#  Developing a SMART Aim

S=specific

M=measurable

A=attainable

R=relevant

T=timeframe

We aim to improve (reduce) hospital-acquired infections (or more specific) in NICU patients weighing less than 1500 gm by 25% from our baseline as defined by CABSIs/1000 catheter days (or other measure) by December 31, 2008.

The process we will improve begins with: *deciding patient needs central line*

The process we will improve ends with: *catheter removed because no longer needed*

We have chosen this work because: *our baseline data shows need to improve compared to benchmarks and we, as an organization, are focused on reducing HAIs.*

Hospital:

Specific Aim:

The process begins with:

PLAN: assess your inventory of current practices using the fishbones and other pre-meeting audits:

Please indicate up to 3 processes to be addressed first:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(We recommend that you use some of today’s time to sketch out the DO portion of your projected PDSA cycles).

The process ends with:

We have chosen this work because: