# WOMEN'S WELLNESS CENTER

## ASSESSMENT REPORT


## AMERICAN INTERNATIONAL HEALTH ALLIANCE

**October 2004**

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## LIST OF ACRONYMS AND ABBREVIATIONS

| | |
|---|---|
| AIHA | American International Health Alliance |
| BSE | Breast Self-Examination |
| CAR | Central Asia Region |
| CBE | Clinical Breast Examination |
| CEE | Central and Eastern Europe |
| INLI | International Nursing Learning Institute |
| IPV | Intimate Partner Violence |
| IUD | Intra-Uterine Device |
| LRC | Learning Resource Center |
| NGO | Non Government Organization |
| NIS | New Independent States |
| STD | Sexually Transmitted Disease |
| STI | Sexually Transmitted Infection |
| UNFPA | United Nations Population Fund |
| USAID | United States Agency for International Development |
| WWC | Women's Wellness Center |

## I. EXECUTIVE SUMMARY

AIHA conducted an assessment of the Women's Wellness Centers in 2003 with the three objectives of enumerating accomplishments from the practitioners' perspective, determining the consistency of core services and clinical practices, and determining the extent to which AIHA's partnerships contributed to the introduction of new services. The methodology consisted of a self-assessment form with two parts, the first focused on services and the second focused on quality improvement processes. An overwhelming percentage of the Women's Wellness Centers (97 %) participated in the assessment.

The centers expanded services in reproductive health and family planning, with more extensive consultations and patient education services enhanced through visual and training aids. A larger number of diagnostic procedures were available and elements, such as psychological counseling, inclusion of partners and adolescents, and screening for sexually transmitted infections, were added. In prenatal and perinatal care, there was a considerable increase in patient education services for pregnancy, childbirth, and breastfeeding, from 38% of centers to 66% of centers offering services. The partnerships improved prenatal and perinatal care through the introduction of breastfeeding programs, training aids, and ultrasound testing.

For sexually transmitted infections, the partnerships enabled 24% of centers to introduce counseling, testing, and patient education services. There continue to be large unmet needs in this area, with 76% of centers not offering treatment or referral for HIV/AIDS. A similar picture emerges for cancer screening and diagnosis. Over 20% of centers introduced new diagnostic services, such as breast biopsies and ultrasound, and about 50 % of the centers introduced patient education services. Improved equipment enabled centers to use more accurate techniques for pap smears and breast clinical examinations became routine. But, significant gaps remain in breast cancer care, with over half of the centers lacking breast biopsy and mammography services.

There continue to be large gaps in substance abuse and mental health services at the centers. Over 60% of centers do not offer substance abuse counseling or support group activities for substance abuse and mental health. Although patient education and treatment services are limited, the partnerships helped introduce services and made inroads in smoking cessation programs. In chronic disease management, the centers have not significantly expanded services. Partnerships helped to increase counseling, treatment and referral services, but 52% of centers continue to not provide patient education services.

The centers expanded considerably services for elderly women. The largest increase was in patient education services, with 41% of centers introducing services. There were limited advances in healthy lifestyle programs, with more than half of the centers not offering such programs. Partnerships assisted in introducing nutrition counseling or patient education in 21% of the centers and exercise therapy or weight control activities in 17% of the centers. In community-oriented programs, the partnerships helped introduce adolescent health and breast health programs. The partnerships had a more limited effect on community outreach and social services. Nearly half of the centers continue to not provide social services.

Overall, AIHA's program assisted the Women's Wellness Centers to expand services and improve facilities. Partnerships provided access to education materials, the Internet, and equipment and helped institute clinical guidelines and protocols. The physical facilities were improved, leading to better patient care and outcomes. Quality improvements were instituted through continuing education, learning resources, patient satisfaction surveys, and monitoring of clinical practice guidelines and patient charts. The centers' staff views operations as sustainable over a 10-year period, and only 10% of respondents were not confident that the center would be operational ten years hence.

## II. INTRODUCTION

In the initial years following the collapse of the former Soviet Union, the inadequate and fragmented healthcare services for women became even more deficient, leaving considerable gaps in coverage for the nearly 180 million women living in the New Independent States (NIS) of the former Soviet Union and Central and Eastern Europe (CEE). The financial instability of the post-Soviet era and the breakdown of state-supported social and health systems, coupled with increased rates of tobacco use, alcohol and drug abuse, unsafe sexual practices, intimate partner violence, and a host of other medical and behavioral concerns, has led to reduced life expectancy for women in more than half of the countries in these two regions[1].

Located in more than 30 communities throughout the NIS and CEE, AIHA's Women's Wellness Centers (WWCs) represent a new and integrated model of healthcare delivery for women. Based on a client-centered approach, WWCs provide comprehensive reproductive health, primary care, and selected specialty services that address women's health needs from adolescence through post-menopause.

In addition to clinical services at ambulatory care facilities, other services cover health promotion, disease prevention, and educational programs such as classes, public education campaigns, telephone hotlines, and support groups addressing topics from intimate partner violence (IPV) and substance abuse to coping with cancer. A number of WWCs offer breast health programs that include teaching the basics of breast self-examination, performing clinical exams, and offering mammography screening. This approach is designed to detect cancer at the earliest possible stage and to enable follow-up with appropriate interventions. The WWCs' goal is to improve quality of life—not only for the patients they treat but for their families and communities—by empowering women to become active participants in their own healthcare through ongoing dialogue with the clinical staff and participation in educational programs.

The specific package of services varies by center, but the following comprises the core services of WWCs:

- Family planning and reproductive health programs, including fertility and contraception counseling;
- Perinatal care, including pregnancy, breastfeeding, and childbirth classes;
- Prevention services for HIV/AIDS and sexually transmitted infections (STIs) as well as detection, treatment, and management of HIV/AIDS and STIs;
- Cancer education and screening services, including cervical cancer screening (Pap tests) and clinical breast examination, and a variety of diagnostic procedures;
- Mental health education, counseling, and support groups related to depression, domestic violence, and rape;
- Substance abuse services (education, problem identification, treatment);
- Chronic disease services, including education, screening, treatment, and referral for specialty services as needed;
- Education and clinical intervention for peri- and post-menopausal women;
- Services promoting healthy lifestyles (including education, nutrition and exercise counseling);
- Adolescent health programs, including sex education and peer support groups; and
- Community outreach on a wide array of issues.

[1] According to studies conducted by UNICEF

## III. OBJECTIVES

There are three principal objectives of the evaluation. The first is to assess the accomplishments of the WWC initiative from the perspective of NIS/CEE partners. For this, AIHA designed a self-assessment tool to document strengths and, more importantly, to provide WWCs with a tool for quality improvement using strengths and weaknesses identified in the evaluation process. The second objective is to determine the percentage of WWCs providing core services consistent with AIHA's WWC model and the percentage of WWCs implementing women's health clinical practice guidelines. The third objective is to determine which of the core services did not exist prior to the establishment of the WWCs and were introduced as a result of AIHA's partnerships.

## IV. METHODOLOGY

The assessment of the WWCs took place between August and September of 2003. For the evaluation, AIHA's monitoring and evaluation and nursing program staff developed a standardized survey instrument that was translated into Russian and distributed to WWCs via e-mail. Out of 30 targeted centers, 29 (97%) returned completed self-evaluation forms to AIHA:

- 12 centers in West NIS (7 from Ukraine, 3 from Moldova, and 2 from Belarus)
- 3 centers in CAR (1 from Kazakhstan and 2 from Uzbekistan)
- 4 centers in the Caucasus (1 from Azerbaijan, 1 from Georgia, and 2 from Armenia)
- 9 centers in Russia, and
- 1 center in CEE (Albania).

The WWCs completed a self-assessment form during a staff meeting in which the participation of at least three WWC health professionals representing at least three different roles in the WWC was required – for example, a center director, one physician, and one nurse. Participants were asked to read, discuss, and answer all applicable questions included in the survey and be as specific as possible when answering questions.

The WWC Self-Assessment Tool (see Appendix 1) consisted of two parts:

1. *Part I – focused on WWC's services*. In this section, respondents were asked to identify services offered by the center and currently available. Centers were asked to indicate if a particular service had been available in the facility prior to becoming a WWC. If the service had been previously available, respondents were asked to specify how the current service differs from the earlier service. WWCs were also asked to describe the influence of AIHA programs in either creating or improving services and indicate those areas in which collaboration with AIHA resulted in improvements. WWCs were asked to list other international or local organizations that have provided significant assistance to their facilities. Respondents were asked to discuss any features of their centers that contribute to the center's long-term sustainability and indicate their level of confidence that the WWC will be fully operational one, five, and ten years hence.
2. *Part II – focused on quality improvement processes*. In this section, the WWCs were asked to identify quality improvement initiatives being implemented at their facilities and answer related questions.

