

## **Creating Partnerships for Care: Ochsner's Virtual Nurse Program**

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The virtual nurse program is an innovative and integrated care model for the medical/surgical and telemetry units' nurse staffing and team collaboration. The program's innovative virtual platform allows an unprecedented nursing partnership between the bedside and virtual nurses, who share responsibilities for an assigned group of patients. Providing 24/7 virtual support to the bedside nurse, the program focuses on specific quality goals, throughput workflows and the assistance of expert nurses who collaborate with the bedside nurse in all aspects of patient care delivery. Ongoing communication results in a well-organized and synchronized approach for the management of the complex and dynamic patient care scenarios that are now prevalent in our medical/surgical and telemetry nursing units.

The program originated at Ochsner Medical Center – Kenner in Louisiana as a virtual nurse pilot when the chief nursing officer saw the need to evaluate a nursing care model to address the gap between the patients' acuity and the expertise level of the nursing staff working in the medical/surgical and telemetry units. Approximately 80%-85% of nursing staff on these units were new graduates or within the first two years of their career. Nurses with more experience (beyond two years) held positions such as charge nurses, supervisors, clinical educators or preceptors, leaving minimal expert-level support at the bedside. The resulting impact of the growing patient acuity and less experienced nursing staff was a continuous challenge and was affecting nurse engagement and retention. The pilot began in 2017 with a projected timeline of a two-year phased implementation requiring the collaboration of nursing leaders, administrators, nurse educators, bedside nurse champions, in addition to staff in the IT and engineering departments. Eventually, this led to full implementation of the program across 70 inpatient beds.

### **Structure and organization**

The virtual nurse program structure is designed for the virtual and bedside nurse to work together as part of the patient's care team. The model promotes continued collaboration among various members of the team by establishing a structure of ownership for both virtual and bedside staff. Instead of a consultant-based approach, as in the case of eICU models, the virtual nurses are assigned a group of patients for whom they are responsible for the duration of their shift (Figure 1). The virtual nurse takes ownership for the tasks and responsibilities within the virtual framework, and as any member of the care team, they work in consortium with the bedside staff towards the goals and objectives of the patient's plan of care (Figure 2). Importantly, the virtual nurse leads communication efforts across all team members, as they are consistently evaluating the patient's progress, responses, clinical data and other aspects of the patient's care that are essential to optimal outcomes and successful post-hospitalization results. In many cases, the virtual nurse works behind the scenes, monitoring up-to-the-minute information received through the EMR, and communicating with physicians, nurses, respiratory therapists, case managers and other members of the interprofessional team.

### **Benefits and successes**

As the virtual nurse program has evolved throughout the years, it has yielded expected and unexpected benefits to patient outcomes. It has also improved the way that staff manages bed capacity and patient acuity, particularly after the COVID-19 pandemic. Whereas the program was anticipated to yield operational strategies in nursing care models and ratio adjustment, the more notable advantage has been the ability to admit higher-acuity patients to the existing medical/surgical and telemetry units. This flexibility allows for bed placement optimization and protects critical care-bed capacity for highly acute critical care patients. With the assistance of the virtual nurses, more direct oversight and monitoring is

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possible, which results in early detection of rapid changes in patient condition. This in turn can quickly escalate clinical interventions or transfers to a higher level of care. This type of monitoring and prompt response has proven to be one of the most important benefits of this program. Without it, our approach to COVID-19 and all its challenges would have looked completely different and had different results.

Throughout the COVID-19 pandemic, the virtual nurses were instrumental in providing clinical monitoring necessary for the safety and outcomes of our patients. The virtual team performed rounds every two hours to evaluate patient respiratory status, lab results and symptomatology. In addition, the virtual team documented any subtle changes in condition that prompted a proactive round by the ICU team who could activate prompt transitions to higher levels of care if necessary. This resulted in improved clinical outcomes, less transfers to the ICU and better overall management of COVID-19 implications. In addition, the virtual nurses provided emotional support to families facing inevitable loss of a loved one, and/or changes in conditions from which patients would not recover. The virtual nurses even assisted with family communication through iPad support, which allowed families to speak, see and interact with their loved ones, sometimes while facing end-of-life situations where no family could be present. In several cases where no family was available due to COVID-19 restrictions, the virtual nurse offered companionship and care, supporting patients through their last moments of life.

An additional benefit of the program is that virtual nurses take ownership of the admission and discharge processes. The virtual nurses complete patient admission assessments, including the medical and social history, and allergy and medication reviews. This, provides 1:1 interaction with patients and families and prepares them for next steps in the hospital stay. At the time of discharge, the virtual nurses assist with discharge education, medication reconciliation, post-hospitalization instructions, bedside delivery requests, and provide a dedicated time for question/answer interactions with patients and families. This allows consistent patient movement and throughput in our medical/surgical and telemetry units, where patient turnover is approximately 30% each day. In addition, the comprehensive information and discussions conducted with patients and family members contribute to readmission prevention and easier follow-up after the patient's hospital stay.

