# Virtual Nursing: Improving Patient and Staff Experience

July 11, 2024

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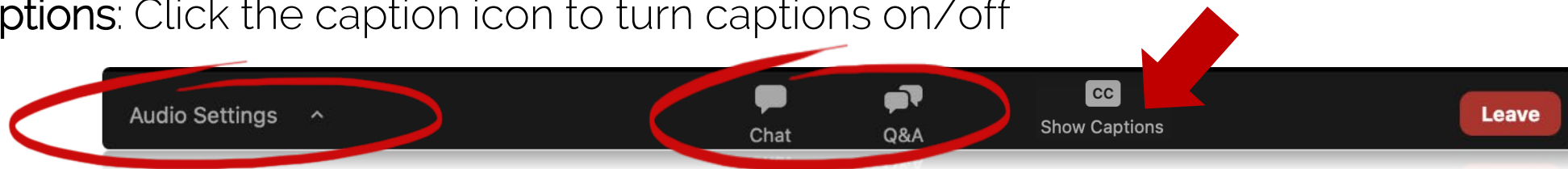


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# Our Speakers from NewYork-Presbyterian



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# Virtual Nursing

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Gizelle Pastoral, MS, RN, NI-BC

# Meet Our Speakers

**Mary Joy Garcia-Dia**
DNP, RN, FAAN, FHIMSS

Program Director, Nursing Informatics
NewYork-Presbyterian

**Gizelle Pastoral**
MS, RN, NI-BC

Project Manager, Corporate Nursing
Operations
NewYork-Presbyterian

**Patricia Ciavattone Falto**
MSc

Manager Digital Communication
Channels, IT Operations
NewYork-Presbyterian

# Agenda

- About Our Organization

- How It Started

- Virtual Nursing Program: From Pilot to Program Expansion

- Conclusions

- Q&A

# Learning Objectives

**1**

Describe the implementation process of a virtual care program in a multisystem healthcare organization

**2**

Examine the feedback and surveys from patients and nurses who experienced virtual care

**3**

Analyze lessons learned and future recommendations with virtual care expansion

# About Our Organization

**A multi-hospital enterprise**

NewYork-Presbyterian (NYP) is a world-class academic medical center committed to excellence in patient care, research, education and community service.
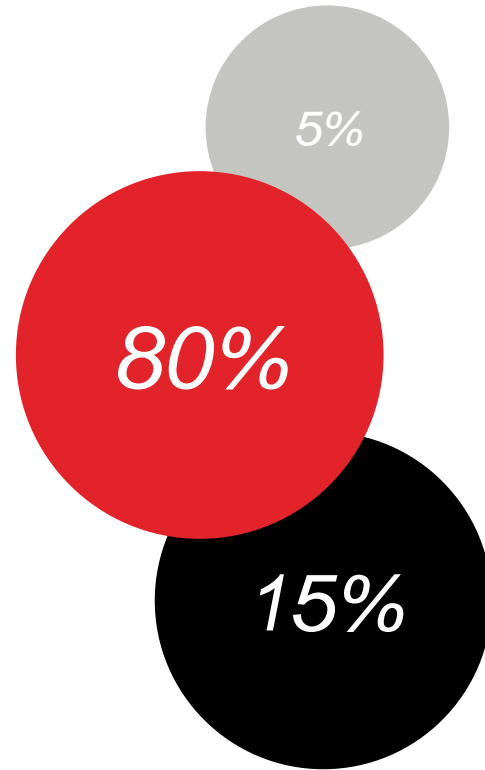
# Barriers/
# Challenges

**5%**

**80%**

**15%**

## Technology

Infrastructure
Return on Investment

## People

Clinician adoption
Leadership buy-in
Patient Experience
Nurse Satisfaction

## Process

New model of care
Staffing and shift schedule
Sustainability

# Methodology

**1** **Governance Structure**

Steering committee
Decision – making process
New policy
New training materials

**2** **Project Plan**

Scope definition
Interprofessional team
Environmental assessment (internal and external)
Pre and post metrics

