

LOGIC MODEL: EMS FOR CHILDREN STATE PARTNERSHIP REGIONALIZATION OF CARE (SPROC) PROGRAM

VISION

• All children 18 years and younger receive timely, pediatric-specialized medical services in tribal, territorial, insular and rural communities.

MISSION

• To develop and evaluate regionalized systems that encompass the sharing of resources and improve access to pediatric healthcare services for children and families in tribal, territorial, insular and rural communities.

HRSA GOALS FOR EMSC PROGRAM

- ❖ Strengthen health systems to support the delivery of quality health services
- ❖ Promote innovative and cost-efficient approaches to improve health
- ❖ Assure health workforce is trained to provide high quality, culturally and linguistically appropriate care
- ❖ Lead and collaborate with others to help communities strengthen resources that improve health for the population

SPROC VALUES

- Community-based, grantee-designed model/approach grounded in local culture and populations in grantee community
- Family-centered care; promote multi-disciplinary approach for multiple cultural and ethnic backgrounds
- Child and youth-focused
- Strength-based approach
- Collaborative inter-agency partnerships
- Supportive, adaptive infrastructure of structures, processes, and relationships at the community level

OBJECTIVES

- Promote evidence-based models of care
- Promote expanded array of coordinated community-based services and supports
- Promote health promotion, prevention, and early identification and intervention to improve long-term outcomes
- Implement continuous accountability and quality improvement mechanisms

ACTIVITIES

- ❖ Assess regionalization needs and priorities
- ❖ Meet cultural liaisons and stakeholders
- ❖ Project planning and implementation
- ❖ Reconnect quarterly to assess progress
- ❖ Conduct training sessions
- ❖ Collect, analyze, summarize, and disseminate data
- ❖ Research telemedicine resources, licensing/credentialing, interfacility transfer, cultural considerations, and patient safety
- ❖ Create educational session about SPROC

OUTPUTS

PROCESS OUTPUTS

- ❖ Written treatment guidelines
- ❖ Improved patient care process

DELIVERABLES

- ❖ "Lessons Learned" publication in the peer-reviewed literature; opinion piece documenting strategies to address challenges
- ❖ Models of Regionalizing Pediatric Care

SHORT-TERM OUTCOMES

- ❖ Access to multiple resources to assist with project development and implementation
- ❖ Effective communication is maintained within the Community of Practice to
 - disseminate knowledge
 - provide support between key constituencies
- ❖ Individualized grantee-based models of care

LONG-TERM OUTCOMES

- ❖ Community of practice is maintained to
 - cultivate and grow best practices
 - provide support within the healthcare community
 - disseminate best practices to entire community
- ❖ New, innovative strategies increasing children's access to quality health care are identified and tested for effectiveness
- ❖ Improved, seamless access to quality healthcare for children in tribal, territorial, insular, and rural communities
- ❖ Improved individualized grantee-based models of regionalized care are widely disseminated
- ❖ Framework(s) for measuring the quality of regionalized pediatric emergency care that is applicable across systems is/are developed
- ❖ Key stakeholders are effectively engaged

INPUT: RESOURCES AND SUPPORT

- ❖ HRSA/MCHB/EMSC leadership and commitment
- ❖ EMSC grantees
- ❖ Financial, material, and technological resources
- ❖ Building on established local networks and relationships
- ❖ Key constituencies/partners (e.g. IHS, local EMS, local provider institutions, etc.)
- ❖ HRSA, NRC, NEDARC staff
- ❖ Cultural liaisons
- ❖ Community culture
- ❖ Subject matter expertise from multiple constituencies
- ❖ Pediatric readiness assessment

<h3>CHALLENGES</h3> <ul style="list-style-type: none"> ❖ Consider local barriers when reviewing, examining and identifying needs 	<h3>STRENGTHS</h3> <ul style="list-style-type: none"> ❖ Identify solutions and strength-based approaches ❖ Effectively engage local health care safety nets ❖ Apply related theories: technology adoption and organizational readiness for change models
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