

**\*1. Name of PHN**

**\*2. Disease investigated**

Salmonella

Shigella

Other (please specify)

**\*3. CaIRENIE #**

Record the date and time for the following actions. If there are multiple reports, use the earliest receipt date and time.

**\*4. Date and time when report reached the DPC office**

**(If there are multiple reports, use the earliest receipt date and time.)**

Date and time    MM    DD    YYYY    HH    MM    AM/PM  
                   /  /      :    

**\*5. Date and time PHN picked up the assignment (PHN must stamp and initial the report when the assignment is received.)**

Date and time    MM    DD    YYYY    HH    MM    AM/PM  
                   /  /      :    

**\*6. Date and time PHN called clinician (PHN must attempt to call clinician before calling patient.)**

Date and time    MM    DD    YYYY    HH    MM    AM/PM  
                   /  /      :    

**\*7. Date and time PHN initiated phone call to the patient**

Date and time    MM    DD    YYYY    HH    MM    AM/PM  
                   /  /      :

**\* 8. What impacted you from picking up the report to begin your investigation?**

**\*9. What barriers affected MD notification? Please check all that apply.**

- No MD information on report
- Unable to locate MD on the same day investigation initiated
- Inadequate or wrong information on reports
- PHN on advice calls
- PHN is saturated with workload
- No barrier
- Other (please specify)

**\*10. What barriers delayed making the initial phone call to the patient? Please check all that apply.**

- Staff shortage
- Increased volume of reports
- High complexity/acuity of previous case
- PHN on advice calls
- No barrier
- Other (please specify)