

2023 VIZIENT CONNECTIONS SUMMIT

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Rapid Deployment of a Large-Scale Virtual Nursing Program

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System Virtual Medicine Director

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System Virtual Medicine Director

Melissa L. Gomez, MBA

Project Specialist, vICU and Virtual Nursing

Houston Methodist, Houston, Texas

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Learning Objectives

- Describe the benefits of FTE modeling for rapid deployment of a virtual nursing program.
- List lessons learned during large-scale rollout at an urban health system, including a variety of specialty care patient units.

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Agenda



Overview



Planning & Implementation



Full Time Employee (FTE) Modeling



Outcomes



Lessons Learned



Key Takeaways

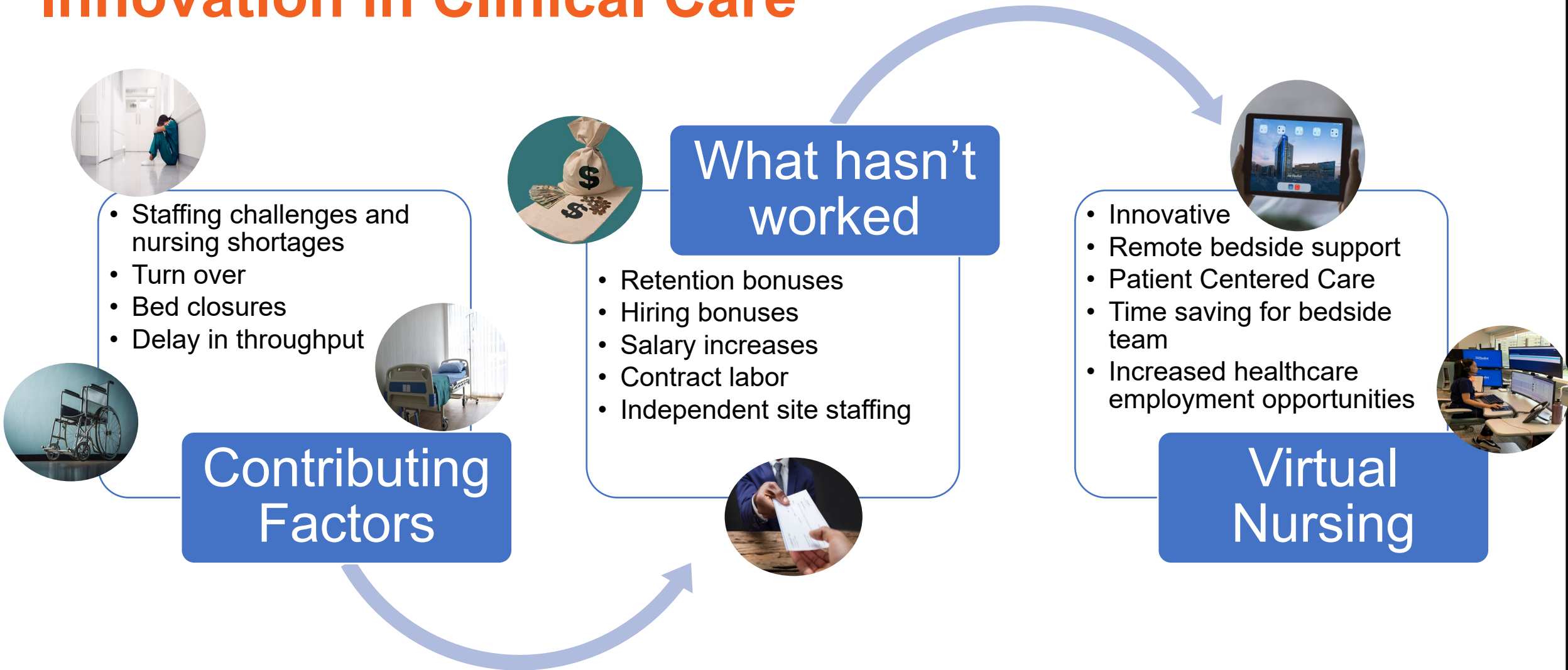


Questions

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Innovation in Clinical Care

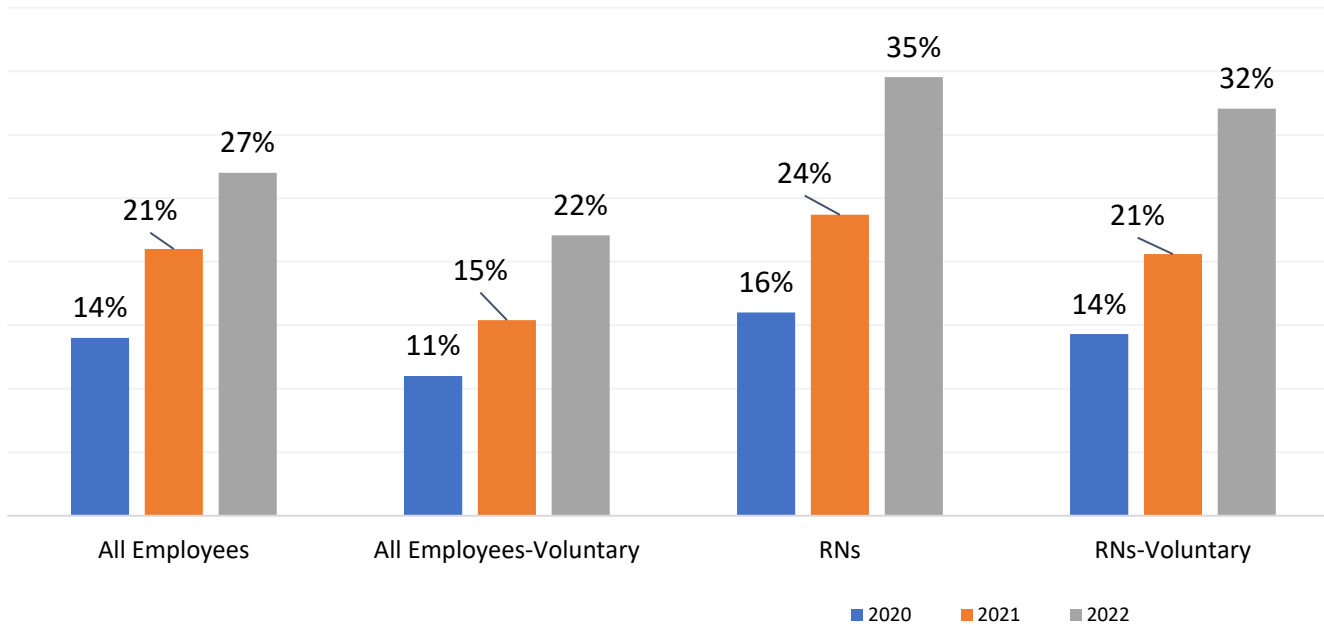


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Unsustainable Trends

Turnover Was Quickly Trending in the Wrong Direction

Houston Methodist Employee Turnover Trends
Annualized Turnover 2020/2021/2022



People-based solutions:

PAY INCENTIVES

>50% increase in various bonuses over 3 years

SALARY INCREASES

5 market adjustments over 2 years

TRAVEL NURSES

Nearly 6X increased utilization of travelers over 4 years

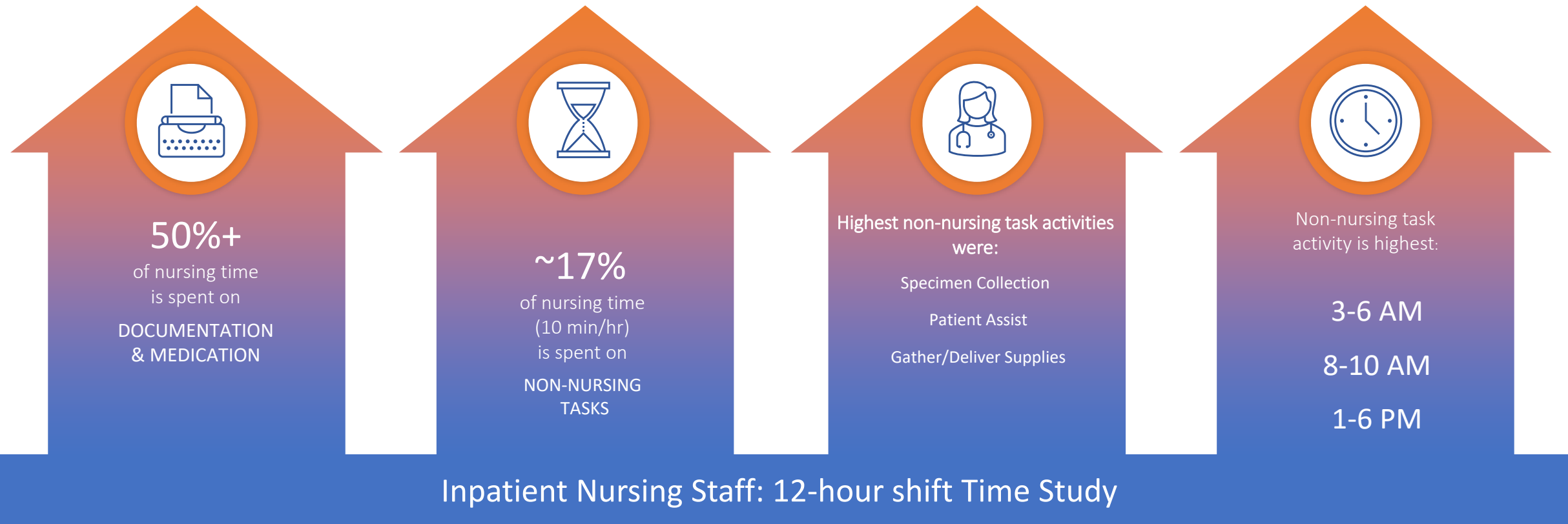
Houston Methodist needed to implement an innovative solution in their inpatient hospitals

