Form Approved

OMB No. 0920-New

Expiration Date: XX/XX/XXXX

Red Carpet Entry (RCE) Program Implementation Project

**Attachment # 3b**

**Staff Survey – Implementation Phase Toolkit Materials Testing**

**[Months 1, 3, 5]**

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-New)

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OMB No. 0920-New

Expiration Date: XX/XX/XXXX

**Red Carpet Entry**

Instrument: Staff Survey – Implementation Phase Toolkit Materials Testing

|  |
| --- |
| Data Collection Details:* Participant(s): Key RCE implementation staff, including the clinic champion, RCE concierge, internal CTR counselor, and external CTR counselor
* Frequency of Data Collection: Months 1, 3, and 5 of implementation phase
* Participant Time Required: 15 minutes
 |

Thank you for taking this online survey. Please note that when completing this survey, ‘RCE project staff implementing RCE’ refers to staff involved in the project whether they are involved day to day (such as CTR counselors, the RCE concierge, or the data manager) or periodically (such as the clinic champion). Additionally, when asked about ‘clinic staff’, please consider all those employed by the clinic such as health care providers and administrative support staff.

1. Select your clinic:

[ ]  Rutgers Infectious Disease Clinic

[ ]  Florida Department of Health in Hillsborough County

1. What is your role on the Red Carpet Entry project? (select all that apply)

[ ]  Clinic Champion

[ ]  RCE Concierge

[ ]  Internal CTR Counselor

[ ]  External CTR Counselor

[ ]  Other:\_\_\_\_\_\_

### Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-New)

### Section 1: Acceptability, Appropriateness, and Feasibility of Intervention

These questions ask about your perceptions of Red Carpet Entry.

1. *[Validated Acceptability, appropriateness and feasibility measures from Weiner et al. (2017)]* Please indicate how much you agree or disagree with the following statements. As you answer these questions, think about the implementation of RCE within your clinic.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Completely disagree****1** | **Disagree****2** | **Neither Agree nor Disagree****3** | **Agree****4** | **Completely agree****5** | **Don’t know****99** |
| *[Acceptability of Intervention Measure]* |  |  |  |  |  |  |
| 1. Red Carpet Entry meets my approval.
 | 1 | 2 | 3 | 4 | 5 | 99 |
| 1. Red Carpet Entry is appealing to me.
 | 1 | 2 | 3 | 4 | 5 | 99 |
| 1. I like Red Carpet Entry.
 | 1 | 2 | 3 | 4 | 5 | 99 |
| 1. I welcome Red Carpet Entry.
 | 1 | 2 | 3 | 4 | 5 | 99 |
| *[Intervention Appropriateness Measure]* |  |  |  |  |  |  |
| 1. Red Carpet Entry seems fitting.
 | 1 | 2 | 3 | 4 | 5 | 99 |
| 1. Red Carpet Entry seems suitable.
 | 1 | 2 | 3 | 4 | 5 | 99 |
| 1. Red Carpet Entry seems applicable.
 | 1 | 2 | 3 | 4 | 5 | 99 |
| 1. Red Carpet Entry seems like a good match.
 | 1 | 2 | 3 | 4 | 5 | 99 |
| *[Feasibility of Intervention Measure]* |  |  |  |  |  |  |
| 1. Red Carpet Entry seems implementable.
 | 1 | 2 | 3 | 4 | 5 | 99 |
| 1. Red Carpet Entry seems possible.
 | 1 | 2 | 3 | 4 | 5 | 99 |
| 1. Red Carpet Entry seems doable.
 | 1 | 2 | 3 | 4 | 5 | 99 |
| 1. Red Carpet Entry seems easy to use.
 | 1 | 2 | 3 | 4 | 5 | 99 |

### Section 2: Implementation Climate and Implementation Readiness

*[RCE Concierge, Clinic Champion, and Internal CTR Counselor Only]*

These questions are asking about your clinic’s organizational climate and readiness for implementing Red Carpet Entry. When answering these questions, please think about your overall impressions related to implementing Red Carpet Entry.

