Gap Analysis Facilitator's Guide

Communication and Optimal Resolution Toolkit

Purpose: To evaluate the extent to which current processes align with the Communication and Optimal Resolution (CANDOR) process and includes;

- Identifying the existing process
- Identifying the existing outcome(s)
- Identifying the desired outcome(s)
- Identifying and documenting the gap(s)

Who should use this tool? The CANDOR Implementation Team

How to use this tool: Conduct a gap analysis prior to implementing the CANDOR process. In addition, periodic gap analyses can be conducted as part of an ongoing plan-do-study-act process to monitor progress toward its goal of fully implementing the CANDOR process.

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Gap Analysis Process

The gap analysis is comprised of three steps:

1. Review documentation of organizational practices, policies, and procedures.
2. In-person, facilitated focus groups with key stakeholders focused on CANDOR practices.
3. Review results of the gap analysis, and define next steps in the implementation process.

Obtain Documents To Review Prior to Conducting the Gap Analysis

Pertinent documents should be collected and reviewed as part of the gap analysis process. This activity will allow for verification and clarification of the existing processes. Documents to include are:

- Administrative and departmental policies and procedures
- Bylaws for medical staff and/or hospital
- Organizational safety and/or quality plan
- Organizational structure
- Safety survey or other quality survey, such as patient satisfaction results
- Board minutes or reports related to quality and safety

See Appendix A: CANDOR Gap Analysis Document Review Checklist, to use when collecting documents.

Conduct the Gap Analysis Focus Group Sessions

Identify the current process stakeholders

Key stakeholders may include hospital leadership, operational department leads, medical staff, frontline staff, support staff, and patients and families. This stakeholder list is intended to be a guide and may include others as determined by your organization.

Stakeholder category	Job types
Medical Staff—Frontline	Medical staff
C-Suite Leadership	C-Suite executives ■ Chief executive officer ■ Chief operating officer ■ Chief finance officer ■ Chief medical officer ■ Chief nursing officer ■ Chief human resources officer ■ Chief information officer (HIM) ■ Marketing and communications ■ Others as appropriate
Board Members	Members of the hospital or system board

Stakeholder category	Job types
Quality, Safety, and Risk Management	Selected leaders from these areas: ■ Quality ■ Safety ■ Risk management ■ Patient relations ■ Compliance ■ Performance improvement
Legal and Claims	Selected leaders from these areas
Medical Staff—Leadership	Selected members of the medical staff including: ■ President of medical staff – Department heads – Radiology – Emergency medicine – Anesthesia – Hospitalist medicine A sample of program directors if there are residency programs
Resident Physicians	Selected physicians from various residency programs
Vice-Presidents	■ Emergency department ■ Operating room ■ Surgery ■ Obstetrics ■ Other high-risk or representative areas, as appropriate
Directors/Managers—Unit-Level	■ Emergency department ■ Operating room ■ Surgery ■ Obstetrics ■ Other high-risk or representative areas, as appropriate
Unit-Level Staff	■ Emergency department ■ Radiology ■ Surgery ■ Obstetrics ■ Pharmacy ■ Other high-risk and/or representative areas, as appropriate

Stakeholder category	Job types
Frontline Staff	■ Nurses ■ Respiratory therapists ■ Case managers ■ Social work ■ Diagnostic frontline providers
Support Staff	■ Housekeeping ■ Dietary ■ Transportation ■ Materials management ■ Biomedical engineering
Patients and Families	Representative(s) from the Patient and Family Advisory Council

Session Preparation

The **purpose** of the focus group sessions is to learn what is occurring at the organization from the stakeholders, so that next steps can be identified to support implementation of the CANDOR process. A focus group is intended to be a group of six to 10 people led through the questioning and discussion by a facilitator.

The group should be comprised of individuals from the same key stakeholder group, to facilitate open and honest communication. In addition, a facilitator, timekeeper, and notetaker should be assigned to conduct/support the meeting. This will necessitate convening multiple focus groups over the course of 1–3 days.

