

From Goals to Gold: SMART Steps to Performance Success

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What Are S.M.A.R.T Goals?

- ✓ Specific
- ✓ Measurable
- ✓ Achievable
- ✓ Relevant
- ✓ Time-bound

What Are S.M.A.R.T Goals?

***EXAMPLE:** Reduce our hospital readmission rates for heart failure patients by 10% from CY 2024 within 12 months by implementing a standardized discharge education program.*

OK...Why are SMART Goals Important?

- ❖ **Professional Development**
- ❖ **Patient Care Improvement**
- ❖ **Work-Life Balance**
- ❖ **Team Collaboration**

That's Nifty...But How Can It Help?

- ✓ Reduce Medicare/Medicaid readmissions
- ✓ Improve sepsis screening compliance
- ✓ Reduce CAUTI/CLABSI rates
- ✓ Lower multiple opioid prescriptions
- ✓ Expand SDoH screenings
- ✓ Improve postpartum depression screenings
- ✓ **AND MORE!!**

1. Identify your objectives

2. Break down the goal

3. Balance priorities

4. Track progress

5. Adapt when necessary

6. Take action!

1. Identifying Objectives

This step is about **clarity and intention.**

- **Reflect on professional values/policies**
- **Assess current challenges or gaps**
- **Visualize success**

2. Breaking Down the Goal

Once you have a clear objective, the next step is to **translate it into a S.M.A.R.T goal.**

- **Start** with the Specific
- **Make** it Measurable
- **Ensure** it's Achievable
- **Check** for Relevance
- **Set** a Time-bound deadline

Create a Goal Map

STEP	TASK	PURPOSE	OUTCOME
One	Reflect on professional values/priorities, hospital policy, state and federal guidelines.	Clarify what matters most in this role (patient safety, skill development, leadership, etc.)	A list of core values and areas of focus.
Two	Identify key objectives.	Define what you want to achieve in your career, staff development, and/or patient care.	Clear, meaningful objectives that align with your values, hospital policies, state and federal.
Three	Analyze potential Impact.	Consider how each objective benefits you and/or your patients.	Prioritize objectives based on their potential impact.
Four	Translate into goals.	Turn broad objectives into focused, actionable statements.	Draft your goal statement and you are ready for your SMART formatting!
Five	Break down each goal into smaller parts	Make it achievable and easier to plan.	List sub-tasks or milestones for each.
Six	Check SMART criteria alignment.	Ensure each goal is Specific, Measurable, Achievable, Relevant & Time-bound.	Goals are ready for full SMART development!

What About Barriers?

“Have we even talked about that?”

“I really don’t see the point...”

Lack of guidance

“Who does this belong too?”

“Who is paying for this stuff?”

“Who said that?”

Lack of leadership support

How to Overcome SMART Goal Barriers

SMART Element:	Common Barriers Across Topics:
Specific	Vague education/training, diverse populations, inconsistent tools and lack of feedback loops.
Measurable	Fragmented data, inconsistent data collection, overload, and lack of standard metrics can all hinder tracking and validity of data.
Achievable	Resource limitations, time constraints, staffing variability, reduce feasibility.
Relevant	Goals may lack patient needs/priorities or equity concerns leading to disengagement.
Time-Bound	Long term issues (e.g., SDoH, post-sepsis recovery) don't align with short term timeline.

Example Barrier

Medicare/Medicaid Readmissions Barriers:

SMART Element:	Barrier Impact:
Specific	Medicaid need are diverse and not well-defined by standard protocols.
Measurable	Data gaps and fragmentation hinder tracking and evaluation.
Achievable	SDoH and external factors make goals hard to reach within health care settings.
Relevant	Goals may not align with patient priorities or community realities.
Time-Bound	External partners may not operate on health care timelines.

Reference: https://www.cms.gov/About-CMS/Readmissions_Guide.pdf

Reducing Medicare/Medicaid Readmissions Barriers:

SMART Elements:	Improvement of Barrier:
Specific	Segment Medicaid populations;, co-design programs;, integrate behavioral and social care, develop referral networks, care navigators or CHWs, establish formal partnerships, and use community-based care teams.
Measurable	Use predictive analytics, real-time data dashboards, standardize SDoH data collection, and proxy metrics for SDoH success.
Achievable	Invest in data integration platforms, partner with HIEs, create shared care plans, use Medicaid waivers, and align timelines and expectations.
Relevant	Tailored interventions, layered goals, shared goals, and community input.
Time-Bound	Create deadlines or timeframes (e.g., 30-day CHF readmission reduction target, housing referrals completed within 30-days of discharge, and 6-month goal for securing transitional housing).

