PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (**http://bmjopen.bmj.com/site/about/resources/checklist.pdf**) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

TITLE (PROVISIONAL)	The protocol and clinical characteristics of patients under “at-home care” for coronavirus disease 2019 in South Korea: a retrospective cohort study
AUTHORS	Park, Jin Ju; Seo, Yu Bin; Lee, J; Na, Sun Hee; Choi, Young Kyun

VERSION 1 – REVIEW

REVIEWER	Graninger, Marianne Medical University of Vienna Department of Virology
REVIEW RETURNED	08-Mar-2022

GENERAL COMMENTS	Comments to the Authors The present study conducted by Jin Ju Park and colleagues gives insight into the “at-home” care system implemented in South Korea as an alternative treatment and management model during the COVID-19 pandemic. The protocol describes a thorough monitoring of quarantined patients (twice a day through personal interaction with medical staff, availability at night) and the small number of patients requiring transfer to hospital underlines the potential of such management models. I would like to make some remarks, which I ask the authors to clarify: - Did patients drop out of the study? Did cases of death occur in at-home patients? Abstract: - Page 2/line 35: “*During the study period, a total of 986 (69.3%) patients were released from quarantine, 82 (5.8%) patients were transferred to facilities, and 354 (24.9%) patients were under at-home care*.” – Does this mean “still under at-home care when study period ended”? Please clarify (also below in Results section). - Page 2/line 40: “*The* MOST *common cause of transfer was sustained fever…”,* see also below in Results section. Results: - Page 15/line 4: “*Sex and age did not differ significantly according to the transfer (Table 1)”.* These results are not depicted in Table 1, as differences in age and sex are not calculated according to types of transfer (CTC or hospital), but rather transfer in general. Please rephrase. - Page 15/line 9: “…*patients over 60 years (n = 25; 30.5%)*

BMJ Open: first published as 10.1136/bmjopen-2022-061765 on 2 June 2022. Downloaded from http://bmjopen.bmj.com/ on December 7, 2023 by guest. Protected by copyright.

	were mostly transferred." Written this way, it sounds as if most patients over 60a were transferred, which is incorrect according to the presented data, while the authors probably mean that patients over the age of 60 make up most of the transferred patients. Please rephrase. Discussion: - Page 20/line 55: "*This duration was shorter in the present study because all patients with COVID-19 were under at-home care as a basic treatment, the proportion of patients who wished to be transferred to the CTC or hospitals and that of patients who faced difficulties in self-isolation was as high as 22.0%."* This sentence is not quite clear to me. 22% in the current or in previous studies? How is this calculated? Please refer to Tables or references for traceability. - Page 21/line 18: "*However, the monitoring duration was subsequently modified to 7 days and additional monitoring for 3 days **is required was determined** depending on symptoms."* Please rephrase, this sentence is not clear. Tables: - Table 1: *"** conjunctivitis, urticaria, nausea, diarrhea*" – Double asterisks (**) are not shown in Table 1. - It would be of interest to know why asymptomatic and pre-symptomatic patients were transferred to hospital. Additionally, I would like to make some suggestions to the authors: - Although included in the title, maybe mention again in the abstract that the protocol for at-home care is elaborated on in the study. - Shorten enrolment criteria (differences before/after November 26 2021) - Page 15/line 33: Include data on "days to transfer request" etc. in tables, as these data is much discussed below.

REVIEWER	Schoenmakers, Birgitte KU Leuven, Public Health and Primary Care
REVIEW RETURNED	13-Mar-2022

GENERAL COMMENTS	Dear Author, although this is very important research and contribution to improvement of primary health care, I do not recommend publication as it is now. The method section is very unclear and not addressed/described in depth. I added some suggestions to improve the scientific value of the report. I hope this will be helpful.

VERSION 1 – AUTHOR RESPONSE

BMJ Open: first published as 10.1136/bmjopen-2022-061765 on 2 June 2022. Downloaded from http://bmjopen.bmj.com/ on December 7, 2023 by guest. Protected by copyright.

Reviewer 1.

1. can you specify the characteristics of this center: specification of medical and para-medical disciplines, number of patients, modus operandi (logistics, finances)
Who does this center relates to primary care?

