

Guidance for Outpatient and Post-Discharge Follow-Up

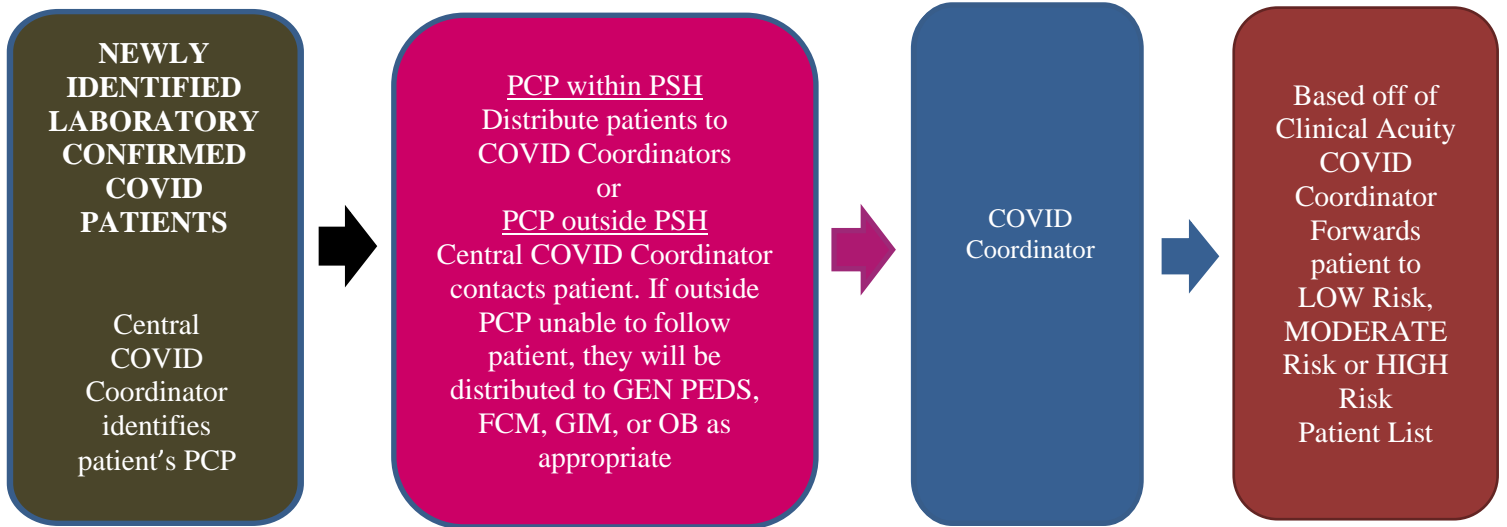
GUIDANCE FOR THE OUTPATIENT AND POST-DISCHARGE COVID-19 FOLLOW-UP

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SECTION 1: PROCEDURE FOR DISTRIBUTING NEWLY IDENTIFIED LABORATORY-CONFIRMED COVID-19 PATIENTS TO PEDIATRICS, FAMILY & COMMUNITY MEDICINE, GENERAL INTERNAL MEDICINE, AND OBSTETRICS & GYNECOLOGY



NOTES:

1. Newly Identified Laboratory Confirmed COVID-19 Patients: The **Chief Quality Officer** (or representative) calls patient to deliver positive test result. The CQO then provides a daily list to the **Central COVID Coordinator** for distribution as above. If the patient has an HMC PCP, the patient is distributed to the PCP's group via the appropriate **COVID Coordinator**
2. PCP Outside PSH: The **Central COVID Coordinator** contacts the patient to ensure they are being monitored by their PCP. If the patient is not being monitored, then **Central COVID Coordinator** will obtain verbal consent to call the PCP. If the PCP is unable to follow this patient, then the patient will be distributed to one of the PSH lists.
3. Patients Discharged from Hospital: Admitted patients with laboratory confirmed COVID-19 also show up on the list that will be distributed to **Central COVID Coordinator**, and will follow this same process upon discharge. The pediatric hospitalist team will follow COVID-19 discharges from the Children's Hospital.
4. Pregnant patients: Pregnant patients will be distributed to OB (unless they are being followed by FCM for their OB care, in which case they will be distributed to FCM).