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Bedside RN Time Study

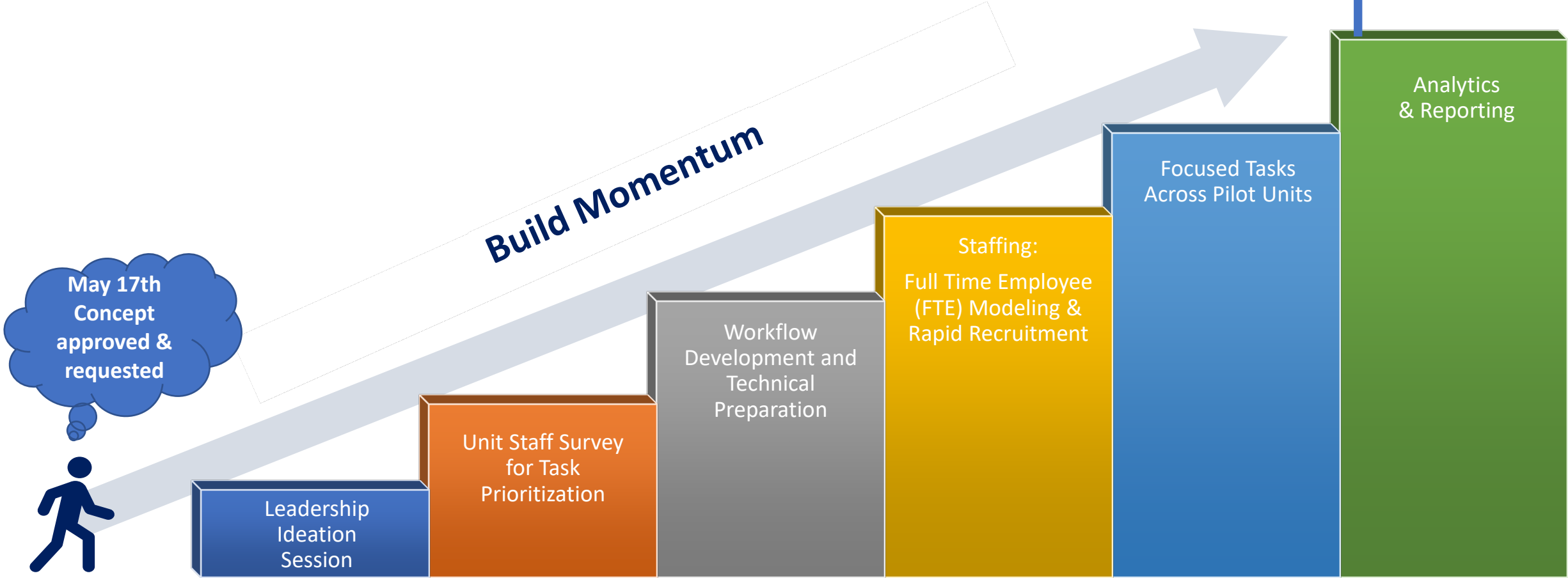
Findings And Opportunities For Virtual Interventions



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Virtual Nursing 29-day launch



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Virtual Nursing Survey

Nursing admission profile assessment

Participating in MD rounding

Other admission tasks (specify in comments)

Inpatient Texting

Discharge Instructions

Orienting patient to room

Coaching/Mentoring/Policy Help

Order review (24-hr chart checks, signed & held orders)

Post-TPA monitoring

2nd observer for foley insertion

Pre-procedure checklist

CAUTI/CLABSI bundle monitoring

Scribe for Assessments/Tasks/Other

Prep for Care Coordination Rounds

2nd signature for High-Risk Meds

Verification with consults for clearance for DC/procedure

Blood product admin cont observation

Double checking documentation at end of shift

Answering patient/family questions/referencing MD PN's

Other (free text)

The survey asked respondents to select 4 tasks, out of a 21-item list, they would most appreciate assistance with - to lighten their workload.

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✓ Nursing admission profile assessment	Participating in MD rounding
✓ Other admission tasks (specify in comments)	Inpatient Texting
✓ Discharge Instructions	Orienting patient to room
Coaching/Mentoring/Policy Help	Order review (24-hr chart checks, signed & held orders)
Post-TPA monitoring	2 nd observer for foley insertion
Pre-procedure checklist	CAUTI/CLABSI bundle monitoring
Scribe for Assessments/Tasks/Other	Prep for Care Coordination Rounds
2 nd signature for High-Risk Meds	Verification with consults for clearance for DC/procedure
Blood product admin cont observation	Double checking documentation at end of shift
Answering patient/family questions/referencing MD PN's	Other (free text)

Overview

Virtual Nursing Process *Overview*

Providing remote support to the bedside operations to deliver personalized care to our patients, while reducing bedside clinician workload.

Virtual Nursing *Technology*

Utilized existing resources rather than seeking to add new technology to the portfolio.