METHODOLOGY LIMITATIONS

Because the self-assessment methodology is inherently subjective, it may not represent fully the WWCs' accomplishments and shortcomings. A bias may be introduced by the rate of response, but this was not a factor in this case because 29 of the 30 WWCs completed the assessment.

## V. FINDINGS

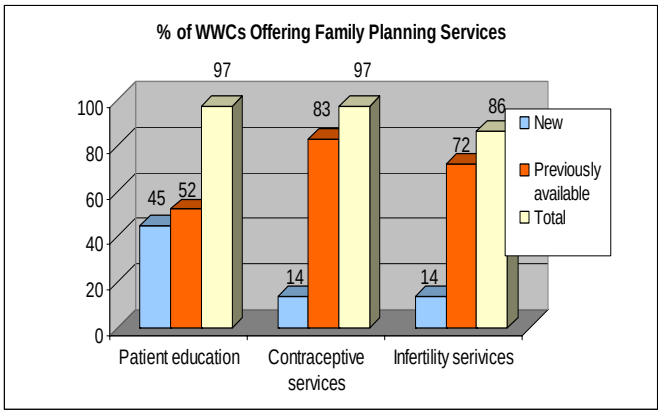
PART I – SCOPE OF SERVICES

FAMILY PLANNING AND REPRODUCTIVE HEALTH

Forty-five percent of centers indicated that patient education courses and training are currently available and were not available in their facilities prior to becoming a WWC. In addition, contraceptive and infertility services were new to 14 % of centers. The majority of WWCs offered contraceptive services (83%), infertility care (72%), and patient education (52%) before initiating partnership activities.

As a result of AIHA's partnerships, three WWCs introduced all three family planning services and two centers launched two new services in this category.

**Table 1: Family Planning Services**




WWCs offer classes, lectures, and individual counseling sessions on family planning and reproductive health to patients and teenagers in school. The patient education covers methods of contraception; women's reproductive system; pre- and peri-natal care; healthy lifestyle; harm of abortion; importance of breastfeeding; breast self-examination; menopausal and infertility conditions; and prevention of HIV/AIDS and STDs.

The WWCs provide infertility services, including: counseling, gynecological examination, compatibility and functional diagnostic tests, hormonal diagnosis, pelvic ultrasound, follicular monitoring, laparoscopy, spermogram, cytology, physiotherapy, colposcopy, diagnosis of STDs, culpocytology, testing for TORCH infection, ovulation stimulation, and anti-inflammation therapy. In addition, some centers offer services for patients with hormonal and menstrual disorders, menopausal symptoms, and endometriosis; and provide treatment and rehabilitation following miscarriage.

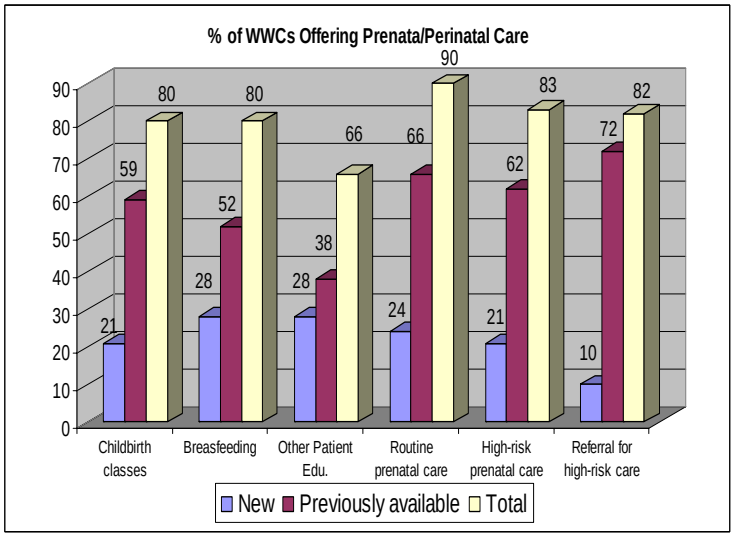
According to the centers, the contraceptive methods selected most frequently by women for prevention of pregnancy are: intra-uterine devices (IUDs), condoms, oral/hormonal contraception (including combined oral contraceptives), injections, and natural method. Some centers noted that prior to WWCs, physicians prescribed contraceptives without giving the patient any choice of selection. Other centers pointed out that due to the partnerships, modern contraceptive methods were introduced and nurses and midwives began counseling patients on family planning and the harm of abortion.

Several WWCs noted that before their collaboration with AIHA, education sessions and counseling for patients as well as visual aids (e.g., posters) related to family planning and reproductive health services were not available. The centers had lacked VCRs, specially equipped rooms, manikins, and contraceptives. Due to the partnerships, individual centers began offering a higher level of counseling; separated family planning consultations from the main patient flow; introduced psychotherapy sessions; initiated education sessions for adolescent boys; and started delivering more information and education materials to patients. In some cases, the treatment of infertility became more detailed and centers had expanded opportunities for screening sexually transmitted diseases.

PRENATAL AND PERINATAL CARE

After transforming into WWCs, over 20% of women's health facilities introduced prepared pregnancy and childbirth classes (21%); breastfeeding promotion (28%) and other prenatal and perinatal classes (28%); and low-risk (24%) and high-risk prenatal care (21%). Referral for high-risk care was introduced by only 10% of the centers, while 72% of WWCs offered this service prior to partnership activities. In general, over half of the centers provided prenatal and perinatal services before the partnerships. As a result of partnerships, one WWC initiated prenatal and perinatal treatment by launching all six services, two centers initiated five new services, and three initiated four new services. The partnerships have been critical to expanding patient education from 38% of centers to 66 % of centers. But, greater efforts are needed in broadening patient education as 31% of the WWCs do not offer courses beyond prepared pregnancy, childbirth, and breastfeeding.

**Table 2: Prenatal/Perinatal Care**



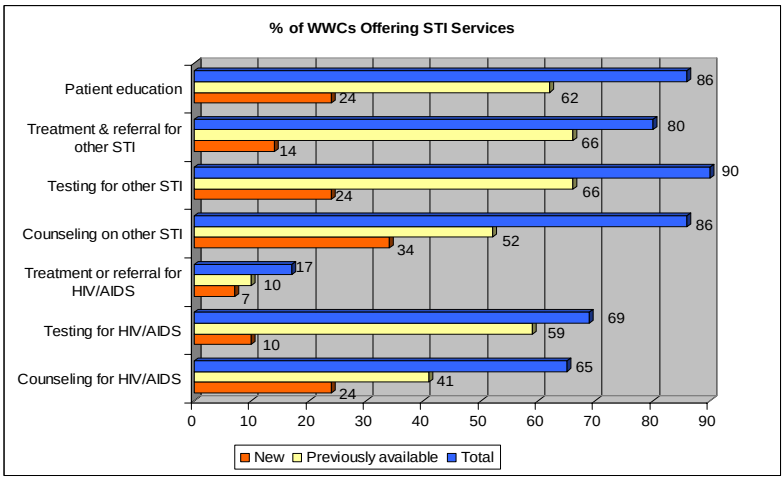

The WWCs use various methods to promote breastfeeding among pregnant and post-natal women. They provide training, classes, and lectures about breastfeeding techniques; organize weekly meetings to discuss breastfeeding concerns; present educational videos on breastfeeding; promote breastfeeding during regular checkups; and include breastfeeding classes as part of the broader program for preparing pregnant women for delivery. Other examples of didactic courses and activities related to pregnancy and perinatal care include provision of related literature; distribution of special booklets for pregnant women; preparation for pregnancy for women with an extragenital pathology; safe motherhood programs; classes teaching massage for newborns and care of premature infants; and counseling on postpartum contraception and partner participation in delivery.

