

Disease Intervention Specialist Performance Standards

Chapter

6

These performance standards represent detailed instructions regarding the way in which the Disease Intervention Specialist (DIS) is expected to apply acquired knowledge and skills to critical elements of daily work in sexually transmitted disease (STD) prevention, including HIV. For supervisors, these standards can be a tool to help evaluate the capabilities and deficiencies of a DIS. Standards can help identify those workers who are especially proficient in specific performance areas. These workers can then become candidates for assignments involving greater responsibility or technical skill that can enhance career development. Where performance does not meet expectations, standards assist supervisors in identifying customized training needs for DIS. If a DIS is unable to perform at an acceptable level after a reasonable amount of remedial training or supervisory coaching, these standards can provide a framework for corrective action.

The success of DIS effort is evaluated both by disease intervention outcomes, as measured against program objectives, and by the quality of individual effort. It is the responsibility of the DIS to become familiar with these standards and to incorporate them into their performance of program activities. The DIS should seek guidance and clarification from their supervisor on any doubts or questions about these performance standards.

The Disease Intervention Specialists Performance Standards have been received and discussed.

Employee Signature		Date	
Supervisor Signature		Date	

6.1 Professional Conduct and Work Relations

Each DIS belongs to an established personnel system -- federal, state, or local -- and will observe the codes of conduct established by his/her employer with regard to punctuality, substance abuse, political activity, conflicts of interest, and other personnel policies. Every DIS represents both the State of Texas and the local health agencies in the performance of daily activities. In general, the more stringent requirements among these agencies are the ones to which the DIS will conform in regard to professional conduct. The following standards for DIS will foster successful working relationships at the local level.

- Conducts all activities with honesty, integrity, and confidentiality

- Manages interactions with health officials and other local professionals with tact and diplomacy. DIS will present themselves in a professional manner and treat all individuals with respect
- Treats clients, co-workers, and the general public with courtesy, dignity, and respect
- Observes operational policies regarding lines of authority and communication and use of resources, facilities, and equipment
- Informs the supervisor at the earliest opportunity of any actual, potential, or perceived conflicts which may arise and which may have a negative influence on the conduct of program activities

6.2 Confidentiality

The sensitive and highly personal nature of HIV/STD information requires strict confidentiality in the course of activities. Maintaining confidentiality means more than not revealing names. To maintain confidentiality, no information will be divulged which could lead to the identity of the client. Program success depends on health practitioners and clients recognizing that all HIV/STD staff observes the principle of confidentiality. The DIS is bound by such rules and laws regarding confidentiality as may be specified by his/her employing agency, as well as those of the State of Texas and of the local jurisdiction in which work is performed.

6.2.1 Definitions

Confidential information: Any information which pertains to a patient that is intended to be kept in confidence or kept secret and could result in the identification of the patient should that information be released.

Confidentiality: The ethical principle or legal right that a physician or other health professional or researcher will prevent unauthorized disclosure of any confidential information relating to patients, their contacts/social networks and research participants.

6.2.2 Medical and Laboratory

Custody and management of medical and laboratory records is the legal responsibility of the local health officer/authority (or of the individual health provider). When accessing these records in the course of daily activities, it will be done in a manner that serves to protect the confidentiality of the records.

6.2.3 Investigative

The local health officer is also responsible for safeguarding the [Field Record, CDC 73.2936](#). Even though primarily the disease intervention team manages the Field Record, it documents the basis upon which the health officer exercises legal authority to provide for STD examination and treatment of individuals.

6.2.4 Interview Record

The Interview Record, CDC 73.54, is a standard format that organizes information obtained by the DIS under the professional assurance of confidentiality. Custody and

management of the Interview Record is the joint responsibility of the DIS and the supervisor.

6.2.5 Client Confidentiality

The DIS safeguards the privacy of all persons served by the health department and of those who become involved in the disease intervention process by observing strict confidentiality of information. The DIS shares information only with authorized persons on a need-to-know basis. In this case, authorized persons are health professionals who are bound by medical/professional rules of confidentiality and who are involved in providing health services to the individual in question. Attempts by any others to obtain records or information will be reported by the DIS to the supervisor, and documented in accordance with program policy.

6.2.6 HIV/STD Public Health Follow-Up (PHFU) Confidential Information Security Procedures

For a full description go to: <http://www.dshs.state.tx.us/hivstd/policy/procedures.shtm> (HIV/STD 322.001)

- **4.0 Physical Security**
 - 4.1 Building/Offices
 - 4.2 Computer Workstations
- **5.0 Handling Paper Records**
 - 5.1 In the Office
 - 5.2 Outside the Office
- **6.0 Telephone/Faxing/Email**
 - 6.1 Telephone (including cell phones)
 - 6.2 Faxing
 - 6.3 Email
- **7.0 Handling Confidential Mail**
- **8.0 Handling Electronic Data**
 - 8.1 Electronic Data Access
 - 8.2 Electronic Data Storage
 - 8.3 Electronic Data Transmission
- **9.0 Removable External Storage Devices and Laptops**
 - 9.1 Laptops
 - 9.2 Removable Storage Devices
 - 9.3 Personal Storage Devices (PDA)/Blackberries/Cell Phones
 - 9.4 GPS systems

6.2.7 HIV/STD Breach of Confidentiality Response Policy (HIV/STD 303.001)

For a full description go to: <http://www.dshs.state.tx.us/hivstd/policy/policies.shtm>

This policy applies to all DSHS employees, IT staff, temporary employees, volunteers, students, DSHS program contractors, and any other persons who could potentially view and/or have access to HIV/STD confidential information.

All persons affected by this policy, as specified above are responsible for the reporting of suspected breaches.

6.3 Case Management

Case management is the systematic pursuit, documentation, and analysis of medical and epidemiologic case information that focuses on opportunities for disease intervention. The primary purpose of case management is to identify opportunities and develop a timely plan for disease intervention. Case management efforts entail seven phases: pre-interview analysis, original interview, post interview analysis, referral of at-risk individuals (sex/needle exchange partners and clusters), cluster interview(s), re-interview(s), and case closure. Refer to the [CDC STD Employee Development Guide](#) for additional information.

The case management system requires that case management records be maintained in a single folder. The goal of the case management system is to assure that all obtainable information regarding the continuing management of cases contained in a case management folder is readily available to all responsible workers. Workers should have access to information regarding other infections so that they have a comprehensive picture of the situation before conducting a re-interview or cluster interview. To further assure this process, information contained within each case management folder must be carefully maintained for each individual patient, and folders must be returned to a secure central location (file) when not being reviewed or updated.

The decision to file cases together can be for any programmatic reason, for example:

- Patients are related, i.e., they name one another as sex partners or are linked through clustering, or
- Cases share something else, such as working for the same company or living in the same apartment building.

The individual folders must contain the following for each related case:

- A copy of the infected patient's Field Record, if applicable
- The original Interview Record and the most current printed Interview Record from MIS, destroy previous Interview Record if Interview Record is updated
- DIS notes from all interviews
- Case management forms:
 - Original Patient Information Sheet
 - Case Review Sheet
 - Re-interview Record
 - Cluster Interview Record
 - Case Closure Request/Approval
- VCA sheet on all 710 and 720 cases, and 730 cases with symptoms, or related cases
- Copies of all associated field records (partners, suspects/social contacts, and associates)

- The individual folders should be filed in a logical sequence. A case management system book, card file, or computerized system should be established with information such as:
 - The case management folder number
 - Patient name
 - Date of interview, and
 - Diagnosis, etc.