Virtual Nursing Tasks



*Admission Questionnaires
Completion of Nursing Admission Profile
Documentation in medical record
Placing any needed consults*



*Discharge Instruction Review
Pharmacy Confirmation*



*Other:
Pre-Op
Remote Patient Monitoring – inpatient
Obs Patient Support
Social Determinates of Health (SDOH)*

Technology



Tablets



Audio/Visual (A/V) System



Secure Messaging

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Analytics and Reporting

Early Electronic Medical Record (EMR) Admission/Discharge/Transfer (ADT) reporting

Self developed encounter tracking tool

Audio/ Visual (AV) reporting

- Call durations
- Wait times

Staff productivity and scheduling

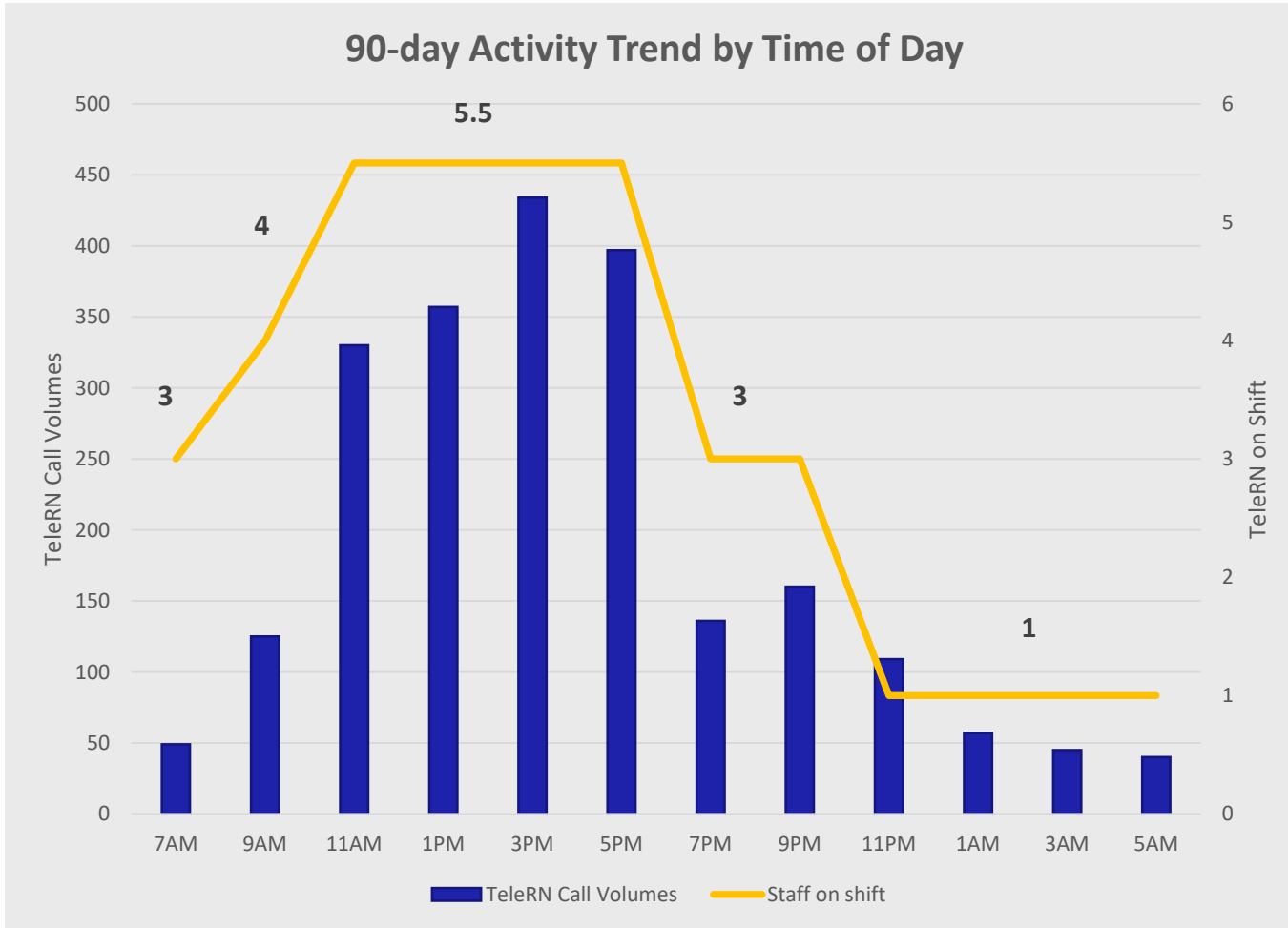
