Freeing up hospital beds with a COVID-19 surveillance program

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When the COVID-19 pandemic reached Louisiana, teams across Ochsner Health— an AMA Health System Program Partner—quickly responded to the growing needs and challenges of the organization. As hospital beds became occupied, Ochsner created a remote COVID-19 Surveillance Program to safely manage patients at home. With this program, physicians can monitor patients at home to keep hospital beds open for those who need them most.

The COVID-19 Surveillance Program offers remote monitoring that is designed for patients who do not meet criteria for hospital admission but are at an increased risk for deterioration at home. It is also for patients who have been discharged and need additional monitoring. Since its launch in the summer of 2020, more than 3,100 people have completed the COVID-19 Surveillance Program at Ochsner.

"Our patients have a peace of mind and a level of comfort knowing that we're frequently checking in on them during this finite window of time to ensure they stay healthy and recover well," said Richard Milani, MD, chief clinical transformational officer for the New Orleans-based Ochsner Health.

"Back in March 2020, when we first started seeing COVID-19 patients, you'd be having a conversation and their oxygen level would be in the 80s, but they didn't look like they were so hypoxic," said Sandra Kemmerly, MD, system medical director of hospital quality at Ochsner. "Those were the people who would come to the hospital, deteriorate quickly and had to be intubated because we just didn't fully understand the natural history of this new disease."

"Now we know to be proactive in monitoring people's oxygenation and then if they start to have dips, we can intervene more quickly and get them to medical care they need earlier," said Dr. Kemmerly.

Here is how the surveillance program has been helping improve patient outcomes during the pandemic.
Keep close eye on patients

"The surveillance program was created to be able to keep a closer eye on people who we're concerned about," said Dr. Milani. "Imagine somebody coming in and they don't need to be admitted. They're doing OK, but maybe they have some risk factors or you're just concerned.

"You just need some extra information about them to make sure they're going to get through this COVID period during their acute infection safely," he added. "What you need is a more active set of monitoring information, both in terms of symptoms as well as objective data like what's their oxygen saturation doing, what's their heart rate doing or their temperature."

Monitored by dedicated team

A dedicated team of nurses actively monitor patients in the COVID-19 Surveillance Program at Ochsner. Each enrolled patient receives a pulse oximeter to securely submit health data twice daily for two weeks, including relevant symptoms and vitals such as heart rate, oxygen saturation and temperature.

"A couple times a day we get data about their oxygen levels and other vital signs," said Dr. Milani, adding that if any of the vital signs signal their condition is deteriorating, a nurse will reach out to the patient to check in and, if appropriate, have them come into the emergency department for further care.

Option for new therapies as available

Another value of the program is that "a higher risk population is now potentially available for other interventions," said Dr. Milani. "For instance, now you can say that this person is appropriate for intravenous monoclonal antibody therapy."

"For those patients who we administer the monoclonal antibodies in the outpatient setting, they're not being admitted," said Dr. Kemmerly. "Instead, they're getting these drugs that we know decrease hospitalizations, so at the time that we order the infusion to be administered, we also enroll them into this program."
Prevent worse outcomes

"We're trying to make sure that we catch people before they fall too far, where they may not have caught themselves," said Dr. Milani. "And by virtue of catching them earlier, we provided the right medical attention that averted something that could have been worse."

"From the clinician's perspective—and organizing and leading the clinician response—this has been a tremendous benefit because we just don't have enough physicians to manage the large numbers of patients we have cared for," said Dr. Kemmerly, adding that "this solution has been tremendously helpful."

"Health care workers are overworked through this crisis and bed capacity was a problem at times during these peaks," said Dr. Milani. But this program potentially frees up beds for those in need while eliminating work for health professionals who are already overloaded.

Ochsner also offers a COVID-19 symptom tracking program, which is a text follow-up for 14 days. The program monitors a patients' symptoms and escalates any worsening conditions to physicians and other health professionals.