

Peer Review Site Visit

2009-2010

Client Interview

PROVIDER: _____

ID#: _____

REVIEWER: _____

A. THE RYAN WHITE PART B PROGRAM

1. Do you know what services are available at this agency? ___yes ___no

2. How did you find out about this agency?

___ From a friend/family member

___ From agency outreach efforts

___ Referred by another community-based program

___ Referred by other health care professional

___ Assigned by managed care plan

___ Other, please specify _____

3. What do you know about the Ryan White Part B program? _____

4. Which Ryan White services are available to you?

___ Transportation

___ Home Health

___ Mental Health Counseling

___ Client Advocacy

___ Substance Abuse

___ Durable Medical Equipment

___ Primary Medical Care

___ Nutritional Supplements

___ Dental Care

___ Nutritional Counseling

___ Medications

___ Psychosocial Support Services

___ Case Management

___ Outreach

___ Prevention Case Management

___ Translation

___ Treatment/ Medication Adherence

___ Respite Care

___ Housing Assistance

___ Emergency Financial

5. Which Ryan White services have you used in the past? Which are you currently using?

Service	Used in Past	Currently Using
Transportation	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Counseling	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>
Primary Medical Care	<input type="checkbox"/>	<input type="checkbox"/>
Dental Care	<input type="checkbox"/>	<input type="checkbox"/>
Medications	<input type="checkbox"/>	<input type="checkbox"/>
Case Management	<input type="checkbox"/>	<input type="checkbox"/>
Prevention Case Management	<input type="checkbox"/>	<input type="checkbox"/>
Treatment/Medication Adherence	<input type="checkbox"/>	<input type="checkbox"/>
Housing Services	<input type="checkbox"/>	<input type="checkbox"/>
Home Health	<input type="checkbox"/>	<input type="checkbox"/>
Client Advocacy	<input type="checkbox"/>	<input type="checkbox"/>
Durable Medical Equipment	<input type="checkbox"/>	<input type="checkbox"/>
Nutritional Supplements	<input type="checkbox"/>	<input type="checkbox"/>
Nutritional Counseling	<input type="checkbox"/>	<input type="checkbox"/>
Psychosocial Support Services	<input type="checkbox"/>	<input type="checkbox"/>
Outreach	<input type="checkbox"/>	<input type="checkbox"/>
Translation	<input type="checkbox"/>	<input type="checkbox"/>
Respite Care	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Financial	<input type="checkbox"/>	<input type="checkbox"/>

6. What HIV-related services do you need most?

- 1) _____
- 2) _____
- 3) _____

7. What HIV-related services do you use most?

- 1) _____
- 2) _____
- 3) _____

8. What HIV related services do you need but can't get?

- 1) _____
- 2) _____
- 3) _____

9. What is the biggest problem you have when you try to get the HIV-related services you need?

10. What HIV-related services do you use that are hard to get? Why are they hard to get?

B. CLIENT MEDICAL QUESTIONS

1. Have you been seen by a doctor for your HIV in the past 12 months? Yes No
 Don't Know (not sure)

If yes, how many times? _____

When (dates)? (month/year)

_____ **Where?**

Infectious Disease Clinic

Primary Care Office

Emergency Room

Other, please specify

2. Have you had a CD4 (lab) count test done in the last 12 months? Yes No
 Don't Know
(not sure) _____

If yes, how many times? _____

When (dates)? (month/year) _____

- 3. Have you been told you have an AIDS diagnosis?** Yes No
 Don't Know (not sure)

If yes, are you on HIV medication? Yes No Don't Know (not sure)

- 4. Are you taking medication to prevent Pneumonia (Prophylaxis)?** Yes No
 Don't Know (not sure)

- 5. Have you been tested for Tuberculosis (TB)?** Yes No Don't Know (not sure)

The following statements are about **your experience** at this agency. Please rate each of the following statements on the given scale, where 1 = Disagree Strongly, 2 = Disagree, 3 = Neither Agree nor Disagree, 4 = Agree, and 5 = Agree Strongly – please choose 9 if the question does not apply to you.

Statement	Disagree Strongly 1	Disagree 2	Neither Agree nor Disagree 3	Agree 4	Agree Strongly 5	Not Applicable 9
I am satisfied with the medical services I receive from this agency						
The waiting room is comfortable						
The exam rooms are clean here						
This agency is conveniently located for me						
My privacy is respected here						
The staff is committed to maintaining my confidentiality						
I am satisfied with the medical care I receive here						
I can come in for medical care without an appointment						
The staff here communicate effectively with one another to ensure my needs are met						
I have a good understanding of the HIV disease						
I have a good understanding of the medications used to treat HIV						

The following statements are about **your experience** at this agency. Please rate each of the following statements on the given scale, where 1 = Disagree Strongly, 2 = Disagree, 3 = Neither Agree nor Disagree, 4 = Agree, and 5 = Agree Strongly – please choose 9 if the question does not apply to you.

