

# Phreesia's Coronavirus Disease 2019 (COVID-19) Screening Module and Workflow

For Pediatric Patients

*Last updated: 6/30/2020*

## Major Updates

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The COVID-19 Screening Module will be updated on 7/6/20 to address client feedback regarding symptoms, travel, and COVID-19 testing:

**Symptoms:** We have added clarifying statements to our symptoms questions to ensure that patients only report symptoms not due to other new or chronic health conditions.

**Travel:** We will be removing the travel question in this update (both international and domestic). Although travel may increase an individual's chances of becoming infected and spreading COVID-19 – especially when traveling to or from a COVID-19 hotspot – there is evidence of community transmission in all 50 states.

**COVID-19 Testing:** We will be simplifying the second half of the screening module. Patients will be able to report:

- Whether they have been tested for COVID-19
- The date and result of their test
- The reason why they were tested (regardless of the result)

We hope to use this information to better target at-risk patients and those who may be infectious, and this will allow us to avoid flagging patients who may have tested positive in the past but have since recovered.

## Screening Questions for Pediatric Patients (patients 17 years and younger)

Patients receive the following COVID-19 screening questionnaire, prior to their visit or in the office.

Coronavirus Disease 2019 (COVID-19) has been reported in every state and in countries around the world. COVID-19 can cause respiratory or gastrointestinal illness.

In order to protect your child and others, we are asking about symptoms and exposure to COVID-19. Your child's health is our priority, please answer these questions so that we can direct your child to the care that he/she needs as quickly as possible.

Does your child have a fever?\*

☒ No ☐ Yes

Does your child currently have a new or worsening cough or shortness of breath that is not due to another health problem?\*

☒ No ☐ Yes

Is your child experiencing any other NEW symptom(s) listed below that is not due to another health problem? Please select all that apply:\*

None of the below

☒ None of the below ☐ Nasal congestion or runny nose ☐ Sore throat

☐ Diarrhea ☐ Nausea or vomiting ☐ Fatigue

☐ Headache ☐ Muscle aches and pain ☐ Poor feeding or poor appetite

In the past 2 weeks, did your child have close contact with someone who has COVID-19?\*

☒ No ☐ Yes

Has your child been tested for COVID-19?\*

Yes, my child tested negative

☐ No, my child has not been tested ☐ My child was diagnosed with COVID-19 but was never tested ☐ Yes, my child was tested and we are waiting for the results

☐ Yes, my child tested positive ☒ Yes, my child tested negative

When was your child tested for or diagnosed with COVID-19?\*

06/27/2020

Why did your child get tested? Please select all that apply:\*

We wanted to know my child's COVID-19 status

☒ We wanted to know my child's COVID-19 status ☐ My child had symptoms of possible COVID-19 ☐ My child had close contact with a person who has COVID-19

☐ My child was required to undergo testing before a surgery or procedure ☐ My child was required to undergo testing for travel ☐ My child was enlisted for public health monitoring

Visitor Policy: The child may not be accompanied by an adult with fever, cough, or shortness of breath. Please confirm that you understand this visitor policy.\*

☒ We will not send a sick adult with the child. ☐ The adult accompanying the child may be sick. We need assistance. ☐ We are checking in for a telemedicine visit. This does not apply.

Only appears if answer to question 5 is **not** "No, my child has not been tested."

Only appears if answer to question 5 is **not** "No, my child has not been tested" or "My child was diagnosed with COVID-19 but was never tested."

If a patient is completing the COVID-19 screening questionnaire in-office, the final Visitor Policy question will be phrased differently to allow practices to assess whether the person accompanying the patient is exhibiting symptoms.

**Visitor Policy: The child may not bring an adult who has fever and/or symptoms of lower respiratory illness (e.g. cough or shortness of breath) to the visit. The adult accompanying the child must select one of the options below.\***

- ☒ I do not have a fever or lower respiratory symptoms.
- ☐ I may have a fever or lower respiratory symptoms.
- ☐ I am checking the child in for a telemedicine visit. This does not apply.



## Patient-Facing Alerts – Dependent on Question Answers & Session Type

Educational messages are generated for patients to inform them how to proceed given their responses to the screening questions.

Practices will have more flexibility when it comes to configuring the language and presentation of patient-facing alerts. For example, the patient-facing alerts can be suppressed for telemedicine visits or the language can be adjusted to reflect individual practice's policies (e.g. mask policy).

### 1. Patient completes questions pre-visit; Is symptomatic and/or has an epidemiologic risk factor:

Your child's health is our priority.



- If your child is scheduled for an **in-person visit**, call our office now. Please do not come into the office until you have spoken with someone from our practice.
- If this is a **telemedicine visit**, please continue with the rest of your child's check-in.

Continue

This includes instances in which a patient reports being diagnosed or tested for COVID-19 in the last 30 days, for reasons of symptoms or contact.

### 2. Patient completes questions pre-visit; Is asymptomatic, and has no epidemiologic risk factors:

Thank you for answering these screening questions.

If this is a **telemedicine visit**, please continue with the rest of your child's check-in.

If your child is scheduled for an **in-person visit**, ONLY ONE PARENT OR CAREGIVER should accompany the patient.

Your child's health is our priority. Please call our medical team before your appointment if your child or the individual who will be accompanying your child begins experiencing new symptoms among those listed below, as they may be associated with COVID-19.


- Fever
- Fatigue
- Cough
- Shortness of breath

Please continue with the rest of your child's check-in.


Continue

3. Patient completes questions in-office; Is symptomatic, and/or has an epidemiologic risk factor:


Your child's health is our priority.



- If you are already in our **waiting room**, please come up to the front desk to discuss your answers.



