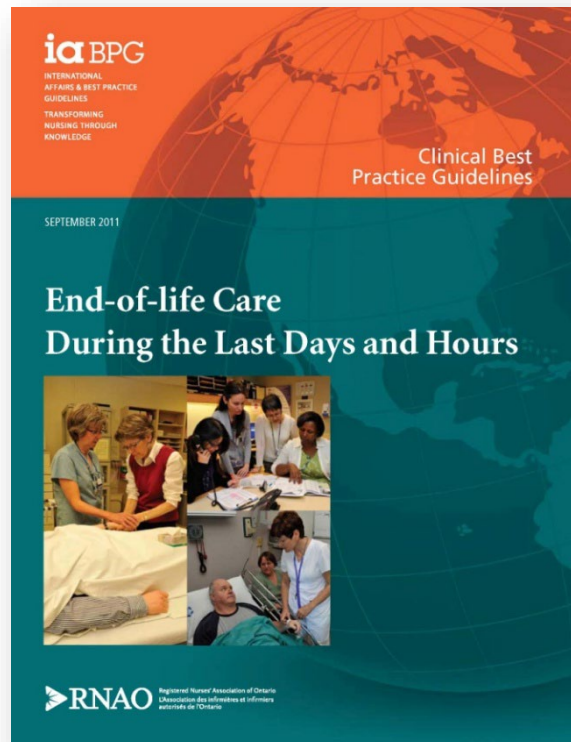


# Gap (opportunity) analysis worksheet: Comparing your practices to best practices

*End-of-Life Care During the Last Days and Hours,  
September 2011*



Download this guideline for free at: [RNAO.ca/sites/rnao-ca/files/bpg/endoflife-care-during-last-days-and-hours](https://rnao.ca/sites/rnao-ca/files/bpg/endoflife-care-during-last-days-and-hours)

Review RNAO's evidence-based implementation resource, Leading Change Toolkit, Fourth edition, at <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:**

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

| <b>RNAO guideline <i>End-of-Life Care During the Last Days and Hours</i></b>  | <b>Met, partially met or unmet?</b>  | <b>Notes</b><br>(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 Recommendations for Assessment at the End of Life</b>   |  |  |
| 1.1 Nurses identify individuals who are in the last days and hours of life.<br><i>(Level IIa–IV Evidence)</i>   |  |  |
| 1.1.1 Use clinical expertise, disease specific indicators and validated tools to identify these individuals.<br><i>(Level IIa–IV Evidence)</i>  |  |  |
| 1.1.2 Understand the end-of-life trajectories.<br><i>(Level IIa–IV Evidence)</i>  |  |  |
| 1.2 Nurses understand the common signs and symptoms present during the last days and hours of life.<br><i>(Level IIb–IV Evidence)</i>   |  |  |
| 1.2.1 Common signs of imminent death, may include, but are not limited to:  |  |  |
| <ul style="list-style-type: none"> <li>• progressive weakness;</li> <li>• bedbound state;</li> <li>• sleeping much of the time;</li> <li>• decreased intake of food and fluid;</li> <li>• darkened and/or decreased urine output; difficulty</li> </ul> | <ul style="list-style-type: none"> <li>• delirium not related to reversible causes NRVC);</li> <li>• decreased level of consciousness NRVC; noisy respiration/</li> <li>• excessive respiratory tract secretion; change</li> </ul> |  |

