



New Jersey
Medical School
**National
Tuberculosis
Center**

A Founding Component of the International Center for Public Health

TUBERCULOSIS FIELD INVESTIGATION:

A RESOURCE FOR THE HEALTH CARE WORKER



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INTRODUCTION

Public health practice requires that all individuals diagnosed with suspected or confirmed tuberculosis (TB) or latent TB infection, or those who have been exposed to an infectious case of TB receive the care and treatment necessary to cure disease, prevent transmission, and/or prevent progression to TB disease. It may be necessary to seek out these individuals in the community to inform them of their need for medical evaluation and/or treatment or to return them to medical supervision. This process involves locating individuals in areas outside of the clinical setting or health department. **Field investigation** involves locating patients or contacts and obtaining relevant information for:

- Reestablishing clinical services and appointments (e.g., directly observed therapy (DOT), physician exams)
- Interviewing for contact investigation
- Informing and bringing identified contacts or class A/B aliens to medical evaluation
- Informing and bringing individuals to medical evaluation diagnosed with suspected or confirmed TB disease

This resource is for you, the health care worker (HCW), who conducts field investigation activities as described above. Within this text you will learn about:

- Field investigation objectives
- Preparation for field investigation
- Approaching individuals in the field with locating information
- Providing education about the reason(s) for the investigation
- Appropriate investigation methods
- Working with community providers
- Safety in the field

Also accompanying this resource is the Field Investigation Checklist. The checklist highlights important points from the manual and can be used prior to, during, and after field investigation. *You should read this manual prior to using the checklist.*

An additional resource which is also useful in covering aspects of the above topics is *TB Outreach: Working Effectively with Hard-to-Reach Patients*. This is available from the Francis J. Curry National Tuberculosis Center.¹

Many patient and HCW-related issues can impact the success of an investigation. These include a HCW's field work and communication skills, language and cultural barriers, a patient's competing priorities and life circumstances, and a patient's fear of the health department. While this resource will cover basic field investigation skills only, the aforementioned factors must be kept in mind as well, while conducting field investigations.

1. To order this resource, you may access the Internet at <http://www.nationaltbcenter.edu> or call the Francis J. Curry National Tuberculosis Center at (415) 502-4600.

OBJECTIVES OF FIELD INVESTIGATION

You will be required to locate individuals for medical supervision for a variety of reasons including:

- DOT
- Test result(s) and medical evaluation follow-up
- Medical evaluation as a contact to an infectious case, TB suspect or confirmed case, or class A/B alien requiring a TB examination
- Non-adherence to medical recommendations including follow-up tests

Regardless of the types of individuals assigned to you for investigation, in each investigation, you should attempt to ensure that the individual:

- **Learns about TB** as the disease which he/she has, has been exposed to, or is at risk of having
- **Receives assurance that his/her health is a concern** to the health department and that his/her confidentiality will be respected
- **Understands the medical options available** to deal with the health concern or risk
- **Acts promptly and appropriately** in dealing with the health problem or risk
- **Responds and receives medical care** as a result of the investigation

In this resource we will refer to both patients (i.e., suspects, confirmed cases, high-risk reactors) and contacts. The principles of field investigation apply similarly to both groups. However, when different, the distinction will be made in the text.

PRINCIPLES OF INVESTIGATION

Implementation of the following four principles will ensure consistency in conducting tuberculosis field investigations:

A. Professional Thoroughness: As a health care worker with disease control responsibilities, you must make efforts to assure that each assigned individual is located, brought to medical supervision, and treated, when necessary. This thoroughness includes:

- Searching medical records and locating resources
- Exploring all the realistic, ethical, and legal avenues available to locate individuals
- Motivating individuals to seek medical attention, ensuring that they obtain medical care, and following up to determine if they are adhering to medical recommendations
- Reviewing all of the relevant diagnostic, treatment, and follow-up information from the patient's clinician

B. Promptness: The success of tuberculosis control depends to a large degree on the speed and efficiency with which individuals are located, examined, and/or treated. Promptness includes the speed with which you take initial action and/or follow-up action to conclusion. Highest priority assignments should be initiated within 24 hours.

C. Persistence: You may fail to locate some persons on the first attempt. Others may not respond to your first request to come to the clinic. These individuals require more than one investigative action and you should always be prepared to make the necessary additional telephone calls, visits, or other actions, to successfully conclude the investigation process.

D. Effective Communication: Interactions with persons in the field require clear and direct communication. Effective communication consists of using specific and efficient approaches to providing services and to delivering and obtaining information.

- The best way to communicate with individuals in the field and resolve problems is to use open-ended questions to obtain information. **Remember that you learn more from people when they are talking than when you are talking**
- When you do talk, be direct, brief, and say exactly why you have approached the individual. This may require you to respond assertively, but not aggressively, to the situations and the people you encounter
- You must be able to “sense” problems that may arise even if you follow all the rules of good communication. If you confront potential problems right away, you may avoid complications which can affect the final resolution of the case

The additional challenge involved in effectively carrying out the above four principles is to maintain confidentiality. The identity of the individual whom you are trying to locate must be kept private and without association to TB either as case, suspect, or contact.

