

# **UCare Care Coordination**

# **Health Services**

Title: SMART Goals

**Purpose:** To provide guidance for creating SMART goals and define expectations in goal development. SMART goals offer a clear objective to set the member up for success.

SMART				
Specific	<ul> <li>Being specific should answer the following questions: What needs to be accomplished, Who is responsible for it, What steps need to be taken to achieve it?</li> <li>Not Specific: To be pain free.</li> <li>Specific: Fred will decrease his foot pain score from 8 to 4 within the next year.</li> </ul>			
Measurable	<ul> <li>Quantifying your objectives allow for tracking progress and identifying completion. Consider measurable verbs; take, perform, complete, use, list, state, self-report, identify, and measurable rates; 3 days/week, 8/10, 10 minutes per day, lab values.</li> <li>Not Measurable: I will have a healthy blood pressure.</li> <li>Measurable: I want to reduce my blood pressure from 140/90 to 130/80 by next review.</li> </ul>			
Attainable	<ul> <li>Goals should be realistic and reasonable to accomplish. Goals should remain member focused. If your member shares a personal goal that may not be achievable, consider starting on a smaller, more achievable goal to work toward a bigger objective.</li> <li>Not Attainable: Fred wants to be smoke free.</li> <li>Attainable: Fred would like to reduce smoking from 15 cigarettes per day to 10 cigarettes per day within the next 6 months.</li> </ul>			
Relevant	<ul> <li>Think of answering the following questions: What is the big picture, Why are you setting this goal, Is this goal relevant to the "why", What is important to/for the member? Example: A person who regularly gets their annual exam but has Gap in care.</li> <li>Not Relevant: I will self-report completing annual exam.</li> <li>Relevant: I will self-report completing my colonoscopy within 6 months.</li> </ul>			
Time-bound	<ul> <li>To properly measure your outcomes, your goals should be time-bound. Time-related parameters should be built into your goals. Ask, "When will the member achieve this goal"?</li> <li>Not Time-bound: Fred will lose 10 pounds.</li> <li>Time-Bound: Fred hopes to lose 10 pounds within the next 6 months.</li> </ul>			





# **Best Practice Tip**

Avoid bundling goals (IE: Fred will have his dental/vision and hearing exams by next review). Unbundling goals will make your SMART goals more achievable and realistic. When you focus on one step at a time, you're more likely to succeed in your objectives. Where your goals are complex and multi-stepped, consider breaking them into multiple goals and focus on 2 or 3 at a time. You can always add more when the initial goals are achieved.

### Examples

Priority	Goal	Interventions	Target Date
□Low	Fred (S) would like to	Care Coordinator to	12.31.2022
□Medium	decrease his foot pain	assist with locating in	
⊠High	from 8 to 4 (M,A,R) in	network endocrinology	
	the next year (T).	providers.	
		Fred or his wife, Wilma,	
		will schedule visit	
		within the next 6 mo.	
		Fred is encouraged to	
		use pain log to track his	
		daily pain levels.	
		Care Coordinator to	
		assist with diabetic	
		footwear if needed and	
		other medical	
		equipment as needed.	
□Low	NOT SMART: Fred will	Fred is having tooth	3.31.2022
□Medium	see a dentist.	pain in his upper molar.	
⊠High		Care Coordinator	
	SMART: Fred (S) will	assisted Fred with	
	self-report seeing a	locating new dentist	
	dentist (M,A,R) within	during visit and	
	the next three months	scheduled a dental	
	(T).	appointment for	
		3.28.22.	
		Fred will follow	
		through on attending	
		his dental visit and	
		additional preventative	
		dental care thereafter.	

Last Revised: 6/21/22



#### **FAQ**

Q. Do all identified risks from the assessment need to have a goal written on the Care Plan?

**A:** Risks that are identified on the assessment need to be addressed on the Care Plan as a goal or as declined. The Safety Plan/Risk Mgt Plan is a good place to document a member's decline of a goal on the care plan.

Q: Do all my goals need to have the same end date?

**A:** No. They should be member focused and what makes most sense and agreed upon between you and the member. Goals that can be achieved in less than a year would have a target date that reflects the realistic timeframe for which the goal is able to be met.

Q: Can my end date exceed one year?

**A:** No. The end date should not exceed one year. If the goal is not achieved, and the member continues to keep the goal, the goal is continued to the new care plan with updates as needed. Discuss why the goal wasn't achieved and what needs to change to have a successful outcome.

Q: What are canned goals?

**A:** Canned goals are generic goals created to fit any members and are not member specific. Canned goals are often applied to every care plan.

Q: Is there one way to write a SMART goal?

**A:** No. SMART goals can be subjective and rely on what the assessor knows and observes about the member and their situation. What is attainable for one person, may not be for others.

Q: Should I use the member's name or "I"?

A: The member's name or "I" meet the person-centered approach. Either are acceptable.

Q: What is the best way to create goals when the member cannot verbalize their wants/needs?

**A:** It's best to discuss what the member prefers first, and utilize alternative decision makers (IE: Guardian, caregiver, responsible parties) for additional member information. Consider the example goal:

John's guardian will ensure John completes his annual eye exam within 6 months.

**Q:** What is a good way to create a goal when member will not state any goals?

**A:** Utilize motivational interviewing techniques by asking open ended questions to encourage the member to expand and create at least one goal. Consider reviewing identified risks and re-frame thoughts (IE: What is important to you this year? Or What would make your health better?) to encourage at least one goal.

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