**3** **Workflow and Data Analysis**

Admission and discharge process
Data capture and documentation
Reports

# Steering Committee

# Inclusion and Exclusion Criteria

**NewYork-Presbyterian**
Department of Nursing

## Virtual Nursing Care Program
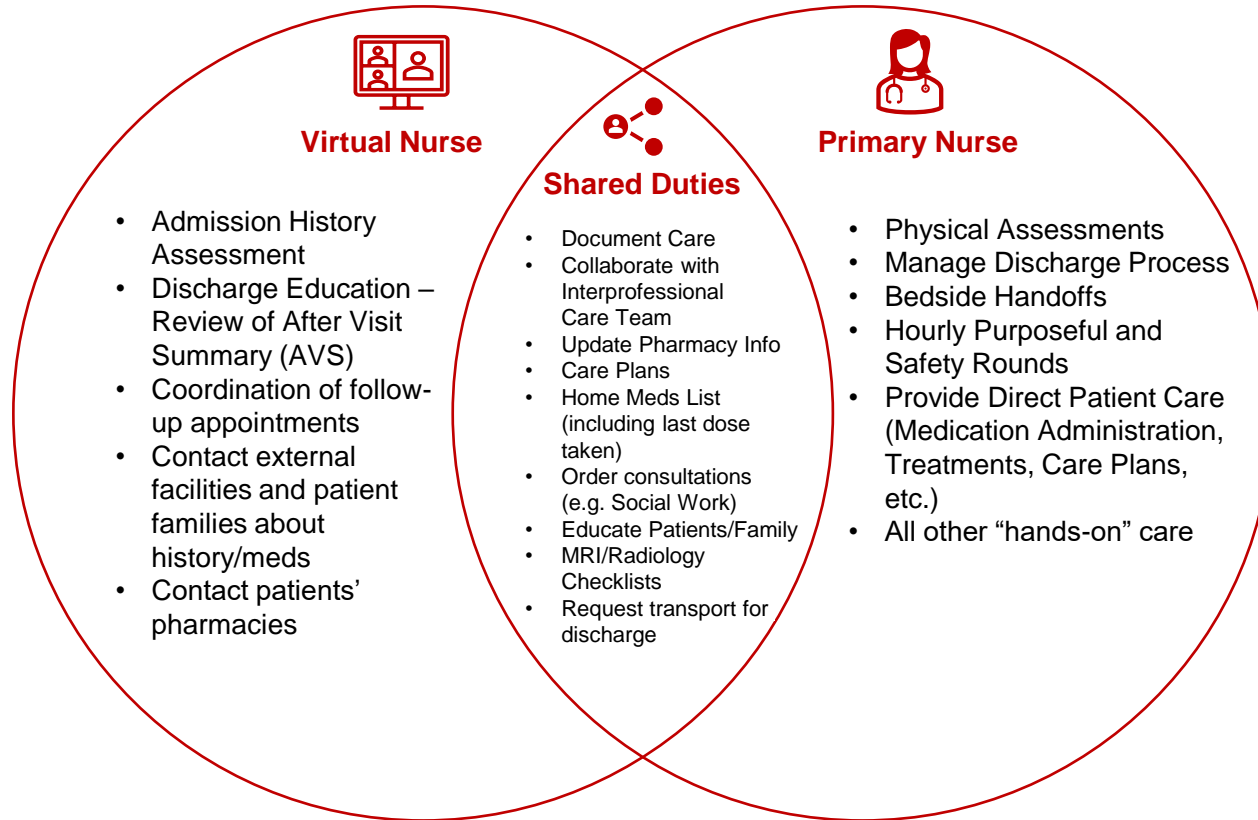### Inclusion and Exclusion Criteria

**Inclusion**
- Medical-surgical/telemetry, non-psych inpatient units
- Patients =/> 18 years of age
- Patients who are alert & oriented x3 and verbal, or patients who have cognitive impairment (e.g. altered mental status, dementia, developmentally delayed) **with** an identified caregiver available to answer questions
- Any preferred language with use of interpreter services
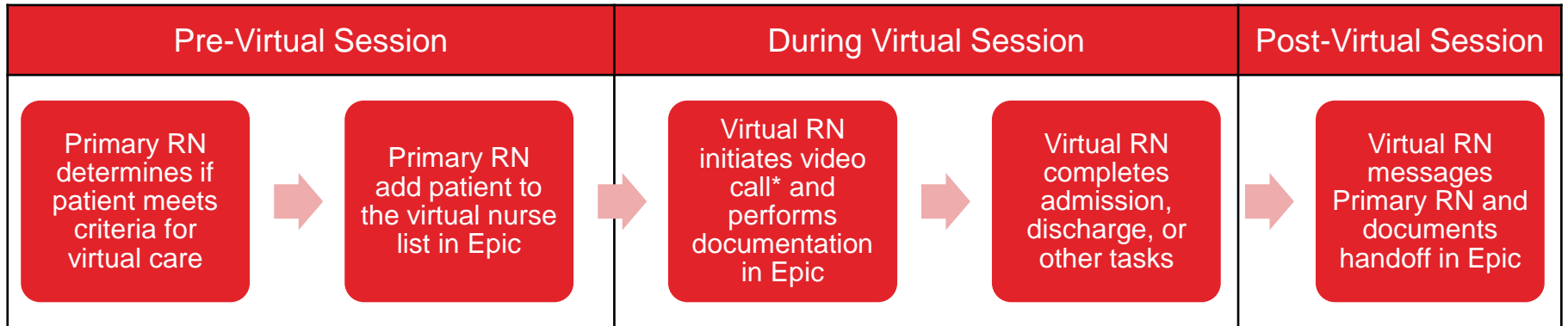- Visual impairment and alert & oriented x3