During the case management process, the DIS will:

- Initiate a Field Record for all interview period sex/needle partners that have adequate locating information. When in doubt as to whether information is sufficient to initiate a Field Record, discuss with the supervisor
- Initiate a Field Record for other high-risk individuals (suspects/social contacts or associates), unless they are already initiated or have been examined and have no source or spread relationship to the index patient
- Prepare the Field Record in a manner that is legible through all copies, accurate, and thorough in reflecting data gathered from the interview and other sources
- Record search the Field Record immediately and close it if the client has been previously examined and/or medicated for this infection. Note: sometimes an individual will have to receive two dispositions on a case, once as 'previously treated' (an "E" closure), reflecting the source/spread relationship, and once for an exposure that occurred after the initial treatment
- Begin the investigation within one day. The initiation date on the Field Record will be the same date the interview was conducted (original interview, re-interview, or cluster interview)
- If insufficient information is obtained to initiate an investigation, document sex partners or other priority individuals in the "marginal contact" section of the Interview Record (Original Patient Information Sheet) and on the re-interview sheet. Marginal partners, suspects/social contacts, and associates will be thoroughly record-searched and followed for additional information. The original patient will be re-interviewed to obtain additional locating on marginal partners, suspects/social contacts, and associates
- Complete the initial visual case analysis forms at the same time that the Interview Record is prepared in a manner which:
 - Establishes the correct interview and critical periods
 - Addresses exposure gaps and discrepancies in data obtained
 - Identifies informational needs
 - Indicates potential source/spread relationships
 - Indicates impressions and plans of the DIS
 - Review the progress of the case whenever new case data is recorded, when the case is returned with supervisory comments, or at least weekly

- Infected individuals (cases) name suspects/social contacts and non-infected individuals name associates. There are three types of suspects and associates:
 - S1 and A1 are persons with symptoms of STD;
 - S2 and A2 are persons exposed to known cases of STD; and
 - S3 and A3 are others at high-risk of acquiring STD (running buddies/friends)
- The DIS will seek supervisory guidance as soon as case development appears to be stalled
- Maintain ongoing case management by:
 - Identifying the informational needs of the individual case and of interrelated cases in the case management folder
 - Using appropriate forms to develop agendas for anticipated interviews, cluster interviews, and re-interviews
 - Assuming responsibility for critical communications with the disease intervention team
 - Remaining abreast of the progress of case elements assigned to other team members as well as OOJ contacts and clusters.
 - Promptly pursuing case objectives and outcomes resulting from personal analysis, supervisory input or contributions by other team members, including efforts to assist in cases managed by other team members
 - Reviewing and documenting open cases at least once a week.
- Maintain cases assigned in such a manner that they are:
 - Clearly documented with current data, updates, plans, and case development directives
 - Quickly retrievable by the supervisor and by other DIS from a designated storage location

6.4 Interviews

For the purpose of disease intervention, the DIS conducts interviews of individuals who have acquired a priority STD or who are at high risk of acquiring a priority STD. The DIS conducts these interviews in person and confidentially. Telephone interviews are strongly discouraged and may only be conducted with a supervisor's approval and when all other reasonable efforts to meet in person have been unsuccessful. When possible, telephone interviews will be followed by a face-to-face re-interview.

The DIS does pre interview analysis by:

- Reviewing available medical and case information in such a manner as to:
 - Establish the reason for the initial examination;
 - Establish possible history of STD infection;
 - Establish a critical period and interview period based on available medical or case related information
 - Establish information objectives (e.g., relationship to other cases).
- Reviewing available socio-sexual information and attempting to independently verify address, living situation and employment
- Record search locating information in the crisscross directories or internet sources, and

- Call phone numbers to verify they work and the person is known.
- Assembling necessary materials and supplies, including:
- Visual aids;
- Writing materials;
- Business cards;
- Disease-specific pamphlets;
- Referral forms and envelopes;
- Local map(s) or Global positioning system (GPS); and
- Phone book and/or cross directory.
- Condoms (safely stored from temperature extremes)
- Note: Clinic interview rooms should be stocked with these items daily.

The DIS initiates the interview in such a manner as to foster productive dialogue by:

- Introducing her/himself and anyone else present, and explaining his/her professional role (avoiding terms such as DIS);
- Explaining the purpose of the session; and
- Emphasizing the confidential nature of the interview, defining confidentiality and its relevance to the client's situation.

The DIS maintains active two-way client-centered communications throughout the interview by:

- Communicating at the client's level of understanding;
- Using open-ended questions;
- Using appropriate nonverbal communication;
- Using positive reinforcement;
- Soliciting feedback;
- Listening effectively; and
- Using plain paper to record interview notes (never take standard forms into the interview).

The DIS ensures that each client is educated in regards to the specific STD at issue (mode of transmission, course, and risk of infection/re-infection).

The DIS conducts original interviews of diagnosed clients with the primary objective of helping the client manage their infection by:

- Identifying interview period sex/needle sharing partners and suspects,
- Managing risk through prevention counseling.
- Because of the severe consequences of congenital syphilis, DIS will make a special effort to identify pregnant women at risk in all interviews.

When the original interview cannot be conducted in the clinic setting at the time of diagnosis and treatment, the DIS takes follow-up action at the first opportunity and in such a manner that she or he:

- Conducts the interview within three days of assignment, or within established program time frames, and
- Conducts the interview in the clinic, at the client's place of residence, or in some other suitably private place.

While establishing rapport in the original interview, the DIS elicits (or confirms) all information required to complete the Interview Record and Patient Information Sheet. In eliciting sex/needle sharing partners and other high-risk persons during interviews, the DIS pursues detailed identifying and descriptive information to complete the data sections of the Field Record, making certain to obtain complete sexual exposure data and nature of symptoms when appropriate. The following locating information will be pursued:

- Address of residence with full description of the building
- Phone/pager/cell numbers/email address/chat handle, DIS need to determine if an account is shared or if others have access.
- Place or type of employment/trade/licenses or schools;
- Co-residents/others residing as residents;
- Other person(s) who can provide locating information or convey message;
- Hangouts, best places and times of encounter/exposure;
- Previous place(s) of residence or employment;
- Record of arrest/incarceration and booking number;
- Other aliases;
- Other mailing address;

- Map and directions, especially when no address is known; and
- Personal appearance/description.

The DIS recognizes and addresses problem indicators through a process of:

- Analysis
- Timely uses of appropriate motivations, such as:
 - Confidentiality
 - Social responsibility
 - Complications of disease
 - HIV connection (higher chance of getting/giving HIV)
 - Asymptomatic nature of infection
 - Re-infection
 - Transmission
- Assertive confrontation (without alienation);
- Tactful persistence; and
- Using the LOVER method (Listen, Observe, Verify, Evaluate, and Respond).

Assess partner violence:

Determine if:

- In a relationship with a person who physically hurts or threatens you
- Afraid of partner (ex-partner)
- Forced to have sex when you didn't want to
- Partner refuses to practice safe sex

In accordance with local practices, the DIS confers with the supervisor (or designated co-worker) before concluding a clinic interview if:

- An unexplained exposure gap exists;
- No source candidate has been elicited;
- Informational inconsistencies persist; or
- The DIS feels dissatisfaction or uncertainty regarding the results of the interview.

The DIS ensures that every client is counseled regarding current or recent behavioral risk:

- The need for referral of sex/needle sharing partners and other high-risk persons
- The need for referral of pregnant women

- Compliance with medical instructions and post treatment follow-up testing
- Client's self-perception of current or recent behavioral risk
- Support for risk reduction already attempted
- Development of an incremental and realistic plan for risk reduction (prevention intervention)
- Cost/benefit of further testing at this time
- Risk reduction counseling and/or testing for other STDs (i.e., HIV, HCV, syphilis, gonorrhea, Chlamydia) and unintended pregnancy

The DIS elicits a commitment from the client (including time frames) to pursue identified informational needs, including identifying/locating data for sex/needle sharing partners and other high-risk persons.

All clusters pursued in relation to a case must have their relationship to that case noted on the interview record. In the location used for exposure dates, the relationship of that person to the case should be clearly documented.

