WI Logic Model

- Needs → Goals/Strategies → Outputs → Outcomes / Impact

  - Activities
  - Outputs
  - Short
  - Medium
  - Long-term

• Justify “common knowledge”
  with data:
  ⇒ Public data
  ⇒ Needs Assessments

• Record progress and check off outputs
  ⇒ Process Measures

• How are you measuring success?
  ⇒ Outcome Measures
Outputs vs Outcomes

**Outputs** = what happened  (deliverables)
- Held workshop, # attended, plan written

**Outcomes** = impact
- “We did that ... what’s changed?”

Show me the Outcomes!
Flex Logic Model

Identify Needs

Select Strategies
Targeting Goals
Education, Tools, TA, Consulting, Group Projects, etc

Filter by Resources
and Opportunities

Identify
Activities/Projects

Select Annual Goals

Identify Desired
Outputs/Outcomes

A   |   1...
B   |   2...
C   |   3...
D   |   1...
E   |   2...
F   |   3...

A   |   _%   
C   |   _%   
E   |   _%   

a   |   e
b   |   c
 d |
ea   |   e

A   |   C   |   E

Office of Rural Health
Notes on the Logic Model

1. We start with the three Flex Categories (QI, Operations/Finance, Health System Dev), and assign needs under each category. All needs should be data-driven – use previous assessments of hospitals/clinics/EMS, public quality and financial measures, etc. If you don’t have data to justify that something is actually a need, then fund an assessment in this grant year so you can justify it for next year’s proposal.

2. The standard filters for SORHs are the resources we can bring to bear (staff time and skills, available contractors, money); our limitations (can’t lobby, etc) and opportunities at this time (hot topics, existing efforts we can piggy-back on, partner interest, etc)

3. Switching from needs to solutions, propose goals that address each need. If possible, they should be “SMART” (specific, measurable, attainable, realistic and timely). When setting a measurement, consider, “how will we know we’ve succeeded” – when “X” measure is attained.

4. SORH strategies tend to be fairly constant, given our resources and limitations – Education (workshops, trainings, webinars, online modules, data reports and research studies), Tools (how-to manuals, FAQ’s, toolkits, useful websites, spreadsheets with formulas, maps), TA (one-on-one answers to questions via email/phone/site visit), Consulting (customized assistance for a facility, performed by staff or contractors), and Group Projects (working with 15 hospitals on a STEMI initiative, etc).

5. Only now do we arrive at what we’ll actually be doing – where most people start. Looking at the identified strategies, select activities of that type, and make sure that they will move the numbers attached to the goals. This is the logic model – any activity must impact the steps upstream from them.

6. For each activity, identify the outputs you expect (deliverables, or ‘process measures’) – report written, workshop taught, # of attendees, etc. Then identify the outcomes or impact you hope to see. Ask yourself the “so what?” question for each – “So we trained people in Lean – so what? What will have changed?” That answer should be your outcome.

Remember – the point of a logic model is that all parts flow logically upstream or downstream. If you stick in an activity that you wanted, but it doesn’t directly, measurably relate to the goals you set, then it’s ‘illogical’, and should be eliminated. This is a systems approach to planning – it’s not about the parts individually, but about how they all fit together as a system.