Tips for Setting Aims*

1. **State the aim clearly.** Achieving agreement on the aim of a project is critical for maintaining progress. Teams make better progress when they are very specific about their aims. Make sure that the aim statement describes the system to be improved, and the patient population. In addition, ensure that the aim gives guidance on the approaches to improvement. Aims should be "SMART": specific, measurable, actionable, realistic, timely.

2. **Include numerical goals that require fundamental change to the system.** Teams are more successful when they have unambiguous, focused aims. Setting numerical goals clarifies the aim, helps to create tension for change, directs measurement, and focuses initial changes. For example, the aim "Reduce operating room time" is not as effective as "Reduce operating room time by 50% within 12 months." Including numerical goals not only clarifies the aim, but also helps team members begin to think about what their measures of improvement will be, what initial changes they might make, and what level of support they will need.

3. **Set stretch goals.** A "stretch" goal is one to reach for within a certain time. Setting stretch goals such as "Reduce operating room time by 50% within 12 months" communicates immediately and clearly that maintaining the status quo is not an option. Effective leaders make it clear that the goal cannot be met by tweaking the existing system. Once this is clear, people begin to look for ways to overcome barriers and achieve the stretch goals.

4. **Avoid aim drift.** Once the aim has been set, the team needs to be careful not to back away from it deliberately or "drift" away from it unconsciously. The initial stretch goal "Reduce operating room time by 50% within 12 months" can slip almost imperceptibly to "Reduce operating room time by 40%" or "by 20%." To avoid drifting away from the aim, repeat the aim continually. Start each team meeting with an explicit statement of aim, for example, "Remember, we're here to reduce operating room time by 50% within 12 months," and then review progress quantitatively over time.

5. **Be prepared to refocus the aim.** Every team needs to recognize when to refocus its aim. If the team's overall aim is at a system level (for example, "Reduce adverse drug events in critical care by 30% within 12 months"), team members may find that focusing for a time on a smaller part of the system (for example, "Reduce adverse drug events for critical care patients on the cardiac service by 30% within 12 months") will help them achieve the desired system-level goal. Note: Don't confuse aim drift, or backing away from a stretch goal (which usually isn't a good tactic), with consciously deciding to work on a smaller part of the system (which often is a good tactic).

6. Evaluate what others achieved provides appropriate context for choosing the numerical portion of an organization's aim. While the goal of screening *one hundred percent of patients for colorectal cancer screening* is optimal, an organization can set an appropriate and realistic goal based on the review of comparable data after consideration of the payer mix of the patient population served. For some measures, it may be possible to find examples of benchmark data, which demonstrates the performance of a best practice. It is important to consider an organization's particular patient population when making comparisons to others' achievements. An organization may consider socioeconomic status and/or race/ethnicity of the population served, organizational size, payer mix, and other criteria in an effort to achieve an accurate comparison. Reviewing what others accomplished may help an organization to understand what is feasible to achieve. The numerical part of the aim should be obtainable, yet high enough to challenge the team to substantially and meaningfully improve.

Example 1.0: Assessing the Aim Statement for Southeast Health Center (SHC) Using the Aim Statement Checklist for Colorectal Cancer

Aim Statement: *Over the next 12 months, we will redesign the care systems of Southeast Health Center to increase the number of patients aged 50 to 80 years in Dr. Stallings's practice, so that > 55% will have been screened for colorectal cancer per SHC protocol.*

Guidance:

- *No additional staffing will be required as a result of this improvement*
- *A key focus will be systems for patient outreach*

Aim Statement Checklist for Example 2.1: (17)

✓ What is expected to happen?
   SHC: More patients will be screened for colorectal cancer

✓ Time period to achieve the aim?
   SHC: 12 months

✓ Which system will be improved?
   SHC: Care systems that improve colorectal cancer screening

✓ What is the target population?
   SHC: Patients aged 50 to 80 years in Dr. Stalling's practice

✓ Specific numerical goals?
   SHC: Greater than 55 percent will be screened for colorectal cancer

✓ Guidance, such as, strategies for the effort and limitations?
   SHC: As noted, no new staff plus focus on patient outreach

* Excerpt from the Quality Healthcare Toolkit for the HRSA Core Clinical Measures, in press, September 2010.

An example of an aim consistent with the goals of this Collaborative is:

We will redesign our care systems at Fictional Name Healthsystem to provide improved care for our patients with HIV/AIDS. We will accomplish this through implementation of the Expanded Care Model. This will be evidenced by:

- *95% of patients have had a primary care visit in the last 4 months*
- *95% of patients have had a CD4 count in the previous 4 months*
- *95% of patients have had an HIV viral load in the last 4 months*
- *95% of patients in need of ART are taking ARV*
- *<5% of patients with CD4 counts <200 are not on ARV*
- *95% of patients on ARV for at least 6 months have an HIV viral load of <200*
- *95% of patients are satisfied with their visit*
- *95% of patients have been screened for Hepatitis C*