- Remote work rotation

Interdisciplinary consult volumes

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Original FTE Modeling



Initial strategy used vacant FTEs from bedside units

Initial FTE need based on fixed ratio

Multishift options to accommodate time of day volume trends

Rotational Hybrid work option

Leverage light duty resources

Source: Houston Methodist Virtual Medicine Dept

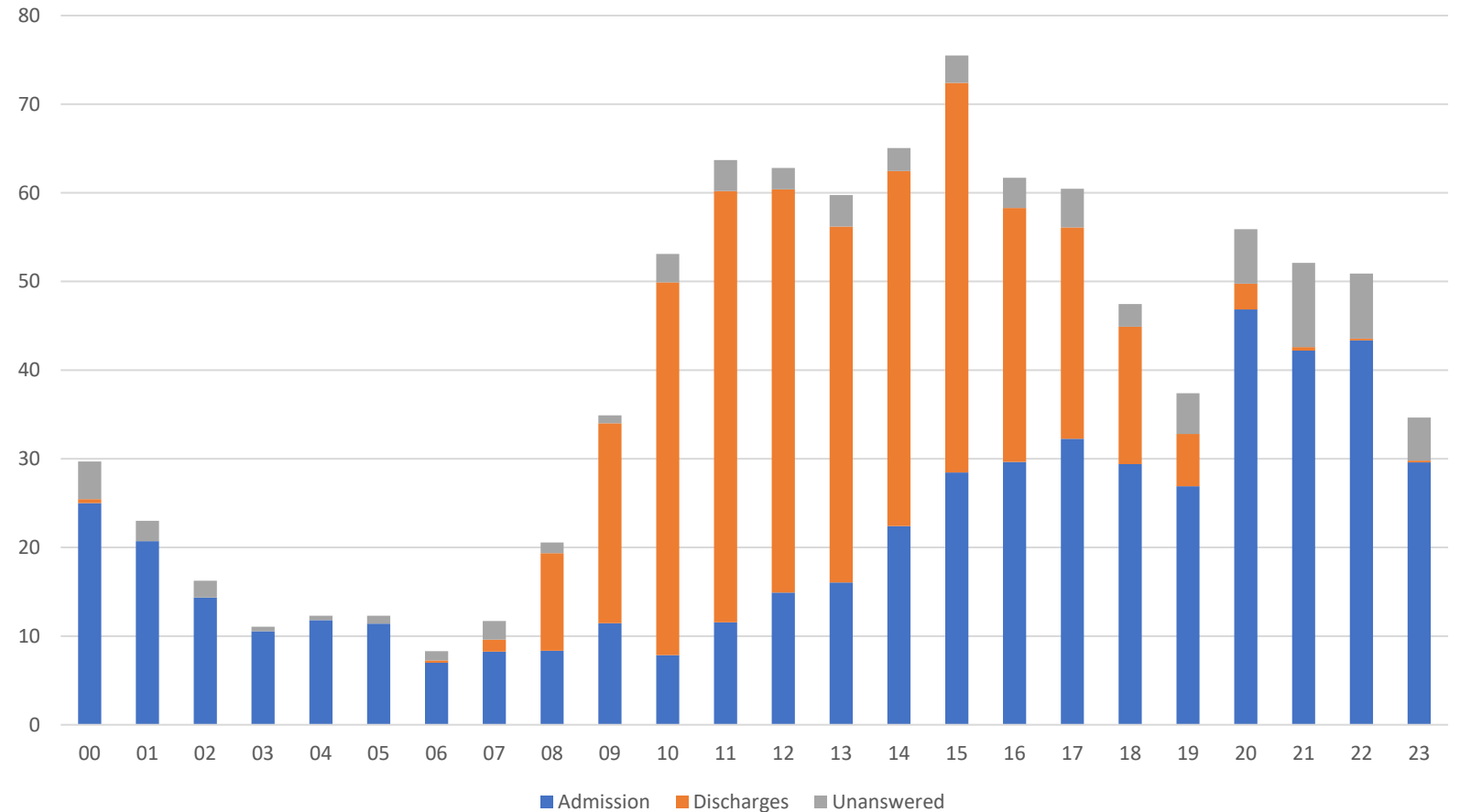
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Current Staffing Model

- Analyzing both completed and missed volumes to staff appropriately
- Bedside staffing ratio adjustments
- Maximizing hours of coverage
- FTE needs based on facility subscription model

