

RYAN WHITE HIV/AIDS PROGRAM CLIENT SATISFACTION



CLIENT SATISFACTION OVERVIEW

- Surveys are available at all Part A Subrecipient locations
- Surveys are available in paper and digital format
- Surveys for Case Management and Health Services are available
- **QM Team promoting the survey to increase utilization**
- Researching Point-of-Service surveys (tablets) to capture real-time satisfaction after the client attends an appointment





CASE MANAGEMENT SERVICES SURVEY

Ryan White HIV/AIDS Program

Case Management



Hispanic

○ Non- Hispanic

For more information:

White

Asian

American Indian

PLEASE SELECT YOUR SERVICE PROVIDER



PLEASE SELECT ONE

RYAN WHITE SERVICE RECEIVED

| | Transgende |
|--|--------------------------------|
|--|--------------------------------|

| O CM | pe and Help Orange County HD WP Osceola County HD F Osceola Community acle of Love Health Services | O R | edical Cas eferral for sychosocia arly Interv TE OF SER | Healthcar Il Support ention Ser | e and Sup | port Servic | es |
|---------|--|-------------|---|---------------------------------------|-------------|-------------|-------|
| | ase rate your experience on a scale of 1 to | ιΔr | Ľ3 | * | Ġ | Ġ | |
| 5, w | rith 5 being the highest score. | 1 | 2 | 5- | 4 | 5 | |
| 1. | Staff was friendly and courteous. | | | | | | |
| 2. | I was seen within a timely manner for my scheduled appointment. | | | | | | |
| 3. | The information I received was clear and understandable. | | | | | | |
| 4. | The Staff provided me with the resources and/or referrals I needed to manage my care. | | | | | | |
| 5. | The building was neat and clean. | | | | | | |
| 6. | My privacy and confidentiality were kept. | | | | | | |
| 7. | I would recommend this service to other people. | | | | | | |
| 8. | Your input is critical to improving our services. Pleas be improved. | e use the s | pace belov | v to tell us l | how our ser | vices can | |
| | | | | | | | |
| ETHNIC | TY RACE | | | | | AGE | |
| Hispani | c Slack | ○ Nati | ve Hawaii | an | O < | 2 (| 25-44 |

Pacific Islander

Alaskan

2-12

13-24

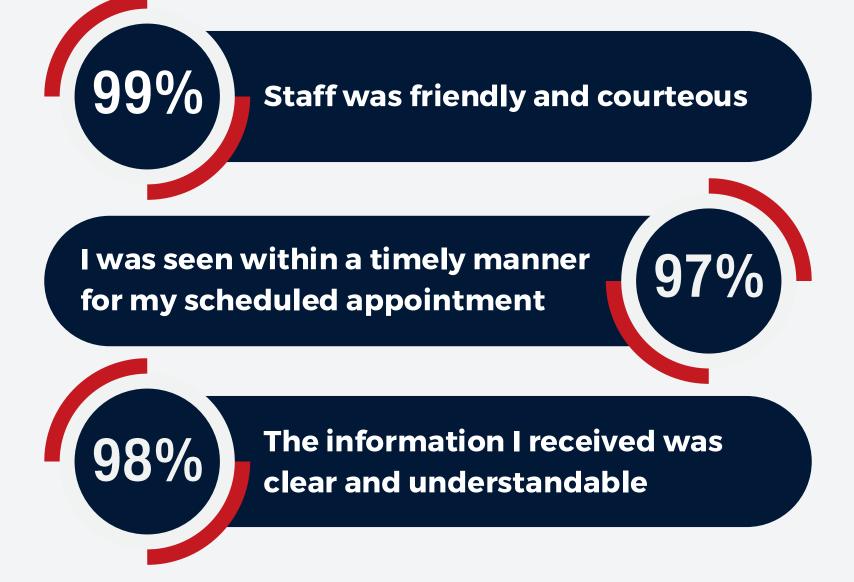
() 45-64

65+

FY 2023-2024 CM SATISFACTION SURVEY QUESTIONS

- Staff were friendly and courteous
- 🗱 I was seen within a timely manner for my scheduled appointment
- My providers made sure I understood what my test results and my long-term medical care meant for my health.
- The staff provided me with the resources and/or referrals I needed
- I felt environment of the clinic was safe and non-threatening
- I felt comfortable talking about personal or intimate issues with my provider
- I would recommend this service to other people

FY 2023-2024 CM SATISFACTION SURVEY RESULTS





I would recommend this service to other people

99%



HEALTH SERVICES SURVEY

Ryan White HIV/AIDS Program

Health Services





For more information:

PLEASE SELECT ONE

| RYAN WHITE SERVICE RECEIVED | |
|-----------------------------|--|
| Mental Health Services | |
| Substance Abuse Treatment | |
| Medical Services | |

| PLEASE SELECT Y | OUR SERVICE PROVIDER | RYAN WHITE SERVICE RECEIVED |
|-----------------|--|-----------------------------|
| Pan American | Lake County HD | Mental Health Services |
| O CAN | Seminole County HD | Substance Abuse Treatment |
| O Midway | Orange County HD | Medical Services |
| O AHF | Osceola County HD | Other |
| ○ STEPS | Osceola Community Health Services | DATE OF SERVICE |

Please rate your experience on a scale of 1 to 5, with 5 being the highest score.

- 1. While I checked in and waited for my visit, the staff were friendly to me.
- 2. I was seen within a timely manner for my scheduled appointment.
- My providers made sure I understood what my test results and my long-term medical care meant for
- The Staff provided me with the resources and/or referrals I needed to manage my care.
- 5. I felt the environment of the clinic was safe and non-threatening.
- 6. I felt comfortable talking about personal or intimate issues with my providers.
- I would recommend this service to other people.
- 8. I am satisfied with the medical care received at this clinic.

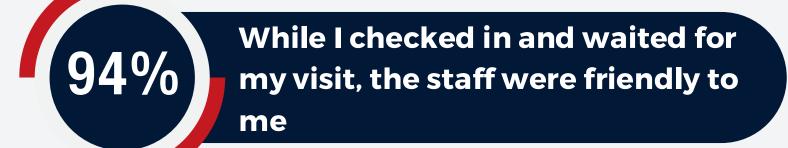
| | Ľ3 | 1/3 | 3 | Ġ | Ġ |
|----------|----|-----|---|---|---|
| | 1 | 2 | 5 | 4 | 5 |
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| ETHNICITY | F | A | AGE | | |
|----------------------------|---|--|----------------------------|---|--|
| Hispanic Non- Hispanic | Black White American Indian Asian | Native Hawaiian Pacific Islander Alaskan | ○ < 2 ○ 2-12 ○ 13-24 | 25-4445-6465+ | |

FY 2023-2024 HS SATISFACTION SURVEY QUESTIONS

- While I checked in and waited for my visit, the staff were friendly to me.
- I was seen within a timely manner for my scheduled appointment.
- My providers made sure I understood what my test results and my long-term medical care meant for my health.
- The Staff provided me with the resources and/or referrals I needed to manage my care.
- I felt the environment of the clinic was safe and non-threatening.
- I felt comfortable talking about personal or intimate issues with my providers.
- I would recommend this service to other people.
- I am satisfied with the medical care I received at this clinic.

FY 2023-2024 HS SATISFACTION SURVEY RESULTS



I was seen within a timely manner for my scheduled appointment

93%



I would recommend this service to other people



The Staff provided me with the resources and/or referrals I needed to manage my care





I felt the environment of the clinic was safe and non-threatening

I felt comfortable talking about personal or intimate issues with my providers





I am satisfied with the medical care received at this clinic.



