

Client Tracing Job Aids

What is it?

Two job aids were developed as part of the RETAIN6 BRIDGE retention toolkit to help facility staff who trace clients who have missed a scheduled HIV treatment visit or medication pickup. The first is a tracing support tool, available as a desk reference, poster, or pocket card, that walks tracing staff (counselors, ward-based outreach team members, and community health workers) step by step through the steps of tracing clients and

documenting outcomes. The second is a pre-printed contact-detail sticker attached to a client's file to prompt reception clerks and administrative staff to update and confirm contact details at every visit, rather than only at the initiation visit.

Why it matters

Missed visits and missed medication pickups are extremely common during clients' first year on ART. Guidelines recommend that facilities attempt to contact clients who are >7 days late for a scheduled visit, a process known as "tracing and recall", starting with phone calls and escalating to a home visit if the client cannot be reached by phone. Retain6 research showed that clients eligible for tracing can only be reached 50% of the time. Facilities report that a major reason for this is not having

current contact details on file, since clients often change their contact details without informing the clinic.

Another frequent obstacle is that the facility's list of clients who should be traced is not up to date when tracers access it. As a result, many clients who might benefit from tracing contact cannot be found, while others who do not need tracing are contacted unnecessarily.

TRACING SUPPORT TOOL		
STEP 1 - IDENTIFY		
 Access TIER.net Missed Visits List	 Verify Using Client File <ul style="list-style-type: none">• Last visit date & next appointment• Any documented outcome	
 Don't trace if visited/transferred/LTFU/deceased		
STEP 2 - CONFIRM		
 Capture Details <ul style="list-style-type: none">• Name, age• File number• Missed visit date	<ul style="list-style-type: none">• Type of appointment• Phone number• Address	☒ Pre-Tracing Check <ul style="list-style-type: none">• Phone number valid?• Alternative contact available?• Tracing method consented for?
STEP 3 - TRACE		
 NO DISCLOSURE OF CLIENT STATUS		
 Tele-Tracing <ul style="list-style-type: none">• Make three separate calls• Record date & outcome	 Home Visits <ul style="list-style-type: none">• ONLY if tele-tracing fails• 3 attempts• Record date & outcome	
STEP 4 - DOCUMENT		
 If Unreachable <ul style="list-style-type: none">Document reason• Wrong number/address• Voicemail• Client unknown	☒ Client Contacted: <ul style="list-style-type: none">✓ Establish reason for missed visit✓ Reschedule & record appointment✓ Refer for support✓ Record outcome & date	Update Records: <ul style="list-style-type: none">✓ Register (return/LTFU/death date)✓ File (contact details/address)✓ Check EMR updated

File number:

Phone (Primary):

Phone (Alt):

Physical address:

Contact method: ☐ Call ☐ SMS ☐ WhatsApp ☐

Home visit ☐ Other _____

Best call time: ☐ Morning ☐ Midday

☐ Afternoon

Trusted Contact (optional):

Relationship:

Phone:

What it contains

Component	Format	Use	Staff cadre	Use schedule
Tracing support tool	Handout/poster for tracing staff	Used before starting to trace any client, to confirm all steps (identify, confirm, trace, document) have been completed	Counselor, Ward-Based Outreach Team, Community Health Worker, other tracer	Every tracing action
Client contact detail sticker	Pre-printed sticker/adhesive note sheet kept at reception	Attached to the client file; used to update and confirm contact details, preferred contact method, and best call time	Clerk or nurse	Every visit

The tracing support tool

Availability

The tracing job aid is provided as a single-page poster/handout for tracing staff, summarizing all four steps of the tracing process in one place for quick reference before and during a tracing action.

Implementation of the tool

The tracing support tool walks tracers through four steps that should be taken every time a client becomes eligible for tracing (misses a scheduled visit or medication pickup by more than 7 days).

