**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)