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READINESS ASSESSMENT & DEVELOPING PROJECT AIMS

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**U. S. Department of Health and Human Services**  
**Health Resources and Services Administration**



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## READINESS ASSESSMENT & DEVELOPING PROJECT AIMS

The goals of this module are to define readiness assessment and its purpose in an organization's overarching quality improvement (QI) program. The module drills down to provide details of readiness assessment methods and characteristics when an organization prepares to embark on a new QI project under the broader umbrella of the QI program. The module also walks through the next steps after an organization completes its readiness assessment and is prepared to initiate a QI project, which involves development of its project aim statement.

### Part 1: Introduction

Many health care organizations understand that, in order to reduce health disparities and improve the quality of care, changes in health care delivery are often required. However, before initiating a *QI project*, such as, improving diabetes, hypertension, or cycle time, an organization needs to assess its readiness to implement process and system changes. Likewise, the organizational leadership should be evaluated based on its ability to develop and implement an overall *QI Program*. An important first step when embarking on a quality improvement journey includes a *readiness assessment*.

#### What Is a Readiness Assessment

Measuring readiness is a systematic analysis of an organization's ability to undertake a transformational process or change. A readiness assessment identifies the potential challenges that might arise when implementing new procedures, structures, and processes within a current organizational context. Furthermore, through the identification of the *gaps* within the existing organization, the readiness assessment affords the opportunity to remedy these gaps either before, or as part of, the implementation plan. (1) There are two levels of readiness assessment—*Organizational QI Program Readiness* and *QI Project Readiness*.

***Organizational QI Program Readiness*** involves an assessment of the organization's readiness for change overall, its current infrastructure, and support. The readiness assessment also provides an opportunity for an organization to determine what is working well, what needs improvement, and how the organizational mission and vision tie into its goal for improvement. During a readiness assessment, the organization examines its current information technology (IT) structure, common revenue streams, and how decisions are made in the organization.

***QI Project Readiness*** involves an assessment of the QI team's readiness for change, motivation for improvement, its team infrastructure, and leadership support. As with the QI program readiness assessment, the team is able to identify what is working well and opportunities for improvement. It is also during this stage where an organization can take the opportunity to assess the current situation for data collection and analysis and how that relates to overall quality improvement goals.

Both levels of readiness assessment are equally important; however, they will occur at different times and involve various levels within an organization. For example, a QI team should avoid assessing its readiness to begin a QI *project* focusing on diabetes if the overall organization has not conducted a readiness assessment to implement its organizational QI *program*. The overall organizational readiness assessment ensures that the QI team has the necessary resources to move forward in developing a QI project focused on diabetes.

## What Is the Purpose of Readiness Assessment

The purpose of a readiness assessment is to determine if there are potential barriers to success and provide the *QI team* or organization the ability to overcome such barriers before beginning or spreading the QI project. Performing the readiness assessment also has the added benefit of helping team members to bond, and affords them their first opportunity to work together as a team. Establishing this working relationship from the start, before their involvement in the QI project, prepares team members for the important work of improvement as they move forward. The individuals who participate in the readiness process gain a full understanding of their defined barriers, and the processes needed to overcome these barriers. This part of the readiness process helps to align an organization with success in its QI project.

## Part 2: Key Characteristics of Readiness

Certain readiness characteristics are associated with successful implementation of new processes or systems into an organization's current infrastructure. When present, these characteristics increase an organization's ability to achieve its desired goals and avoid the obstacles common to transformation efforts. An absence of any of these key characteristics indicates areas in which the organization is not ready to proceed with the implementation of a QI project or program. These gaps should be addressed by specific strategies as part of the implementation plan. (1)

## QI Program Readiness

### *Organizational Readiness*

The first readiness characteristic is *organizational readiness* to implement an overall QI program. Organizational readiness includes:

- High levels of executive commitment to the quality improvement initiative from key decision-makers
- An understanding of the financial investment and time commitment that quality improvement requires
- Consensus throughout the organization that the quality improvement initiative is aligned with:
  - Organizational goals
  - Physicians and clinicians who support the initiative and understand its value
  - Clinicians who enjoy a collaborative working environment(1)