PREPARATION FOR FIELD INVESTIGATION

Field investigations begin when a case is assigned to a HCW. There are a variety of different methods for work assignment and procedures may be specific to each health department or clinic. Work assignments may be distributed individually, in verbal or written form, or in team meetings. The importance of documentation will be discussed in detail later. However, good documentation begins with the assignment of work. If a work assignment form is issued, notes may be taken directly on the form, beginning with when the case was received. Pre-field visit research should also be recorded on this form.

You can expedite your field work by undertaking various activities before going into the field. Organize your field investigation activities to maximize results and to most efficiently use your time. Several factors should be considered when making your organizational decisions such as:

- Priorities and needs
- Detailed locating information from records and interviews with index patients
- Geographical distribution of work assignments and factors individual to each patient or contact

These factors will be discussed further in this section.

A. Prioritization: Prioritization of field work is based on various factors involving the patient and external circumstances. Factors to consider in order to prioritize field investigations include:

- Existing work responsibilities for that day
- Nature of the field work based on patient's diagnosis, infectiousness, history of non-adherence, and medical risk factors, such as having HIV infection, being a young child, or being a close contact to an infectious TB case
- Consideration of weather, geography, and your advance knowledge about when patients/contacts are likely to be at a specific location at a certain time
- The availability of other staff who may need to accompany you into the field to assist with provision of services such as language interpretation, administering/interpreting tuberculin skin tests, administering injectable medications, etc.

B. Records Search: Medical records and health department files are valuable resources that can save you significant time and effort in the field. Routinely do the following before going to the field on an initial investigation:

1. Check the local health department tuberculosis clinic medical records for verification of locating information or recent or prior visits to the clinic. A contact, for example, may have already been examined, thus requiring adjustment in field investigation plans. If so, you can save valuable time, not to mention inconvenience to the contact. Sometimes, a field assignment may have been erroneously initiated. For similar reasons, when trying to locate a private patient, contact the provider for locating information or prior visits.

2. Check all investigative forms or other records on which field activities are reported. You can take advantage of a colleague's prior efforts, which might include an appointment to the clinic, and may save a patient/contact from feeling harassed or from being located by two different people.
3. Request the assistance of other clinics to see if the patient/contact has recently received medical services in the past, such as family planning, immunizations, etc. These records may contain useful information about the individual's medical history and may include locating information (e.g., home and/or work address and telephone number).

C. Locating Information: Prior to initial field visits, you should verify locating information and/or supplement the facts you already have utilizing various sources including:

- Telephone directory
- Cross directory/maps
- Telephone company directory assistance
- Post office/postal worker
- Internet
- Neighbors/neighborhood businesses
- Clinical/medical records
- Previously closed field assignments
- Police department
- Knowledgeable coworkers
- Phone trace/caller identification (ID)
- Department of public assistance
- Utility companies
- Other(s), provided by your local program

D. Appropriate Investigative Strategy: Prior to going into the field, you should choose the best method for contacting individuals. This needs to be accomplished while preserving confidentiality. Consider:

- Making face-to-face notifications whenever possible
- Mailing letters in conjunction with a field visit or telephone call
- Using discretion and judgement for use of the telephone (see page 19)
- Discontinuing use of failed methods (e.g., leaving notes at the same address, making repeated phone calls or visits at the same time of day, etc.)

The nature of field work, based on patient factors, needs to be considered on an individual basis and analyzed relative to other pending field work. The work and patient factors specifically include (not in any particular priority order):

- **DOT for TB Disease** – While treatment completion is an important goal to reduce the chance of relapse and TB transmission, locating a patient to take medication can be prioritized based on how far along the patient is in his/her treatment regimen, adherence rates, the patient's infectiousness, and medical risk factors. Missed doses in intermittent regimens of DOT are also high priority for follow-up
- **DOT for Latent TB Infection (LTBI)** – DOT as a priority for LTBI should depend on the medical risk factors of the individual being treated

- **Bringing Contacts to Medical Evaluation** – Close contacts are at high risk for progression to TB disease shortly after exposure to a TB case. This makes them a high priority. Within this group, contacts are prioritized based on their risk factors for progression to disease. State guidelines concerning medical examinations of contacts should also be considered
- **TB Interview** – The initial TB interview must be conducted within 3 business days of report. Other considerations for priority include whether the interview is for locating a source case or if this is a re-interview.
- **Tuberculin Skin Testing** – The administration of a skin test can be prioritized depending on if the patient is a high-priority or casual contact and the patient’s medical risk factors for greater chance of progression to TB disease once infected. However, skin test interpretation must be done within 48-72 hours of test administration regardless of priority status when the test was administered
- **Follow-up Medical Care** – Medical care can include chest X-rays, sputum collection, and medical examination. The type of medical care, medical risk factors, and how far along a patient is in an established treatment plan influences priority for locating a patient for follow-up
- **Visiting a Community Provider** – A private physician or other provider may need to be consulted to obtain a patient’s medical information and/or for a patient referral. Criteria for deciding whether this is a priority should include the reliability of any existing relationship with this provider, the need for services including referring contacts for examination, and obtaining the results of exams from TB patients and/or contacts. Therefore, if on treatment, ask how far along the patient is in an established regimen. It is also important to note infectiousness, medical risk factors, and existence of any drug-resistant disease

ENCOUNTERS WITH INDIVIDUALS IN THE FIELD

People may be suspicious of anyone asking questions, especially about how to find someone, and may suspect that you are a threat to the individual being sought. Your challenge is to respectfully interact with the community's residents by being prepared for these perceptions and by using an approach to disarm suspicions and gain the cooperation you need.

