

Tab 10: Monitoring & Evaluation/Quality Assurance



**Toolkit for Integrating HIV Services in
Native Health Settings**

- 1. Observation & Shadowing Form**
- 2. Client Satisfaction Survey**
- 3. HIV Chart Audit Form**
- 4. HIV Service Data Elements**

Observation and Shadowing Form

Observations and shadowing are easy and effective methods of gaining insight into provider-patient experiences, clinic flow, time management, efficiency, and service provisions. An observation can be just a simple walk through of the facilities, or it could be conducted in a certain area or during a certain time of day (i.e., during the busy lunch hour). The smallest thing can ruin a client's experience and prevent them from returning to the clinic for any manner of service or care, including HIV. Even worse, a person may share the story of a poor experience with others in the community, and this may inhibit others from coming into the clinic. So in order to maintain the highest standard of care and cultural competency, clinical managers and supervisors should attempt to understand the client experience by regularly conduct observations of all staff. Attempts should also be made to shadow a patient from time to time.

This particular form can be used specifically for either observation or shadowing of HIV counseling and/or testing activities. These templates will help to establish a routine method of tracking and documenting observation and shadowing evaluation activities. Internal processes should be put in place to routinize the analysis/interpretation of these activities, and how the information is then shared with clinic/agency staff. Note: This tool is primarily for process evaluation purposes. A more comprehensive observation tool for counseling is also available under Tab 6: HIV Education & Counseling, and may be more appropriate for training and personnel development.

Summary of observations

Describe generally what your team noted as you either observed service providers, staff, clients, or the facility in general (pay particular attention to the general climate of the agency/clinic, and how community members and clients appeared to feel during their visit and what was the staff's role in creating that feeling).

Specific observations

Describe specifically what you saw, heard, smelled, and felt that supports your general observations, as described above.

Observation and Shadowing Report

1. Date:	2. Observer:	Time began:	Time complete:
3. Specific staff or activity being observed:			
4. Was staff notified of the observation in advance? No Yes (if yes, when: _____)			
SECTION I: ENVIRONMENT/AMENITIES			
<i>Note: Obtain copies of all HIV-related written materials given/available for clients. Attach to this report.</i>			
5. Parking Lot and Exterior ➤ Is the lot easy to locate? ➤ Is there sufficient parking? ➤ Are their reserved parking spaces for: <ul style="list-style-type: none"> • Handicap • Elders • Community Health Representatives • Pregnant Women ➤ Is there a handicap accessible entrance? ➤ Does the exterior of the building clearly identify the clinic/agency without reinforcing stigma or threatening confidentiality?		Comments:	
6. Reception Area ➤ Is there adequate seating? ➤ Does the seating allow for overweight individuals? ➤ Are there activities for children in the reception/waiting area? ➤ Are appropriate HIV prevention materials displayed (brochures, posters, etc.) ➤ Are culturally appropriate HIV prevention materials displayed?		Comments:	
7. HIV information and prevention resources ➤ Is HIV information made available in: <ul style="list-style-type: none"> • Reception area • Exam/testing rooms • Counseling rooms • Bathrooms • Laboratory • Other: _____ ➤ Are condoms (male and female) made available in: <ul style="list-style-type: none"> • Reception area • Exam/testing rooms • Counseling rooms • Bathrooms • Laboratory • Other: _____ ➤ Are a variety of condoms made available?		Comments:	

