

TB Clinic Survey Form

Clinic Name and Location: _____

PATIENT POPULATION

1. Number of Patients eligible for initiation of TB Treatment: _____
2. Number of Patients Started on TB Treatment: _____
3. Number of these Patients who Completed TB Treatment: _____

CLINIC PROCEDURES

4. Clinic has specific written protocols or guidelines for treatment of TB:
 - Yes
 - No

5. Type of health care provider who typically initiates treatment for TB (i.e., Who makes decisions regarding TB treatment recommendations for individual patients?): *[Check all that apply.]*
 - Medical Doctor (MD)
 - Doctor of Osteopathy (DO)
 - Registered Nurse (RN)
 - Registered Nurse Practitioner (RNP)
 - Physician Assistant (PA)
 - Other (Specify: _____)

6. How often are patients required to return to the clinic for follow-up visits?:
 - Weekly
 - Every Other Week
 - Monthly
 - Other

7. Please complete the following table indicating policy regarding practitioner seen by patient at each visit (Check all that apply):

| Month | Medical Practitioner Seen |
|---------------------|---|
| Month 0 (Diagnosis) | <input type="checkbox"/> MD <input type="checkbox"/> PA <input type="checkbox"/> RN <input type="checkbox"/> PHN <input type="checkbox"/> NP <input type="checkbox"/> Other _____ |
| Month 1 | <input type="checkbox"/> MD <input type="checkbox"/> PA <input type="checkbox"/> RN <input type="checkbox"/> PHN <input type="checkbox"/> NP <input type="checkbox"/> Other _____ |
| Month 2 | <input type="checkbox"/> MD <input type="checkbox"/> PA <input type="checkbox"/> RN <input type="checkbox"/> PHN <input type="checkbox"/> NP <input type="checkbox"/> Other _____ |
| Month 3 | <input type="checkbox"/> MD <input type="checkbox"/> PA <input type="checkbox"/> RN <input type="checkbox"/> PHN <input type="checkbox"/> NP <input type="checkbox"/> Other _____ |
| Month 4 | <input type="checkbox"/> MD <input type="checkbox"/> PA <input type="checkbox"/> RN <input type="checkbox"/> PHN <input type="checkbox"/> NP <input type="checkbox"/> Other _____ |
| Month 5 | <input type="checkbox"/> MD <input type="checkbox"/> PA <input type="checkbox"/> RN <input type="checkbox"/> PHN <input type="checkbox"/> NP <input type="checkbox"/> Other _____ |
| Month 6 | <input type="checkbox"/> MD <input type="checkbox"/> PA <input type="checkbox"/> RN <input type="checkbox"/> PHN <input type="checkbox"/> NP <input type="checkbox"/> Other _____ |
| Month 7 | <input type="checkbox"/> MD <input type="checkbox"/> PA <input type="checkbox"/> RN <input type="checkbox"/> PHN <input type="checkbox"/> NP <input type="checkbox"/> Other _____ |
| Month 8 | <input type="checkbox"/> MD <input type="checkbox"/> PA <input type="checkbox"/> RN <input type="checkbox"/> PHN <input type="checkbox"/> NP <input type="checkbox"/> Other _____ |
| Month 9 | <input type="checkbox"/> MD <input type="checkbox"/> PA <input type="checkbox"/> RN <input type="checkbox"/> PHN <input type="checkbox"/> NP <input type="checkbox"/> Other _____ |

8. Follow-up visits for patients on TB treatment are typically done:

- Every Other Week
- Monthly
- Every Other Month
- Other (*Specify:* _____)

9. Clinic routinely provides reminders for follow-up visits:

- Yes, to all patients
- Yes to some patients (*Specify:* _____)
- No, to no patients

10. Reminders for follow-up visits are typically done by: [Check all that apply.]

- Mail
- Telephone
- Other (*Specify:* _____)

11. Clinic defines TB ‘treatment completion’ by: [Check all that apply.]

- Number of doses
- Length of treatment
- Other method (*Specify:* _____)

12. Clinic determines adherence by: [Check all that apply.]

- Documented observed doses
- Self report
- Pill counts
- Electronic pill devices such as MEMS caps
- Urine tests
- Other (Specify: _____)

13. Clinic schedule:

| Day of Week | Hours of Operation (e.g. 9 a.m. to 5 p.m.) | Open at lunch (✓ for “Yes”) |
|--------------------|---|--|
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |
| Saturday | | |
| Sunday | | |

14. Clinic is easily accessible by public transportation (train, bus, etc.):

- Yes
- No

Percent of Patients utilizing public transportation (train, bus, etc.):

15. Parking at clinic is:

- Free
- Not free

16. Are walk-ins available?

- Yes, always
- No, appointments must be scheduled
- Sometimes (Specify: _____)