Response: Our institution is a 572-bed secondary medical institution located in Yeongdeungpo-gu, Seoul. It is a secondary general hospital with a medical and surgical department. In the materials and methods section, we added this information.

(Materials and Methods, Study design, setting and study population, Page 5, Line 86-90)

Study design, setting, and study population

Study design, setting, and study population

This was a retrospective cohort study that used medical records. Kangnam Sacred Heart Hospital is a secondary university hospital with 572 beds located in Yeongdeungpo-gu, Seoul, South Korea. This institution provides internal medicine, surgery, and pediatric intensive care units, as well as an emergency center and outpatient department. This institution is responsible for treating patients mainly in the local constituency. Our institution signed an agreement with Yeongdeungpo-gu administration to become a provider of at-home medical care on October 5, 2021, and started operating as such on October 18, 2021. All patients under at-home care via Kangnam Sacred Heart Hospital between October 18, 2021, and December 12, 2021, were included in this study.

2. did patients agree or sign an informed consent for enrollment in this experiment? Where they able to refuse any medical intervention? Did these patients register or call themselves for medical care or were patients retrieved from the COVID19-test database?

3. this part is hard to read: perhaps best not to work with negation: describe who met inclusion criteria

Response: In Korea, COVID-19 was legally designated a class 1 infectious disease, which required all confirmed patients to report and adhere to a set quarantine period. At the time of initial diagnosis, the public health center checked each patient's condition to determine whether they should be treated at home or in healthcare facilities. If the patient refused at-home care, the patient was treated in a healthcare facility. Only patients who agreed to at-home treatment were registered and managed by an institution responsible for at-home care under the public health center. A retrospective study was

BMJ Open: first published as 10.1136/bmjopen-2022-061765 on 2 June 2022. Downloaded from http://bmjopen.bmj.com/ on December 7, 2023 by guest. Protected by copyright.

conducted on patients who had already been registered as at-home care patients with the consent of the public health center. The content has been described in more detail.

This was a retrospective study conducted on at-home care patients enrolled in this medical institution; thus, the requirement of consent was waived. This is discussed in the ethics section.

(Materials and Methods, Criteria for patient enrollment and release from quarantine, Page 5-6, Line 97-102)

Criteria for patient enrollment and release from quarantine

In Korea, COVID-19 was designated as a Class 1 legal infectious disease, which required all confirmed patients to report to public health authorities and to be quarantined for a set period. The person in charge of the public health center conducted an interview of all patients with confirmed diagnoses of COVID-19 and determined whether at-home care was appropriate or if they required hospital admission. Patients who could be treated at home and who provided consent to public health were registered at our institution as at-home care patients.

(Ethics approval, Page 22, line 362-364)

Ethics approval

The study was approved by the Institutional Review Board (IRB) of Kangnam Sacred Heart Hospital (IRB No.: 2021-11-035-001), and the requirement for informed consent was waived.

4. perhaps you should define this as 'risk on hospitalization' in stead of hospitalization factors, which is very confusing since these patients are not hospitalized

Response: In agreement with your comment, we made the relevant changes

(Materials and Methods, Criteria for patient enrollment and release from quarantine Page 6, Line 110-121)

Before November 26, 2021, the Korea Centers for Disease Control and Prevention classified patients with asymptomatic and mild symptoms under 70 years of age as candidates for at-home care, following consent, except in the presence of the following risk factors for hospitalization:

BMJ Open: first published as 10.1136/bmjopen-2022-061765 on 2 June 2022. Downloaded from http://bmjopen.bmj.com/ on December 7, 2023 by guest. Protected by copyright.

5. Patients in need of care, such as minors and those with disabilities, were required to be accompanied by a protector

-> what do you mean with 'required to be accompanied by a protector'? To be cared for at home? And who is a protector? what is his role here?

Response: These were patients who found it difficult to live alone at home, such as minors or people with disabilities. A person who could take care of a patient was referred to as a protector. A protector was not limited to one patient and this role was not restricted to healthcare professionals, but anyone who could provide care. We changed “protector” to “caregiver” for better understanding.

(Materials and Methods, Criteria for patient enrollment and release from quarantine Page 6, Line 122-123)

Patients in need of care, such as minors and those with disabilities, were required to be accompanied by a caregiver.