A number of WWCs indicated that prenatal and perinatal care has improved due to AIHA's partnerships. For example, centers implemented the "ten principles of successful breastfeeding" program and received various aids (e.g., posters, videos, phantoms, baby dolls, floor mats, and balls) vital for training purposes. The examination and treatment of pregnant women was expanded and they began to receive medical care in better and more comfortable conditions. Women also gained access to free ultrasound testing and consultations provided by psychologists and geneticists. In some centers, before the WWCs were established, there were neither separate classrooms for training nor appropriate trainers; breastfeeding was not sufficiently advertised; breastfeeding sessions were not conducted; and appointments for health examinations were not adhered to strictly.

SEXUALLY-TRANSMITTED INFECTIONS

The majority of centers were offering services related to sexually transmitted infections prior to the partnerships. They expanded these services as a result of the partnerships, with 24% of WWCs introducing counseling for HIV/AIDS, testing for STIs (other than HIV/AIDS), and patient education programs related to STIs. Overall, as a consequence of the partnerships, one center began to offer all seven STI services and three launched four new disease-related services. But, 76% of the centers still do not provide treatment or referral for HIV/AIDS and 34% do not offer counseling on HIV/AIDS.

**Table 3: STI Services**




Several centers described how they deliver counseling for HIV/AIDS. The counseling may be provided during an appointment with a physician or when patients are diagnosed for STIs (before and after the testing). Individuals receive support and information from healthcare professionals (e.g., gynecologists, psychologists, or immunologists) about risk, transmission mechanisms, availability of anonymous testing, prevention methods, and treatment of HIV/AIDS. Counseling is provided for pregnant women, married couples, adolescents, and college students. If the centers do not provide treatment, then they refer patients to the national, oblast, or city AIDS Centers; city or national dermatovenerologic dispensaries; infectious diseases consulting units; or other special medial facilities.

Some WWCs described how they provide counseling on STIs. Consultations are with a general physician, obstetrician/gynecologist, or dermatovenerologist and are done in individual sessions or group meetings with teenagers, pregnant women, or married couples. The counselors provide information about STI prevention techniques, risks, transmission, effects on reproductive health, and the possibility of anonymous testing. The centers also offer other education activities related to STIs, such as lectures and classes for various psychographic and demographic groups, or provide information in the form of video materials, posters, brochures, and leaflets.

Most of the WWCs treat the majority of STIs. The most common ones for which the centers provide referral only are syphilis and gonorrhea. Some centers also use referral for patients with AIDS, ureaplasmosis, chlamydia, trichomoniasis, vaginal herpes, and hepatitis B and C.

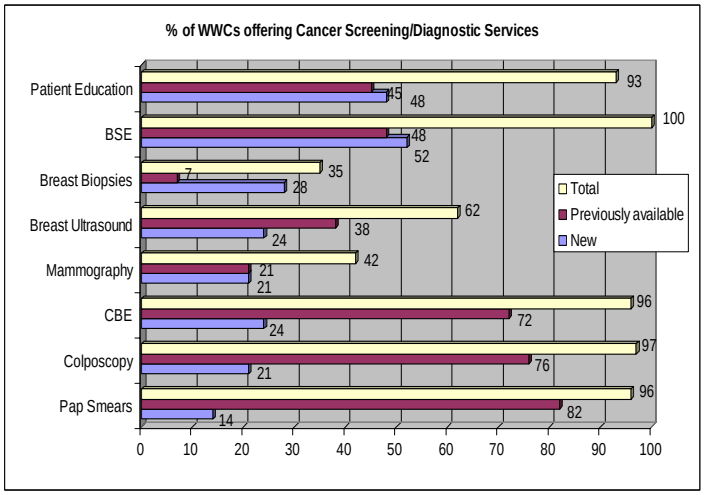
### CANCER SCREENING/DIAGNOSTIC SERVICES

More than half of the centers (52%) incorporated education in breast self-examination (BSE) only after becoming a WWC. A similarly high percentage of the facilities (48%) introduced patient education activities related to cancer due to partnerships.

Over 20% of the centers started to offer breast biopsies (28%), breast ultrasound (24%), clinical breast examination (CBE) (24%), mammography (21%), and colposcopy (21%). As the result of partnership collaboration, one WWC introduced all seven cancer-related new services, one center introduced six new ones, three WWCs introduced five additional services, and four centers introduced four more services. Large gaps remain in breast cancer care, with 62% of the centers lacking breast biopsies, 52% lacking mammography (52%), and 38% lacking breast ultrasound. Centers that do not offer mammography or breast ultrasound services refer patients to mammography centers, oncological dispensaries and

institutes, private clinics, and diagnostic/research centers. The majority of the facilities offer cervical cancer screening (82%), colposcopy (76%), and CBE (72%).

**Table 4: Cancer Screening/Diagnostic Services**



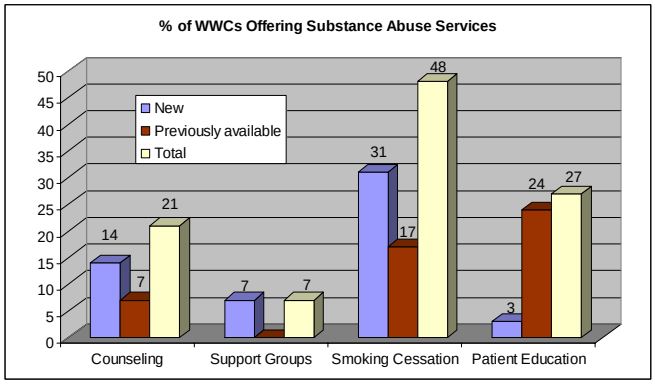

Individual centers mentioned that, as a result of partnerships, they received modern equipment and medical instruments for conducting pap smears (e.g., disposable brushes); they began to use more accurate techniques for smears; and started to offer this service to more patients. The centers indicated that after becoming a WWC they offered breast clinical exams (BCE) to all patients regardless of the type of visit and that BCE became a standard procedure performed not only by obstetricians/gynecologists but by the other physicians.

The WWCs organize education activities on cervical and breast cancer prevention and breast self examination (BSE) techniques. The centers offer individual and group sessions, hold lectures (including lectures offered during radio and TV programs), organize health fairs, and develop education materials such as posters, booklets, and brochures.

SUBSTANCE ABUSE SERVICES

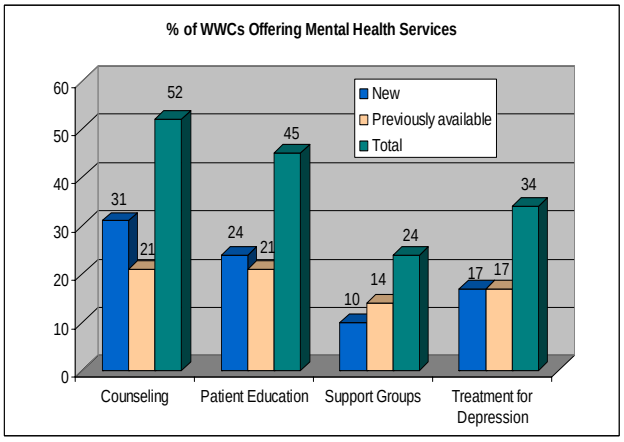
A large number of centers do not provide comprehensive substance abuse services. Over sixty percent of the WWCs do not offer counseling (66%) or support group activities (62%). A high percentage of centers also do not organize patient education activities (38%). Partnerships contributed especially to smoking cessation and support group activities. About 31% of centers introduced smoking cessation programs as a result of partnersships. Whereas support group activities were provided by none of the centers before becoming WWCs, 7% of them began to offer such services after the initiation of the partnership. AIHA's partnership activities helped one center to establish all four substance abuse services and three others added two new services. On average, 26% of centers did not answer questions related to substance abuse services and this could skew the results of the assessment.

**Table 5: Substance Abuse Services**



MENTAL HEALTH SERVICES

**Table 6: Mental Health Services**



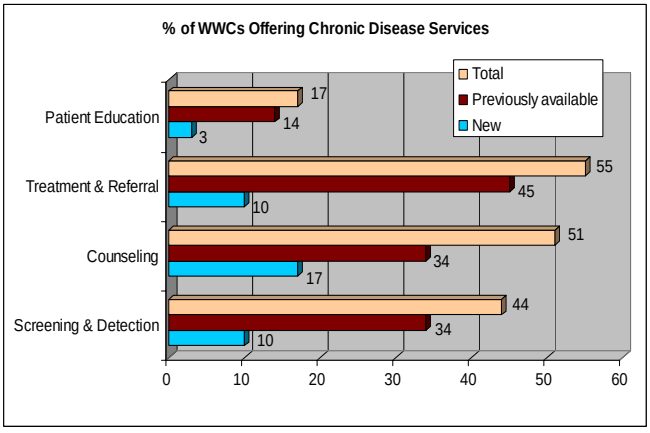

Thirty-one percent of women's health facilities introduced mental health counseling and 24% introduced patient education after transitioning into WWCs. About 18% of the centers provided mental health-related services prior to the partnerships. More than half of the centers continue to not provide support group activities (66%) or treatment for depression (52%). A relatively high number of WWCs does not provide patient education (45%) or counseling (38%). Cooperation with partnerships enabled three centers to establish all four mental health services; one center added three new services; and three others initiated three new services.

