



NEW JERSEY
MEDICAL SCHOOL
GLOBAL
TUBERCULOSIS
INSTITUTE

PERFORMANCE GUIDELINES

A SUPERVISOR'S GUIDE
TO THE ASSESSMENT AND
DEVELOPMENT OF FIELD
INVESTIGATION SKILLS



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A SUPERVISOR'S GUIDE FOR THE DEVELOPMENT AND ASSESSMENT OF TB FIELD INVESTIGATION SKILLS



New Jersey
Medical School
**National
Tuberculosis
Center**

A Founding Component of the International Center for Public Health

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PREFACE

Field investigation is a central element of Tuberculosis Prevention and Control Programs. Field investigation is the act of locating individuals with known or suspected tuberculosis (TB), TB exposure, and/or latent tuberculosis infection (LTBI), and informing them of their need for care and bringing or returning them to medical evaluation. These actions have the potential to impact disease morbidity, curtail relapse, prevent transmission, and halt the progression to disease in infected persons. The techniques used by field investigation staff are key to enhancing TB program outcomes. As such, the Centers for Disease Control and Prevention (CDC) has stated that “competent health care staff should act as extensions of the clinician and nurse by locating patients, reminding them of their appointments, resolving basic problems, encouraging adherence....and identifying contacts. Such employees can greatly enhance TB control efforts amongst at-risk populations.”¹

Quality investigations require strong interpersonal and communication skills, knowledge of effective and successful methods, and an understanding of why patients may be difficult to locate. This last item is the greatest challenge in field investigation. The reasons patients may be difficult to locate are multifaceted and include the health care worker’s lack of accurate patient description and locating information,² and, for the patient:

- Fear or pressing life priorities³
- Misinformation and lack of support⁴
- Mobile lifestyle or homelessness^{5,6}

While understanding the reasons patients are “lost to follow-up” is one aspect of field investigation skills, the other skills are persistence and proficiency for locating all types of patients. For example, in a recent study, the likelihood of locating patients was identified by circumstances through which they were found. Of the 74% of total patients who were found:

- English speakers were more likely to be found than Spanish speakers
- Contact, such as phone call and letter and personal contact with a friend or family member, when no face-to-face contact could be made, was successful in 54% of the cases
- Seeking patients in programs and community gathering places was successful for 18% of the English speakers and 13% of the Spanish speakers⁷

1 CDC. Prevention and Control of Tuberculosis in US Communities with High-Risk Minority Populations. *MMWR*; 1995.

2 CDC. Improving Patient Adherence to Tuberculosis Treatment. Atlanta, GA: US Department of Health and Human Services, 1994.

3 Curtis R. Friedman DR. Neaigus A. Jose A. Goldstein M. Des Jarlais DC. Implications of directly observed therapy in tuberculosis control measures among injection drug users. *Public Health Reports*; 1994.

4 Zuvekas A. Nolan L. Tumaylle C. Griffen L. Impact of community health workers on access, use of services, and patient knowledge and behavior. *Journal of Ambulatory Care Management*; 1999.

5 Sterling TR. Thompson D. Stanley RL. McElroy PD. Madison A. Moore K. Ridzon R. Harrington S. Bishai WR. Chaisson RE. Bur S. A multi-state outbreak of tuberculosis among members of a highly mobile social network: implication for tuberculosis elimination. *International Journal of Tubercle and Lung Disease*; 2000.

6 CDC. Prevention and control of tuberculosis in migrant farm workers. *MMWR*; 1992.

7 Menendez E. White MC. Tulsy JP. Locating study subjects: predictors and successful search strategies with inmates released from a US county jail. *Controlled Clinical Trials*; 2001.

For locating patients, this example suggests that consideration of language needs is as important as making personalized contact. Therefore, health care workers (HCWs) conducting field investigations need to tailor their techniques and make provisions for various types of patients.

However, all of the above factors reinforce the need for quality training, supervision, and support of field investigation activities. They demonstrate that field work requires well-thought-out investigative strategies, effective communication, and cultural sensitivity. Quality field investigation represents the targeted activities designed to communicate information and motivate patients to act in their own and society's best interest.