ASKING QUESTIONS

Use of **open-ended questions** is important. It is sometimes difficult, if not impossible, to recover from a "NO" answer to a close-ended question. Open-ended questions can frequently begin with the words 'who,' 'what,' 'where,' 'why,' and 'how.'

Confidentiality will prevent you from being candid in many situations. Also, people may mistrust the motives of any stranger who seems to have an official purpose in finding someone. Evasions of this type are more obvious and harder to maintain if the person must respond to an open-ended inquiry. Develop a discipline: ask such questions consistently in spite of conditioning to use one-way communication. Given the choice, we most commonly phrase questions so that people can reply 'yes' or 'no.' Examples of open-ended questions and their closed-ended counterparts follow below.

Closed-ended	Open-ended
Are you Mary?	Who is Mary?
Does Mary live here?	Where does Mary live?
Is Mary home?	When will Mary be home?
Does Mary work?	What work does Mary do?
Did Mary move from here?	Why did Mary move?
Is there a way I can reach Mary?	How can I reach Mary?

CONFIDENTIALITY

The sensitive nature of medical information requires that you observe strict confidentiality in dealing with the public. Confidentiality is reinforced by program policy in every locality and by statute/regulation in nearly every state. Your success depends on whether patients believe that the program observes and is committed to confidentiality. Field investigations will challenge your ability to maintain confidentiality, so you must anticipate situations and be prepared to respond appropriately. For example, even with a patient's permission, avoid telling other persons (e.g., parents, roommate, spouse) about a patient's illness or about an index patient if trying to locate a contact. Even if another individual knows the identity of a patient and his/her TB diagnosis, you still must maintain confidentiality by neither confirming nor denying any identifying information asked of you. Techniques for maintaining confidentiality are discussed in depth throughout this manual.

CONFIRMING THE IDENTITY OF THE PATIENT/CONTACT

It is important that you are talking to the right person when you are working with patients/contacts in the field. Confirm the individual's identity before proceeding. You should first rely on specific documented identifiers such as address, physical description, and date of birth. Another direct way to confirm an individual's identity is to ask. The approach you use when asking is very important.

- You may be tempted to pose a close-ended question, e.g., "Are you Howard Edwards?" Avoid doing this since you are likely to get a troublesome open-ended question in return such as, "Who wants to know?" or "Why do you want to know?"
- Do not explain or defend yourself at this point to this person who may not even be the individual for whom you are looking. Most people are inclined to respond candidly when addressed directly, either by their right name or someone else's

Therefore, regardless of who answers the door, quickly say, in the form of a question, the client's first name, e.g., "Howard?"

If the person says, "NO," respond, "Please let me talk to him a moment."

If the person replies, "Howard is not here," ("Doesn't live here," "Is at work," etc.), follow up with open-ended questions. For example, "When will he be back?" "Where does he live?" "Where does he work?"

- Some questions help you determine where and when it is best to see him. If the person indicates that who you are looking for is at home, be sure to follow your request with a "Thank you." Aside from being polite, it tends to close the conversation and remove the temptation of a curious person to pry into your business. Repeat the first name question when the next person appears. When you get a "YES," respond with the full name (if you have it), again in the form of a question, e.g., "Howard, how are you doing?"

EXPLANATION FOR VISIT

Many patients/contacts may already know your visit is related to tuberculosis control. This is especially true if you already have an established relationship with a patient and he/she is being located for follow-up to treatment or medical evaluation. In the initial field visit, confirm an individual's identity. Then introduce yourself by stating who you are and where you work. Provision of an identification and/or business card is helpful.* Inform the patient/contact about your reason for being there. For example, you may say "I have something important to discuss with you. Where can we talk privately?" The people you investigate have the right to know precisely why they are being visited, therefore, you need to also explain why it is important that the patient follows through with treatment/medical examination. Overall, initial approaches to patients/contacts should be non-threatening, non-judgmental, and presented to individuals in their best interest.

*It is best to carry business cards with only your name and telephone number. The cards should *not* have references to 'TB Control.' A health department name is sufficient.

TYPES OF VISITS TO SUSPECTS/CONFIRMED CASES AND CONTACTS

A. Initial visits to high-priority contacts – Family and friends who are close contacts may have already been told by the index patient about his/her illness and the contact investigation process. However, you cannot assume this and, in any case, are still required to maintain the confidentiality of the index patient.

Initial visits to suspects and confirmed cases – Patients may be in the community and unaware of their diagnosis of suspected or confirmed TB. This needs to be handled with the same sensitivity as with the initial approach to high-priority contacts.

B. Missed patient services – You should be prepared to listen to the patient's explanation for missed services. The patient may have needs which you can meet through referral(s) to other health departments or social service organizations to avoid future problems. Answer any questions the patient may have and provide relevant and culturally and linguistically-appropriate educational materials.

