

## SMART Goals

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After identifying a problem, the next step in any quality improvement process is to set a goal. Appropriate goals in quality improvement should conform to the acronym “SMART”: Specific, Measurable, Attainable, Relevant, and Time-bound. Remember that a goal without a plan is just a wish.

- Specific: avoid generalizations
- Measurable: data driven
- Attainable: realistic and possible
- Relevant: valuable and driving patient care and the organization
- Time-bound: specific dates (e.g., January 1<sup>st</sup> rather than “next year”)

The following is an example of how to generate a SMART goal:

A large academic institution identifies that their surgical site infection (SSI) rate after hysterectomy is 7%, which is elevated compared with benchmarks. The goal, “to decrease the rate of SSI after hysterectomy,” is too general. Setting a specific goal such as, “to decrease the rate of SSI to 3.5%,” would be more effective. The rate should be easily measurable to track progress. Inclusion and exclusion criteria should be standardized. The goal should be attainable. For example, attempting to decrease the SSI rate to 0% is not realistic because it is impossible to reach. Unrealistic goals set up the project to fail by discouraging participants and promoting skepticism. The goal should be relevant and important to multiple stakeholders. In this case, decreasing infection rates clearly benefits patients, physicians can pride themselves on lower infection rates, and the administration may celebrate the lower cost of care and improved satisfaction scores. Finally, a due date should be established, and the time frame must be reasonable. Open-ended goals might lessen the sense of urgency for the project, and a tightly restrictive time frame would be insufficient to accomplish the goal, potentially leading to disappointment. In this case, the improvement team selected 6 months. The complete SMART goal statement for this project is, “to decrease the rate of surgical site infection after hysterectomy to 3.5% in the next 6 months.”

### Additional Reading:

Keats JP. Powerful tools for quality improvement. In: Ivester T, Weiss PM, Gluck PA, eds. *Quality and Safety in Women’s Health*. Cambridge University Press; 2018:81-89.

