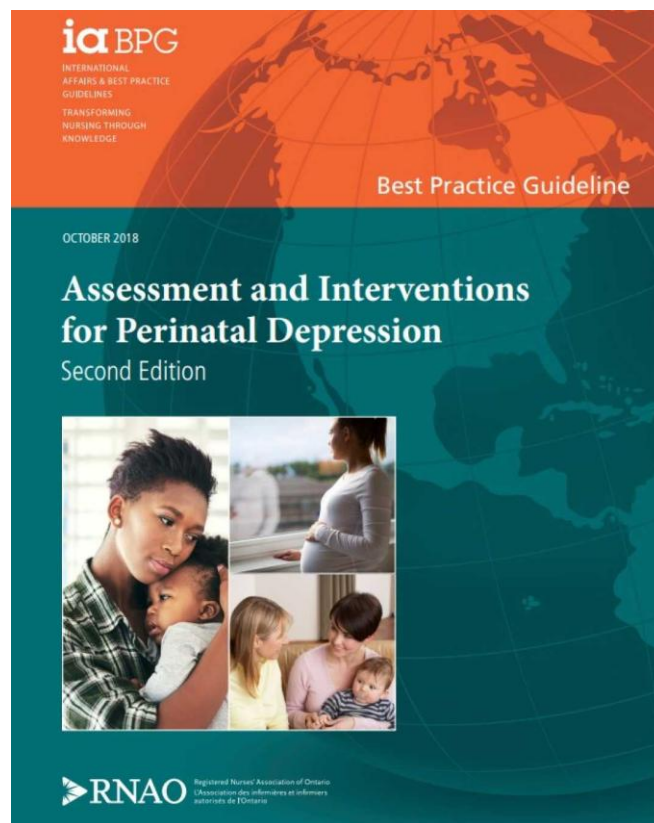


Gap (opportunity) analysis worksheet: Comparing your practices to best practices

Assessment and Interventions for Perinatal Depression BPG, October 2018



Download this guideline for free at: [Assessment and Interventions for Perinatal Depression | RNAO.ca](https://www.rnao.ca/assessment-and-interventions-for-perinatal-depression)

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>(Assessment and Interventions for Perinatal Depression BPG)</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)
Research Question #1: In the area of perinatal mental health, what are effective prevention, screening and assessment strategies for identifying symptoms of depression during pregnancy and postpartum for up to one year after childbirth?		
Recommendation 1.1: Routinely screen for risk of perinatal depression, using a valid tool, as part of prenatal and postpartum care.		
Recommendation 1.2: Conduct or facilitate access to a comprehensive perinatal depression assessment with persons who screen positive for perinatal depression.		
Research Question #2: In the area of perinatal mental health, what are effective interventions for persons experiencing depression during pregnancy and postpartum for up to one year after childbirth?		
Recommendation 2.1: Collaborate with the person to develop a comprehensive person-centred plan of care, including goals, for those with a positive screen or assessment for perinatal depression.		
Recommendation 2.2: Implement prevention strategies for perinatal depression to reduce the risk of illness progression.		

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Recommendation 2.3: Promote self-care strategies for persons at risk for, or experiencing, perinatal depression including: <ul style="list-style-type: none"> • Time for self (level of evidence= IV); • Exercise (level of evidence = Ia); • Relaxation (level of evidence = Ib); and • Sleep (level of evidence = V). 		
Recommendation 2.4: Encourage persons with perinatal depression symptoms to seek support from their partner, family members, social network, and peers, where appropriate.		
Recommendation 2.5: Provide or facilitate access to psychoeducational interventions to persons at risk for, or experiencing, perinatal depression.		
Recommendation 2.6: Provide or facilitate access to professionally led psychosocial interventions, including non-directive counseling, for persons with perinatal depression.		
Recommendation 2.7: Provide or facilitate access to psychological therapies, such as cognitive behavioural therapy or interpersonal therapy, for perinatal depression.		
Recommendation 2.8: Support informed decision making and advocate for access to pharmacological		

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interventions for perinatal depression, as appropriate.		
Recommendation 2.9: Facilitate informed decision making regarding the use of complementary and alternative medicine therapies for perinatal depression.		
Recommendation 2.10: Evaluate and revise a plan of care for perinatal depression, in collaboration with the person, their partner, family members, and support network, until goals are met.		
Research Question #3: What education and training in perinatal depression are required to ensure provision of effective assessment and interventions among nurses within the scope of their practice?		
Recommendation 3.1: Develop educational programs on perinatal depression care incorporating both theory and clinical practice into undergraduate nursing and other allied health professional pre-licensure curricula.		
Recommendation 3.2: Participate in ongoing professional development to enhance knowledge and skills in mental health services and supports for perinatal depression.		
Recommendation 3.3: Perform regular self-reflection on attitudes and beliefs regarding perinatal depression.		
Research Question #4:		

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How do health-care organizations and the broader health-care system ensure optimal prevention, assessment and interventions for perinatal depression?		
Recommendation 4.1: Implement comprehensive and coordinated mental health services and supports for perinatal depression across communities to support care strategies provided by nurses and the interprofessional team.		