INTRODUCTION

Public health practice requires that all individuals with verified or suspected TB disease, exposure to a TB case, and those with latent TB infection receive the care and treatment necessary to cure disease, prevent transmission, and/or prevent progression to active TB disease. It may be necessary to seek out these individuals in the community to inform them of their need for medical evaluation and 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** encompasses searching for and locating patients for the purposes of:

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

FIELD INVESTIGATION OBJECTIVES

Regardless of the types of individuals referred for investigation, each investigation has several basic objectives. The individual should:

- Learn about TB as the disease which he/she has, has been exposed to, or is at risk of having
- Receive assurance that his/her health is a concern to the health department and that his/her confidentiality will be respected
- Understand the medical options available to deal with the health problem or risk
- Act promptly and appropriately in dealing with the health problem or risk
- Respond and receive medical care as a result of the investigation

Performance of field investigation activities is an extensive process which involves interventions that are part of policies and procedures of a health department. Much of the process is also instinctual on the part of the HCW. However, field investigation methods can be learned and standardized and outcomes can be measured in a structured and objective fashion. Quality field investigation skills will strengthen TB control programs, benefit patient care, and potentially reduce disease morbidity.

PURPOSE OF THIS RESOURCE

This resource will enable supervisors and trainers of field investigators to:

- Educate and train staff in field investigation methods and practice
- Develop, evaluate, and improve the field investigation skills of HCWs
- Monitor the overall effectiveness of field investigation to ensure specific TB program outcomes

This document outlines the process for achieving these objectives and presents standardized tools to measure HCW performance. Since good documentation of field investigation activities is integral to a well-organized TB control program, also presented are recommendations for documenting and retaining work assignments and evaluation of field activities. Since the structure of health departments and TB programs vary, this manual is tailored to HCWs with varying responsibilities. The staff member responsible for field investigation is referred to by different titles throughout the country. Therefore, this staff member will be referred to as the 'investigator' or 'health care worker (HCW).'

Guidance and mentoring by an experienced supervisor is the best asset to the development of HCWs. This resource provides guidelines that supplement that rich experience.

EDUCATION AND TRAINING

The education and training of investigators and evaluation of field investigation activities can be applied in the inexperienced HCW's orientation phase and in the ongoing development of experienced workers. This process involves various phases which depend on how long the HCW has been working and the quality of his/her work. As such, all of the processes described in this section can be applied to the experienced HCW based on areas requiring improvement.

Prior to conducting a field investigation, the inexperienced investigator should complete education on the fundamentals of TB. Following this education and training phase of investigation techniques, the HCW should observe health department work and other related field activities. For the experienced investigator, supervisory evaluation will help determine where to focus education and training based on the current level and quality of this HCW's skills. Training and evaluation should be conducted by an experienced supervisor or staff member.

BASIC KNOWLEDGE

If the HCW is completely new to a TB program, he/she must first learn the fundamentals of TB. The CDC's publication, *Self-Study Modules on Tuberculosis*, contains nine modules on the basic clinical concepts of TB Control. This resource provides an excellent foundation for both the new and experienced worker. Specifically, Module 6 covers field investigation activities related to contact investigation and Module 7 discusses confidentiality, which is essential in investigative activities.⁸

Upon completion of each of the nine *Self-Study Modules on Tuberculosis*, the questions and case studies located throughout the modules should be completed by the worker and reviewed with the supervisor. This will enable the supervisor to address topics that require clarification during the training process. Once these areas are identified, the supervisor can provide explanations and suggest additional reading, as well as have the HCW watch the accompanying *Self-Study Modules on Tuberculosis* video tapes available from the CDC.⁹ If adequate personnel are available, modules may be reviewed with experienced staff members who have expertise in each module's focus topic.

More specific to TB field investigation is the resource, *Tuberculosis Field Investigation: A Resource for the Health Care Worker*. This resource outlines the practical skills needed prior to, during, and after field investigation. It also includes a checklist for use in the field for both experienced and inexperienced HCWs.¹⁰

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

9 The *1995 Satellite Primer on Tuberculosis* (Modules 1-5) was a five-part series. Videotape copies of this course are available from the Alabama Department of Public Health by calling (334) 206-5618. The *2000 TB Frontline - Satellite Primer Continued: Modules 6-9* was a three-part series. Videotape copies are available free of charge on a limited basis from CDC by calling (404) 639-8135. After current supplies are exhausted, the videotape sets will be available through the National Technical Information Service (NTIS) for a cost of \$170 per set. To order, call NTIS toll free at (800) 553-6847 and request *TB Frontline - Satellite Primer Continued: Modules 6-9* Videotape Set, order #AVA20848VNB3.

10 This resource is available from the New Jersey Medical School National Tuberculosis Center by calling (973) 972-0979 or by accessing the Internet at <http://www.umdnj.edu/ntbcweb>.

