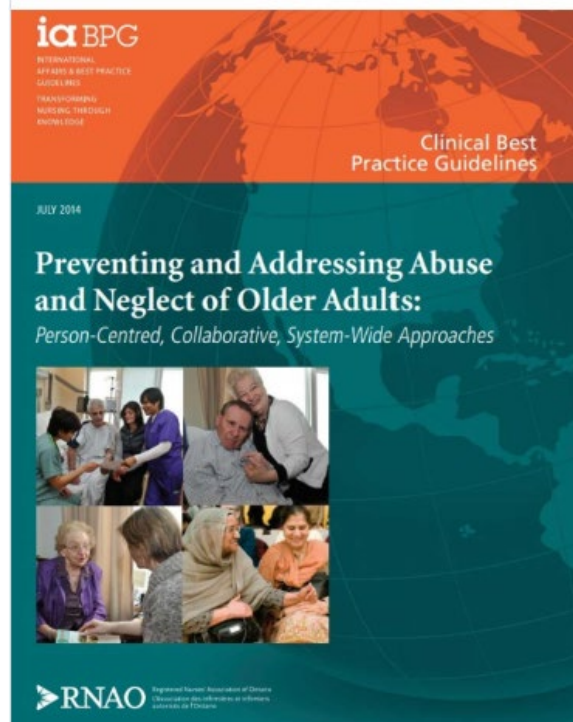


Gap (opportunity) analysis worksheet: Comparing your practices to best practices

Preventing and Addressing Abuse and Neglect of Older Adults July 2014



Download this guideline for free at: [Preventing and Addressing Abuse and Neglect of Older Adults: Person-Centred, Collaborative, System-Wide Approaches | RNAO.ca](https://www.rnao.ca/clinical-best-practice-guidelines/preventing-and-addressing-abuse-and-neglect-of-older-adults-person-centred-collaborative-system-wide-approaches)

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 widely used to determine if best practices have been met after the practice change has been completed. A gap (opportunity) analysis helps you compare your organization's current practice with evidence-based best practice recommendations and/or good practice statements to determine:

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

Review the best practice guideline (BPG) in its entirety including its purpose, scope, guiding frameworks, good practice statements and evidence. This will help you gain a full understanding of the actionable best practices, implementation strategies and resources available to you.

If you are new to reading evidence-based guidelines, please [watch our 2024 video](#) "How to read, use and interpret a best practice guideline".

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/good practice statements may only be implemented in some parts of the organization, or you may feel it is only half done.
- Are there some recommendations/good practice statements that must be implemented before others?
- Can any recommendations/good practice statements 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/good practice statements 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 (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/good practice statements 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 to assist you with completing an opportunity analysis.
6. **For all other BPSOs:** Contact your implementation coach.
7. Not a LTCH or a BPSO and have questions about using this worksheet-[Send us a message | RNAO.ca](#)

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 (opportunity) analysis:

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

RNAO guideline Preventing and Addressing Abuse and Neglect of Older Adults	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)
Assessment		
Recommendation 1.1: Establish and maintain a therapeutic relationship with older adults, and families as appropriate, when discussing issues of abuse and neglect.		
Recommendation 1.2: Ensure privacy and confidentiality when discussing issues of abuse and neglect unless legal obligations require disclosure of information.		
Recommendation 1.3: Be alert for risk factors and signs of abuse and neglect during assessments and encounters with the older adult.		
Recommendation 1.4: Carry out a detailed assessment in collaboration with the older adult, interprofessional team, and family, as appropriate, when abuse or neglect is alleged or suspected.		
Recommendation 1.5: Identify the rights, priorities, needs and preferences of the older adult with regard to lifestyle and care decisions before determining interventions and supports.		
Planning		
Recommendation 2.1: Collect information and resources needed to		

