Gap Analysis FAQs

What is a gap analysis?
- A gap analysis is a tool used to compare the current versus ideal state of a system or process.

Why complete a gap analysis?
- The analysis provides a comprehensive review of an organization's current state, how the current processes work and what is currently available for a process.
- It helps clarify and prioritize elements needed for improvement or growth (where an organization wants to end up).
- It helps identify the opportunities and breaks them into small, manageable parts.

How does a gap analysis help?
- Identifies an organization's current state in a process:
  - What are the steps in the process, how are they completed and who is involved in each step (i.e., what tools and resources are required)?

- Identify which best practices to implement:
  - What will the new process or system look like?
  - What are all the steps in the new process?
  - What resources are necessary to make the new process a reality?

- Analyze the differences between an organization's current state versus future state:
  - What are the gaps?
  - What barriers need to be addressed?
  - How can this be more efficient?
  - Ask questions until the real cause of the gap is discovered:

    Q: *Why does it take so long to get antibiotics administered?*
    A: *Because they aren't in the medication dispensing unit.*

    Q: *Why are the antibiotics not in the medication dispensing unit?*
    A: *Because there is not enough room.*

- Discover how to close the gap, so an organization's current state matches the future state or best practice.
  - What practices, tools or systems are needed to bridge the gap?
    - Break the process into small pieces so the work is not overwhelming.
    - Develop a timeframe to close the gap.
  - Are there other units or facilities that have been successful with this? What elements make them successful?
  - Be specific about participants' roles to move from current state to future state.
    - Hold the team accountable for doing their piece within the specified timeframe.
    - Hold frequent status meetings to discuss the process, challenges and successes.

Sepsis Gap Analysis and Action Steps

Components	Yes	No	N/A	Action Steps
Organizational Commitment/Team				
Physician and nursing leadership participate in action planning for sepsis initiatives				
Multidisciplinary team in place and monthly meetings (providers, nursing, quality, care management, etc.) from various care areas including, ED, ICU, med/surg, perinatal, pediatrics				
Executive sponsor receives regular data reports and provides feedback				
Sepsis team is part of/reports to critical care or quality structure in hospital	.			
Managing sepsis is aligned with hospital's quality, safety or organizational goals				
Baseline data collection completed for process and outcome data				
Dedicated Sepsis Resource / Sepsis Coordinator				
Dedicated sepsis resource in place (in action steps identify the title)				
FTE allocation/time commitment to sepsis role				
Site(s) supported				
Other responsibilities in the role				
Identification/ Screening				
Early alert or warning system/process in place in the ED or describe triggers for sepsis screening:				
ED				
ICU				
Inpatient Units				
Perinatal				
Pediatrics				
Is a screening process completed consistently, as designed?				
All ED patients are screened/assessed for sepsis in triage?				
All ICU patients are screened/assessed for sepsis upon admission and every shift – describe process				
All med surg patients are screened/assessed for sepsis upon admission and every shift – describe process				

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COMPONENTS	YES	NO	NA	Action Steps
All OB patients are screened/assessed for sepsis upon admission and every shift – describe process				
All pediatric patients are screened/assessed for sepsis upon admission and every shift – describe process				
Does the process include specific actions by nurse when a positive screen is obtained?				
Is a rapid response process or sepsis alert team in place for a new sepsis presentation? If yes, describe process in comments; if no, describe the expected response to positive sepsis identification or screening				
Implementing the Bundles				
Sepsis order sets are in place and utilized by providers (CPOE/paper)				
Sepsis provider documentation tools are in place and utilized to meet SEP-1 requirements				
Communication in place between physician and nurses related to diagnosis and treatment plan specific for sepsis; handoffs readily incorporate appropriate sepsis language				
Appropriate utilization of central lines; adequate skill and resource to place them when clinical criteria met				
Able to get lactate levels in one hour or less Able to get antibiotics in one hour for ICU, three hours for ED				
Process in place for reassessment of volume status and tissue perfusion for septic shock patients				
Identify resistance/barriers to components of bundles and developed solutions (fluid resuscitation, blood cultures before antibiotics, repeat lactate, etc.)				
Do you have the tools you need to optimize fluid based on hemodynamics?				
Do you have the capability to determine time-to-antibiotic?				
Measurement / Continuous Improvement				
Define real time method for tracking patients (i.e., severe sepsis patient log)				
Define concurrent review process for core measure and core measure defect review process				
Sepsis Coordinator rounds in clinical areas to answer questions and ensure appropriate				

COMPONENTS	YES	NO	NA	Action Steps
Implementation of the bundles				
Provide a sample of topics for the team meeting				
Do you have a way to know your data elements that fall out each month and a process for follow up?				
Do you have a process to address deviations from evidence based care processes with physicians, nurses, and other clinical staff				
Education				
Provider education completed – Define in status column				
Nursing education completed – Define in status column				
General sepsis education – Define in column				
Tools to assist bedside staff have been implemented (i.e., algorithm, clinical pathway, pocket cards, etc.)				
	Additional Comments:			

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References

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