6. cfr supra, describe criteria for inclusion, others these are exclusion criteria

Response: The policy of inclusion criteria for at-home care had changed in Korea. Prior to November 26, 2021, asymptomatic or mildly affected patients who did not meet the criteria for hospitalization were eligible for at-home care. After that, all confirmed patients were given priority for at-home care, but only exceptional cases would be excluded. Changes in the policy were added in the methods and materials section.

(Materials and Methods, Criteria for patient enrollment and release from quarantine Page 6, Line 103-108)

On November 26, 2021, policies for the care of patients with COVID-19 were changed, as were the criteria for at-home care. Before this date, asymptomatic confirmed COVID-19 patients and those with mild symptoms under 70 years of age with no risk of hospitalization were eligible to receive at-home care. From November 26, 2021, onward, all patients were eligible to receive at-home care and were admitted to healthcare facilities only if there was a need for hospitalization.

7. those who were deemed too difficult to treat with at-home care by the head of the local government

BMJ Open: first published as 10.1136/bmjopen-2022-061765 on 2 June 2022. Downloaded from http://bmjopen.bmj.com/ on December 7, 2023 by guest. Protected by copyright.

-> what was this persons' role in home care? How did this person decide on inclusion? what were his/her specific competences?

Response: Because the local government includes public health centers, they play a role in determining who was eligible for at-home care. In addition to medical factors, legal factors may also be considered. For example, prisoners may be excluded from at-home care even if they are mild or asymptomatic because they are difficult to manage at home. We added an example in the text.

(Materials and Methods, Criteria for patient enrollment and release from quarantine Page 7, Line 127-132)

From November 26, 2021, patients with a confirmed COVID-19 diagnosis were all allocated to at-home care, except in the following cases: 1) those who had the aforementioned risk factors for hospitalization, 2) those who lived in a residential environment vulnerable to infection, 3) individuals that were minors, disabled, or over the age of 70 years who required care but could not be quarantined together with a caregiver, 4) those who were deemed ineligible for treat with at-home care by the local government head (e.g. owing to a legal problem, etc.).

8. was there any physical contact with the patients or only through digital monitoring? If so, who performed any clinical examination to assess the severity of disease?

Response: There was no physical contact with patients; digital monitoring was conducted via phone. In addition, patients logged any vital signs directly into the mobile application. A nurse checked the patient’s symptoms electronically, and if symptoms worsened, oxygen saturation dropped, or fever persisted, a doctor was informed. Following this, a doctor would communicate with the patient to decide whether to transfer them or not. This content was added to the following section.

(Materials and Methods, Intervention, Page 8, Line 152-163)

Patients checked their blood pressure and body temperature and uploaded the data via smartphone applications. Nurses called the patient at 9 a.m. and 5 p.m. every day to check the patient’s vital signs and symptoms and update patient information on electronic health records. If the patient had symptoms and wanted to take medication, the doctor interviewed the patient and prescribed the medicine. The prescription was sent to the public health center by fax. After prescribing the medicine at the pharmacy, the person in charge of the public health center delivered the medicine to the patient’s house. If the patient had persistent fever, desaturation, or worsening clinical symptoms, the doctor interviewed the patient and decided whether to transfer the patient to another facility at the discretion of that doctor, such as a CTC or hospital, according to severity.

BMJ Open: first published as 10.1136/bmjopen-2022-061765 on 2 June 2022. Downloaded from http://bmjopen.bmj.com/ on December 7, 2023 by guest. Protected by copyright.

9. can you tell more about this monitor room? Were all patients capable to dial in? to video-call? did they have access to the required electronic gear?

Response: All patients were monitored by phone and mobile application. The inclusion criteria required that only patients who had access to a phone or the mobile application were eligible for at-home care. Patients were assessed in a public healthcare facility before being selected for at-home care. The content part is as follows.

(Materials and Methods, Enrollment criteria, Page 6-7, Line 125-126)

The exclusion criteria were as follows: 1) those who lived in a residential environment vulnerable to infection due to difficulty in distancing or 2) when communication for non-face-to-face healthcare and quarantine management was difficult for the patient or caregiver.

10. how can you check vital symptoms by phone? Did patients have O2staturation-meters?

