

INTRODUCTION TO

# Gap Analysis

---

*Accreditation Standards Compliance | MSQH 6th Edition*

*Conducting Effective Gap Analysis for Excellence in Patient Care*

# LEARNING OBJECTIVES



Conduct a comprehensive and credible accreditation gap analysis



Assess policies, procedures, practices, and facilities against accreditation standards



Develop actionable plans to address gaps and meet accreditation standards

# UNDERSTANDING ACCREDITATION GAP ANALYSIS

## *Identifying Gaps, Driving Improvement: Building Action Plans for Accreditation*

### A Systematic Approach to Standards Compliance

Assess existing policies, procedures, documents, practices, performance, and facilities in comparison to accreditation standards.



→ Ensuring Compliance and Readiness for Accreditation

# THREE-STEP PROCESS FOR ACCREDITATION GAP ANALYSIS

01



## Identify the Desired State

Clarify accreditation standards requirements and benchmarks

02



## Assess the Current State

Evaluate existing policies, practices, performance and facilities

03



## Analyze Gaps & Plan Improvement

Identify discrepancies, determine root causes and create action plans



STEP

1

Identify the  
Desired State

Objective

## Clarify the Accreditation Standards' Requirements

---

- ✓ Ensuring a clear understanding of what needs to be achieved
- ✓ Meeting compliance with accreditation standards
- ✓ Delivering Excellence in Patient Care

1a Understand the  
Standards

1b Understand  
Components

1c Interpret the  
Standards

# MSQH 6th Edition — Standard Organization

## Hospital-Wide Service Standards

*Standard 1 – 7*

- Organisation & Management
- Human Resource Management
- Policies & Procedures
- Facilities & Equipment
- Safety & Performance Improvement

## Service Standards

*Standard 8 – 51*

- Specific clinical service requirements
- Activity-based compliance criteria
- Core criteria for patient safety
- Evidence-based documentation
- Measurable performance targets

*Areas of Focus: Organisation & Management • Human Resource • Facilities & Equipment • Safety & Performance*

# Organization of Individual Service Standards

## Title & Preamble

Foundational framework outlining principles, objectives, and context for high-quality service delivery

## Area of Focus

Key subject areas: Organization & Management, Human Resources, Facilities, Safety, and Performance

## Standard

The expected level of performance or quality in a specific area

## Criteria for Compliance

The specific requirements that must be met to achieve the standard

## Evidence of Compliance

Documentation, observations, or verifiable proof demonstrating how the criteria have been met

## Core Criteria

Processes with immediate impact on patient safety. Must achieve Rating 4 or 3 for compliance

# Interpreting the Standards

1

## Identify Standard Focus Areas

Start by understanding the key subjects and compliance criteria in the standard

2

## Research & Gather Resources

Review related publications, guidelines, and case studies for deeper insight

3

## Compare Concepts to Requirements

Align the concepts and guidelines to the actual accreditation requirements

4

## Localize Best Practices

Adapt best practices to fit the local context and unique circumstances

## KEY DELIVERABLE OF STEP 1

# Identify the Desired State

01

### Clear & Unambiguous Documentation

A well-defined document specifying all requirements for achieving accreditation standards. Details expectations and benchmarks for compliance.

02

### Blueprint of Accreditation Standard Requirements

A comprehensive guide for aligning organizational policies, processes, and practices with accreditation goals.

03

### Role in Accreditation Journey

Acts as a reference point for gap analysis. Ensures consistency and clarity across departments in implementing standards.

STEP

# 2

Assess the  
Current State

## Objective

Evaluate the organization's current state against accreditation standards

---



Evaluate Policies, Procedures & Documents



Evaluate Practices



Evaluate Performance



Evaluate Facilities

# Evaluate Policies, Procedures & Documents

## Objective






Assess whether current documentation aligns with accreditation standards and organizational goals.

---

## Aim

Ensure all policies and procedures are comprehensive, up-to-date, and properly structured to support compliance.

## Key Review Areas

-  Are documents current and regularly reviewed?
-  Do policies reflect best practices?
-  Is there evidence of staff awareness?
-  Are procedures clearly structured?
-  Do documents cover all accreditation requirements?