A. APPROACHING TB SUSPECTS/CONFIRMED CASES AND CONTACTS FOR THE INITIAL VISIT

Since the contacts and suspects/cases must first be told about the TB-related concern which has brought you to them, the use of either the direct or the indirect approach is recommended. Each health care worker may use slightly different variations.

The Direct Approach

Using this approach, you explicitly state that tuberculosis is the disease to which exposure has occurred (contacts) or which the individual may have (suspect/confirmed case). It is the most commonly used approach because it is straightforward and permits you to efficiently plan what the contact/patient needs to do. However, if the communication is one way, you may have difficulty judging if the contact/patient understands the message, appreciates the seriousness of the situation, and is motivated to respond appropriately. The following are examples of the direct approach used with the contact and patient.

Contact

1. (Following a self-introduction) "Mr. Edwards, I need to inform you that you've been exposed to a serious contagious disease."
2. Pause and then say, "You have been in contact with someone who has tuberculosis. You need an examination for this disease as soon as possible. When can you come to the clinic or go to your doctor's office for a TB skin test, which is the first step in determining whether you have been infected?"
3. Depending upon the response, you may then have to ask additional questions. "When did you last have a TB skin test or chest X-ray?" "When did you last visit a doctor's office?" "Who is your physician?"
4. Proceed to explain how you will help to expedite the contact's examination (e.g., making a clinic appointment, providing transportation).

Suspect/Confirmed Case

1. (Following a self-introduction) “Ms. Capps, I need to inform you that the tests (chest X-ray or laboratory) you had recently came back abnormal. This result indicates you may have tuberculosis. You need to see a doctor right away in order to find out if you have this disease. When can you come to the clinic or go to your doctor’s office?” You may need to explain the test results further in order to reinforce the need for evaluation and treatment.
2. You may need to ask some follow-up questions such as “Who is your doctor?” or “How do you plan to get to the clinic?”
3. Proceed to explain how you will help to expedite the suspect/case’s examination.

The Indirect Approach – Contacts and Suspects/Confirmed Cases

Using this method, you make a general reference when describing the risk situation, thereby inviting the contact/patient to ask you about the specific disease. This approach lets you control the factors which can compromise an investigation when using the direct approach. The essential difference comes at the point when you would otherwise get specific.

1. “Mr. Rice, I came by to inform you that you’ve been exposed to (that the test you had recently came back positive for) a serious contagious disease and to help you take care of it.”
2. Pause.
3. After the contact/patient asks, “What disease?” reply: “What do you know about tuberculosis?”

Regardless of the response, you are to react to motivate an appropriate and timely response.

- You have started a two-way communication process which involves the contact/patient and allows you to judge the reaction
- The reply can be used to establish either that the contact/patient is knowledgeable enough to appreciate the seriousness of the situation—a fact which you reinforce—or is unaware but wise enough to defer to your assessment and recommendations
- The contact/patient who minimizes the situation can be motivated by pressing for an answer to your question, “What do you know about tuberculosis?”

RESPONDING TO INVESTIGATIVE CONCERNS OF CONTACTS/PATIENTS

You can expect that many contacts/patients, whom you inform of a tuberculosis exposure or diagnosis, are going to express many concerns, make statements, and have questions for which they want answers. The mostly common statements from contacts/patients who do not already know they have been exposed to a TB case include:

- “Do I have tuberculosis?”
- “I haven’t been around anyone with TB.”
- “I feel fine.”
- “There isn’t anything wrong with me. I went to my doctor last week and he said I was fine.”
- “Who was I exposed to?”

In preparing to face any combination or variation of these questions, you can turn many of these situations to your advantage by convincing the contact/patient to act promptly and appropriately. The following are some response patterns that work effectively. Use those which you find suitable to your particular personality and style or develop others with which you are more comfortable.

You may also wish to carry culturally and language-specific TB education materials with you, such as pamphlets, which provide the appropriate information. These can answer questions for the contact/patient while you are not present and while he/she is awaiting an appointment for medical evaluation.

- **“Do I have tuberculosis?”**

“Not necessarily, but you’ve been exposed. Not everyone who’s exposed gets the disease, but the only way to be sure is to get an examination as quickly as possible. What time today (tomorrow) will you be able to come to the clinic?”

- **“I haven’t been around anyone with TB.”**

“Tuberculosis germs are spread through the air and you have shared air with a person who has the disease. Your exposure may have been several weeks or months ago, but in no way does this lessen the risk that you face and the need to get examined as soon as possible. Your health is the most important thing right now. What time today (tomorrow) can I tell the nurses and doctor at the clinic that you’ll be in?”

- **“I feel fine.”**

“Well that’s a good sign and I hope it means everything is okay. But only an examination can tell for sure. Many people can be infected with TB and don’t experience any signs or symptoms. If you are infected, the infection could turn into the disease, and the disease is very serious. Now, what time today (tomorrow) can I tell the nurses and doctor that you’ll be in?”

