



LeaderBriefing

A Smarter Approach to S.M.A.R.T. Goals

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Writing Better Goals vs. Achieving Higher Performance

Anyone who has worked in a large organization during the past 30 years has probably been taught and encouraged to write S.M.A.R.T. goals. This easy-to-remember acronym was originally introduced in a 1981 issue of *Management Review* by authors George Doran, Arthur Miller and James Cunningham¹. And if one of *their* goals was to develop a memorable model that would stick in management practice, then they were extremely successful.

Despite its memorability and simplicity, the SMART goal approach by design has limitations. As suggested in the authors' original article title – “There’s a SMART Way to Write Management’s Goals and Objectives” – the focus of the model is on the structure and content of the written goal itself. While adapted by many authors and managers over time, the original acronym stood for:

Specific
Measurable
Assignable
Realistic
Time-Bound

If a leader’s sole purpose is to craft better goals, this model is superb. But in work with health care organizations to improve employee and patient engagement, we ask leaders at all levels of the organization to think differently about how they set goals and use them to drive higher performance among their teams. Considering the following important questions makes a difference in how staff view goals and their role in helping achieve them.

- *Why is the goal important to our patients, our organization and to members of our team?*
- *Is everyone on board regarding the specific practices that will help us achieve this goal?*
- *Do I believe it is achievable given the resource we have for implementation?*
- *How do I know if we’re making progress?*
- *Do we celebrate when we succeed together? And do we course-correct when we fall short?*



Our adapted S.M.A.R.T. goal model focuses more on effective implementation, making goals relevant for staff and on changing behaviors that will improve performance and achieve the desired results. In a word, our model is more about *how* we use goals to influence outcomes and enhance employee engagement, rather than what a written goal statement includes.

This **LeaderBriefing** from Stamp & Chase explores the rationale and specific details behind each component of our smarter approach to S.M.A.R.T. goals.

Are your goals specific enough to change behavior?

While there are many variations on the original S.M.A.R.T. goals model, the “S” almost always stands for “**specific.**” Writing a SMART goal that is specific means that all aspects of the goal are clearly defined and that it answers the standard 5 W’s (who, what, when, where and why). But even when a well-written goal is specific, it still usually focuses on what you want the end result to be, not on *how* you will get there.

In their 2012 book *The Four Disciplines of Execution*ⁱⁱ, authors Sean Covey, Chris McChesney and Jim Huling described the importance of setting both “lagging” and “leading” goals to change performance. Most leaders set and are most comfortable with lagging goals that look in the rear-view mirror and measure end results (for example, our operating margin last quarter or quality scores last year). Leading goals, on the other hand, target specific predictive behaviors that will lead to better performance.

An example clarifies the power in setting leading vs. lagging goals. A strong, specific lagging goal for an individual nursing care team might be:

To improve patient and family communication, increase “staff worked together as a team” score on patient experience survey from 78.5 to 81.0 by end of third quarter.

While this goal does flag for staff that this is a priority, it does little to help them collectively understand what needs to change to achieve the goal. Here is where a leading goal is beneficial.

To improve patient and family communication, fully implement team bedside report for every shift by end of first quarter. Achieve 100% compliance for all patients by end of second quarter.

The specificity of a well-structured leading goal helps clarify practice changes that will be necessary to achieve a lagging goal. This approach also helps each

member of the team understand their personal responsibilities in achieving better performance.

To develop **specific** goals that move performance, leaders should:

- **Set leading goals that help individual staff members and the team as a whole understand the changes in practice and behavior that will improve results.**
- **Establish companion lagging goals to ensure leading indicators are achieving the desired results.**

Why should I care?

In work with frontline health care staff, the plea to “help connect-the-dots” is one of the most common ones we hear. With new protocols, payer requirements and regulations shifting constantly, staff understandably struggle to make sense of all of these changes. That’s why setting and explaining goals that are **meaningful** is so important.

In today’s metrics-driven world, it is easy for even the most compassionate caregiver to quickly become obsessed with the numbers. Thirty-day readmission rates ... incidents per thousand patients ... HCAHPS top box scores. Chasing the numbers can become all-consuming.



Sadly, “money” is too often our answer when staff ask why HCAHPS scores or readmission rates matter. Yes, Medicare and many commercial payers do indeed pay health care providers more when we achieve lower readmission rates, higher patient experience scores and better clinical outcomes. But the reason they pay us more is because these improved practices make real differences in patients’ lives.

So rather than simply tracking the numbers and trends, consider the incredible meaning and power behind key questions on the HCAHPS, Press Ganey or other patient satisfaction surveys: *treating patients with courtesy and respect, listening to them carefully, being responsive to their needs*. When our scores are lower than we want on these important questions, it means we’ve fallen short in caring for fellow human beings in ways they want, need and deserve.