BRIDGING THE GAP BETWEEN EDUCATION AND APPLICATION

A supervisor must ensure that all investigators thoroughly understand the fundamentals of TB field investigation prior to proceeding into the field. Reading materials and supervisory review should be mixed with practical training. Equally important to this learning process is the demonstration of fieldwork skills. The supervisor should explain specific procedures in the investigative process, i.e., health department policies and/or practices regarding investigative activities including:

- The process for initiating investigations, who issues investigative work, and how work is issued
- Time-frames for completion of investigative activities
- Documentation required during an investigation and the standardized language used within the health department
- Prioritization of investigations
- Resources available prior to initiating fieldwork
- Confidentiality

The supervisor may cover the above topics by use of examples, case histories, and provision of relevant data collection and reporting forms. Also, actual medical records can provide background information when practicing the completion of forms and providing documentation of actions taken. There is also an opportunity, as discussed later, to observe the above practices through shadowing and modeling, and to apply them through role-playing and team investigating. After each stage, the supervisor should debrief the new investigator by providing feedback, while offering an opportunity for discussion, addressing concerns, and answering questions.

SHADOWING

During the course of training, the HCW should observe or shadow experienced field staff who demonstrate quality investigative skills. The new worker should accompany this experienced person from initiation to conclusion of the field investigation process.

During any field interaction, the new HCW should be introduced as a member of the health department team and not as a trainee. The new HCW should be instructed not to ask questions during fieldwork that involve interactions with individuals in the field, but rather to carefully observe the strategies and methods utilized. He/she should note questions that can be addressed later, in private. Upon completion of the investigation and/or return to the health department, the experienced HCW should allow time to discuss the dynamics of the process. This should include discussing problems that arose and how they were resolved and addressing questions and concerns.

Site visits - The inexperienced investigator or one who is new to the area must become familiar with locations where individuals may be found and patient information obtained. An experienced staff member or supervisor should make site visits with the new or inexperienced investigator to:

- Health care providers, e.g., hospitals, clinics
- Community service providers, e.g., shelters, mental health centers
- Correctional facilities
- "Landmark" locations, i.e., "hang-outs"

The site visit should also include appropriate introductions to key staff and relevant contact persons.

MODELING AND ROLE-PLAYING

Following the shadowing process, the new HCW should observe modeled interactions. **Modeling** provides a simulation of an interaction. It includes an experienced investigator interacting with a person in the field who is portrayed by another HCW. Modeling is an effective method of demonstrating various interactive techniques and strategies in a controlled environment. The HCW can display both strong and weak skills and provide different strategies for dealing with a variety of patient situations. The patient's portrayal is based on reactions to the investigator's interactive style. The new HCW worker can learn from observing a simulated interaction and asking questions to the participants.

After modeling, the new healthcare worker should engage in role-playing. **Role-playing** involves one person portraying the role of an individual in the field while another person portrays the role of the HCW. Role-playing is a means of practicing interactive skills and tasks in a simulated atmosphere. It provides realistic scenarios without jeopardizing an actual interaction.

Simulated Interactions - The investigative process involves interactions with a variety of individuals. It relies on a HCW's skills to ask the questions in a correct manner, provide appropriate information, communicate effectively, and protect confidentiality. Interactions can involve three types of individuals: the patient, the related third party, and the unrelated third party.

The **patient** is the contact being notified of a TB exposure or case or suspect needing to be brought or returned to a medical evaluation.

The **related third party** is a friend, relative, or acquaintance of a patient who may be a source of locating information.

The **unrelated third party** is a community member who does not need to be brought into the investigative process, but may become involved for various reasons. This party usually is present in the field where the investigator is working. This individual may ask the HCW questions about his/her reason for being present and/or why he/she is asking questions about the person to be located. The HCW needs to tactfully address these questions without revealing unnecessary or confidential information regarding the investigation and the patient.

Training on dealing with patients and third parties assists in preparing the new HCW for such interactions.

Scenarios for both modeling and role-playing should come from actual circumstances that other HCWs have experienced. These situations should include interactions with:

- An individual requiring information and education about being named as a contact
- A non-adherent patient needing to return for medical examination or treatment follow-up
- An unrelated third party who assertively pries for information to which he/she is not entitled
- A related third party who may have locating information about the patient but should not be made aware of the patient's TB diagnosis or being named as a contact

Subsequent to both modeling and role-playing, the supervisor and/or experienced colleague should be available for feedback and answering questions about the participatory experiences. The discussion should focus on how the training activities may or may not have reflected real field situations.

DUAL/TEAM INVESTIGATING

Pairing a supervisor or experienced HCW who has demonstrated quality work with an inexperienced worker is an effective training technique. The pair should introduce themselves to individuals in the field as health department staff, with no reference made to the differences in their skill levels. After having observed a number of interactions, the inexperienced HCW should be prepared to conduct a substantial portion of the fieldwork without assistance.