Activity by Time of Day

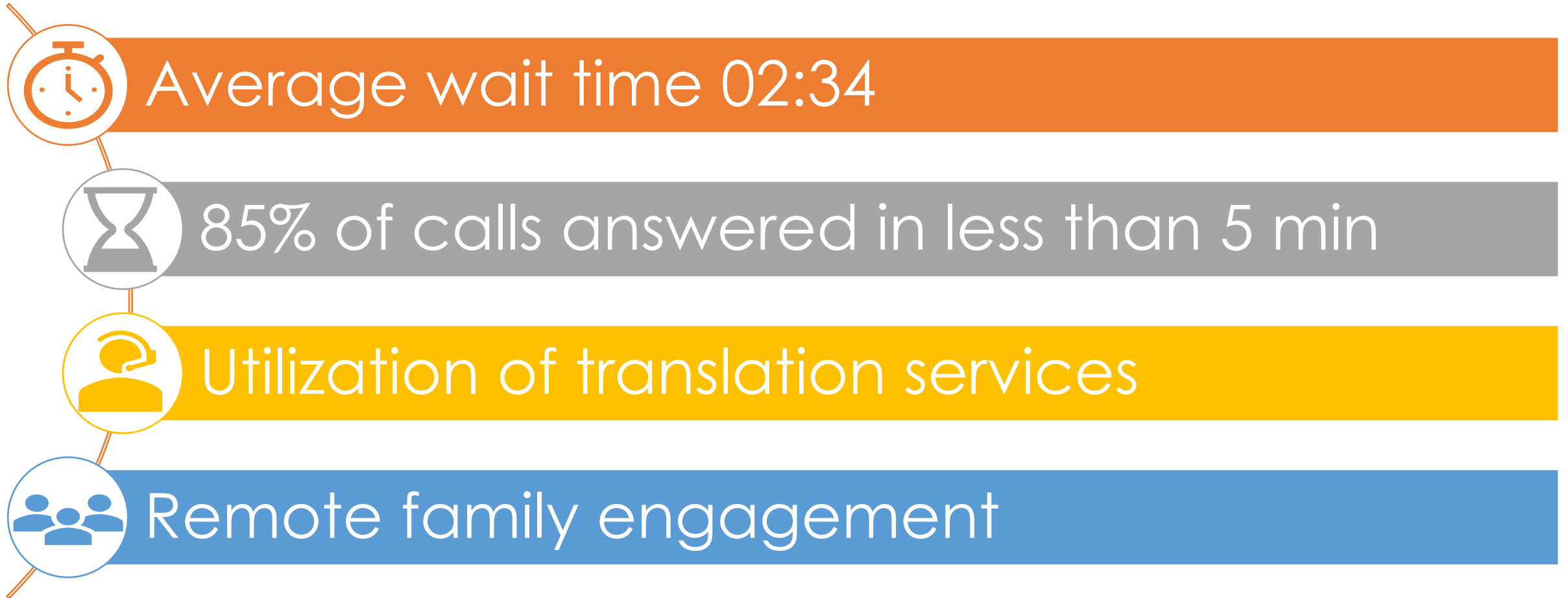


Source: Houston Methodist Virtual Medicine Dept, Caregility™ Analytics

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Virtual Nursing A/V Analytics

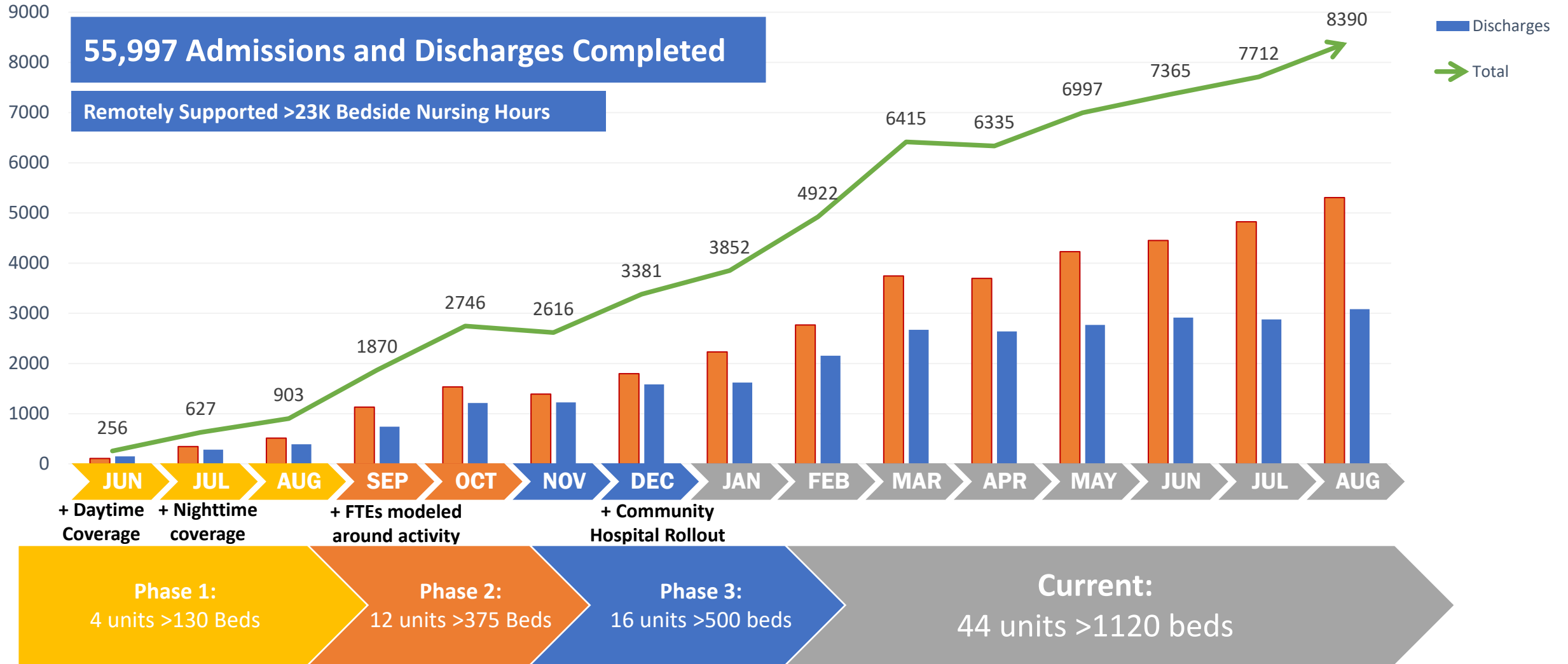


Source: Caregility™ Analytics

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Virtual Nursing Program Growth



