Logic Model Development
Program Implementation Template – Exercise 1 & 2

Logic Model for SFGH Outpatient Geriatrics Project

RESOURCES	ACTIVITIES	OUTPUTS	SHORT- & LONG-TERM OUTCOMES	IMPACT
In order to accomplish our set of activities we will need the following:	*In order to address our problem or asset we will accomplish the following activities:*	*We expect that once accomplished these activities will produce the following evidence or service delivery:*	*We expect that if accomplished these activities will lead to the following changes in 1–3 then 4–6 years:*	*We expect that if accomplished these activities will lead to the following changes in 7–10 years:*
-eReferral platform -clinic space with: ---scheduler ---medical assistant -MD time ---to review referrals ---to see patients -RN or CNS to do evaluations (trained) -Pharmacist -Psych/Behavioral Health -Social worker -Translator services -supplies: --bladder scanner --pocket talkers --standard forms (MOCA, etc) -discharge plan sheets for pts -recommendation template for PCPs	-Operate a consult clinic (direct patient care and related documentation), 6 hrs/mo -Review electronic referrals, 4 hrs/wk -Communicate with PCPs about recommendations (email, phone calls), 1 hrs/wk -Evaluate of services to improve ---1) provider survey in terms of satisfaction,, knowledge ---2) patient survey in terms of satisfaction, goal-attainment -Measure outcomes ---# inappr medications ---#specialists seen/ visits to PCP/specialist -Develop case series to do PCP education	-# Clinic visits -# and Type of Consult questions, Issues addressed in clinic -Time spent in communication with PCPs, other providers -%Recommendations followed -%providers who feel service benefited patients -Decrease #pt visits to PCP, specialists or ED/hosp -Decrease #inappropriate meds -increase documentation of cog status and functional status in patients seen -increase goal attainment in patients -improve resources for providers to use to do assessments	-Patient's PCP specialist and hospital visits reduced -Patient's medications reduced -Increase provider satisfaction and self-efficacy -Achieve patient goal-attainment -Increase SFDPH awareness of need for more of these services	-Continued development, improvement and expansion of outpatient geriatrics services and development of new models of care for complex, socioeconomically disadvantaged elderly in San Francisco safety net