Ground rules for the process should be established ahead of time to address circumstances when the new HCW may require assistance. If there is uncertainty on how to respond to or pursue a line of questioning with an individual in the field, the new HCW can refer to the experienced HCW for assistance. Although the new HCW is expected to complete as much of the investigation as possible, the supervisor/experienced HCW must intervene if the worker does any of the following:

- Loses his/her train-of-thought or becomes distracted, jeopardizing the investigation, the team's safety, and/or patient confidentiality
- Loses focus of the purpose of the investigation
- Becomes intimidated during the investigation process
- Exhibits poor interpersonal skills or provides misinformation or incomplete information to patients or other individuals

The intervention of the supervisor/experienced HCW should be as natural as possible, without appearing intrusive or detracting from the legitimacy of the inexperienced investigator. When intervening, the supervisor/experienced HCW should be tactful and should also encourage the inexperienced HCW to return to being the primary investigator. The new HCW should be reminded that team investigating is a learning process and the experienced HCW's intervention should not be regarded negatively, but simply as part of the training process. Upon completion of the fieldwork, time should be allowed to constructively appraise the new HCW's performance.

WORK ASSIGNMENT

Health departments or clinics have different standards of practice. In addition to basic education about TB and skill building, HCWs must be aware of the local guidelines and regulations and recognize their importance, including the role of documentation in an investigation. This will be discussed further; however, before any field investigations can begin, work must be assigned to the HCW. Work assignments must be clearly outlined and well documented. They should be issued in a consistent manner and HCWs should be aware of the work assignment process and who delegates work. Assignments can be given to the worker in a variety of formal or informal ways including verbally, electronically, or on paper.

Though procedures differ by location, a formal work assignment or patient tracking form is recommended for this process. An example of this form is on page 13. When a formal work assignment is issued, the documentation may be written on the back of 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. Additionally, having a formal work assignment form makes tracking the status of a case much easier and may decrease the likelihood of cases “slipping through the cracks.” Since creating a sense of urgency is critical to establishing importance of field activities, it is imperative to have procedures in place which allow for rapid assignments. This includes having a clear, well-established work assignment process and ensuring that all HCWs understand and follow the procedures.

Tuberculosis Field Assignment

Assigned to:

Last Name		Patient Status	
First Name		Case: <input type="checkbox"/> Pulmonary <input type="checkbox"/> Non-Pulmonary <input type="checkbox"/> Inactive <input type="checkbox"/> Suspect <input type="checkbox"/> Contact <input type="checkbox"/> Reactor <input type="checkbox"/> Alien <input type="checkbox"/> Other _____	
Nickname(s)/AKA			
Address		Services Required	
		<input type="checkbox"/> X-ray <input type="checkbox"/> Meds <input type="checkbox"/> DOT <input type="checkbox"/> Physician visit <input type="checkbox"/> Sputum <input type="checkbox"/> TST (initial/repeat) <input type="checkbox"/> Other _____	
Telephone No.	Age/Date of Birth	Medical Provider	High Priority
	Race	Date Missed Appointment	# Months on meds
Sex	Height		Y / N
	Size/Build		
Additional Information/Remarks: (i.e., job, school, recreation, hangouts, language spoken, etc.)		Last Known Bacteriology: Date collected _____ Type of Specimen _____ <input type="checkbox"/> Smear <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Not Done <input type="checkbox"/> Culture <input type="checkbox"/> Negative <input type="checkbox"/> M.Tb <input type="checkbox"/> Atypical <input type="checkbox"/> Not done	
Initiated by:		Disposition:	
Date Assigned:		<input type="checkbox"/> Received Required Services <input type="checkbox"/> Refused <input type="checkbox"/> Died <input type="checkbox"/> Moved (Enter new address in remarks) <input type="checkbox"/> Unable to locate <input type="checkbox"/> Reassigned to another worker	
Target Disposition Date:		Date Dispositioned:	

SKILLS EVALUATION

The observation of field investigation techniques is important for HCW training and development. After an inexperienced HCW completes initial training, he/she can be observed conducting investigation activities. However, all HCWs should be observed at regular intervals as part of quality assurance, staff development, and for formal personnel evaluation requirements. This regular observation is important in the skills development phase of a HCW as well as with the identification of areas needing improvement for an experienced worker.

Accompanying HCWs into the field provides a basis for supervisors to evaluate HCWs' skills. While this manual does provide other methods for evaluating worker performance, observation will best assist in effective skills appraisal and follow-up.