1. [*Implementation Climate measure from Jacobs et al. (2014)]* During the past month, RCE implementation staff…

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly Disagree****1** | **Disagree****2** | **Neither Agree nor Disagree****3** | **Agree****4** | **Strongly Agree****5** | **Don’t know****99** |
| 1. …were expected to enroll a certain number of patients in RCE.
 | 1 | 2 | 3 | 4 | 5 | 99 |
| 1. ...were expected to help the clinic meet its goals for implementing RCE.
 | 1 | 2 | 3 | 4 | 5 | 99 |
| 1. … got the support they need to identify potentially eligible patients for RCE.
 | 1 | 2 | 3 | 4 | 5 | 99 |
| 1. …got the support from clinic management they need to use RCE with eligible patients.
 | 1 | 2 | 3 | 4 | 5 | 99 |
| 1. …received recognition for helping eligible patients use RCE.
 | 1 | 2 | 3 | 4 | 5 | 99 |
| 1. …received appreciation for using RCE with eligible patients.
 | 1 | 2 | 3 | 4 | 5 | 99 |
| 1. …had tension with other staff due to implementing RCE.
 | 1 | 2 | 3 | 4 | 5 | 99 |

1. *[Organizational Readiness for Implementing Change measure (Shea et al., 2014)*] During the past month, RCE implementation staff…

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly Disagree****1** | **Disagree****2** | **Neither Agree nor Disagree****3** | **Agree****4** | **Strongly Agree****5** | **Don’t know****99** |
| 1. … wanted to implement RCE.
 | 1 | 2 | 3 | 4 | 5 | 99 |
| 1. … were committed to implementing RCE.
 | 1 | 2 | 3 | 4 | 5 | 99 |
| 1. … understood the benefits to patients for implementing RCE.
 | 1 | 2 | 3 | 4 | 5 | 99 |
| 1. …were motivated to implement RCE.
 | 1 | 2 | 3 | 4 | 5 | 99 |
| 1. … would do whatever it takes to implement RCE.
 | 1 | 2 | 3 | 4 | 5 | 99 |
| 1. … felt confident that they could keep track of progress in implementing RCE.
 | 1 | 2 | 3 | 4 | 5 | 99 |
| 1. … felt confident that the clinic management could keep staff invested in implementing RCE.
 | 1 | 2 | 3 | 4 | 5 | 99 |
| 1. … felt confident that they could coordinate tasks so that implementation goes smoothly.
 | 1 | 2 | 3 | 4 | 5 | 99 |
| 1. … felt confident that the organization could support staff as they adjust to implementing RCE.
 | 1 | 2 | 3 | 4 | 5 | 99 |
| 1. …felt confident that they could keep implementing RCE according to protocol.
 | 1 | 2 | 3 | 4 | 5 | 99 |
| 1. …felt confident that they could handle the challenges that might arise in implementing RCE.
 | 1 | 2 | 3 | 4 | 5 | 99 |
| 1. …felt confident that they could manage implementing RCE in a busy clinic environment with multiple competing demands.
 | 1 | 2 | 3 | 4 | 5 | 99 |

### Section 3: Toolkit Materials Testing

***[Implementation Months 1, 3, and 5 ONLY]***

These questions ask about your perceptions of the Red Carpet Entry Toolkit.

**All Toolkit Components**

1. In the past two months, how frequently did you reference the following toolkit components?

|  | **Not at all****1** | **Rarely****2** | **Sometimes****3** | **Often****4** | **Don’t know****99** |
| --- | --- | --- | --- | --- | --- |
| 1. Training Module 1: Red Carpet Entry (RCE) Referrals and Outreach and Reengagement
 | 1 | 2 | 3 | 4 | 99 |
| 1. Training Module 2: The Red Carpet Entry (RCE) Visit
 | 1 | 2 | 3 | 4 | 99 |
| 1. Training Module 3: Measuring Success
 | 1 | 2 | 3 | 4 | 99 |
| 1. Quick Guide
 | 1 | 2 | 3 | 4 | 99 |
| 1. Implementation Manual
 | 1 | 2 | 3 | 4 | 99 |
| 1. Readiness Checklist
 | 1 | 2 | 3 | 4 | 99 |
| 1. RCE Orientation Video
 | 1 | 2 | 3 | 4 | 99 |

1. [For those that were used] In the past two months, how useful did you find the following toolkit components in implementing RCE in your clinic?

