategies</li> <li>▪ communication of expectations and goals.</li> </ul> <p><b>Strength of Recommendation:</b> Conditional</p>		
<p><b>Recommendation 2.2:</b></p> <p>The expert panel suggests that health and social service organizations and academic institutions provide formal mentorship programs for Black nurses and Black nursing students to address discrimination and racism and include one or both of the following:</p> <ul style="list-style-type: none"> <li>▪ racially concordant mentors</li> <li>▪ non-racially concordant mentors practicing cultural humility.</li> </ul> <p><b>Strength of Recommendation:</b> Conditional</p>		
<p><b>Good practice statement 5.0:</b></p> <p>It is good practice for executive leaders to establish anti-racism, diversity, equity, inclusion and belonging committees that include Black nurse leaders or Black representation from all levels of the health or social service organizations or academic</p>		

<b>RNAO guideline Addressing Anti-Black Racism in Nursing</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)
institutions (e.g., HR, staff, alumni and executive leadership). <b>Strength of Recommendation:</b> Not applicable		