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|---|-------------------------------------|--|
| <p>swallowing (dysphagia)</p> <p>in breathing pattern (Cheyne-Stokes respiration, periods of apnea); and mottling and cooling extremities.</p> <p>(Level IIb–IV Evidence)</p>   |                                     |  |
| <p>1.3 Nurses complete a comprehensive, holistic assessment of individuals and their families based on the Canadian Hospice Palliative Care Association Domains of Care, which include the following:</p>   |                                     |  |
| <ul style="list-style-type: none"> <li>• Disease management</li> <li>• Physical</li> <li>• Psychological</li> <li>• Spiritual</li> <li>• Social</li> <li>• Practical</li> <li>• End-of-life care/death management</li> <li>• Loss, grief</li> </ul> <p>(Level IIb–IV* Evidence)</p> |                                     |  |
| <p>1.3.1 Include information from multiple sources to complete an assessment. These may include proxy source such as the family and other health-care providers.</p> <p>(Level IIb–IV* Evidence)</p>  |                                     |  |
| <p>1.3.2. Use evidence-informed and validated symptom assessment and screening tools when available and relevant.</p> <p>(Level IIb–IV* Evidence)</p>   |                                     |  |
| <p>1.3.3. Reassess individuals and families on a regular basis to identify outcomes of care and changes in care needs.</p> <p>(Level IIb–IV* Evidence)</p>  |                                     |  |
| <p>1.3.4 Communicate assessments to the interprofessional team.</p> <p>(Level IIb–IV* Evidence)</p>   |                                     |  |
| <p>1.3.5 Document assessments and outcomes.</p> <p>(Level IIb–IV* Evidence)</p>   |                                     |  |

| <b>RNAO guideline <i>End-of-Life Care During the Last Days and Hours</i></b>   | <b>Met, partially met or unmet?</b> | <b>Notes</b><br>(Examples of what to include: is this a priority to our organization, information on current practice, possible overlap with other programs or partners) |
|--|-------------------------------------|--|
| <p>1.4 Nurses:</p> <ul style="list-style-type: none"> <li>• Reflect on and are aware of their own attitudes and feelings about death</li> <li>• Assess individuals’ preferences for information</li> <li>• Understand and apply the basic principles of communication in end-of-life care</li> <li>• Communicate assessment findings to individuals (if possible and desired) and the family on an ongoing basis</li> <li>• Educate the family about the signs and symptoms of the last days and hours of life, with attention to their; faith and spiritual practices; age-specific needs; developmental needs; cultural needs</li> <li>• Evaluate the family’s comprehension of what is occurring during this phase.</li> </ul> <p>(Level III–IV Evidence)</p> |                                     |  |
| <b>Practice Recommendations for Decision Support at the End of Life</b>  |                                     |  |
| <p>2.1. Nurses recognize and respond to factors that influence individuals and their families’ involvement in decision-making.</p> <p>(Level Ib, IV, IV* Evidence)</p>   |                                     |  |
| <p>2.2. Nurses support individuals and families to make informed decisions that are consistent with their beliefs, values and preferences in the last days and hours of life.</p> <p>(Level Ia – IV* Evidence)</p>   |                                     |  |
| <b>Practice Recommendations for Care and Management at the End of Life</b>   |                                     |  |
| <p>3.1 Nurses are knowledgeable about pain and symptom management interventions to enable individualized care planning.</p> <p>(Level III–IV Evidence)</p>   |                                     |  |

| <b>RNAO guideline <i>End-of-Life Care During the Last Days and Hours</i></b>   | <b>Met, partially met or unmet?</b> | <b>Notes</b><br>(Examples of what to include: is this a priority to our organization, information on current practice, possible overlap with other programs or partners) |
|--|-------------------------------------|--|
| 3.2 Nurses advocate for and implement individualized pharmacologic and non-pharmacologic care strategies.<br>(Level Ia–IV Evidence)  |                                     |  |
| 3.3. Nurses educate and share information with individuals and their families regarding:   |                                     |  |
| <ul style="list-style-type: none"> <li>• Reconciliation of medications to meet the individual’s current needs and goals of care;</li> <li>• Routes and administration of medications;</li> <li>• Potential symptoms;</li> <li>• Physical signs of impending death;</li> <li>• Vigil practices;</li> <li>• Self-care strategies;</li> <li>• Identification of a contact plan for family when death has occurred; and</li> <li>• Care of the body after death.</li> </ul> (Level IIb–IV* Evidence) |                                     |  |
| 3.4 Nurses use effective communication to facilitate end of life discussions related to:   |                                     |  |
| <ul style="list-style-type: none"> <li>• Cultural and spiritual values, beliefs and practices;</li> <li>• Emotions and fears;</li> <li>• Past experiences with death and loss;</li> <li>• Clarifying goals of care;</li> <li>• Family preference related to direct care involvement;</li> <li>• Practical needs;</li> <li>• Informational needs;</li> <li>• Supportive care needs;</li> <li>• Loss and grief; and</li> <li>• Bereavement planning.</li> </ul> (Level III Evidence)               |                                     |  |

