

Flex Program Logic Model – EMS

Inputs <i>Resources needed to do the work</i>	Activities <i>Strategic processes or actions</i>	Outputs <i>Direct products, tools, and/or services</i>	Outcomes <i>Improvements that will drive impact</i>	Impact <i>End goals</i>
<ul style="list-style-type: none"> • Flex Funds and or EMS Supplement Funds • EMS Agency Staff Time • TA providers • State partnerships, contractors • Existing resources and tools • Learnings from other states prior successful activities 	<ul style="list-style-type: none"> • 4.1 State-wide EMS Needs Assessment • 4.2 Community EMS Needs Assessment 	<ul style="list-style-type: none"> • Assessment results that can be referenced and shared as appropriate • Action Plan to address operational and or quality improvement 	<ul style="list-style-type: none"> • Established outcomes/goals that align with the action plan and Activity Area 4.3 and/or 4.4 • Number and percent of EMS agencies participating in these activities • Number and percent of agencies that complete the process 	<ul style="list-style-type: none"> • Sustainable operational and or quality improvements/changes identified which will allow the agencies to address new and changing needs over time
	<ul style="list-style-type: none"> • 4.3 EMS Operational Improvement <ul style="list-style-type: none"> ○ Address the need for organizational transformation ○ Support EMS agencies that need significant changes to continue operating ○ Identification and development of tools and resources 	<ul style="list-style-type: none"> • Trainings and TA to support the operational/organizational needs of the EMS agency/community such as but not limited to: <ul style="list-style-type: none"> ○ Billing and coding education ○ Personnel management ○ Revenue management ○ Leadership responsibilities • Dissemination of tools and resources to support EMS operational improvement • Rural EMS operational performance interventions implemented (see above list) 	<ul style="list-style-type: none"> • Number and percent of participating rural EMS agencies able to bill third party payers and patients for services • Number and percent of EMS agencies utilizing cross-training • Number and percent of EMS agencies that have developed and implemented process improvement protocols that are used on a regular basis • EMS agency’s ability to analyze billing and agency financial data for performance improvement • Number and percent of participating rural EMS agencies that demonstrate improvement on relevant operational performance measures 	<ul style="list-style-type: none"> • Improved quality of care delivered by EMS agencies • Cross-training will decrease gaps in knowledge when staff leave • EMS agency operating with appropriate software and hardware • Cross-trained staff resulting in ability to use software regardless of staff turnover
	<ul style="list-style-type: none"> • 4.4 EMS Quality Improvement <ul style="list-style-type: none"> ○ Introduce quality improvement measures to better integrate EMS with the wider health care delivery system ○ Support EMS agencies with trainings, TA and tools to improve the quality of patient care ○ Identification and development of tools and resources 	<ul style="list-style-type: none"> • Development of measures for quality improvement • Development of tools to collect the measures • Training and TA on how to collect the measures of interest • Rural EMS quality improvement interventions implemented • Dissemination of tools and resources to support EMS quality improvement 	<ul style="list-style-type: none"> • Number and percent of participating rural EMS agencies that are reporting on the measures • Number and percent of EMS agencies utilizing cross-training for measure development and reporting • Number and percent of EMS agencies that have developed and implemented quality improvement protocols that are used on a regular basis • Number and percent of EMS agencies that use quality data for performance improvement • Number and Percent of participating rural EMS agencies reporting to NEMSIS • Number and percent of participating rural EMS agencies that demonstrate improvement on relevant rural EMS quality measures 	<ul style="list-style-type: none"> • Improved quality reporting and analysis for quality improvement among EMS agencies • Improved quality of care delivered by EMS agencies • Knowledgeable EMS staff to continue reporting regardless of staff turnover

*Logic model components and descriptions adapted from Watson, D., Broemeling, A. M., Reid, R. J., & Black, C. (2004). A results-based logic model for primary health care: laying an evidence-based foundation to guide performance measurement, monitoring and evaluation. University of British Columbia, Centre for Health Services and Policy Research; and Watson, D. E., Broemeling, A. M., & Wong, S. T. (2009). A results-based logic model for primary healthcare: a conceptual foundation for population-based information systems. *Healthcare Policy*, 5(Spec No), 33.