## ***Staff Characteristics***

The second readiness characteristic of organizational QI program readiness is *staff characteristics*. A critical staff characteristic is the provider's adoption of the QI initiative. Assessing the provider's adoption may include:

- The provider's belief that it is relatively easy to care for patients at the facility and the improvement strategy will improve this experience
- The relationship between the provider and the organization's administration and other clinicians is open and collaborative
- The provider actively participates in initiatives that promote evidenced-based and leading clinical practices
- The provider is willing to assume a leadership role while implementing an integrated care system by taking responsibility for key objectives and helping to promote the system to other providers within the organization<sup>(1)</sup>

## ***Resource Readiness***

The third characteristic is *resource readiness*, which is the organization's ability to support the QI initiative. This assessment evaluates if health care decision makers are knowledgeable about the type and availability of organizational resources required for initial implementation of a QI initiative, as well as ongoing support for quality improvement. Resource readiness encompasses a wide range of assets, such as, money, space, technology, availability of training, supervisors, and sometimes consultation services. <sup>(2)</sup>

## **QI Project Readiness**

As with readiness assessment for a QI program, there are certain characteristics associated with readiness to embark on a QI project. An organization seeking to improve care must be motivated and prepared for change. Assessing readiness before undertaking a QI project includes the following evaluations:

### ***Leadership***

An assessment of leadership is to determine if they identified the QI project as a priority, whether it is a clinical condition or process specific. Leadership in the organization is generally the executive that is engaged in the change process. The ideal leader, often referred to as the *senior leader*, has ultimate authority to allocate time and resources needed to achieve the project's aims. In addition, this individual has administrative authority over all areas affected by changes the team will test, and he or she will champion the spread of successful changes throughout the organization. Senior leadership generally consists of the chief executive officer (CEO), chief operations officer (COO), medical director, nursing director, and business manager.

The leadership group has the power to decide whether the project is undertaken or not. They are responsible for targeting goals, supporting changes and removing obstacles, communicating

changes and priorities to the health care staff and governing board, chartering the team, and providing support and resources to ensure success. They direct the “spread of improvement changes” throughout the organization, integrating them into their entire system of care. A senior leader’s primary responsibility is to lead the organization toward high performance goals. A team with senior leadership assistance can significantly improve the quality and cost of care that an organization delivers. (3)

### ***The QI Team***

In addition to leadership, the QI team is also a focus for generating change in an organization. Creation of a quality-oriented team or *micro-system* is associated with quality, and an effective team is associated with higher quality care. (4) A team is a group of people who work together to achieve a common purpose and are mutually accountable to each other. The QI team is often responsible for developing the project *aim*.

A multidisciplinary QI team is typically tasked to carry out the QI work as determined by the project aim. Putting together the right team helps guide the change in the right direction. An effective team includes individuals with clinical, management, technical, and leadership skills. Characteristics of team members include visibility and credibility in the organization, expertise relevant to the proposed change, and a leader to help drive the change. (5)

It should be noted that a team is useful and effective for quality improvement, but its impact can be limited without leadership championing the cause. A more advanced discussion on forming an improvement team can be found in the [Improvement Team](#) module.

### ***Readiness for Data Collection, Measurement and Management***

Effective measurement is the cornerstone of successful improvement; therefore, it stands to reason that assessing the QI team’s ability to collect, measure, and manage data is a critical component to evaluate before beginning a QI project. As a QI team determines readiness for initiating a QI project, consideration is given to the readiness of the QI team to collect and measure data, as well as, what to do next after the data is collected. A few key considerations when assessing the readiness for the team to manage data are listed below:

- Has the organization identified and prioritized its desired results?
- Is there an established means to measure progress toward those results or can it be created?
- Is there a process for tracking and measuring progress toward its desired results, which includes effective means to display data?
- Is there a communication plan where individuals working to achieve the desired results can exchange and provide ongoing feedback?
- Is there an established plan to periodically review progress?
- Is there a process to intervene when needed as a means to improve progress?

