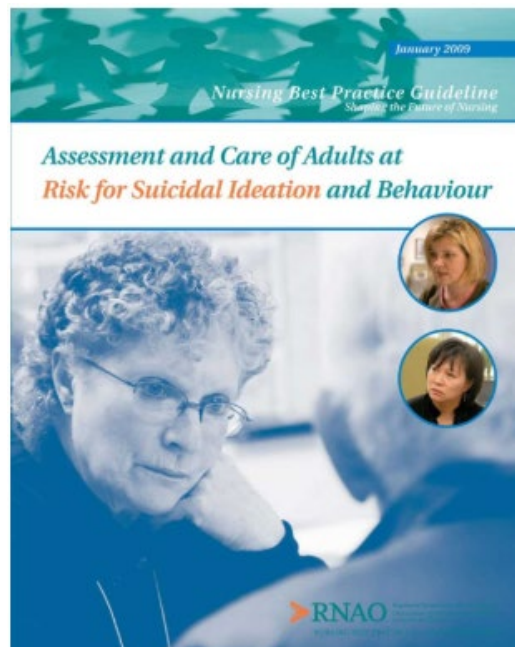


## Gap (opportunity) analysis worksheet: Comparing your practices to best practices

### *Assessment and Care of Adults at Risk for Suicidal Ideation and Behaviour* January 2009



Download this guideline for free at: [Assessment and Care of Adults at Risk for Suicidal Ideation and Behaviour | RNAO.ca](https://www.rnao.ca/assessment-and-care-of-adults-at-risk-for-suicidal-ideation-and-behaviour)

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 <b>Assessment and Care of Adults at Risk for Suicidal Ideation and Behaviour</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>Practice</b>		
<b>Recommendation 1:</b> The nurse will take seriously all statements made by the client that indicate, directly or indirectly, a wish to die by suicide, and/or all available information that indicates a risk for suicide.		
<b>Recommendation 2:</b> The nurse works toward establishing a therapeutic relationship with clients at risk for suicidal ideation and behaviour.		
<b>Recommendation 3:</b> The nurse works with the client to minimize the feelings of shame, guilt and stigma that may be associated with suicidality, mental illness and addictions.		
<b>Recommendation 4:</b> The nurse provides care in keeping with the principles of cultural safety/cultural competence.		
<b>Recommendation 5:</b> The nurse assesses and manages factors that may impact the physical safety of both the client and the interdisciplinary team.		
<b>Recommendation 6:</b> a) The nurse recognizes key indicators that put an individual at risk for suicidal behaviour, even in the absence of expressed suicidality. For individuals who exhibit risk		

<b>RNAO guideline Assessment and Care of Adults at Risk for Suicidal Ideation and Behaviour</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)
indicators, the nurse conducts and documents an assessment of suicidal ideation and plan. b) The nurse assesses for protective factors associated with suicide prevention. c) The nurse obtains collateral information from all available sources: family, friends, community supports, medical records and mental health professionals.		
<b>Recommendation 7:</b> The nurse mobilizes resources based upon the client’s assessed level of suicide risk and associated needs.		
<b>Recommendation 8:</b> The nurse ensures that observation and therapeutic engagement reflects the client’s changing suicide risk.		
<b>Recommendation 9:</b> The nurse works collaboratively with the client to understand his/her perspective and meet his/her needs.		
<b>Recommendation 10:</b> The nurse uses a mutual (client nurse) problem-solving approach to facilitate the client’s understanding of how they perceive his/her own problems and generate solutions.		
<b>Recommendation 11:</b> The nurse fosters hope with the suicidal client.		
<b>Recommendation 12:</b> The nurse is aware of current treatments to provide advocacy, referral, monitoring and health teaching interventions, as appropriate.		
<b>Recommendation 13:</b> a) The nurse identifies persons affected by suicide that may benefit from resources and supports, and refers as required. b) The nurse may initiate and participate in a debriefing process with other health care team members as per organizational protocol.		

<b>RNAO guideline Assessment and Care of Adults at Risk for Suicidal Ideation and Behaviour</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>Recommendation 14:</b> The nurse seeks support through clinical supervision when working with adults at risk for suicidal ideation and behaviour to become aware of the emotional impact to the nurse and enhance clinical practice.		
<b>Educational</b>		
<b>Recommendation 15:</b> Nurses who work with individuals at risk for suicide must have the appropriate knowledge and skills acquired through basic nursing education curriculum, ongoing professional development opportunities and orientation to new work places.		
<b>Recommendation 16:</b> Nursing curricula should incorporate content on mental health issues, including suicide risk reduction and prevention, in a systematic manner to promote core competencies in mental health practice.		
<b>Organization</b>		
<b>Recommendation 17:</b> Health care organizations that admit suicidal clients must provide a safe physical environment that minimizes access to means for self-injurious behaviour.		
<b>Recommendation 18:</b> In health care organizations that admit suicidal patients, nursing staff complements should be appropriate to the patient: nurse ratio and to staff mix (i.e. RN, RPN, health care aide) to safely meet the unpredictable needs of acutely suicidal patients.		
<b>Recommendation 19:</b> Organizations ensure that critical incidents involving suicide are reviewed systematically to identify opportunities for learning at all levels of service delivery.		
<b>Recommendation 20:</b> Organizations develop policies and structures related to peer debriefing following a critical incident, such as a death by suicide. Policies should		

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be developed to support staff and minimize vicarious trauma.		
<b>Recommendation 21:</b> Organizations allocate resources to ensure that all nurses have opportunities for clinical supervision and coaching on an ongoing basis.		
<b>Recommendation 22:</b> Organizations implement policies regarding the systematic documentation of suicide risk assessments.		
<b>Recommendation 23:</b> Organizations promote the services available within the organization and community that may support the care of adults at risk for suicidal ideation and behaviour.		
<b>Recommendation 24:</b> Organizations support nurses' opportunities for professional development in mental health nursing.		
<b>Recommendation 25:</b> Organizations support research initiatives related to suicide and other mental health issues.		
<b>Recommendation 26:</b> Organizations develop a plan for the implementation of best practice guideline recommendations that include: <ul style="list-style-type: none"> <li>• An assessment of organizational readiness and barriers to education.</li> <li>• Involvement of all members (whether in a direct or indirect supportive function) who will contribute to the implementation process.</li> <li>• Ongoing opportunities for discussion and education to reinforce the importance of best practices.</li> <li>• Dedication of a qualified individual to provide the facilitation required for the education and implementation process.</li> <li>• Opportunities for reflection on personal and organizational</li> </ul>		

<b>RNAO guideline Assessment and Care of Adults at Risk for Suicidal Ideation and Behaviour</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>experience in implementing guidelines.</p> <ul style="list-style-type: none"> <li>• Strategies for sustainability.</li> <li>• Allocation of adequate resources for implementation and sustainability, including organizational and administrative support.</li> </ul>		