

## Writing SMART Goals/Objectives

### • What does SMART stand for?

- **Specific:** A SMART goal/objective is **specific** if it identifies the exact area of focus that the goal/objective is targeting for an improvement
- **Measurable:** A SMART goal/objective is **measurable** if there is a way to determine if the goal/objective has been reached by either quantifying it with data or assessing it by answering it with a yes/no question
- **Attainable:** A SMART goal/objective is **attainable** if its measurable target is realistic given the existing resources of the team or program to which it is assigned
- **Relevant:** A SMART goal/objective is **relevant** if it is aligned with a topic has been identified as being important, either from a pre-defined priority, existing data or a needs assessment
- **Time-Oriented:** A SMART goal/objective is **time-oriented** if it specifically identifies by when the measurable target will be achieved

- **Examples of wording of goals/objectives that relates to Emergency Medical Services for Children (EMSC) work, with respect to the SMART criteria. (Do NOT copy these word-for-word when modifying your State's goals/objectives, since these may not be attainable or measurable in your context. These are examples to show how SMART goals can be written and be pertinent to EMSC work.)**

Goal/Objective	Specific	Measurable	Attainable	Relevant	Time-Oriented
<b>NOT SMART:</b> To have EMS agencies submit their electronic records to the state's NEMSIS database	Does not specify which version of NEMSIS	No target is set	Unclear if it's attainable, since no target is set	Yes (see below)	Does not state by when this should happen
<b>SMART:</b> To improve the percentage of EMS agencies submitting National EMS Information Systems (NEMSIS) version 3.3 compliant data with a goal of 70% by 2020.	Focused on EMS agency submission of NEMSIS version 3.3 data	Notes an exact %, which can be measured with data	If the State currently has 60% of EMS agencies doing this, a 10% increase in 2 years is realistic	Relates to EMSC Performance Measure (PM) 01	Specifies the year it will be achieved
<b>NOT SMART:</b> To have 80% of EMS agencies be equipped to care for children	Does not mention how the agencies should be equipped to care for children	Though it mentions a %, it is too vague to be realistically measured	Not attainable, since it does not specify how this will be assessed	Yes (see below)	Does not state by when this should happen
<b>SMART:</b> To develop a plan that enables 25% of EMS agencies to identify a Pediatric Emergency Care Coordinator (PECC) in their organization by 2022	Focused on having a <u>plan</u> for PECCs	Notes an exact %, which can be measured with data	If the State currently has 15% of EMS agencies doing this, a 10% increase in 4 years is realistic	Relates to EMSC PM 02	Specifies the year it will be achieved
<b>NOT SMART:</b> To have 70% of EMS providers be competent in caring for children	Does not mention how provider competency will be assessed	Though it mentions a %, it is too vague to be realistically measured	Not attainable, since it does not specify how this will be assessed	Yes (see below)	Does not state by when this should happen
<b>SMART:</b> To develop a plan to enable 25% of EMS agencies to have a process for physically	Focused on having a <u>plan</u> for physical	Notes an exact %, which can be	If the State currently has 15% of EMS	Relates to EMSC PM 03	Specifies the year it will be achieved