17. Average time patient must spend at first clinic visit:

- Same day, < 1 hour
- Same day, 1-2 hours
- Same day, 2-4 hours
- Same day, > 4 hours
- Patient has to return to clinic

18. Average clinic wait time for follow-up visit (i.e., before patient sees provider):

- < 1/2 hour
- < 1/2 to 1 hour
- 1 - 2 hours
- 2 - 3 hours
- No follow-up visits

19. Total time in clinic for follow-up visit (i.e., patient enters clinic front door to exiting clinic front door):

- < 1/2 hour
- < 1/2 to 1 hour
- 1 - 2 hours
- 2 - 3 hours
- 3 - 4 hours
- 4+ hours
- No follow-up visits

20. Dispensing of medications for TB is done: [Check all that apply.]

- On-site, in clinic
- Same institution but different location
- Outside pharmacy or different institution
- Other (Specify: _____)

21. Availability of on-site social services:

- Always
- Sometimes
- Not available

22. If social services are not provided on-site, referrals are made to off-site social services:

- Yes
- No

23. Person responsible for following up on referrals: [Check all that apply.]

- Nurse/ Public Health Nurse
- Physician Assistant
- Nurse Practitioner
- Public Health advisor
- Outreach worker
- Other (Specify: _____)
- No one

24. Is HIV testing offered to TB patients: [Check all that apply.]

- Yes, to all patients
- Yes, to certain patients (Specify: _____)
- No

25. Number of Patients Offered HIV Testing: _____

26. Number of Patients accepting HIV Testing: _____

27. Cultural competence training of clinic staff is: [Check all that apply.]

- Mandatory for all staff
- Available to all staff
- Offered at orientation
- Offered annually
- Offered periodically (Specify: _____)

28. Cultural competence training of TB Program staff is: [Check all that apply.]

- Mandatory for all staff
- Available to all staff
- Offered at orientation
- Offered annually
- Offered periodically (Specify: _____)

29. Content of cultural competence training includes: [Check all that apply.]

- Special needs of culturally diverse populations
- Differences in the cultures of staff and patients
- Effective communication, including how to work with interpreters and telephone language services
- Impact of poverty and socioeconomic status, race and racism, ethnicity, and socio-cultural factors on access to care, service utilization, quality of care, and health outcomes
- Possible effects of cultural differences between patients and staff upon health outcomes and patient satisfaction
- Don't know

30. Please specify the 4 most common languages (other than English) spoken by TB patients:

1. _____
2. _____
3. _____
4. _____

31. Availability of interpretation services:

| Language | Available within 15 minutes | Available after >15 minutes | Rarely or never available | Don't Know |
|--------------------------------------|-----------------------------|-----------------------------|---------------------------|--------------------------|
| Most Common Language | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 nd Most Common Language | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 rd Most Common Language | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 th Most Common Language | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

32. Method of interpretation services: [Check all that apply.]

| Language | Bilingual Medical providers | Professional interpreters | Language lines (phone) | Bi-lingual staff | Family member | Don't Know |
|--------------------------------------|-----------------------------|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Most Common Language | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 nd Most Common Language | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 rd Most Common Language | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 th Most Common Language | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

33. Availability of translated materials: [Check all that apply.]

- TB educational materials - Specify languages: _____
- Medication instructions - Specify languages: _____
- Clinic signs - Specify languages: _____

34. General TB patient education is provided to:

- All patients
- Some patients (*Specify: _____*)
- Few or no patients

35. General TB patient education is typically provided through: [Check all that apply.]

- Oral discussions with: (circle one) doctor, nurse, outreach worker, patient educator, other (*Specify: _____*)
- Written communications (e.g. pamphlets)
- Videos
- Posters or charts

36. Please check all areas patient received education:

- Transmission and pathogenesis
- Signs and symptoms
- Length of treatment
- Importance of completing treatment
- Compliance and treatment side effects
- Consequences of inadequate treatment or development of resistance
- Importance of monthly follow-up
- Availability of services at the local health clinic
- Confidentiality of the patient's information
- Roles of MD, Nurse, Patient and others involved in care

37. Instructions for medications are typically provided: *[Check all that apply.]*

- By oral communication
- By written communication

38. Verification of patients' understanding of diagnosis and treatment procedures is:

- Always performed
- Sometimes performed
- Rarely or never performed

39. Incentives are provided:

- Yes
- No

40. If yes, please describe incentives provided:

41. Disbursement of incentives routinely noted in the chart:

- Yes
- No

42. Incentives are offered:

- Each encounter
- Upon request
- Upon availability
- Other (*Specify:*_____)

43. Enablers are provided:

- Yes
- No

44. If yes, please describe enablers provided:

45. Disbursement of enablers routinely noted in the chart:

- Yes
- No

46. Enablers are offered:

- Each encounter
- Upon request
- Upon availability
- Other (*Specify:*_____)