- **“There isn’t anything wrong with me. I went to my doctor just last week.”**

“This disease is hard to detect unless a doctor is looking for it and performs the right tests. Who is your doctor? Why did you go in to see the doctor? What tests did the doctor perform on you and what treatment was prescribed?” If the history that the contact provides indicates that a tuberculin skin test and/or chest X-ray were done, thank the contact, leave, and consult the physician. If not, explain that you will consult the doctor, but that this particular problem was not resolved during that visit. Plan to make another visit to the contact after checking with the physician.

- **“Who was I exposed to?”**

“The information about whom you’ve been exposed to is confidential. This person was concerned enough about you to mention your name to the health department. I’m sure if you were in the same situation you would do the same thing and would want your medical information to be kept private.”

B. APPROACHING PATIENTS FOR MISSED SERVICES

Patients who miss services need to be located promptly and explained the urgency of their return to medical supervision. However, it is also imperative that reasons for missed services are also listened to, acknowledged, and addressed. The following is an example of an approach to a patient who has missed a medical appointment:

1. (Following a self-introduction) "Ms. Jones, I need to speak with you about your missed (DOT, skin test administration or reading, chest x-ray, doctor's appointment, sputum collection, etc.)."
2. If the patient reacts by saying he/she simply forgot, state, "I know we all forget sometimes. What time today (tomorrow) can you come in for the next appointment? How will you get to the clinic?"
3. If the patient gives you a reason(s) for missed appointments, listen and see how the problem can be resolved. Reasons may include conflicts in schedule, not feeling well, competing priorities like homelessness or money issues, or not understanding the nature of appointment or its urgency.

WRITTEN COMMUNICATION WITH PATIENTS

Frequently you will have to leave a written message for an individual because you have been unable to talk face to face. Prepare for this by bringing paper, a pen, and plain envelopes with you into the field. Most program areas have a procedure for leaving messages and a standard clinic form for you to use. These forms should be general and should not refer to tuberculosis. Standard forms may be used specifically to refer an individual for medical services, or to leave a more general message. Some general standards which you should observe are:

- **Avoid routinely mailing forms or notes.**
This unduly delays the investigation. Usually, if you have a mailing address, you also have an address for a personal visit. Use the mail only under special circumstances if it will speed up the investigation process (e.g., if you only have post office box address).
- **Repeated written messages should be used only in conjunction with other strategies.**
Some people will not respond until several messages are left or attempted visits are made. Explore other avenues to actually contact the person you are trying to reach, e.g., making field visits at different times, determining where the person works, identifying a friend or relative through whom a message can be conveyed without violating the patient's right to medical privacy.
- **Always enclose the form or note in a plain, sealed, addressed envelope marked "Personal."**
A business envelope is a sure way to violate confidentiality. A sealed envelope with the patient/contact's name and marked "Personal" tends to discourage prying by those for whom the message is not intended.
- **Always leave a note rather than a standard form whenever confidentiality is an obvious problem.**
Leave your name and phone number on a note with a request to call you about a personal matter. This may minimize problems for the individual you are seeking if anyone else may open the envelope and read the contents.

INVESTIGATING INDIVIDUALS WITH QUESTIONABLE LOCATING INFORMATION

There may be times when locating information collected or given on an individual may prove to be incomplete or inaccurate. In such cases, you may take the following steps:

1. Check the names on the outside of mail boxes in the neighborhood
2. Check the houses or apartments on either side of the given address
3. Transpose the address numbers and/or the directional prefixes within reason (e.g., 358 to 853, north versus south)
4. Telephone the patient/contact if the phone number is available and a face-to-face meeting is unsuccessful
5. Talk with next of kin
6. Seek assistance of the index patient if attempting to locate contacts
7. While protecting confidentiality, seek assistance from the following persons:
 - Postal worker
 - Neighbors
 - Neighborhood/community “leaders”
 - Apartment managers or supervisors
 - People congregating in the area
 - Employees of local area small businesses
 - Neighborhood social/recreational setting personnel
 - Employers
 - School personnel

It is also helpful to obtain from the patient/contact, resource person, or index case a description of the house or apartment building and detailed directions for how to get there. Frequently, these descriptions and/or directions will assist you to locate the person even though you may have an inaccurate or incomplete address.

APPROACHES TO THIRD PARTIES

Many investigators utilize the assistance of third parties for locating individuals. There are three types of third parties: cooperative unrelated, uncooperative related, and non-related third party.

THE COOPERATIVE RELATED THIRD PARTY

Whenever you must talk with a relative in order to locate the patient/contact, your first concern is to determine if the relative has any knowledge about the patient/contact's tuberculosis diagnosis or exposure. This has to be done in a manner that does not jeopardize confidentiality. Carefully phrased questions and good listening on your part are key. Confidentiality is still important, however, even though a relative may know about the situation, the patient/contact may not want further information divulged.

If the relative is unaware, but appears to be cooperative, you should offer a reasonable explanation of who you are and what you want. Typical explanations include that you:

- Need to see the patient/contact about a personal (or business) matter
- Are from the health department and need to discuss a medical matter
- Are delivering a message

Depending upon the circumstances, a variety of other explanations can be used.

NOTE: If your observation suggests that the third party to whom you are speaking may also be at risk for tuberculosis, be prepared to refer that person into the clinic for an examination. Consult your local standards of practice on how these types of referrals are made.