demonstrating skill competency with pediatric-specific equipment as part of their training program by 2022.	demonstration of skill competency	measured with data	agencies doing this, a 10% increase in 4 years is realistic		
<b>NOT SMART:</b> To decrease teenage texting and driving in our State	Too vague to be measured	Does not specify how this can be measured or by how much	Not attainable if it cannot be measured	Yes (see below)	Does not state by when this should happen
<b>SMART:</b> To collaborate with at least two programs annually whose mission it is to enhance public awareness regarding texting and driving with the goal of reducing the number of motor vehicle collisions affecting children in our State by 10% per year.	Focused on a specific issue (texting and driving) and collaboration with 2 stakeholder groups	Notes an exact %, which can be measured with data	Quantifies a reasonable number (2) of programs for targeted collaboration and a reasonable change per year (10%)	Though not related to an EMSC PM, it relates to the EMSC mission of reducing emergency-related morbidity/mortality	Specifies that this will be done "annually"
<b>NOT SMART:</b> To have 90% of hospitals participate in a Pediatric Readiness Program (PRP)	Yes (focused on PRP participation)	Notes an exact %, which can be measured with data	Not attainable if a PRP doesn't even exist in the state yet	Yes (see below)	Does not state by when this should happen
<b>SMART:</b> To implement a Pediatric Readiness Program (PRP) by year 2 with a goal of reviewing and evaluating the program by year 3 such that 20% of hospitals in the state are recognized as able to stabilize and/ or manage pediatric medical emergencies by 2021.	Focused on the existence of a pediatric readiness program	Notes an exact %, which can be measured with data	If the State currently has no existing PRP, having 20% of the hospital participate in 2-3 years is realistic	Relates to EMSC PM 04	Specifies the years each component will be achieved
<b>NOT SMART:</b> To have a trauma system in our state	Yes, since it focuses on the existence of a trauma system	Yes, since the presence or absence of a system can be measured	Not attainable if it a system does not exist yet; this needs to be broken down into attainable steps	No. Though having a trauma system is important, the pediatric-specific aspect of the work is missing.	Does not state by when this should happen
<b>SMART:</b> To identify all Level I-IV trauma centers in the state and to encourage all facilities to participate in the PRP program by Year 2 with the goal of having 50% of hospitals in the state recognized by the VPRP as able to stabilize and/or manage pediatric trauma by 2021.	Focused on the existence of a pediatric readiness program	Notes an exact %, which can be measured with data	If the State currently has no existing PRP, but has an existing trauma system with hospitals that may already be pediatric ready, having 50% of these hospitals participate in	Relates to EMSC PM 05	Specifies the years each component will be achieved

			2-3 years is realistic		
<b>NOT SMART:</b> To ensure that by 2018, at least 100% of hospitals in the state have interfacility transfer guidelines and agreements	Yes (focused on interfacility transfer agreements)	Notes an exact %, which can be measured with data	Not attainable, since the grant begins in 2018 and the expectation is that all hospitals will reach this goal in year 1	Yes (see below)	Yes (does state by when it should be accomplished)
<b>SMART:</b> To ensure that by 2020, at least 80% of hospitals in the state have written interfacility transfer guidelines and agreements that cover pediatric patients, and include the eight components of transfer described in the EMSC Performance Measure Implementation Manual.	Focused on the existence of inter-facility transfer guidelines and agreements	Notes an exact %, which can be measured with data	If the State currently has 70% of hospitals doing this, a 10% increase in 2 years is realistic	Relates to EMSC PMs 06 and 07	Specifies the year it will be achieved
<b>NOT SMART:</b> To have an active EMSC Advisory Committee	No, because an "active" committee is vague. How will this be measured?	Too vague; cannot be measured	Possibly, if it were better defined	Yes, see below	Does not state by when this should happen
<b>SMART:</b> To conduct quarterly in-person EMSC Advisory Committee meetings each year, facilitated by a full-time EMSC Program Manager.	Focused on the frequency and leadership of the EMSC advisory committee meetings	Measured with a yes/no: if the meeting took place, then the goal has been met	If the state already does this, then it's realistic to continue	Relates to EMSC PM 08	Specifies that this will be done "quarterly"
<b>NOT SMART:</b> To make sure all of the EMSC performance measures are enacted into State law.	Yes (focused on legislative permanency)	Can be answered with a yes/no	Not attainable, since the political climate in the State is against over-regulating health care for "special populations"	Yes (see below)	Does not state by when this should happen
<b>SMART:</b> To draft a written policy agenda with the EMSC Advisory Committee, Family Advisory Network representatives and stakeholder input in Years 1 and 3 of the grant with the goal of integrating EMSC priorities into existing State mandates and hospital/ health care facility statutes or regulations.	Focused on integrating EMSC priorities into rules and regulations	Measured with a yes/no: if the policy agenda is drafted, then the goal has been met	If the state already does this, then it's realistic to continue	Relates to EMSC PM 09	Specifies that this will be done in Years 1 and 3 of the funding period