

COVID-19 Monitoring Program Summary (updated March 28, 2020)

The **COVID-19 Monitoring Program** provides for daily check-ins with patients across the system who have tested positive for COVID-19 or who, based on symptoms, could have COVID-19. Those in the program receive the following:

- 1) Patients enrolled in MyChart will receive a Daily Home Monitoring Questionnaire every day at 6 am until they meet the stopping criteria outlined below.
- 2) Patients not completing the Daily Home Monitoring Questionnaire or not enrolled in MyChart will receive a call from the COVID-19 Monitoring Program clinical team to assess for the presence of severe symptoms that could require physician input or a warm handoff to an Emergency Department.

Criteria to Enroll in Monitoring Program (see COVID-19 Testing and Monitoring Algorithm on NMI or Physician Forum)

Moderate symptoms (new or worsening cough *OR* shortness of breath *OR* sore throat) **INCLUDING** a fever ($\geq 100.4^{\circ}\text{F}$ or 38.0°C) **AND** any one of the following risk factors:

- Age >65
- Chronic medical conditions/risk factors (e.g., immunocompromised, chronic heart/lung/kidney disease, diabetes, >32 week pregnant or breastfeeding) [Note: Triage line escalates to physicians covering as needed]

OR

Have tested positive for COVID-19 anywhere in the system **AND** are not currently hospitalized at NM

To enroll your patient with moderate symptoms in the COVID-19 Monitoring Program:

- Send a message to the **COVID-19 Nurse Triage Pool** with the **.covidmonitor** smart phrase
- For independent physicians, please use the **Private MD Screening Request** form to request patient monitoring.

Patients with **mild symptoms** (not meeting the criteria above), will continue to be directed to their physician for monitoring and follow-up.

Patients with **severe Symptoms** should be referred to their nearest Emergency Department

COVID-19 Monitoring Program Details

*****Please encourage all patients to sign up for MyChart and to respond to messages*****

Each day at 6 am patients with MyChart are sent a symptom questionnaire. Within the program, calls and follow-up are prioritized for patients who report severe or concerning symptoms. Patients who do not have MyChart or who have not responded receive a call.

Mild Symptom Criteria

- Do not meet concerning symptom criteria; would report the following on daily questionnaire
 - **Rating of 0 (Not at All), 1 (A Little Bit) or 2 (Somewhat):** Shortness of breath *OR* stomach pain *OR* overwhelmed
 - **Rating of 0 (Not at All), 1 (A Little Bit), 2 (Somewhat), or 3 (Quite a bit):** Coughing *OR* sore throat *OR* lack of energy *OR* diarrhea *OR* Feel ill
- Temperature $< 102.5^{\circ}\text{C}$ (39.2°C)
- Patients reporting mild symptoms, do not receive call; they are reassessed the next day until they meet *Stopping Criteria* (below)

Concerning Symptom Criteria

- Any one of the following reported on daily questionnaire
 - **Rating of 3 (Quite a bit) or 4 (Very Much):** Shortness of breath OR stomach pain OR overwhelmed
 - **Rating of 4 (Very Much):** Coughing OR sore throat OR lack of energy OR diarrhea OR Feel ill
 - Temperature > 102.5°C (39.2°C)
- Patients with concerning symptom criteria are assessed for severe symptoms and other needs

Severe Symptom Criteria

- Meet severe symptom criteria (any one of the following reported on monitoring phone call)
 - Trouble breathing
 - Persistent pain or pressure in the chest (not from a pulled muscle from coughing)
 - New confusion or inability to arouse
 - Bluish lips or face
- If patient meets severe symptom criteria, warm handoff to ED for assessment

Stopping Criteria

No fever and only mild symptoms for three days AND more than 7 days have passed since symptom onset

OR

Currently inpatient at an NM hospital

OR

Cannot reach the patient by any means for 7 days

At Northwestern Medicine, we are checking-in daily with patients who have had a COVID-19 test or, based on symptoms, might have COVID-19.

Every morning, until you feel better, we will send you survey you can complete in less than 5 minutes through.

This survey will help Northwestern care for you and others in the midst of the COVID-19 pandemic.

Thanks for participating in your care and we hope you are feeling better very soon.

Initial Questionnaire: the following questions should only be asked on *day 1*.

1. On what date did you start to develop fever or respiratory symptoms?: [date]
2. Since your symptoms began, have you had any of the following? [All Y/N]
 - a. Fever
 - b. Cough

- c. Shortness of breath
 - d. Sore throat
 - e. Muscle aches
 - f. Trouble sleeping
 - g. Lack of energy
 - h. Feeling ill
 - i. Diarrhea
 - j. Stomach pain
3. How many adults live in your household: [whole number]
 4. How many children live in your household: [whole number]
 5. Do you have a dog or a cat? [Y/N]
 6. Do you have a room in which you can isolate yourself from others in your household: [Y/N]
 7. We'd like to touch base with you every day for a while until you are feeling better. If for some reason we don't hear from you online or we can't reach you by phone, please give us the name of someone we could contact to ask how you are doing?
 - a. [Name]
 - b. [Relationship]
 - c. [Mobile number]

Daily Questions: the following should be asked on *day 1 and daily* until the patient meets a stopping rule

Below is a list of statements that other people with your illness have said are important. **Please circle or mark one number per line to indicate your response as it applies to the past 24 hours.**

		Not at all	A little bit	Some what	Quite a bit	Very much
L2	I have been coughing	0	1	2	3	4
B1	I have been short of breath	0	1	2	3	4
HN12mod	I have a sore throat	0	1	2	3	4
Ntx5mod	I have muscle aches	0	1	2	3	4

		Not at all	A little bit	Some what	Quite a bit	Very much
Lym2	I have trouble sleeping at night	0	1	2	3	4
GP1	I have a lack of energy	0	1	2	3	4
GP6	I feel ill	0	1	2	3	4
Hep3	I have had fevers	0	1	2	3	4
C5	I have diarrhea	0	1	2	3	4
ACT11	I have pain in my stomach area	0	1	2	3	4
MS8	I feel overwhelmed by my condition	0	1	2	3	4
CD11	I worry that the infection will get worse	0	1	2	3	4
HI4	I worry about spreading my infection	0	1	2	3	4

14. How many pain or fever-reducing pills (like Tylenol or Ibuprofen) have you taken in the last 24 hours: [enter whole number]

15. What is the highest your temperature has been in the past 24 hours? [enter temperature]

16. Since you have been monitored, has anyone else in your household developed fever AND a new respiratory symptom?: Y/N

These are some emergency warning signs for COVID-19. If you have any of these symptoms you should call your clinician or get medical attention immediately:

- Trouble breathing
- Persistent pain or pressure in the chest (not from a pulled muscle from coughing)
- New confusion or inability to arouse
- Bluish lips or face

Take care and we will reach out tomorrow morning unless you are well or enough time has passed.

Thank you very much.

Please click submit here.