

Heart of Safety Coalition

Insights Huddle recap

September 2024

Virtual nursing as a retention and wellbeing strategy

Our sincere gratitude to [Michelle Collins DNP, APRN, CNS, ACNS-BC, NPD-BC, NEA-BC, LSSBB, Vice President, Nursing Excellence](#) and [Tammy Brown, RN, MS, NEA-BC, Manager Virtual Acute Care Nurse Program](#) at ChristianaCare for leading our Insights Huddle on virtual nursing as a retention and wellbeing strategy. Thank you also to participants who asked questions and shared insights. Below is a summary of the discussion.

Key premise:

Due in part to nurse shortages in many acute care settings, the desire of nurses to deliver exceptional care, and the availability of technology that supports remote connection and monitoring, virtual nursing is an important way to extend nursing care while easing the burden on bedside nurses.

Topic overview:

About ChristianaCare:

- 1,400 bed health system located in Delaware
- Currently have virtual nursing for about 650 beds across 20 units
 - Med-surg
 - Not live in ICUs, hem-onc, post-partum

Origin and evolution of virtual nursing at ChristianaCare:

- Pilot started in Spring 2022
 - Steering committee, including clinical nurses
 - 2 initial units (medical – 14 beds, surgical – 35 beds), identified by CNEs
 - Leveraged technology from hospital at home program
 - Defined workflows to eliminate burden for bedside nurses
 - Patient safety (national early warning system data for prioritization)
 - Admissions and discharges
 - Patient phone calls – on a one-touch tablet
 - Following up on consults and labs
 - Engaging physicians for orders (problems with transfers, opportunity to correct discharge instructions, etc.)
 - No new FTEs
 - Nurses rotated in from bedside care
- Spring 2023: Expansion and co-development of a new software platform with grant funding
 - Met with pharmacists, social workers, respiratory therapists on additional 18 units

- Evolution of structure/operations:
 - Initially, all virtual nurses were rotating between clinical (bedside) and virtual nursing.
 - Selected because they were experienced charge nurses, preceptors, trusted, adept with technology, etc.
 - Light-duty nurses can work as virtual nurses so they don't have to use PTO
 - Try to align nurses to a known unit
 - Bedside nurses usually increase ratio with the addition of virtual nursing, but the clinical burden is lower because of admission and discharge support
 - Now employee 5 full-time virtual nurses
 - Headcount usually comes from vacancies on units
 - 12-hour shifts
 - Full-time virtual nurses are working with specific units to build relationships, connections, camaraderie, etc.
 - Opportunity for nurses who no longer want to do bedside nursing
 - Consistency and stability across virtual nursing practice
 - Hired a manager of virtual nursing
 - Coordinates partnerships
 - ED – reduce boarding
 - Hospitalist partners – physicians call the virtual nurse rather than tracking down the bedside nurse
 - Advance-practice clinicians – consults
 - Speech therapy
 - Oversees daily operations, but most nurses report to their respective managers
 - Virtual nurses are cohorted together, multi-screens, headsets
 - Virtual acute care nursing council
 - Operational best practices
 - Metrics alignment
 - Currently not covering weekends and holidays (staffing challenges)

Metrics:

- Bedside nurse satisfaction
 - Virtual nurses had significant impact on nursing-sensitive indicator harm (turning, etc.) by asking questions, doing teach back, etc.
 - Decreased clinical documentation burden (virtual nurses document admission intake exam – including all consults, IV team, etc.)
 - Novice nurses can ask questions and have input from an experienced nurse
 - Significant reduction of burden on bedside nurses
 - Bedside nurses can take breaks and have meals knowing their patients are covered
- Virtual nurse satisfaction
 - Better relationships with patients
 - Time to do meaningful teaching (e.g., resourcing at home for post-discharge support)
- Patient experience
 - 35,000 patients
 - 75-78% of patients love or like it
 - Connect with a nurse in less than 30 seconds
 - Virtual nurses take time to explain or re-explain
 - Anyone in the room can call – patient, family, provider, etc.
 - There's more time – virtual nurses are caring for one patient at a time. Bedside nurses have split attention because they have multiple patients who might have urgent needs
 - Virtual nurses can help accelerate discharge

- Discharge quality
 - Catching medication errors
 - Missing wound care or home healthcare orders
- Length of stay and readmissions improved

Q&A overview:

How do you think virtual nursing will evolve over the next 2-5 years?

- In January 2023, the American Nursing Association had a call for proposals for a [committee on virtual nursing](#). ChristianaCare is part of panel
- Likely grow to include care across the continuum: case management, dietary, pharmacy, hospitalists, interpreter services
 - Hospitalists already asking if they can use the platform on the weekends
- Currently delivered on a tablet at ChristianaCare, but the technology will likely evolve

Is there a particular role profile for a virtual nurse?

- Currently look for certain qualities:
 - Interested in advancing nursing practice with technology
 - Able to coach other nurses
 - Interested in deeper relationships with patients
 - Flexibility and teamwork (working across large numbers of patients)
 - Patient-family inclusion, including social determinants of health, familiarity with community resources
 - Able to coordinate and collaborate with the clinical team
- Had e-ICU, which requires more facility with data, but bedside nurses felt they were being spied on
- Experimenting with support for the Rapid Response team, where the clinical bedside nurse “acts like a nurse” but the virtual nurse handles all the referrals and calls

Does this extend careers?

- It can. ChristianaCare had a neuro-intensive care nurse who was on light duty and unlikely to be able to return to the bedside. The team gave virtual nursing the FTE and that nurse was able to continue working at ChristianaCare
- The CNE is considering reaching out to nurses who retired during the pandemic to see if they would like to return to virtual nursing

How do you support the wellbeing of virtual nurses?

- Virtual nurses have sit-to-stand desks.
- They are scheduled to have breaks (with back up) – many take a walk so they can get exercise.

What are some lessons learned?

- With experience, virtual nurses have learned to use the technology instead of a nurse-to-nurse handoff. ChristianaCare’s system tracks calls made, received, minutes, etc.

If you have topic ideas or best practices you want to share to improve the safety and wellbeing of healthcare team members, email HeartofSafetyCoalition@Stryker.com.

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About the Heart of Safety Coalition

The Heart of Safety Coalition places care team member safety and wellbeing at the heart of healthcare. This national community of leaders, learners and advocates ensures that voices are heard, connections are made, and standards are raised to inspire systematic and individual change. The Coalition works to advance the Heart of Safety Declaration of Principles, which intersects health justice, physical safety, and psychological and emotional wellbeing to accelerate transformation. Driven by its mission to make healthcare better, Stryker supports and manages the Coalition.

Learn more at www.HeartofSafetyCoalition.com.