

Success Story Data Collection Tool

Success Story Item	Facility Information
Contact name:	Facility name:
Address:	Email: Phone number:
Focus of the Story	
Proposed Title of the Success Story: This should include your program's name and grab the attention of the audience.	
Focus/Theme of the Story: Focus might be a prevention initiative, using data to engage staff, etc.	
Background of the Story	
Time period of Achievement:	
Name and contact information of one participant to interview:	Contact information: Name: Address: Telephone number:
How did you accomplish your success: <ul style="list-style-type: none"> • What actions did you perform? • Who was involved? • How long did it take to accomplish? • Estimated costs and funding source(s). • Partners involved. 	
Environmental context and barriers to success: What is the background of your program (context)? What barriers to success did you face and how did you overcome them?	
Key results or implications of success: Describe your most important results either at the program, environmental, staff, resident or family level.	

<p>Quote from a participant: Do you have any specific quotes from a resident, family or staff that would support this story? Please include the full contact information for the person(s) being quoted and a signed release form.</p>	<p style="text-align: center;">Yes No</p> <p>Contact information: Name: Address: Telephone number:</p>
<p>Program impact: Since the program was implemented, how is life different for residents and/or staff? (Changes in culture, organization, and behavior; increased access to evidenced based interventions or best practice, etc.) What is the estimated number of people who have benefitted from this program? Were there any (unintended) results that surprised you?</p>	
Implication of the Story	
<p>Next steps: What are the next steps that need to be taken to further or continue this effort?</p>	
<p>Lessons learned: What are the key elements that made this a success? What would you do differently?</p>	
Publication Information	
<p>Do you have a photo? Please attach photo (jpg file) and consent form.</p>	<p style="text-align: center;">Yes No</p>
<p>Do you have a facility logo?</p>	<p style="text-align: center;">Yes No</p> <p><i>If yes, please include an electronic copy with your submission.</i></p>

By submitting this form, I am agreeing to allow HSAG to use this information to develop a success story that can be used in community presentations and/or written forms of communication. I have reviewed all of the information above.

<p>_____</p> <p>Signature</p> <p>_____</p> <p>Title</p> <p>_____</p> <p>Date</p>	<p style="text-align: center;">Office Use Only</p> <p>Date submitted: _____</p> <p>Draft 1 submitted to Facility: _____</p> <p>Feedback from Facility received: _____</p> <p>Draft 2 submitted to the Facility: _____</p>
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