**Smart Aims**

* **S**pecific: Who will do what?
* **M**easureable: Defined by specific quantitative parameters
* **A**ctionable: What will actually be done
* **R**ealistic: Fits into real-world work
* **T**ime Bound: How long will it take to accomplish?

**Example 1** –

Poor – We will decrease the rates of bloodstream infections.

Better – We will implement the insertion and maintenance bundles as recommend by the CDC.

Best – We will decrease the rates of catheter-acquired blood stream infections for all PICU patients to less than 2/1000 device days by July 1st by implementing the insertion and maintenance bundles as recommended by the CDC.

**Example 2** –

Poor – I will lose weight.

Better – I will lose 10 pounds by summer.

Best – I will lose a pound a week as measured by weighing myself in the morning on my bathroom scale by running for 30 minutes 4 times a week and eliminating soda from my diet.

**Example 3** –

Poor – We will provide more support for cancer patients.

Better – We will improve coordination between the inpatient setting and the Cancer Center for distressed cancer patients.

Best – Our team will increase inpatient referrals to the Cancer Center Social Worker for hematology/oncology patients seen by the Palliative Care team, from 0 to 85% of patients who meet criteria for distress. This will be done by having patients fill out the Distress Thermometer and patients that indicate distress >/= 5 will trigger a SW referral for follow up in Cancer Center by June 30th.