Examples:

- Brother of Fred
- CSW
- Pregnant
- IDU
- Screened at Murphy Park

Before concluding the original interview, and according to assignment area standards, the DIS establishes a tentative appointment for a re-interview in the field within seven days of the original interview. The DIS also should elicit the best time(s) and alternative methods to reach the client or meet for re-interview. When appropriate, the DIS arranges for a field tour with the client.

The DIS documents the results of interviews, including case analysis, on the Interview Record and other required case management forms at the first reasonable opportunity (within one day) in a manner that is legible, thorough, and concise.

The DIS never completes the Interview Record or other case management forms in the client's presence.

Case management forms containing all required documents are made available for supervisory review within the same day, unless otherwise stated in local program standards. The supervisor will review the case documents and return written comments to the DIS within two days.

The DIS conducts thoroughly prepared re-interviews of all clients, preferably at the client's residence, or other extra-clinic venue. Additional re-interviews will also be conducted when indicated or requested by the supervisor, with a plan to accomplish specific objectives such as:

- Identification of previously unnamed sex/needle sharing partners and other high-risk persons
- Additional assistance in locating previously named persons who cannot be located
- Filling information gaps revealed by case analysis and cluster interviews
- Support client risk reduction attempts
- Resolve conflicting information
- Support/reinforce client's successful accessing of referred services

Additionally, the DIS may solicit client assistance in referral of difficult sex/needle sharing partners.

The DIS documents the results of re-interviews on the STD Re-interview Record at the first reasonable opportunity within one day in a manner that is legible, thorough, and concise. At a minimum, the documentation addresses informational needs previously established for the re-interview and documents an updated analysis.

All persons identified as at-risk and related to a case during a re-interview must have their relationship to that case noted on the re-interview record. These persons also must be documented on the interview record if they are initiated. The relationship of that person to the case should be clearly documented.

Examples:

- Brother of Fred
- CSW
- Pregnant IVDU
- Screened at Murphy Park

The updated case document is made available for supervisory review or is given to the appropriate case manager at the earliest reasonable time following documentation.

The DIS conducts cluster interviews, as needed or when requested by the supervisor, with a plan to accomplish specific objectives such as:

- Identification of persons who have symptoms of STD (A1);

- Identification of persons exposed to known cases of STD (A2);
- Identification of others at high-risk of acquiring STD (A3);
- Filling information gaps revealed by case analysis; and
- Collecting intelligence around known cases of STD.

The DIS documents pertinent results of cluster interviews on the Cluster Interview Record at the first reasonable opportunity within one day in a manner that is legible, thorough, and concise. At a minimum, the documentation addresses informational needs previously established for the re-interview and documents an updated analysis.

6.5 Field Investigations

It is the responsibility of the DIS to ensure that persons who are infected with STD, or who are at risk of acquiring /STD, receive appropriate medical care at the earliest possible time. The use of the telephone for initial follow-up activities can result in efficient use of DIS time, especially when calls are made in the early morning or evening hours. Telephones, however, are less valuable for in-depth investigation and confronting highly sensitive issues such as HIV seropositivity or HIV partner notification. Also be aware of caller ID and similar technologies, as they may compromise confidentiality.

While the field investigation may require a greater initial investment of DIS time, it is the most effective follow-up method and frequently the most efficient as well (see *Safety in the Field*). All field investigations will be conducted in unmarked vehicles to ensure client confidentiality.

It is incumbent upon the DIS to make the most efficient use of field time and to conduct each field investigation thoroughly in order to maximize the impact of this activity.

6.5.1 Field Investigation Preparation

To avoid duplication of effort and to expand locating information, the DIS performs a record search immediately after initiating an investigation by reviewing available resources, including:

- Open field investigation and case interview files;
- Closed field investigation and case interview files;
- Medical records;
- Telephone white and yellow pages;
- Directory assistance;
- Cross directory; and
- Computer locator resources.

The record(s) search and results will be completely and neatly documented on the back of the Field Record.

The DIS begins investigative action on priority follow-up field records within one day of assignment or of DIS initiation.

When an email address is used to reach an individual sought, the DIS will use the same guidelines and language as when leaving a referral notice in a sealed envelope marked personal or confidential at a physical address. See: [Internet contact pursuit](#) (6.5.6).

When initial telephone attempts fail to reach the individual sought, or when the client does not follow through with a commitment, the DIS will make a field visit within one day or as directed by supervisor.

The DIS prepares for field investigations by:

- Arranging investigations by investigative/intervention priority
- Planning a route that addresses the greatest number of investigative priorities in the most efficient sequence
- Including lower priority field activities that are located near high priority investigations
- Consulting the supervisor on the potential for pooling work when distant locations are involved
- Arranging work in the planned sequence at the front of the investigative pouch

Planning is essential, especially in high crime areas. Field notes will be prepared before leaving for the field to improve efficiency and alertness. Program multiple stops in the GPS before departing the office. Reading maps, programming a GPS, or writing referral notes can divert the attention of the DIS and create safety issues.

Before leaving for the field, the DIS assembles standard materials and supplies, including:

- Investigative pouch;
- Maps or GPS;
- Venipuncture kit;
- Writing materials (with spare pen);
- Referral forms with envelopes;
- Business cards;
- Change for parking meter;

- Cell phone;
- Identification card; and
- Materials needed to perform field interviews (i.e., visual aids, consent forms). Note: any forms with STD specific information should be carried separate from the coded field records in the pouch.
- The DIS records the beginning and ending odometer readings, and the distances between stops.

6.5.2 Activities in the field

Before leaving the car for a field visit, the DIS:

- Reviews the Field Record in order to memorize all pertinent data and to establish the precise objective(s) of the visit
- Observes the environment and anticipates investigative obstacles
- Stows the investigative pouch, confidential forms, and valuables in a secure place

When there is no response at the door of the individual sought, the DIS checks for occupants at the side and back of the building when the way is not barred and it appears safe to do so.

When the individual sought is not encountered, the DIS attempts to confirm the locating information in the initial visit by exploring all reasonable sources of information, such as:

- Other persons encountered at the address;
- Names on mailbox;
- License plates and descriptions of cars in driveway
- Neighbors, apartment managers, building superintendents;
- Postal employees and other delivery personnel;
- Local business people; and
- Children in the area.

6.5.3 Quality of Information Gathered

The DIS gathers client locating information from sources in a manner that serves to improve upon the original data provided, including previously unknown information such as:

- Full name and physical description;

- Precise address, including apartment number, and full description of the location;
- Identity of co-residents;
- Telephone number, cell phone number, pager, email address, chat handle;
- Type, place, and hours of employment;
- Hours most likely at home;
- Habits;
- Hangouts and who they associate with
- Description of individual's car and tag number; and
- Where the individual can be found 'now', at the time of the interview.

Note: When additional information is obtained, the DIS should act on it immediately (e.g., field visit to work site). All such new information should be recorded on the appropriate re-interview or cluster interview form. Information pertinent to an open field record should also be documented on the working copy of that field record.

When locating information appears invalid, the DIS transposes house and street numbers, etc., and checks similar locations in the immediate vicinity.

When you reach the individual being sought (field, phone or internet), the DIS conveys a sense of urgency and confidentiality which motivates the client to participate in the disease intervention process by:

- Establishing the identity of the client;
- Engaging the client in a private conversation;
- Identifying self and conveying the reason for visit;
- Establishing rapport and demonstrating concern;
- Informing the client of the STD at issue and of their risk status;
- Interviewing high priority clients in the field (field tour the client);
- Clustering the client for other high risk persons (field tour the client); and
- Collecting appropriate specimens, and referring the client for immediate medical attention.
- Transporting the client to the nearest available clinic, if needed.

6.5.4 Dealing with Alternative Outcomes

When the client desires to access care from a non-health department provider, the DIS attempts to arrange/confirm the appointment personally. The DIS apprises both the health provider and the individual of the need for recommended testing, counseling, and treatment and determines when the test results will be available. The DIS will attempt to obtain a signed Authorization to Release Confidential L-30 see attachment B) from the client, so that test results/treatment can be confirmed.

