Virtual Care: How to Turn a Short-term Fix into a Long-term Strategy

October 17, 2023

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Our Speakers



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2018

100 GREAT HOSPITALS IN AMERICA Becker's Healthcare

TOP 5 HOSPITAL IN PENNSYLVANIA U.S. News & World Report (Lehigh Valley Hospital)

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NURSE RESIDENCY PRACTICE TRANSITION PROGRAM American Nurses Credentialing Center

RECERTIFIED AS A COMPREHENSIVE STROKE CENTER The Joint Commission (LVH–Cedar Crest)

RECERTIFIED AS A PRIMARY STROKE CENTER The Joint Commission (LVH-Muhlenberg)

2019

TOP PLACES TO WORK IN THE LEHIGH VALLEY The Morning Call

150 TOP PLACES TO WORK IN HEALTHCARE Becker's Healthcare

BEST-IN-STATE EMPLOYER Forbes

AMERICA'S BEST HOSPITALS IN ORTHOPEDICS U.S. News & World Report (Lehigh Valley Hospital)

LGBTQ HEALTHCARE EQUALITY TOP PERFORMER Human Rights Campaign's Healthcare Equality Index (HEI), (LVH–Cedar Crest, LVH–17th Street, LVH–Muhlenberg, and LVHN–Tilghman)

EXCELLENCE IN PATIENT SAFETY

Hospital and Health System Association of Pennsylvania (HAP), (LVH-Cedar Crest, LVH-Muhlenberg, LVH-Schuylkill, LVH-Hazleton and LVH-Pocono)

CERTIFIED AS A PRIMARY STROKE CENTER The Joint Commission (LVH–Schuylkill)

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LEAPFROG "TOP TEACHING HOSPITAL" FOR QUALITY AND PATIENT SAFETY The Leapfrog Group (LVH-Cedar Crest)

2020

MAGNET RECOGNIZED (FIFTH DESIGNATION) American Nurses Credentialing Center (ANCC)

LEAPFROG "A" GRADE FOR QUALITY AND PATIENT SAFETY The Leapfrog Group (LVH-Cedar Crest, LVH-Muhlenberg and LVH-Hazleton)

PATIENT SAFETY EXCELLENCE AWARD Healthgrades (Coordinated Health Allentown)

BEST MATERNITY CARE HOSPITAL Newsweek (LVH–Pocono)

BEST PHYSICAL REHABILITATION CENTER Newsweek (LVH-Cedar Crest)

NO. 1 HOSPITAL IN THE REGION U.S. News & World Report (Lehigh Valley Hospital)

LGBTQ HEALTHCARE EQUALITY LEADER Human Rights Campaign's Healthcare Equality Index (HEI), (LVH-Cedar Crest, LVH-17th Street, LVH-Muhlenberg, and LVHN-Tilghman)

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ACCREDITED CHEST PAIN CENTER American College of Cardiology (LVH–Schuylkill, LVH–Hazleton)



















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BEST PHYSICAL HABILITATIO CENTERS 2020

Newswee slatista Agenda

Identify use cases for virtual care at your hospital

Determine the best technology option to deploy

Operationalize virtual care strategies across your organization



Identifying an opportunity for Virtual Care

- Necessity is the 'mother of invention' and the COVID-19 pandemic has indeed spurred innovation and workflow redesign in order to meet the changing needs of our patients.
- Demand for inpatient acute care bed capacity increased during the pandemic, necessitating the evaluation of creative ways to manage patients and facilitate throughput.
- In response to new challenges faced, several opportunities were identified that would leverage and optimize existing technology and resulted in standing up "virtual nursing" programs.

Virtual care

- Virtual care relies on various technologies to deliver remote healthcare services.
 - Patients need clinicians to assist them during the acute phase of their illness, from admission, throughout their hospital stay to discharge
 - Upon admission and discharge, patients need to be confident they have the information needed to participate in their care while in the inpatient setting and continue their recovery at home

LVHN Policy Definition:

• Virtual Care: the use of electronic communications and information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration

LVHN Virtual Discharge Nurse Program

Goals of Virtual Discharge Nurse (VDN) Program

- Support the bedside RN; decompress activities
- Facilitate patient throughput
- Bolster the patient experience

Virtual Discharge Nurse Pilot

- Off-site location used for VDN
- 3 Express Admit Unit (EAU) nurses assigned to VDN role
- Pilot Units: start small and grow rapidly
- Hours of operation determined
- Inclusion and exclusion criteria determined



Virtual Nurse Discharge Program

- This innovation utilizes an off-site nurse to remotely provide support for discharge care tasks that may be completed with limited physical interaction.
- Key tactics which enabled the launch of the VDN project within a very aggressive timeline (7-day period of idea to inception) included:
 - Assembling and engaging a group of interprofessional stakeholders from clinical informatics, staffing operations, and nursing leadership
 - Defining the project's scope and milestones
 - Creating project inclusion and exclusion criteria
 - Establishing roles and responsibilities of the VDN
 - Developing scripted patient discharge information
 - Engaging existing off-site telehealth support
 - Utilizing non-budgeted or redeployed staff positions
 - Leveraging existing technology and workflows