Statement	Disagree Strongly	Disagree	Neither Agree nor Disagree	Agree	Agree Strongly	Not Applicable
	1	2	3	4	5	9
I understand why it is important to see my medical team on a regular basis						
At each appointment, I receive information about how to prevent transmission of HIV and about other unsafe behaviors						
At each appointment, I receive information about adherence to my treatment						
I feel comfortable asking the staff questions about my treatment						
The staff answer the questions I ask						
Your case manager is knowledgeable about HIV-related issues						
Case management at this agency is meeting my needs						
I work with my case manager to determine my needs						
My case manager is knowledgeable about HIV-related issues						
My case manager is knowledgeable about available resources in the community						

The following statements are about **your experience** at this agency. Please rate each of the following statements on the given scale, where 1 = Disagree Strongly, 2 = Disagree, 3 = Neither Agree nor Disagree, 4 = Agree, and 5 = Agree Strongly – please choose 9 if the question does not apply to you.

Statement	Disagree Strongly 1	Disagree 2	Neither Agree nor Disagree 3	Agree 4	Agree Strongly 5	Not Applicable 9
It is easy for me to get my medications at this agency						
I am satisfied with the Mental Health Services I am receiving at this agency						
The Mental health staff are knowledgeable about HIV-related issues						
I am satisfied with the Substance Abuse services I receive at this agency						
The Substance Abuse staff are knowledgeable about HIV related issues						
The Substance Abuse staff is knowledgeable about available resources in the community						
I am satisfied with the dental services I receive at this agency						
I am satisfied with the transportation services I receive at this agency						

The following statements are about **your experience** at this agency. Please rate each of the following statements on the given scale, where 1 = Disagree Strongly, 2 = Disagree, 3 = Neither Agree nor Disagree, 4 = Agree, and 5 = Agree Strongly – please choose 9 if the question does not apply to you.

Statement	Disagree Strongly 1	Disagree 2	Neither Agree nor Disagree 3	Agree 4	Agree Strongly 5	Not Applicable 9
I am satisfied with the legal services I receive at this agency						
HIV support groups at this agency meet at convenient times for me						
I am satisfied with babysitting services offered at this agency						

The following statements are about **your satisfaction** with services at your agency. Please rate each of the following statements on the given scale, where 1 = YES, 2 = NO, 3 = Sometimes, 4 = Rarely and 5 = – Please choose 9 if the question does not apply to you.

Statement	YES 1	NO 2	SOMETIMES 3	RARELY 4	DO NOT UNDERSTAND 5	Not Applicable 9
The Ryan White Grievance Procedure has been explained to me						
I have used the Ryan White Grievance procedure						
I know when and why I can write a grievance						

Statement	YES 1	NO 2	SOMETIMES 3	RARELY 4	DO NOT UNDERSTAND 5	Not Applicable 9
I have been asked to participate in a client satisfaction survey at this agency.						
It was easy for me to participate in this survey						

The following statements are about **your satisfaction** at this agency. Please rate each of the following statements on the given scale, where 1 = YES, 2 = NO, 3 = Sometimes, 4 = Rarely and 5 = Do not understand – Please choose 9 if the question does not apply to you.

Statement	YES 1	NO 2	SOMETIMES 3	RARELY 4	DO NOT UNDERSTAND 5	Not Applicable 9
I would participate in another survey at this agency						
Someone from the agency told me the results of the survey						
I receive Medical Care at this agency						
I have been taking my medication the way I have been told						
I have problems taking my medication on time						
I often forget to take my medication						

Statement	YES 1	NO 2	SOMETIMES 3	RARELY 4	DO NOT UNDERSTAND 5	Not Applicable 9
I get my medications from this agency						
Each time I pickup my medicine someone tells me how many pills/capsules I should take, how often I should take the medication and what I can eat or drink with my medication.						

The following statements are about **your satisfaction** at this agency. Please rate each of the following statements on the given scale, where 1 = YES, 2 = NO, 3 = Sometimes, 4 = Rarely and 5 = Do not understand – Please choose 9 if the question does not apply to you.

Statement	YES 1	NO 2	SOMETIMES 3	RARELY 4	DO NOT UNDERSTAND 5	Not Applicable 9
I know to call the medical staff if signs and symptoms such as itching, rash, diarrhea, vomiting and not feeling right after taking your medicines occurs						
I receive case management services						
I know there are different levels of case management						
I receive Mental Health Service through this agency						
I am aware that support groups are available at the agency or in the community						
I participate in a support group						
I receive Substance Abuse Services through this agency						
I am currently receiving the Dental Care that is offered						
I see the dentist as often as necessary						

The following statements are about **your satisfaction** at this agency. Please rate each of the following statements on the given scale, where 1 = YES, 2 = NO, 3 = Sometimes, 4 = Rarely and 5 = Do not understand – Please choose 9 if the question does not apply to you.

Statement	YES 1	NO 2	SOMETIMES 3	RARELY 4	DO NOT UNDERSTAND 5	Not Applicable 9
At every dentist visit I receive information on how to care for my mouth, teeth and gums and what to look for in my mouth.						
Legal Services are available to me						
I use the legal services						
Transportation Services are available to me.						
I use the transportation services						
I am aware of HIV Support Groups						
I attend an HIV Support Group						
I know how to access After-Hour Care or help if needed						
Baby Sitting is available during my appointments at this agency						
I am aware of volunteer positions at this agency						

1. What suggestions or input do you have for the agency? _____

2. Is there any thing you would like to share with me? _____
