

# Logic Model-Evaluation Framework

Priorities

Inputs

Activities

Outputs

Outcomes

## EVALUATION

### Problem:

Improving practice is not part of daily work



### Goal:

To improve quality of patient care in PICU by developing a model of frontline staff engagement and leadership to improve care practice quality as part of their daily work

1-Continue current quality improvement activities

2-Understanding PICU current state re. QI:  
 - Persons' experience and background  
 - Workplace characteristics  
 - Current and past QI activities  
 - Attitudes towards QI  
 - Current QI organizational structure  
 - QI Knowledge and skills

3-Increase staffs' capability to identify situation to improve

4-Increase the staffs' capability to conduct QI interventions through Action Research Learning process.

5-Increase staff engagement and leadership for QI

6-Ensuring sustainability of the change

7-Knowledge Transfer

1-Exisging trained staff and QI resources

2-Expertise: anthropology; QI, leadership, evaluation

3-Partnership :  
 - Hospital: support from Teaching & Learning  
 - PICU team  
 - Partners in care (families)  
 - Pediatrics Dept  
 - InspireNet  
 - Royal Roads Univ.  
 - CFRI

4-Funding

5-imPROVE structure (PHSA) support

6-BC Patient Safety and Quality Council

7-Canadian Association of Pediatric Health Centers (CAPHC)

1-Conducting PICU-led QI activities for Action-Learning

2-Ethnographic assessment: interviews; surveys; observations & focus groups

3-Existing documents regarding previous QI activities

4-Documenting current QI capacity

5-Participatory Action Research (PAR) to build frontline staff collective capacity and capability to engage in improve care practice and play leadership role

6-Develop a sustainability plan

7-Develop a KT plan

1- More projects conducted = more staff trained

2-Strengths and weaknesses regarding staff engagement & capability in improving practice as part of daily work

3- Staff engaged in leading QI initiative good mentorship = learn how to improve practice

4- Communication infrastructure for education and QI support  
 5- Educational material

6-Sustainability plan (activity # 6)

7-KT plan (activity # 7)

1-Number of PICU-led and conducted QI projects w/o external support (autonomy)

2-Number of staff able to lead QI activities

3- Staff's engagement knowledge, and leadership

4- Staff's perception & satisfaction

5- Staff's attitude re. quality and safety

6-PICU QI structure sustainability

7- PICU KT plan

Long term outcome:

1. Individually: Capacity lead QI interventions
2. Collectively: Capacity to improve the system
3. A new care practice model