Source: Houston Methodist Virtual Medicine Dept

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Virtual Nursing Outcomes

Bedside Team

- More time to focus on in-person tasks
- Better management of capacity

Virtual Nursing Team

- Continuous use of credential-level skills
- High degree of dedicated patient interaction

Patient Experience

- Personalized 1:1 nurse interaction
- Uninterrupted discussions with virtual nurse
- More predictable day of discharge timeline

Source: Houston Methodist

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Bedside RN Perception of Virtual Nursing

A post implementation survey was completed across multiple campuses with 106 bedside nurses participating

95% responded that the acute care Virtual Nursing program was “very helpful” or “somewhat helpful.”

89% responded it saves them time

85% indicated it allows them to **focus on more urgent clinical needs**

Most comments reflected that TeleNurses help bedside nurses in their own **time management**

Nurses responded they feel supported in having **extra hands available**

There was perceived **improvement in patient safety** by having a TeleNurse who could “catch missed” issues (like an “incorrect pharmacy identified”), while also allowing the primary bedside nurse to focus more intensely on other needs, which also **promotes improved safety**—essentially creating a **two-fold safety promotion**

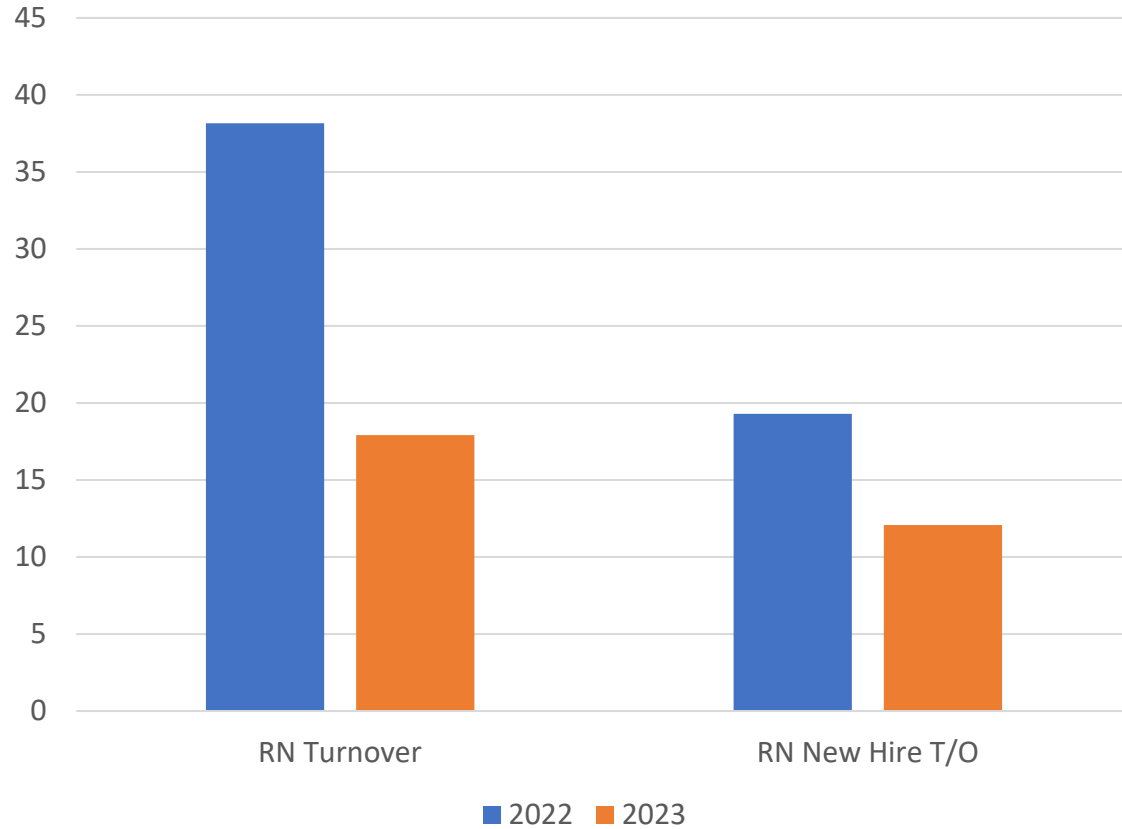
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Pilot Units RN Staffing

