Common Ground Community Health Clinician Workflow

Community Health Clinician Protocol

Most people who get COVID-19 will have mild symptoms and a full recovery, however up to 20% of patients may require hospitalization for monitoring and supportive care. Patients who test positive for COVID-19 but have mild in symptoms will be asked to self-quarantine at home. COVID-19 has been more frequently and more severely affecting people of color and of low economic means.

Our goal is to provide support and practical tools to assist in the monitoring of community members with COVID-19 to identify those that need to be evaluated in the hospital or seen by medical professionals.

Community members who have tested positive for COVID-19 and opted into our program will be assigned to trained Community Health Volunteers. These patients will be given a pulse oximeter and instructions on how to use one. The Community Health Volunteers job will be to check on these community members every day by phone to document worsening symptoms and document pulse oximetry/heart rate readings. Patients will be encouraged to keep a log of Pulse Oximetry and heart rate readings. Community Health Volunteers will work with patients to have an "emergency plan" established in advance.

The Community Health Volunteer will text the hotline with the patient ID when a patient's heart rate is <50 or >100, when the pulse oximetry is <=92%, and/or when the patient reports shortness of breath. In a case where there is clearly a danger of asphyxia or an immediate threat to life, the Community Health Volunteer will advise the patient to call 911 and contact the clinician on call after.

Your responsibility is to be the clinician on call for the hotline phone. This hotline will be staffed from 9am-9pm. When the on-call clinician is texted, it is the expectation that the patient in need would receive a call back within 30 minutes.

On Call Workflow

All patients followed by our program will be entered from the Milwaukee Health Department database into a HIPAA compliant DropBox file. All clinicians will have access to this file.

The patient's age and list of chronic medical conditions will be listed in this file when disclosed.

Once the on-call clinician receives a text with a patient ID number and information about need for care, the clinician will sign into DropBox to retrieve the patient log. Call the patient back within 30 minutes and take the following steps:

1)Assess severity of respiratory symptoms, recheck pulse oximetry, heart rate readings and review pulse oximetry/heart rate log when indicated. Assess other medical factors that might place the patient at high risk of poor outcome.

2) Decide along with the patient if they need to be evaluated in an Emergency Department. Patient will initiate the call to 911 or alternative means of transport to the hospital.

3)Document on the DropBox file the decision taken. If the patient does **not** need to go to the hospital, document rationale.

4) If the patient did go to the hospital, document on file AND text the patient ID number to Patricia Obluck at (414)217-6135.