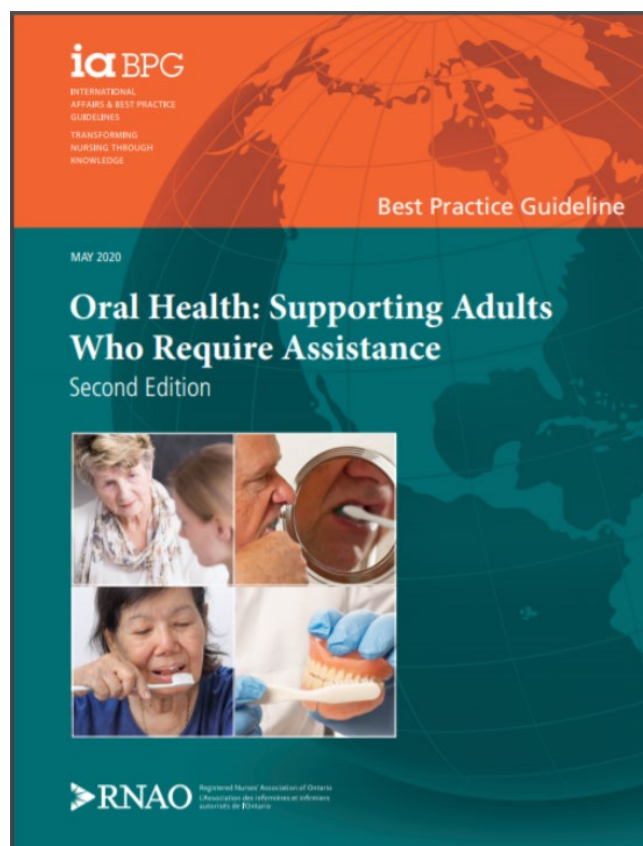


Gap (opportunity) analysis worksheet: Comparing your practices to best practices

Oral Health: Supporting Adults Who Require Assistance, Second Edition May 2020



Download this guideline for free at: <https://rnao.ca/bpg/guidelines/oral-health-supporting-adults-who-require-assistance-second-edition>

Review RNAO's evidence-based implementation resource, Leading Change Toolkit, Fourth edition, at [RNAO.ca/leading-change-toolkit](https://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>Oral Health: Supporting Adults Who Require Assistance</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)
Recommendations		
Good Practice Statement: The expert panel recommends that, as part of their admission assessment, health providers obtain and document a person's: <ul style="list-style-type: none"> oral health history; current state of oral health; and oral hygiene beliefs and practices, including their self-care abilities. 		
Practice Recommendations		
Recommendation 1.0: The expert panel suggests that health providers follow a multi-component oral care protocol that includes: <ul style="list-style-type: none"> an oral health assessment using a standardized approach and/or validated tool appropriate to the person and health setting; an individualized oral care plan; step-by-step instructions for oral care, including tooth and denture brushing; and identification of required oral care tools and supplies Strength: Conditional		
Recommendation 2.0: The expert panel suggests that health providers educate persons and caregivers on the following		

RNAO guideline (<i>Oral Health: Supporting Adults Who Require Assistance</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)
topics: <ul style="list-style-type: none"> • oral health and the benefits of oral care; • oral care techniques and procedures using return demonstration; • establishing oral care practices; and • how to use oral care tools and/or supplies. Strength: Conditional		
Recommendation 3.0: The expert panel suggests that health providers use person centred approaches to provide oral care to persons who are behaviourally complex, including: <ul style="list-style-type: none"> • environmental adaptations; • verbal and/or non-verbal communication strategies; and • selection and modification of oral care tools and supplies Strength: Conditional		
Recommendation 4.0: The expert panel suggests that health providers document specific successful strategies and techniques in an individualized oral care plan that can be used when providing oral care to persons who are behaviourally complex. Strength: Conditional		
Education Recommendations		
Recommendation 5.0: The expert panel suggests that academic institutions implement interprofessional oral care education for students entering health professions. Strength: Conditional		
Recommendation 6.0: The expert panel suggests that health		

RNAO guideline (<i>Oral Health: Supporting Adults Who Require Assistance</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>service organizations provide education and training on oral care to health providers facilitated by an oral health professional. Education and training includes:</p> <ul style="list-style-type: none"> theoretical oral health knowledge, including the definition of oral health, the risk factors for oral diseases and the methods of preventing them; and practical oral care skills, including tooth brushing and denture cleaning techniques <p>Strength: Conditional</p>		
<p>Recommendation 7.0: The expert panel suggests that health-service organizations provide education to health providers that includes interactive hands-on training to identify and implement strategies and techniques that can be used when providing oral care to persons who are behaviourally complex</p> <p>Strength: Conditional</p>		
Organizational Recommendation		
<p>Recommendation 8.0: The expert panel suggests that health-service organizations implement an interprofessional approach for the provision of oral care.</p>		