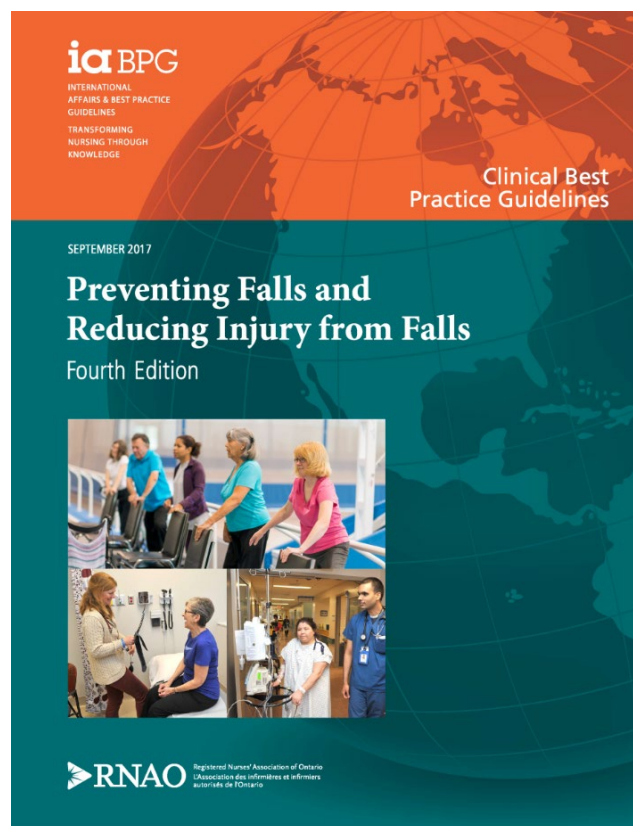


Gap (opportunity) analysis worksheet: Comparing your practices to best practices

Preventing Falls and Reducing Injury from Falls, Fourth Edition, September 2017



Download this guideline for free at: [Preventing Falls and Reducing Injury from Falls | RNAO.ca](https://www.rnao.ca/leading-change-toolkit)

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 gap (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, – by visiting [Find your implementation coach | RNAO.ca](#) for assistance with completing a gap (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 <i>Preventing Falls and Reducing Injury from Falls</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)
Practice Recommendations: 1.0		
<p>1.1 Screen all adults to identify those who are at risk for falls. Conduct screening as part of admission processes, after any significant change in health status, or at least annually. Screening should include the following approaches:</p> <ul style="list-style-type: none"> • identifying a history of previous falls; • identifying gait, balance, or mobility difficulties; and • using clinical judgment. <p>(Level of Evidence = Ia & V)</p>		
<p>1.2a For adults at risk for falls, conduct a comprehensive assessment to identify factors contributing to risk and determine appropriate interventions. Use an approach and/or validated tool appropriate for the person and health-care setting.</p> <p>(Level of Evidence = III)</p>		
<p>1.2b Refer adults with recurrent falls, multiple risk factors or complex needs to the appropriate clinician(s) or interprofessional team for further assessment and to identify appropriate interventions.</p> <p>(Level of Evidence = V)</p>		
Practice Recommendations: 2.0		

RNAO guideline <i>Preventing Falls and Reducing Injury from Falls</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>2.1 Engage adults at risk for falls and fall injuries using the following actions:</p> <ul style="list-style-type: none"> • explore their knowledge and perceptions of risk, and level of motivation to address risk; • communicate sensitively about risk and use positive messaging; • discuss options for interventions and support self-management; • develop an individualized plan of care in collaboration with the person; • engage family (as appropriate) and promote social support for interventions; and • evaluate the plan of care together with the person (and family) and revise as needed. <p>(Level of Evidence = Ia, III, & V)</p>		
<p>2.2 Provide education to the person at risk for falls and fall injuries and their family (as appropriate) in conjunction with other falls prevention interventions. This includes providing information about risk for falls, falls prevention, and interventions.</p> <p>Ensure that the information is provided in a variety of formats and in the appropriate language.</p> <p>(Level of Evidence = Ia & V)</p>		
<p>2.3 Communicate risk for falls and related plan of care/interventions with the next responsible health-care provider and/or interprofessional team at all care transitions to ensure continuity of care and to prevent falls or fall injuries.</p> <p>(Level of Evidence = V)</p>		
<p>2.4 Implement a combination of interventions tailored to the person and health-care setting to prevent falls or fall injuries.</p> <p>(Level of Evidence = Ia)</p>		
<p>2.5 Recommend exercise interventions and physical training for adults at risk for falls to improve strength and balance.</p>		

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Encourage an individualized, multicomponent program/activity that corresponds to the current abilities and functioning of the person. (Level of Evidence = Ia)		
2.6 Collaborate with prescribers and the person at risk for falls to reduce, gradually withdraw, or discontinue medications that are associated with falling, when the person’s health condition or change in status allows. This includes the following actions: <ul style="list-style-type: none"> • Identify polypharmacy and medications that increase risk for falls; • Conduct medication review, or refer to appropriate health-care provider and/or prescriber; and • Monitor for side effects of medications known to contribute to risk for falls. (Level of Evidence = Ia & V)		
2.7 Refer adults at risk for falls or fall injuries to the appropriate health-care provider for advice about vitamin D supplementation. (Level of Evidence = V)		
2.8 Encourage dietary interventions and other strategies to optimize bone health in adults at risk for falls or fall injuries, particularly those at risk for fracture. Refer to the appropriate health-care provider for advice and individualized interventions. (Level of Evidence = V)		
2.9 Consider hip protectors as a possible intervention to reduce the risk of hip fracture among adults at risk for falls and hip fracture. Review the evidence, potential benefits, harms, and barriers to use, to support individualized decisions. (Level of Evidence = Ia)		
Practice Recommendations: 3.0		

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<p>3.1 After a person falls, provide the following interventions:</p> <ul style="list-style-type: none"> • conduct a physical examination to assess for injury and determine severity of fall injury; • provide appropriate treatment and care for injury; • monitor for injuries that may not be immediately identified; • conduct a post fall assessment to determine factors contributing to the fall; • collaborate with the person and the interprofessional team to conduct further assessments and determine appropriate interventions; and • refer to appropriate health-care provider(s), (as needed), for physical rehabilitation or to support psychological well-being. <p>(Level of Evidence = III & V)</p>		
Education Recommendations: 4.0		
<p>4.1 Educational institutions incorporate content on falls prevention and injury reduction into health-care education and training programs.</p> <p>(Level of Evidence=V)</p>		
<p>4.2 Health-care organizations provide ongoing organization-wide education to all staff in conjunction with other activities to prevent falls and reduce injuries.</p> <p>(Level of Evidence = Ia)</p>		
Organization and Policy Recommendations: 5.0		
<p>5.1 To ensure a safe environment:</p> <ul style="list-style-type: none"> • implement universal falls precautions, and • identify and modify equipment and other factors in the physical/structural environment that contribute to risk for falls and fall injuries. <p>(Level of Evidence = Ia)</p>		

RNAO guideline <i>Preventing Falls and Reducing Injury from Falls</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)
5.2 Organizational leaders, in collaboration with teams apply implementation science strategies to enable successful implementation and sustainability of falls prevention/injury reduction initiatives. This includes identifying barriers and establishing formalized supports and structures within the organization. (Level of Evidence = Ia)		
5.3 Implement rounding as a strategy to proactively meet the person’s needs and prevent falls. (Level of Evidence = Ia)		