Even when the individual sought is not encountered, the field visit offers many advantages that can enhance disease intervention, such as:

- Information about the individual's living situation, lifestyle, habits, identity of co-habitants or co-residents, etc., may be gained, along with additional locating information
- The DIS can leave a referral notice that directs the individual to the first clinic session available (Referral Card)
- Other high-risk persons may be identified
- The validity of the locating information provided can be determined
- When the individual sought is not encountered at a confirmed place of residence, the DIS leaves a referral notice in a sealed envelope marked personal or confidential (Referral Card). The DIS may add a personal note of urgency to the form. Referral notices may be left by the DIS with co-residents, building managers, employers, under the door, or in any area where the referral is protected and not accessible to children or casual visitors. Referral notices are not placed in or affixed to any postal/mail box (U.S. Postal Service Code 1702, 1705, 1708, and 1725).

The DIS does not leave a third referral notice at the same address except with supervisory consent.

Before returning to headquarters from distant locations, the DIS contacts the supervisor (or other designated team member) by telephone to inquire about emergent needs to which she or he should attend before returning.

The DIS follows through on all commitments and pursues new information elicited during the course of investigations, as follows:

- Confirms appointments made and kept (within one day);
- Re-initiates action within one day when commitments fail; and
- Pursues new locating information within one day.

When the original information provided fails to locate the individual sought, the DIS seeks to contact the source of the information at the first reasonable opportunity in order to correct or to expand locating data. Sources to contact include:

- The client or others involved in a case;
- Other case managers;
- Health providers; and
- The ICCR desk (according to established local procedures).

When there is no direct avenue to correct inadequate locating information, the DIS discretely accesses other agency resources, such as:

- Accurint search requested
- Department of Motor Vehicles
- Postal Service
- Utilities
- Public Assistance
- Local schools
- Trade unions
- Interstate Communication Control Record
- Law enforcement (jail rosters)
- Voter's registration
- Tax appraisal office
- Fire department (directory/department of streets)
- Other health department programs (family planning, WIC, TB, etc ...)
- Other community resources (hospitals, CBO, etc ...)
- When an investigation stalls, the DIS apprises the supervisor or appropriate case manager at the earliest reasonable opportunity (not to exceed three days **from date of initiation**).

Supervisory assistance and approval is needed to close unsuccessful investigations.

6.5.5 Timely and Safe Documentation

When in a safe location, the DIS documents the results of the field investigation. Documentation of field activities should occur as quickly after the activity as safely possible. DIS should drive a short distance away from the location to a safe place and document the DTAR (date, time, activity, result). The following information is legibly, accurately, and concisely documented on the back of the Field Record using the accepted abbreviations and symbols:

- Date and time of day;
- Type activity (e.g., FV=field visit)
- Full physical Description of site(s) visited
- Name and description of persons encountered;
- Investigative results, which may include next planned action (date and type);
- Referral specifics; and
- Directions for difficult-to-find locations, when appropriate.

6.5.6 Internet contact pursuit

The following standards are designed to assist trained Disease Intervention Specialists (DIS) at regional and local health departments in accessing individuals and their identified social networks through the use of Internet websites, associated chat rooms and e-mail. *DIS using these methods of communication must still maintain the high standards associated with more traditional contact procedures.* Maintaining confidentiality, providing accurate and culturally sensitive health education and risk reduction messages, providing referral information and performing case management activities must be part of any investigation using the Internet as a means to contact individuals exposed to disease.

The following standards cover issues relating to confidentiality, the use of chat-rooms (both public and private) to disseminate information, the use of e-mails to initiate partner services and ways to identify as a health department employee. Also included are examples for contacting individuals using e-mail as the referral mechanism. Local and regional health department STD Program staff should consult with their supervisors and Information Technology departments (IT) concerning these activities prior to implementing any of these recommendations.

Confidentiality

The standards established by the Texas Department of State Health Services (DSHS) for maintaining client confidentiality must be followed in all types of communications involving any individual who may have been exposed to an STD, including HIV, or with the social network identified through case management activities. As these standards emphasize, face-to-face partner notification is the preferred method, followed by telephone notification. Partner notification over the Internet should be used as part of standard public health follow-up when information is available.

Notification Using Electronic Mail

Activities involving e-mail partner services must follow the established guidelines for telephone contacts. E-mail partner notification should stress the need for immediate communication with the DIS, either by e-mail, phone, or person-to-person, and include the DIS name, office location and phone number. No specific medical information relating to the possible exposure to an infection should be provided until the DIS has a reasonable assurance this individual is the person the DIS is trying to locate. As is normal practice in all interviews, as much identifying information from the original patient or partner (address, physical description, aliases) is used to assist in confirming the identity of the person being investigated. If there is any concern about the identity of the individual or the confidentiality of the situation, the DIS should seek another, more traditional means for providing information to the individual.

Send all emails: a). Confidential; b). Of high importance; and c). With an automatic request for notification when the email is read. Never use a private email account to conduct health department or DIS business.

Notification using Chat Rooms and Screen Names

There will be occasions when a DIS has only an individual's screen name associated with a website chat room. Sometimes an email can be sent to the individual using the screen name linked with the web address of the chat room. (Example: sexybob@gay.com). If an email is not possible, the DIS needs to determine if the use of a private chat-room is an appropriate mechanism for providing partner services.

To enter a specific chat room, contact the site provider to set up a work-related profile and screen name. **Never use a personal profile or screen name to conduct DIS business.** Discussions in *public* chat rooms should be limited to health education, risk reduction messages and general STD referral information. If DIS can locate the individual on line, have him/her enter a private chat room. Discussions in *private* chat rooms DIS should begin with a confidentiality statement from the DIS, followed by a confirmation of understanding from the other party. Example: The information I need to discuss with you is sensitive and of a highly personal nature. I will maintain strict confidentiality and I need you to do the same. Any dissemination, distribution or copying of this communication is strictly prohibited. Do not forward this email to others. If you are not comfortable discussing confidential matters via email, I will be glad to call you or you may call me at (555) 555-5555.

Avoid discussing specific medical information until comfortable you are communicating with the appropriate individual. Verify the individual's identity, and then ask him/her to call you, or arrange a face-to-face meeting to discuss the situation. If you cannot convince the contact to call or meet, the notification can proceed much like a telephone contact including: notification of possible exposure, information about the disease in question, an appointment or referral for exam and treatment, and problem solving discussion about barriers to completing the exam process. Complete locating and identifying information should be elicited and documented in the patient record.

Many websites restrict the number of contacts for public health notification. Please adhere to their guidelines.

Impact on Daily Business

DIS need to investigate Internet use in the original interview. If the original patient meets partners through the net, ask for the web address of the chat room(s), and for screen names and email addresses of all partners. When the real name of the partner is unknown, document the screen name or email address in the last name and in A.K.A sections of the field record in STD*MIS. Other information such as chat room address, specific room within an Internet site, plus days and times for contact should be documented in the note section of the field record.

Prior to any e-mail partner service activity, DIS should attempt to obtain the geographic location of the individual. E-mail addresses with an identified geographic location outside of the DIS jurisdiction will require an "out of jurisdiction" (OOJ) field record to be initiated. When DIS knows the geographic location of the patient, they can provide appropriate referral information (i.e., clinic locations and times). Many OPs can recall address information when prompted, or can give directions and a description of the dwelling, which give those working the field record more options and a greater chance of locating the patient. DIS should also encourage the OP to check her/his email and chat logs to find further locating information, and follow up with the OP in re-interviews to obtain further locating information. When feasible sit with OP at a computer to obtain additional information from his/her account (ie. Social networking sites, email, phone book).