THE UNCOOPERATIVE RELATED THIRD PARTY

Sometimes this type of individual presents an obstacle to speaking with a patient/contact by denying you entry, refusing to get the person for you, or not saying if the individual you are looking for is or is not there until you explain your business to their personal satisfaction. The tip-off is their use of open-ended questions that were cited earlier, e.g., "Who are you?" and "Why do you want to see John?" Your approach must be cordial but assertive and never defensive or explanatory. Avoid answering the question, other than stating your name, and restate what you want:

"I need to see him about a very important personal matter."

If the third party volunteers knowledge of the patient's diagnosis or contact's TB exposure, you cannot then assume that it is acceptable to discuss the reason for your visit openly. On the other hand, if you determine the third party does not have this knowledge, you should follow your first sentence with "If he wants to tell you about it, that's his decision, but I can only speak with him about it. Please tell him I'm here."

THE NON-RELATED THIRD PARTY

You usually encounter these individuals in the work places or at social settings which the patient/contact frequents.

1. The Work Place

If the individual you are looking for is a diagnosed case or suspect, the management and coworkers may know about the situation. Many of them may already have been identified and examined as contacts. However, remember that the patient is an individual and your business is with him/her. Many people, such as contacts, DOT patients, and persons on treatment for latent TB infection, may not want their employer to know about their medical care. If the patient/contact is out, arrange to call back or visit when he/she is in or leave a number for him/her to call you.

When you try to locate a patient/contact through a supervisor or coworker, you should telephone first. Ask for the patient/contact by name and say simply that it is important personal matter and that it will take only a few moments. Some companies may have a policy that calls to employees are not accepted at any time. In this event, you should leave your name and number.

If you decide to visit the work place of the patient/contact, do so as informally as possible.

- Go directly to where you can expect to find the patient/contact and ask someone where you might find him/her
- If you must explain your purpose to a manager, say only that it is an important personal matter and that you will be very brief
- You may wait for lunch or quitting time or meet the patient/contact as he/she is leaving
- If you have a description of the patient/contact's car, you may be able to locate it in the parking lot and leave a message or meet the person at the car

2. Social/Recreational Settings

The key to success for investigations in social settings is to identify a third party, e.g., bartender, waiter or waitress, employee, or other patron, who can help locate and deliver a message to the person for whom you are looking. There is an advantage in initially gaining the confidence of these third parties. After identifying yourself, the approach might sound like this:

"I work for the health department and I need your help. You see a lot of people everyday and you get to know a lot of them. I need to get a message to someone who comes here from time to time as soon as possible. You may know this person, but I'm sure that if you don't, you can ask around without anyone becoming suspicious. This is an important medical matter and I could use your help."

If the person agrees to help you, share the name and identifying information you have for the patient/contact. If he says he might be able to find out or if he thinks he'll see him/her or can deliver a message, try leaving a note (in a plain sealed envelope) with the third party to be handed to the patient/contact. This note should be brief, requesting the individual to call you. It may be advantageous to telephone or visit the next day and see if the note was delivered.

USE OF THE TELEPHONE IN FIELD INVESTIGATION

The telephone is an extremely useful investigative tool. With it, you may contact five or ten people in the time it would take you to visit just one person. Although you can be much more efficient by using the telephone wisely, you must realize its limitations, especially for initial contact. **The phone is most useful when following up with individuals with whom you have already established a relationship.**

CALLING PATIENTS AND CONTACTS

It is imperative that you clearly have in mind what you wish to communicate before you pick up the phone. However, do not provide any sensitive information by phone.

1. When making calls, it is important to be clear about what you intend to accomplish. When you speak with a person, you should first—and most importantly—confirm that the individual on the other end of the line is the patient/contact.
2. Confirm that the person is free to speak about an important private matter.
3. Any information, which is specific to the person, could be a good item of identification. Listen carefully to what is said and the manner in which it is said. If you sense a continued hesitation to engage in the conversation, it could be that the person is not whom you are seeking. In this situation, set up a face-to-face meeting and do not attempt to pursue the matter further over the phone. It is also possible that the person cannot speak with you at that time due to lack of privacy or time.
4. If the correct person is identified and refuses a face-to-face meeting, insisting the matter be discussed over the phone, you may have to inform him/her of a “medical matter” and indicate what the person should do, e.g., come to the clinic for an examination or see the doctor.
5. Avoid a lengthy discussion of details over the phone. Explanation of TB exposure, for example, should be done in person in the clinic or in a face-to-face meeting in the field so that the patient may ask questions and discuss concerns in confidence.
6. If you should happen to get a third party who seems to be unwilling to cooperate or who is trying to find out exactly why you are calling, explain that it is personal. If this does not work, thank the person for their time, hang up, and try again later in the day or that evening.

Most importantly, do not repeat unproductive telephone calls. Make field visits instead.

RECEIVING CALLS FROM INDIVIDUALS YOU ARE TRYING TO LOCATE

You will also *receive* calls from people you may be trying to locate. Many of these calls are the result of your field investigations. When the caller indicates that he/she has just received a message from the health department about coming to the clinic, ask the person to hold for a moment while you pull the work assignment or medical record which will allow you to talk to the caller with full knowledge of the situation. Your purpose should be to refer the person to the clinic for examination or treatment as soon as possible—just as if the individual was a person you had located in the field. If the caller is a coworker's patient, you should leave a clear message for your coworker.