|  | **Not at all useful****1** | **Somewhat useful****2** | **Very useful****3** | **Extremely useful****4** | **Don’t know****99** |
| --- | --- | --- | --- | --- | --- |
| 1. Training Module 1: Red Carpet Entry (RCE) Referrals and Outreach and Reengagement
 | 1 | 2 | 3 | 4 | 99 |
| 1. Training Module 2: The Red Carpet Entry (RCE) Visit
 | 1 | 2 | 3 | 4 | 99 |
| 1. Training Module 3: Measuring Success
 | 1 | 2 | 3 | 4 | 99 |
| 1. Quick Guide
 | 1 | 2 | 3 | 4 | 99 |
| 1. Implementation Manual
 | 1 | 2 | 3 | 4 | 99 |
| 1. Readiness Checklist
 | 1 | 2 | 3 | 4 | 99 |
| 1. RCE Orientation Video
 | 1 | 2 | 3 | 4 | 99 |

 ***[Implementation Month 1: Orientation Video, Trainings]***

**Orientation Video**

The following questions pertain specifically to the **RCE Orientation Video**.

1. Have you shared the Orientation Video with key decision makers in your clinic?
	1. Yes [Go to Q2]
	2. No [Go to Q3]
	3. Unsure [Go to Q3]
2. Did sharing the Orientation Video help secure buy-in and support for Red Carpet Entry from these key decision makers?
3. Yes
4. No
5. Unsure
6. Please indicate your level of agreement with the following statement.

I believe the Orientation Video provides compelling justification for why clinics should implement the Red Carpet Entry program.

1. Strongly Disagree
2. Disagree
3. Agree
4. Strongly Agree
5. Please indicate your level of agreement with the following statements.

**After watching the Orientation Video, I feel confident in my ability to…**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Strongly Disagree****1** | **Disagree****2** | **Agree****3** | **Strongly agree****4** |
| 1. Explain the goals of the Red Carpet Entry program.
 | 1 | 2 | 3 | 4 |
| 1. List the key components of the Red Carpet Entry program.
 | 1 | 2 | 3 | 4 |
| 1. Describe why the Red Carpet Entry program was started.
 | 1 | 2 | 3 | 4 |
| 1. Explain how Red Carpet Entry program will help our client population.
 | 1 | 2 | 3 | 4 |
| 1. Secure buy-in and support for the Red Carpet Entry program from senior leadership and stakeholders at my organization.
 | 1 | 2 | 3 | 4 |

[CRT Counselor and Concierge only]**Training Module 1 – Red Carpet Entry (RCE) Referrals and Outreach and Reengagement**

The following questions pertain specifically to the **training on Red Carpet Entry Referrals and Outreach and Reengagement**

1. One objective of this training is to teach clinic staff how to refer a client or patient to the Red Carpet Entry program. Please rate how well this training met this objective.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Not At All Well | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Very Well |

1. Another objective of this training is to teach clinic staff how to actively engage a client who does not show up for their Red Carpet Entry visit. Please rate how well this training met this objective.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Not At All Well | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Very Well |

1. Please indicate your level of agreement with the following statements.

**After going through the training on Red Carpet Entry Referrals and Outreach and Reengagement, I feel confident in my ability to...**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Strongly Disagree****1** | **Disagree****2** | **Agree****3** | **Strongly agree****4** |
| 1. Explain how clients can be referred into the Red Carpet Entry program.
 | 1 | 2 | 3 | 4 |
| 1. Identify people who are eligible for the Red Carpet Entry program.
 | 1 | 2 | 3 | 4 |
| 1. Conduct a warm handoff referral over the phone.
 | 1 | 2 | 3 | 4 |
| 1. Conduct RCE Outreach and Reengagement.
 | 1 | 2 | 3 | 4 |
| 1. Know what to ask the client after their missed Red Carpet Entry Visit.
 | 1 | 2 | 3 | 4 |

**Training Module 2 – The Red Carpet Entry (RCE) Visit**

The following questions pertain specifically to the **training on the Red Carpet Entry Visit.**

1. One objective of this training is to teach clinic staff how to implement warm handoffs at their clinic. Please rate how well this training met this objective.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Not At All Well | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Very Well |

1. Another objective of this training is to teach clinic staff how to deliver the initial Red Carpet Entry Visit at their clinic. Please rate how well this training met this objective.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Not At All Well | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Very Well |