Some centers provide both counseling and patient education regarding stress and anxiety management, psychological preparation of women for delivery, emotional support for patients with pathological menopause, intimate partner violence, and depression. For depression, the WWCs either provide individual psychological counseling, group therapy, or referral/diagnostic services; or prescribe antidepressant medications.

CHRONIC DISEASE SERVICES

After becoming a WWC, a small number of centers introduced activities related to chronic diseases, such as diabetes, anemia, hypertension, hepatitis, asthma and other pulmonary diseases. The centers had been offering treatment and referral for certain chronic diseases (45%), screening and detection (34%), or counseling (34%). As a result of partnerships, one center initiated all four chronic disease services and three other centers included two additional services. But, more than half of the facilities still do not provide patient education activities (52%), 41% have not instituted screening and detection practices, and 31% do not provide counseling services. Thirty-one percent of the centers did not respond to a question regarding patient education activities, 24% did not respond to a question regarding treatment and referral activities, and 17% did not respond to a question regarding counseling.

**Table 7: Chronic Disease Services**



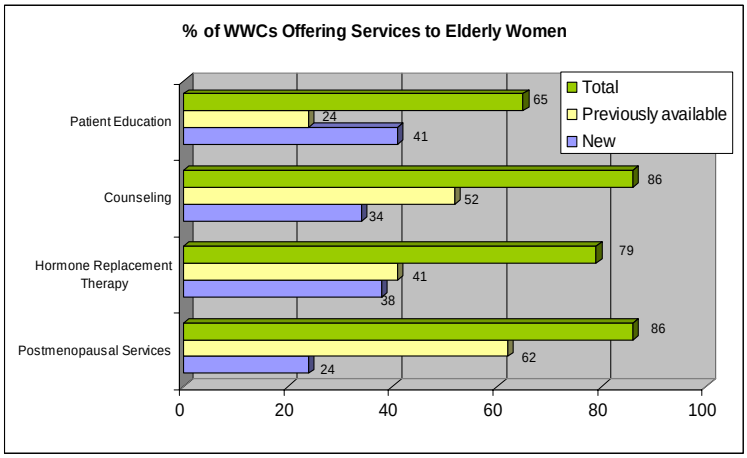

At most centers, screening and counseling is available for such chronic diseases as heart problems, anemia, pre-cancerous diseases of the cervix, arterial hypertension, asthma, bronchitis, goiter, gastritis, colitis, and diabetes. The counseling activities cover individual or group lectures during which women are informed about the consequences of untreated chronic diseases; their causes, symptoms, and treatment; and prevention methods. In addition, the centers offer patients lectures and meetings related to a healthy lifestyle, provide educational brochures, and show videos.

Treatment services are available at WWC for such chronic diseases as anemia, hypertension, or bronchitis. But, patients are referred to specialized institutions for treatment of diabetes, asthma, hepatitis, and other diseases, especially for complicated cases.

SERVICES TO ELDERLY WOMEN

As a result of partnership activities, a large percentage of centers began offering services to elderly women. These include patient education (41%), hormone replacement therapy (38%), counseling (34%), or postmenopausal treatment (24%). A significant number of the centers had been providing postmenopausal services (62%), counseling (52%), hormone replacement therapy (41%), or patient education (24%). The partnership collaboration contributed to expanding these services. Six centers established all four services related to care for older women, two WWCs established three additional services, and three facilities established two extra services.

**Table 8: Services to Older Women**



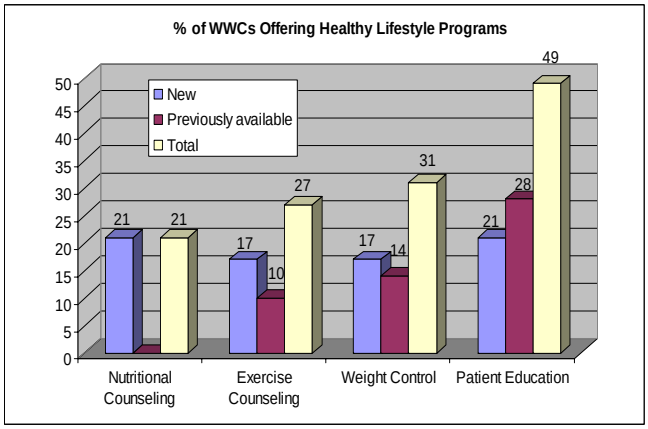

The postmenopausal conditions addressed by the centers include osteoporosis, urethral syndrome, urinary and atrophic disorders, abnormal menopause, vegetative disorders, postmenopausal syndrome, genital-urological and psycho-emotional disorders, hypertensive disease, and climacteric syndrome.

In addition to treatment and therapy, the WWCs provide postmenopausal counseling regarding autonomous nervous system disorders (hot flashes, blood pressure fluctuation, sweating, chest pain, and mood changes), osteoporosis, cardiovascular and menstrual disorders, back pain, vegetative syndrome, psycho-emotional disorders, hormone replacement therapy (HRT), and others. The counseling is usually provided by specialist physicians such as gynecologists, psychologists, or urologists, and it takes the form of individual sessions or group meetings.

HEALTHY LIFESTYLE PROGRAMS

The results of the assessment revealed that more than half of the WWCs do not offer healthy lifestyle programs. Some centers provide exercise counseling (27%), weight control programs (31%) or patient education (49%). Due to cooperation with AIHA and partnerships, 21% of the centers introduced nutrition counseling or patient education, and 17% added exercise therapy or weight control activities. After transforming into WWCs, two centers introduced the entire portfolio of healthy lifestyle programs, two centers introduced three new services, and one center introduced two new services. The answers were incomplete, and 21% of the WWCs did not answer questions regarding patient education and 17% did not answer questions regarding nutrition counseling.

**Table 9: Healthy Lifestyle Programs**



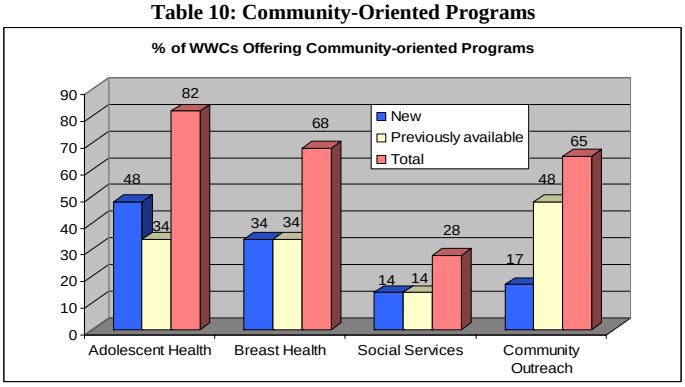

Several centers provided examples of lifestyle activities. The WWCs provide counseling regarding healthy nutrition for pregnant and elderly women; offer consultation on the importance of physical activity among teenage girls, pregnant, postnatal, and postmenopausal women, and women with gynecological problems; and offer activities related to weight control, such as administration of diet and exercise routine and weight measurement. Similar to other counseling initiatives, consultations are for individuals or groups and are provided by physicians (e.g., gynecologists or internists), nurse-educators, dieticians (nutrition counseling), or physiotherapists (exercise counseling).

In addition, individual centers offered lectures on the harm of tobacco, alcohol, and drugs, and provided activities related to smoking cessation.

COMMUNITY-ORIENTED PROGRAMS

AIHA's partnerships facilitated introduction of adolescent health programs to 48% and breast health programs to 34% of WWCs, respectively. Prior to becoming WWCs, 48% of the facilities organized community outreach activities and 34% of the facilities offered adolescent and breast health programs. But, 48% of them still do not provide social services. As a result of the partnership, one center added all four community-oriented programs, five centers added three related services, and five others added two related services.