LVHN Existing Technology & Workflows

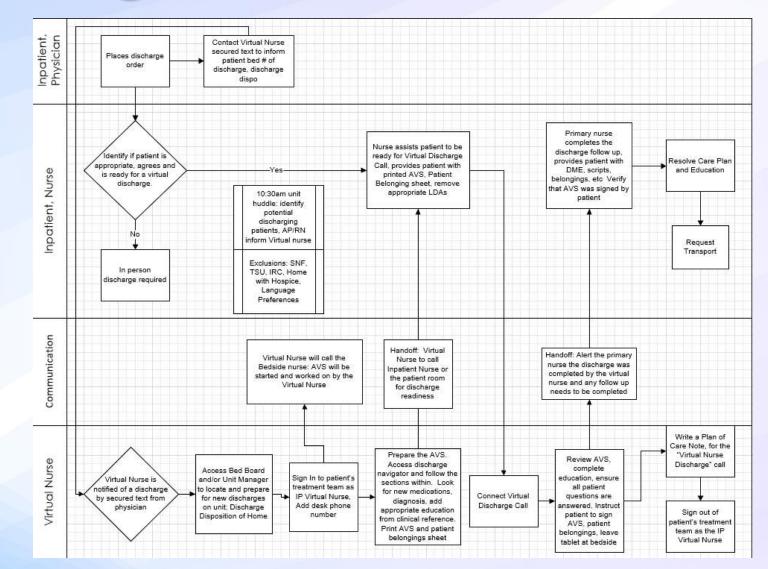
Leveraged existing LVHN technology

- MyChart Bedside Tablets located at the bedside
- Native video application for virtual face-to-face call
- Mobile secure texting application
- Leveraged existing LVHN workflows
 - Collaborative Rounds
 - Epic Bed Board
 - AVS Discharge Workflow

| OVID19 | Q |
|--|------------------------|
| Inpatient Virtual Nurse COVID19 | No one on duty Message |

Virtual Discharge Nurse Workflow

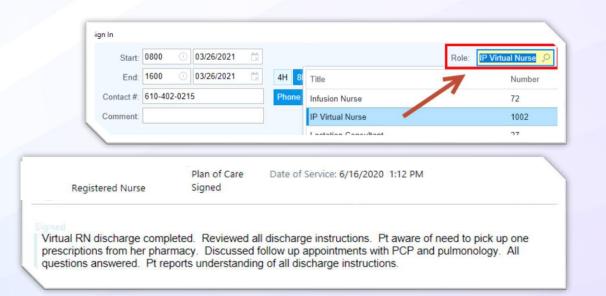
- 3 Distinct Roles
 - Inpatient Physician
 - Inpatient Nurse
 - Virtual Nurse
- Other Key Roles
 - Unit Leadership
 - Care Managers
 - Bed Management



Epic Configuration

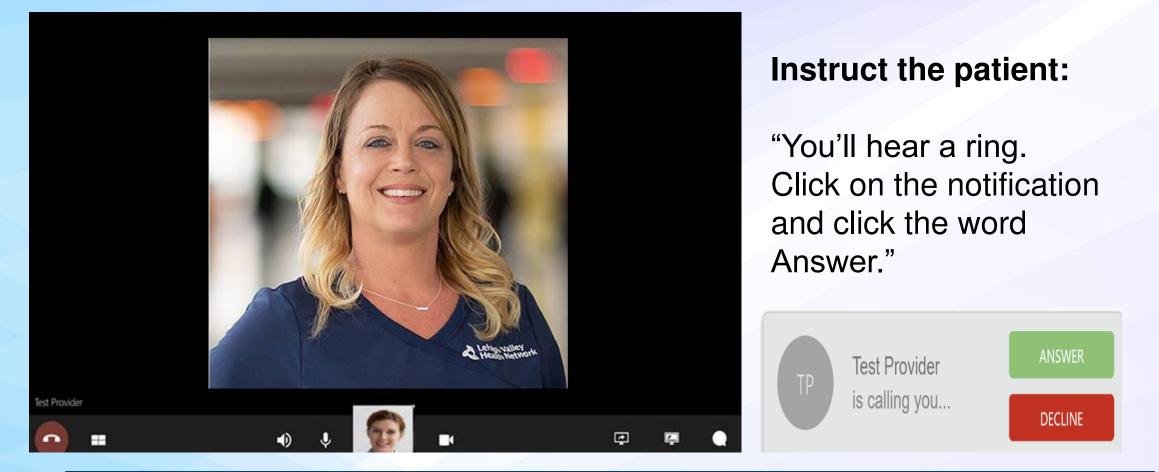
Dual Purpose

- Augment workflow
- Outcome Measurement
- Epic Configuration
 - New Role: IP Virtual Nurse
 - New Department: IP Virtual Nurse
 - Bed Board Access
 - VDN Plan of Care Note
 - AVS Documentation/Sign



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Virtual Face to Face Call



Patient's all in all responded positively to receiving their discharge instructions virtually. Even though it was a virtual call, it was a personal call and patients commented on how nice it was to see my face sans the PPE. I completed calls with younger patients, older patients, and everyone in between. They appreciated the undivided attention that a virtual call was able to provide and our willingness to make sure all their concerns were addressed. Likewise, the nurses were positive about the program and the time we were able to save them.

