

Tab 9 RETENTION SPECIALIST/PATIENT NAVIGATOR ENCOUNTER FORM (Phase 2 Study)

Participant Study ID # ____ _

Date of contact: ____ / ____ / ____
MM DD YYYY

Form completed by:
 Retention Specialist
 Patient Navigator

DIRECT CONTACT WITH PATIENTS

Type of Contact (check one)

- Face-to-face contact
 - HIV clinic
 - Other medical setting (e.g. hospital)
 - Other community setting (e.g. client residence, library, restaurant, church, shelter, etc.)
- Telephone contact (other than a reminder contact)
- Reminder Contact (telephone, e-mail, text, letter/card)

Duration of Contact (check one)

- < 5 min
- 5-15 min
- 16-30 min
- 31-59 min
- 60-90 min
- 91-120 min
- >120 min

Activities Completed During Face-to-Face or Telephone Contacts (check all that apply)

- Administer retention risk screener
- Deliver motivational messages
- Deliver educational messages
- Update locator/contact information
- Follow-up on unmet needs/referrals
- Help patient navigate the medical center
- Develop/update client-centered retention plan
- Provide emotional support/supportive counseling
- Follow-up w/ patient after a recent HIV medical visit
- Reschedule HIV medical care appointment
- Follow-up w/ patient after a missed HIV medical appointment
- Other, specify: _____

Reminder Contacts (telephone, e-mail, text messages, letter/card)

- Type of reminder (*check all that apply*)
 - HIV medical care appointment
 - Next face-to-face intervention session (if not during next medical appt)
 - Other (e.g. lab visits), specify: _____
- Method of reminder (*check all that apply*)
 - Telephone
 - Letter/card/mailling
 - Text message
 - E-mail
 - Face-to-face (e.g. during an outreach contact)

CONTACT ON BEHALF OF PATIENTS (Case Mgr, Medical Team, RS/PN)

RETENTION SPECIALIST WITH CASE MANAGER

Unmet Needs Category

(*Check all that apply*)

- Child care _____
- Educational assistance (e.g. GED) _____
- Emergency financial assistance _____
- Employment assistance _____
- Food bank _____
- HIV support groups (non-professional) _____
- Housing _____
- Insurance/benefits/entitlements _____
- Legal services _____
- Mental health care services _____
- Other medical services (e.g. vision, dental) _____
- Substance abuse treatment _____
- Transportation _____
- Other, specify: _____

Status of Unmet Need

(*Enter a number 1 - 6*)

Unmet need codes

- 1 = Identified need: informed CM
- 2 = Need not yet addressed by CM
- 3 = Referral provided by CM
- 4 = Resolved: service obtained
- 5 = Service temporarily unavailable (e.g. wait list exists for the service)
- 6 = Service permanently unavailable

Type of Contact (*Check one*)

- Face-to-face contact
 - HIV clinic
 - Outside clinic (e.g. CM office)
- Telephone
- E-mail
- Letter/mailling

Other purpose for contacting case manager

(*Check all that apply*)

- Request help locating the patient
- Other, specify: _____

Duration of Contact (*Check one*)

- < 5 min
- 5-15 min
- 16-30 min
- 31-59 min
- 60-90 min
- 91-120 min
- >120 min

RETENTION SPECIALIST WITH MEDICAL TEAM MEMBER

Purpose of Contact (Check all that apply)

- Multi-disciplinary team meeting (e.g. case conference)
- Communicate issue(s) of concern to medical team member
- Medical team member communicating issue(s) of concern to RS
- Consultation w/ RS supervisor (e.g. complicated patient issues)

Type of Contact (Check one)

- Face-to-face contact
- Telephone
- E-mail

Duration of Contact (Check one)

- < 5 min
- 5-15 min
- 16-30 min
- 31-59 min
- 60-90 min
- 91-120 min
- >120 min

RETENTION SPECIALIST WITH PATIENT NAVIGATOR

Purpose of Contact (Check one)

- Communicate issue(s) of concern to Retention Specialist
- Communicate issue(s) of concern to Patient Navigator

Duration of Contact (Check one)

- < 5 min
- 5-15 min
- 16-30 min
- 31-59 min
- 60-90 min
- 91-120 min
- >120 min