**Table 10: Community-Oriented Programs**




The centers organize activities such as classes targeting adolescents and focusing on sex education, prevention of STDs and AIDS, healthy lifestyle, harm of abortion, contraception, and others. In addition to lectures delivered at the WWCs, high schools, and colleges, the centers also offer preventive

examinations and health checks for teenage girls, collaborate with youth centers, and produce and distribute appropriate materials.

The WWCs participate in breast cancer prevention by promoting breast self-examination and offering mammology, mammography, or breast ultrasound screenings. In addition, a few centers provide social services such as help to pregnant non-working women in receiving cash benefits from the local social authorities; home violence hotline; free consultations by a lawyer; distribution of wheelchairs; and free or discounted services to the disabled, poor, and children.

### AIHA'S ROLE IN CREATING AND IMPROVING SERVICES

The WWC staff gave examples describing AIHA's role in creating or improving women's services. Due to AIHA's partnerships, WWCs were exposed to new educational materials (videocassettes, manuals, manikins, and brochures), new equipment (colposcope, ultrasound, and microscope) and seminars, post graduate courses, and professional training related to women's services.

AIHA assisted in implementing protocols and clinical practice guidelines, including family planning, antenatal care, STIs, cancer treatment, and chronic diseases. AIHA introduced new diagnostic techniques and treatment of STIs and cancer; initiated laboratory tests (including mammography); brought in psychologists as part of the centers' personnel; provided access to the Internet; and created new services, such as menopause and postmenopause services and healthy lifestyle promotion.

In addition, AIHA contributed to establishing new work standards and helped WWCs organize educational programs, workshops, schools, and seminars for patients. A number of WWCs received contraceptives which were distributed to patients free of charge. Two centers indicated that as a result, the number of contraceptive users increased and the abortion rates and incidence of STIs declined.

### AIHA'S ROLE IN CENTER IMPROVEMENTS

The majority of WWCs indicated that partnership with AIHA and appropriate training of centers' personnel improved patient privacy during examination (86%) as well as overall patient confidentiality (72%). For example, centers started to use separate examination rooms and folding screens to protect patients' privacy and introduced anonymous health services. In addition, 83% of WWCs indicated that the comfort and cleanliness of their facilities increased as a result of the renovation, new furniture and equipment, and attention paid by staff to the overall appearance of the workplace.

Because of the collaboration with AIHA, 90% of WWCs received modern medical and laboratory instruments and equipment, such as ultrasounds and colposcopes; office equipment including furniture, video and audio players, projectors, computers, printers, and the Internet; and training aids, such as models, phantoms, and visual materials. A large number of centers (86%) indicated that AIHA introduced to their reporting and monitoring systems new monthly and quarterly reports, patient record and registration forms, and patient satisfaction surveys, all of which enabled them to document outcomes more efficiently. The same percentage (86%) of WWCs emphasized AIHA's role in applying clinical practice guidelines and protocols to their existing standards.

Almost all of the centers (97%) indicated that participation in the AIHA program improved the skills of healthcare providers. Numerous seminars and conferences organized by AIHA, training in the U.S., and on-site workshops provided by U.S. specialists was critical to professional skills development. In addition, WWCs gained free access to the Internet, the Medline/Ovid database, medical journals, CDs, and tele-consultations, which contributed to strengthening the competencies of the healthcare providers. Eighty-three percent of centers indicated that AIHA's partnerships influenced the improvement of educational programs and training capacity at their facilities. Eight-six percent of centers indicated that collaboration

with AIHA enhanced the role and responsibilities of nurses, who had a chance to participate in seminars and courses organized by AIHA, obtain training in the U.S. and/or participate in the INLI program.

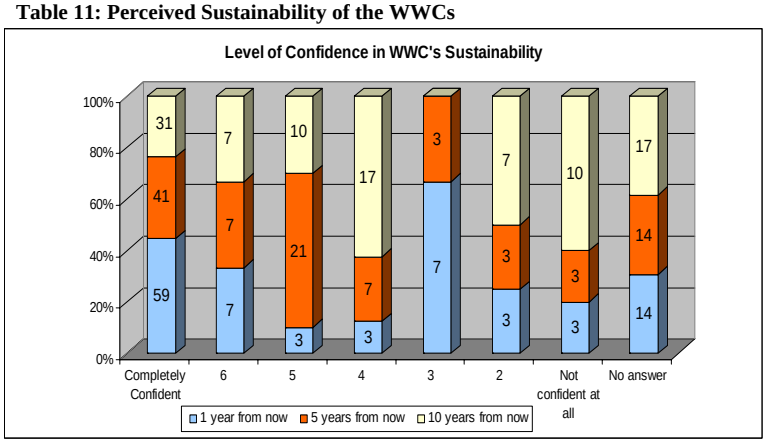
In addition to AIHA, there were other international and local organizations that provided significant assistance to the WWCs. These organizations included the Ministries of Health, state insurance and pharmaceutical companies, departments of public health, city health administrations, and NGOs, and international entities, such as the Susan Komen Foundation, Carelift International, USAID, and UNFPA.

SUSTAINABILITY

The majority of the centers stated that paid medical services contribute to the WWCs' long-term sustainability. Other factors affecting sustained operations of the centers included agreements with insurance companies, funds from private and institutional donors, access to international grants, and support from local health authorities.

Based on the centers' current financial situation and ongoing sustainability activities, the WWCs were asked to indicate the level of confidence that the center will be fully operational one, five, and ten years hence. More than half of the centers (59%) responded that the facility will be operational in one year, 41% responded that the facility will be operational five years later, and 31% responded that the facility will be operational ten years later. On the other hand, only 10% of the centers were not confident that the center would be operational ten years hence. The majority of the centers (34%) indicated a level of confidence between six and four for the period ten years hence. *(Table 11)*

**Table 11: Perceived Sustainability of the WWCs**




## PART II – QUALITY IMPROVEMENT

CONTINUING EDUCATION

Continuing education for WWC staff was instituted by 97% of the centers. WWCs' personnel participate in lectures, seminars, and training organized by medical universities or other state and international institutions. The health professionals learn new or improve existing skills and competencies related to women's health, family planning, adolescent health, HIV/AIDS, prevention and treatment of STDs, mammology, and healthy lifestyle.

PATIENT SATISFACTION SURVEY (PSS)

Systematic patient satisfaction surveys were introduced by 90% of the WWCs, with surveys administered quarterly, bi-annually, or annually. The centers use the results to identify weaknesses, leading in turn to performance improvements, identification of patients' needs, preparation of action plans, and attenuation of shortcomings.

FOCUS GROUPS

Seventy-nine percent of the centers indicated that they use focus groups as a quality improvement tool. Based on the descriptions of topics discussed in focus groups, it appears that the centers misunderstood the question and described their regular staff meetings. WWCs responded that they perform focus groups once a month, bi-weekly, or once a week. During the focus group/staff meetings, the centers' personnel review clinical cases and standards of clinical practice; discuss patient service quality; review patient charts; discuss ongoing problems, organizational issues, upcoming activities, and future plans; review new treatment techniques; and evaluate activities that occurred prior to the meeting.

LRC AND EVIDENCE-BASED PRACTICE

Learning Resource Centers (LRC) and evidence-based practices were used by 72% of the WWCs. Based on the centers' estimates, approximately 20% to 100% of nurses and 35% to 100% of physicians utilize LRCs and evidence-based practices. Among individual centers, the percentage of physicians using the LRCs' resources exceeds by 10% to 60% the percentage of nurses using the LRCs' resources.

CONTINUOUS QUALITY IMPORVEMENT PROCESSES

Over three-fourths (79%) of the WWCs incorporated continuous quality improvement processes to monitor consistency with one or more clinical practice guidelines, including procedures on early detection of cancers, infertility, family planning, STD management, and prenatal care. The clinical practice guidelines are monitored by, for example, compliance with standards and treatment protocols; regular expert assessments; daily review of patient charts; reports and chart audits; standard control and quality reviews; and observations and analysis of health providers' performance.

