A Guide to Appropriate Target Setting for Quality Improvement Plans

Which Target Works Best for You?

Benchmarking: Compare your organization's performance on an indicator to the current best-known performance, and set realistic goals to work toward.

Best achieved elsewhere: Compare your organization's performance to that of the organization of comparable size, type, location, or patient population with the best-achieved performance for that indicator – a form of benchmarking ("best in class").

Theoretical best: Work toward the best possible outcome in a category, for example, no medical errors, no wait time, or 100% effectiveness in medical treatments. A theoretical best target can be phased in over time, with more modest interim annual targets that build toward the goal. Depending on the indicator, the current literature may suggest a "gold standard" performance to work toward, which could also be considered the theoretical best.

Percent improvements: Work toward a longer-term goal (i.e., a benchmark or theoretical best performance) by setting a target based on performance in a previous period. The target can be consistent improvement over multiple time frames, or your organization can set an absolute target for improvement in each time period, for example, 10% improvement each year over a 3-year period or until reaching the provincial target.

Provincial average: Set a target to meet the average performance of similar organizations in the province on a given indicator. The provincial average might be a suitable short- or medium-term goal if your organization is performing worse than the provincial average.

See the table on p. 2 for examples of indicators and target types.

Tips

- Set realistic, achievable targets to ensure your organization feels passionate and driven without being overwhelmed.
- Be thorough and consider all the factors that will influence your ability to reach a certain target.
- Get input from multiple groups when possible, including patients, frontline workers, and the community in which your organization operates.
- Explain the "why" and "so what" behind your targets. A target justification that explains the rationale for the target choice, why the target was chosen, and its impact on key players (e.g., patients and health care workers) can help people understand why the target is achievable and desirable and can help rally support.

Things to Avoid

- Setting a retrograde target, that is, a target *worse* than current baseline performance: If conditions make a retrograde target the only realistic option, the organization must provide an explanation (a target justification).
- Setting a generalized target across groups of organizations (e.g., organizations under a parent corporation): This may result in retrograde targets for high performers.



- Populating the Measures section with a future time period: If using a custom indicator, when populating the Measures section, ensure that the period reflects your baseline or the previous year's data. This will enable you to set a target for improvement.

Ontario Health

Sample Indicators and Target Types

Indicator	Current performance	Target	Target type and justification	Insight
Time to physician initial assessment for CTAS 2 patients	30 min	15 min	*Benchmarking:* The benchmark for assessing CTAS 2 patients appropriately is 15 minutes.	The benchmark target of 15 minutes for physician initial assessment for this patient population is realistic and desirable.
90th percentile wait time to inpatient bed	33.0 h	28.7 h	*Provincial average:* The provincial average is 28.7 hours, so we are targeting to meet the provincial average.	When current performance is worse than the provincial average, it is reasonable to target the provincial average as a short-term goal.
90th percentile ambulance offload time	107 min	50 min	*Best achieved elsewhere:* Organization X is the best-performing small community hospital in Ontario, with a performance of 50 minutes.	After researching the performance of similarly sized and located organizations and determining that the best performance is 50 minutes, this target to meet "best in class" is appropriate.
Percentage of staff who have completed relevant equity, diversity, inclusion, and anti-racism education	64%	100%	*Theoretical best:* The theoretical best possible performance for this indicator is 100%.	Although the theoretical best target is the same as the benchmark target here, that would not necessarily be the case for all targets or for all years.
Percentage of patients who visited the emergency department and left without being seen by a physician	9%	4%	*Percent improvement:* The goal is to improve by 50% each year, working toward the theoretical best target of 0% of patients leaving without being seen.	The target for the first period would be 4%, decreasing another 50% in subsequent periods until 0% (or the desired long-term target) is reached. Taking a multiyear and staged approach is appropriate.
Percentage of long-term care residents not living with psychosis who were given antipsychotic medication	27%	**29.0%**	This is our corporate target.	This organization has set a **retrograde target**, targeting to do *worse* than its current performance. There are very few circumstances where it would be appropriate to target doing worse.

Note: The indicators listed here are actual QIP indicators. However, the targets and performance described are only examples; they are not based on actual findings.
Abbreviation: CTAS, Canadian Triage and Acuity Scale.

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