Measurement does not have to be difficult or time consuming. The key is to select the right measurements, so the QI team can see results quickly and adapt interventions accordingly, which places less strain on resources and more focus on outcomes. It is equally important to incorporate data collection into the daily work of staff, instead of making it a separate project. This aids timely, relevant collection of data, and reduces stress by making measurement something that is "easy" to do. An organization should create or adopt data collection forms that include only the information needed and are easy to fill out. When integrating measurement into a staff member's role, an organization should develop a contingency plan for ongoing data collection should that person become unavailable.(6)

Organizations that adopted change successfully used a set of performance indicators with a plan to test and implement them. Organizational leadership also devoted support to appropriate IT that best applied to their organizational needs. When preparing to measure change, it is important to ensure organizational investments in IT are appropriate and provide the highest return possible. When using well-balanced performance indicators with IT management, they can:

- Increase the certainty that a change will result in an improvement
- Demonstrate improvement or lags in improvement over time
- Align organizational goals and objectives with measures
- Communicate the value of IT and quality

Health IT or HIT is an important aspect for an organization to achieve its desired aim. Applying the principles of the Model for Improvement or other quality improvement models are helpful for an organization to use when assessing readiness. (7)

For additional information on data collection and measurement, including tools to support a QI team in this process, can be found in the [Managing Data for Performance Improvement](#) module.

### **Part 3: Assessing Organizational Culture for Change**

Organizational culture is the term used to describe shared beliefs, perceptions, and expectations of individuals within an organization. Because of its shared nature and implicit understanding of organizational norms and values, culture can have a dramatic effect on an organization's efforts to change specific procedures or processes. For better or worse, organizational culture affects any effort to implement change. Characteristics of organizational culture have also been linked in the literature to various aspects of organizational performance, such as: financial performance, customer and employee satisfaction, and innovation. In the health care environment, organizational culture has been associated with several elements of organizational experience that contribute to quality, such as, patient care, employee job satisfaction, and patient safety. Studies have demonstrated that improving the work climate significantly improved the quality of services in a health care organization. For example, studies relate nursing care to organizational culture and quality. For instance, hospitals known to be "good places to work" have a lower Medicare mortality rate.(4)

A supportive organizational culture is often cited as a key component of successful quality improvement initiatives in a variety of industries, including health care. Organizational culture

is related to an organization's ability to adapt to rapidly changing business demands, to remain competitive, and to sustain high levels of performance. Such models portray organizational culture as central to the operation and function of the organization, providing a shared vision that can serve as an effective guide to appropriate and goal-directed behaviors. This vision places workers within a consistent framework that sets the stage for the quality improvement as envisioned in the Institute of Medicine report, [Crossing the Quality Chasm](#) (2001).

### Creating Organizational Culture for Change

Although certain qualities of organizational culture are associated with positive performance, improvement is not simply a matter of having an organization adopt the "right" culture. The organization seeking optimal performance must work with its own management team and staff to create a culture to achieve superior performance. There is no single formula for achieving such culture change. However, certain programs do address aspects of culture that may be changed.

Organizational culture is related to quality in general and quality healthcare. Organizational culture affects several organizational dimensions, including job satisfaction, attention to error, learning, and overall quality of performance. There are a number of methods for promoting a quality culture, but they all start with leadership embracing the promotion of quality through the articulation of the organization's mission and vision, engagement of people throughout the organization in quality, and attention to learning.

## Part 4: Tools to Support Readiness Assessment

Building common knowledge in the organization around quality and assessing the organizational practice for the improvement journey starts with having insight into an organization's structure and function. There are number of tools available for assessing organizational readiness to change; however, two common tools used for assessing organizational readiness for change are the *Assessment of Chronic Illness Care* and a *Readiness Assessment Check List*.

The [Assessment of Chronic Illness Care](#) (ACIC), developed by the MaColl Institute for Healthcare Innovation, is a tool intended for use by medical teams to: (1) identify areas for improvement in care for chronic illness before beginning quality improvement work, and (2) evaluate the level and nature of improvements made in response to quality improvement interventions..