1. Please indicate your level of agreement with the following statements.

**After going through the training on the Red Carpet Entry Visit, I feel confident in my ability to...**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Strongly Disagree****1** | **Disagree****2** | **Agree****3** | **Strongly agree****4** |
| 1. Identify a handoff that is *not*a warm handoff.
 | 1 | 2 | 3 | 4 |
| 1. Explain the benefits of warm handoffs to patient care.
 | 1 | 2 | 3 | 4 |
| 1. Train my fellow staff members in conducting warm handoffs during all clinical encounters.
 | 1 | 2 | 3 | 4 |
| 1. List the core components of the initial Red Carpet Entry Visit.
 | 1 | 2 | 3 | 4 |
| 1. Integrate the Red Carpet Entry program components into our clinic’s workflow.
 | 1 | 2 | 3 | 4 |

[Clinic Champion and RCE Concierge only] **Training Module 3 – Measuring Success**

The following questions pertain specifically to the **Training Module on Measuring Success**

1. One objective of this training is to teach clinic staff how to collect and track RCE process and outcome data. Please rate how well this training met this objective.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Not At All Well | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Very Well |

1. Another objective of this training is to teach clinic staff how to use the RCE Report Card. Please rate how well this Training Module met this objective.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Not At All Well | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Very Well |

1. Please indicate your level of agreement with the following statements.

**After going through the training on Measuring Success, I feel confident in my ability to...**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Strongly Disagree****1** | **Disagree****2** | **Agree****3** | **Strongly agree****4** |
| 1. Know what monitoring data needs to be collected.
 | 1 | 2 | 3 | 4 |
| 1. Know what outcomes data needs to be collected.
 | 1 | 2 | 3 | 4 |
| 1. Collect monitoring data to track clients in the RCE program.
 | 1 | 2 | 3 | 4 |
| 1. Collect outcomes data for clients in the RCE program.
 | 1 | 2 | 3 | 4 |

***[Implementation Month 3 ONLY: Implementation Manual and Quick Guide]***

**Implementation Manual**

The following questions pertain specifically to the **Implementation Manual**.

1. The objective of the Implementation Manual is to provide a step-by-step guide to plan, implement, monitor, and evaluate the Red Carpet Entry program. Please rate how well the Implementation Manual meets this objective.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Not At All Well | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Very Well |

1. Please rate how confident you are that you could implement the Red Carpet Entry program at your clinic following the guidance in the Implementation Manual.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Not at all Confident | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Very Confident |

1. How helpful has each section of the Implementation Manual been so far? *Please rate on a scale from 1 to 7, with 1 being not at all helpful and 7 being very helpful.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|    | Not at all helpful |  |  |  |  |  | Very helpful |
| 1. Introduction to Red Carpet Entry
 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1. Planning and Preparation for Red Carpet Entry
 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1. Red Carpet Entry Implementation
 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1. Monitoring and Evaluation
 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

1. Please indicate your level of agreement with the following statements.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Strongly Disagree****1** | **Disagree****2** | **Agree****3** | **Strongly agree****4** |
| 1. Overall, I like the Implementation Manual.
 | 1 | 2 | 3 | 4 |
| 1. The presentation of information in the Implementation Manual is easy to follow.
 | 1 | 2 | 3 | 4 |
| 1. The Implementation Manual has too much information.
 | 1 | 2 | 3 | 4 |
| 1. The Implementation Manual provides me with all of the information I need to implement the Red Carpet Entry program.
 | 1 | 2 | 3 | 4 |

**Quick Guide**

The following questions pertain specifically to the **Quick Guide**.

1. One objective of the Quick Guide is to provide an at-a-glance summary of the key steps to implement the Red Carpet Entry program. Please rate how well the Quick Guide meets this objective.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Not At All Well | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Very Well |

1. Another objective of the Quick Guide is to serve as a go-to resource for staff to quickly identify their responsibilities at any point in the workflow of the Red Carpet Entry program. Please rate how well the Quick Guide meets this objective.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Not At All Well | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Very Well |

1. How helpful has each section of the Quick Guide been so far? *Please rate on a scale from 1 to 7, with 1 being not at all helpful and 7 being very helpful.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|    | **Not at all helpful** |  |  |  |  |  | **Very helpful** |
| 1. Key Terms
 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1. Client Journey Through RCE
 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1. Referral to RCE
 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1. RCE Visit
 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1. RCE Outreach and Reengagement
 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

1. [Concierge and CTR Counselor only]. Please select how much you disagree or agree with each of the following statements.