When a contact telephones or comes to the clinic, ask how he/she was notified. If the individual was notified via e-mail or Internet, the DIS may not have the real name. Ask the individual for his/her Internet screen name or e-mail address, then conduct the STD*MIS search. Once the DIS confirms the identity of the individual through other locating information obtained from the original patient, update the field record with the real name and place an updated version of the FR in the Expected-In box. Do not delete the screen name from A.K.A.

Print and attach to the field record (FR) all email and chat room correspondence with the date and time sent.

Confirming Identity

The individual being contacted for investigation may want to confirm the identity of the DIS (who he/she is and where he/she works) to ensure your email is real. Steps to facilitate this process could be as simple as using the DIS assigned regional or local e-mail address, including the health department logo within an email, or by providing a health department phone number and the name of the DIS supervisor or STD manager that could be verified by the individual. Once the individual understands this is a legitimate and urgent matter, the individual may be more likely to respond to DIS attempts at contact.

Always use a cell phone or landline telephone with Caller I.D. capabilities. Record the telephone number the patient called from immediately following the call.

Follow-Up

Some individuals may consider seeking services at their private medical provider. When individuals respond with this plan, the DIS will obtain the provider information and alert the provider of the individual's exposure when possible. The individual should be advised to print the e-mail from the DIS, have the provider call the DIS to confirm the urgency of the matter and the recommended examination, testing and treatment

protocols. The DIS must confirm the identity of the provider by taking a name and office number where the provider can be called back before providing any information over the phone.

Email Examples

The following referral notices are examples of a message that a DIS has sent to an individual identified as at risk of infection in a disease investigation. The dates utilized are suggested and may be adjusted to accommodate holidays and weekends. A more rapid timeframe is permissible. The language utilized is a suggested format. It may be adjusted to be culturally appropriate and/or appropriate to the contact's health literacy, or for other reasons supervisory staff feel are appropriate yet still professionally represent public health.

If, after sending an email, the partner or cluster fails to respond:

- a). DIS should not send more than two emails without first talking with the supervisor,
- and b). Never send more than a total of three emails.

These notices must be used by DIS; any alteration to the format must be approved by local management and DSHS central office. Be sure to include a confidentiality statement to the bottom of all email correspondence.

Email - 1st attempt

Date: sent on Day 1 of the investigation

To: BOBsINLUV@worldnet.com
From: jinvestigator@tshd.state.tx.us
Subject: URGENT HEALTH MATTER

My name is John Investigator, and I am with the Texas State Health Department. I have urgent and confidential health information to discuss with you. I can be reached at my office at (555) 234-5678. Please contact me as soon as possible. Thank you, John Investigator.

Email - 2nd attempt

Date: sent on Day 3 of the investigation

To: BOBsINLUV@worldnet.com
From: jinvestigator@tshd.state.tx.us
Subject: HEALTH DEPARTMENT MATTER

My name is John Investigator and I work with the Texas State Health Department. I attempted to contact you on 01/01/04; I have some very important health information to share with you. This is a very urgent matter, and because of the confidential nature of this information, it is vital you contact me. Please call me at (555) 234-5678. I can be reached at this number from 8am to 5pm, Monday through Friday or you can contact me using my e-mail address jinvestigator@tshd.state.tx.us or my cell phone at (555) 255-5888. To assist you in confirming my identity, I have included my supervisor's name and phone number: Josefina Boss, Program Manager, (555) 234-5679. Please do not delay in contacting me.

John Investigator
Disease Intervention Specialist
Texas State Health Department
South Central District Office
(555) 234-5678

If no response after Day 4, the DIS should discuss the situation with their supervisor. Attempt to re-interview the original patient for additional locating information, and consider having the OP complete the partner-locating guide (see attached). Also consider having the original patient attempt to notify the partner. The original patient can explain that a representative from the health department will be contacting him/her with important health-related information, plus provide the DIS name and office number.

Note: E-mail Partner Notification in the City of San Francisco Project Area was more successful (60%) when the original patient made contact first, with a follow-up by the DIS, as compared to the DIS making first contact (21%).

Email - 3rd attempt (option one)

Date: sent on Day 7 of the investigation

To: BOBsINLUV@worldnet.com
From: jinvestigator@tshd.state.tx.us
Subject: CRITICAL HEALTH MATTER

I am John Investigator with the Texas State Health Department. This is my third attempt to contact you through this e-mail address. On 01/01/04 and 01/03/04, I sent you an e-mail asking you contact me ASAP, because I have urgent health information to pass on to you. It is vital that you contact me immediately. As this is my only means of contacting you at this time, I hope you take this message seriously. I can be reached at my office Monday–Friday 7:30AM through 4:30PM or at my e-mail address jinvestigator@tshd.state.tx.us, or my cell phone at (555) 255-5888. To confirm my identity you can contact my supervisor at (555) 234-5679. Please do not delay!!!

John Investigator
Disease Intervention Specialist
Texas State Health Department
South Central Office

Email – 3rd attempt (option two)

Date: sent on Day 7 of the investigation

To: BobsINLUV@worldnet.com
From: jboss@tshd.state.tx.us
Subject: SUPERVISORY HEALTH MESSAGE

My name is Josefina Boss and I work with the Texas State Health Department. You have received a prior email from one of my employees, John Investigator. As John's supervisor, I am concerned that we have not heard from you. We have some urgent and confidential information we need to discuss with you, so please call John at (555) 234-5678, or myself at the number below.

Josefina Supervisor

Texas State Health Department
DIS Supervisor
(555) 234-5679

On Day 10 of the investigation and after three e-mail attempts with no response, the DIS should submit the field record to their supervisor as "unable to locate" or "H".

Chat Room Profile

Screen name: statehealth1

Name: John Investigator

Location: Anywhere, Texas

Occupation: I am a Disease Intervention Specialist with the Texas State Health Department.

Hobbies & Interests: I talk with people who have, or may have, a Sexually Transmitted Disease (STD), like Syphilis or HIV, about where to get tested and treated. I also talk with people about how to reduce the chances of getting an STD, or passing a disease on to others.

Pictures: For more information, visit our website www.texasstatehealth.org

Need to have tracking system for Internet activities such as logs for tracking attempts, replies and dispositions.

Where to get assistance with Internet contact pursuit

The Houston Department of Health and Human Services (HDHHS) Bureau of HIV/STD and Viral Hepatitis Prevention has an *Internet Partner Specialist* (IPS) to assist with or initiate online notifications statewide. Several websites are currently identified by the Bureau, including but not limited to the list below.

- Adam4adam.com
- BarebackRT.com
- Blackplanet.com
- Facebook.com
- Gay.com
- Manhunt.net
- Myspace.com
- Twitter

Guidelines for submitting a notification request to the Internet Partner Specialist:

- DIS will document the screen name(s) and which social networking website(s) the infected client communicates with the exposed contact
- DIS will consult with his/her supervisor for contact information of the current IPS.
- DIS should provide the IPS **codes only** to assist in identifying the nature of notification (P1 to 700; S3 to 900, etc.)

- DIS should include contact information for themselves and their Supervisor (Office and cell numbers, email addresses)
- The IPS will conduct follow-up, within 2 business days of notifying a contact, with the investigating agency to determine if the contact responded to the initial message and decide whether a follow-up message is necessary
- The IPS will, within 7 business days from the request for notification, contact the investigating agency to determine if the contact was seen by a health care agency
- Disposition of contacts in less than 7 days should be reported to the IPS immediately
- DIS and FLS are encouraged to forward the IPS any additional websites clients provide during interviews in order to establish a statewide profile for that site.

Self notification using the internet

InSpot is a self-notification tool designed for people who have been diagnosed with an STD. It is a user-friendly IPN service created in 2004 by ISIS Inc as a web project; the purpose is to utilize current technology to prevent the transmission of disease and educate communities. (www.isis-inc.org/about.php). InSpot was first launched in San Francisco, CA and since then has expanded to servicing 11 US states, 9 specifically targeted US cities and 3 international locations.

