

Target Setting

Callie Cox Bauer, DO

Setting aspirational yet realistic quality improvement targets can be difficult. There are a variety of targets, and your approach will vary depending on your organization's current performance on an indicator, what benchmarks exist and assessment of what is feasible in your health care system. The measures used in targets assess and compare the outcomes of health care organizations, demonstrate the need (urgency) for change and assess progress toward improvement. Targets can be set for different types of measures, including structure, process and outcome measures.¹

When setting a target, consider your current performance and the involved personnel's tolerance for change. Try to set an achievable goal likely to motivate the team. A note of caution: a target of 0% or 100% can disengage people as these goals are unrealistic.² When current performance is far from desirable, consider setting interim goals. When that goal is achieved, celebrate widely and set a higher goal. This approach can promote engagement by giving those involved the chance to celebrate achieving each milestone along the journey.

Consider using these measures when setting targets:

- **Benchmarks:** Compare the outcomes from your organization's process against a comparison group's similar processes. Benchmarking performance and financial data is a management approach for implementing best practice at the best cost.³
- **State or Region Average:** Average performance is somewhere between excellent and poor, and often below established benchmarks. Consider this data when you cannot locate a benchmark and when your current performance is poor in comparison to average performance and existing benchmarks.² State and regional data can be difficult to access and may not be available in all settings.
- **Percentiles:** Most often represent the percentage of organizations that are at, or lower than the stated value but it is important to check the metric closely as some will report the exact opposite. For example, using the most common interpretation, if 90th percentile for physician's mean robotic hysterectomy procedural time is 134 minutes this means that 90% of physicians average less than 134 minutes to complete a case and 10% take longer. Setting goals using sequentially higher percentiles on the same metric can be used to drive improvement.
- **Best Achieved Elsewhere:** Best Achieved Elsewhere involves comparing your organization to similar organizations that have achieved the highest current

performance on the indicator. This can be considered a ‘best in class’ benchmark where a national benchmark does not exist. If your organization is the best in class this would not be an appropriate goal.²

- **Theoretical Best:** This is usually elimination of all harm. This measure could be used when the quality issue likely could be reduced to zero occurrences. An example would be medication errors. This can be very difficult to achieve, however, and, in general, targets of 0% or 100% should be avoided.²
- **Percentage Improvement Over Last Year:** For many organizations, reaching the benchmark or other significant performance goal may take efforts over several years. Percentage Improvement over last year can provide a realistic goal for the next year while striving toward eventual attainment of the benchmark.³

Example:

To decrease persistently delayed surgery start times, your team focuses on improving the percentage of H&Ps completed 30 minutes prior to operating room case start time. Process mapping and root cause analysis work demonstrates that this metric will require busy physicians to prioritize this task among competing workflows.

Considerations:

- Current performance: 64%
- Theoretical best: best possible performance is 100%
- Best Achieved Elsewhere: Among the systems’ regional hospitals, the highest performer scores 90%.
- Percentage improvement over last year:
 - 20% over last year: 77%
 - 40% over last year: 90%

After considering possible goals, in view of the difficulty of implementing change, the team sets a SMART goal⁴ of increasing performance to 75% within six months as a milestone toward achieving the Best Achieved Elsewhere metric of 90%.

References:

1. Agency for Healthcare Research and Quality. “Types of Health Care Quality Measures.” <https://www.ahrq.gov/talkingquality/measures/types.html>. Published February 2015. Accessed October 2, 2024.

2. Ontario Health. "Target Setting."
<https://www.hqontario.ca/portals/0/Documents/qi/qip/2024-25-qip-target-setting-en.pdf>. Published January 2024. Accessed July 30, 2024.
3. Ettorchi-Tardy A, Levif M, Michel P. Benchmarking: a method for continuous quality improvement in health. Healthcare Policy. 2012;7(4):e101.
4. Society for Academic Specialist in General Obstetrics and Gynecology. SMART Goals.
<https://efaidnbmnnnibpcajpcgiclfndmkaj/https://sasgog.org/wp-content/uploads/2023/02/SMART-Goals.pdf>. Published January 2023. Accessed July 30, 2024.