Response: Upon registration, all participants eligible for at-home care were provided with an oximeter. The text was updated as follows.

(Materials and Methods, Intervention, Page 7-8, Line 146-149)

The Yeondeungpo-gu public health center classified patients with COVID-19 for at-home care according to the enrollment criteria and supplied items necessary for at-home care such as antipyretics, an oxygen saturation monitor, a thermometer, and phone numbers of related medical institutions.

11. can you specify what kind of medication was prescribed?

Response: If a patient had symptoms, appropriate drugs were provided. The contents of the prescribed drugs are included in the results section.

(Results, Page 10, Line 194-198, Table 2.)

BMJ Open: first published as 10.1136/bmjopen-2022-061765 on 2 June 2022. Downloaded from http://bmjopen.bmj.com/ on December 7, 2023 by guest. Protected by copyright.

On average, 3.7 ± 3.73 (range: 0-16) prescriptions were requested per day. Symptoms for the prescribed drugs are described in Table 2. The most common symptom was cough (n = 115; 55.8%), followed by sputum (n = 62; 30.1%) and sore throat (n = 54; 26.2%).

12. what was the threshold to transport patients to other facilities? in other words: what was the cut off point to stop home care?

Response: This judgment was made by a doctor. This information has been added to the text.

(Materials and Methods, Intervention, Page 8, Line 159-12)

If the patient had persistent fever, desaturation, or worsening clinical symptoms, the doctor interviewed the patient and decided whether to transfer the patient to another facility at the discretion of that doctor, such as a CTC or hospital, according to severity.

13. perhaps here you should specify which data you collected?

Response: The added content appears as in the following section.

(Material and Methods, Data collection and statistical analysis, Page 8-9, Line 169-172)

Data collection and statistical analysis

Data regarding patient characteristics such as age, sex, enrollment date, release from quarantine date, transfer date (if transferred), symptoms, and medical prescription were collected through a retrospective medical record review.

14. informed consent is indispensable: you were collecting patient data and involving patients in an experiment

Response: Only once the public health center had given consent for at-home care, was the subject registered for at-home care by our institution. This study was conducted on those registered to our institution as at-home care subjects. Patient consent was waived because of the retrospective nature of this study.

BMJ Open: first published as 10.1136/bmjopen-2022-061765 on 2 June 2022. Downloaded from http://bmjopen.bmj.com/ on December 7, 2023 by guest. Protected by copyright.

(Materials and Methods, Criteria for patient enrollment and release from quarantine, Page 5-6, Line 97-102)

Criteria for patient enrollment and release from quarantine

In Korea, COVID-19 was designated as a Class 1 legal infectious disease, which required all confirmed patients to report to public health authorities and to be quarantined for a set period. The person in charge of the public health center conducted an interview of all patients with confirmed diagnoses of COVID-19 and determined whether at-home care was appropriate or if they required hospital admission. Patients who could be treated at home and who provided consent to public health were registered at our institution as at-home care patients.

15. patients were also vaccinated, no? if so, you should add this a independent variable in your analysis

Response: Unfortunately, vaccination status was not investigated.

16. where did you recruit these patients? Spontaneous admissions? calls for medical help? please clarify this point in depth in the method section

Response: This information has been added to the method section.

(Materials and Methods, Criteria for patient enrollment and release from quarantine, Page 5-6, Line 97-102)

Criteria for patient enrollment and release from quarantine

In Korea, COVID-19 was designated as a Class 1 legal infectious disease, which required all confirmed patients to report to public health authorities and to be quarantined for a set period. The person in charge of the public health center conducted an interview of all patients with confirmed diagnoses of COVID-19 and determined whether at-home care was appropriate or if they required hospital admission. Patients who could be treated at home and who provided consent to public health were registered at our institution as at-home care patients.

BMJ Open: first published as 10.1136/bmjopen-2022-061765 on 2 June 2022. Downloaded from http://bmjopen.bmj.com/ on December 7, 2023 by guest. Protected by copyright.

17. On average, 3.7 (SD: 3.73, range: 0-16 per day) prescriptions were requested per day.

-> per patient? per group? what was the denominator here?

Response: This value was calculated "per day." This denominator was calculated over the whole study period of 56 days.