FIELD INVESTIGATION OBSERVATION

In order to guide the assessment of an investigation, the supervisor should use the Skills Evaluation Form (page 16). Prior to the observation, the supervisor should carefully review all segments of this form with the HCW.

USING THE SKILLS EVALUATION FORM

While in the field, the supervisor and HCW should introduce themselves to patients and third parties as a health department team. While observing the investigation, the supervisor should stay with the HCW.

The portion of the skills evaluation form which addresses pre-investigation activities should be completed by the supervisor prior to going into the field. This can be done by reviewing work assignments for documentation of record review and other resources. The form should be accessible when traveling to and from various locations in the field, but not used while interacting with patients and third parties. In some circumstances, the supervisor may only be able to take "mental" notes and complete the form as soon as he/she returns to the health department. Noting key words or phrases to assist in remembering observations can be done on a note pad while in transit from point to point in the field.

A supervisor with past field investigation experience can provide an accurate assessment and appropriate feedback. However, ongoing experience is even more critical. ***Supervisors should go into the field on a regular basis to observe staff, and should conduct investigations periodically themselves, to keep their skills and appreciation of the community updated.***

FEEDBACK

Feedback is valuable in facilitating a discussion about the performance of investigation activities. The ensuing dialogue will enable HCWs to become more proficient, while bolstering their confidence.

After seeing each patient as well as after returning to the health department from the field, the supervisor can share observations and address concerns by:

- Encouraging the HCW to freely discuss the overall experience of the investigation
- Reviewing the evaluation form with the investigator first noting strengths, then moving into the areas needing improvement, and, finally, ending on a positive note. In doing this, the supervisor should provide examples of each skill and task. Providing examples gives the HCW a concrete awareness of his/her progress
- Offering specific techniques to improve certain skills or accomplish tasks more effectively
- Reaching a mutual agreement about the changes in field investigation techniques that are required. Together, the supervisor and HCW can develop a specific time-framed plan of action for each skill area needing improvement
- Providing the HCW with a copy of the evaluation form and the mutually-developed action plan, including specific areas for further training

SKILLS EVALUATION FORM

Details of each task/skill are found on pages 26-28.

Task/Skill	Needs Improvement	Satisfactory	Excellent	Comments
Pre-Investigation				
1. Recognizes investigative priorities				
2. Completes a thorough medical record review				
3. Takes prompt action on all field assignments				
4. Selects appropriate investigation methods				
5. Canvasses locating resources effectively				
Investigation				
6. Speaks with third parties in a confidential & professional manner				
7. Demonstrates timely, persistent, & imaginative action required to move a stalled investigation				
8. Determines identity of located individual				
9. Discusses reason for visit with patient				
10. Motivates individuals to take action promptly				
11. Observes appropriate practices for personal safety & security while in the field				
12. Demonstrates good judgement in the use of the telephone as an investigative tool				
13. Documents the investigative activities completely & accurately				
14. Consults with other staff or supervisor for assistance when appropriate				

Additional comments: _____

ONGOING EVALUATION AND TRAINING

Ongoing evaluation and training are essential for all field investigation staff regardless of experience levels. Combinations of various factors can indicate the need for training, including:

- Poor skills performance (e.g., unacceptable method(s) of investigation)
- Disposition rates and time frames not in concurrence with the health department standards
- Excessive 'lost to follow-up' or 'unable to locate' results
- Use of too many or too few steps or inappropriate methods to locate a patient
- Introduction of new health department regulations, practices, or data collection/reporting forms which require staff updates
- Lack of logical progression of actions in investigation

WORK REVIEWS

The supervisor should have face-to-face meetings with HCWs on a regular basis, whether as a team or as individuals. This will give the supervisor an idea of how work is being organized and accomplished and enable him/her to review investigation methods and documentation on an ongoing basis. This will also create an opportunity to provide feedback between any period of formal review.

CASE CONFERENCES

HCW case conferences are also a valuable forum for ongoing training. Cases can be presented and ideas shared among staff and several health departments. The resource, "Planning and Implementing the TB Case Management Conference," provides the tools to conduct such conferences.¹¹ This forum formalizes the investigation process by encouraging HCWs to identify challenges, discuss a variety of approaches and solutions, and provide training.

¹¹This resource is available from the New Jersey Medical School National Tuberculosis Center by calling (973) 972-0979 or by accessing the Internet at <http://www.umdnj.edu/ntbcweb>.