InSpot Texas is currently live and can be found on the web at www.inspot.org/texas. The website provides: a method of STD self-notification through a variety of anonymous or confidential e-mail postcards, up-to-date information on STD signs and symptoms, tips for self-notification, a search method for locating a local clinic for testing and treatment, and a listing of online resources.

Additional resources for internet partner notification can be found at the web-link below:

www.ncsddc.org/upload/wysiwyg/documents/NGuidelinesforInternet.htm

6.6 Elicitation, Confirmation, and Management of Case Reports

In the follow-up of case reports and positive laboratory findings for priority STDs designated locally (including HIV), the DIS secures a proper diagnosis and/or history from the responsible health provider before the client is contacted.

The DIS attempts to reach the appropriate physician/health provider by telephone within one day of the assignment date. Repeated attempts are made daily, as required, and failure to reach the provider within three days necessitates a field visit to the health provider (see section on Health Provider Visits). When there is a standing agreement with the physician to follow-up clients, the investigation can begin immediately. All DIS are encouraged to establish agreements with physicians in their area. In the prolonged absence of the responsible physician, or if none is designated, the DIS seeks to disposition the assignment with the aid of other professional provider representatives. If this fails, the DIS consults with the supervisor.

If a copy of the lab report is not available or when a confirmatory test is not available, the health department STD program will conduct the notification using a modified message, such as, "The (provider) asked us to talk with you concerning a recent test you had done for _____. The test result was abnormal or unclear and needs to be repeated." The DIS will not tell the person he/she has HIV or syphilis. HIV positive means the person has had repeated positive HIV screening tests plus a positive confirmatory test. A diagnosis of syphilis usually means the person has tested positive on a non-treponemal and treponemal test. Based on the available information, the STD Program will decide whether the notification is performed as a seropositive referral, partner, suspect, or associate notification. Feedback regarding attempts to notify the client may be relayed to the reporting health care provider/professional in any manner that is deemed appropriate by the STD Program Manager, or consistent with state and local policy regarding release of such information.

The DIS elicits from the health provider a diagnosis/disposition that is consistent with program guidelines regarding clinical manifestations, history, and laboratory evidence. As necessary, the DIS aids the health provider in arriving at sound conclusions by tactfully sharing STD diagnostic criteria and other client management approaches (e.g., repeat quantitative STS, confirmatory tests). The DIS elicits the date(s) of treatment and ensures that treatment of the client follows program guidelines by:

- Eliciting the precise treatment regimens
- Tactfully questioning treatment regimens that differ from the CDC recommendations
- Advocating program recommendations and offering a copy of current treatment guidelines
- Securing health provider commitment to comply
- Reporting problematic diagnosis and treatment to the supervisor

The DIS elicits from the health provider the information required to provide services to the client and complete the appropriate Texas Department of State Health Services morbidity report. Obtain as much relevant information about the client's history as possible. The following questions may be appropriate to ask when calling physicians about positive HIV/STD results:

- Why were the test(s) done?
- What confirmatory was test done? Date? Results?
- What symptoms or history of symptoms did the client have?
- What previous STD test(s) or exams has the client had? Date? Results?
- What previous STD's has the client had or reported?

- What medications the client is currently taking, or has taken, in the recent past related to STDs?
- What sexual partners has the physician identified and/or treated? Spouse?
- What is the client's risk assessment information (includes drug use, condom use, sexual orientation, etc.)?
- What is the client's current address? Phone number? Work place? Emergency locating information? (These will be verified even if the DIS has an address, etc ...)
- What is the client's pregnancy status? LMP (last menstrual period)?

The DIS informs the health provider of the intent to provide disease intervention and educational services to the client.. If the health provider does not want the DIS to contact the patient the DIS will tactfully conclude the interaction and consult with his/her supervisor.

The DIS completes the appropriate Texas Department of State Health Services and/or local morbidity report, accurately recording all pertinent data, and submits it for processing according to local procedures.

When the case is adequately developed, the DIS provides feedback regarding disease intervention outcomes (except identifying information on sex partners) to health providers who have requested it, in a manner which is deemed appropriate by the supervisor, or consistent with state and local policy regarding release of such information.

6.7 DIS Services in Medical Facilities

- Consistent prevention messages to patients should be facilitated through regular communication between clinic providers and DIS
- Clinic procedures should promote a smooth and confidential exchange of relevant disease intervention information between clinical staff and DIS
- DIS should be on site or on call to provide disease intervention services during clinic hours. Where resources are lacking for specialized disease intervention staff, or work is reassigned based on disease priorities, clinicians and counselors can perform intervention services
- DIS should have a thorough understanding of STD clinical care and STD diagnostic test results
- Clinic protocols should specify which patients are to receive STD and HIV intervention services from DIS
- DIS should be provided with an adequate number of private rooms to ensure that confidential STD interviews and HIV prevention counseling sessions can be conducted without interruption

- All personnel should be evaluated for STD intervention and HIV test counseling skills to assure consistency of messages

6.8 Client Assistance

Although the focus of interactions is disease intervention, the DIS should remain sensitive to other health or social needs of individuals served in the STD clinic or in the disease intervention process. When such needs are expressed by a client or are otherwise perceived, the DIS should provide the client with information on other available services in a tactful manner that does not interfere with disease intervention priorities. Such services may include:

- HIV intervention
- Prenatal care
- Family planning
- Drug and alcohol counseling
- Tuberculosis
- Maternal and Child Health
- Immunization
- Battered/abused women
- Sexual addiction groups
- Crisis intervention
- Rape crisis
- Language assistance
- Temporary housing
- Family counseling
- Child Protective Services
- Other social/medical services

Each program should either have access to or develop a referral guide that allows the DIS to quickly make a referral when appropriate.

When appropriate, the DIS establishes a referral by making a telephone call in the client's presence and attempts to secure the first available appointment. Referrals will be documented in case management notes.

The DIS assists the client in locating the service by:

- Guiding him/her to a contiguous service area
- Providing directions to other locations
- Offering public transportation means when provided by the local agency

The following referrals will be researched to document and ensure successful completion of the referral process:

- HIV positive individuals referred for early intervention/case management
- Clients referred for penicillin desensitization

- Congenital syphilis treatment client referrals
- Pregnant females referred for prenatal care
- Other locally defined priority referrals

Unsuccessful referrals for these services require documentation and a revisit with the client.

6.9 Venipuncture

DIS will perform venipuncture for blood specimens under standing delegation orders (see chapter 20). DIS is required to draw a minimum of five bloods every month to maintain their skill sets.

The DIS shall perform venipuncture only after receiving training in methodology and orientation to safety procedures approved by the local agency, and having demonstrated their competency to the satisfaction of the local/regional health authority. The DIS will obtain consent from the client that covers both the phlebotomy and the testing procedure prior to performing venipuncture. For more information, see the *Disease Intervention Specialist Phlebotomy Training Manual*. Copies of the manual can be obtained by contacting the DSHS HIV/STD Program at 512-533-3000.

The DIS will encourage and offer both HIV and syphilis testing at the time of venipuncture, regardless of the reason for initiation.

The DIS will perform venipuncture in the field in the following situations:

- Syphilis contacts with last exposures greater than 90 days or syphilis contacts that have not been motivated to come in for exam and treatment
- HIV contacts; encourage the client to come to the clinic for a full STD screen, but draw the blood in the field
- Suspects and associates, unless known to be exposed or having symptoms, will have their blood drawn in the field. Encourage the client to come to the clinic for a full STD screen, but draw the blood in the field.
- When confirmatory testing is needed
- When case-related screening opportunities arise
- When other program-designated screenings are scheduled

6.10 Other Field Specimen Collection

Several field specimen collection technologies are available or in development (e.g., urine based testing for Chlamydia and gonorrhea, oral testing for HIV). Local programs will develop policies, procedures, and provide adequate training prior to implementation of such technologies.