Many people may be disturbed about the fact that they have been contacted by the health department. Be prepared to deal with this and convey your concern and that it is important for their health that they follow through. Usually at this point patients/contacts need to be assured that the matter can be taken care of quickly and easily and that it is in their best interest.

DOCUMENTATION

Documentation is the recording of facts about a particular investigation and includes the essential events leading up to its closure. Documentation allows others to continue investigative activities in your absence. It can also provide essential information in any potential legal proceedings.

Documentation should include:

- Date, time, and each specific action you took
- Specific notes for each event, reconstructing what took place
- Plans for future action
- Your name or initials as the HCW responsible for the investigation

As noted earlier, documentation is important in every element of the field investigation process, beginning with the work assignment. Though procedures differ by location, a formal work assignment or patient tracking form is recommended for this process. When a formal work assignment is issued, the documentation may be written directly on the form, or attached to the form. This is beneficial because all of the pertinent information is available in one location, and the progress of the investigation can be easily followed. Depending on the procedure at your clinic or health department you may bring the form into the field with you. Alternatively, you may keep a notebook with you in the field. All field activities should be documented as soon as possible. Use abbreviations or other aids that permit you to provide the message quickly and efficiently. The method used, however, should be understood by all of your coworkers. Learn the documentation requirements of your local program and the standards or commonly understood abbreviations, e.g., FV = field visit, P/C=phone call.

EXAMPLE: These are actions you took in a field investigation followed by how you might document them:

- Record search of an assigned investigation in the medical records, the cross directories, and the phone directory on 7/12/YY
- Called the home phone number and it was busy
- An hour later, you called the home number again; no one answered
- Dialed the work number and it was disconnected
- Made a field visit one hour later, but no one answered the door, so you left a note on the door
- Drove past the house at 3 pm; although you saw no one at home, you talked with a neighbor who confirmed that the person lives at that address

Documentation of actions taken:

7/12/YY *RS-Med Rec/X Dir/Tel Dir-Address/Tel number confirmed*

7/12/YY *P/C-9:30 AM (Home) Busy*

7/12/YY *P/C-10:30 AM (Home) NA*

7/12/YY *P/C-10:35 AM (Work) Disc*

7/12/YY *FV-11:35 AM No one home. Left note*

7/12/YY *FV-3:00 PM No one home. Spoke with Joe Jones (next door) who confirmed that the person lives at the address and is usually home from 7:00 PM until 7:00 AM each day.*

APPROACHES TO COMMUNITY PROVIDERS

As part of your investigations, you may have to work with a private clinician, (e.g., physician, nurse practitioner, physician assistant, appropriate outside practice staff), clinicians in non-health department health care settings, or a clinician in another health department. This is a chance to build a positive professional and collaborative relationship for future cases.

- 1. Referring contacts for examination:** Refer a contact to a private practice clinician or another health care facility if that is the person's choice. Call and tell the treating clinician about the TB exposure, the nature of the exposure, what the health department recommends, and when the patient plans to receive medical services. Also, explain that you will need to know the results of the examination and what treatment is provided. Be sure to advise the clinician of all the laboratory and follow-up services available through the health department.

It is important that you do not discuss confidential or medical information obtained from, or relating to, other patients unless that information influences the patient's diagnosis and the treatment.

- 2. Confirming examination or treatment reported by a patient:** When contacting a clinician to confirm a patient's self-reported examination or treatment, know what information you need and when the care was supposedly provided. Confirm that the person is a patient of this clinician or facility and that the exam was initiated or treatment took place; discuss any diagnosis and the results of any test(s) performed.

- 3. Following up on laboratory reports or case reports generated by an outside physician:** When you contact a physician about a laboratory result that was reported directly to the health department, confirm that the work was initiated from that physician's office. For example, introduce yourself, identify the patient and the date and type of test involved, and then say:

"Doctor, I would like to confirm that this is your patient and to inform you of these test results if you have not yet received them."

Assuming the clinician confirms the patient's identity and that the test was given on that date, determine whether a diagnosis has been made and if the patient has been treated. If so:

- Elicit the details (including symptoms and duration of symptoms)
- If the patient is a case or suspect requiring a TB interview, inform the provider about this requirement and learn what, if anything, was discussed already about contacts
- Determine whether the clinician needs help to ensure the patient's return
- Offer DOT, according to local health department guidelines

4. Providing feedback to a clinician about his or her patients with whom you have had

contact: Finally, when you contact a patient who is under a clinician's care, always keep the clinician informed of the status of your investigation. This applies when the person comes to your clinic, when the person is initially contacted by you, as already described, or when you contact the clinician for permission to follow up the patient.

With this feedback:

- Do not use the names of any other persons named by the patient if this is part of a contact investigation
- Do not divulge any other information that would violate the confidentiality of the index patient or any other person
- Advise the clinician about any previous treatment or other pertinent medical history

Remember to document all communications with community providers. And, in all cases, thank outside parties for cooperating and offer to help in whatever way you can. You will probably be working with these persons or their facilities again in the future, so establish a good working relationship.