- If you are in the **parking lot**, please complete your child's check-in and our staff will call you when you are done.



- If this is a **telemedicine visit**, please continue with the rest of your child's check-in.

[Continue](#)

This includes instances in which a patient reports being diagnosed or tested for COVID-19 in the last 30 days, for reasons of symptoms or contact.

4. Patient completes questions in-office; Is asymptomatic and has no epidemiologic risk factors (travel, contact):

Thank you for answering these screening questions.

Please continue with the rest of your child's check-in.

[Continue](#)

## Dashboard Alerts

If a parent or guardian's responses to the COVID-19 screening questions puts the child in an at-risk status, Phreesia will display an alert to notify staff. The icon will be the same in all scenarios.

The screenshot shows the Phreesia dashboard interface. At the top, there is a navigation bar with the Phreesia logo and four main menu items: Payments, Communications, Analytics, and Reports & Settings. Below this is a 'Checked-in' section with a search bar containing 'Jane' and a list of patient records. The first record is for Jane Green, with a red circular icon containing a white virus symbol next to her name, indicating a COVID-19 alert. The record also shows a checkmark, the date 06/24/1978, and an end time of 10:10AM.

Staff-facing alerts display all of the parent or guardian's answers—regardless of whether the screening questions are completed pre-visit or in-office.

Alerts are generated if a patient answers positively to any question on the screening module. This includes instances in which a patient reports being diagnosed or tested for COVID-19 in the last 30 days, for reasons of symptoms or contact.

### Pre-Visit Alerts

For example, if a parent or guardian completes the screening questions pre-visit and answers “yes” to fever, “yes” to respiratory symptoms but “no” to the respiratory symptoms being new or worse than baseline, “no” to other new symptoms, “no” to recent travel or work-related exposure, “yes” to a recent close contact, “no” to household risk factors, and selects, “I will come to my appointment alone. Or, I will not bring a sick companion.”, the following staff alert will be generated.

The screenshot shows a 'Changed Patient Information' alert window. The title is 'Changed Patient Information' with a subtitle 'Review selected patient information'. Below this is a table with three columns: Type, Data on file, and New Data. The table has one row for 'Coronavirus Notices'. The 'Type' column contains 'Coronavirus - Pre Visit Alert'. The 'New Data' column contains the following text: 'Fever: Yes. Respiratory Illness: Yes. New/Worsened Respiratory Illness: No. Other New Symptoms: None of the below. Travel / Exposure: No. Contact: Yes. Diagnosis / Testing / Quarantine: None of the below. Visitor Symptoms: I will come to my appointment alone. Or, I will not bring a sick companion.. Date: 04/08/2020'. At the bottom of the window, there are three buttons: 'Export', 'Complete', and 'Edit Patient Record'.

## In-Office Alerts

For example, if a parent or guardian completes the screening questions in-office and answers “no” to fever, “yes” to respiratory symptoms but “no” to their respiratory symptoms being new or worse than baseline, “no” to other new symptoms, “yes” to recent travel or work-related exposure, “no” to household risk factors, and selects “I came alone to my visit. Or I came with a companion who is not sick.”, the following staff alert will be generated.

**Changed Patient Information**  
Review selected patient information

Type	Data on file	New Data
Coronavirus Notices		
Coronavirus - In Office Alert		Fever: No. Respiratory Illness: Yes. New/Worsened Respiratory Illness: No. Other New Symptoms: None of the below. Travel / Exposure: Yes. Contact: No. Diagnosis / Testing / Quarantine: None of the below. Visitor Symptoms: I came alone to my visit. Or, I came with a companion who is not sick.. Date: 04/07/2020

Export

Complete

Edit Patient Record

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When a COVID-19 alert is triggered and displayed in the appointments hub, questions and answers for the screener will now be displayed on the View appt request overlay. Staff can access this detailed information by clicking on the magnifying glass to the right of each alert on the hub. All questions and answers can be located at the bottom of this overlay.

Appointment Requests
Cancel/Reschedule Requests

Chart #	Patient Name	DOB	EGB	Source	Reason	U	Appointment	Appt Provider	Appt Location	Entered	Assigned Location	Assigned User	Follow Up	Updated	Actions	Status
33521	Kathleen Stevens	01/01/1980	--	None	COVID19 - In-office	U	03/31/2020 16:15	Adam Bricker	Main Office	03/31/2020	Main Office	None	None	None		Checked-in

View appt request

PATIENT INFORMATION

Full name

Chart #

Date of birth

Gender

Kathleen Stevens

33521

01/01/1980

Female

Street address

123 West St.

CONTACT INFORMATION

Primary phone

Email

252-555-6547

kathleens12@test.com

INSURANCE INFORMATION

Insurance company

Policy ID number

Not entered

Not entered

REQUEST DETAILS

Request source

Referring provider name

Not entered

Not entered

VISIT DETAILS

Reason for visit

Preferred day & time

Preferred locations

Provider to see

COVID19 - In-office

Any day any time

Any, first available

Any, first available

REQUEST COMMENTS

Not entered

ADDITIONAL INFORMATION

Fever Confirmation

Yes

Respiratory Illnesses

Yes

New / Worsened Respiratory Symptoms

Yes

Travel To Affected Areas

Yes

I have been to an affected geographic area or on a cruise

Yes

Contact with Coronavirus

Yes

## Appointments Hub Reason for Visit

- Patient complete questions pre-visit; Is symptomatic and/or has an epidemiologic risk factor (travel, contact): "COVID19 – Previsit"
- Patient completes questions in-office; Is symptomatic, and/or has an epidemiologic risk factor (travel, contact): "COVID19 – In-office"