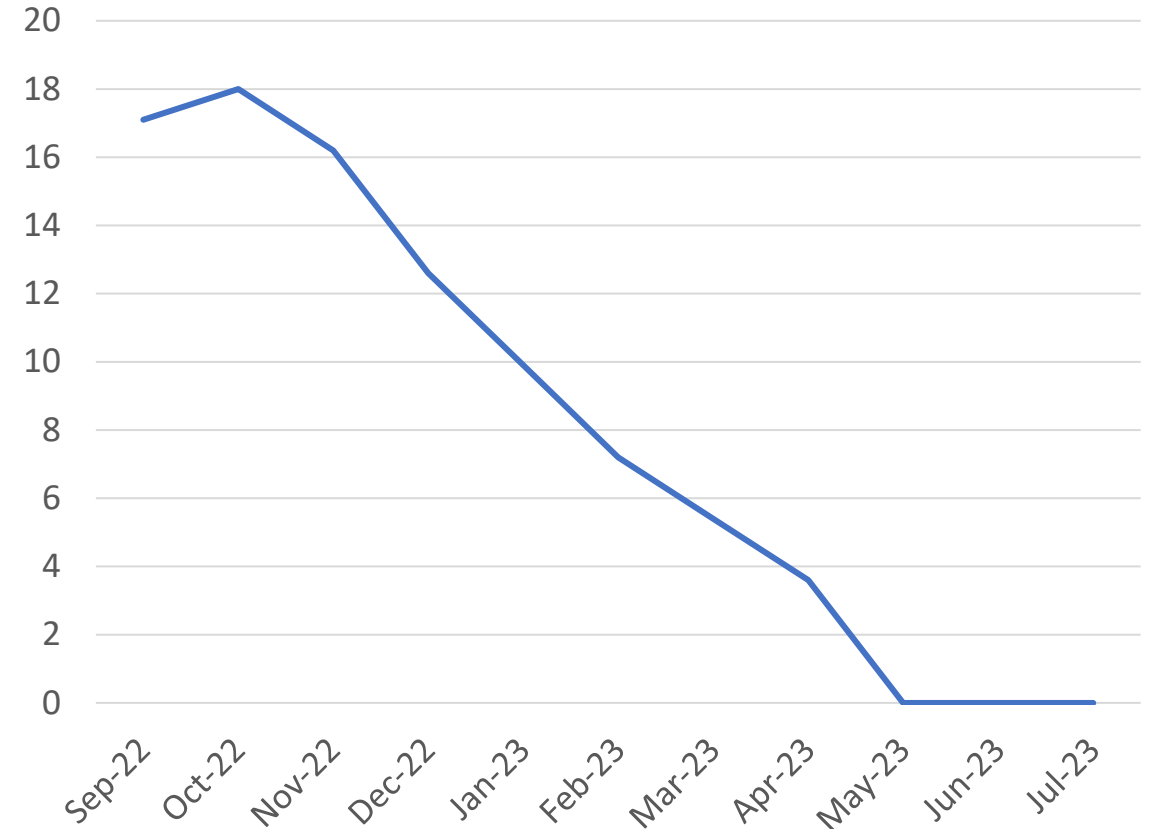
% RN Turnover YOY Reductions

June 2022 YTD & June 2023 YTD



RN Contract Labor Trend

of Contracts in 4 Pilot Units



Source: Houston Methodist Human Resources & Centralized Staffing Office

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Virtual Nursing Stories

“

“Last week I discharged 4 patients in one-day... I never would've been able to do that without the new program.” - Bedside Nurse

“

“I'm new to this and this is very helpful” – Bedside Nurse

“

Bedside Nurse message to TeleNurse: “Thank you!!! First time I've used it. How nice...appreciate you!”

“

“This new TeleNursing program is a mess... tablets not working... Not sure it will work... (One week later) OK, I love this program, it is so helpful. How do we get more coverage?”- Bedside Nurse

“

“I like this, and you took the time to personalize it for me” - Patient

“

Bedside Nurse floated for a shift to a unit without TeleNursing “What do you mean we don't have TeleNurse support?”

“

“Thank you very much, saved me a lot of work today” - Bedside Nurse

“

“This is fancy and so advanced” - Patient

“

Hospital CEO “This program is so popular with our nurses. I couldn't take this away tomorrow even if I wanted to.”

“

“This hospital is high tech and advanced” - Patient

Great catches from Virtual Nursing:

- *Correcting the pharmacy location for discharge medications*
- *Finding discrepancies on discharge medication dosages*
- *Following up on missing prescriptions*
- *Following up on discharge education*
- *Addressing concerns from family members and giving reassurance on plan of care*
- *Addressing pending items and helping bedside RNs better cluster care*

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Lessons Learned



Organizational Readiness

- Controlling the speed of the program rollout can help to avoid overwhelming staff
- Rapid recruitment is key to preventing demand from exceeding staff supply



Change Management

- Change management must be continually considered
- Many stakeholders are involved and must be engaged with early in the process
- Keep workflows and handoffs simple



Technology Partnerships

- While unavoidable, technical challenges can be mitigated
- Partnering with an A/V vendor to build infrastructure can help to preclude challenges



Analytics & Reporting

- Incorporating analytics and reporting early in the process improves outcome tracking
- Don't let remote documentation become an afterthought

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Key Takeaways

- Virtual Nursing programs are unique in terms of services offered
- Our strategy to select a narrow scope of services allowed us to scale the program quickly
 - Helped to easily quantify FTE needs
- Early engagement of bedside nurses and unit leadership in program design is essential
- Early utilization and reporting of analytics
- Don't be afraid to use handheld devices or mobile carts to start program

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Questions?



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