**NH PQI LOGIC MODEL**

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| **INPUTS***(Resources)* |  | **ACTIVITIES***(What We Did)* | **OUTPUTS***(Products of Activities)* |  | **OUTCOMES** |
|  |  | **IMMEDIATE***How did people change?* | **INTERMEDIATE***What did they do as the result?* | **LONG-TERM***What were the results of those actions?* |
| Human Resources:* 5 QI coaches
* Reg. Manager
* Coordinator
* Data Analyst
* Evaluator (0.6)

Partners:* NH SSC Lead
* PQI Secretariat
* Other HA PQI
* NH QI
* Patient partners
* NH staff
* CME

Strategic Dir.* Joint SSC/NH Steering Committee

Funding* SSC
 |  | * QI Training
* QI Project Support
 | * Physicians trained (at various levels)
* QI Projects completed2
 |  | * What did they learn?
* knowledge
* skills
* How did their beliefs & attitudes change?
* Around QI / PQI (value; motivation; confidence)
* Around the workplace/team (engagement, leadership participation)
* Around patients as partners
* Around physicians as QI leaders/partners (allied health only)

Culture change | * Continue to learn about QI[[1]](#footnote-1)
* Continue to engage in QI1
* Engage/ inspire/ mentor others to do QI3
* Take on more leadership roles (e.g. HA, MSA, Div.)
* Involve patients as partners more
* NH Administration:

Greater collaboration (including engagement of physicians in QI leadership and other roles) | * IHI Quadruple Aim:
	+ **↑** Population health
	+ **↑** Provider experience
	+ **↑** Patient experience
	+ **↓** Cost
 |

1. Independently/mostly independently of PQI. 2 PQI projects are seen as contributing to outcomes along two distinct routes: 1) to Immediate outcomes, by increasing QI knowledge/skills and changing attitudes of PQI physicians and; 2) to Long-term outcomes, by contributing to the Quadruple Aim directly. 3 It is expected that physicians thus engaged, inspired or mentored will themselves undergo changes similar to those outlined under “Immediate” outcomes. [↑](#footnote-ref-1)