DATA COLLECTION: INVESTIGATION OUTCOMES AND PROCESS

While field observation is a very important indicator of skills performance, analyzing the quality of follow-up and outcomes is as essential to HCW assessment and identification of training needs. The analysis entails a review of an investigator's process through a review of his/her documentation. The *Field Investigation Report* (page 20) and *Fieldwork Review Form* (pages 22-23) are additional data collection forms that will assist the supervisor in determining staff performance level by utilizing the outcomes of field investigation activities. These instruments are to be used on a periodic basis, as indicated, in addition to supervisory field observations.

The supervisory review of the documentation and field notes from an investigation should provide additional information on HCW performance, independent of what is observed in the field. The field investigation records will be used by the supervisor to complete the data collection forms shown in the following pages. They are also an important part of the patient's clinical record.

RECORDKEEPING

There are a variety of ways to document fieldwork and to store information gathered in field investigations. The ability for all involved parties to locate this information is crucial. Supervisors should be able to access files in order to review work. Additionally, detailed notes that are easily located allow other HCWs to take over cases when necessary, or provide necessary information if a patient is seen again at some point in the future. The files should be accessible to clinic and program staff who may need to reference them. This includes the medical team at the clinic. Information from the field investigation may be important for the medical team as it may affect decisions on treating or intervening in the appropriate manner.

There are a number of ways of storing field investigation records to ensure appropriate access to information. It is recommended that the files be kept in a secure, central location. As noted earlier, if a formal work assignment form or case tracking form is used, notes may be written on the back of the form, or attached to the form. Records and files from the field investigation may be kept with the medical file. Alternatively, the records can be kept in a separate location, but the HCW may add pertinent information to the medical chart. In some facilities, however, certain HCWs may not be allowed to write in the medical chart. In this case, if the field investigation notes are not kept with the medical chart, they should be stored in a secure location where all clinic staff can access them.

FIELD INVESTIGATION REPORT

The *Field Investigation Report* (page 20) is a form to be used on a monthly basis to report and summarize field investigation activity. It provides a quantitative measure of field work by types of patients seen and the methods of closure which occurred in a specific time frame. This form is useful for providing an overview of:

- Number of patients assigned and dispositioned
- Satisfactory dispositions (i.e., received necessary services vs. lost to follow-up)
- Meeting program objectives for patient dispositions

The *Field Investigation Report* is very useful for objectively and specifically assessing the status of field investigation activities. The form should be tailored to health department standards. The objectives for disposition rates of a certain percentage of assigned work can be reflected in the form and used to evaluate completion of work. If disposition rates fall below the health department standards, the supervisor can address this with the individual worker in order to devise a mutually agreed upon plan to further develop the areas of concern.

FIELD INVESTIGATION REPORT

MONTH/YEAR: _____

Health Care Worker: _____

TYPE OF WORK/ PATIENT	Open			Closed				Type of Closure						E O M
	B O M	A D D E D	T O T A L	C L O S E D	# DAYS			C O M P	R E F U S E D	U T L	M V D	D I E D	R E A G D	
					1 to 15	16 to 20	31+							
				(A)	(B)	(C)		(D)	(E)	(F)				
1) Positive Unreported Culture														
2) HI Priority* Cases/Suspects														
3) HIV Positive Reactors														
4) Contacts														
5) LO Priority** Cases/Suspects														
6) Reactors 18 years of age														
7) Aliens/Immigrants														
7) Other (Specify) _____														
Total*														

Percent closed within 15 days	B/A x 100%	=	_____
Percent closed within 30 days	(B + C) / A x 100%	=	_____
Percent services completed	D / (D+ E+ F) x 100%	=	_____

*High Priority = Class 3 (Verified Respiratory / Laryngeal TB) / Class 5 (Pulmonary TB Suspect)

**Low Priority = Class 4 (Inactive TB) / Non-pulmonary TB / Non-verifiable TB

BOM - beginning of month, i.e., number of work assignments carried forward from previous month

ADDED - work assigned during month

COMP - completed - patient received required services

REFD - refused - patient declined services

UTL - unable to locate; no locating information available

MVD - moved; patient moved & forwarding address is known

REAGD - reassigned; the work assignment was given to another health care worker

EOM - number of work assignments open at end of month

FIELD WORK REVIEW FORM

The Field Work Review Form (page 22) builds upon the Field Investigation Report and is an instrument to assess the process and quality of field work. This form can be used by a supervisor as a part of a formal evaluation process. It can be used annually, semi-annually, quarterly, or as needed. A sample of the HCWs' field investigations should be selected randomly and used to complete the form. Work assignments should be reviewed and sorted by type of patient or category of work. The last two columns reflect the quality of documentation and overall quality of type of investigation. In order for a supervisor to assign a rating of "acceptable," the following should have occurred:

