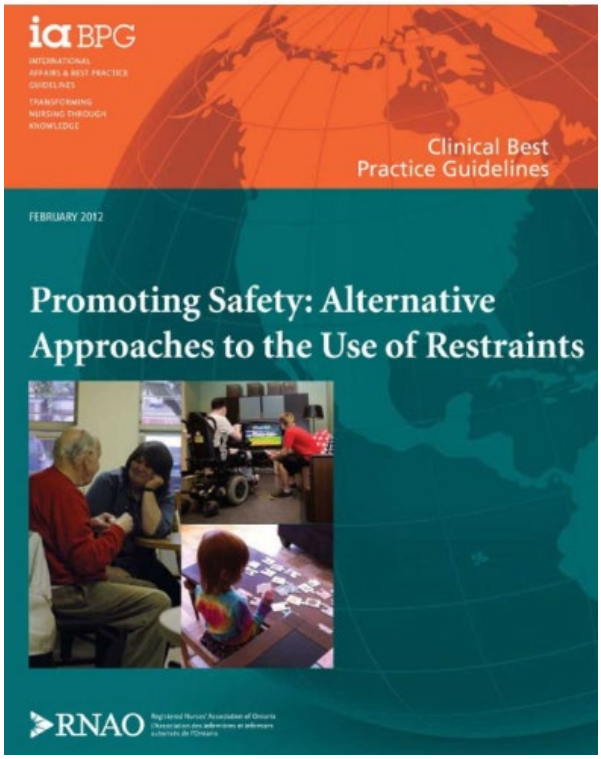
Gap (opportunity) analysis worksheet:
Comparing your practices to best practices

Promoting Safety: Alternative Approaches to the Use of Restraints
2012



Download this guideline for free at: http://rnao.ca/bpg/guidelines/promoting-safety-alternative-approaches-use-restraints

Review RNAO's evidence-based implementation resource, Leading Change Toolkit, Fourth edition, at 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 Promoting Safety: Alternative Approaches to the Use of Restraints	**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		
Recommendation 1: Nurses establish a therapeutic relationship with the client who is at risk of harm to self/others to help prevent the use of restraints. (Level IV Evidence)		
Recommendation 2: Nurses should assess the client on admission and on an ongoing basis to identify any risk factors that may result in the use of restraints. (Level IIb Evidence)		
Recommendation 3: Nurses should utilize clinical judgment and validated assessment tools to assess clients at risk for restraint use. (Level IIb Evidence)		
Recommendation 4: Nurses in partnership with the interprofessional team and client/family/substitute decision-makers (SDM) should create an individualized plan of care that focuses on alternative approaches to the use of restraints. (Level IIb Evidence)		
Recommendation 5: Nurses in partnership with the interprofessional team should continuously monitor and re-evaluate the client's plan of care based on observation and/or concerns expressed by the client and/or family/SDM. (Level IV Evidence)		
Recommendation 6: Nurses in partnership with the interprofessional team should		

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implement multicomponent strategies to prevent the use of restraints for clients identified at risk. (Level IIa Evidence)		
Recommendation7: Nurses in partnership with the interprofessional team should implement de-escalation and crisis management techniques and mobilize the appropriate resources to promote safety and mitigate risk of harm for all in the presence of escalating responsive behaviours. (Level IIb Evidence)		
Recommendation 8: Nurses in partnership with the interprofessional team should engage in care practices that minimize any risk to the client's safety and well-being throughout the duration of any restraining process. (Level IV Evidence)		
Education		
Recommendation 9: Education on working with clients at risk for the use of restraints should be included in all entry to practice nursing curricula as well as ongoing professional development opportunities with specific emphasis on: • Approaches to care: (e.g. trauma informed care); • Communication and education of client/family/SDM and key components of debriefing; • Education on nursing responsibilities for the proper application of restraints; • Ethical decision-making; • Knowledge of diagnoses and common triggers associated with responsive behaviours putting clients at risk for the use of restraints; • Interprofessional collaboration; • Knowledge of basic prevention, alternative approaches, de-escalation and crisis management;		

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• Monitoring and documentation responsibilities; • Nurses' responsibilities regarding self-reflection and exploring their values and beliefs surrounding the use of restraints and threats to client autonomy and human rights; • Therapeutic nurse client relationships; client-centred care and client rights; • Types of restraints (least to most restrictive) and associated safety risks, and the potential complications from the use of restraints; and • Understanding of the legal and legislative requirements governing the use of restraints. (Level Ib Evidence)		
Organization & Policy		
Recommendation 10: Health-care organizations should implement risk management and quality improvement strategies to enable a culture that promotes alternative approaches to the use of restraints in support of client rights and staff safety by: • Establishing a definition of what is a restraint; • Developing a philosophy that promotes alternative approaches to the use of restraints; • Establishing a restraint reduction/prevention policy; • Developing structures that allow for early identification of clients at risk of harm to self/others placing them at risk for the use of restraints; • Educating the client/family/SDM about the associated risks of restraint use and exploring their concepts of safety; • Establishing a multi-component program including staff education on alternative strategies to the use of restraints;		

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• Using alternative approaches, de-escalation and crisis management as the first and second line intervention strategies prior to the use of restraints as a safety measure of last resort; • Establishing monitoring protocols for clients and the documentation requirements for the duration of any restraining episode; • Establishing communication responsibilities and debriefing procedures for client/family/SDM and the interprofessional team; and • Establishing evaluation programs to monitor the rate of restraint use, the uptake of alternative approaches to the use of restraints, and the impact on client/family/SDM and interprofessional team safety. (Level Ib Evidence)		
Recommendation 11: The organization's model of care should promote an interprofessional team approach in collaboration with the client/family/SDM that supports the use of alternative approaches and prevents the use of restraints. (Level III Evidence)		
Recommendation 12: Nursing BPGs can be successfully implemented only where there are adequate planning, resources, organizational and administrative support, as well as appropriate facilitation. Organizations may wish to develop a plan for implementation that includes: • An assessment of organizational readiness and barriers to education, taking into account local circumstances. • Involvement of all members (whether in a direct or indirect supportive function) who will contribute to the implementation process.		

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• Ongoing opportunities for discussion and education to reinforce the importance of best practices. • Dedication of a qualified individual to provide the support needed for the education and implementation process. • Ongoing opportunities for discussion and education to reinforce the importance of best practices. • Opportunities for reflection on personal and organizational experience in implementing guidelines. (Level IV Evidence)		