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**Gap Analysis:**

***Diabetic Foot Ulcers: Prevention, Assessment***

***and Management, Third Edition***

**Work Sheet**



This guideline can be downloaded for free at:

[Diabetic foot ulcers: Prevention, assessment and management | RNAO.ca](https://rnao.ca/bpg/guidelines/diabetic-foot-ulcer)

The Leading Change Toolkit (Fourth Edition) is also available at:

[The Leading Change Toolkit (Fourth edition) | RNAO.ca](https://rnao.ca/bpg/leading-change-toolkit)

**What is a Gap Analysis?**

A process comparing your organization’s current practice with evidence-based best practice recommendations to determine:

* Existing practices and processes that are currently implemented and supported by best practices. This information is useful to reinforce practice strengths.
* Recommendations that are currently partially implemented in practice. These would be good first targets for change efforts.
* Recommendations that are not currently being met.
* Recommendations that are not applicable to your practice setting.

**Uses of a Gap 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, partnership 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.

**Conducting a Gap Analysis**

Engage the team, and internal and external

Individuals and teams as needed in gathering information

for the gap analysis. Collect information on:

* Current practice – is it known and is it consistent? (met, unmet, partially met)
* Partially met recommendations may only be implemented in some parts of the home, or you may feel it is only half done.
* Are there some recommendations that must be implemented before others?
* Can any recommendations be implemented quickly? 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? These may 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 the organization?
* Are there existing resources and education that your organization can access?
* Are there any must-do recommendations that are crucial to resident and staff safety?

**Next Steps**

1. Celebrate the recommendations 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 resident 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 gap analysis to the next level see [The Leading Change Toolkit (Fourth edition) | RNAO.ca](https://rnao.ca/bpg/leading-change-toolkit)

**Long-Term Care Homes:** Contact your Long-Term Care Implementation Coach to assist you in completing a gap analysis. Visit [**RNAO.ca/ltc**](http://www.rnao.ca/ltc)

**[A close-up of a sign

Description automatically generated](http://ltctoolkit.rnao.ca)What does certainty of evidence and strength of recommendation mean?**

**Certainty/confidence of evidence** (also known as quality of the evidence) is determined by a very rigorous quality appraisal of studies found through a systematic review. Certainty/confidence of evidence can be high (very good quality), moderate, low or very low (very poor quality).

**Strength of recommendation** reflects the certainty of evidence as well as other factors such as the balance of benefits and harms, values and preferences and health equity considerations. A recommendation can either be strong or conditional.

**For more information**, please refer to the “Overview of methodology: Good practice statements and recommendations” and “Interpretation of evidence and recommendation statements” in this best practice guideline.

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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) |
| --- | --- | --- | --- | --- |
| **Screening** | | | | |
| Good practice statement 1.0:  It is good practice that health providers conduct  diabetic foot screening for persons living with  diabetes at regular intervals based on risk  stratification.  Strength of the recommendation: Not applicable |  |  |  |  |
| **Self-Management** | | | | |
| Good practice statement 2.0:  It is good practice that health providers support and educate persons at risk of or living with diabetic foot ulcers (and their care partners) about self-management aimed at preventing and managing foot ulcers.  Strength of the recommendation: Not applicable |  |  |  |  |
| Recommendation 1.0:  When delivering self-management support, the expert panel suggests that health providers use person-engagement strategies that are tailored to persons at risk of or living with a diabetic foot ulcer and their care partners.  Strength of recommendation: Conditional |  |  |  |  |
| Recommendation 2.0:  The expert panel suggests that persons and/or care partners perform self-screening to prevent and manage diabetic foot ulcers.  Strength of recommendation: Conditional |  |  |  |  |
| **Wound Assessment** | | | | |
| Good practice statement 3.0:  It is good practice for health providers to regularly conduct a comprehensive and consistent wound assessment and document the presence and characteristics of a diabetic foot ulcer.  Strength of the recommendation: Not applicable |  |  |  |  |
| **Specialized Wound Team** | | | | |
| Recommendation 3.0:  The expert panel suggests that health service organizations implement a specialized wound care team to support persons at risk of or living with diabetic foot ulcers.  Strength of recommendation: Conditional |  |  |  |  |
| **Plan of Care/Treatment** | | | | |
| Good practice statement 3.0:  It is good practice for health providers to regularly conduct a comprehensive and consistent wound assessment and document the presence and characteristics of a diabetic foot ulcer.  Strength of the recommendation: Not applicable |  |  |  |  |
| Recommendation 4.0:  The expert panel suggests that health providers use virtual care platforms in conjunction with in-person services to supplement the provision of diabetic foot care services.  Strength of recommendation: Conditional |  |  |  |  |