To prepare for the meeting:

- Assign a *neutral* person without authority over the participants to lead each gap analysis focus group, in an effort to encourage those attending to volunteer their views without concern about repercussions. (If it is impractical to find a neutral individual, ensure that at the beginning of each session, the focus group leader makes a statement letting the group know the purpose of the meeting.) Specific mechanisms to achieve this objective include:
  - Schedule groups of individuals to meet together by functional responsibilities (e.g., C-suite, frontline staff, medical staff), but avoid scheduling supervisors and subordinates in the same group. If this can't be avoided, seek to determine the relationship of the staff member(s) and supervisor, and determine whether it will allow for open and honest communication.
  - Discussion about who should participate in each gap analysis focus group should occur early (at least 4–6 weeks prior to the actual assessment) to allow time for adjustments and permit participants to arrange their schedules.
  - Schedule groups at times and locations that are convenient for the members of the group. This may increase the likelihood of their participation. If possible, schedule all groups over 1–3 consecutive days to reduce the chance of participants discussing the proceedings, which has the potential to affect individual responses and discussion.

- Other preparation for the meeting includes the following:
  - Prior to conducting the focus group, set an agenda. The agenda may include a participant welcome, review of goals of the session, introductions, questions and answers, and next steps.
  - Designate a timekeeper to help ensure that the meeting length does not exceed 1–1.5 hours.
  - Arrange for the assessments to be conducted in a room large enough to accommodate all invited attendees. Structure the seating so that all people participating can see each other, which helps foster open dialogue.

Tips for the Facilitator

- Begin each session with very brief introductions, and remind everyone that these sessions are *confidential* and what is shared during the process will not be shared with others. This applies to all of the participants including the facilitator, notetaker, and timekeeper.
- Advise participants that the focus is on *learning* about what is occurring at the institution as stated by those stakeholders. To produce more consistently useful results, the facilitator should use structured interview questions, rather than solely relying on his/her intuition. See Appendix B for Gap Analysis Structured Interview Questions.
  - The Guide is structured to allow the facilitator to lead participants through a set of questions designed to elicit participant views on a variety of key policies and practices. The questions should be asked of each focus group with the goal of comparing variations in perceptions and identifying potential "gaps" that could impede implementation of the CANDOR process. Appendix C is the structured interview guide, formatted for notetaking during the session.
- It is important to minimize cross-sharing of interview responses from one group to another. If the facilitator is asked to share information on how another group answered, it is recommended that the facilitator respond in generalities.
- Ensure that the Anonymous Reporting Tool (Appendix D) is sent out to participants in all groups to allow them to provide feedback they may not have given during the focus group assessment.

Review Results and Determine Priorities

Upon the conclusion of each individual focus group, discussion summaries and notes should be compiled to ensure pertinent details are captured. If the session is recorded, tapes should be transcribed. A coding system can be used to tally the responses to the questions. For instance, the number 2 can be used for "yes" responses, the number 1 can be used for inconsistent/unsure responses, and a zero can be used for "no" responses.

Coded responses can be tallied and aggregated into a numeric value for each question. Questions can then be ranked from lowest to highest. This will allow the facilitator and improvement team to determine the areas where a gap exists and serve as the basis for the implementation plan.

Summary Report

The purpose of the Gap Analysis report is to call attention to common themes among the groups, as well as variations among the groups in their perceptions and degree of commitment to the CANDOR process principles. Findings should be used for targeted education, consensus building, and operational planning. These reports should be completed without associating individual participants with their reported remarks or findings. A report template is included as Appendix E.

Appendixes

Appendix A: CANDOR Gap Analysis Document Review Checklist

Instructions: At least 1 month prior to the onsite gap analysis, collect and provide the following documents for analysis by the Gap Analysis Team.