**Exclusion**
- Psychiatric inpatient units, OB, ED, ICU/Stepdown
- Patients </= 18 years of age
- Patients who have cognitive impairment or are non-verbal (e.g. altered mental status, dementia, developmentally delayed) **without** an identified caregiver available to answer questions
- Speech impairment
- Deaf, hard of hearing individuals
- Medical-surgical patients with active behavioral health conditions such as:
    - Violence Risk (active)
    - Suicidal Risk, Suicidal Watch
    - Elopement Risk
    - Clinical nurse's assessment on patient's ability to participate in video session

**NewYork-Presbyterian**

# Virtual Nurse Tasks



**Virtual Nurse**

- Admission History Assessment
- Discharge Education – Review of After Visit Summary (AVS)
- Coordination of follow-up appointments
- Contact external facilities and patient families about history/meds
- Contact patients' pharmacies

**Shared Duties**

- Document Care
- Collaborate with Interprofessional Care Team
- Update Pharmacy Info
- Care Plans
- Home Meds List (including last dose taken)
- Order consultations (e.g. Social Work)
- Educate Patients/Family
- MRI/Radiology Checklists
- Request transport for discharge

**Primary Nurse**

- Physical Assessments
- Manage Discharge Process
- Bedside Handoffs
- Hourly Purposeful and Safety Rounds
- Provide Direct Patient Care (Medication Administration, Treatments, Care Plans, etc.)
- All other "hands-on" care

# Virtual Nursing Process Map



| Pre-Virtual Session | | During Virtual Session | | Post-Virtual Session |
|---|---|---|---|---|
| Primary RN determines if patient meets criteria for virtual care | Primary RN add patient to the virtual nurse list in Epic | Virtual RN initiates video call* and performs documentation in Epic | Virtual RN completes admission, discharge, or other tasks | Virtual RN messages Primary RN and documents handoff in Epic |

*Virtual RN can add interpreter as needed

# Technology Integration

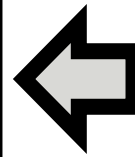Leveraging existing infrastructure (No additional power or network needed)

Camera (connected to TV)
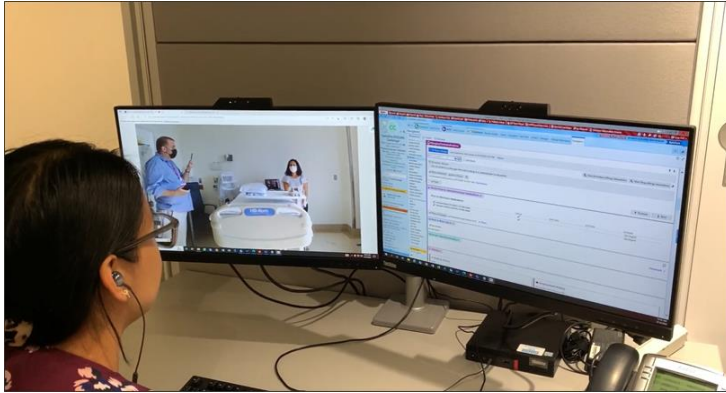            TV
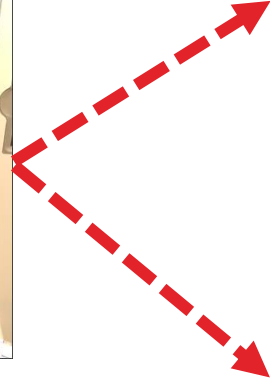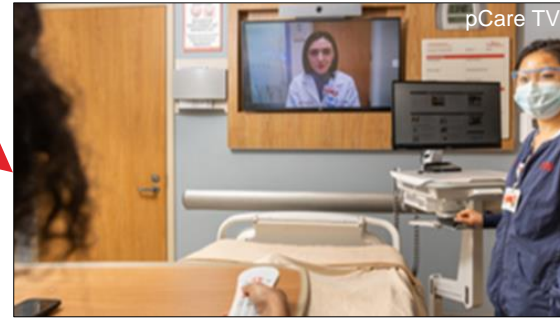            EHR
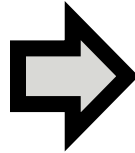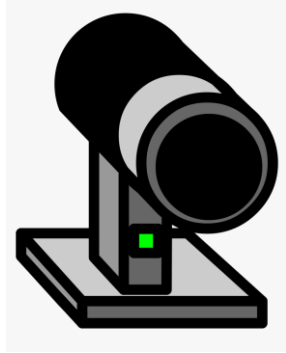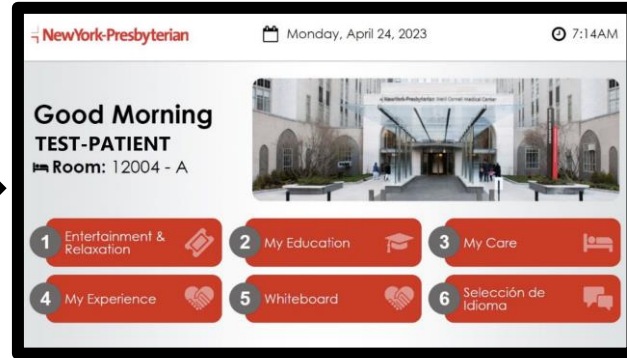


