Target Setting

A comprehensive guide to appropriate target setting for Quality Improvement Plans

Which target works best for you?

Benchmarking: Compare your organization's performance on an indicator(s) 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 that category. For example, no medical errors, no wait times, 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, 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 timeframes, or your organization can set an absolute target for improvement in each time period (e.g., a 10% improvement each year over a 3-year period or until reaching 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.

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, front-line 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

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

Ontario Health

Sample Indicator and Possible Target Type Choices

Sample Measure/Indicator	Current Performance	Target	Target Justification	Insight
Time to physician initial assessment for CTAS 2 patients	30 minutes	15 minutes	**Benchmarking:** The benchmark for assessing CTAS 2 patients appropriately is 15 minutes.	The benchmark target of 15 minutes for initial physician assessment for this patient population is realistic and desirable.
90th percentile wait time to inpatient bed	33.0 hours	28.7 hours	**Provincial average:** The provincial average is 28.7, 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 minutes	50 minutes	**Best achieved elsewhere:** Organization xyz 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 the best performance is 50 minutes, this target to meet that "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 for this sample indicator, the theoretical best target is the same as the benchmark target, this is not always the case.
Percentage of patients who visited an emergency department but 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 multi-year 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** and is targeting to do worse than they are currently performing. There are very few circumstances where it would be appropriate to target to do worse.

Note: This indicator appears on Quality Improvement Plans; however, the targets and performances described below have been manufactured for this example and are not based on any real findings.
CTAS = Canadian Triage and Acuity Scale.

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