Virtual Acute Care Nursing: Impacting Experience with One Click

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Video

Learning Objectives

- Describe the development and implementation of an acute care virtual nursing model of care in tandem with an inpatient care team.
- Explain how implementation of the model impacts both patient and nursing outcomes.

Statement of the Problem

Innovative nursing care delivery models are necessary to achieve high quality patient care while reducing nurse burden.

Through this nursing innovation, virtual acute care nurses (VACNs) used audio-visual, bidirectional communication tools connecting with patients and clinicians and examined the impact on patient, nurse, and practice environment outcomes.

- Positive nurse feedback
- Operational impact
- Patient experience outcomes

Goal

Launch a virtual acute care pilot on one medical and one surgical unit in FY23:

A diverse team of nurses, including selected VACNs, collaborated to design virtual and bedside workflows utilizing this new role and technology to facilitate optimal patient care. VACNs partner with patients and providers, prioritizing patient safety, patient education, interdisciplinary care coordination, clinical coaching of novice staff, completing admissions, expediting discharges, and reducing bedside RN documentation burden.

Changes Implemented

- Formed an interdisciplinary steer including clinical nurses
- Piloted on two identified units Monday-Friday, 0700-1930
- VACNs stationed away from hospital campuses
- Conducted multiple daily meetings in initial go live
- Planned expansion of additional patient beds through steer
- Created clinical documentation policy, VACN job spec, FAQs for staffed pulled to VACN units, and a VACN orientation checklist
- Documented workflows:

- Observe & document RN performing assessments, complete two nurse verifications
- Review provider notes, lab results, NEWS scores, and address if abnormal
- Provide safety reminders for lines/devices & perform routine pain assessments

- Participate in bedside shift report/rounds
- Create and review interdisciplinary Plans of Care
- Outreach to family members & interdisciplinary teams for patient care needs
- Prepare & review D/C instructions/education/ teach-back with patients/family

- Obtain unit report data on ED admissions
- Complete admissions, medication history, & review orders
- Prepare report for next day's virtual RN
- Customized VACN background created to enhance patient's feeling of security

Outcomes

Patient Experience (PX): Scores for both units were compared pre-pilot and 15 weeks post-implementation. Scores improved across specific benchmarks as well as metrics meeting percentile rank post implementation.