Documents for Submission to Reviewers	Is the document available?
Policies and procedures	
a. Reporting of incidents, occurrences, or complaints	☐
b. Complaint/grievance management	☐
c. Disruptive behavior and/or code of conduct	☐
d. Investigation of occurrences (i.e., sentinel events or other triggers for RCA)	☐
e. Other peer review policies	☐
f. Informed consent or shared decisionmaking	☐
g. Disclosure	☐
h. Care for the caregiver, employee assistance, physician wellness	☐
i. Ethics consult triggers	☐
Bylaws for medical staff and/or hospital	
a. Peer review process	☐
b. Oversight/management of adverse or "harm" events	☐
Organizational safety and/or quality plan	
a. FMEAs or other proactive process	☐
b. RCA policies/procedures/processes	☐
Organizational Structure	
a. Organizational chart showing connections among safety, risk, quality, credentialing, ethics, legal, and claims	☐
b. Patient and family advisory council: membership and bylaws	☐
Safety survey or other quality survey, such as patient satisfaction results	
a. Safety attitudes questionnaire	☐
b. AHRQ Hospital Survey on Patient Safety Culture	☐
c. Hospital patient satisfaction survey	☐
d. Employee engagement surveys	☐
Board minutes or reports related to quality and safety	
a. Reports related to demographic and descriptive data of vulnerable populations	☐
b. Quality and safety outcomes based on race, ethnicity, and language	☐

Appendix B: Gap Analysis Structured Interview Questions

The Gap Analysis Structured Interview Questions allow the facilitator to lead participants through a set of questions designed to elicit participant views on a variety of key policies and practices.

1. Leadership and Culture
    a. Are governance/senior leaders regularly and thoroughly briefed on risks and hazards?
    b. Has a safety culture survey been completed?
    c. Is there a system in place for patients to give feedback about the organization's performance?
    d. Do patients and families serve on committees and give input to leadership?
    e. Are patient safety risks, hazards, and opportunities discussed and documented at board meetings?
    f. Is a patient safety program in place?
    g. Are patient safety improvement committees interdisciplinary?
    h. Does a "just culture"—in which frontline personnel feel comfortable with reporting and "disclosure"—exist?
    i. Do board members receive basic teamwork, communication, and patient safety training?
    j. Does leadership designate resources to patient safety activities?
    k. Is the safety and quality culture assessed annually?
2. Culture Measurement and Feedback
    a. Were the results of the most recent safety and culture surveys distributed?
    b. Is there a clear process for communication among staff in response to adverse events?
    c. Are survey findings used to guide process improvement interventions?
    d. Is there a process in place for rapid dissemination of critical process improvements?
3. Identification and Analysis of Actual and Potential Adverse Events
    a. Is there a process in place for identifying, managing, and analyzing adverse events, near miss events, and unsafe conditions?
    b. Do staff have access to a system for reporting adverse events?
    c. Do staff have access to a system for reporting disruptive behaviors?
    d. Is a root cause analysis conducted after serious reportable and sentinel events?
    e. Is a root cause analysis conducted after near miss events?
    f. Does the organization perform at least one prospective analysis per year using a method approved by the organization?
    g. Is the root cause analysis committee inter-professional?
    h. Are the number and category of patient safety events tracked in a searchable database?
    i. Are the costs associated with inappropriate care-related harm events tracked and trended?
    j. Are claims and lawsuits tracked and analyzed for lessons learned?
    k. Are the lawsuits associated with individual physicians tracked within the organization?
    l. Is a risk manager available at all times to respond to patient safety incidents?

m. Is the investigatory process for harm events designed to afford all members the protections of State statutes?

n. Are patients and families encouraged to report safety concerns?

o. Does the hospital collect race, ethnicity, and language (REAL) preference data from patients in a standardized way at registration?

p. Does the hospital routinely use its REAL data to identify patient safety event disparities and establish disparities reduction goals?

4. Informed Consent

a. Do patients "teach back" key information about treatment and procedures?

b. Are informed consent documents written at or below the 5th grade level?

c. Are informed consent documents available in languages other than English?

d. Are interpreters or readers available 24/7 when needed?

e. Does the organization embrace the concept of "shared decisionmaking?"

f. Does the organization employ any methodology to assess the effectiveness of the consent process?

5. Disclosure and Resolution

a. Is there a formal process for disclosing unanticipated outcomes in the organization?

b. Is there a formal process for disclosing unanticipated outcomes to a patient safety organization?

c. Is information related to disclosed outcomes linked to performance improvements?

d. Does disclosure to patients and families include the sharing of facts not otherwise known or knowable by the family?

e. Does the institution encourage expressions of empathy?

f. Are patients and families updated on the results of the investigation?

g. Is an attempt made to disclose within the first 24 hours following an adverse event?

h. Does a licensed practitioner or administrative leader offer an apology when appropriate?

i. Does disclosure include emotional support for patients and their families?

j. Have all practitioners agreed to participate in the disclosure program?

k. Have all of the medical malpractice insurers for the hospital and practitioners agreed to the process of response and communication after harm events?

l. Is early remediation an element of the disclosure process?

m. Are bills for hospital or professional fees waived if inappropriate care caused harm?