(Results, Page 10, Line 194-196)

On average, 3.7 ± 3.73 (range: 0-16) prescriptions were requested per day.

18. what did happen with the other patients?

Response: During the study period, the domestic quarantine was 10 days from symptom onset and the rest were still treated under at-home care whilst in quarantine. These patients may have later been transferred or released from quarantine. Thus, we did not comment in the table. Instead, we added this in the results section.

(Results, Page 13, Line 213-215)

During the study period, 986 (69.3%) patients were released from quarantine, 82 (5.8%) patients were transferred to CTCs or hospitals, and 354 (24.9%) patients were still under at-home care when the study period ended.

19. but once released you do not follow them anymore I suppose? The status 'released form Q' is very unclear to me

Response: At-home care was a period of monitoring by our institution during the quarantine period. During at-home care, the doctor decided whether to end quarantine. Once the quarantine period had ended, monitoring under at-home care was also stopped. We added this information accordingly.

(Material and Method, Intervention, Page 8, Line 164-166)

The medical staff checked the list of patients who were subject to release from quarantine daily and assessed whether it was possible to release them from quarantine according to the criteria. When those under quarantine were released, at-home care and monitoring also ended.

BMJ Open: first published as 10.1136/bmjopen-2022-061765 on 2 June 2022. Downloaded from http://bmjopen.bmj.com/ on December 7, 2023 by guest. Protected by copyright.

20. it is confusion that you mix up isolation and quarantine. As I understand well, the system was set up to follow symptomatic patients at home to lower the pressure on the in-patient health provision, not to follow quarantined patients.

Response: As you mentioned, at-home care was introduced to relieve medical overload. However, this system monitored all confirmed quarantined patients including those who were asymptomatic. As suggested, we have included the use of "quarantine."

(Discussion)

21. can you specify these medicines? coughing inhibitors are not (effective) medicines.

Response: Unfortunately, we could not list all medicines. We investigated the symptoms of each patient that required prescription, because each doctor had different prescription drugs to treat various symptoms. The most common symptom was a cough and other respiratory symptoms. We described this information in the text.

(Results, Page 10, Line 196-198, Table 2.)

The most common symptom was cough (n = 115; 55.8%), followed by sputum (n = 62; 30.1%) and sore throat (n = 54; 26.2%).

22. In some cases, there was a shortage of medications that were being taken in cases of underlying conditions.

-> shortage in pharmacy? or patient ran out of medication?

Response: It was a situation in which the patient ran out of prescribed medication. We changed the relevant sentence to convey this.

(Discussion, Page 18, Line 293-294)

In some cases, patients ran out of medications that were being taken in cases of underlying conditions.

23. there may be a need for an alternative to the prescription of the medicine that was currently being taken, such as a proxy prescription

BMJ Open: first published as 10.1136/bmjopen-2022-061765 on 2 June 2022. Downloaded from http://bmjopen.bmj.com/ on December 7, 2023 by guest. Protected by copyright.

-> what do you mean by this? An alternative blood pressure medication eg?

Response: That is correct. We modified the sentence to convey that we need a way to receive prescription drugs that patients were taking for chronic diseases.

(Discussion, Page 18, Line 294-296)

This indicated that, during the quarantine period, there may be a need for an alternative to the prescription of medicines for underlying conditions such as hypertension.

24. you can only conclude that these patients are more likely to be transported to a hospital, not that they need more monitoring

Response: We changed the sentence accordingly.

(Conclusion, Page 21, Line 347-348)

Due to the increase in the number of confirmed cases beyond those that medical facilities could handle, at-home care was an unavoidable option. Patients with risk factors such as DM were more likely to be transferred to healthcare facilities.

BMJ Open: first published as 10.1136/bmjopen-2022-061765 on 2 June 2022. Downloaded from http://bmjopen.bmj.com/ on December 7, 2023 by guest. Protected by copyright.

Reviewer 2.

1. Did patients drop out of the study? Did cases of death occur in at-home patients?

Response: If the patient was selected for at-home care, but there was a reason for hospitalization, that patient was excluded from at-home care on the first day and they were excluded from our analysis. We mentioned this in the results section. As a domestic policy, all quarantined patients were managed by a public health center, and there was no concept of "drop-out." All patients were either maintained in at-home care or transferred to healthcare facilities. There were no cases of death during at-home care in the study period. This comment about death was added to the results section.

