



## Partnership Self-Assessment

---

**PARTNERSHIP:**

**DATES OF PARTNERSHIP:**

**DATE OF ASSESSMENT REPORT SUBMISSION:**

<input type="checkbox"/>	<b>Draft Version</b>
<input type="checkbox"/>	<b>Final Version</b>

(please check one box)

**Approvals:**

\_\_\_\_\_ **Partnership Coordinator**

\_\_\_\_\_ **Partnership Coordinator**

---

**I. ABILITY TO MEET PARTNERSHIP’S OVERALL GOAL AND OBJECTIVES**

OVERALL GOAL: [insert]
------------------------

**1.1 To what extent was the partnership able to achieve its stated overall goal? Please provide specific examples.**

**2.1 Program Areas to Evaluate**

*The following major partnership program areas were identified based upon your partnership workplans:*

1	
2	
3	
4	
5	

**A. Assess the Outcomes for Program Area 1: [insert focus area]**

**1. Overall, do you feel the partnership was able to fulfill workplan objectives related to this program area?**

	Completely
	Mostly
	Partially
	Not at all

**Please explain:**

**2. What were the pre-existing conditions or baseline data related to this program area?**  
*Please provide numerical data whenever possible, and the source of the information.*

**3. What were the key inputs and activities of the partnership in support of this program area?**

*Training:*

*Equipment, Supplies, and Educational Materials:*

*Other (including special events such as health fairs, media campaigns, etc):*

**4. Please list major outputs associated with this program area.**

**5. What outcomes have resulted that relate to this program area?**

*Please list up to two (2) outcome indicators from your partnership workplan related to this program area. For each indicator, please provide quantitative data (including source of data) wherever possible, as well as qualitative information.*

1	
2	

**6. What were the barriers, if any, your partnership encountered in pursuing objectives related to this program area, and how were they overcome?**

**B. Assess the Outcomes for Program Area 2: [insert focus area]**

**1. Overall, do you feel the partnership was able to fulfill workplan objectives related to this program area?**

	Completely
	Mostly
	Partially
	Not at all

**Please explain:**

**2. What were the pre-existing conditions or baseline data related to this program area?**  
*Please provide numerical data whenever possible, and the source of the information.*

**3. What were the key inputs and activities of the partnership in support of this program area?**

*Training:*

*Equipment, Supplies, and Educational Materials:*

*Other (including special events such as health fairs, media campaigns, etc):*

**4. Please list major outputs associated with this program area.**

**5. What outcomes have resulted that relate to this program area?**

*Please list up to two (2) outcome indicators from your partnership workplan related to this program area. For each indicator, please provide quantitative data (including source of data) wherever possible, as well as qualitative information.*

1	
2	

**6. What were the barriers, if any, your partnership encountered in pursuing objectives related to this program area, and how were they overcome?**

**C. Assess the Outcomes for Program Area 3: [insert focus area]**

- 1. Overall, do you feel the partnership was able to fulfill workplan objectives related to this program area?**

	Completely
	Mostly
	Partially
	Not at all

**Please explain:**

- 2. What were the pre-existing conditions or baseline data related to this program area?**

*Please provide numerical data whenever possible, and the source of the information.*

- 3. What were the key inputs and activities of the partnership in support of this program area?**

*Training:*

*Equipment, Supplies, and Educational Materials:*

*Other (including special events such as health fairs, media campaigns, etc):*

**4. Please list major outputs associated with this program area.**

**5. What outcomes have resulted that relate to this program area?**

*Please list up to two (2) outcome indicator from your partnership workplan related to this program area. For each indicator, please provide quantitative data (including source of data) wherever possible, as well as qualitative information.*

1	
2	

**6. What were the barriers, if any, your partnership encountered in pursuing objectives related to this program area, and how were they overcome?**

**D. Assess the Outcomes for Program Area 4: [insert focus area]**

- 1. Overall, do you feel the partnership was able to fulfill workplan objectives related to this program area?**

	Completely
	Mostly
	Partially
	Not at all

**Please explain:**

- 2. What were the pre-existing conditions or baseline data related to this program area?**  
*Please provide numerical data whenever possible, and the source of the information.*

- 3. What were the key inputs and activities of the partnership in support of this program area?**

*Training:*

*Equipment, Supplies, and Educational Materials:*

*Other (including special events such as health fairs, media campaigns, etc):*

**4. Please list major outputs associated with this program area.**

**5. What outcomes have resulted that relate to this program area?**

*Please list up to two (2) outcome indicators from your partnership workplan related to this program area. For each indicator, please provide quantitative data (including source of data) wherever possible, as well as qualitative information.*

1	
2	

**6. What were the barriers, if any, your partnership encountered in pursuing objectives related to this program area, and how were they overcome?**