SECTION 2: INITIAL RISK STRATIFICATION OF LABORATORY-CONFIRMED AND CLINICALLY SUSPECTED COVID-19 PATIENTS (OUTPATIENT & POST-DISCHARGE)**LOW RISK:**

- Age ≥ 1 or < 50 with no immune-compromising conditions or other comorbidities (chronic heart disease, DM, HTN, kidney disease, chronic lung disease, malignancy, metabolic disease, tobacco use, BMI >40 , congregate living)
- Not pregnant
- No concerning symptoms or stable/improving symptoms
- Adequate support/supplies

MODERATE RISK:

- Age ≥ 1 or < 50 with comorbidities (chronic heart disease, DM, HTN, kidney disease, chronic lung disease, malignancy, metabolic disease, tobacco use, BMI >40 , congregate living), and no immune compromising conditions
- Age < 1 or ≥ 50 (but <70) with no immune-compromising conditions comorbidities (chronic heart disease, DM, HTN, kidney disease, chronic lung disease, malignancy, metabolic disease, tobacco use, BMI >40 , congregate living)
- Pregnant
- Expected, stable, and/or improving symptoms. No chest pain or SOB/dyspnea.
- Adequate home support/supplies

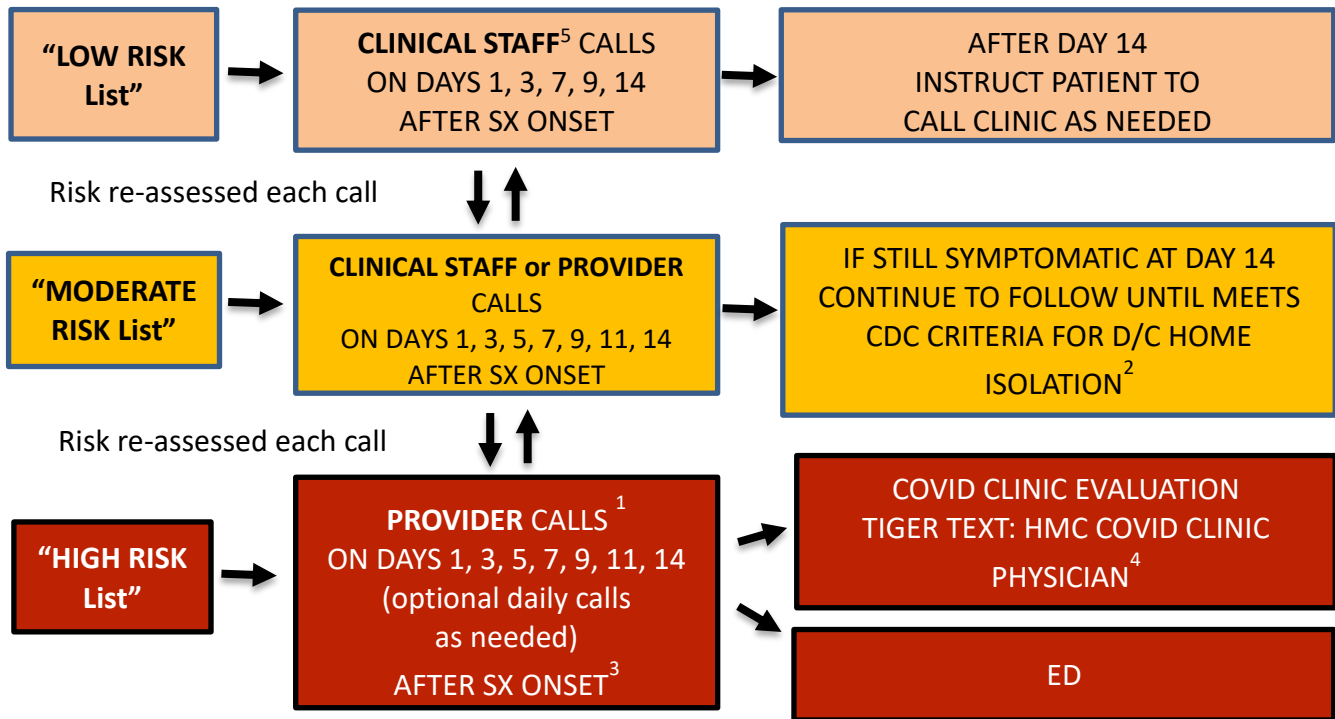
HIGH RISK:

- Any patient with immune-compromising conditions including: cancer treatment; bone marrow or organ transplant; immune deficiencies; HIV with a low CD4 cell count or not on HIV treatment; and/or prolonged used of corticosteroids.
- Age ≥ 70
- Age < 1 or ≥ 50 with co-morbidities (chronic heart disease, DM, HTN, kidney disease, chronic lung disease, malignancy, metabolic disease, tobacco use, BMI >40 , congregate living)
- Any concerning symptoms (chest pain or SOB/dyspnea) or highly symptomatic (without concerning symptoms)
- Concerns about home support/supplies

Home support/supplies:

- Able to understand instructions for home isolation
- Able to maintain home isolation (separate bedroom/bathroom)
- Caregiver support at home (preferably someone who is not high-risk)
- Has adequate supplies (i.e., thermometer, gloves/mask, home ventilation, food, medications, cleaning/disinfectant supplies)
- Able to self-monitor for fever, worsening symptoms
- Has plan for asking for help if needed (emergency phone numbers)

SECTION 3: LABORATORY-CONFIRMED COVID-19 PATIENT FOLLOW-UP PROCEDURE



Pending Patients: Receive a call from Clinical Staff to check on the patient for symptom management, copy the PCP on the phone message as an FYI w/ symptoms. PCP will follow-up as needed.

Negative Patients: 3-5 days post negative result, Clinical Staff to check on the patient for symptom management, copy the PCP on the phone message as an FYI w/ symptoms. PCP will follow-up as needed.

¹Phone calls can be substituted with telehealth if available/appropriate

²At least 72 hours have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement of respiratory symptoms (e.g., cough, SOB); and at least 7 days have passed since symptoms first appeared

³High risk patients may require daily calls, especially 7-12 days after symptoms onset, depending on their course

⁴Procedure for referrals to COVID Clinic is described in next section (“Sample Script for Follow-Up Phone Calls”). Patients with more concerning signs should NOT be referred to the COVID clinic, but be directed to the ED (ED should be alerted with pre-arrival note), e.g., overt respiratory distress, change in mental status, POx significantly less than baseline (if known), < 3 months of age with fever, or other extremis.

⁵Clinical Staff: MA, LPN, RN or Respiratory Therapist

If the Clinical Staff determines that the patient needs to have further evaluation by a Provider, they will contact the Provider for guidance. The Provider may reassign the patient to a higher acuity list by forwarding the patient to the appropriate pool to be followed-up by a Provider rather than a clinical staff member.

When a patient is on the MODERATE or HIGH Risk List, the Provider may opt to have scheduled Telehealth/ Telephone appointments placed on their template. These appointments have the potential to be billable.

SECTION 4: SAMPLE SCRIPT FOR FOLLOW-UP PHONE CALLS**ALL CALLERS:**

Prior to initiating the phone call, familiarize yourself with any prior documentation in the patient's chart regarding prior COVID-19 related follow-up phone calls or virtual visits.

OPENING:

MY NAME IS ____ (describe your position/role). I AM CALLING FROM PENN STATE HEALTH TO SEE HOW YOU/YOUR CHILD ARE/IS DOING. DO YOU HAVE A FEW MINUTES TO TALK RIGHT NOW?

