Your Quick Guide to Understanding AIMS, OBJECTIVES, KPIs, CSFs, MONITORING and EVALUATION

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| DEFINITION | TOP TIPS  |
| AIMS are…• broad statements of what you hope to achieve, the desired outcomes, or the general intention or aspiration, written in broad terms | An aim is about what is to be accomplished (not how it is to be accomplished). There should be no more than two or three aims.Once aims have been established, the next task is to formulate the objectives that will relate directly to the aims. |
| OBJECTIVES are…• what you are going to do/the steps you are going to take on the way to accomplishing the aims – i.e how you will achieve them.• focused and feasible• what addresses the more immediate project outcomes | Objectives should be S.M.A.R.T:•Specific –be precise about what you are going to do•Measureable – quantify an indicator of progress so you will know when you have reached your goal•Achievable –be sure that what you have proposed can be achieved.•Realistic – do you have the necessary resources to achieve the objective? For example: time, money, skills, etc?•Time -related – determine when each stage needs to be completed.  |
| KEY PERFORMANCE INDICATORS (KPIs) …help us to measure how well projects/services are performing compared to their aims and objectives. KPIs tend to be intermediate and longer term outcomes | You need to translate your objectives into measureable goals. KPIs are measures that quantify objectives, along with a target or threshold, and enable the measurement of strategic performance. For example, KPI = Number of new patients (Measurable, quantifiable) + Threshold = 10 per week [KPI reached if 10 or more new patients, failed if <10] |
| Critical Success Factors (CSFs)…are elements - characteristics, conditions, or variables - that are necessary for a project or a strategy to be successful . These elements have a direct and serious impact on effectiveness, efficiency, and viability. | • Critical success factors are elements that are vital for a strategy to be successful.• A critical success factor drives the strategy forward; it makes or breaks the success of the strategy (hence “critical”).For example: CSF = Target is to increase patient numbers to a practice. CSF is accessibility to the practice. |
| MONITORING is…* the systematic and routine collection of information.
* what enables us to check progress against plans

Monitoring tends to be outputs and processes measured in no. of… | Monitoring alone can only tell us so much – i.e. that we are doing things – but it is unable to tell us if we are doing the right things, what is working well and what needs improving. However, monitoring data is a key source of information to help you to evaluate your service as the information and data acquired through the monitoring process provides the basis for the evaluative analysis. |
| EVALUATION is…“A study in which research procedures are used in a systematic way to judge the quality or value of a service or intervention, providing evidence that can be used to improve it” (West of England Evaluation Strategy Groups, 2013) | Evaluations typically help to draw conclusions about five key areas:* relevance
* effectiveness
* efficiency
* impact
* sustainability
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The **Donabedian model** is a [conceptual model](https://en.wikipedia.org/wiki/Conceptual_model) that provides a framework for examining health services and evaluating quality of [health care](https://en.wikipedia.org/wiki/Health_care).

**Structure -** Structure includes all the factors that affect the context in which care is delivered. These factors control how providers and patients in a healthcare system act and are measures of the average quality of care within a facility or system. Structure is often easy to observe and measure and it may be the upstream cause of problems identified in process.

**Process -** Process is the sum of all actions that make up healthcare. These commonly include how care is delivered - diagnosis, treatment, preventive care, and patient education – and the manner in which care is delivered. Information about process can be obtained from medical records, interviews with patients and practitioners, or direct observations of healthcare visits.

**Outcome -** Outcome contains all the effects of healthcare on patients or populations, including changes to health status, behaviour, or knowledge as well as patient satisfaction and health-related quality of life. However, accurately measuring outcomes that can be attributed exclusively to healthcare is very difficult and can be a very long-term process.

The Donabedian model is widely applicable. It can be used to modify structures and processes within a single healthcare delivery unit. For example, improving information exchange between an MIU and the x-ray facility in the acute setting to streamline patient care. The process for information exchange, in this case the transfer of x-ray results to the attending physician at the MIU, depends on the structure for receiving and interpreting results. To improve this process and better coordinate care, the MIU may consider a structural change - purchasing an information technology solution to receive and flag results that need action. The process could also be modified through a standard protocol to guide how the information flows, how and when an alert is released and who is responsible for each step in the process. Outcomes relevant to the information exchange process - and to evaluate the efficacy of this quality improvement (QI) solution - could include patient satisfaction with communication, timeliness of diagnosis and subsequent care, and clinical outcomes dependent on the information conveyed.

The Donabedian model can be applied to the structure and process for treating certain diseases and conditions with the aim to improve the quality of chronic disease management. For example, systemic lupus erythematosus (SLE) is a condition with significant morbidity and mortality and substantial disparities in outcomes among rheumatic diseases. The propensity for SLE care to be fragmented and poorly coordinated, as well as evidence that healthcare system factors associated with improved SLE outcomes are modifiable, points to an opportunity for process improvement through changes in preventive care, monitoring, and effective self-care. A researcher may develop evidence within these areas to analyse the relationship between structure and process to outcomes in SLE care for the purposes of finding solutions to improve outcomes. An analysis of SLE care structure may reveal an association between access to care and financing to quality outcomes. An analysis of process may look at hospital and physician specialty in SLE care and how it relates to SLE mortality in hospitals, or the effect on outcomes by including additional QI indicators to the diagnosis and treatment of SLE. To assess these changes in structure and process, evidence garnered from changes in mortality, disease damage, and health-related quality of life would be used to validate structure-process changes.

Donabedian’s model can also be applied to a large health system to measure overall quality and align improvement work across a hospital, group practice or the large integrated health system to improve quality and outcomes for a population. In 2007, the US Institute for Healthcare Improvement proposed “whole system measures” that address structure, process, and outcomes of care. These indicators supply health care leaders with data to evaluate the organization’s performance in order to design strategic QI planning. The indicators are limited to 13 non-disease specific measures that provide system-level indications of quality, applicable to both inpatient and outpatient settings and across the continuum of care. In addition to informing the QI plan, these measures can be used to evaluate the quality of the system’s care over time, how it performs relative to stated strategic planning goals, and how it performs compared to similar organizations.

Donabedian's framework purposely does not account for patient, economic or social factors outside of the care delivery system. Donabedian states: “This is justified by the assumption that one is interested...in whether what is now known to be “good” medical care has been applied. Judgments are based on considerations such as the appropriateness, completeness and redundancy of information obtained through clinical history, physical examination and diagnostic tests; justification of diagnosis and therapy; technical competence in the performance of diagnostic and therapeutic procedures, including surgery; evidence of preventive management in health and illness; coordination and continuity of care; acceptability of care to the recipient and so on.” Thus, the framework has coordination of care listed in the process box, meaning that care coordination is expected to be influenced by the setting and other structure variables and to exercise causal effects on patient outcomes.

Refs:

<https://en.wikipedia.org/wiki/Donabedian_model>

McDonald KM, Sundaram V, Bravata DM, et al. (2007) *Closing the Quality Gap: A Critical Analysis of Quality Improvement Strategies (Vol. 7: Care Coordination).* Technical Reviews, No. 9.7. Rockville (MD): [Agency for Healthcare Research and Quality (US)](http://www.ahrq.gov/)