Additional tools that organizations have found helpful are listed in the chart below. While all tools will not necessarily work for every organization, the importance of assessing organizational readiness prior to undertaking an improvement project cannot be overstated.



**Table 4.1: Organizational Readiness Assessment Tools**

Readiness Tool	Link
Organizational Readiness Assessment Checklist	<a href="http://teamstepps.ahrq.gov/ahrqchecklist.aspx">http://teamstepps.ahrq.gov/ahrqchecklist.aspx</a>
The Patient Assessment of Care for Chronic Conditions (PACIC)	<a href="http://www.improvingchroniccare.org/index.php?p=PACIC_Survey&amp;s=36">http://www.improvingchroniccare.org/index.php?p=PACIC_Survey&amp;s=36</a>
Assessment of Chronic Illness Care	<a href="http://www.improvingchroniccare.org/index.php?p=Versions&amp;s=297">http://www.improvingchroniccare.org/index.php?p=Versions&amp;s=297</a>
Patient-Centered Medical Home Assessment	<a href="http://www.qhmedicalhome.org/safety-net/upload/PCMH-A_SNMHI_080410.pdf">http://www.qhmedicalhome.org/safety-net/upload/PCMH-A_SNMHI_080410.pdf</a>
Integrated Care Readiness	<a href="http://careintegra.net/files/Readiness%20Assessment.pdf">http://careintegra.net/files/Readiness%20Assessment.pdf</a>
Spread Site Assessing Adaptability	<a href="http://www.healthcarecommunities.org/SearchResult.aspx?searchtext=Assessing%20Readiness%20for%20Spread%20Long%20Form%20February%202008">http://www.healthcarecommunities.org/SearchResult.aspx?searchtext=Assessing%20Readiness%20for%20Spread%20Long%20Form%20February%202008</a>

## Part 5: Developing and Writing an Effective Aim Statement

When a QI team decides to make an improvement, it often wants to dive into identifying issues and nominating fixes for the most prominent problems first. However, this jumpstart can lock the team into misplaced priorities. An *aim statement* provides a QI team with a focused target or a goal to achieve through its quality improvement work.

### What Is an Aim Statement?

An aim statement is a written declaration of what an organization wants to accomplish. An effective aim contains measurable and time-sensitive parameters for the expected results of an improvement process.<sup>(8)</sup> It includes a numerical measure for a future target or goal and a specific period of time to achieve it. The statement should also define the specific population that will be affected. The following is an example of an aim statement for a hypothetical health center focusing on improving its breast cancer screening rates:

*Over the next 12 months, we will redesign the care systems of Green Valley Family Health Center to ensure that 90 percent of women aged 40 to 69 years have been screened for breast cancer with mammography within the past two years. We will begin with women cared for by Dr. Laurel's practice and spread to Dr. Burt's practice beginning in month 13 or sooner, if possible.*

Having an aim statement that all team members can agree upon helps to ensure the success of achieving the aim. The aim statement serves as a compass—it guides a QI team throughout the improvement effort by clearly describing the parameters of what the team wants to accomplish.

Since an aim statement is a specific declaration of what a QI team will focus on as it strives to improve a process or a system, the statement should include a few key elements:

1. It identifies the system to be improved and the specific population it serves.
2. It includes a numerical goal—preferably an ambitious "stretch" goal. [link to glossary]
3. It defines a specific time frame, e.g., by St. Patrick's Day or within 6 months.

## Keys to Developing an Aim Statement

### *Leadership*

Engaged leadership is essential to developing the aim statement, because it is the leadership who can ensure that the change aligns with the organizational goals and mission. The engaged leadership also ensures that the QI team has clear direction to develop the improvement cycle. In lessons learned from other QI teams, there is inherent risk when a team develops its aim statement in isolation or without leadership direction.

### *The QI Team*

Improvement teams who create effective aim statements usually *brainstorm* and conduct research as a team to identify real opportunities for improvement (i.e., patterns of service delivery that create problems for patients and families) and decide which to address first. Often a QI team collects some data to check its hunches and ensure it is addressing a true opportunity for improvement. For instance, a team may not realize that access is an issue for its organization, until it discovers a new prenatal patient took four weeks to schedule an appointment. Once an opportunity for improvement is identified, an aim statement can be created to delineate what the team will accomplish during its QI project. It should be noted that often a QI team assigned to focus on improvement also has input in developing an aim statement, but this is not always the case. Sometimes, an aim statement is developed outside of the QI team based on program requirements that entail improvement over time.