VDN's role in the Continuum of Care

Transition of Care

"You may receive a phone call within 1-2 business days on behalf of your LVHN. The purpose of this call is to review your discharge paperwork, schedule your follow-up appointments, and review your medication list. The call should only take 5-10 minutes of your time. We want to ensure your success in managing your care at home and this phone call will help you stay organized and answer any questions you may have."

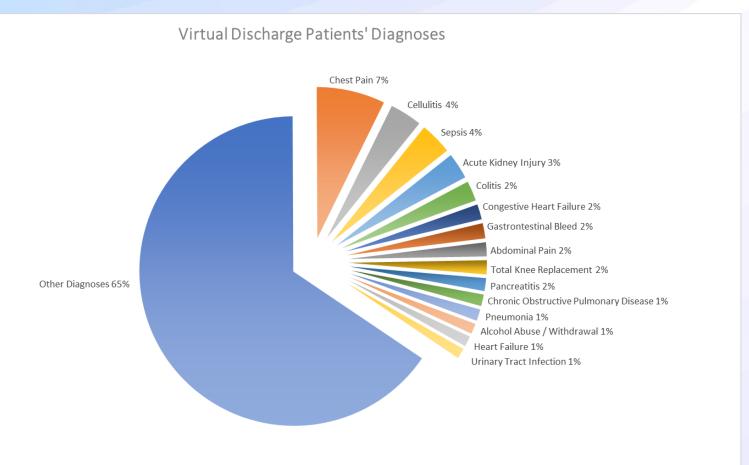
VDN Metrics/Outcomes

Analytics dashboard/Initial outcomes

- Decrease in minutes from discharge order to actual discharge using the VDN
- One Virtual Nurse full-time equivalent (FTE) was responsible for 4.8% of all potential discharges (731/15,338) from May–November 2020
- Leveraged VDN success for additional virtual programs
 - Virtual Hospital Medicine Nights Program to compliment in-house Hospitalist
 - Roving Admission Nurse (stationed in ED)

| Date | | Lo | Location | Department | Readmis | Readmission Time Fra | |
|---------------|------------------------|--------------------------|--------------------|--------------------|---------------------|----------------------|--|
| 1/5/2020 | dD | 7/30/2020 LVH MUHLENBERG | | (Multiple values) | Readmit in 1-7 days | | |
| All Discharge | s from IP Virtual Nurs | se Depts | 📕 IP Virtual N | lurse Discharges | | | |
| Average Turr | naround Time fro | om Discharg | e Order to Patient | Discharge (in minu | tes) | | |
| 357.15 | | | | 354.13 | | 329.60 | |
| | | | | | | 303.0 | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Jan-20 | Feb-20 | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | |
| Patient Disch | arges before No | oon | | | | | |
| 2.17% | | | | | | 12 239 | |
| 2.2770 | ~ | | | 10.00% | | 10.579 | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | 1.1.2.2 | |
| Jan-20 | Feb-20 | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | |

VDN Metric/Outcome Patient Diagnoses



Virtual Patient Care Expansion

Expansion of Virtual Nursing

- Workflows
- Locations
- Expansion of Technology to support virtual care
 - TV Integration solutions
- Expansion of Virtual Programs
 - Virtual Consults
 - Virtual Provider Visits
 - Beds to Meds; Remote Pharmacist



Learnings

- Standard staffing pattern
- Flexibility to adjust
- MyChart Bedside adoption
- Communication
- Potential for future virtual nursing growth

Summary

- Leveraging existing technology can lead to new, innovative processes.
- Engaging stakeholders is key to the success of moving ideas from a concept to reality.
- Networks must be able to pivot, using existing workflows and technology to meet the growing demands of healthcare.





Questions?

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Upcoming Events & Programs

WEBINARS

October 26 | Headliner - The Treatment Impact: Cultural Inclusivity in a Modern World November 2 | Caring for the Workforce: Five Strategic Areas to Address Well-Being in Healthcare

November 7 | Unexpected Healers

November 28 | Learning Programs to Support Your Organization's Experience Strategy

CONNECTION CALLS/PX CHATS

November 6 | Patient Advocacy Community Connection Call – Rounding November 15 | Lost Belongings Workgroup November 17 | PX Chat: Structuring Your PX Efforts

PROGRAMS

November 2-16 | CAVS Exam Preparation Course



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