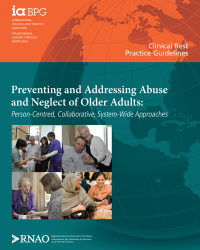
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**Gap Analysis:**

***Preventing and Addressing Abuse and Neglect of Older Adults:* Person-Centred, Collaborative, System-Wide Approaches, July 2014**

**Work Sheet (Updated July 2022)**



This guideline can be downloaded for free at:

[http://rnao.ca/bpg/guidelines/abuse-and-neglect-older-adults](http://rnao.ca/bpg/guidelines/abuse-and-neglect-older-adults%20)

The RNAO Leading Change Toolkit 3rd Edition

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

Long Term Care Toolkit: Prevention of Abuse and Neglect

<https://ltctoolkit.rnao.ca/clinical-topics/prevention-abuse-neglect>



|  |  |  |  |
| --- | --- | --- | --- |
| 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 and maintain a therapeutic relationship with older adults, and families as appropriate, when discussing issues of abuse and neglect. (Level of Evidence = IV) |  |  |  |  |
| 1.2 Ensure privacy and confidentiality when discussing issues of abuse and neglect unless legal obligations require disclosure of information.  (Level of Evidence = V) |  |  |  |  |
| 1.3 Be alert for risk factors and signs of abuse and neglect during assessments and encounters with the older adult.  (Level of Evidence = V) |  |  |  |  |
| 1.4 Carry out a detailed assessment in collaboration with the older adult, interprofessional team, and family, as appropriate, when abuse or neglect is alleged or suspected.  (Level of Evidence = V) |  |  |  |  |
| 1.5 Identify the rights, priorities, needs and preferences of the older adult with regard to lifestyle and care decisions before determining interventions and supports.  (Level of Evidence = IV) |  |  |  |  |
| **Practice Recommendation: Planning** | | | | |
| 2.1 Collect information and resources needed to respond appropriately to alleged or suspected abuse and neglect in ways that are compatible with the law, organizational policies and procedures, and professional practice standards.  (Level of Evidence = V) |  |  |  |  |
| 2.2 Collaborate with the older adult, family and interprofessional team, as appropriate, to develop an individualized plan of care to prevent or address harm.  (Level of Evidence = IV) |  |  |  |  |
| **Practice Recommendation: Implementation** | | | | |
| 3.1 Respond to alleged or suspected abuse and neglect according to legal requirements and organizational policies or procedures.  (Level of Evidence = V) |  |  |  |  |
| 3.2 Implement an individualized plan of care that incorporates multiple strategies to prevent or address harm, including:   * Education and support for older adults and family members, * Interventions and supports for those who abuse or neglect, * Providing resources/referrals, and * Development of a safety plan.   (Level of Evidence = IV - V) |  |  |  |  |
| **Practice Recommendation: Evaluation** | | | | |
| 4.1 Collaborate with the older adult, family and interprofessional team, as appropriate, to evaluate and revise the plan of care, recognizing that some instances of abuse and neglect will not resolve easily.  (Level of Evidence = V) |  |  |  |  |
| **Education Recommendation: Education** | | | | |
| 5.1 All employees across all health-care organizations that serve older adults participate in mandatory education that raises awareness about:   * ageism; * the rights of older adults; * the types, prevalence and signs of abuse and neglect of older adults; * factors that may contribute to abuse and neglect; and * individual roles and responsibilities with regard to responding or reporting abuse or neglect;   (Level of Evidence = V) |  |  |  |  |
| 5.2 Nurses, other health-care providers, and supervisors who work in health-care organizations that provide care and services to older adults participate in mandatory and continuing education opportunities that include:   * understanding issues of abuse and neglect; * assessing and responding to abuse and neglect; * roles and responsibilities and laws; * positive approaches to working with older adults; * effective strategies for challenging/responsive behaviours; and * fostering a safe and healthy work environment and personal well being.   (Level of Evidence = V) |  |  |  |  |
| 5.3 Educational institutions incorporate the RNAO Best Practice Guideline, Preventing and Addressing Abuse and Neglect of Older Adults: Person-Centred, Collaborative, System-Wide Approaches into curriculum for nurses and, as appropriate, for other health-care providers.  (Level of Evidence = V) |  |  |  |  |
| 5.4 To help nurses and other health-care providers build competence in preventing, identifying, and responding to abuse and neglect of older adults, education programs are designed to:   * address attitudes, knowledge and skills; * include multimodal and interactive/participatory strategies; and * promote an interprofessional approach.   (Level of Evidence = IV- V) |  |  |  |  |
| **Policy, Organization and System Recommendation** | | | | |
| 6.1 Organizations/institutions establish and support collaborative teams to assist with preventing and addressing abuse and neglect of older adults.  (Level of Evidence = V) |  |  |  |  |
| 6.2 Organizations/institutions establish policies, procedures and supports that enable nurses and other health-care providers to recognize, respond to, and where appropriate, report abuse and neglect of older adults.  (Level of Evidence = V) |  |  |  |  |
| 6.3 Institutions\* adopt a combination of approaches to prevent abuse and neglect of older adults, including:   * screening potential employees, hiring the most qualified employees, and providing proper supervision and monitoring in the workplace; * securing appropriate staffing; * providing mandatory training to all employees; * supporting the needs of individuals with cognitive impairment, including those with responsive behaviours; * upholding resident rights; * establishing and maintaining person-centred care and a healthy work environment; and * educating older adults and families on abuse and neglect and their rights, and establishing routes for complaints and quality improvement.   \*Note: may apply to other health-care settings.  (Level of Evidence = V) |  |  |  |  |
| 6.4 Organizations/institutions with prevention and health promotion mandates (such as community and public health organizations) lead or participate in initiatives to prevent abuse and neglect of older adults.  (Level of Evidence = V) |  |  |  |  |
| 6.5 Organizations/institutions identify and eliminate barriers that older adults and families may experience when accessing information and services related to abuse and neglect*.*  (Level of Evidence = IV) |  |  |  |  |
| 6.6 Provincial and territorial nursing regulatory bodies provide accurate information on jurisdictional laws and obligations relevant to abuse and neglect of older adults across the continuum of care*.*  (Level of Evidence = V) |  |  |  |  |
| 6.7 Governments dedicate resources to effectively prevent and address abuse and neglect of older adults*.*  (Level of Evidence = V) |  |  |  |  |
| 6.8 Nurses, other health-care providers, and key stakeholders (e.g., professional associations, health service organizations, advocacy groups) advocate for policy/organizational/system level changes, including the availability of necessary resources, to effectively prevent and address abuse and neglect of older adults.  (Level of Evidence = V) |  |  |  |  |