

Organization of Outpatient Care After COVID-19 Hospitalization

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 **CHEST**[®] Online Supplement**e-Appendix 1.**

CORAL Post-COVID Follow Up Survey

Dear CORAL PIs,

Thank you for helping to collect this information regarding post-COVID-19 hospitalization follow up care at your hospital.

The goal of this survey is to describe the types of care models and resources available for patients discharged after a COVID-19 related hospitalization or medical ICU hospitalization across the PETAL network. This survey was motivated by feedback from the Data Safety and Monitoring Board of BLUE CORAL and from the NHLBI.

As part of the CORAL study, we are asking that you (as the site lead) will ensure completion of the survey for your hospital.

Recognizing potential sensitivity of these questions, all of the site-level data collected here will be deidentified and reported in aggregate, such that no single site will be identifiable by investigators or in any public material.

We know that many sites may have multiple different follow-up clinics available to patients after they are discharged from the hospital (e.g., post-ICU clinic), some of which may be specific for patients recovering from COVID-19. In answering the prompts below, we ask that you be as specific as you can.

If you are unable to answer a question, please reach out to those who may be more familiar with specific answers. For example, an ICU or discharge social worker, hospitalist, or post-ICU program leader may be able to help answer some questions. We ask that you compile their answers and submit them, such that each hospital has a single survey submitted.

For your convenience, the survey is available for download in PDF to provide a full list of the variables being collected.

Please contact Tom Valley (valleyt@umich.edu) or Terri Hough (houghc@ohsu.edu) with any questions regarding this CORAL survey.

Thank you,
The SEA CORAL investigation team



RESPONDANT INFORMATION:	
Name:	Text
Email address:	Text
PETAL Site:	Dropdown menu of all BLUE and RED CORAL sites
What other hospital are you responding for?	Text
Role of person(s) contributing information? - Check all that apply.	Check box: Social Worker / Discharge or Care Coordinator / Nurse / Respiratory Therapist / Physician / Research Team / Hospital Leadership / Other _____
Please specify the other role of person(s) contributing:	Text
If you have any additional comments related to the questions in this section, please write them here:	Text
Page Break	---
In this section, we ask questions about outpatient follow up that occurs as a default (i.e., happens routinely) specifically for patients who had been hospitalized with COVID-19 in your hospital.	---
Is your hospital keeping a clinical registry or list of all patients hospitalized with COVID?	Check box: Yes / No
Does your hospital provide COVID-specific discharge information to COVID patients at the time of discharge? (e.g., handouts, phone numbers, resources)	Check box: Yes / No
If yes → What is included in your hospital's COVID-specific discharge information?	Check box (select all): information on COVID isolation precautions / reasons to return to hospital for care / reasons to call primary care / recommendations for at-home care (e.g., exercise or nutrition) / symptoms of post-acute COVID sequelae / Other _____
If yes → Who can we contact at your hospital for additional information about COVID-specific discharge information?	Fill in the blank: Name Fill in the blank: Email
Does your hospital have post-hospitalization follow up (e.g., telephone call, messaging, clinic visit) as a default for COVID patients upon discharge from the hospital?	Check box: Yes for all patients / Yes for ICU patients / Yes for patients with new supplemental oxygen requirements / Yes for patients without a primary care clinician / No / Other _____