Developing goals that underscore the powerful things that happen when we achieve them not only gives more meaning to the goal; it gives more meaning to the work each member of the health care team does every day.

To develop and leverage more **meaningful** goals, leaders should:

- **Begin goals with brief purpose phrases that usually begin with “to...”**
 - *To reduce suffering for patients, fully implement new fall precautions that will decrease the incidence of falls by ...*
 - *To improve patient assurance and understanding, consistently use teach-back and open-ended question that will increase “listen carefully” and “explained things” scores by ...*
 - *To reduce unexpected returns to the hospital for cardiac patients following their stay/procedure, change practice for discharge instructions to include ...*
- **Use storytelling to share experiences that have made a real difference in an individual patient’s life and support achievement of a related team goal.**
- **As a team, always talk about the implications for patients that are behind the numbers attached to individual goals.**

Yours, Mine or *Ours* – Whose Goal is it Anyway?

Even the best crafted, precisely-targeted organizational goals are ineffective unless they are embraced by individuals and the entire team responsible for implementing the tactics to achieve them. That’s why the “A” in our smarter S.M.A.R.T. goals model represents **agreed-upon**.



The first, most important step in setting goals that are enthusiastically adopted by teams is to pay attention to two of the other components in our S.M.A.R.T. goals model: making goals *meaningful* and *realistic*. Tying a goal to the core purpose of the organization’s work – in health care, how it impacts patients’ care – helps make its achievement more

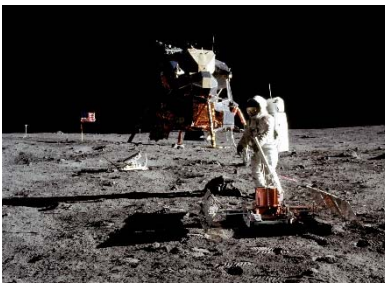
meaningful. Even financial goals can be linked to the short- and long-term fiscal health of the organizations and its ability to continue to invest in technology and services that will ultimately make care better for patients and families.

To be well accepted by teams, the path to success has to be realistic, which we explore in more detail in the next section. It is reasonable to make the accomplishment of a goal a stretch – but not impossible.

To gain shared **agreement** on goals, leaders should:

- **Involve team members in crafting leading goals and tactical plans.**
While many financial, operational or quality goals may be set at an organizational level or dictated by regulation, teams can and should be involved in the problem-solving that sets specific leading goals to achieve targets. For instance, teams can be involved in leading goals related to patient placement and education to achieve departmental fall reduction goals.
- **Spend time talking about goals, not just posting them.**
Organizations and department leaders too often distribute well-written goals – either via email or simply tacked on a bulletin board – without giving teams the chance to really understand their intent. The opportunity to ask questions and to discuss how the goal will be achieved is crucial for staff to truly embrace the objective and be committed to success.
- **Make goal achievement a stretch, not impossible.**
Staff members will embrace strategies to achieve a goal only when they see a clear, realistic path to success.

Why B.H.A.G.s without B.H.A.R.s are Pipe Dreams



“I believe that this nation should commit itself to achieving the goal, before this decade is out, of landing a man on the moon and returning him safely to the Earth.”

That quote from President John F. Kennedy’s speech to a joint session of Congress on May 25, 1961, is perhaps the most often cited example of the philosophy that when

you set big goals, amazing things can happen. And who doesn’t want to accomplish amazing things.

So the fact that the “R” in our model stands for **realistic** may be surprising. Realistic sounds so safe ... hum-drum ... even boring. Don’t we want bigger, transformative, inspiring goals? Maybe even “B.H.A.G.s”?

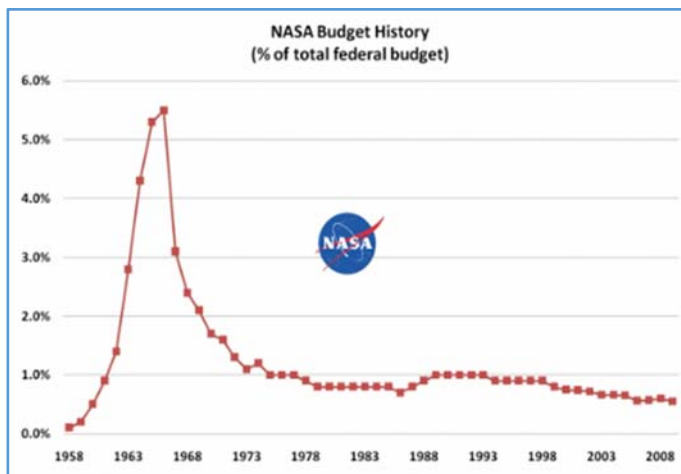
Even if you haven’t read one of the best-selling business books of the past 50 years, *Built to Last*ⁱⁱⁱ by Jim Collins and Jerry Porras, you’ve probably heard about “big, hairy, audacious goals,” or B.H.A.G.s. And the first example of a B.H.A.G. that Collins and Porras cited in their explanation of this concept was President Kennedy’s bold, man-on-the-moon goal.