**E. Assess the Outcomes for Program Area 5: [insert focus area]**

**1. Overall, do you feel the partnership was able to fulfill workplan objectives related to this program area?**

	Completely
	Mostly
	Partially
	Not at all

**Please explain:**

**2. What were the pre-existing conditions or baseline data related to this program area?**

*Please provide numerical data whenever possible, and the source of the information.*

**3. What were the key inputs and activities of the partnership in support of this program area?**

*Training:*

*Equipment, Supplies, and Educational Materials:*

*Other (including special events such as health fairs, media campaigns, etc):*

**4. Please list major outputs associated with this program area.**

**5. What outcomes have resulted that relate to this program area?**

*Please list up to two (2) outcome indicators from your partnership workplan related to this program area. For each indicator, please provide quantitative data (including source of data) wherever possible, as well as qualitative information.*

1	
2	

**6. What were the barriers, if any, your partnership encountered in pursuing objectives related to this program area, and how were they overcome?**



**4. Please give specific examples of barriers to community change faced by the partnership and how they were overcome.**

**B. Organizational/Clinical Change**

**1. What organizational changes has your partnership institution(s) made as a result of the partnership and what was the impact of these changes? Please provide specific examples.**

**2. What new services or other clinical practice changes were introduced at your partnership institution(s) as a result of the partnership?**

SERVICES/PRACTICES	X	COMMENTS
General or family practice services		
Counseling (clinical or psychological)		
Screening		
Provision of patient education materials (developed through partnership)		
Group health education/promotion classes for patients		
Infection control practices, including related to occupational health		
<i>Other:</i>		

**3. Has your partnership institution(s) developed and/or implemented any quality improvement processes or systems?**

<b>PROCESSES/SYSTEMS</b>	<b>X</b>	<b>COMMENTS</b>
Patient satisfaction surveys		
Patient chart reviews		
Adaptation and use of clinical practice guidelines		
Standard practice reviews		
<i>Other:</i>		

**4. Has your partnership institution implemented new roles, responsibilities and/or written standards for nurses?**

<b>NURSING</b>	<b>X</b>	<b>COMMENTS</b>
<b>New Positions:</b>		
Clinical Nurse Educator		
Dietary Nurse (nutrition counseling)		
Behavioral Health Nurse		
Infection Control Nurse		
<b>New Responsibilities:</b>		
Independent patient assessment and care planning		
Nursing documentation in medical records (independent of physician)		
Patient education		
Counseling		
Clinical specialties (e.g., women's health, PHPC, HIV/AIDS, hospice, behavioral health, etc.)		
Infection control/occupational health		
Non-clinical responsibilities (e.g. financial, data collection, management, etc.)		
<b>Nursing Standards of Practice:</b>		
Written job descriptions		
Standard patient care reporting forms		
Staffing plan for nurses		
Educational plan for nurses		
Policies/procedures for nursing services (clinical practice guidelines)		
<b>Other:</b>		

- 5. Please give specific examples of barriers to organizational/clinical change faced by your partnership and how they were overcome.**

### **C. Regional and Country-wide Change**

- 1. Please describe the political environment for healthcare reform. What level of support did the partnership receive from regional and national leadership? Please provide specific examples.**
- 2. Have there been any regional or national policies or legislation (such as credentialing, certification, licensing) proposed or passed as a result of your partnership activities? If yes, please provide specific examples.**
- 3. What are the barriers to achieving impact beyond the partnership at the regional and national levels?**

### **D. Sustainable Change**

- 1. Which outcomes resulting from the partnership will be able to be sustained when AIHA funding ends? How? Please be specific.**

- 2. Which outcomes resulting from the partnership will not be able to be sustained after AIHA funding ends? Why not? Please be specific.**
  
- 3. Please describe any past or future plans to replicate centers, programs, or other outputs resulting from the partnership. Please be specific.**
  
- 4. What dissemination activities has your partnership undertaken? Please be specific.**
  
- 5. Did your partnership receive any grants or other forms of funding from non-governmental sources other than AIHA?**
  
- 6. Did the partnership collaborate with other international donors and/or programs? Please list the donors and describe the collaborative activities.**

**E. Unanticipated Accomplishments**

*Please describe any unanticipated outcomes of your partnership.*

### **III. AIHA SUPPORT ACTIVITIES FOR PARTNERSHIPS**

- 1. To what extent did AIHA's cross-partnership activities (workshops, conferences, etc.) support partnership objectives? Please be specific.**
- 2. What was the impact, if any, of management training courses provided by AIHA? Please provide specific examples.**
- 3. Did your partnership collaborate with other AIHA partnerships? If yes, please describe the nature of the collaboration and how it supported partnership objectives.**

### **IV. LEARNING RESOURCE CENTERS**

- 1. In general, how was the Learning Resource Center (LRC) used to support the goals of the partnership?**
- 2. How was the Learning Resource Center used to provide overall support to staff within the partnership institution?**
- 3. Is the LRC being used by the partnership institution to its fullest potential? Please explain.**

