



HCHS/SOL C4R- Covid Tracking Form

CVT- QxQ

I. General Instructions

The COVID Tracking (CVT) Form should be completed for all eligible C4R COVID Cases. Once the case has been identified, use the CVT Form to keep track of the progress of the medical records request. Once the medical records have been received, mark the items included in the medical records packet sent to the Coordinating Center. A single CVT form is created and updated for each COVID-19 related admission to the emergency department and/or hospital unit. If someone is re-admitted at a later date then additional forms are used for tracking those subsequent events.

II. Detailed Instructions for CVT Questions

Question 0a. Event ID

Enter the C4R Event ID provided from the list supplied by the Coordinating Center. Because the wave 1 C4R questionnaires are closed, the set of cases from that interview period (March 2020 through June 2021) is considered fixed. Wave 2 events will be initiated at a later time and tracked using this same form. The C4R event ID will have the pattern format of subject ID, followed by '44' and two digits in sequence to represent the occurrence.

Question 0b. Admit/Death Date

Enter the date the participant was admitted into the hospital or the date of death for out-of-hospital deaths found on the death certificate.

Question 0c. Staff ID

Enter the three-digit staff ID assigned from the CSCC.

Question 1. Date

Enter the date this form is being updated. This field can be updated every time you have an update on the event. The last date update should be when the case is sent to the CSCC.

Question 2. Notes

The use of this field is for specific updates. Date of record requests, confirming that an event is not eligible, notations of missing items from the case materials can all be described in the notes field.

Question 3. Status Result Code

This field should be updated with each case update. Pending records request is when the event is new and a CVT form has just been created. Event Record requested is when an event has been requested from the hospital, but not received by the field center yet. Confirmed, no event to investigate is if the case does not qualify for C4R review. Confirmed, records not available is if records can not be obtained for an event. This may include a out-of-catchment hospital or if a medical re

Question 4. Are the following included in the packet?

Use the checkboxes for each question below to indicate the materials in the packet.



HCHS/SOL C4R- Covid Tracking Form CVT- QxQ

Question 4a. Discharge Diagnosis and ICD Codes

Mark the checkbox if the discharge diagnosis or ICD codes are included in the packet.

Question 4b. ICD Code Sheet

Mark the checkbox if the ICD Code Sheet is included in the packet.

Question 4c. Admission note, History and Physical (H&P), HPI

Mark the checkbox if the admission note, History and Physical (H&P) or HPI are included in the packet.

Question 4d. ED Note

Mark the checkbox if ED Note is included in the packet.

Question 4e. Physician consult notes (all services)

Mark the checkbox if Physician consult notes (including all services) are included in the packet.

Question 4f. ICU admission note (if applicable)

Mark the checkbox if ICU admission note is included in the packet.

Question 4g. Discharge note/summary

Mark the checkbox if discharge note or summary are included in the packet.

Question 4h. Death Certificate (if applicable)

Mark the checkbox if the death certificate is included in the packet.

Question 4i. Radiology reports

Mark the checkbox if the radiology reports are included in the packet. Radiology reports can include any of the following: chest radiography (x-ray), chest computed tomography (CT), echocardiogram (TTE, TEE), head computed tomography (CT), brain magnetic resonance imaging (MRI) or lower extremity ultrasound (doppler/duplex).

Question 4j. Laboratory reports

Mark the checkbox if the laboratory reports are included in the packet. Laboratory reports can include any of the following: PCR, antigen testing, serology, creatinine, troponin, or arterial blood gas (ABG).

Question 4k. Medications

Mark the checkbox if the medications are included in the packet. Medications can include home medication list (e.g. ACE inhibitors, anticoagulants) or hospitalization medications.

Question 4l. Vital Signs

Mark the checkbox if the vital signs are included in the packet. Vital signs can include respiratory rate, O2 saturation, or O2 supplementation.



HCHS/SOL C4R- Covid Tracking Form CVT- QxQ

Question 4m. Electrocardiogram report (if suspected MI or new atrial fibrillation)

Mark the checkbox if the electrocardiogram report is included in the packet.