The benefits of the program are immeasurable. Improved patient outcomes have resulted in both lower mortality and readmission rates. It also has affected nurse engagement and retention and bed capacity optimization, while fostering team collaboration and nursing peer support. The program also creates an environment of embracing innovation where other disciplines and critical members of the team can thrive and be inspired by participating in a team approach to patient care outcomes.

### **Lessons learned**

Most of the lessons learned from program implementation involve relationship building between bedside staff and virtual nurses. As the program requires different ways to care for patients and shifts in overall nursing responsibility, the team members have had to learn to share information and to build sufficient trust with each other to share patient responsibility. Just like any other change process, establishing relationships took time. Medical center staff led team-building activities and open forums to reach consensus and role clarity. Among the lessons learned was the need to listen to the nurses' feedback and allow sufficient time for them to outline changes in roles and responsibilities. They also needed time to get used to the idea of sharing duties with another nurse with whom they would be virtually partnering for the care of the patient. Working through this phase depended on communication and responding to feedback to gain stakeholder buy-in and secure the trust needed to proceed to the next step of the project.

The other significant lesson learned was to expect technological difficulties, which arose throughout each project phase. Although our IT experts were directly involved and present through each implementation phase, unplanned technological occurrences, such as equipment overloads and shutdowns, created challenges with consistent or seamless workflow processes in the virtual platform. The ongoing dedication of the IT team and their commitment to see this project to its final version, not only made implementation successful, but also created a pathway for innovation and evaluation of new technology that combines with the virtual nurse platform for other patient safety and quality of care initiatives. The partnership with the IT team has been invaluable to the success of this project, its ongoing growth and the possibility for ongoing clinical expansion across the care continuum.

### **Program expansion**

The rewards and benefits of this program are many and this model has expanded beyond nursing. Our physician teams have joined the virtual platform using software that combines with the virtual nurse model to provide virtual medical consults, evaluation of clinical progress and communication with patients and families regarding next steps in the plan of care. Further, the night hospitalist team has been able to incorporate virtual nurse practitioners who provide support to the night shift for questions and non-emergent interventions. This allows the on-site physician to focus on emergencies or patient admissions that may take place during the night. The pharmacy department also has onboarded pharmacists utilizing this platform to conduct medication reconciliations or provide home medication education as part of the discharge process. This has provided additional value to patients' families seeking to understand home medications more thoroughly prior to leaving the hospital.

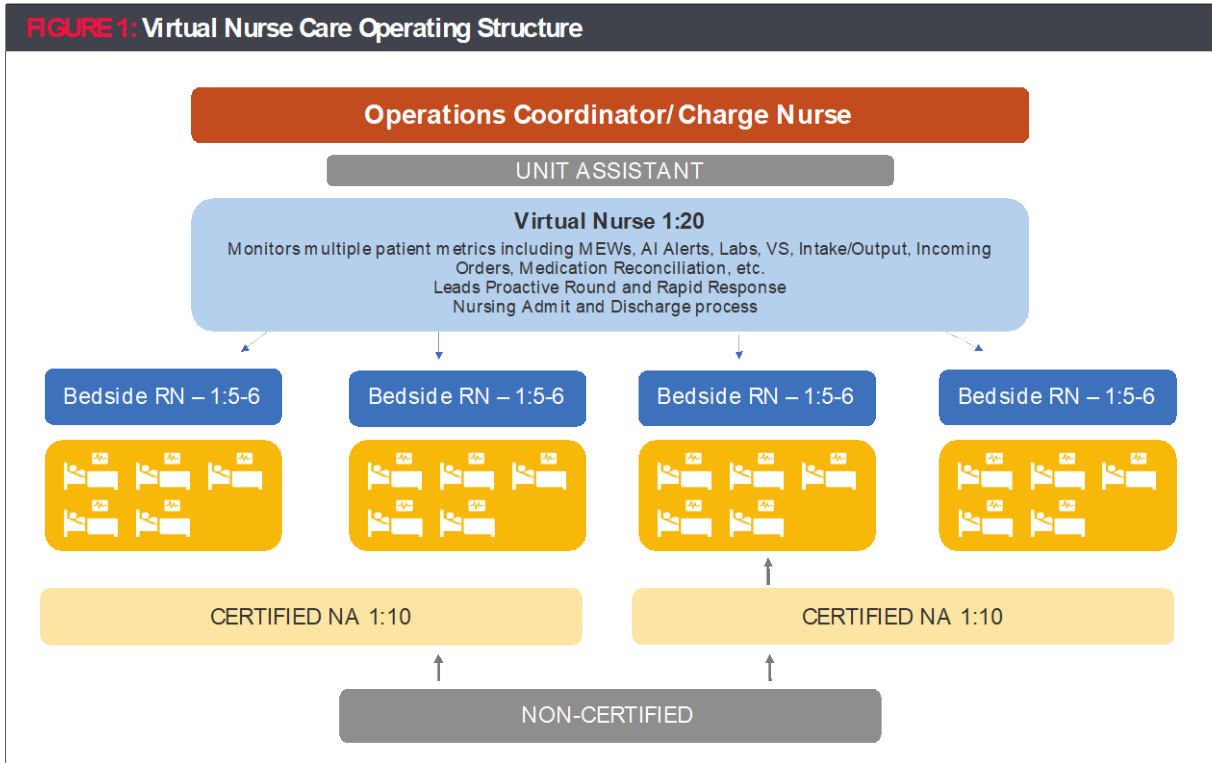
Depending on the organization's focus and operational needs, this program can be tailored and aligned to satisfy workforce challenges and to improve nursing care workflows or case mix index distribution. In our experience, adding other disciplines to the program has shown the potential to spread its use to case management and other departments playing a major role in the care of inpatients – pivotal for the patient's success following discharge. As we have experienced the ongoing growth in the program, I see continuous opportunities to create new models of care combining the virtual nurse program with new technology and other disciplines across every hospital in the U.S.