- Documentation is concise and self-explanatory and include:
 - Date(s), time(s), and type of field action(s)
 - Justifications for actions with clear explanations
 - Standard language, acronyms, and abbreviations used within the health department
 - Who completed each action

In order for a supervisor to assign a rating of 'acceptable' for overall investigation, the following should be true:

- There are no unreported gaps between investigative steps
- Initial actions should include face-to-face meetings whenever possible
- If failed attempts to locate a patient are noted, the same techniques to locate the patient are not repeated
- Work is completed within the health department time frames

As work is reviewed, the supervisor should keep notes of indicators used to assess 'acceptable' or 'unacceptable' work and note these in the summary page.

Each program should develop its own minimum and "gold" standard percentiles for the last row of the form. These percentiles should take into account the resources and morbidity of an area. For example, in a rural region, where patients are located a considerable distance from each other, a higher acceptable percentage of mail or phone investigative methods is possible than in an urban area. Also, factors such as weather, terrain, and available personnel can affect acceptable standards for work.

FIELD WORK REVIEW FORM, PART 1

Period: _____ to _____ Health care worker: _____

Category of Work	Total Number	Time Frame of Initial Action (in hours)			Type of Investigation				Time Frame of Second Action (in hours)			Type of Investigation				F/U Inv. Gaps	Doc.		Invest.			
		w/24	24-48	>48	mail	P/C	FV	UNK	CLSD	w/24	24-48	>48	mail	P/C	FV		UNK	AC	UN	AC	UN	
High priority case/suspect																						
HIV+ reactor																						
Contact																						
Low Priority case/suspect																						
+Reactors ≤18 years of age																						
Alien/ Immigrant																						
Interview/ Contact Investigation																						
Total																						
Percent																						

w/24 – action taken within 24 hours
 24-48 – action taken within 48 hours
 >48 – action taken after 48 hours
 UNK – unknown when or what type of action steps occurred
 mail – action by mail
 P/C – action by phone call
 FV – action by field visit
 CLSD – closed
 F/U Inv. Gaps – delays in follow-up investigation
 >3 days – greater than 3 days
 Doc. – Documentation
 AC – acceptable
 UN – unacceptable
 Invest. – Investigation

PUTTING IT ALL TOGETHER

The three field investigation evaluation instruments should be used to formulate an overall picture of an investigator's skills, abilities, and performance level as well as to identify training needs. The *Skills Evaluation Form* provides for a subjective assessment of an investigator's skills in conducting field investigations. The *Field Work Review Report* provides an opportunity to collect objective data on process as well as a more subjective determination as to acceptability of process and choice of activities and the *The Field Investigation Report* objectively measures outcomes. One should expect some level of corroboration amongst the evaluation instruments. For example, an investigator who achieves excellent outcomes would be expected to have carried out logical investigations, selected appropriate methods or processes, and possess reasonable skills. An investigator with poor outcomes may be lacking necessary field investigation skills or is choosing investigation methods with poor chance for success. If there is inconsistency amongst the evaluation instrument results, it is important to identify why. Effective process and skills with resulting poor outcomes may be a result of external forces such as clinic barriers or a tendency to assign the most difficult cases to good investigators. The reverse may also be true.

Inconsistencies between all supervisory data collection instruments should be reviewed with the HCW. Appropriate constructive feedback mechanisms should be utilized in the review of performance with HCWs.

Skills maintenance is just as important as skills building. Staff, regardless of experience level, should be routinely observed in the field and records examined on a scheduled basis to preserve quality standards. Experienced staff who are routinely evaluated will also become better trainers for new and less experienced staff.

SUPERVISORY SUPPORT

The success of a HCW's investigation not only rests on his/her own skills, but also on the support of a supervisor. This can contribute positively to the work environment. Supervisory support is essential, as field investigation is time consuming, intensive, and challenging, with important consequences.

Supervisory availability is essential as well. An experienced supervisor should be able to provide coverage and assistance, if needed. This can include:

- A varied approach to working with a challenging patient
- Taking on a portion of existing responsibilities if the current work load is overwhelming for the HCW
- Assisting in the review a collection of medical record information

As stated earlier, regular trips into the field can also assist the supervisor in obtaining a clear picture of the realities of field work, not just basing perceptions on what is in the written record.

CONCLUSION

Ongoing training and evaluation, along with supervisory support, are vital to the success of field investigation activities. HCW performance will benefit from a focus on high quality skills development and effective skills maintenance. The ongoing partnership between the supervisor and investigator provides countless opportunities to share experiences and provide support. This collaboration is key to reaching TB program outcome goals.