6.11 Other STD Counseling

The DIS may be assigned to counsel individuals regarding STD that are not designated as "high priority". STDs such as gonorrhea or Chlamydia that are not priority may not involve case management and partner follow-up. Regardless of priority status, the DIS performs the service professionally and efficiently in a manner that is characterized by the standards listed below:

- The precise nature of the individual's status (infection, exposure) and needs are determined.
- Information regarding the course of the specific STD is provided, along with modes of transmission and risk of infection/re-infection.

Standard health behavior messages are delivered, including:

- Referral of partners for evaluation;
- Prevention counseling; (See chapter 1, Prevention Counseling)
- Referral of high-risk pregnant women; and
- Compliance with medical instructions.
- Applicable educational literature is provided (HIV/STD Materials available from the DSHS Warehouse).

6.12 Special Circumstances

There will be times when DIS encounter sensitive issues that are not specifically covered by the POPS. In these instances, the DIS should immediately discuss the situation with his/her supervisor for guidance.

6.12.1 Third-Party Consent

If it is necessary to obtain consent from a third-party for HIV and/or other STD testing due to the age, mental health status, and/or other physical disabilities of the person who is being tested, the DIS should discuss the need to obtain third-party consent with his/her supervisor and/or the Medical Director. DSHS Central Office staff should also be notified of the situation. DSHS Central Office staff can be consulted, as appropriate and/or requested, to provide additional information, legal advice, and/or consult with others within and/or outside of DSHS to ensure the situation is handled in a timely and professional manner.

6.13 Educational Presentations

Before committing to an educational presentation, the DIS makes certain that the proposed event conforms to program priorities, seeking the approval of the supervisor and of local officials if appropriate.

The DIS investigates a potential education presentation by learning the following:

- Size and composition of the audience;
- Time and location of the event;
- Length of presentation requested;
- Educational need(s) expressed; and
- Names of contact person(s) and telephone numbers

In committing to an educational presentation, the DIS confirms the time and location of the event and investigates the resources provided. These resources may include, but are not limited to, space, equipment, and physical resources.

The DIS prepares for the educational presentation by:

- Establishing learning objectives;
- Preparing an agenda (with notes);
- Arranging for equipment and supplies;
- Getting directions to location and parking, etc.; and
- Having supervisor review and approve presentation

To the extent possible and reasonable, the DIS arranges backup systems for critical elements of the presentation, including alternate presenter and backup equipment or alternative methods. The DIS conducts the presentation with a logical development of messages/ideas, use of visual aids, and use of language appropriate for the target audience in order to follow the agenda and meet the educational objectives. The DIS is receptive and responsive to questions raised by the audience, encouraging audience participation. The DIS summarizes the major elements/messages of the presentation before closing. When appropriate, the DIS has the audience complete an evaluation. The DIS documents the presentation including the educational objectives, and submits it for supervisory review within three days after delivery of presentation.

6.14 Health Provider Visits

Non-STD clinic health providers who offer STD services can make critical contributions to the disease intervention program in the areas of surveillance, treatment services, and client education. The DIS most commonly visits these providers in order to solicit program support, specifically seeking to:

- Increase index of suspicion
- Expand or target routine testing criteria
- Update diagnostic criteria and treatment regimens

- Establish or improve reporting behaviors
- Solicit active participation in client education
- Offer health department services

Health providers view their time as valuable and are not uniformly receptive to spending it with health department representatives. Therefore, this activity requires tact and diplomacy and will be attempted only by a DIS who has accompanied staff that is more experienced through prior provider or lab visits.

Each planned visit to a non-STD clinic provider will represent a model of preparation and organized execution as outlined in the following section. Before approaching a health provider, the DIS establishes the objective(s) and develops an agenda for the visit, in consultation with the supervisor.

The DIS fully prepares for the visit as follows:

- Reviews available history of diagnosis, treatment, and reporting by the provider in question
- Reviews available documentation of previous visits
- Reviews current needs in detail
- Makes an appointment with the appropriate physician or key person(s), stating the general purpose of the visit
- Assembles potentially applicable materials, such as:
 - Current client management guidelines;
 - Current morbidity trends (especially state and local);
 - Copy of reporting requirements;
 - Current "Health Alerts";
 - Business cards;
 - STD-27, DSHS Confidential Report of Sexually Transmitted Diseases;
 - Appropriate client education materials.

The DIS implements the elements of the agenda, being certain to:

- Properly introduce him/herself and state the purpose of the visit;
- Briefly convey the STD program objectives;
- Describe local STD morbidity control;
- Detail health department services and activities;
- Elicit provider data needed to complete visitation forms;
- Elicit desired commitments;

- Make appropriate commitments of service or feedback;
- Provide applicable materials; and
- Summarize the commitments made by each party during the visit.

The DIS legibly summarizes the visit in the format required by local policy, including:

- Identification of key provider personnel;
- Information gained;
- Listing of commitments and requests; and
- Recommendations.

Completed documentation of the visit is submitted within three days for supervisory review. Elements of the visit which indicate a need for more immediate action or consideration, specifically problems encountered, are brought to the attention of the supervisor by the DIS at the earliest reasonable time following completion of the visit. The DIS follows through on all commitments and unfinished business relating to the visit as directed by the supervisor.

6.15 Laboratory Visits

Non-health department laboratories comprise a crucial component in STD surveillance, both through their reporting practices and through their influence on the levels of testing throughout the medical community. The DIS most commonly visits non-health department laboratories in a tactful and diplomatic manner in order to:

- Influence expanded testing among client health providers, when appropriate
- Establish or improve reporting practices
- Offer health department services
- Maintain existing, cooperative relationships

Before making the laboratory visit, the DIS establishes objective(s) and develops an agenda. The DIS fully prepares for the visit by:

- Reviewing the history of testing services offered, volume of testing, and practices
- Reviewing available documentation of previous visits
- Reviewing current practices, problems, or needs
- Making an appointment with the Director, Unit Manager, or other key individual, stating the general purpose of the visit

- Assembling potentially applicable materials such as:
 - Previous reporting history;
 - Copies of reporting regulations and local procedures;
 - Current health alerts, morbidity trends;
 - Business cards; and
 - Notification of Laboratory Test Findings ([STD-28](#))

The DIS implements the elements of the agenda, being certain to:

- Properly identify him/herself and the purpose of the visit
- Convey the program objectives
- Describe local STD morbidity
- Review the laboratory's reporting practices
- Update the list of key lab personnel
- Elicit range of STD services, principal users, confirmation methods, specimen handling sequence, and volume
- Elicit desired commitments
- Make appropriate commitments of services and feedback
- Provide applicable materials
- Summarize commitments made by each party during the visits

The DIS legibly summarizes the visit in the format required by local policy, including:

- Information gained;
- Description of specimen management and reporting;
- Listing of commitments and requests; and
- Recommendations

Completed documentation of the visit is submitted within three days for supervisory review. Elements of the visit that indicate a need for immediate action or consideration are brought to the attention of the supervisor by the DIS at the earliest reasonable time following completion of the visit. The DIS follows through on all commitments and unfinished business related to the visit, as directed by the supervisor.

6.16 Minimum Standards for DIS

6.16.1 Case Management

- 85% of cases are submitted to supervisor within 1 day of original interview.