### **ABOUT THE AUTHOR**

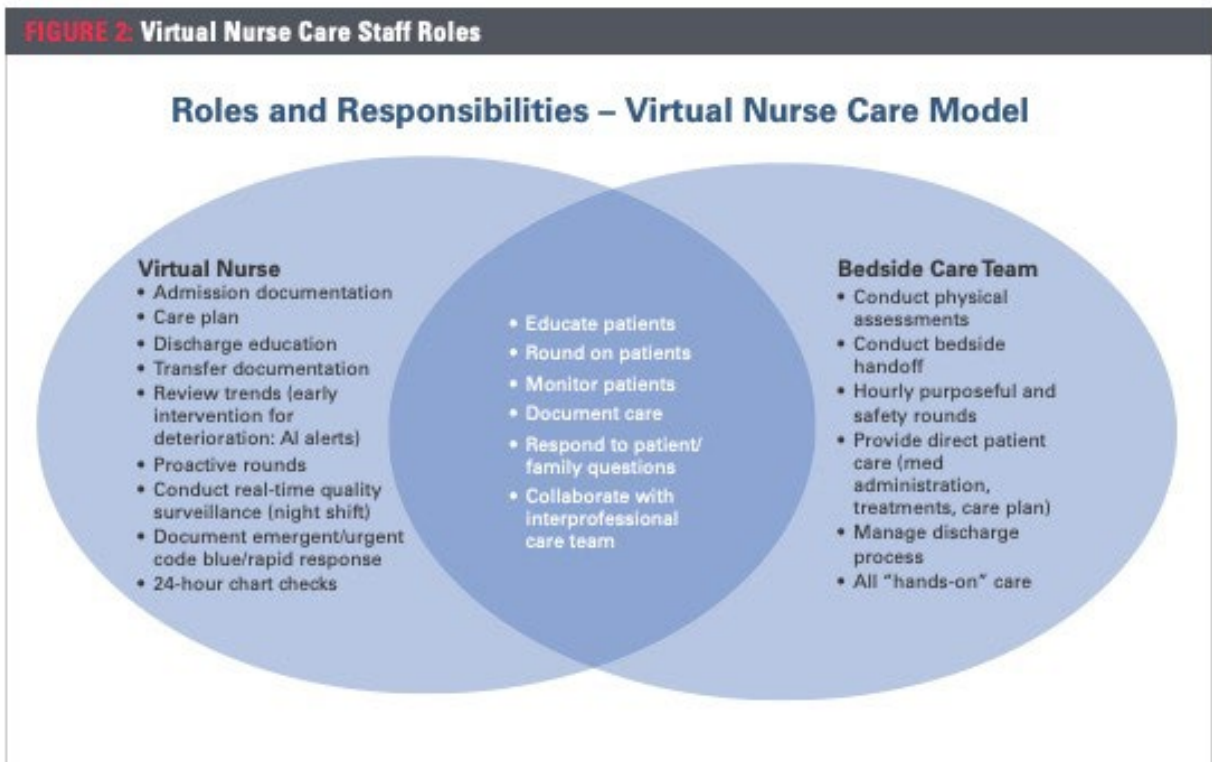


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**FIGURE 1: Virtual Nurse Care Operating Structure**



**FIGURE 2: Virtual Nurse Care Staff Roles**



**FIGURE 3:** Virtual Nurse Care Benefits