DEFINITIONS OF FIELD INVESTIGATION TASKS AND SKILLS

Needs Improvement

Should be checked anytime the supervisor makes a constructive recommendation that the health care worker is to follow in the future.

Satisfactory

Should be checked when the supervisor's direct observation deduces that the health care worker consistently demonstrates skills according to the definitions listed below.

Excellent

Should be checked for a specific aspect that is clearly above the expectations as outlined in the definitions below. The supervisor should be able to articulate exactly what led to this rating.

PRE-INVESTIGATION

1. Recognizes investigative priorities

- Observing program guidelines, routinely and appropriately determines high and low priority investigations and organizes field activity accordingly
- Takes into consideration all aspects of the work such as geography, weather, personnel availability, safety, and patient characteristics including infectiousness, history of non-adherence, risk factors for progression to disease, and patient's schedule

2. Completes a thorough medical record review

- Notes information about patient, which is relevant to prioritizing investigations including background information and locating information (case or suspect may have more information on a contact)
- Talks to other staff to clarify any information
- Prepares a strategy, based on locating information and other details about the patient, to save time in the field

3. Takes prompt action on all field assignments

Verifies the status of priority investigations within 24 hours of assignment, including consultation with private physicians.

4. Selects appropriate investigation methods

Selects methods that ensure the earliest examination, while preserving confidentiality such as:

- Face-to-face notifications whenever possible
- Mailing letters only in conjunction with field or telephone contact
- Demonstrating discretion and judgement any time the telephone is used
- Not repeating failed investigation methods (e.g., leaving notes at the same address, making repeated phone calls or visits at the same time of day)

5. Canvasses locating resources effectively

Uses standard locating resources before and during investigations (e.g., telephone directory, directory assistance, cross directory, previously closed field assignments, medical records, neighbors, neighborhood businesses, long distance telephone information for out-of-area investigations, maps, the Internet, police department, post office, and other knowledgeable staff).

INVESTIGATION

6. Speaks with third parties in a confidential and professional manner

- Asks correct questions while maintaining confidentiality when meeting a third party related to the patient to be located
- Is able to think spontaneously when interacting with unrelated third parties whose curiosity could threaten confidentiality unless handled effectively
- Tactfully evades questions of people who have no need to know the identity of patients or the purpose of field investigations

7. Demonstrates timely, persistent, and imaginative action required to move a stalled investigation

- Takes all reasonable steps to ensure that assigned investigations are resolved promptly, after considering investigative workload and other professional obligations
- Does not delay or inappropriately resolve investigations because of worker procrastination, timidity, or the unimaginative use of resources or investigative techniques, and/or possession of inaccurate descriptive or locating information
- Uses alternative avenues of location when primary approaches seemed unproductive or likely to violate confidentiality

8. Determines identity of located individual

When in contact with an individual attempting to be located, does not compromise confidentiality prior to identification. Relies on specific documented identifiers and asks for identification or specific identifying facts (e.g., address, physical description, date of birth, etc.)

9. Discusses reason for visit with patient

- Explains reason for visit in a thorough manner and answers questions appropriately
- Does not breach confidentiality
- Provides factually correct information
- Uses non-threatening language when discussing urgency of visit or any legal ramifications which may apply

10. Motivates individuals to take action promptly

- Creates a sense of urgency with patients about examinations through factual information and persistence
- Determines if there were any barriers to keeping the appointment and takes appropriate actions to resolve these obstacles
- Provides appropriate patient education

11. Observes appropriate practices for personal safety and security while in the field

Maintains safety without endangering others and shows respect for community members and patients about their living circumstances.

12. Demonstrates good judgement in the use of the telephone as an investigative tool

- Begins initial investigation on a face-to-face basis. Tries to motivate patients to meet face-to-face in a confidential setting, if deemed necessary, while revealing as little sensitive information as possible
- Uses phone to initiate an investigation only when there is no other course of action which will be effective

13. Documents the investigative activities completely and accurately

- Writes in chart or in other appropriate form each investigative step immediately after the activity occurs and records the date, time, and nature of the activity according to protocols
- Documentation is sufficiently legible, coherent, and accurate to permit the reconstruction of all activities so that a coworker could complete any investigation without duplicating steps
- Justification for actions taking longer than health department standards are also detailed

14. Consults with other staff or supervisor for assistance when appropriate

Recognizes when to request help of supervisor or other staff based on overwhelming circumstances such as coverage of other staff members' work responsibilities, lack of knowledge of policies and procedures, feeling insecure in a particular location, etc.



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