**After reading the Quick Guide, I feel confident in my ability to…**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Strongly disagree****1** | **Somewhat disagree****2** | **Somewhat agree****3** | **Strongly agree****4** |
| 1. List my responsibilities as part of the Red Carpet Entry program.
 | 1 | 2 | 3 | 4 |
| [Concierge Only]1. Schedule and facilitate a Red Carpet Entry Visit.
 | 1 | 2 | 3 | 4 |
| 1. Engage a client if they miss their first Red Carpet Entry Visit.
 | 1 | 2 | 3 | 4 |

1. Please indicate your level of agreement with the following statements.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Strongly Disagree****1** | **Disagree****2** | **Agree****3** | **Strongly agree****4** |
| 1. The presentation of information in the Quick Guide is easy to follow.
 | 1 | 2 | 3 | 4 |
| 1. The Quick Guide has too much information.
 | 1 | 2 | 3 | 4 |

***[Implementation Month 5 ONLY: Marketing Materials, Report Card, and Readiness Assessment]***

**Marketing Materials**

The following questions pertain specifically to the **RCE Social Media Posts.**

[Insert image of social media posts for participants to view as they answer these questions]

1. Please indicate your level of agreement with the following statements.

**The RCE Social Media Posts….**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Strongly Disagree****1** | **Disagree****2** | **Agree****3** | **Strongly agree****4** |
| 1. Would grab the attention of individuals from the community my organization serves.
 | 1 | 2 | 3 | 4 |
| 1. Are engaging.
 | 1 | 2 | 3 | 4 |
| 1. Make it clear who is eligible for the Red Carpet Entry program.
 | 1 | 2 | 3 | 4 |
| 1. Provide the right amount of information about the Red Carpet Entry program.
 | 1 | 2 | 3 | 4 |
| 1. Are easy to understand.
 | 1 | 2 | 3 | 4 |
| 1. Would motivate patients to call the clinic and ask for “Red Carpet” to learn more.
 | 1 | 2 | 3 | 4 |

1. Please rate how much you like the **images** in the social media posts.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Not At All | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Very Much |

1. Please rate how much you like the **content** in the social media posts.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Not At All | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Very Much |

The following questions pertain specifically to the **RCE Client Cards.**

[Insert image of RCE Client Cards for participants to view as they answer these questions]

1. Please indicate your level of agreement with the following statements.

**The RCE Client Cards….**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Strongly Disagree****1** | **Disagree****2** | **Agree****3** | **Strongly agree****4** |
| 1. Grabbed my attention.
 | 1 | 2 | 3 | 4 |
| 1. Would grab the attention of individuals from the community my clinic serves.
 | 1 | 2 | 3 | 4 |
| 1. Make it clear who is eligible for the Red Carpet Entry program.
 | 1 | 2 | 3 | 4 |
| 1. Provide the right amount of information about the Red Carpet Entry program.
 | 1 | 2 | 3 | 4 |
| 1. Are easy to understand.
 | 1 | 2 | 3 | 4 |
| 1. Would motivate patients to call the clinic and ask for “Red Carpet” to learn more (i.e., promote self-referrals to RCE).
 | 1 | 2 | 3 | 4 |
| 1. Are easy to distribute to people who need them.
 | 1 | 2 | 3 | 4 |

1. Please rate how much you like the **content** of the RCE Client Cards.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Not At All | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Very Much |

The following questions pertain specifically to the **RCE Staff Cards.**

[Insert image of RCE Staff Cards for participants to view as they answer these questions]

1. Please indicate your level of agreement with the following statements.

**The RCE Staff Cards….**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Strongly Disagree****1** | **Disagree****2** | **Agree****3** | **Strongly agree****4** |
| 1. Grabbed my attention.
 | 1 | 2 | 3 | 4 |
| 1. Provide the right amount of information about the Red Carpet Entry program.
 | 1 | 2 | 3 | 4 |
| 1. Are useful for staff at my clinic and/or at partner organizations.
 | 1 | 2 | 3 | 4 |
| 1. Raise awareness of RCE within my organization.
 | 1 | 2 | 3 | 4 |
| 1. Promote referrals to RCE from HIV counseling, testing, and referral (CTR) partners.
 | 1 | 2 | 3 | 4 |

1. Please rate how much you like the **content** of the RCE Client Cards.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Not At All | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Very Much |

The following questions pertain to both the **RCE Client and Staff Cards.**

1. Please rate how much you like the **design** of both the RCE Client and Staff Cards.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Not At All | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Very Much |

**Report Card**

The following questions pertain specifically to the **RCE Report Card.**

1. The objective of the RCE Report Card is to provide ongoing performance feedback to implementation staff to facilitate quality improvement. Please rate how well you think the RCE Report Card meets this objective.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Not At All Well | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Very Well |

