

Leveraging REDCap for workplace COVID-19 case identification and outbreak prevention

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Background

- First case of SARS-coV-2 [COVID-19] identified in Philadelphia on March 10th, 2020.
- In response, many workplaces introduced a form of COVID-19 screening at (ex: temperature checks, olfactory screening, or nasal swabbing) or prior to entry (ex: self-report of symptoms) in efforts to reduce the spread of COVID-19 with varying degrees of success but general acceptance.

Purpose

- Summarize an urban FQHC's efforts to design/implement a simple and reliable tool to identify potential COVID-19 infections amongst staff and quantifies its acceptability

The Instrument

- Design and data collection in REDCap
- Survey delivery primarily via SMS (text) with organizational email back up option.
- Launched within clinical departments with administrative departments as "opt-in."
- Current report captures initial 65 weeks of use.
- Increasing response compliance over time (73.98% in week 1 vs 91.30% in week 12 (p=0.00, z=3.71)).
- Design utilized both automatic and manual reminders.
- 961 unique potential COVID cases identified (351 exposure reports; 699 active symptom reports, 89 reports of exposure with symptoms).



Have you been vaccinated against COVID?

In the last week, have you been in contact with someone who has a new fever, new cough, new shortness of breath, or someone who has been newly diagnosed with COVID-19?

If you would like a call from the COVID Command Center to discuss any exposure or new symptoms, please provide your telephone number.

Lessons Learned

- By leveraging existing infrastructure, the authors were able to design and rely on a simple tool to support local infection control strategy by identifying potential COVID-19 cases in real time with high rates of response.
- Staff ability to participate, and, although this is a low-cost tool, costs-over-time calculations should be considered.



Do you have any of the following symptoms?