LET ME FIRST CONFIRM I AM SPEAKING WITH THE RIGHT PERSON.
CAN YOU TELL ME YOUR NAME AND DATE OF BIRTH?

I WILL DOCUMENT THE THINGS WE TALK ABOUT TODAY IN YOUR CHART SO IT WILL BE AVAILABLE TO OTHERS WHO MAY BE FOLLOWING UP WITH YOU DURING YOUR ILLNESS, IN CASE IT IS NOT ME EVERY TIME.

IF patient had a POSITIVE COVID-19 test: "ACCORDING TO YOUR CHART, YOU HAD A POSITIVE TEST FOR COVID-19 ON [DATE]. IS THAT CORRECT?"

ACCORDING TO YOUR CHART, YOU FIRST STARTED HAVING SYMPTOMS ON [DATE]. IS THAT RIGHT? THAT MEANS IT HAS BEEN [NUMBER OF DAYS] SINCE YOUR SYMPTOMS FIRST STARTED.

TELL ME HOW YOU ARE DOING.

[Listen--acknowledge how difficult this might be for the patient and his/her family]

SYMPTOM FOLLOW-UP:

TELL ME HOW YOU ARE FEELING

- Potential concerning symptoms:
 - Difficulty breathing? (i.e., SOB at rest, conversational dyspnea, dyspnea with walking around house)
 - Chest pain?
 - PO₂ ≤ 92% (if available)?
- Other symptoms:
 - Fever (T_{max}, last time took fever-reducing medication), cough (productive?), sore throat, nasal congestion, change in smell, headache, muscle aches, GI symptoms (nausea, vomiting, diarrhea)?

Have these symptoms **improved/worsened** since the last check-in? (Patients often will have worsening of symptoms 7-12 days after symptom onset. If available ask patient to self-monitor BP, HR, Pox)

STOP! If patient states that symptoms have worsened since the last check in, the Clinical Staff will notify the provider immediately with information gathered during the call.

If symptoms have NOT worsened since last check-in, go to **“HOUSEHOLD CONTACTS” Section**

PROVIDERS ONLY:

Offer guidance about symptom management (acetaminophen, oral hydration).

When to refer the patient to the ED

- Overt respiratory distress
- Change in mental status
- POx less than baseline (if known)
- < 3 months of age with fever
- Other extremis

When to refer the patient to the COVID CLINIC

If the patient is having concerning symptoms (i.e., difficulty breathing, chest pain, POx \leq 92-94%) but does not require immediate ED evaluation, assess if the patient should have a COVID clinic evaluation. Referrals to the COVID clinic are appropriate in the following scenarios:

- (1) a specific service is needed that requires in-person interaction that may change clinical management, such as labs, CXR, or focused physical examination (e.g., lung exam);
OR
- (2) evaluation for hospital admission due to:
 - Dyspnea, especially at rest or worsening
 - HR >110
 - POx \leq 92% (if available), depending on baseline (if known)
 - Other signs/symptoms concerning for possible clinical worsening

COVID clinic referrals require a Tiger Text from the patient's PCP to the HMC COVID Clinic Physician for a direct physician-to-physician discussion.

If the patient has home medical equipment that would be required during a possible hospitalization (e.g., home blood glucose meter, continuous glucose sensor, insulin pumps and the corresponding testing and changing supplies), instruct them to bring that equipment with them when going to the ED or the COVID Clinic. Additionally, patients who are on continuous glucose sensor devices and have an established data sharing app and code, should have this information with them.

HOUSEHOLD CONTACTS:

IS ANYONE ELSE AT HOME ALSO SICK?

If yes, determine if they need help getting the household contact tested. Household contacts with symptoms

can be referred to their PCP or to the Penn State OnDemand App for free SARS-CoV-2 testing. If the household contact is having symptoms consistent with COVID-19, reinforce that they may also have COVID-19 and should follow the same home isolation measures that they are.