STEP 1: Identify <ul style="list-style-type: none"> Identify clients in need of tracing: <ul style="list-style-type: none"> Pull the missed-visits list from TIER.net Important: Verify against the client file (last visit, next appointment, any outcome already documented) Stops unnecessary tracing e.g. for clients who have already come to the clinic or transferred or are known to be lost to follow up or deceased 	STEP 2: Confirm <ul style="list-style-type: none"> Capture name, age, file number, missed-visit date, appointment type, phone number, address Pre-tracing check: Check if valid number; if there is an alternative contact; if client consented to tracing method 	STEP 3: Trace <ul style="list-style-type: none"> Tele-trace: three separate calls, dates and outcomes recorded Home visit only if tele-tracing fails, up to three attempts, dates and outcomes recorded No disclosure of client HIV status at any point—if someone other than the client answers the phone or comes to the door, XXX. 	STEP 4: Document <ul style="list-style-type: none"> If unreachable, record reason (wrong number/address, voicemail, client unknown) If contacted, establish reason for missed visit, reschedule, refer for support, record outcome Update the register and the client's file and confirm the EMR is updated
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How it was developed

The tracing job aid was built directly from the national tracing-and-recall guidelines (SOP 7), translated into a step-by-step algorithm, then refined through consultation with facility providers and the National Department of Health, who gave feedback before it was finalized.

Providers' responses

Providers who were exposed to the Tracing Support Tools were interviewed to learn about their perspectives on it. We talked to 29 providers about the BRIDGE toolkit, asking about each component. During the interviews, few providers mentioned the tracing support tool. While one provider acknowledged using it to conduct tracing, another said that they prefer other tracing approaches. *"I think with the follow-up, the one that we've adopted*

as a facility is working better for us. We cannot say I can say we've been resistant to the one that you suggested, but I think the one that we are using is best."

From prior research, the study team knew that some facilities in South Africa conduct tracing within one day of a missed visit, even though it is not recommended by tracing SOPs or clinical guidelines. Some facilities also extended their tracing efforts beyond the 90-day period recommended in the 2023 Guidelines in response to a national initiative to re-engage people not on ART or who had dropped out of care which was launched at the same time as the BRIDGE pilot. Results of our pilot thus cannot provide guidance on the optimal timing of tracing efforts.

The client contact sticker

Availability

The contact-detail sticker is formatted as a printed sheet containing 6 individual stickers that reception or administrative staff can peel off and attach to a client's paper file, to be completed and updated at every visit rather than only at ART initiation.

How it was developed

The contact-detail sticker went through several design iterations during co-creation. The team considered having clients complete a contact card at registration and hand it back at the desk, but providers raised concerns about cards not being returned, limited access to pens, and the risk of signaling a client's ART status to others in the waiting area. A second option, capturing details at registration and re-entering them into TIER.net, was ruled out because registration records and TIER.net do not currently exchange data. The team ultimately settled on a sticker that administrative staff attach to and remove from the client's folder, discarded once the information has been captured in TIER.net. Providers at each facility decided who should be responsible for attaching the stickers to folders, who should update contact details, and where on the folder the sticker should be placed.

Providers' responses

Providers referred frequently to using the stickers on client file, finding them easy to use and integrate into the existing workflow. They valued having a system to document contact information that did not take a lot of time to complete and did not rely entirely on clinical staff. The stickers could not overcome the persistent problem of inaccurate or incomplete contact details but did improve overall accuracy.

*"I think the one that you put the sticker on the patient's file to write the contact details if they've changed, I think that one is easy, anybody can do it."—
Gauteng Province, Professional Nurse*

*"You'll find when it comes to interrupters, you'll find that the stickers are working more because you'll find that the addresses are wrong or they moved from their old addresses or the cell phone numbers. So, that one is more effective in regarding to treatment interrupters."—
Gauteng Province, Lay Counsellor*

Next steps

Based on BRIDGE findings, stickers to attach to client files to improve capture of contact details can be incorporated into routine care without further research. The tracing support tool should be re-considered in light of facilities' preferences for their own existing procedures and policy makers' views on balancing guideline compliance with facility preferences.

For more information or to request access to the Tracing Support Tools and supporting materials, please contact Dr Mhairi Maskew, mmaskew@heroza.org.