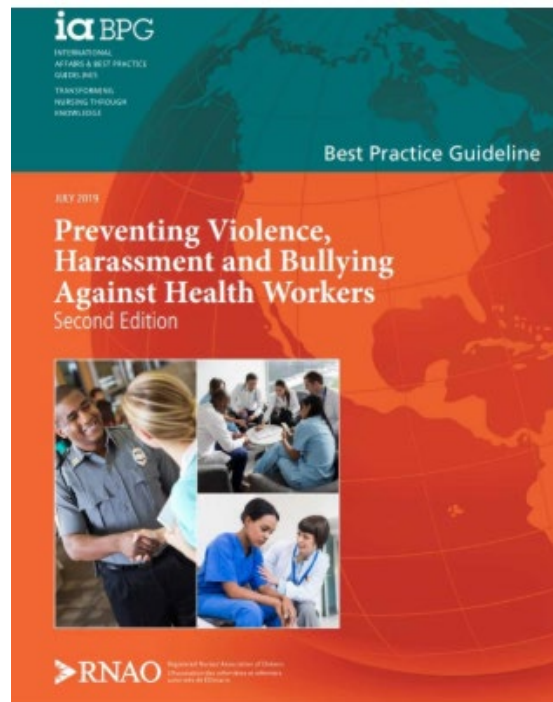


Gap (opportunity) analysis worksheet: Comparing your practices to best practices

Preventing Violence, Harassment and Bullying Against Health Workers July 2019



Download this guideline for free at: [Preventing Violence, Harassment and Bullying Against Health Workers | RNAO.ca](#)

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 Preventing Violence, Harassment and Bullying Against Health Workers	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)
Risk Assessment Tools		
<p>Recommendation 1.1: The expert panel recommends that health service organizations establish an implementation plan for integrating a violence risk assessment tool for persons. This plan should include the following:</p> <ul style="list-style-type: none"> • selection of a risk assessment tool that is applicable to the clinical population and setting; and • education and training on the chosen tool for all health workers who provide direct care. 		
<p>Recommendation 1.2: The expert panel recommends that health workers conduct a violence risk assessment on all persons using a validated tool.</p>		
<p>Recommendation 1.3: The expert panel suggests that health service organizations and academic institutions support the use of validated risk assessment tools to measure and develop a quality improvement plan to address horizontal and/or vertical violence.</p>		
Organizational Policies and Procedures		
<p>Recommendation 2.1: The expert panel recommends that health service organizations provide education and training to health workers on addressing</p>		

RNAO guideline Preventing Violence, Harassment and Bullying Against Health Workers	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)
violent behaviours from persons (see Recommendations 3.1 to 3.3 for specific education content).		
<p>Recommendation 2.2: The expert panel recommends that health service organizations implement protective and security measures, such as the following:</p> <ul style="list-style-type: none"> • documentation and communication of a person’s previous incident(s) of violence; • equipment to protect against violent behaviours, and a standardized approach for deciding what, when, and how to use these; • environmental security measures, including locked doors, closed-circuit cameras and alarm systems; and • formal reporting systems that are simple to use. 		
<p>Recommendation 2.3: The expert panel recommends that formal leaders within health service organizations support health workers in preventing and addressing workplace violence by doing the following:</p> <ul style="list-style-type: none"> • understanding and implementing policies against workplace violence; and • reviewing and acting on reported workplace violence incidents. 		
<p>Recommendation 2.4: The expert panel recommends that health service organizations implement a process for formal incident reviews immediately following a violent event to discuss the details of what occurred, the approach that was used, and the strategies for violence prevention in the future.</p>		

RNAO guideline Preventing Violence, Harassment and Bullying Against Health Workers	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)
Recommendation 2.5: The expert panel suggests that health service organizations and academic institutions provide education and training to health workers and students on addressing workplace harassment and bullying (see Recommendations 3.4 and 3.5 for specific education content).		
Recommendation 2.6: The expert panel recommends that health service organizations and academic institutions implement appropriate policies and codes of conduct to address harassment and bullying in the workplace and learning environment.		
Recommendation 2.7: The expert panel recommends that formal leaders in health service organizations and academic institutions be actively involved in preventing and addressing harassment and bullying to support health workers and students by doing the following: <ul style="list-style-type: none"> • understanding and reinforcing policies that address harassment and bullying; and • providing mentorship and role modelling of professional behaviour. 		
Education		
Recommendation 3.1: The expert panel recommends that health service organizations provide education to health workers on the risk factors and triggers for violent behaviours from persons.		
Recommendation 3.2: The expert panel recommends that health service organizations provide training to health workers on de-escalation techniques, including communication and re-direction strategies, to prevent and/or reduce violent incidents within their organizations.		

RNAO guideline Preventing Violence, Harassment and Bullying Against Health Workers	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)
Recommendation 3.3: The expert panel recommends that health workers are provided training in breakaway techniques and when to safely use breakaway techniques in violent incidents.		
Recommendation 3.4: The expert panel suggests that health service organizations provide education to health workers on how to identify harassment and bullying, understand the impact of harassment and bullying, and use effective communication strategies.		
Recommendation 3.5: The expert panel recommends that, as part of an interactive learning approach, students learn to use guided communication responses to address harassment and bullying from multiple sources within an academic institution or clinical learning environment.		