## Organizational Approach to Developing Aims

Often an organization uses the six *Institute of Medicine (IOM) Aims* to help identify goals and set the direction for the QI team to work on a specific issue. In 1999, IOM in Washington, DC, released, [To Err Is Human: Building a Safer Health System](#), [link] a report that brought much public attention to the crisis of patient safety in the United States. In 2001, the IOM issued a second report, [Crossing the Quality Chasm: A New Health System for the 21st Century](#), [link] which outlines [six overarching "Aims for Improvement" for health care](#): [link]

1. **Safe:** Avoid injuries to patients from the care that is intended to help them.
2. **Effective:** Match care to science; avoid overuse of ineffective care and underuse of effective care.
3. **Patient-centered:** Honor the individual and respect choice.
4. **Timely:** Reduce waiting for both patients and those who give care.
5. **Efficient:** Reduce waste.
6. **Equitable:** Close racial and ethnic gaps in health status.

Once the problem has been identified, an organization then begins the process of developing a QI project aim.

## Step-by-Step Guide to Developing QI Project Aims

Writing an aim statement for the first time may appear complex to an organization; however, the following pointers from experienced QI teams can help an organization to quickly learn effective aim development:

First, a QI team writes down what it wants to accomplish and keeps it simple, as in the following examples:

*Improve prenatal patient access to first prenatal visit appointment at a particular site*

Or

*Improve HbA1c levels for all of our diabetic patients out of control.*

Once a simple or general statement is developed, the team converts it into a specific aim that uses the following four questions as a guideline to incorporate elements of an effective aim:

Elements of an Effective Aim

1. What will improve?
2. When will it improve?
3. How much will it improve?
4. For whom will it improve?

In the following example, the QI team converted its first statement, *Improve HbA1c levels for all of our diabetic patients out of control*, into an effective aim statement that includes all of the four elements:

**Aim Statement:** *In six months, 80 percent of Dr. Walker's diabetic patients, whose HbA1c is > 9, will have a decrease in their HbA1c levels.*

This example features the four components needed to set a focused and clear aim that is easily understood by anyone who reads this statement. The aim aligns with the four elements as follows:

1. **What will improve:** *HbA1c levels in Dr Walker's diabetic patients who are identified as "out of control"*
2. **When:** *Within 6 months of the project start*
3. **How much:** *Increase from 0 percent (i.e., baseline) to 80 percent of the identified patients (i.e., goal)*
4. **For whom:** *Dr. Walker's diabetic patients with a HbA1c > 9*

Determining a useful aim can be a complicated process for an organization as it incorporates the four elements, defines a measurable goal that is achievable and yet challenging; i.e., a stretch to reach it. Defining and setting goals are critical parts of the process of aim development. If the goal is too large or challenging, the QI team may lose a sense of accomplishment in the absence of any successes to celebrate. On the other hand, a goal that is too small may diffuse the enthusiasm of the QI team in its work to implement worthwhile improvement. A QI team should

also be prepared to adjust the aim as the organization works through other issues, such as, establishing an *improvement team*.

Since improvement requires setting aims, an organization will improve if it has a clear and firm intention to do so. Agreeing on the aim and allocating the people and resources necessary to accomplish the aim are critical. The following is a list of tips and recommendations for setting effective aims.