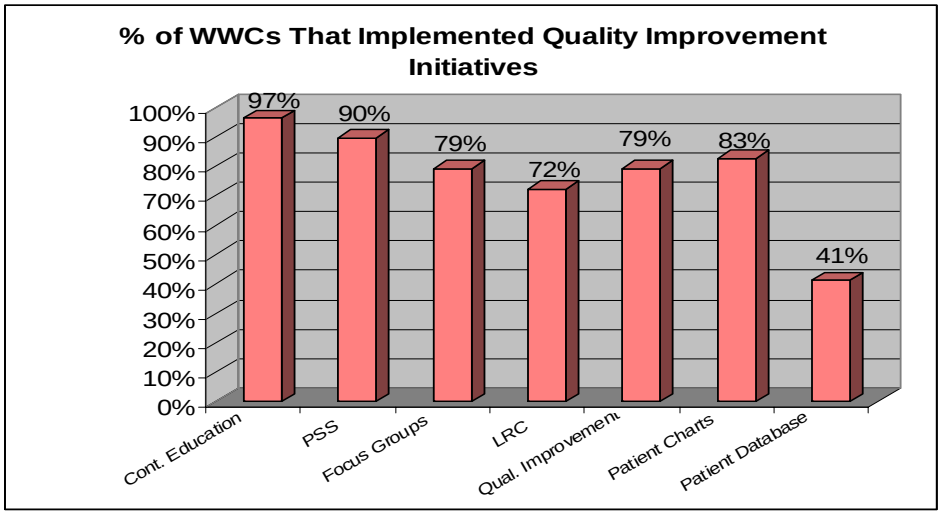
REVIEW PATIENT CHARTS

The majority of the centers (83%) indicated that they review patient charts. During such reviews, the WWCs measure the quality and consistency of records; appraise the suitability of prescriptions; verify diagnoses and completeness of examinations; evaluate lab analyses; and assess the adequacy and effectiveness of treatment and rehabilitation activities.

COMPUTERIZED PATIENT DATABASE

Less than half (41%) of the WWCs responded that they currently posses a computerized patient database.

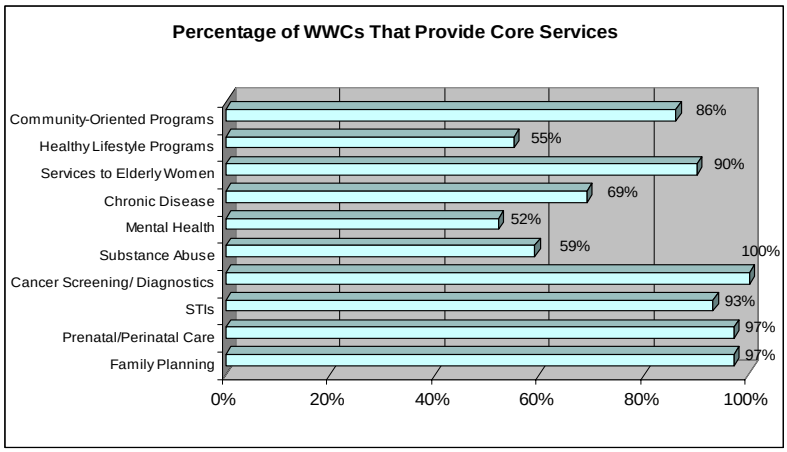
**Table 12: Quality Improvement Initiatives**



## VI. CONCLUSIONS

The assessment demonstrates that the WWC initiative was successful in introducing changes which strengthened the participating institutions and improved the overall quality of women's health care delivery.

At least 90 % of the participating WWCs provide one or more services within the five core service categories. The rates for cancer screening and diagnosis are 100%; for prenatal and perinatal care are 97%; for family planning are 97%; for STIs are 93%; and for services to elderly women are 90%. The remaining five service categories are offered by at least 52% of the centers (15).




A number of core services were available to patients prior to the partnerships. Participation in the AIHA program helped the WWCs to improve the scope of these services and their quality as a result of professional training of healthcare providers and availability of updated medical equipment. Other services, such as those related to healthy lifestyle and elderly women health, were introduced by many centers. The following summarizes AIHA's contribution to each of the core service areas.

**Family planning and reproductive health services**
Most family planning and reproductive health services were available before AIHA's initiative, but the partnerships helped to improve services and introduce new services. The assessment reveals that only 52% of the WWCs were offering patient education, and this increased to 97% with the assistance of AIHA's partnerships. The quality of patient education improved due to equipment such as VCRs, manikins, visual materials, and training aids donated by the partnerships. Other services, such as contraceptives and infertility services, were increased by 14% as a result of the establishment of WWCs.

**Prenatal and perinatal care services**
Prenatal and perinatal care services were largely available in most of the WWCs before introducing the AIHA program. However, as a result of AIHA's initiative the scope and quality of services improved especially in such areas as breastfeeding, patient education, and childbirth classes. A number of WWCs introduced these services for the first time during the partnership (28%, 28% and 21% centers, respectively).

**STI services**
Prior to the AIHA program, not all of the STI services were offered by many WWCs. AIHA and U.S. partners introduced and improved such services as patient's education; testing, counseling and treatment for STI; and testing, counseling and treatment of HIV/AIDS. STI services are now available in, on average, 85% of the WWCs.

**Cancer screening and prevention services**
AIHA's initiative has many achievements in cervical and breast cancer screening and prevention. Five out of eight services in this category are currently offered by more than 90% of WWCs, and about one-thirds

of these services were introduced by AIHA and U.S. partners. Although breast biopsy, ultrasound and mammography are still not widely available, their numbers have doubled or even tripled as a result of the partnerships.

**Substance abuse services**
AIHA's contribution in this area is somewhat limited. In part, this can be explained by a substance abuse stigma still quite common in the NIS among patients and health professionals. Further training for healthcare providers and patient education at the WWCs are necessary to strengthen substance abuse services and reduce associated stigma.

**Mental health services**
Although the number of centers offering mental health services continues to be relatively small, AIHA's assistance enabled a doubling of such services as counseling (52%); patient education (45%) and treatment for depression (34%). Since psychological help is often necessary for women with physical health conditions, further effort in this area is needed.

**Chronic disease services**
The assessment indicates that there continues to be a large gap in this category. Although the partnerships assisted a small group of WWCs to introduce counseling (17%), treatment, referral and screening (10%) related to chronic diseases, there are many other unmet needs. This is especially important because some chronic diseases are related to other gynecological conditions, such as menopause and menstrual dysfunctions.

**Elderly women services**
Prior to the partnerships, services to elderly women were not widely available. Because of AIHA and the U.S. partners, approximately 1.5 to 3 times more WWCs began offering these services. Patient education increased from 24% to 65% and postmenopausal services grew from 62% to 86%.

**Healthy lifestyle programs**
Healthy lifestyle programs were not popular before the initiation of partnerships. Only one-fourths of the WWCs offered limited services within this category. Although AIHA's intervention almost doubled the number of centers offering healthy lifestyle activities, less than half of the WWCs currently offer this service.

**Community-oriented programs**
The number of WWCs providing services related to adolescent health, breast health, and social services has doubled due to collaboration with AIHA. Further efforts are needed, especially in social services.

## LESSONS LEARNED

The AIHA initiative allowed the staff of WWCs to be exposed to modern educational materials and clinical guidelines. Through Internet access provided by the program, the staff had the opportunity to exchange information and knowledge with health professionals in other countries. In many instances, only a limited number of physicians and nurses were able to use effectively the state-of-the-art information and learning resources. The lack of sufficient knowledge of English and/or computer skills limited their participation. Thus, it is important that the WWCs initiate a dissemination program which will enable all health professionals access to up-to-date literature and research information in a form of lectures, distribution of translated materials, and collaboration with other WWCs.

AIHA's assistance helped the WWCs to increase the scope and quality of services provided. At this point, the centers need to identify deficiencies in services and strengthen delivery of care through ongoing

training, dissemination of information among health professionals, and program improvements. Based on the self-assessment results, it is ctitical for centers to continue working with communities (especially adolescents) on such topics as healthy lifestyle, sex education, STI/HIV prevention, and violence. In addition to existing social services, the centers could offer social and psychological support to women and victims of violence and HIV/AIDS counseling, treatment and referral. Although testing and counseling for HIV/AIDS is offered by 69% and 65% of WWCs, respectively, treatment and referral is offered by only 17% of WWCs. This may reflect lack of facilities for referral or limited knowledge of treatment guidelines for HIV/AIDS. Chronic diseases require greater attention, especially in patient education, screening, counseling, treatment, and referral. WWCs also need to improve healthy lifestyle programs, and increase provider training for services related to nutrition, exercise, and weight control counseling.

**Appendix 1 – Self-Assessment Tool**

Date:

Name of Center: _____ Director's signature: _____

Location: _____ Names of participants: _____

_____

## PART I: SCOPE OF SERVICES

**Please place an "X" next to those** specified services (listed from I. to X.) that are offered by your center and answer ALL appropriate questions as further instructed.