(Results, Page 9, Line 185-187, Page 13, Line 215-216)

Three patients moved to another district, and twenty-eight patients were excluded from at-home care on the day of admission due to other causes of admission, such as severe symptoms at diagnosis.

During the study period, 986 (69.3%) patients were released from quarantine, 82 (5.8%) patients were transferred to CTCs or hospitals, and 354 (24.9%) patients were still under at-home care when the study period ended. No patients under at-home care died during the study period.

2. Abstract:
- Page 2/line 35: "*During the study period, a total of 986 (69.3%) patients were released from quarantine, 82 (5.8%) patients were transferred to facilities, and 354 (24.9%) patients were under at-home care.*" – Does this mean "still under at-home care when study period ended"? Please clarify (also below in Results section).

Response: That is correct. We modified the sentence accordingly.

(Abstract, Page 2, Line 39-40)

During the study period, 986 (69.3%) patients were released from quarantine, 82 (5.8%) patients were transferred to facilities, and 354 (24.9%) patients were still under at-home care at the end of the study period.

3. Page 15/line 4: "*Sex and age did not differ significantly according to the transfer (Table 1)".* These results are not depicted in Table 1, as differences in age and sex are not calculated according to types of transfer (CTC or hospital), but rather transfer in

BMJ Open: first published as 10.1136/bmjopen-2022-061765 on 2 June 2022. Downloaded from http://bmjopen.bmj.com/ on December 7, 2023 by guest. Protected by copyright.

general. Please rephrase.

Response: It was a classification based on whether the patient was transferred. As you mentioned, it could be confusing. We merged the separate transfer facilities and expressed it just as "transferred."

(Results, Page 11, Table 1)

4. Page 15/line 9: "…*patients over 60 years (n = 25; 30.5%) were mostly transferred*."
Written this way, it sounds as if most patients over 60a were transferred, which is incorrect according to the presented data, while the authors probably mean that patients over the age of 60 make up most of the transferred patients. Please rephrase.

Response: As you pointed out, it could be confused. We made the appropriate change to the sentence.

(Results, Page 13, Line 219-220)

Among the transferred patients, 52.4% (n = 43) were male, and patients over 60 years (n = 25; 30.5%) were most frequently transferred.

5. *This duration was shorter in the present study because all patients with COVID-19 were under at-home care as a basic treatment, the proportion of patients who wished to be transferred to the CTC or hospitals and that of patients who faced difficulties in self-isolation was as high as 22.0%."* This sentence is not quite clear to me. 22% in the current or in previous studies? How is this calculated? Please refer to Tables or references for traceability.

Response: Among all reasons for transfer, this number included patients who requested transfer and those who lived with family. We changed this sentence and added each of the cases.

(Discussion, Page 19, Line 308-311)

This duration was shorter in the present study because all patients with COVID-19 were under at-home care as a basic treatment, and the proportion of patients who wished to be transferred to a CTC or hospital and that of patients who faced difficulties in self-quarantine was as high as 15.9% and 6.1%, respectively.

BMJ Open: first published as 10.1136/bmjopen-2022-061765 on 2 June 2022. Downloaded from http://bmjopen.bmj.com/ on December 7, 2023 by guest. Protected by copyright.

6*. However, the monitoring duration was subsequently modified to 7 days and additional monitoring for 3 days* ***is required was determined*** *depending on symptoms."* Please rephrase, this sentence is not clear

Response: As you pointed out, it was confusing. We deleted this sentence and modified the paragraph.

(Discussion, Page 19, Line 313-317)

However, in the remaining 45%, symptoms worsened 6 days after symptom onset. Some reported that symptoms were aggravated between 4 and 14 days after symptom onset.[21,22] Patients with risk factors were monitored thoroughly, as there were some patients who needed to be transferred to a CTC or hospital even at the end of monitoring.

7. Table 1: *"** conjunctivitis, urticaria, nausea, diarrhea*" – Double asterisks (**) are not shown in Table 1.

Response: Thank you for pointing this out. There was a mistake in the text and it has been corrected.