<ul style="list-style-type: none"> ➤ Are prevention materials provided to clients in discreet bags? ➤ Are take home materials available on related issues? <ul style="list-style-type: none"> • STDs/STIs • Hepatitis A, B, & C • Family Planning/Pregnancy • Drug Use • Alcohol Use • Partner Violence • Tuberculosis • Diabetes • Other: _____ • Other: _____ ➤ Are all take home materials Native-specific? ➤ Do take home materials include contact information for local resources? ➤ Do condoms include instructions on how to use them? 	
<p>8. Did clients pick up/look at any HIV-related educational materials?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Comments:</p>
<p>9. Did clients take any HIV information and prevention resources</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Comments:</p>
<p>10. Exam/Counseling Rooms (everything from staff attire to what's on the walls and cleanliness) in:</p> <ul style="list-style-type: none"> ➤ Is there comfortable seating for both providers and clients? ➤ Are prevention materials on display appropriate? ➤ Are all medical tests and implements stored out of site? ➤ Is there a clear path to the door for both the provider and the client? ➤ Is there a sharps container accessible for the provider? 	<p>Comments:</p>
<p>11. Other comments on physical setting, environment, or amenities (such as educational posters, extras, etc.). Use this space to comment on cleanliness, friendliness, and welcoming nature of the space, as well:</p>	

SECTION II: PEOPLE SKILLS

<p>12. During the client's time in the reception area,</p> <ul style="list-style-type: none"> ➤ How did the staff member at the reception desk greet the person? ➤ How quickly did the staff member greet the person? ➤ How did the staff member provide clear instructions as to any forms that needed to be completed during this time? ➤ How did the staff member provide assistance in completing the forms? ➤ How did the receptionist ensure the confidentiality of that person? ➤ Did the receptionist inform the person of any wait time? 	<p>Comments:</p>
<p>13. Upon being called back for service,</p> <ul style="list-style-type: none"> ➤ How were additional family members, partners, friends or children addressed? ➤ How was the person called back? ➤ How did the staff member try to engage the client? ➤ How did the staff member explain to the client what services were being provided? ➤ Were CHRs or advocates allowed to accompany the client? 	<p>Comments:</p>
<p>14. Upon counseling,</p> <ul style="list-style-type: none"> ➤ How were introductions conducted? ➤ How were additional family members, partners, friends or children addressed? ➤ How was time spent building a rapport with the client? ➤ How did the provider accurately ascertain race/ethnicity of the client? ➤ How did the provider ensure confidentiality? ➤ How did the provider discuss the voluntary nature of this service? ➤ How did the provider conduct a risk assessment (considering the following)? <ul style="list-style-type: none"> • Allowed time for the client to become comfortable with the topics • Explained that intimate topics will be discussed • Asked permission to discuss intimate topics • Language used (especially around sex and substance use) • Questions asked • Time allowed to respond to questions • Framed the assessment as a conversation • Provided encouragement and affirmations 	<p>Comments:</p>

<ul style="list-style-type: none"> • Used culturally relevant references • Did not force disclosure • Used appropriate body language • Convey respect for the person • Used open-ended questions ➤ Utilized appropriate counseling skills (i.e., reframing, reflecting feelings, paraphrasing) ➤ Did the provider use the correct name to address the client? ➤ Did the provider make eye contact with the client? ➤ Is the provider paying attention to paperwork or the client? ➤ How did the educator/counselor tailor risk reduction messages to that client’s specific needs? ➤ Did the provider create a risk reduction plan that was appropriate and agreed upon? ➤ Who did most of the talking? ➤ Did the provider allow time for spiritual reflection or prayer? ➤ Did the provider stress the importance of knowing one’s HIV status? 	
<p>15. Upon, testing,</p> <ul style="list-style-type: none"> ➤ How was the process explained? ➤ Were risk and benefits of the testing process explained? ➤ How was the person’s consent obtained (i.e., verbal, written, passive)? ➤ Did the provider give the option of collecting an oral or blood sample? ➤ Did the provider allow time for spiritual reflection or prayer (especially before drawing blood)? ➤ Did the provider promptly and appropriately dispose of all testing materials and samples? ➤ Did the provider explain how the test would remain confidential? ➤ Did the provider clearly explain what the results represent (including window period)? ➤ Did the provider ask the client if they were ready to receive their results? ➤ Did the provider allow the client time to process the results? ➤ Did the provider check-in with the client on how they were feeling after receiving results? ➤ Did the provider provide referrals? <ul style="list-style-type: none"> • Follow-up testing • Substance use 	<p>Comments:</p>

<ul style="list-style-type: none">• Mental health• Family planning• STD/STIs• Hepatitis A, B & C• Traditional/cultural services• Other: _____ <p>➤ Did the provider provide prevention materials and resources?</p> <ul style="list-style-type: none">• Male condoms & lube• Bleach kits• Female condoms• Other: _____	
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17. At any point, did the client appear uncomfortable, and how did staff respond?