If yes → What is included in your hospital's follow up plan after hospitalization for COVID?	Check box (select all): telephone call / e-mail / text message / clinic follow up / virtual follow up / at-home visit / Other _____
Does your hospital have a post-hospitalization follow up clinic designed specifically for patients with COVID-19?	Check box: Yes / No
If yes → Is your post-COVID clinic a part of a general post-ICU clinic?	Check box: Yes / No
If yes and if not part of post-ICU clinic → When was your post-COVID clinic started?	Pull down menu (month/year)
If yes → How many post-COVID follow up clinics does your hospital have?	Pull down menu: 1, 2, 3, 4, 5, more than 5
If yes → How do hospitalized COVID patients receive a referral to your post-COVID clinic after discharge?	Check box (select all): all COVID patients receive automatic referral / specific referral criteria are used / ICU clinician discretion / ward clinician discretion / automated clinical decision tool / patient/family request / no referral needed / Other _____
If yes → In what formats are your post-COVID clinic visits conducted with patients?	Check box (select all): In-person, in-clinic / In-person, at patient home / Virtual / Telephone / Other _____
If yes → Which types of health care staff are physically available in your post-COVID clinic(s)?	Check box (select all): Physician / Advanced Practice Professional / Nurse / Respiratory therapist / Physical therapist / Occupational therapist / Nutritionist / Psychologist / Pharmacist / Social worker / Other _____
If yes → Which specialty/specialties are available to see patients in your post-COVID clinic?	Check box (select all): Pulmonary/Critical care medicine / Critical care medicine / General internal medicine / Physical medicine and rehabilitation / Primary care / Cardiology / Neurology / Psychiatry / Other _____
If yes → Which specialty/specialties lead(s) your post-COVID clinic(s)?	Check box (select all): Pulmonary/Critical care medicine / Critical care medicine / General internal medicine / Physical medicine and rehabilitation / Primary care / Cardiology / Neurology / Psychiatry / Other _____
If yes → When after discharge are patients typically seen for the first time in your post-COVID clinic?	Check box: Within one month / 1-3 months / More than 3 months / Other _____
If yes → What tests or assessments are conducted as a default (i.e., routinely) on any patient seen for the first time in your post-COVID clinic?	Check box (select all): PFTs / CXR / CT chest / six minute walk test / financial assessment / mental health assessment / cognitive assessment / physical function assessment / quality of life assessment / home safety evaluation / Other _____ / None of the above



If yes → Who can we contact at your hospital for additional information about your post-COVID clinic?	Fill in the blank: Name Fill in the blank: Email
If no → Does your hospital have plans to implement a post-COVID clinic?	Check box: Yes / No / Unsure
If you have any additional comments related to the questions in this section, please write them here:	Text
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In this section, we ask questions about POST-ICU FOLLOW UP for ALL medical ICU patients, not just limited to those with COVID-related hospitalizations.	---
Does your hospital have post-hospitalization follow up (e.g., telephone call, messaging, clinic visit) as a default for medical ICU patients upon discharge from the hospital?	Check box: Yes for all medical ICU patients / Yes for certain medical ICU patients _____ / No / Other _____
If yes → What is included in your hospital's follow up plan after hospitalization?	Check box (select all): telephone call / e-mail / text message / clinic follow up / virtual clinic follow up / at-home visit / Other _____
Does your hospital have a post-ICU follow up clinic designed specifically for medical ICU patients who have been discharged?	Check box: Yes / No
If yes → What year was your post-ICU clinic for medical ICU patients started?	Pull down menu (year)
If yes → How do medical ICU patients receive a referral to your post-ICU clinic after discharge?	Check box (select all): all medical ICU patients receive automatic referral / specific referral criteria are used / ICU clinician discretion / ward clinician discretion / automated clinical decision tool / patient/family request / no referral needed / Other _____
If yes → In what formats are your post-ICU clinic visits conducted with patients?	Check box (select all): In-person, in-clinic / In-person, at patient home / Virtual / Telephone / Other _____
If yes → Which types of health care staff are physically available in your post-ICU clinic?	Check box (select all): Physician / Advanced Practice Professional / Nurse / Respiratory therapist / Physical therapist / Occupational therapist / Nutritionist / Psychologist / Pharmacist / Social worker / Other _____
If yes → Which specialty/specialties are available to see patients in your post-ICU clinic?	Check box (select all): Pulmonary/Critical care medicine / Critical care medicine / General internal medicine / Physical medicine and rehabilitation / Primary care / Cardiology / Neurology / Psychiatry / Other _____



If yes → What specialty/specialties lead(s) your post-ICU clinic?	Check box (select all): Pulmonary/Critical care medicine / Critical care medicine / General internal medicine / Physical medicine and rehabilitation / Primary care / Cardiology / Neurology / Psychiatry / Other _____
If yes → Who can we contact at your hospital for additional information about your post-ICU clinic?	Fill in the blank: Name Fill in the blank: Email
If no → Does your hospital have plans to implement a post-ICU clinic?	Check box: Yes / No / Unsure / Other _____
If you have any additional comments related to the questions in this section, please write them here:	Text
Page Break	---
Thank you for completing our survey. If you did not know the answer to a question and had to reach out to someone else for help, please indicate their roles here.	---
Role of person(s) contributing information?	Check box (select all): Social Worker / Discharge or Care Coordinator / Nurse / Respiratory Therapist / Physician / Research Team / Hospital Leadership / Other _____
Please specify the other role of person(s) contributing:	Text

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