HOUSEHOLD MANAGEMENT AND MAINTAINING HOME ISOLATION:

WHILE YOU ARE SICK WITH COVID-19, IT IS IMPORTANT TO STAY HOME AND ISOLATE YOURSELF FROM OTHERS AS MUCH AS POSSIBLE. HAS THAT BEEN POSSIBLE FOR YOU?

- Assess the suitability of the home care of people not requiring hospitalization for COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html>
- Probe to assess if they are staying at home, separating from others in the home (separate bedroom/bathroom), is there a caregiver to provide food (wearing facemasks), hand washing, not sharing personal household items, feasibility of ventilating space, clean/disinfecting “high-touch” surfaces (virus can live on surfaces for hours or longer).
- Assess ability to maintain home isolation with current level of support, whether there is adequate access to food.

Useful resources about home management to share/review with patient as appropriate:

1. Steps to help prevent the spread of COVID-19 if you are sick: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/sick-with-2019-nCoV-fact-sheet.pdf>
2. Caring for someone at home: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/care-for-someone.html>
3. Disinfecting your home if someone is sick: https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprepare%2Fdisinfecting-your-home.html
4. List of EPA approved disinfectants: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
5. FAQ (lots of good info here): <https://www.cdc.gov/coronavirus/2019-ncov/faq.html>
6. Fact sheets in other languages: <http://ohioaap.org/covid19resources>

DISCONTINUING HOME ISOLATION:

Persons with COVID-19 who have symptoms and were directed to care for themselves at home may discontinue home isolation under the following conditions:

1. At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
2. At least 7 days have passed *since symptoms first appeared*.

Household contacts of persons with COVID-19 must be quarantined for a minimum of 7 days after their last household exposure. For most, this will be 7 days after the person with COVID-19 is released from isolation. This may be extended to 14 days depending on ability for household members to follow strict isolation from their impacted family member.

Useful resources about discontinuing home isolation to share/review with patient as appropriate:

1. Further information is available at the CDC website (Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Setting): <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>
2. Discontinuation of In-Home Isolation for Immunocompromised Persons with COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ending-isolation.html>
3. Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>
4. Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>
5. Workplace resources for employers: <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>

RISK RE-ASSESSMENT AND FOLLOW-UP:

Based on their symptom assessment, re-assess their risk category to determine interval to next follow-up phone call.

EITHER ONE OF MY COLLEAGUES OR I WILL CALL YOU AGAIN IN [NUMBER] DAYS TO CHECK-IN ON YOU. BUT WE WANT TO HEAR FROM YOU BEFORE THEN IF YOU ARE FEELING WORSE OR HAVE CONCERNS OR QUESTIONS, ESPECIALLY IF YOU START HAVING ANY DIFFICULTY BREATHING.

PLEASE CALL YOUR HOME CLINIC WITH THESE CONCERNS. DO YOU HAVE THAT PHONE NUMBER?
[if not, look in the directory and give to patient]

IF YOU ARE HAVING A MEDICAL EMERGENCY, DO NOT CALL THE CLINIC, JUST CALL 911 RIGHT AWAY.

If this is the final phone call:

IT SOUNDS LIKE YOU ARE DOING VERY WELL, AND YOU ARE WELL ON YOUR WAY TO RECOVERY. I AM NOT PLANNING ON CALLING YOU AUTOMATICALLY ANYMORE, HOWEVER PLEASE CALL THE CLINIC IF YOU HAVE ANY CONCERNS THAT ARISE. (Confirm the patient knows how to reach the clinic, as above).

Copy the PCP on the phone message as an FYI.

SECTION 5: CUSTOM EMR DOCUMENTATION OF ALL COVID POSITIVE PATIENTS BY

FACILITY All Documentation should include the following:

- Name/DOB/MRN
- COVID Result (+/-/PU)
- Testing Date
- Risk Stratification
- Onset of Symptoms
- Number of days since onset
- Concerning Symptoms
- Household Management/Contact
- Education Provided
- Follow-Up/Disposition