16. What do you note about people skills in general (of all or each individual person coming in contact with the client)?

SECTION III: EFFICIENCY

17. How many total stops does this client go through?	Comments:
18. What was the total length of the client's visit?	Comments:
19. How long is the wait between each stop?	Comments:
20.a How do staff let clients know if there's going to be a longer-than-usual wait or other problem? 21.b. How do staff respond when clients complain?	Comments:
22. Does the client hear the same message from all service providers involved in the visit? over and over and over?	Comments:
23. Does a client have to "tell his/her story" over and over and over again?	Comments:
24. How well does documentation help staff to communicate with one another?	Comments:
16. What do you note about efficiency and systems in general?	

Client Satisfaction Survey

Client satisfaction surveys are one of the best tools available for obtaining feedback on services with the goal to improve efficiency, enhance delivery of services, and optimize the client experience.

One of the most difficult issues in any survey is getting people to complete and return the survey. There are some strategies that can improve the likelihood of a high return rate.

At the beginning of each client's visit:

- It should be explained at the beginning of each visit that feedback from community members who access services at the agency/clinic is the most valuable piece of improving services and the function of the agency/clinic. Clients should be asked if they are willing to provide their feedback at the end of their visit. This could be done by the reception staff or by the first health care professional with whom they interact
- If incentives are being offered (which is highly recommended) to complete a survey, then mention it at the beginning of the visit.

At the end of each client's visit:

- Ask clients if they would be willing to complete the survey.
- Designate a place that clients can sit to complete the survey (this could be the examination room, or a semi-private chair in the health center). If clients are simply asked to go back to the waiting room to fill out the survey and drop it off, they may not complete it.
- Offer the client a pen or pencil to use for the survey.
 - It may be more appropriate to complete the client satisfaction survey with the client in the form of an interview, rather than a survey. If it is deemed that this would be easier (because of literacy levels, language skills, or cultural appropriateness), then simply ask the questions verbally and write down the client's responses as close to verbatim as possible. Allow the client to look at what you are writing when you are done and approve its submission verbally.
- Clients should not feel pressured to complete the survey and should be given privacy to complete it.
- Provide the client with an incentive and thank them again for taking the time to share their thoughts with you.
- Fold the form and place it in the collection container/envelope located in a designated spot. Let the client see you place it in the collection location.

Emphasize to the client:

- Community feedback is essential to better serve you.
- The feedback is anonymous, and they should not place their name on the form.
- Their comments are strictly anonymous and staff will not know who completed the form.

- Surveys can also be mailed out to community members with a self-addressed stamped envelope to mail it back to the clinic. This manner may reach a broader audience, but may have a lower return rate. It also makes it difficult to administer incentives for the completion of the surveys.
- Online customer satisfaction surveys are also a useful to inexpensively reach a large number of your service population. However, keep in mind your community's online usage and access. Elders may not use the internet as younger people, and people living on certain parts of the reservation may have limited access.

Your Voice Is Important!

In order to provide the best possible services to our community, we are asking for your help. We would appreciate it if you could answer a few questions about your experience with us today. Because we want to keep your answers confidential, please, do not write your name of this paper.

What type of visit were you here for today?: (circle all that apply)

Annual/routine visit Having a problem Pregnancy test HIV test
STD/STI test Lab work Other: _____

Were you offered HIV education and/or information?

Yes No Not Sure

Were you offered HIV counseling (where somebody talked to you about your risk for getting HIV)?

