

VITAL: Virtual Innovative TransformationAL Nursing Care

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Objectives

Understand the implementation of a Virtual Nursing program

Describe how Virtual Nursing transforms care delivery system models

Identify the impact Virtual Nursing may have on patient safety and clinical outcomes

Explore how Virtual Nursing can support retention, recruitment, and development of new nurses

Community Health Network

- Patients served: 638,900
- Caregivers: 16,000
- Providers: 2,400
- Sites of care: 200+
- Acute and specialty care hospitals: 10
- Inpatient admissions: 60,300
- ER visits: 267,500
- Outpatient visits: 2.7 million
- Babies born: 7,800
- Behavioral health visits: 593,800
- Virtual care visits: 254,300



Why Virtual Nursing?

- Improve **staff satisfaction**, **mentor new nurses**, and **retention**
- Improve **patient** and **family satisfaction**
- **Optimize throughput** with support for admissions, transfers, discharge planning and coordination
- **Augment the skill mix** of care team at the bedside
- **Future proofing** for additional surges, disasters, workforce shifts
- Promote **patient safety** and **enhance clinical outcomes**

Nursing Retention, Development, Recruitment

Retention

- Additional layer of support
- Increased joy

Development

- Mentoring opportunities

Recruitment

- Peer interviews
- Feedback from CHNw Resource RN's and RN's who do not use the VN model on their home unit

The Struggle is Real...



VITAL Program Vision and Uniqueness

- **Vision**
 - ✓ Create an innovative and seamless nursing care model where a physically present nurse is complemented by a virtual nurse on a team focused on impacting human health, the patient experience and outcome, as well as the nurses experience and well-being.
- **Uniqueness**
 - **1st to market in Indiana, 1st wave in the country (<10)**
 - **Lack of published material on virtual nursing**
 - Need to disrupt our current staffing models and care team structure
 - Need to transform our care delivery system
 - Market differentiator for nursing recruitment and patient care

Transforming Care Delivery System Models

Current Digital Transformation Nursing Programs

Manual Process Elimination

- EHR Integrated Automated Insulin Dosage Calculator
- Post Discharge Call Back: Patient-centered automation w/escalation pathways
- Nursing Workload and Staff Assignment
- Nursing Predictive Models
 - Fall Index
 - Patient Deterioration Index

Meet Unmet Patient and Nursing Needs

- EPIC Rover – Bring Your Own Device
 - Need Met- Mobility, Secure Chat, Documentation on the Go, Voice to Text, Voice Assistant Chart Search
- MyChart Bedside and MyChart Programs
 - Need Met- Patient Reported Data w/closed-loop workflows and Communication improvements

Future VITAL Program Digital Transformation

Manual Process Elimination

- **Transition multiple, in-person patient safety monitors to single virtual monitor**
 - ✓ Meet staffing and patient needs with more hands at the bedside

Meet Unmet Patient and Nursing Needs

- **Change Patient Perception: "*Nurses are so busy! I don't want to bother them.*"**
 - ✓ Improve patient-RN partnership and communication
- **Address Nursing Documentation and Communication Burdens**
 - ✓ Shared responsibility for required documentation
 - ✓ Improved nursing documentation efficiency with uninterrupted VN workflows

What is Virtual Nursing?



Next Generation Patient Care



OUR VALUE



Virtual Care Takes
Administrative Burden off
the Bedside Team



Virtual Care Improves
Communication and
Discharge Planning



Virtual Care Drives
Top-of-License Practice
and Job Satisfaction



Virtual Care Improves
Clinical Outcomes and
Reduces Staffing Costs

Pilot Sites-149 beds



**Community Hospital
Anderson**

ONS/2E

TMS/3E

SMS/5E



Community Hospital North

**G2 Surgical
Med/Surg**



Community Hospital East

**Neuro
Med/Surg**



Program Cost

Internal Infrastructure Needs

- Networking cables, switches
- Power cables
- Increased bandwidth needs
- Smart TV servers

Training

- Bedside Nurses (Significant Change Management competency required)
- Virtual Nurses (Same Competency Checks as bedside nurses)
- Physicians
- Patients

Integration



New, Fully Integrated Care Team Roles and Structure

Virtual Nurse
Virtual Patient Safety Monitor
VITAL Shared Governance,
Team Meetings



VITAL Training Program

Nurse and Tech
Simulation Training
Program Launch and
Ongoing Training
Other Caregiver Training



Operational Change Management

Policy Updates
HR Role Summaries/Job Codes
Communication Tools
Adoption and Outcomes
Management

