PHILIPS

Whitepaper

Virtual Care at scale

How CoxHealth is advancing system-wide virtual care with Philips



Creating the foundation for system-wide virtual care

Hospitals are under pressure to recognize patient deterioration earlier, coordinate response more consistently, and support a workforce facing rising acuity and staffing constraints. In acute and critical care settings, delays in escalation can contribute to avoidable harm and increased cost.[1, 2, 3]

As CoxHealth expanded its virtual care program, leadership defined three objectives: leverage virtual team leads and centralized workflows to boost early clinical intervention, break down disciplinary silos to strengthen coordination in acute and critical care, and scale virtual care without compromising workforce efficiency or patient safety.[4] To support these goals, CoxHealth partnered with Philips to establish a centralized virtual care command center and implement Philips eCareManager and Philips Capsule Surveillance. Together, these platforms help enable aggregation of device and alarm data, structured clinical algorithms, and create visibility that helps support coordinated escalation and earlier clinical action.

CoxHealth's data-driven and clinician-led virtual care strategy

CoxHealth is a six-hospital health system serving 25 counties across southwest Missouri and northwest Arkansas. When the organization launched its first virtual care pilot in June 2022, nearly half of its medical-surgical nurses had less than two years of experience. Less experienced clinicians were balancing high-acuity patients, documentation demands, and intermittent emergencies.

CoxHealth leadership recognized that improving outcomes would require more than adding staff. It required earlier access to meaningful clinical data and a centralized model that could route that information to experienced clinicians prepared to intervene.

In partnership with Philips and using Human-Centered Design ideas, CoxHealth stood up its pilot with a clear focus: enhance visibility, support bedside nurses, and strengthen early escalation pathways.

Philips Capsule Surveillance aggregates device and alarm data, while Philips eCareManager provides virtual care watchlists, and alert management capabilities. Together, these systems enable virtual nurses and clinicians to identify subtle trends, escalate concerns, and collaborate with bedside teams.

Their virtual care strategy broadened to focus on proactive rounding, centralized monitoring, and interdisciplinary collaboration. By June 2023, CoxHealth had repurposed a former COVID ICU into a Virtual Care Command Center in Springfield, Missouri.[4] In parallel, the organization implemented a redesigned in-person, two-nurse Early Intervention Team (EIT) model that worked in coordination and can be deployed to the bedside by virtual clinicians who were continuously monitoring patient data.[4]

By mid-2024, virtual care expanded system-wide, reaching rural and critical access hospitals. In June 2025, CoxHealth achieved 24/7 virtual nursing coverage for all medical-surgical units. Today, the infrastructure supported by Philips eCareManager and Philips Capsule Surveillance spans more than 1,000 licensed beds, including 704 cameras and 47 workstations.[4]

How Philips helps create actionable insight

Rapid response systems are more effective when supported by standardized data and reliable activation pathways.[1] CoxHealth operationalized this principle by embedding Philips technology into its daily workflows.

Through Philips eCareManager, virtual clinicians maintain a view of high-risk patients, conduct routine rounding, and respond to alerts quickly. Philips Capsule Surveillance integrates bedside device data and alarm notifications into a centralized view, with a goal of reducing fragmentation and improving situational awareness.

This integrated visibility supports virtual clinicians to:

- Better detect early signs of deterioration across units and hospitals
- Escalate concerns to the Early Intervention Team with clinical context
- Support bedside nurses with documentation and coordination
- Standardize escalation processes across units and facilities

The result is not automation replacing clinical judgment, but technology surfacing timely data so experienced clinicians can act sooner.

Beyond inpatient monitoring, CoxHealth has extended this virtual infrastructure to psychiatric consults, acute stroke response, glycemic management, and nutritional services across the system.[4] These expansions reflect how centralized visibility can support broader access to specialty care.

Operational and clinical learnings

As virtual care expanded, CoxHealth identified workflow variation across units and campuses. In response, the organization implemented standardized operating procedures and governance processes to reduce inconsistency and strengthen coordination.[4]

Over time, the model evolved from a nursing-focused initiative to a multidisciplinary ecosystem. Virtual clinicians now support admission workflows, medication reconciliation, laboratory monitoring, telemetry observation, discharge planning, and sepsis alert review.[4]

For bedside nurses, the impact is practical. Internal CoxHealth data indicate improved collaboration and stronger support in identifying and responding to patient deterioration.[4] The ability to see relevant data through Philips platforms and act in coordination with experienced clinicians has been central to that evolution.

Clear, measurable impact

CoxHealth internal data demonstrates measurable changes following implementation.



94.74% of surveyed nurses who interacted with the Early Intervention Team (EIT) agreed or strongly agreed that EIT improved patient safety.[4]



91.23% agreed or strongly agreed that EIT increased collaboration on their units.[4]



The organization also observed **reductions** in code blue events and preventable ICU transfers.[4]



Across all units, RN voluntary turnover declined from above **20% to 12.51%** post-implementation before stabilizing near **15%.**[4]



Workforce impact is also notable. ICU RN voluntary turnover declined from **19.57%** in 2021 to **11.41%** in 2025.



Cost avoidance associated with ICU transfer prevention is estimated at **$1,103,286** in 2024.[4]

From a financial perspective, CoxHealth reported an estimated decrease in average monthly treatment costs for high-risk patients from **$928,143.36** pre-intervention to **$778,824.00** post-intervention. CoxHealth reported estimated annual savings of **$1,791,832.32.**[4]

CoxHealth attributes part of this improvement to enhanced support structures and collaborative workflows enabled by virtual care.

While these outcomes are specific to CoxHealth, they reflect how surfacing the right data to the right clinicians at the right time can support clinical and operational performance.



Looking ahead while sustaining data-driven virtual care

CoxHealth continues to refine its approach with attention to quality, safety, and scalability.

1. Transitions of care
Virtual teams are building a pilot for pre-discharge video introductions between home health nurses and patients to support continuity.[4]

2. Quality and safety initiatives
Enhanced rounding protocols and escalation pathways aim to further reduce preventable deterioration and strengthen early identification of clinical risk across units.

3. Governance and disciplined growth
New virtual care requests are evaluated against defined organizational criteria to ensure alignment with system priorities.[4]

At this time, Philips eCareManager and Philips Capsule Surveillance are solely indicated for use in hospital environments or remote locations by clinical professionals; neither solution is indicated for home use.

For health systems evaluating next steps, the central consideration is how to create reliable visibility across care settings and empower clinicians with timely, actionable data. Philips eCareManager and Philips Capsule Surveillance are designed to support that objective as part of an integrated virtual care strategy.



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Disclaimer
All data and outcomes are attributed to CoxHealth. Data and results are specific to the institution where they were obtained and may not reflect results achievable at other institutions.

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