

Field Investigation Audit Form

Worker Name _____ **DIS/Worker #** _____ **Reviewing Supervisor #** _____

Date of Field Review _____ **Number of Field Visits Attempted** _____

Total Field Records (FRs) in Pouch _____ **Number of Field Records Pending/OOJ** _____

	Acceptable	Unacceptable
1. Effectively uses resources in planning field activity.		
2. Prioritizes and organizes field records according to program expectations.		
3. Prioritizes field visits geographically		
4. Ensures necessary materials and equipment are available (referrals, GPS, envelopes, working pens, pouch, maps, blood kit)		
5. Displays awareness of, and practices field safety		
6. Maintains patient confidentiality during field activities		
7. Professionally manages circumstances which present obstacles to executing referrals.		
8. Utilizes field resources in executing referrals (post office, neighbors, manager's office, infection control nurse, patient chart)		
9. Recognizes and motivates persons who may assist in an investigation		
10. Successfully motivates persons to seek examination and/or treatment		
11. Consistently pursues and performs STS screening while in the field		
12. Documents investigative activities completely, clearly, and accurately at each stop according to program and DSHS POPS		
13. Documents mileage at departure, after each stop and at the end of the field day activities		
Total (An overall 'acceptable' rating is achieved when the DIS has no more than 2 elements rated unacceptable).		

***If an activity is not observed, it should be marked as N/O rather than marked as Acceptable or Unacceptable**

DIS Signature _____ **Date** _____

Signature only means the DIS has reviewed comments and does not constitute agreement with the evaluation above.

Supervisor's Signature _____ **Date** _____

Guidance for Field Investigation Review/Audit Form

Note: Numbers on guidance sheet match with element numbers on audit form

FLS must print out the open field record report and compare with field records in pouch.

FLS must print out the open case report to compare with the re-interview forms in the pouch.

1. Prior to time for departure to the field, DIS has:
 - used maps (both online mapping web sites and available hard copy) to select a route that will maximize the number of patients who may be field visited
 - used the telephone to gather commitments from as many patients as possible in order to maximize time available in the field
 - pre-arranged interview times in the field to maximize contact with patients visited
2. Local areas will have additional priorities according to local disease prevalence. The following STDs and demographics are always top priority:
 - Pregnant females regardless of diagnosis
 - Symptomatic syphilis
 - Contacts, suspects, and associates to syphilis and HIV
 - HIV and syphilis reactors

The pouch must also be organized by the appropriate activity; this includes phone call, field visit, expected in, pending labs, and supervisor.

3. After prioritizing the field records themselves, the DIS constructs a field visit route that minimizes miles traveled and maximizes the number of patients who can be visited
4. The DIS ensures that the listed materials are carried into the field.
5. The DIS demonstrates awareness of other persons present at sites visited, activities that might represent risk to self or others, and the safest approach to and exit from sites visited. If an incident occurs, DIS is familiar with the policy and paperwork that must be followed to report an incident. This includes obeying traffic laws and practicing safe driving skills.
6. The DIS pursues information while revealing as little as possible during contact with persons in the field. DIS discloses disease information to the patient only.
7. The DIS uses problem-solving skills to overcome obstacles such as limited-access sites, incorrect address listings, recalcitrant patients, interfering third parties, and other such challenges. Such situations are handled with courtesy, insight, and with safety in mind. DIS makes appropriate use of cell phone to respond to patient calls or follow-up with the program regarding new information; calls FLS before returning from field.
8. The DIS is aware of and willing to approach third parties (postal workers, neighbors, roommates, family members, etc.) in order to locate or determine availability of patient. DIS actively pursues neighbors and others in order to bring the patient promptly to care.
9. DIS works to determine relationship of third parties to patient, and ensures that third parties encourage patient to contact DIS.
10. When DIS encounters patients, DIS successfully elicits commitments and information. When DIS encounters an obstacle with a patient, DIS displays skill at overcoming the obstacle to ensure patient is brought to care. DIS displays a sense of urgency in bringing the patient to care.

11. DIS consistently pursues opportunities to perform blood tests on patients and identified high-risk persons encountered while in the field. (applicable in areas where DIS are permitted to draw bloods)
12. After each field stop, the DIS moves to a safe location to document the stop. The minimum documentation expectation is DTAR: Date, Time, Activity, and Result. This documentation should include (but not be limited to) date, time, name and description of persons encountered, collateral sites visited (neighbor's house, etc.), description of the site visited, what outcome resulted from the visit (patient promised to come in same day, left referral with mother, neighbor confirmed residence, etc.).
13. DIS must record the odometer mileage
 - before leaving for the field
 - at each stop, and
 - at the end of the field day
14. DIS must check in with either their FLS or the person assigning paper to ensure both worker safety and to determine if new paper has been generated for which the DIS must do follow-up while still in the field.