Surgical Unit

Medical Unit
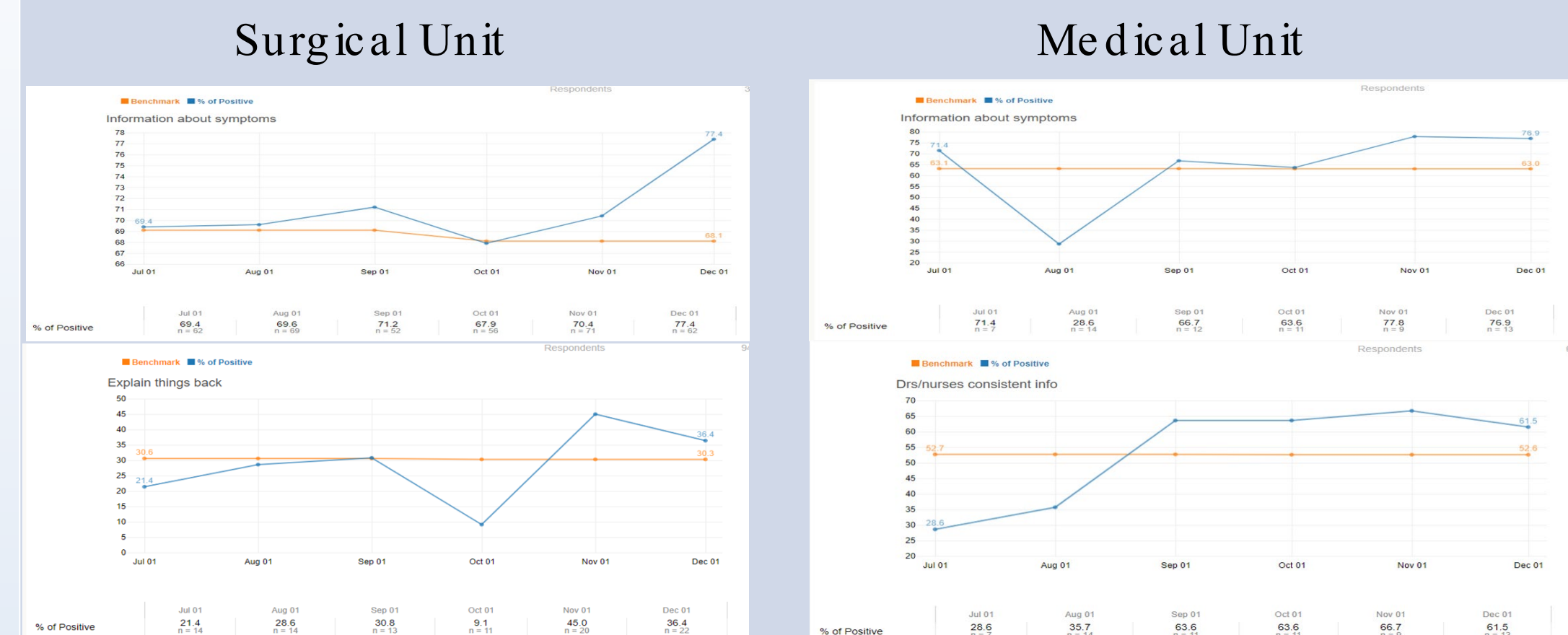
Operational Impact: Reduced Length of Stay (LOS) and purchased labor expense

Timeframe		Unit Type	Patient Count	Average Unit LOS
Pre	09/14/2021 to 01/31/2022	Surgical	587	3.05
Post	09/14/2022 to 01/31/2023	Surgical	516	3.70
Pre	09/14/2021 to 01/31/2022	Medical	419	3.88
Post	09/14/2022 to 01/31/2023	Medical	377	3.74

Purchased Labor Expense
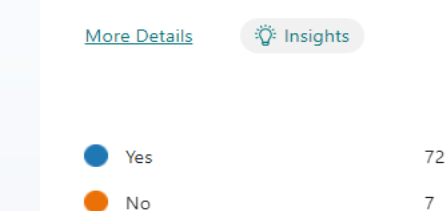
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Outcomes

Nurse Feedback:
Documentation Burden Relief

20. Did you provide documentation burden relief to the clinical nurse today?
- Yes 72
- No 7

Expedited Communication to Providers

14. Did you expedite any patient findings to providers today?
- Yes 68
- No 11

Focus on Nursing Sensitive Indicators

11. Were you able to impact any Nursing Sensitive Indicators today?
- Yes 68
- No 11

Key Takeaways

- Assess technology needs based on desired outcomes
- Determine staffing patterns for virtual and clinical care delivery
- Involve partners from the beginning for effective collaboration
- Assess financial impact
- Engage interdisciplinary staff as part of the practice model change

Lessons Learned

- Transition an entire unit to virtual care all at one time to avoid two different care models being managed in the same unit.
- Over communicate with nurse leaders and their clinical teams on the relevance of this practice model change.

What worked well?

- Embedding clinical nurses in the steer to drive development of workflows, dashboards, and discuss barriers and opportunities.
- Pilot unit participation, feedback, and pivoting as needed.
- Partnering with IT for command center go-live.

References

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Disclosure

No one in a position to control the content of this educational activity has relevant financial relationships with ineligible companies.

Where We are Now

- ANA Membership Assembly with ANA policy recommendations June 2023
- Converted to single internal platform for all beds with bedside tablets
- Scaled to over 500 beds as of June 30th, 2023
- Planning for an additional 500 beds live in FY24
- Launched a Virtual Acute Care Network for shared learning across organizations