(Results, Table 1, Page 12)

8. It would be of interest to know why asymptomatic and pre-symptomatic patients were transferred to hospital.

Response: Although it was not analyzed in each case, possible situations include those in which a "patient wanted" or "as protector". We did not add this because it is shown in the table.

(Result, Table 3, Page 14)

9. Although included in the title, maybe mention again in the abstract that the protocol for at-home care is elaborated on in the study.

Response: We added more details to the abstract.

(Abstract, Page 2, Line 29-32)

Design, setting, and participants

BMJ Open: first published as 10.1136/bmjopen-2022-061765 on 2 June 2022. Downloaded from http://bmjopen.bmj.com/ on December 7, 2023 by guest. Protected by copyright.

This retrospective cohort study targeted patients under at-home care for COVID-19 in Yeoungdeungpo-gu in Seoul, Korea, from October 18, 2021, to December 12, 2021. The public health center selected eligible patients for at-home care and registered with our institution. Nurses monitored patients and doctors decided to transfer healthcare facilities and release the quarantined patients according to their symptoms.

10. Shorten enrolment criteria (differences before/after November 26 2021)

We described the criteria according to the domestic policy. The policy of inclusion criteria for at-home care had changed in Korea. Prior to November 26, asymptomatic or mild confirmed patients who did not meet the criteria for hospitalization were eligible. After that, all confirmed patients were given priority for at-home care, but only in exceptional cases would be excluded.

Response: As you mentioned, the contents of the policy change were complicated. I have mentioned the difference in the materials and methods section.

(Materials and Methods, Criteria for patient enrollment and release from quarantine, Page 6, Line 103-108)

On November 26, 2021, policies for the care of patients with COVID-19 were changed, as were the criteria for at-home care. Before this date, asymptomatic confirmed COVID-19 patients and those with mild symptoms under 70 years of age with no risk of hospitalization were eligible to receive at-home care. From November 26, 2021, onward, all patients were eligible to receive at-home care and were admitted to healthcare facilities only if there was a need for hospitalization.

11. Page 15/line 33: Include data on “days to transfer request” etc. in tables, as these data is much discussed below.

Response: This was shown by “management days” in the table. The only difference is the wording of the row heading

(Results, Table 1, Page 12)

BMJ Open: first published as 10.1136/bmjopen-2022-061765 on 2 June 2022. Downloaded from http://bmjopen.bmj.com/ on December 7, 2023 by guest. Protected by copyright.

VERSION 2 – REVIEW

REVIEWER	Graninger, Marianne Medical University of Vienna Department of Virology
REVIEW RETURNED	27-Apr-2022

GENERAL COMMENTS	Thank you for the thorough responses to my questions and recommendations. There are two things I would like to mention at this point: 1. Page 19, line 309: As far as I can see, the 55% of patients requesting transfer within 5 days after symptom onset and the 45% requesting transfer thereafter are not mentioned in any table. I would advise to include this information in table 1. 2. Also, I would advise to keep the sentence about the need for a prolonged observation in this paragraph, as in the context of the other studies cited it makes clear that a shortening of the observation period might be a problem in patients with prolonged symptoms. "The monitoring duration was subsequently modified to 7 days and additional monitoring for 3 days was required depending on symptoms."

VERSION 2 – AUTHOR RESPONSE

Reviewer 1.
1. Page 19, line 309: As far as I can see, the 55% of patients requesting transfer within 5 days after symptom onset and the 45% requesting transfer thereafter are not mentioned in any table. I would advise to include this information in table 1.
Response: As you pointed out, we have added this information in Table 1.

2. Also, I would advise to keep the sentence about the need for a prolonged observation in this paragraph, as in the context of the other studies cited it makes clear that a shortening of the observation period might be a problem in patients with prolonged symptoms. "The monitoring duration was subsequently modified to 7 days and additional monitoring for 3 days was required depending on symptoms."
Response: As you mentioned, we have retained the previous sentence and modified the sentence for easier understanding.

BMJ Open: first published as 10.1136/bmjopen-2022-061765 on 2 June 2022. Downloaded from http://bmjopen.bmj.com/ on December 7, 2023 by guest. Protected by copyright.