- 85% of interview records are technically accurate with information correctly entered in all appropriate locations, including accurate documentation of contact/cluster dispositions.
- 95% of cases have a detailed plan of action submitted.
- 85% of supervisor comments are addressed/responded within 2 days of receipt of case back from supervisor.
- 85% of cases are interviewed within 3 days for Syphilis and 7 days for HIV from the date of assignment (from STD*MIS).
- 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.
- 85% of all re-interviews and cluster interviews are thoroughly documented on appropriate re-interview and cluster interview forms.
- 95% of cases open more than 7 days have documentation of worker seeking guidance from a supervisor.
- 85% of cases reflect weekly DIS review and action until the case is closed.
- 85% of the early syphilis cases with partners, suspects/social contacts, or associates examined reflect documented cluster interviews.
- 85% of the HIV cases with partners, suspects/social contacts or associates examined reflect documented cluster interviews.
- 95% of the cases reflect appropriate dispositions prior to the DIS recommendation for closure.
- 85% of the early syphilis cases with an associated case have appropriate source/spread determination.
- 85% of the eligible syphilis cases have VCA sheets attached and the cases are plotted accurately.
- 85% of the early syphilis cases have a recent (last 90 days) documented HIV test result or a documented previous positive result.
- Ensure that 90% of HIV-positive clients interviewed successfully complete their first early intervention appointment.
- 85% of early syphilis cases are closed within 45 days from the date of original interview.
- 85% of HIV cases are closed within 45 days from the date of original interview.
- Narratives are clearly composed and legibly written with interviewer's impressions, and patient's motivations noted.

- 95% of worker's cases on STD*MIS open case report are present at time of audit.
- Maintain client information confidentially.

6.16.2 Interview

- Performs pre-interview analysis.
- DIS establishes appropriate, professional rapport.
- Pursues detailed description and locating information on all sex partners and clusters.
- Effectively elicits social and sexual network information.
- Uses open-ended questions effectively.
- Provides factual disease and prevention messages to patient.
- Interview progresses in format that follows DIS guidelines.
- Communicates at a level and in a language in which the patient is open and comfortable.
- Emphasizes confidentiality in an appropriate manner.
- Provides referrals (as needed) to the patient for partner self-referral.

Problem Solving

- Addresses patient concerns in an appropriate manner.
- Clearly and convincingly uses STD motivators to overcome obstacles.

Analytical Capabilities

- Computes and uses interview periods before interview, but remains open to additional information that may influence that.
- Recognizes exposure gaps and uses them to challenge patient.
- Recognizes and confronts discrepancies in patient responses.

Disease Intervention Behaviors

- Asks purposeful questions using information obtained prior to and during the interview.
- Asks questions successfully leading to venues or locales for case-related screening activities.

Risk Reduction

- Accurately assesses patient risk factors. Discusses relevant risk-reduction or harm- messages based on the risk-factor assessment.

Interview Follow-Through

- Establishes specific contracts and timelines with clients regarding their sexual partners and commitments made to the DIS.
- Sets specific date and time for re-interview within 72 hours of the original interview.
- Provides appropriate referrals per needs identified though conversation with patient.

6.16.3 Interview Outcomes

- 90% of reported early syphilis cases will be interviewed for sex partners, suspects/social contacts, and associates.
- Assure that syphilis case management activities result in disease intervention for at least 60% of syphilis cases interviewed.
- Achieve a partner index of at least 2.0 for early syphilis cases interviewed by DIS.
- Achieve a cluster index of at least 1.0 for early syphilis cases interviewed by DIS.
- Achieve a treatment index of at least .75 for early syphilis cases interviewed by DIS.
- At least 85% of reported new HIV cases will be interviewed for partners, suspects/social contacts, and associates.
- At least 85% of interviewed new HIV-positive cases will be interviewed for partners, suspects/social contacts, and associates within 7 days of confirmation of the case report.
- Achieve a partner index of at least 2.0 for HIV-positive cases interviewed by DIS.
- Achieve a cluster index of at least 1.0 for HIV-positive cases interviewed by DIS.
- Achieve a partner index of at least 1.0 for GC cases interviewed by DIS.
- Achieve a partner index of at least 1.0 for CT cases interviewed by DIS.
- 85% of interview records and associated forms (Field Records, original interview intelligent sheet, etc.) are completed and submitted to the supervisor within one day.
- 75% of the early syphilis cases are re-interviewed within seven days.

- 75% of the HIV cases are re-interviewed within seven days.
- 85% of the interviews have documented pre-interview analysis.

6.16.4 Field Record (Pouch)

- (95% of field records are present in pouch and match the open field record report generated from STD*MIS.
- Number of field records open more than 7 days does not exceed 20% of total open field records (excluding pending field records)
- 95% of field records are organized appropriately by activity.
- 95% of field records are documented as record-searched within 24 hours of assignment to DIS.
- 95% Phone call or field visit is made within 24 hours of field records' assignment dates.
- When telephone calls fails to reach clients within first 24 hours after assignment, DIS field visits by close of business of the second 24 hours after assignment. (95%)
- DIS requests, documents, and acts upon supervisory input on field records open more than 72 hours. (95%)
- 95% of Field records have daily documentation for each work day each field record is open until closure.
- 95% of documentation is legible, informative; includes date, time, activity, and result on field records.

6.16.5 Investigations

- 95% of Field Records have record search results documented within one day of assignment.
- 95% of the high priority investigations (syphilis and HIV) document an attempt to locate the client (phone call or field visit) within one day of assignment.
- 95% of Field Records are documented in accordance with the DIS guidelines (date and time of day, type activity (e.g.: field visit (FV)), persons encountered, investigative results).
- 70% of new partners to early syphilis are examined.
- 85% of the located new partners, suspects/social contacts, and associates of HIV positive clients are tested for HIV.
- 70% of new partners to HIV are examined.

- 75% of syphilis partners, suspects/social contacts or associates located are examined within seven days.
- 65% of located partners to HIV are closed to final disposition within seven calendar days of initiation.
- 95% of D, G, H, J, and L dispositions are submitted by DIS to the supervisor prior to closure.
- 85% of initiated and examined in-jurisdiction neonatal and prenatal reactive serologic tests for syphilis (STS) will be dispositioned within seven calendar days.
- 75% of initiated and examined reactive STS are closed to final disposition within seven calendar days of initiation.
- 65% of initiated and examined partners to early syphilis are closed to final disposition within seven calendar days of initiation.
- 75% of GC/CT partners, suspects/social contacts and associates located is examined within seven days.
- 90% of outreach screening activities will be documented within seven days including all lab results. The minimum documentation will be screening location, number tests by disease, number of positive tests by disease, and the number of new cases identified by disease.
- DIS will perform at least five field blood tests each month.
- Effectively uses resources in planning field activity.
- Prioritizes and organizes field records according to program expectations.
- Prioritizes field visits geographically.
- Ensures necessary materials and equipment are available (referrals, GPS, envelopes, working pens, pouch, maps, blood kit).
- DIS displays awareness of, and practices, field safety.
- DIS displays awareness of, and practices, field safety.
- Maintains patient confidentiality during field activities.
- Professionally manages circumstances which present obstacles to executing referrals.
- Utilizes field resources in executing referrals.
- Recognizes and motivates persons who may assist in an investigation.

- Successfully motivates persons to seek examination and treatment.
- Consistently pursues and performs STS screening while in the field.
- Documents investigative activities completely, clearly, and accurately at each stop according to program and DSHS POPS.
- Documents mileage at departure, after each stop and at the end of the field day activities.

Checks in via cell phone (when possible) with FLS and surveillance before returning to clinic.



Chapter 6 Attachment 'A' DIS Organization

HOW TO BE AN ORGANIZED DIS

- Record search all new Field Records and prioritize your pouch every morning.
- Write up cases at once. If not written up from the previous day, complete them first thing in the morning.
- Return all medical charts immediately after use: Write information on note pad.
- Return Lots to file cabinet immediately after use. Pull no more than two Lots at a time and return them within an hour.
- Respond immediately to notes from supervisors, other DIS, etc.
- Have notes ready and in order prior to leaving for the field.
- Close out Field Records daily, and:
 - a. Put dispositions on cases;
 - b. Put closed copies in supervisors in box; and,
 - c. File DIS copy.
- Review cases (Syphilis/HIV/GC/CT) at least twice weekly.
- Prepare for debriefings, chalk talks, and meetings with your supervisor as appropriate.
- When appropriate and with supervisory approval, mail letters to clients with open investigations.