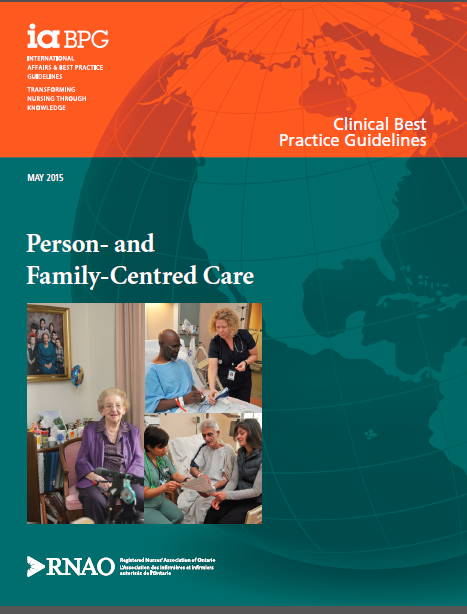
# RNAO_Logo_H_CMYK.tif

**Gap Analysis:**

***Person- and Family-Centred Care,* May 2015**

**Work Sheet**

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This guideline can be downloaded for free at:

<http://rnao.ca/bpg/guidelines/person-and-family-centred-care>

Leading Change Toolkit

[Leading Change Toolkit™ | RNAO.ca](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 Recommendation: Assessment** | | | | |
| 1.1 Establish a therapeutic relationship with the person using verbal and non-verbal communication strategies to build a genuine, trusting, and respectful partnership.  (Level III Evidence) |  |  |  |  |
| 1.2 Build empowering relationships with the person to promote the person’s proactive and meaningful engagement as an active partner in their health care.  (level Ia evidence) |  |  |  |  |
| 1.3 Listen and seek insight into the whole person to gain an understanding of the meaning of health to the person and to learn their preferences for care.  (level 1a evidence) |  |  |  |  |
| 1.4 Document information obtained on the meaning and experience of health to the person using the person’s own words.  (level V evidence) |  |  |  |  |
| **Practice Recommendation: Planning** | | | | |
| 2.1 Develop a plan of care in partnership with the person that is meaningful to the person within the context of their life.  (level Ia evidence) |  |  |  |  |
| 2.2 Engage with the person in a participatory model of decision making, respecting the person’s right to choose the preferred interventions for their health, by:  1) Collaborating with the person to identify their priorities and goals for health care;  2) Sharing information to promote an understanding of available options for health care so the person can make an informed decision; and  3) Respecting the person as an expert on themselves and their life.  (level Ia evidence) |  |  |  |  |
| **Practice Recommendation: Implementation** | | | | |
| 3.1 Personalize the delivery of care and services to ensure care is not driven from the perspective of the health-care provider and organization, by collaborating with the person on:  1) Elements of care;  2) Roles and responsibilities in the delivery of care; and  3) Communication strategies.  (level Ia evidence) |  |  |  |  |
| 3.2 Partner with the person to tailor strategies for self-management of care that are based on the person’s characteristics and preferences for learning.  (level V evidence) |  |  |  |  |
| **Practice Recommendation: Evaluation** | | | | |
| 4.1 Obtain feedback from the person to determine the person’s satisfaction with care and whether the care delivered was person-and family-centred.  (level Ia evidence) |  |  |  |  |
| **Education Recommendation** | | | | |
| 5.1 Educate health-care providers at a minimum on the following attributes of person- and family-centred care to improve the person’s clinical outcomes and satisfaction with care:  1) Empowerment;  2)Communication; and  3) Shared decision making.  (level Ia evidence) |  |  |  |  |
| 5.2 Educational institutions incorporate this Guideline into the curricula for nurses and, as appropriate, for other health-care providers.  (level V evidence) |  |  |  |  |
| **System, Organization, and Policy Recommendations** | | | | |
| 6.1 Create an organizational culture that exemplifies its commitment to person- and family-centred care by:  1 1) Demonstrating leadership and commitment to this approach to care;  2 2)Involving the person in co-designing health programs and services; and  3) Building healthy work environments for all health-care providers.  (level V evidence) |  |  |  |  |
| 6.2 Design an environment that demonstrably improves the person’s experience of health care by:  1) Creating healing environments;  2) Being flexible and partnering to personalize care routines;  3) Improving access to care and services;  4) Enhancing the continuity and coordination of care and services during transitions; and  5) Providing continuity of caregivers.  (level V evidence) |  |  |  |  |
| 6.3 Collect continuous feedback from the person to determine whether their experience with health care and services was person- and family-centred, and utilize this feedback to make improvements at all levels of the health system.  (level III evidence) |  |  |  |  |
| 6.4 Government agencies and regulatory bodies must monitor, measure, and utilize information from organizations regarding the person’s experience of health care to improve health-system performance.  (level Ia evidence) |  |  |  |  |