### I. ____ FAMILY PLANNING AND REPRODUCTIVE HEALTH

| Types of family planning & reproductive health services | Currently Available? | | Was this service provided in your facility previous to becoming a WWC? | | *If the service was previously provided,* how is this service different at the WWC compared to what was offered in the past? |
|---|---|---|---|---|---|
| **Patient education courses/programs** | **Yes** | **No** | **Yes** | **No** | |
| | | | | | |
| *List examples of educational activities related to family planning & reproductive health from the past year:* | | | | | |
| **Contraceptive services** | **Yes** | **No** | **Yes** | **No** | |
| | | | | | |
| *List types of contraceptives most often selected by women at your center:* | | | | | |
| **Infertility services Diagnostics and/or treatment of infertility** | **Yes** | **No** | **Yes** | **No** | |
| | | | | | |
| *List infertility services offered:* | | | | | |
| **Other planning & reproductive health services** *(list and describe)**:*** | | | | | |

### II. ____ PRENATAL AND PERINATAL CARE

| Types of prenatal & perinatal care services | Currently Available? | | Was this service provided in your facility previous to becoming a WWC? | | *If the service was previously provided,* how is this service different at the WWC compared to what was offered in the past? |
|---|---|---|---|---|---|
| **Prepared pregnancy and childbirth classes** | **Yes** | **No** | **Yes** | **No** | |
| | | | | | |
| *Provide number of participants in the **prepared** pregnancy and childbirth classes:* | | | | | |
| **Breastfeeding** | **Yes** | **No** | **Yes** | **No** | |
| | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| *List examples of activities and special programs promoting breastfeeding from the past year:* | | | | | |
| **Other patient education courses/programs** | **Yes** | **No** | **Yes** | **No** | |
| | | | | | |
| *List examples of other educational courses or activities related to pregnancy and perinatal care from the past year:* | | | | | |
| **Low-risk /routine prenatal care** | **Yes** | **No** | **Yes** | **No** | |
| | | | | | |
| *# of women provided with low-risk/ routine prenatal care last year:* | | | | | |
| **High-risk prenatal care** | **Yes** | **No** | **Yes** | **No** | |
| | | | | | |
| *# of women provided with high-risk prenatal care last year:* | | | | | |
| **Referral for high-risk care** | **Yes** | **No** | **Yes** | **No** | |
| | | | | | |
| *# of women referred to other institution(s) for high-risk prenatal care last year:* | | | | | |
| **Other prenatal and perinatal services** *(list and describe)**:*** | | | | | |

## III. ____ SEXUALLY-TRANSMITTED INFECTIONS

| Types of sexually-transmitted infections/ disease services | Currently Available? | | Was this service provided in your facility previous to becoming a WWC? | | *If the service was previously provided,* how is this service different at the WWC compared to what was offered in the past? |
|---|---|---|---|---|---|
| **Counseling for HIV/AIDS** | **Yes** | **No** | **Yes** | **No** | |
| | | | | | |
| *Please briefly describe how you provide this counseling: Provide estimated # of women counseled on HIV/AIDS last year:* | | | | | |
| **Testing for HIV/AIDS** | **Yes** | **No** | **Yes** | **No** | |
| | | | | | |
| *Estimated # of women tested for HIV/AIDS:* | | | | | |
| **Treatment or referral for HIV/AIDS** | **Yes** | **No** | **Yes** | **No** | |
| | | | | | |
| *Indicate if your center provides treatment. If not, where do you refer your patients?* | | | | | |
| **Counseling on other STI** | **Yes** | **No** | **Yes** | **No** | |
| | | | | | |
| *Please briefly describe how you provide this counseling: Provide estimated # of women counseled on other STIs:* | | | | | |
| **Testing for other STI** | **Yes** | **No** | **Yes** | **No** | |

| | | | | | |
|---|---|---|---|---|---|
| | | | | | |
| *Estimated # of women tested for other STIs:* | | | | | |
| **Treatment and referral** | **Yes** | **No** | **Yes** | **No** | |
| | | | | | |
| *Indicate which STIs are treated at the center and for which the center provides only referral:* | | | | | |
| **Patient education courses/programs** | **Yes** | **No** | **Yes** | **No** | |
| | | | | | |
| *List examples of educational activities related to STIs from the past year:* | | | | | |
| **Other infection/disease-specific services** *(list and describe)**:*** | | | | | |

## IV. _____ CANCER SCREENING/DIAGNOSTIC SERVICES

| Types of cancer screening and education/ diagnostic services | Currently Available? | | Was this service provided in your facility previous to becoming a WWC? | | *If the service was previously provided,* how is this service different at the WWC compared to what was offered in the past? |
|---|---|---|---|---|---|
| **Pap smears or comparable cervical cancer screening test** | **Yes** | **No** | **Yes** | **No** | |
| | | | | | |
| *If pap tests (or other cervical cancer screening) are not done, indicate why:* | | | | | |
| **Colposcopy** | **Yes** | **No** | **Yes** | **No** | |
| | | | | | |
| *If colposcopy is not available, indicate why:* | | | | | |
| Clinical breast examinations | **Yes** | **No** | **Yes** | **No** | |
| | | | | | |
| *If clinical breast examinations are not performed, indicate why:* | | | | | |
| Mammography | **Yes** | **No** | **Yes** | **No** | |
| | | | | | |
| *If mammography is not available, where does the center refer women for this procedure?* | | | | | |
| Breast ultrasound | **Yes** | **No** | **Yes** | **No** | |
| | | | | | |
| *If breast ultrasound is not available, indicate why. Is there a place where you can refer women for this procedure?* | | | | | |
| Breast biopsies | **Yes** | **No** | **Yes** | **No** | |
| | | | | | |
| | | | | | |
| Education in breast self-examination | **Yes** | **No** | **Yes** | **No** | |
| | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| *If education in breast self-examination is not done, indicate why:* | | | | | |
| Patient education courses/programs | **Yes** | **No** | **Yes** | **No** | |
| | | | | | |
| *List examples of educational activities related to cancer issues from the past year:* | | | | | |
| **Other cancer screening services** *(list and describe)**:*** | | | | | |

## V. ____ SUBSTANCE ABUSE SERVICES

| Types of substance abuse services | Currently Available? | | Was this service provided in your facility previous to becoming a WWC? | | *If the service was previously provided*, how is this service different at the WWC compared to what was offered in the past? |
|---|---|---|---|---|---|
| **Counseling** | **Yes** | **No** | **Yes** | **No** | |
| | | | | | |
| *List examples of specific areas of substance abuse counseling from the past year:*<br>*Who provides such counseling in your center?*<br>*Please briefly describe how you provide this counseling:* | | | | | |
| **Support groups** | **Yes** | **No** | **Yes** | **No** | |
| | | | | | |
| *Describe activities of support groups:* | | | | | |
| **Smoking cessation** | **Yes** | **No** | **Yes** | **No** | |
| | | | | | |
| *Briefly describe smoking cessation program(s) including targeted population. Give estimated # of people served in the past year.* | | | | | |
| Patient education courses/programs | **Yes** | **No** | **Yes** | **No** | |
| | | | | | |
| *List examples of educational activities related to substance abuse from the past year:* | | | | | |
| **Other substance abuse services** *(list and describe)**:***<br>***If the WWC does not provide substance abuse services but has referral arrangements in place for such services, indicate this:*** | | | | | |

## VI. ____ MENTAL HEALTH SERVICES (excluding substance abuse)

| Types of mental health services | Currently Available? | | Was this service provided in your facility previous to becoming a WWC? | | *If the service was previously provided*, how is this service different at the WWC compared to what was offered in the past? |
|---|---|---|---|---|---|
| **Counseling** | **Yes** | **No** | **Yes** | **No** | |
| | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| *List examples of specific areas of mental health counseling from the past year:*<br>*Who provides such counseling in your center?*<br>*Please briefly describe how you provide this counseling:* | | | | | |
| Patient education courses/programs | **Yes** | **No** | **Yes** | **No** | |
| | | | | | |
| *List examples of educational activities related to mental health from the past year:* | | | | | |
| **Support groups** | **Yes** | **No** | **Yes** | **No** | |
| | | | | | |
| *Describe activities of support groups:* | | | | | |
| **Treatment for depression** | **Yes** | **No** | **Yes** | **No** | |
| | | | | | |
| *Describe the scope of treatment:* | | | | | |
| **Other mental health services** *(list and describe)**:***<br>***If the WWC does not provide mental health services but has referral arrangements in place for such services, indicate this.*** | | | | | |