SAFETY IN THE FIELD

A. Physical Safety

HCWs may work in neighborhoods considered unsafe. However, few instances of actual violence have ever been directed at HCWs in the course of their work. Your safety is important to the program and the health department for which you work. Your supervisor and experienced coworkers are the best sources of information about a particular area. Concerns about safety must not inhibit your ability to do the job. Most people avoid trouble through common sense, but many situations may be entirely new experiences for a beginning HCW.

Discuss the following tips with your supervisor before working in the field:

- Don't change your attire to try to blend into the neighborhood. If you are recognized as someone who does not belong there but is attempting to blend in, your motives are likely to be questioned
- Avoid wearing or carrying articles that look valuable. Jewelry, purses, expensive watches, and cameras invite theft
- Large groups of people in an area may signal the occurrence of unusual events. Events, such as drug sales, may temporarily make an area more dangerous. If you are accustomed to seeing few people on a particular sidewalk, it seems unwise to shoulder your way through an unexplained crowd on a particular day. Come back another time, when fewer people are in the area
- Find ways of making yourself inaccessible to people for whom you are not necessarily looking. Roll the car window down only a few inches when asking directions from strangers on the street. Discreetly position yourself on the other side of low barriers, such as railings and mailboxes, when talking with people
- Avoid looking at maps or documenting visits in your car at the same place you parked when you made the last visit. Pull away and park somewhere else. Doing lengthy paperwork in front of a person's home only draws attention and invites questions from people you would rather avoid
- Promote the feeling that you are in an area to help someone and that you expect to leave as soon as you finish. If you go to a neighborhood frequently, area residents will soon learn by your conduct that you are no threat
- When practical, plan visits in the mornings. People are more likely to be at home, and they tend to be less active than later in the day
- Plan your field visit route on a map before you go

- Always check out a building before you enter. Notice how many people are around and what they are doing. Where are the exits to the building? Is the building well lit or will you be going down dark hallways? Does the elevator work or will you have to take the stairs?
- Know the neighborhood before you go in. Know the location of drug and gang hangouts. Find the location of possible trouble spots
- Keep coworkers and supervisors informed. They, too, may be entering the same neighborhoods. Document information on potential trouble areas for future investigations. Also, always leave a note or tell your supervisor or coworker(s) where you plan on going
- Make sure your car is in good working condition by periodically checking items such as the tire pressure, fluid levels, wind shield wipers, fuel, etc.
- Carry a cellular phone, if possible, or at least keep spare change with you for pay phones in case you become lost and require directions or assistance

B. Respiratory Protection

In the course of field investigations there may be some situations where you are required to interact closely with a potentially infectious patient or TB suspect.

If you are entering an environment with a potentially infectious person, it is important to protect yourself through the use of a personal respirator, such as an N-95. The CDC resource “Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health Care Facilities” provides guidance on use of respiratory protection in a number of settings, including home settings.²

However, in many field visits, respiratory protection is not necessary. When you are interacting with people who are not infectious, masks and personal respirators should not be used as they may compromise confidentiality as well as jeopardize rapport and trust.

Patients can be considered noninfectious when they meet all of the following criteria:

- Receiving adequate treatment for 2-3 weeks
- Symptoms have improved
- Have three consecutive negative sputum smears from sputum collected on different days

More information on infectiousness and infection control is available in Module 5 of the CDC *Self-Study Modules on Tuberculosis*.³

2. This document can be obtained by accessing the Internet at <http://www.cdc.gov/mmwr/preview/mmwrhtml/00035909.htm> or by calling the CDC Voice and Fax Information System at 1-888-232-3228.

3. The *Self-Study Modules on Tuberculosis* can be obtained by accessing the Internet at <http://www.cdc.gov/tb> or by calling the CDC Voice and Fax Information System at 1-888-232-3228.

FOLLOW-UP

Locating a patient does not mark the end of an investigation. Ensuring that appropriate patient care is provided is the true end of the investigation. This includes:

- Arranging services convenient to the patient, while adhering to health department time lines, particularly for treatment completion, medical protocols, and contact examination
- Making resources available to the patient to enable receipt of services and providing incentives, if available

The final step is to document the investigative activities completely and accurately as indicated in the section on documentation (page 21). Remember that documentation should be:

- Timely, indicating date, time, and nature of the activity(ies)
- Legible, coherent, and accurate, so that others can clearly understand your investigative process
- Inclusive of justifications for all actions; if an investigation took longer than usual to disposition, details should exist as to why this occurred

Finally, if you have questions or concerns, do not hesitate to consult your supervisor or another staff member when necessary. If circumstances become overwhelming or you simply do not have knowledge of a particular procedure, asking someone with experience can help.

CONCLUSION

Effective and successful field investigations with patients and contacts:

- Reduce disease morbidity
- Help avoid relapse
- Prevent transmission
- Halt the progression to disease in infected contacts

The techniques used by field investigation staff are key to enhancing TB program outcomes. Your performance of effective field investigation plays a very important role in this country's TB elimination strategy.

NOTES

This Field Investigation Checklist summarizes essential points from this resource. While you may use this checklist as a quick reference, you should first thoroughly read and understand the information in this resource, which provides the details related to the items listed.



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