Does our suggestion that goals should be realistic mean that we believe B.H.A.G.s aren't useful, or even worse, simply pipe dreams? Not at all. It simply means that to be realistic, B.H.A.G.s require B.H.A.R.s – big, hairy, audacious *resources*.

While everyone remembers the man-on-the-moon ambition in President Kennedy's speech to Congress, the sentence immediately preceding that statement arguably was just as important: *"I therefore ask the Congress, above and beyond the increases I have earlier requested for space activities, to provide the funds which are needed to meet the following national goals..."*

No goal, in and of itself, is either realistic or unrealistic. The determinant of whether it is realistic is answered almost entirely by one question: Can and will we devote sufficient resources to achieving the goal?

Kennedy's audacious moon-landing goal dramatically illustrates this point. His bold challenge to put a man on the moon was both aspirational and inspirational. Its primary purpose was to rally the support of the American people and more importantly the Congress to fund the goal's achievement. Remember that the space program at the time was a matter of national pride. We had to beat the Russians, and we were behind in the early 1960s.



The accompanying chart illustrates how significantly resources often have to be redirected to achieve a B.H.A.G. NASA's annual budget in 1961 when Kennedy made his bold proclamation was \$744 million. By 1966 at its peak, the annual NASA budget had reached \$5.9 billion, an increase of nearly 700%. As the line graph shows, the increase in the share of total federal spending for NASA in the 1960s was even more dramatic and illustrates another

important point: effective planning and goal-setting is about prioritization. Resources are not unlimited so focusing time and spending in one area usually means sacrifices in others.

Setting realistic goals in patient experience improvement is especially susceptible to the problem of under-resourcing. Everyone wants to be at the 75th percentile rank (at a minimum) on H-CAHPS scores, but being better than three-quarters of the other hospitals in the country takes a significant commitment if you are starting at or below the median.

Over the years, we have encountered more than one well-intentioned health system that set an inspirational goal of being at the 99th percentile without allocating sufficient resources to get there. The primary problem with this

strategy is that a goal meant to be aspirational becomes discouraging. As one dedicated, experienced staff nurse quietly admitted, “We’ve all just reached a point where we ignore that. We all work very hard, and we know achieving that is impossible. If we take it seriously, it is too demoralizing year after year when we don’t achieve it.”

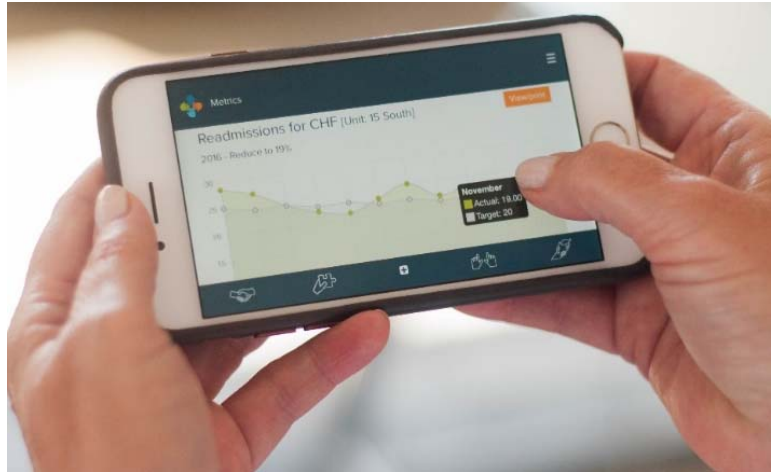
To set goals that are ambitious but **realistic**, leaders should:

- **Recognize that not every goal can be a B.H.A.G.**
Stretch goals are fine, but not every goal in every area can be a stretch. Setting aggressive goals in a few areas and devoting adequate resources to achieving them is better than spreading resources too thinly.
- **Understand that a stretch for one unit may be a cake-walk for another.**
Organization-wide goals for quality, safety or service metrics are reasonable, but they often need to be analyzed and adjusted to be realistic for individual units. This is especially true for patient experience goals. It is fine to set a goal of reaching the 75th percentile rank for a unit that has been at the 60th percentile. But for another unit at the 25th percentile with a more challenging patient population, that goal in a single year would be extremely difficult.
- **Use industry data to help determine whether a goal is realistic or not.**
In some areas, using industry benchmark data can help teams assess just how challenging the achievement of a goal will be. For example, Press Ganey and other patient satisfaction survey companies can tell you how many hospitals, on average, were able to move performance by specific amounts depending on their starting points.