### Tips for Setting Aims

- 1. State the aim clearly.** Achieving agreement on the aim of a project is critical for maintaining progress. Teams make better progress when they are very specific about their aims. Make sure that the aim statement describes the system to be improved, and the patient population. In addition, ensure that the aim gives guidance on the approaches to improvement.
- 2. Include numerical goals that require fundamental change to the system.** Teams are more successful when they have unambiguous, focused aims. Setting numerical goals clarifies the aim, helps to create tension for change, directs measurement, and focuses initial changes. For example, the aim "Reduce operating room time" is not as effective as "Reduce operating room time by 50% within 12 months." Including numerical goals not only clarifies the aim but also helps team members begin to think about what their measures of improvement will be, what initial changes they might make, and what level of support they will need.
- 3. Set stretch goals.** A "stretch" goal is one to reach for within a certain time. Setting stretch goals such as "Reduce operating room time by 50% within 12 months" communicates immediately and clearly that maintaining the status quo is not an option. Effective leaders make it clear that the goal cannot be met by tweaking the existing system. Once this is clear, people begin to look for ways to overcome barriers and achieve the stretch goals.
- 4. Avoid aim drift.** Once the aim has been set, the team needs to be careful not to back away from it deliberately or "drift" away from it unconsciously. The initial stretch goal "Reduce operating room time by 50% within 12 months" can slip almost imperceptibly to "Reduce operating room time by 40%" or "by 20%." To avoid drifting away from the aim, repeat the aim continually. Start each team meeting with an explicit statement of aim, for example, "Remember, we're here to reduce operating room time by 50% within 12 months," and then review progress quantitatively over time.
- 5. Be prepared to refocus the aim.** Every team needs to recognize when to refocus its aim. If the team's overall aim is at a system level (for example, "Reduce adverse drug events in critical care by 30% within 12 months"), team members may find that focusing for a time on a smaller part of the system (for example, "Reduce adverse drug events for critical care patients on the cardiac service by 30% within 12 months") will help them achieve the desired system-level goal. Note: Don't confuse aim drift, or backing away from a stretch goal (which usually isn't a good tactic), with consciously deciding to work on a smaller part of the system (which often is a good tactic).

The following example provides an aim statement created by the hypothetical Southeast Health Center's QI team and the checklist the team used to assess its completed aim statement. Using the Aim Statement Checklist to assess the QI team's aim statement provides reassurance that the team included the necessary components of the aim statement for its improvement project.

**Example 5.1: Assessing the Aim Statement for Southeast Health Center (SHC) Using the Aim Statement Checklist**

**Aim Statement:** *Over the next 12 months, we will redesign the care systems of Southeast Health Center to increase the number of patients aged 50 to 80 years in Dr. Stallings' practice, so that greater than 52 percent of these patients are screened for colorectal cancer.*

*Guidance:*

- *No additional staffing will be required as a result of this improvement*
- *A key focus will be systems for patient outreach*

*\*Here is an example of how Southeast Health Center evaluated its aim statement using the Aim Statement Checklist. [\[link\]](#)*

**Aim Statement Checklist for Example 5.1: (8)**

- ✓ What is expected to happen?  
**SHC:** More patients will be screened for colorectal cancer
- ✓ Time period to achieve the aim?  
**SHC:** 12 months
- ✓ Which system will be improved?  
**SHC:** Care systems that improve colorectal cancer screening
- ✓ What is the target population?  
**SHC:** Patients aged 50 to 80 years in Dr. Stallings' practice
- ✓ Specific numerical goals?  
**SHC:** Greater than 52 percent will be screened for colorectal cancer
- ✓ Guidance, such as, strategies for the effort and limitations?  
**SHC:** As noted, no new staff plus focus on patient outreach

**Using Benchmark Data to Set Target Goals for an Aim Statement**

Evaluating what others achieved provides appropriate context for choosing the numerical portion of an organization's aim. While the goal of screening *100 percent of patients for colorectal cancer screening* is optimal, it is not realistic. An organization can set an appropriate and realistic goal based on the review of comparable data after consideration of the payer mix of the patient population served. For some measures, it may be possible to find examples of benchmark data, which demonstrates the performance of a best practice. It is important to consider an organization's particular patient population when making comparisons to others' achievements. An organization may consider socioeconomic status and race/ethnicity of the population served, organizational size, payer mix, and other criteria in an effort to achieve an accurate comparison. Reviewing what others accomplished may help an organization to understand what is feasible to achieve. The numerical part of the aim should be obtainable, yet high enough to challenge the team to substantially and meaningfully improve. Using this method to help set the aim also assists with determining readiness for the organization to embark on the improvement journey. Advanced discussions on the use of benchmark data can be found in the [Managing Data for Performance Improvement](#) module.