6. Care for the Caregiver

a. Is there a care for the caregiver program associated with unanticipated events?

b. Have the staff had training related to the vulnerabilities of caregivers involved in harm events?

c. Do staff have the opportunity to participate in event investigations and process improvement initiatives?

d. Has an organized process to assess behavior related to the event been established?

e. Is supportive care provided to the caregiver within 24 hours of the event?

f. Do individuals directly involved in events undergo a "fitness for work" assessment?

g. Is followup provided for staff involved in harm events?

Appendix C: Gap Analysis Structured Interview Guide

To produce more consistently useful results, use structured interview questions. The facilitator should review the questions in advance to determine which questions are appropriate for each focus group session. It may help to ask the same question of multiple groups, as the answers may reveal the perception of the particular group.

Gap Analysis Structured Interview Guide
Organization Name
Stakeholders Interviewed
Facilitator
Notetaker
Date
Yes – This means the respondents have answered positively about this question. **Inconsistent/Unsure** – This means the respondents are unsure about this question or the respondents indicate that the actions related to the question are inconsistently being done. **No** – This means the respondents have answered negatively about this question.

CANDOR Policies & Processes	Yes	Inconsistent/ Unsure	No	Comments
Leadership and Culture				
Are governance/senior leaders regularly and thoroughly briefed on risks and hazards?				
Has a safety culture survey been completed?				
Is there a system in place for patients to give feedback about the organization's performance?				
Do patients and families serve on committees and give input to leadership?				
Are patient safety risks, hazards, and opportunities discussed and documented at board meetings?				
Is a patient safety program in place?				

CANDOR Policies & Processes	Yes	Inconsistent/ Unsure	No	Comments
Are patient safety improvement committees interdisciplinary?				
Does a "just culture"—in which frontline personnel feel comfortable with reporting and "disclosure"—exist?				
Do board members receive basic teamwork, communication, and patient safety training?				
Does leadership designate time to patient safety activities?				
Is the safety and quality culture assessed annually?				
Culture Measurement and Feedback				
Were the results of the most recent safety and culture surveys distributed?				
Is there a clear process for communication among staff in response to adverse events?				
Is the root cause analysis committee inter-professional?				
Are survey findings used to guide process improvement interventions?				
Is there a process in place for rapid dissemination of critical process improvements?				
Identification and Analysis of Actual and Potential Adverse Events				
Is there a process in place for identifying, managing, and analyzing adverse events, near miss events, and unsafe conditions?				
Do staff have access to a system for reporting adverse events?				
Do staff have access to a system for reporting disruptive behavior?				
Is a root cause analysis conducted after serious reportable and sentinel events?				
Is a root cause analysis conducted after near-miss events?				
Does the organization perform at least one prospective analysis per year using a method approved by the organization?				

CANDOR Policies & Processes	Yes	Inconsistent/ Unsure	No	Comments
Are the number and category of patient safety events tracked in a searchable database?				
Are the costs associated with inappropriate care-related harm events tracked and trended?				
Are claims and lawsuits tracked and analyzed for lessons learned?				
Are lawsuits associated with individual physicians tracked within the organization?				
Is a risk manager available at all times to respond to patient safety incidents?				
Is the investigatory process for harm events designed to afford all members the protections of State statutes?				
Are patients and families encouraged to report safety concerns?				
Does the hospital collect race, ethnicity, and language (REAL) preference data from patients in a standardized way at registration?				
Does the hospital routinely use its patient REAL data to identify patient safety event disparities and establish disparities reduction goals?				
Informed Consent				
Do patients "teach back" key information about treatment and procedures?				
Are informed consent documents written at or below the 5th grade level?				
Are informed consent documents available in languages other than English?				
Are interpreters or readers available 24/7 when needed?				
Does the organization embrace the concepts of "shared decisionmaking?"				
Does the organization employ any methodology to assess the effectiveness of the consent process?				