Linking the allocation of resources to the achievement of stretch goals is essential. Well-intentioned “inspirational” goals quickly become disheartening for teams that are hampered by too few resources to achieve them.

Keeping Goal Achievement On-Track

How often are well-stated organizational goals developed and distributed at the start of a new year – then barely addressed by individual teams until 12 months later when we check on how well we did? Our objective must be to make goal performance an integral part of our



day-to-day work. And continuous monitoring and reporting current results to our team is a key part of making that happen.

To effectively **track** goal performance in ways that improve results, leaders should:

- **Go beyond simply posting results.**

To be meaningful and influence team priorities, updated reports from quality, patient satisfaction surveys and other operations metrics have to be more than just another piece of paper posted on a staff bulletin board. Make sharing and team dialogue about these results a standing item on every department meeting agenda, allowing sufficient time to really discuss the implications of the results.

- **Celebrate success!**

Too often I hear frontline staff complain that, “they only notice when something goes wrong.” Taking time to acknowledge and celebrate success is an important way to reinforce best practices and performance. Plus, it just feels good!

- **Course-correct for failure.**

When results are not meeting expectations, it is critical for the team to understand why. Too often, teams simply say, “we must do better” without understanding the root cause of the performance shortfall. Underlying that flawed thinking is the assumption that the team is doing the right things, but they are not doing them well enough. Many times, the real problem may lie in the fact that the practices implemented to achieve the goal are not the appropriate or best ones. Only when a team understands that a change in course is necessary will results improve.

- **Remember a picture is worth a thousand numbers.**
Straightforward graphs or charts that quickly illustrate the trend in performance are far more powerful than lots of numbers and words. Additional details behind the graphs can be used to better understand why performance is trending in a certain way or direction.
- **Tell stories to make the results real.**
Numbers are important, but it is the impact those numbers have on patients' lives that really matter. For example, it is important for cardiac teams to track "door to balloon time" to improve performance. It is more meaningful to hear about how grateful a wife is for your efforts that saved her husband's life. Take time during staff meetings and huddles to highlight those stories of gratitude expressed by patients, family members and colleagues.

Summary

Well-written goals are only the initial, foundational step in developing a disciplined approach that views goal-setting as an important part of driving improved results. Ensuring that goals are **specific** enough to change behavior, **meaningful** so that they engage the team, **agreed-upon** for shared success, **realistic** given the resources allocated to achieve them and **tracked** so that the team knows how they are doing are essential for making goals an integral part of sustainable performance improvement efforts.

ⁱ George Doran, Arthur Miller, James Cunningham (1981). There's a SMART way to write management's goals and objectives. *Management Review*, vol. 70, issue 11.

ⁱⁱ Sean Covey, Chris McChesney, Jim Huling, *The 4 Disciplines of Execution: Achieving Your Wildly Important Goals* (New York: Free Press) 2012.

ⁱⁱⁱ Jim Collins, Jerry I. Porras, *Built to Last: Successful Habits of Visionary Companies* (New York: HarperCollins Publishers, Inc.) 2004.

About the Author



Burl Stamp, FACHE, is the President/Founder of Stamp & Chase, Inc. With broad-based experience working alongside health care professionals from the boardroom to the bedside, Burl has helped major health systems, academic medical centers and community hospitals improve bottom line, patient experience, staff engagement and patient safety results.

Prior to launching Stamp & Chase over 14 years ago, Burl served several leading health care organizations in executive roles. As president and CEO of Phoenix Children's Hospital, he spearheaded development and construction of the first comprehensive, freestanding health care campus in Arizona dedicated to pediatrics. He developed the first strategic planning and marketing department at St. Louis Children's Hospital, where he started the highly successful Answer Line in 1989 to provide reliable, accessible health advice to families. He went on to lead pediatric services development for BJC Healthcare/Washington University Medical Center.

As the principal consultant to Ascension Health's Experience Team for over four years, Burl worked with a dedicated group of leaders within the country's largest not-for-profit health system to develop structured, sustainable approaches to consistently improving the patient experience across the system's 75+ hospitals.

Burl is the author of *The Healing Art of Communication*, a health care professional's guide to improving communication. He is a frequent speaker on communication, leadership, organizational culture and business development strategy in health care organizations.

About Stamp & Chase

Stamp & Chase partners with leading healthcare providers across the country to improve the care experience by improving communication competencies and practices among frontline caregivers and leaders. At the heart of the firm's work are two comprehensive sets of tools and strategies to support care teams:

CAREmunication®

A comprehensive curriculum for frontline staff focused on building competencies and practices that improve communication with both patients and colleagues



A robust portfolio of cloud-based, mobile app leader tools and approaches that sustain performance improvement through more effective manager coaching, goal-setting, mentoring and accountability

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