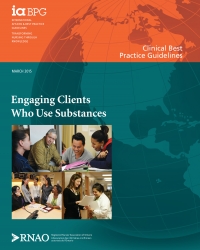
**RNAO_Logo_H_CMYK.tif**

**Gap Analysis:**

***Engaging Clients Who Use Substances,* March 2015**

**Work Sheet**

[](http://rnao.ca/sites/rnao-ca/files/Engaging-Clients-Who-Use-Substances-WEB-1.jpg)

This guideline can be downloaded for free at:

<http://rnao.ca/bpg/guidelines/engaging-clients-who-use-substances>

The RNAO Leading Change Toolkit 3rd Edition

<https://rnao.ca/leading-change-toolkit>

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date Completed: | |  | | |
|  | | | | |
| Team Members participating in the Gap Analysis: | | | | |
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Completion of this gap analysis allows for the annual comparison of your current practice to evidence-based practices as regulated by the MOHLTC per Fixing Long-Term Care Act, 2021 at <https://www.ontario.ca/laws/statute/21f39> &

[O. Reg. 246/22: GENERAL (ontario.ca)](https://www.ontario.ca/laws/regulation/r22246)

| **RNAO Best Practice Guideline Recommendations** | Met | Partially Met | Unmet | Notes  (Examples of what to include: is this a priority to our home, information on current practice, possible overlap with other programs or partners) |
| --- | --- | --- | --- | --- |
| **Practice Recommendations** | | | | |
| 1.1 Screen all clients to determine whether they use substances.  (Level of Evidence = V) |  |  |  |  |
| 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) |  |  |  |  |
| 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) |  |  |  |  |
| 2.1 Build collaborative relationships with clients through the use of motivational interviewing techniques to develop the plan of care.  (Level of Evidence = Ia) |  |  |  |  |
| 3.1Use brief intervention to collaborate with clients identified as at risk for or experiencing a substance use disorder.  (Level of Evidence = Ia) |  |  |  |  |
| 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) |  |  |  |  |
| 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) |  |  |  |  |
| 4.1 Reassess the effectiveness of the plan of care until the client’s goals are met.  (Level of Evidence = V) |  |  |  |  |
| **Educational Recommendations** | | | | |
| 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) |  |  |  |  |
| 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) |  |  |  |  |
| 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) |  |  |  |  |
| **System, Organization and Policy Recommendations** | | | | |
| 6.1 Advocate for improved health outcomes by:  ■ 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) |  |  |  |  |
| 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) |  |  |  |  |
| 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) |  |  |  |  |
| 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.  (Level of Evidence = V) |  |  |  |  |