Implementation: Thoroughness of Approach

VITAL Team

- 5 groups formed for oversight and implementation
- Teams were comprised of:
 - Leadership
 - Bedside Nurses
 - Educators
 - Informaticists
 - Virtual Nurses
 - Clinical Nurse Specialists
 - Case Management
 - Quality
 - Providers
 - Patient Experience
 - Human Resources



VITAL Workflows

**Admission
Process**

**Discharge
Process**

**Fall
Documentation**

**Pre-Op
Workflow**

**Ongoing
Documentation
Reassessments
LDAs**

**Consults-
Behavioral and
Forensic**

**Education and
Care Planning
Workflow**

**Surveillance
and
Documentation
Support**

Measuring Outcomes

Falls	Quality	Admissions	Documentation	Qualtrics	MyChart	Social Determinants of Health	Bedside Care Givers
Total Falls	CAUTI	CHF readmissions	Required admission	Patient engagement	Patient education read	Compliance	1st year retention
Falls with Injury	CLABSI	COPD readmissions	Medication PTA at 90 minutes and at 12 hours	Nurse on TV engagement	Bedside Utilization	Referral Complete	Voluntary turnover
Fall Rate		ALOS (days)	Post Pain re-assessments		Activations		NDNQI Survey data
			Real time charting efficiency				
			Care plan completion				

RESULTS

To date, 16 virtual nurse patient survey responses from Anderson ONS, SMS, and TMS units

Two patient satisfaction questions for the virtual nurse experience have been added to the survey:

Questions:

"How would you rate your overall experience with the nurse on the TV" and Nurse on TV Informed?"

"How well did the nurse on the TV keep you informed?"

Unit	Top 2 box-Overall Experience	Goal-Overall Experience	Difference
CHA ONS	82.60%	89.10%	-6.50%
CHA SMS	78.90%	81.80%	-2.90%
CHA TMS	84.80%	83.80%	1.00%

RESULTS

All sites

Questions:

"How would you rate your overall experience with the nurse on the TV" and Nurse on TV Informed?"

"How well did the nurse on the TV keep you informed?"

Unit	Nurse on TV Overall Experience (Beginning)	Current	Nurse on TV informed (Beginning)	Current
CHA CHE CHN	58.3	73.5	58.3	72.2

RESULTS

Common themes from the patient surveys.



RESULTS

Common themes from the
bedside nursing



Further Stage of Development & Commercialization Potential

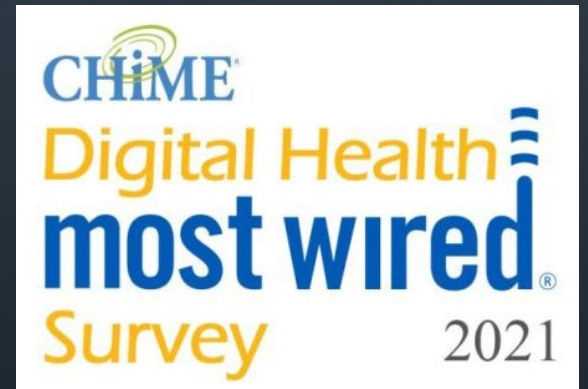
- **Uniqueness:**
 - Utilization of shared governance for launch and growth to full-scale, network model
 - Leveraging technology which a critical part of workforce embraces
 - Challenges decades old care delivery models
 - First to publish for new national care models
- **Growth/Expansion Opportunities:**
 - Acute Care: Other Inpatient and Observation Units, Obstetrics
 - Ambulatory: Enhanced Triage for scheduled and unscheduled patients
 - Emergency: Enhanced Triage, Patient Rounding
 - Behavioral Health: Crisis patient workflows in emergency



APPENDIX

Accomplishments

- **Forbes 2021 “America’s Best Employers for Diversity”:** Community Health Network ranked 29th in the nation, highest in Indiana
- **“Top 100 Diversity Officers,” 2021:** Community’s Chief Diversity and Inclusion Officer honored by the National Diversity Council
- **Most babies delivered:** Community North delivered the most babies in the state for the sixth consecutive year
- **2021 CHIME Digital Health “Most Wired” Recognition**



Accomplishments



- **Healthgrades honors:** Community Anderson, Community East, Community Heart and Vascular Hospital earn 2020 outstanding patient experience and patient safety excellence awards
- **“America’s Best Physical Rehabilitation Centers,” 2021:** Community Rehabilitation Hospital North ranked best in Indiana by *Newsweek*
- **Expanded school-based partnerships:** 46 school partnerships provide primary care, behavioral health and sports medicine services covering approximately 188,000 students in nearly 200 buildings. Community’s 2020 operating expenses for school partnerships totaled \$22.6 million.



References

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