| <b>RNAO guideline <i>End-of-Life Care During the Last Days and Hours</i></b> | <b>Met, partially met or unmet?</b> | <b>Notes</b><br>(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 Recommendations</b> |  |  |
|----------------------------------|--|--|

|   |  |  |
|---|--|--|
| <p>4.1. Entry to practice nursing programs and post-registration education incorporate specialized end-of-life care content including:</p> <ul style="list-style-type: none"> <li>• Dying as a normal process including the social and cultural context of death and dying, dying trajectories and signs of impending death;</li> <li>• Care of the family (including caregiver);</li> <li>• Grief, bereavement and mourning;</li> <li>• Principles and models of palliative care;</li> <li>• Assessment and management of pain and other symptoms (including pharmacologic and non-pharmacologic approaches);</li> <li>• Suffering spiritual/existential issues and care;</li> <li>• Decision-making and advance care planning;</li> <li>• Ethical issues;</li> <li>• Effective and compassionate communication;</li> <li>• Advocacy and therapeutic relationship-building;</li> <li>• Interprofessional practice and competencies;</li> <li>• Self-care for nurses, including coping strategies and self-exploration of death and dying;</li> <li>• End-of-Life issues in mental health, homelessness and the incarcerated;</li> <li>• The roles of grief and bereavement educators, clergy, spiritual leaders and funeral directors; and</li> <li>• Knowledge of relevant legislation.</li> </ul> <p>(Level Ia–III Evidence)</p> |  |  |
|---|--|--|

| <b>RNAO guideline <i>End-of-Life Care During the Last Days and Hours</i></b>   | <b>Met, partially met or unmet?</b> | <b>Notes</b><br>(Examples of what to include: is this a priority to our organization, information on current practice, possible overlap with other programs or partners) |
|--|-------------------------------------|--|
| <p>4.2 Successful education in end-of-life care includes specific attention to the structure and process of learning activities and incorporates:</p> <ul style="list-style-type: none"> <li>• Small group learning;</li> <li>• Dyadic and experiential learning approaches;</li> <li>• Integration and consolidation of theory and practice;</li> <li>• Opportunities to practice the skills and competencies acquired;</li> <li>• Constructive feedback and/or reflection on acquired knowledge, skills and competencies; and</li> <li>• Contact with knowledgeable and supportive clinical supervisors and mentors.</li> </ul> <p>(Level Ib–III Evidence)</p> |                                     |  |
| <b>Organization &amp; Policy Recommendations</b>   |                                     |  |
| <p>5.1 Models of care delivery support the nurse, individual and family relationship.</p> <p>(Level III–IV Evidence)</p>   |                                     |  |
| <p>5.2 Organizations recognize that nurses' well-being is a critical component of quality end-of-life care and adopt responsive strategies.</p> <p>(Level III–IV Evidence)</p>   |                                     |  |
| <p>5.3 Organizations providing end-of-life care demonstrate evidence of a philosophy of palliative care based on the Canadian Hospice Palliative Care Association's <i>The model to Guide Hospice Palliative Care</i>.</p> <p>(Level III–IV Evidence)</p>  |                                     |  |

(continued on next page)

5.4 Nursing best practice guidelines can be successfully implemented only when there are adequate planning, resources, organizational and administrative supports, as well as appropriate facilitation. Organizations may wish to develop a plan for implementation that includes:

- An assessment of organization readiness and barriers to implementation.
- Involvement of all members (whether in a direct or indirect supportive function) who will contribute to the implementation process.
- Dedication of a qualified individual to provide the support needed for the education and implementation process.
- Opportunities for reflection on personal and organizational experience in implementing guidelines.

(Level IV Evidence)