

700 & 900 Case Management Audit Form

Worker Name _____ DIS/Worker # _____ Reviewing Supervisor # _____
 Date _____ Number of Cases Reviewed _____ # of Cases Open 45+ Days _____
 Supervisor *must use* STD*MIS list of open cases to compare with cases provided by DIS

Areas observed	#	Acceptable	Unacceptable	Weight
1. 85% of interview records at the time of submission are technically accurate with information correctly entered in all appropriate locations, including accurate documentation of contact/cluster dispositions.				10
2. 85% of 700 cases are interviewed within 3 days of date of assignment and 900 cases are interviewed within 7 days of assignment (from STD*MIS).				10
3. 85% of cases are submitted to supervisor within 1 day of original interview.				5
4. Narratives are clearly composed and legibly written with interviewer's impressions and patient's motivations noted.				5
5. 85% of VCA sheets (if applicable) are completed and plotted in accordance with program guidelines. VCAs are present for all cases of 710, 720, 730 with symptoms or testing history within the last year.				5
6. 85% of the early 710,720, 730 cases with an associated case have appropriate source/spread determination.				5
7. 85% of supervisor comments are addressed/responded to within 2 days of receipt of case back from supervisor.				5
8. 85% of cases have documented DIS case updates posted a minimum of once a week.				10
9. 85% of cases have documented attempts to elicit clusters.				5
10.95% of cases have a detailed plan of action submitted.				10
11.85% of HIV/syphilis re-interviews and cluster interviews have a re-interview or cluster sheet prepared with follow-up questions pertinent to the case.				5
12.85% of all re-interviews and cluster interviews are thoroughly documented on appropriate re-interview and cluster interview forms.				5
13.95% of worker's cases on STD*MIS open case report are present at time of audit.				5
14.85% of worker's cases on STD*MIS open case report have been open 45 days or less since original interview.				5
15.95% of cases open more than 7 days have documentation of worker seeking guidance from a supervisor.				10
		Total	Total	100

Scoring: 1-50 **Unacceptable** 51-79 **Needs improvement** 80-100 **Meets program requirements**
 Total number of supervisory instructions on cases *not* carried out/responded to: _____

DIS Signature _____ Date _____ Signature means only that DIS has reviewed comments. This signature does not constitute agreement with the evaluation above.

Supervisor's Signature _____ Date _____

700& 900 Case Management Audit Form Guidance

- **FLS print out the open interview record report to compare to cases provided by the DIS.**
- **# column** is a tally of number of correctly-performed tasks over the possible number of tasks.
Example: 19/20 cases have accurate source/spread determinations posted within program guidelines.
- **Acceptable column** is a record of work in the observation that meets the standard set forth.
Example: 19/20 (95%) cases have source/ spread determinations that are accurate and posted within program guidelines, so a check is placed in the 'Acceptable' box in this column.
- **Unacceptable column** is a record of work in the observation that does not meet the standard set forth.
Example: only 15/20 (75%) cases have source/ spread determinations that are accurate and posted within program guidelines, so a check is placed in the 'Unacceptable' box in this column.
- **Weight column** defines the weight the program gives this particular activity. Totaling the number of 'points' gathered by 'Acceptable' marks gives an overall score to accompany the individual areas of success/needs improvement. An 'Unacceptable' mark garners no points.

Scoring: 1-50 **Unacceptable** 51-79 **Needs improvement** 80-100 **Meets requirements**

DIS must make or exceed the numeric goal to achieve an 'acceptable' rating. All categories on the Interview Record and associated forms are fully and accurately filled out by DIS before lot is submitted to supervisor for review. Test results known at initial write-up should be posted. This also applies to contacts and clusters identified prior to write-up.