1. Please indicate your level of agreement with the following statements.

**Using the RCE Report Card, I feel confident in my ability to...**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Strongly Disagree****1** | **Disagree****2** | **Agree****3** | **Strongly agree****4** |
| 1. Identify opportunities for improving how RCE is implemented within my organization
 | 1 | 2 | 3 | 4 |
| 1. Take action to improve how RCE is implemented in my organization
 | 1 | 2 | 3 | 4 |

1. Please indicate your level of agreement with the following statements.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Strongly Disagree****1** | **Disagree****2** | **Agree****3** | **Strongly agree****4** |
| 1. Overall, I like the Report Card.
 | 1 | 2 | 3 | 4 |
| 1. The information presented in the Report Card is easy to understand.
 | 1 | 2 | 3 | 4 |
| 1. The four domains covered in the Report Card (objectives, process metrics, evaluation metrics, and narrative report) are useful for quality improvement.
 | 1 | 2 | 3 | 4 |

[Clinical Champion and Concierge Only] **Readiness Assessment**

Please think about the **RCE Readiness Assessment** as you answer the following questions.

1. One objective of the Readiness Checklist is to help you assess your organization’s readiness to implement the Red Carpet Entry program. Please rate how well the Readiness Checklist met this objective.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Not at All Well | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Very Well |

1. Another objective of the Readiness Checklist is to help you identify changes that need to be made before starting implementation of the Red Carpet Entry program. Please rate how well the Readiness Checklist met this objective.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Not at All Well | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Very Well |

1. Please indicate your level of agreement with the following statements.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Strongly Disagree****1** | **Disagree****2** | **Agree****3** | **Strongly agree****4** |
| 1. Overall, I like the Readiness Checklist.
 | 1 | 2 | 3 | 4 |
| 1. The presentation of information in the Readiness Checklist is easy to follow.
 | 1 | 2 | 3 | 4 |
| 1. The four domains covered in the Readiness Checklist (clinic motivation, clinic capacity, client population, and external environment) are appropriate.
 | 1 | 2 | 3 | 4 |
| 1. This checklist helped me determine if my agency is ready to implement the Red Carpet Entry program.
 | 1 | 2 | 3 | 4 |
| 1. This checklist helped me identify gaps that we needed to address in order to prepare for Red Carpet Entry Program implementation.
 | 1 | 2 | 3 | 4 |
| 1. These questions were relevant to my clinic.
 | 1 | 2 | 3 | 4 |

### Section 4: Participant Background

[Only for new staff who join the project throughout the implementation period]

1. What is your age? \_\_\_\_\_\_\_
2. What sex was originally listed on your birth certificate?

[ ]  Male

[ ]  Female

[ ]  Decline to answer

1. Do you think of yourself as:

[ ]  Male

[ ]  Female

[ ]  Transgender man/trans man/female-to-male (FTM)

[ ]  Transgender woman/trans woman/male-to-female (MTF)

[ ]  Genderqueer/gender nonconforming neither exclusively male nor female

[ ]  Additional gender category (or other); please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Decline to answer

1. Ethnicity:

[ ]  Hispanic or Latino

[ ]  Not Hispanic or Latino

1. Race (select all that apply):

[ ]  American Indian or Alaska Native

[ ]  Asian

[ ]  Black or African American

[ ]  Native Hawaiian or Other Pacific Islander

[ ]  White

1. What is your highest degree?

[ ]  High School or equivalent

[ ]  Associate’s degree

[ ]  Bachelor’s degree

[ ]  Master’s degree

[ ]  Doctoral degree or equivalent

1. What is your role within your clinic? (select all that apply)

[ ]  Clinic Director

[ ]  Pharmacist/Pharmacy staff

[ ]  Case manager

[ ]  Social Worker

[ ]  Peer/Peer-volunteer

[ ]  Physician

[ ]  Nurse

[ ]  Nurse practitioner

[ ]  Physician Assistant

[ ]  Psychologist (PhD)

[ ]  Master’s level counselor (eg., MSW, MA Psychologist)

[ ]  Substance abuse counselor

[ ]  Volunteer (non-peer)

[ ]  Front desk staff

[ ]  Other:\_\_\_\_\_\_\_\_

1. How long have you worked in your current profession?

 Years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Months: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How long have you worked at your current organization?

 Years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Months: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_