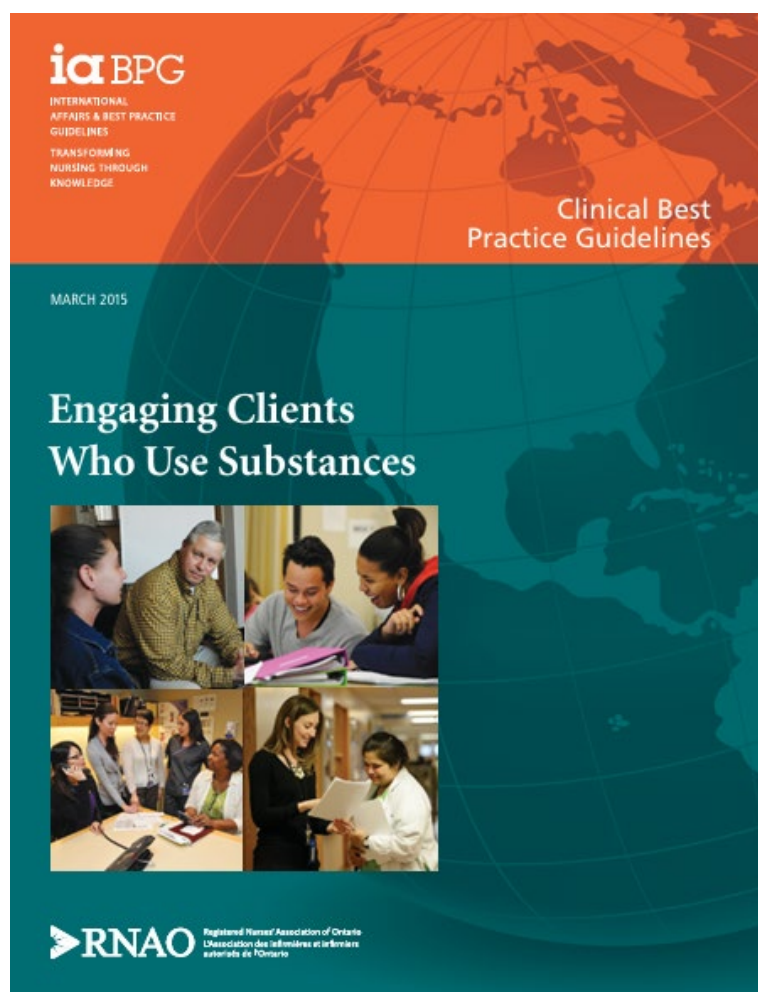


Gap (opportunity) analysis worksheet: Comparing your practices to best practices

Engaging Client Who Use Substances March 2015



Download this guideline for free at: [Engaging Clients Who Use Substances | RNAO.ca](https://www.rnao.ca/engaging-clients-who-use-substances)

Review RNAO's evidence-based implementation resource, Leading Change Toolkit, Fourth edition, at [RNAO.ca/leading-change-toolkit](https://www.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 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, – visit our to assist you with completing an 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>Engaging Clients Who Use Substances</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)
1.0 Assessment		
Recommendation 1 .1: Screen all clients to determine whether they use substances. Level of evidence = V		
Recommendation 1 .2: For clients who use substances, use universal screening questions and/or an appropriate screening tool to determine the level of support required. Level of evidence = V		
Recommendation 1 .3: Conduct a comprehensive assessment with all clients who screen positive for substance use, as appropriate based on the nurses' knowledge, skill, time, setting and resources. Level of evidence = V		
2.0 Planning		
Recommendation 2 .1: Build collaborative relationships with clients through the use of motivational interviewing techniques to develop the plan of care. Level of evidence = Ia		

RNAO guideline (<i>Engaging Clients Who Use Substances</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)
3.0 Implementation		
Recommendation 3 .1: Use brief intervention to collaborate with clients identified as at risk for or experiencing a substance use disorder. Level of evidence = Ia		
Recommendation 3 .2: Advocate for and support access to combined pharmacological and psychosocial interventions, as appropriate, and promote the appropriate use of combined interventions to improve well-being and health outcomes. Level of evidence = Ia		
Recommendation 3 .3: Engage youth and adolescents at risk for or experiencing a substance use disorder using family-based therapies until recovery, as appropriate. Level of evidence = Ia		
4.0 Evaluation		
Recommendation 4 .1: Reassess the effectiveness of the plan of care until the client’s goals are met. Level of evidence = V		
5.0 Education		
Recommendation 5 .1: Integrate theory and clinical practice opportunities regarding care of clients at risk for or experiencing a substance use disorder into the undergraduate education of nurses and other health-care providers. Level of evidence = V		
Recommendation 5 .2: Health-care providers participate in continuing education to enhance their ability to assess and work with clients at risk for or experiencing a substance use disorder. Level of evidence = Ib		

RNAO guideline (<i>Engaging Clients Who Use Substances</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)
Recommendation 5 .3: Nurses practice reflectively to enhance their awareness of their current and evolving attitudes, perceptions and biases, and values and beliefs when working with clients at risk for or experiencing a substance use disorder. Level of evidence = V		
6.0 System, Organization and Policy		
Recommendation 6 .1: Advocate for improved health outcomes by: <ul style="list-style-type: none"> • Increasing access to integrative and collaborative care for clients at risk for or experiencing a substance use disorder; and • Reducing health inequities by dedicating resources to preventing, treating, and supporting the recovery of individuals at risk for or experiencing a substance use disorder. Level of evidence = V		
Recommendation 6 .2: Organizations integrate prevention, assessment, and management of substance use and substance use disorders as a strategic clinical priority across all care settings. Level of evidence = V		
Recommendation 6 .3: Organizations integrate components of harm reduction and the social determinants of health into comprehensive, multi-faceted approaches to addressing substance use disorders. Level of evidence = V		

RNAO guideline (<i>Engaging Clients Who Use Substances</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>Recommendation 6 .4: Organizations use knowledge translation processes and multi-faceted strategies to integrate best practices in the assessment and management of substance use and substance use disorders across all practice settings.</p> <p>Level of evidence = V</p>		