## Revisiting the Project Aim in a QI Project

Once an aim has been set, it is important for an organization to periodically revisit the aim to evaluate its usefulness and appropriateness for the team’s improvement work. Ideally, at each QI or project planning meeting, a team should review the measurements and progress toward the aim. Some important questions for an organization or QI team to consider during this evaluation are:

- Does the aim still align with the progress that is occurring?
- Do the measures being collected show progress toward achieving the aim?
- Does the aim need to be adjusted or revised to align with the organization’s data and changes being made?
- Are the changes helping the organization to reach its intended goals?

An aim statement may go through many revisions as the team’s goal becomes more narrow and focused. It is recommended that the aim statement be reviewed at each team meeting to help keep focus on the intended goals, as well as assess its alignment with the data that is being collected. (9)

## Part 6: Tools to Support the Development of Project Aims

Tools that organizations have found helpful in developing a QI project aim are listed in the chart below. While all tools do not necessarily work for every organization, many of the tools contain useful elements that an organization can modify for its particular setting.

**Table 6.1: Useful Tools to Support an Organization with Developing Project Aims**

Name of Tool & Link	Description
<b>Developing an Aim Statement</b>	<a href="http://www.ncchca.org/files/Clinical/collaborative%20light%209/Developing%20an%20Aim%20Statement.doc">http://www.ncchca.org/files/Clinical/collaborative%20light%209/Developing%20an%20Aim%20Statement.doc</a>
SMART Worksheet - Checklist: Making SMART goals	<a href="http://www.mdanderson.org/education-and-research/resources-for-professionals/clinical-tools-and-resources/clinical-safety-and-effectiveness-educational-program/pdca/smart-worksheet.doc">http://www.mdanderson.org/education-and-research/resources-for-professionals/clinical-tools-and-resources/clinical-safety-and-effectiveness-educational-program/pdca/smart-worksheet.doc</a>
<b>Sample Aim Statement Worksheet</b>	<a href="http://www.rwjf.org/files/research/sampleaimstatement.pdf">http://www.rwjf.org/files/research/sampleaimstatement.pdf</a>
Aim Statement and Population of Focus Examples	<a href="http://www.healthcarecommunities.org/SearchResult.aspx?searchtext=Aim%20Statement%20and%20Population%20of%20Focus%20Examples">http://www.healthcarecommunities.org/SearchResult.aspx?searchtext=Aim%20Statement%20and%20Population%20of%20Focus%20Examples</a>
How to Develop a Quality Improvement Aim Statement	<a href="http://www.healthcarecommunities.org/SearchResult.aspx?searchtext=Aim%20Statement%20and%20Population%20of%20Focus%20Examples">http://www.healthcarecommunities.org/SearchResult.aspx?searchtext=Aim%20Statement%20and%20Population%20of%20Focus%20Examples</a>

## Part 7: Supporting Information

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9. Institute of Medicine. Breakthrough Series College *Aim Statement Checklist* Boston: Institute for Healthcare Improvement. February 2004, [www.ihl.org](http://www.ihl.org)

### Resources

1. Baldrige National Quality Program - <http://www.baldrige.nist.gov/Progress.htm>
2. CONTINUOUS QUALITY IMPROVEMENT (CQI) READINESS ASSESSMENT PROCESS AND TOOL - [http://www.ahcancal.org/ncal/quality/Documents/cqi\\_rai\\_tool.pdf](http://www.ahcancal.org/ncal/quality/Documents/cqi_rai_tool.pdf)
3. Integrated Care Readiness Assessment ; Megan Oser1 and William O'Donohue2 <http://careintegra.net/files/Readiness%20Assessment.pdf>
4. Institute for Healthcare Improvement [www.ihl.org](http://www.ihl.org)
5. Healthcare Communities [www.healthcarecommunities.org](http://www.healthcarecommunities.org)
6. National Quality Center <http://nationalqualitycenter.org/>