# Evaluate Practices, Performance & Facilities



## Practices

*Assess whether the organization's actual practices are effectively carried out and meet compliance requirements*

- On-site observation of workflows
- Staff interviews and walkthroughs
- Compare actual practices to written policies
- Document deviations and non-conformances



## Performance

*Evaluate measurable outcomes against benchmarks and targets set by accreditation standards*

- Review KPI trends and dashboards
- Analyse audit results and incident reports
- Compare performance data to standards
- Identify underperforming areas



## Facilities

*Inspect physical environment and equipment to confirm they meet safety and service standards*

- Physical facility walkthrough
- Equipment maintenance records
- Safety and environment checks
- Capacity and layout compliance

STEP

# 3

Analyze Gaps  
& Plan  
Improvement

## Objective

Identify discrepancies, determine root causes,  
and create actionable improvement plans

---

3a

Identify Gaps

3b

Determine Causes of Gaps

3c

Develop an Action Plan

# Compliance Rating Scale

4

80% – 100%

## Compliant

Evidence of compliance achieved at full or near-full level

3

60% – 79%

## Substantially Compliant

Evidence mostly achieved; minor gaps remain

2

40% – 59%

## Partially Compliant

Notable gaps present. Risk assessment required

1

0% – 39%

## Non-Compliant

Significant non-conformances; immediate action needed

*Core Criteria must achieve Rating 3 or 4 for the standard to reach overall compliance.*

# Calculating Compliance — Formula & Examples

Formula: Total Score of Criteria ÷ Maximum Score of Applicable Criteria × 100

## Service Standard Compliance





**128**

× 100 = 80%

160 (4 × 40 applicable criteria)

**Result: Rating 4 (80–100%) — COMPLIANT**

## Individual Criterion 1.1.1

EOC 1		4/4
EOC 2		2/4
EOC 3		2/4
EOC 4		2/4
EOC 5		4/4

**14/20 × 100 = 70% → Rating 3 — SUBSTANTIALLY COMPLIANT**

## 3a Identify Gaps

### DESIRED STATE

100% Evidence of Compliance  
All standards fully met

### CURRENT STATE

Partial compliance  
Some standards not fully met

2

1

Typical ratings when  
measurable objectives  
are absent

### Example Gap — Vision & Mission

*Criterion 1.1.1.1: Vision, Mission & Values must be identified, clearly documented, measurable, reviewed and communicated.*

#### Gap Found:

Objectives written as "improve patient safety" and "improve operational efficiency" — these are NOT measurable. Overarching goals and KPIs are missing.

# 3b Determine Causes • 3c Develop an Action Plan

## 3b Determine Causes of Gaps

**People:** Lack of training, awareness, or ownership

**Process:** Outdated, unclear, or missing procedures

**Policy:** Policies not aligned to current standards

**Resources:** Insufficient equipment or infrastructure

**Culture:** Resistance to change or poor accountability

## 3c Develop an Action Plan

Gap / Standard Reference	Root Cause	Action Required	Person Responsible
1.1.1.1 – Vision & Mission not measurable	No KPIs defined	Define SMART objectives & KPIs	CEO / Qu: Dept

- ➔ Assign clear ownership for each action
- ➔ Set SMART (Specific, Measurable, Achievable, Relevant, Time-bound) targets
- ➔ Schedule monthly progress reviews
- ➔ Escalate overdue actions to leadership

STRATEGIES FOR SUCCESS

# 7 Key Pillars of Effective Gap Analysis



Leadership  
Commitment



Assign Experienced  
Leader



Form Multi-  
disciplinary Team



Leverage Workshops  
& Training



Engage Physicians  
as Champions



Prioritize, Monitor  
& Track Progress



Leverage  
Technology

# Assign an Experienced Leader



---

## Provide Continuous Mentorship

Support and help the team stay focused throughout the accreditation journey



---

## Remove Obstacles & Drive Decisions

Support teams, remove barriers, and drive timely decision-making



---

## Assist in Gap Identification

Expert guidance on identifying gaps and interpreting standards accurately

## KEY TAKEAWAY



**An accreditation gap analysis acts as both a diagnostic and strategic tool, helping organizations identify areas for improvement and providing a clear path to meet accreditation standards effectively.**

**Diagnose**

*Find the gaps*

**Plan**

*Create action plans*

**Achieve**

*Reach accreditation*



# Questions & Answers

*Thank you for your participation*