Yes No Not Sure

Did the staff talk to you about how to protect yourself from getting HIV?

Yes No Not Sure

If yes: Did he/she talk about the following ways to reduce the spread of HIV?:

Abstinence (not having sex)	Yes	No	Not Sure
Having one sex partner	Yes	No	Not Sure
Using condoms	Yes	No	Not Sure
Not sharing needles	Yes	No	Not Sure
Bleaching needles	Yes	No	Not Sure

Were you offered HIV testing?

Yes No Not Sure

Do you think there is anything you will do differently to protect yourself from HIV?

Yes No Not Sure

If yes; what will you do differently?

Do you feel the staff was respectful of your culture?

Yes No Not Sure

How do you believe the staff could have behaved different to improve your visit?

What was the best thing about your visit today?

If we could change one thing about your visit today, what would it be?

*Please put this completed form in the box at the front desk or return it to a staff member.
Thank you very much for your help!*

HIV Service Data Elements

HIV Prevention Integration

Ideally, the following data elements should regularly be collected by staff and stored in an electronic secure data storage system, through staff interviews, case reviews, observations, and/or shadowing. This list represents the basic elements that may be required by funding streams. Some sources may require additional data and some agencies/clinics may choose on their own to collect more data.

HIV Education

- Number of people receiving HIV education
- Number (and types) of educational events held
- Demographics of people attending education events
- Number (and types) of prevention materials provided to community members

HIV Counseling

- Number of clients receiving prevention counseling
- Demographics of people receiving counseling
- Risk profiles of clients receiving HIV testing (risk populations and risk behaviors)
- Number (and types) of prevention materials provided to people who receive counseling
- Number (and types) of referrals provided to clients
- Number of staff receiving HIV risk reduction counseling training
- Number of staff receiving cultural competency training
- Number and percentage of clients receiving pregnancy tests who receive just HIV prevention counseling
- Percentage of clients receiving contraceptive methods who receive just HIV prevention counseling
- Percentage of clients receiving annual and/or first-time exams who receive just HIV prevention counseling
- Number and percentage of staff that provide HIV prevention counseling services.
- Staff positions that provide HIV prevention counseling services
- Average length of time (in minutes) per type of visit during which prevention counseling is provided
- Number of incoming referrals from external sources
- Number of clients who learned about services from marketing/outreach efforts

HIV Testing

- Number of clients receiving HIV testing.
- Risk profiles of clients receiving HIV testing (risk populations and risk behaviors)
- Demographics of client receiving HIV testing
- Number and percentage of clients receiving HIV prevention counseling who receive HIV testing.
- Number and percentage of clients receiving HIV testing who return for (or receive) test results.
- Number and percentage of clients receiving other STD services who receive HIV prevention counseling and testing.
- Number and percentage of clients receiving pregnancy tests who receive HIV prevention counseling and testing
- Percentage of clients receiving contraceptive methods who receive HIV testing
- Percentage of clients receiving annual and/or first-time exams who receive HIV testing
- Number and percentage reactive HIV antibody tests
- Number of HIV confirmatory tests performed
- Percentage of clients who test reactive who are referred for HIV medical and social services
- Number of staff receiving HIV testing skills building
- Number (and types) of referrals provided to clients
- Number and percentage of staff that provide HIV testing services
- Staff positions that provide HIV testing services
- Average length of time (in minutes) per type of visit during which testing services are provided
- Number of clients who learned about testing from marketing/outreach efforts

HIV Treatment

- Number of provider-delivered risk reduction interventions
- Number (and types) of referrals provided to clients
- Number of clients receiving T-cell counts
- Number of clients receiving viral load tests
- Number of clients beginning medication regimens
- Number of clients altering medication regimens
- Number of clients reporting decreased viral load
- Number of clients reporting increased T-cell count
- Number of clients receiving traditional healing services
- Number of professional level staff receiving HIV education
- Number of staff receiving cultural competency training
- Average length of time (in minutes) per type of visit during which a client sees a doctor