Example Barrier

Sepsis Outcomes Barriers:

SMART Elements:	Barrier Impact:
Specific	Varying knowledge and conflicting training/education on guidelines make goal-setting unclear.
Measurable	Poor communication and lack of post-discharge tracking hinder data collection.
Achievable	Staff may lack training or resources to meet aggressive time-based goals.
Relevant	Goals may focus on compliance rather than patient-centered outcomes.
Time-Bound	Acute care timeframes ignore long-term recovery needs.

Reference: bmchealthservres.biomedcentral.com/articles

Improving Sepsis Outcomes Barriers:

SMART ELEMENT	Improvement of Barrier
Specific	Unified care pathways, staff engagement, use checklists, standardized tools such as the 3-and 6-hour bundles, and clarify clinical vs compliance.
Measurable	Post-sepsis care plans, tracking outcomes for 3-,60-, and 90-days, patient education, and partner with primary care.
Achievable	Standardized education, onboarding modules, simulation training/drills, and visual aid.
Relevant	Up-to-date with newest sepsis guidelines and simplify as you can to keep staff following the most meaningful pathway.
Time-bound	Breakdown goals by unique timeframes associated with sepsis (e.g., 1-hour, 3-hour and 6-hour bundle compliances).

Example Barrier

Maternal Depression Screening Barriers:

SMART ELEMENT	Barrier Impact
Specific	Inconsistent education concerning guidelines can make it unclear on when and how to screen and which tools to use. Inconsistent scripting when speaking to patient.
Measurable	Lack of standardized screening intervals and tools can complicate tracking and comparison.
Achievable	Time constraints and lack of mental health resources make screening and follow up difficult to implement.
Relevant	The fear of uncovering complex/complicated issues without support may lead to avoidance, reducing relevance to patient needs.
Time-bound	Screenings may not fit into short visit window and follow up can be unmanageable.

Reference: <https://www.mdpi.com/2077-0383/13/21/6511>

Solutions to Barrier

Assisting Maternal Depression Screening Barriers:

SMART Element	Improvement to Barrier
Specific	Develop, train, and implement standardized modules/scripts for all staff. Do simulations with feedback loops.
Measurable	Create hospital policy on use of a validated tool and set the intervals.
Achievable	Establish referral partnerships with mental health providers and expand to more complex relationships for those more complex cases.
Relevant	Create and implement a clear care pathway with support resources.
Time-bound	Integration of screening into pre-visit paperwork or digital check-ins with assignments to care coordinators for follow-up actions.

Reference: <https://www.mdpi.com/2077-0383/13/21/6511>

Recommendation Summary

- Prewrite
- Problem Statement
- ✓ Prioritize high-impact metrics
 - Readmission rates
 - Patient satisfaction
 - Care coordination
- Use SMART goals to drive measurable improvements
- Engage multidisciplinary teams
- Monitor progress with dashboards
- Align goals with Medicaid (or other payor) reimbursement incentives
- Review and adjust goals at appropriate intervals and ad hoc

Tips & Tricks

Tip	Why It Works
Limit 1-2 goals per initiative.	Prevents team overload and helps them keep focused.
Use action verbs.	Clarified expectations and instills ownership (e.g., “train”, “screen”, “implement”).
Set short-term milestones.	Builds momentum and staff buy-in with sense of achievements being met. It also allows for course correction if needed.
Involve front-line staff in goal setting.	Again, improves buy-in and attainability.
Use visual tracking tools.	Dashboards or scorecards can make the progress and achievement of goals more motivating.

Driving Performance with SMART Goals and Improvement Tools

[smart-goals-for-quality-improvement](#)

[Guide for Reducing Disparities in Readmissions](#)

[Barriers and facilitators to optimal sepsis care](#)

[Screening for Perinatal Depression](#)

[Strategies to Help Care Settings Face Barriers to SDOH Screenings](#)

[Based Approaches for Infection Prevention](#)

Questions



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