RNAO guideline Preventing and Addressing Abuse and Neglect of Older Adults	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)
respond appropriately to alleged or suspected abuse and neglect in ways that are compatible with the law, organizational policies and procedures, and professional practice standards.		
Recommendation 2.2: Collaborate with the older adult, family and interprofessional team, as appropriate, to develop an individualized plan of care to prevent or address harm.		
Implementation		
Recommendation 3.1: Respond to alleged or suspected abuse and neglect according to legal requirements and organizational policies or procedures.		
Recommendation 3.2: Implement an individualized plan of care that incorporates multiple strategies to prevent or address harm, including <ul style="list-style-type: none"> • education and support for older adults and family members, • interventions and supports for those who abuse or neglect, • providing resources/referrals, and • development of a safety plan. 		
Evaluation		
Recommendation 4.1: Collaborate with the older adult, family and interprofessional team, as appropriate, to evaluate and revise the plan of care, recognizing that some instances of abuse and neglect will not resolve easily.		
Education		
Recommendation 5.1: All employees across all health-care organizations that serve older adults participate in		

RNAO guideline Preventing and Addressing Abuse and Neglect of Older Adults	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>mandatory education that raises awareness about</p> <ul style="list-style-type: none"> • ageism; • the rights of older adults; • the types, prevalence and signs of abuse and neglect of older adults; • factors that may contribute to abuse and neglect; and • individual roles and responsibilities with regard to responding or reporting abuse or neglect. 		
<p>Recommendation 5.2: Nurses, other health-care providers, and supervisors who work in healthcare organizations that provide care and services to older adults participate in mandatory and continuing education opportunities that include</p> <ul style="list-style-type: none"> • understanding issues of abuse and neglect; • assessing and responding to abuse and neglect; • roles, responsibilities and laws; • positive approaches to working with older adults; • effective strategies for challenging/responsive behaviours; and • fostering a safe and healthy work environment and personal well-being. 		
<p>Recommendation 5.3: Educational institutions incorporate the RNAO Best Practice Guideline, <i>Preventing and Addressing Abuse and Neglect of Older Adults: Person-Centred, Collaborative, System-Wide Approaches</i> into curriculum for nurses and, as</p>		

RNAO guideline Preventing and Addressing Abuse and Neglect of Older Adults	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)
appropriate, for other health-care providers.		
<p>Recommendation 5.4: To help nurses and other health-care providers build competence in preventing, identifying, and responding to abuse and neglect of older adults, education programs are designed to</p> <ul style="list-style-type: none"> • address attitudes, knowledge and skills; • include multimodal and interactive/participatory strategies; and • promote an interprofessional approach. 		
Policy, organization and system		
<p>Recommendation 6.1: Organizations/institutions establish and support collaborative teams to assist with preventing and addressing abuse and neglect of older adults.</p>		
<p>Recommendation 6.2: Organizations/institutions establish policies, procedures and supports that enable nurses and other health-care providers to recognize, respond to, and where appropriate, report abuse and neglect of older adults.</p>		
<p>Recommendation 6.3 Institutions* adopt a combination of approaches to prevent abuse and neglect of older adults, including</p> <ul style="list-style-type: none"> • screening potential employees, hiring the most qualified employees, and providing proper supervision and monitoring in the workplace; • securing appropriate staffing; 		

RNAO guideline Preventing and Addressing Abuse and Neglect of Older Adults	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)
<ul style="list-style-type: none"> • providing mandatory training to all employees; • supporting the needs of individuals with cognitive impairment, including those with responsive behaviours; • upholding resident rights; • establishing and maintaining person-centred care and a healthy work environment; and • educating older adults and families on abuse and neglect and their rights, and establishing routes for complaints and quality improvement. <p>*Note: may apply to other health-care settings.</p>		
<p>Recommendation 6.4: Organizations/institutions with prevention and health promotion mandates (such as community and public health organizations) lead or participate in initiatives to prevent abuse and neglect of older adults.</p>		
<p>Recommendation 6.5: Organizations/institutions identify and eliminate barriers that older adults and families may experience when accessing information and services related to abuse and neglect.</p>		
<p>Recommendation 6.6: Provincial and territorial nursing regulatory bodies provide accurate information on jurisdictional laws and obligations relevant to abuse and neglect of older adults across the continuum of care.</p>		

RNAO guideline Preventing and Addressing Abuse and Neglect of Older Adults	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 6.7: Governments dedicate resources to effectively prevent and address abuse and neglect of older adults.		
Recommendation 6.8: Nurses, other health-care providers, and key stakeholders (e.g., professional associations, health service organizations, advocacy groups) advocate for policy/ organization/system level changes, including the availability of necessary resources, to effectively prevent and address abuse and neglect of older adults.		