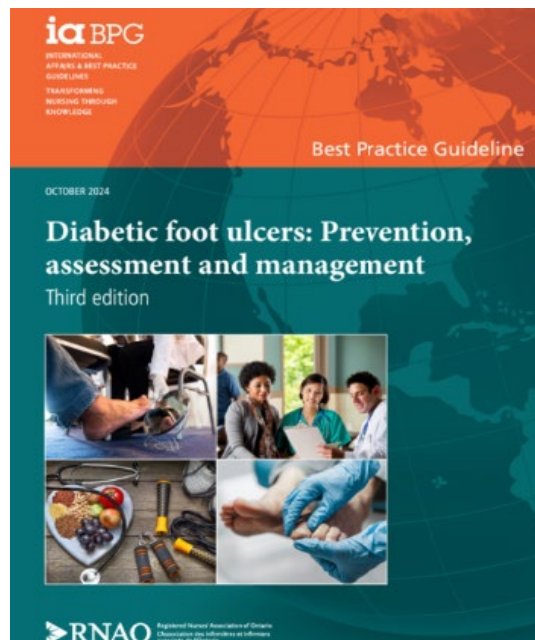


## Gap (opportunity) analysis worksheet: Comparing your practices to best practices

### *Diabetic foot ulcers: Prevention, assessment and management, Third Edition* 2024



Download this guideline for free at: [Diabetic foot ulcers: Prevention, assessment and management | RNAO.ca](https://rnao.ca/guidelines/diabetic-foot-ulcers-prevention-assessment-and-management)

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 Diabetic foot ulcers:<br>Prevention, assessment and management  | Met, partially met or unmet? | Notes<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>Screening</b>   |                              |   |
| <b>Good practice statement 1.0:</b> It is good practice that health providers conduct diabetic foot screening for persons living with diabetes at regular intervals based on risk stratification.  |                              |   |
| <b>Self-management</b>   |                              |   |
| <b>Good practice statement 2.0:</b> It is good practice that health providers support and educate persons at risk of or living with diabetic foot ulcers (and their care partners) about self-management aimed at preventing and managing foot ulcers.     |                              |   |
| <b>Recommendation 1.0:</b> When delivering self-management support, the expert panel suggests that health providers use person-engagement strategies that are tailored to persons at risk of or living with a diabetic foot ulcer and their care partners. |                              |   |
| <b>Recommendation 2.0:</b> The expert panel suggests that persons and/or care partners perform self-screening to prevent and manage diabetic foot ulcers.  |                              |   |
| <b>Wound assessment</b>  |                              |   |
| <b>Good practice statement 3.0:</b> It is good practice for health providers to regularly conduct a comprehensive and consistent wound assessment and document the presence and characteristics of a diabetic foot ulcer.                                  |                              |   |

| <b>RNAO guideline Diabetic foot ulcers: Prevention, assessment and management</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>Specialized wound care</b>  |                                     |  |
| <b>Recommendation 3.0:</b> The expert panel suggests that health service organizations implement a specialized wound care team to support persons at risk of or living with diabetic foot ulcers.                      |                                     |  |
| <b>Plan of care/treatment</b>  |                                     |  |
| <b>Good practice statement 4.0:</b> It is good practice for health providers to implement a plan of care with the person living with a DFU and their care partners that includes evidence-informed management options. |                                     |  |
| <b>Recommendation 4.0:</b> The expert panel suggests that health providers use virtual care platforms in conjunction with in-person services to supplement the provision of diabetic foot care services.               |                                     |  |