1. 85% of interview records at the time of submission are technically accurate with information correctly entered in all appropriate locations, including accurate documentation of contact/cluster dispositions.
2. 85% of 700 cases are interviewed within 3 days of date of assignment and 900 cases are interviewed within 7 days of assignment (from STD*MIS).
3. 85% of case write-ups must be submitted to the worker's supervisor within 1 day of original interview. DIS must make or exceed the numeric goal to achieve an 'acceptable' rating.
4. Narratives are clearly and succinctly composed and (if handwritten) legible. The narrative must include the interviewer's impressions, a clear management plan specific to the facts of the case, and insights into the patient's motivations for giving or withholding information. The case management plan must convey clearly how the DIS intends to follow up on the interview with time lines for each of these activities. Interview Supplement sheet is fully and accurately filled out by DIS before the lot is submitted to supervisor for review. The form must be updated following re-interviews to complete information not gathered or unavailable from the original interview.
5. DIS must make or exceed the numeric goal to achieve an 'acceptable' rating. The Visual Case Analysis (VCA) form on the outside of the lot folder should be fully filled out as per the current version of the CDC "Employees Development Guide" (also known as the STD modules) and the DIS guidelines. If the VCA is incomplete or not updated at the time of the review, the DIS must complete/update it immediately. VCAs are present for all cases of 710, 720, 730 with symptoms or testing history within the last year.
6. DIS must make or exceed the numeric goal to achieve an 'acceptable' rating. The DIS must examine the relationships among the original client and all those sexually related to them. Using that knowledge, the DIS must determine the source case and those to whom the disease has been spread. This information must then be documented accurately in the 'Source/spread' column on the original interview form and reflected on the VCA as well. If there are no related cases on a given lot, it is not counted toward this measure.

- 7.** DIS must make or exceed the numeric goal to achieve an 'acceptable' rating. The DIS must document updated information and case resolution activities on the 'Case Review' sheet on the inside facing page of the lot folder. This is where the DIS updates and responds to questions, comments, and directives from the supervisor. When DIS encounter obstacles during case management, the expectation is that they will document (on the case review sheet) all activities undertaken to overcome those obstacles. Examples: (a) when attempting to gather more information about a client from a doctor's office and encountering resistance via telephone, instead traveling in person to the office to request the information (b) re-interviewing a patient at their home to determine living arrangements (c) seeking assistance from an agency in locating a hard-to-find client.
- 8.** DIS must make or exceed the numeric goal to achieve an 'acceptable' rating. DIS must respond to all supervisory comments/directives. DIS must update the case, including the supervisory comment sheet, at least once per week.
- 9.** DIS must make or exceed the numeric goal to achieve an 'acceptable' rating. Documentation in the narrative must indicate the types of at-risk persons pursued during clustering (e.g., pregnant females, commercial sex workers, persons with symptoms of an STD, etc.), and those elicited must be documented either on the interview record or the intelligence sheet as appropriate.
- 10.** DIS must make or exceed the numeric goal to achieve an 'acceptable' rating. A plan of action lists the specific steps and the estimated time frame in which the DIS will bring the case investigation to successful disease intervention and closure.
- 11.** DIS must make or exceed the numeric goal to achieve an 'acceptable' rating. The DIS must prepare re-interview and cluster interview forms and have them available in the lot folder (they should also be in the DIS' pouch, but those are not measured as part of the case audit). The forms should reflect specific questions and concerns the DIS wants to address when these clients are located and interviewed. The DIS managing the lot is also responsible for ensuring that the re-interviews and cluster interviews are carried out and fully documented on the interview record.
- 12.** DIS must make or exceed the numeric goal to achieve an 'acceptable' rating. Re-interview and cluster forms must be filled out with documentation that addresses the questions pursued. The interviews must also be accurately recorded on the corresponding interview record.
- 13.** DIS must make or exceed the numeric goal to achieve an 'acceptable' rating. The cases the DIS provides must match the open cases generated from the STD*MIS open case list. All cases must be accounted for by the DIS, including those not available for audit.
- 14.** DIS must make or exceed the numeric goal to achieve an 'acceptable' rating. 85% of DIS' open cases must be open 45 days or less since their individual interview dates.
- 15.** DIS must make or exceed the numeric goal to achieve an 'acceptable' rating. DIS must document attempts to move stalled investigations forward. Examples would include, but are not limited to: seeking supervisory input, seeking assistance from surveillance, returning to an original patient/client for further information, using third parties (family, post office, online resources, etc.) for further information.