CANDOR Policies & Processes	Yes	Inconsistent/ Unsure	No	Comments
Disclosure and Resolution				
Is there a formal process for disclosing unanticipated outcomes in the organization?				
Is there a formal process for disclosing unanticipated outcomes to a patient safety organization?				
Is information related to disclosed outcomes linked to performance improvements?				
Does disclosure to patients and families include the sharing of facts not otherwise known or knowable by the family?				
Does the organization encourage expressions of empathy?				
Do disclosures include a commitment to investigate and prevent future occurrences?				
Are patients and families updated on the results of the investigation?				
Is an attempt made to disclose within the first 24 hours following an adverse event?				
Does a licensed practitioner or an administrative leader offer an apology when appropriate?				
Does disclosure include emotional support for patients and their families?				
Have all practitioners agreed to participate in the disclosure program?				
Have all of the medical malpractice insurers for the hospital and practitioners agreed to the process of response and communication after harm events?				
Is early remediation an element of the disclosure process?				
Are bills for hospital or professional fees waived if inappropriate care caused harm?				

CANDOR Policies & Processes	Yes	Inconsistent/ Unsure	No	Comments
Care for the Caregiver				
Is there a care for the caregiver program associated with unanticipated events?				
Have the staff had training related to the vulnerabilities of caregivers involved in harm events?				
Do staff have the opportunity to participate in event investigations and process improvement initiatives?				
Has an organized process to assess behavior related to the event been established?				
Is supportive care provided to the caregiver within 24 hours of the event?				
Do individuals directly involved in events undergo a "fitness for work" assessment?				
Is followup provided for staff involved in harm events?				

Appendix D: Anonymous Reporting Tool

The Gap Analysis process relies heavily on key informant interviews and perspectives, which often take place in a focus group setting. Many times individuals have additional, more sensitive information to share, or information/ observations that are counter to the general consensus of the group in which they participated.

Recommendation: *If possible, place these questions into an electronic survey system to ensure anonymity is preserved. Alternatively, attach the tool to an email and ask the recipient to print, complete, and return to the sender. As a final option, send the tool via email, but request that all responses go to a different person than who sent the message.*

The following template can be used as an Anonymous Reporting Tool.

Recently you participated in a Gap Analysis Focus Group, and we would like to give you the opportunity to provide us with any additional feedback.

1. Please indicate which hospital(s) you currently practice in:
☐ [insert name]
☐ [insert name]
2. Do you have any additional information to share with us about your experiences related to the topics covered in the Gap Analysis Focus Group?
3. Do you have any advice for leadership about the best way to get staff on board with the CANDOR process?

Appendix E: Gap Analysis Report Template

The purpose of the Gap Analysis report is to call attention to common themes among the groups, as well as variations among the groups in their perceptions and degree of commitment to CANDOR principles. Findings should be used for targeted education, consensus building, and operational planning.

Communication and Optimal Resolution Toolkit

Gap Analysis Report
for
[Insert organization name]

[Insert date of report]

Introduction to the CANDOR Process

Medical liability plays an important role in the U.S. health care system. While restitution for patients and families affected by medical error is essential, the standard process often results in increased frustration and anger for patients and can diminish the opportunity for hospitals to learn and improve from error. There is strong consensus that improved communication between providers and patients about risks to which they have been exposed will improve patient outcomes and reduce costs associated with medical liability.

The comprehensive toolkit will allow hospitals to improve the management of patient safety events by implementing processes that facilitate full disclosure of an adverse event, apology, and fair and rapid resolution.

Gap Analysis Process

A Gap Analysis was conducted to evaluate the extent to which current processes align with the CANDOR process. The following groups were identified as key stakeholders: (list groups). Focus groups were conducted on (insert date) and included (list the groups).

Summary of Focus Group Findings

What was discovered?

[List the priority areas]

[Synthesize the comments]

What major themes emerged?

What insights were gained?

[Summarize the overall impressions]

Prioritized Potential Next Steps

1. [Insert suggested next steps based on Gap Analysis for the implementation teams to work on here.]
2. [Schedule CANDOR process implementation activities.]

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