## VII. ____ CHRONIC DISEASE SERVICES (e.g. diabetes, anemia, cardiovascular including hypertension, hepatitis, asthma and other pulmonary diseases)

| Types of chronic disease services | Currently Available? | | Was this service provided in your facility previous to becoming a WWC? | | *If the service was previously provided,* how is this service different at the WWC compared to what was offered in the past? |
|---|---|---|---|---|---|
| **Screening and detection** | **Yes** | **No** | **Yes** | **No** | |
| | | | | | |
| *List chronic diseases for which you provide screening:* | | | | | |
| **Counseling** | **Yes** | **No** | **Yes** | **No** | |
| | | | | | |
| *List chronic diseases for which you provide counseling:*<br>*Please briefly describe how you provide this counseling:* | | | | | |
| **Treatment and referral** | **Yes** | **No** | **Yes** | **No** | |
| | | | | | |
| *Indicate which chronic diseases are treated at the center and for which the center provides only referral:* | | | | | |
| Patient education courses/programs | **Yes** | **No** | **Yes** | **No** | |
| | | | | | |
| *List examples of educational activities related to chronic diseases from the past year:* | | | | | |
| **Other chronic disease services** *(list and describe)**:*** | | | | | |

## VIII. ____ SERVICES TO OLDER WOMEN

| Types of services to older | | Was this service provided in | *If the service was previously provided,* |
|---|---|---|---|

| women | Currently Available? | | your facility previous to becoming a WWC? | | how is this service different at the WWC compared to what was offered in the past? |
|---|---|---|---|---|---|
| **Services to postmenopausal women** | **Yes** | **No** | **Yes** | **No** | |
| | | | | | |
| *Identify postmenopausal problems addressed by your services:* | | | | | |
| **Hormone replacement therapy** | **Yes** | **No** | **Yes** | **No** | |
| | | | | | |
| *Provide details of hormone replacement therapy:* | | | | | |
| **Counseling on aging** | **Yes** | **No** | **Yes** | **No** | |
| | | | | | |
| *List examples of specific areas of postmenopausal counseling from the past year:*<br>*Who provides such counseling in your center?*<br>*Please briefly describe how you provide this counseling:* | | | | | |
| **Patient education courses/programs** | **Yes** | **No** | **Yes** | **No** | |
| | | | | | |
| *List examples of educational activities related to older women health from the past year:* | | | | | |
| **Other services to older women** *(list and describe)**:***<br>*If the WWC does not have any of the above services, discuss why:* | | | | | |

## IX. ____ HEALTHY LIFESTYLE PROGRAMS

| Types of health promotion services | Currently Available? | | Was this service provided in your facility previous to becoming a WWC? ***(check)*** | | *If the service was previously provided,* how is this service different at the WWC compared to what was offered in the past? |
|---|---|---|---|---|---|
| **Nutritional Counseling** | **Yes** | **No** | **Yes** | **No** | |
| | | | | | |
| *List examples of specific areas of nutritional counseling from the past year:*<br>*Who provides such counseling in your center?*<br>*Please briefly describe how you provide this counseling:* | | | | | |
| **Exercise Counseling** | **Yes** | **No** | **Yes** | **No** | |
| | | | | | |
| *List examples of specific areas of exercise counseling from the past year:*<br>*Who provides such counseling in your center?*<br>*Please briefly describe how you provide this counseling:* | | | | | |
| **Weight control** | **Yes** | **No** | **Yes** | **No** | |
| | | | | | |
| *Provide details of a weight control program:* | | | | | |
| | **Yes** | **No** | **Yes** | **No** | |

| | | | | | |
|---|---|---|---|---|---|
| **Patient education courses/programs** | **Yes** | **No** | **Yes** | **No** | |
| | | | | | |
| *List examples of educational activities related to healthy lifestyle from the past year:* | | | | | |
| **Other health promotion services** *(list and describe)**:*** | | | | | |

## X. ____ COMMUNITY-ORIENTED PROGRAMS

| Types of special programs | Currently Available? ***(check)*** | | Was this service provided in your facility previous to becoming a WWC? | | *If the service was previously provided,* how is this service different at the WWC compared to what was offered in the past? |
|---|---|---|---|---|---|
| **Adolescent health** | **Yes** | **No** | **Yes** | **No** | |
| | | | | | |
| *Provide more information on adolescent health program:* | | | | | |
| **Breast health** | **Yes** | **No** | **Yes** | **No** | |
| | | | | | |
| *Provide more information on breast health program:* | | | | | |
| **Social services** | **Yes** | **No** | **Yes** | **No** | |
| | | | | | |
| *Provide more information on social services program:* | | | | | |
| **Community outreach** | **Yes** | **No** | **Yes** | **No** | |
| | | | | | |
| *Provide more information on community outreach activities:* | | | | | |
| **Other special programs services** *(list and describe)**:*** | | | | | |

**XI.** For each service listed below that is currently available at your center, please indicate whether AIHA programs had a significant influence in either creating or improving the service at your center. Describe the influence.

| **Service:** | **Role of AIHA:** |
|---|---|
| Family planning and reproductive health | |
| Prenatal and perinatal care | |
| Sexually-transmitted infections | |
| Cancer screening/diagnostic services | |
| Substance abuse services | |
| Mental health services | |
| Chronic disease services | |
| Services to older women | |
| Healthy Lifestyle programs | |
| Community-oriented programs | |

**XII.** Indicate, by placing an **"X"**, those areas in which collaboration with AIHA resulted in improvements at your center:

| **Areas:** | **Improve-ment** | **If improved, please briefly describe:** |
|---|---|---|

| | | |
|---|---|---|
| Patient privacy during examination | | |
| Patient confidentiality | | |
| Quality/quantity of equipment | | |
| Increased skills of health care providers | | |
| Comfort/cleanliness of the facility | | |
| Increased role of nurses | | |
| Educational programs/training | | |
| Use of reporting/monitoring system | | |
| Use of Clinical Practice Guidelines (CPG) | | |
| Other (*list*): | | |

**XIII.** List other international or local organizations that have provided significant assistance to your center:

| |
|---|
| *Organizations:* |

**XIV.** Discuss any features of your center that you believe contribute to the center's long-term sustainability (this may include things such as services for fee, money from private donors, insurance agreements, etc.):

| |
|---|
| *Sustainability factors:* |

**XV.** Taking into consideration your center's current financial situation and ongoing sustainability activities, please indicate your level of confidence (1 being the lowest and 7 being the highest) that the WWC will be fully operational within the following timeframes *(check with an "X").*

| | **Not Confident At All** **1** | **2** | **3** | **4** | **5** | **6** | **Completely Confident** **7** |
|---|---|---|---|---|---|---|---|
| 1 year from now | | | | | | | |
| 5 years from now | | | | | | | |
| 10 years from now | | | | | | | |

## PART 2: QUALITY IMPROVEMENT

**Please place an "X" next to those** quality improvement initiatives that are <u>being implemented</u> in your center and answer ALL appropriate questions as further instructed.

**1.** ____ Continuing education for WWC staff

| |
|---|
| **1a)** *Specify continuing education program areas:* |

**2.** ____ Patient Satisfaction Survey

| |
|---|
| **2a)** *How often do you administer the survey?* |
| **2b)** *Describe, how do you use patient satisfaction survey results* |

**3.** ____ Focus groups

| |
|---|
| **3a)** *How often do you organize focus groups?* |
| **3b)** *Describe, what topics are discussed during the focus groups?* |

**4.** ____LRC and evidence-based practices

| |
|---|
| ***4a)*** *Approximately, what is the percentage of <u>nurses</u> that utilize LRC and evidence-based practices?* |
| ***4b)*** *Approximately, what is the percentage of <u>physicians</u> that utilize LRC and evidence-based practices?* |

**5**. ____Continuous quality improvement processes to monitor consistency with one or more clinical practice guidelines

| |
|---|
| ***5a)*** *Describe which guidelines are monitored and how:* |
| ***5b)*** *Provide more details about the process and the means used, e.g. chart audit, staff observation, etc.:* |

**6.** ____Review patient charts

| |
|---|
| ***6a)*** *Describe what is evaluated during the review of patient chart?* |

**7.** ____Computerized patient database