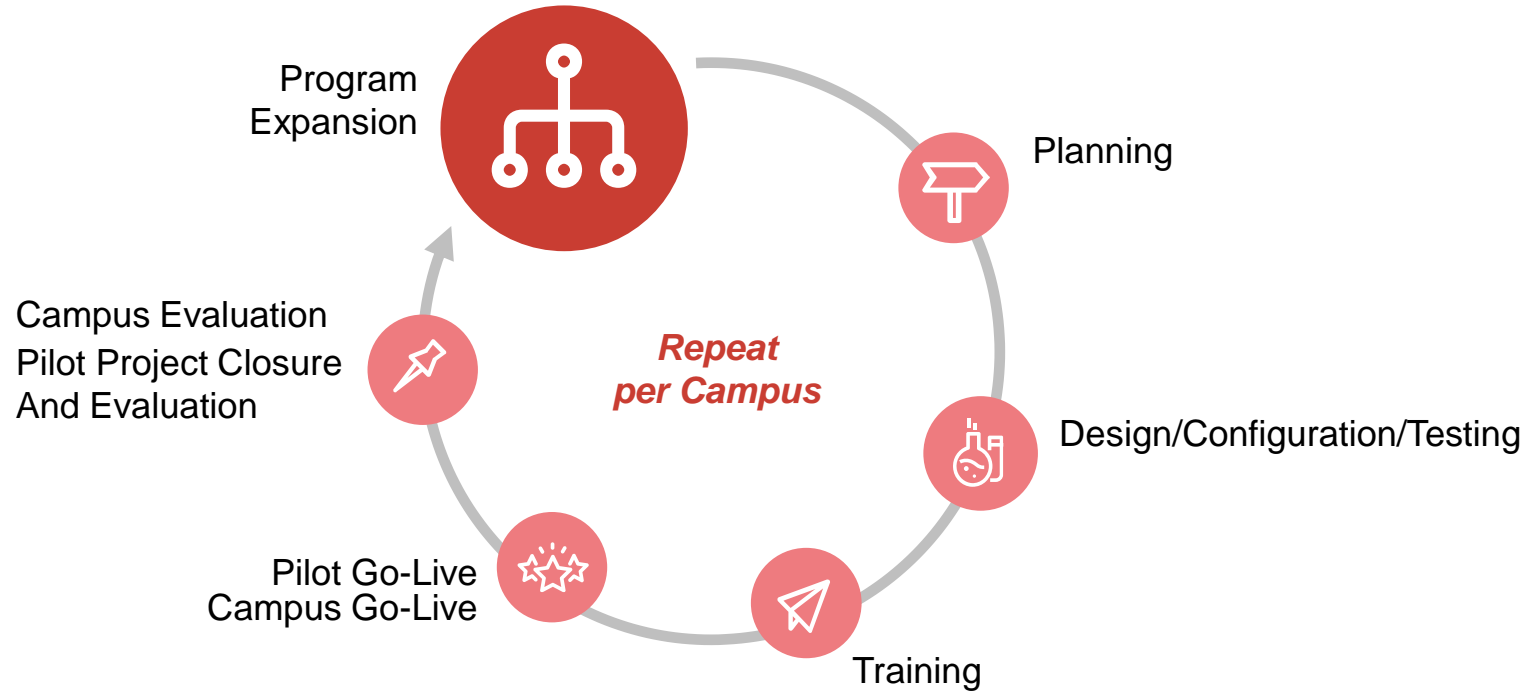**Incoming Call**
**Press MENU**

# Virtual Nursing Program Technology

**NYP Virtual Nurse**

**Patient and Bedside Nurse**

# Program Expansion with the Systems Development Life Cycle



Program Expansion

Planning

Campus Evaluation
Pilot Project Closure
And Evaluation

*Repeat per Campus*

Design/Configuration/Testing

Pilot Go-Live
Campus Go-Live

Training

# Pilot Results/Finding: Satisfaction Surveys (April 2023)

**Patient Satisfaction**

- Total survey respondents **(Admission = 50; Discharge = 99).**
- **92%** willing to use a Virtual Nurse and found the process easy to follow.
- **98%** agreed that Virtual Nurses effectively reviewed medications and discharge instructions, collected health information & listened to questions.
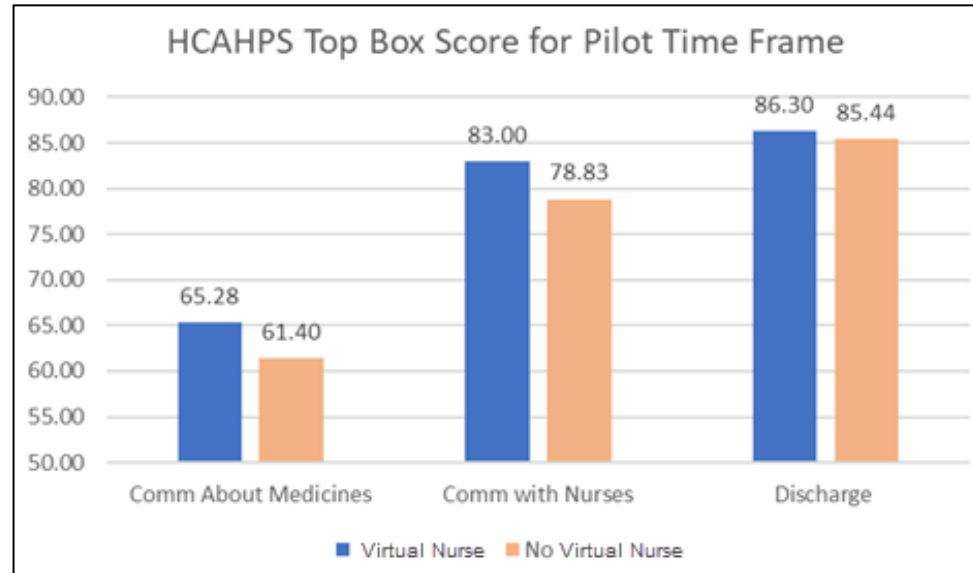
**Nurse Satisfaction**

- Total survey respondents **(N = 69).**
- **96%** were satisfied with the use of a Virtual Nurse & would recommend the pilot expansion.
- **97%** find that Virtual Nurses alleviated documentation burden & the program is an effective intervention.
- **Group feedback** showed that having a Virtual Nurse gave more time for bedside nurses to do other tasks (uninterrupted med pass, dressing change, answering patient call bells, commit to sit).

# Pilot Results/Findings: Patient Experience

April 2023 HCAHPS Scores

Our Patient Experience Team monitored Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores and focused on three domains related to Virtual Nursing.



HCAHPS Top Box Score for Pilot Time Frame

| | Virtual Nurse | No Virtual Nurse |
|---|---|---|
| Comm About Medicines | 65.28 | 61.40 |
| Comm with Nurses | 83.00 | 78.83 |
| Discharge | 86.30 | 85.44 |

# Pilot Results/Finding: Focus Group Interviews

**Virtual Nurses**

"We have time to answer their questions, especially during discharge – we can go over it in detail with them." – Virtual Nurse

**Unit Nurses**

"I had back-to-back admissions that day. It saves so much time!" – Unit Nurse

"They [virtual nurse] can dedicate their time to answer every question, to contact the doctors...It really saves us time and educates patients. – Unit Nurse

"I love it for language barriers. It's been amazingly helpful." – Unit Nurse

**Patients**

*When asked if they have suggestions to improve our program:*

"No, my service was wonderful" – Patient

"No. It was great. Very caring and professional" – Patient

# Next Steps: 2024 to 2025 Enterprise Expansion



2022-2023

Expanded from 4 to 10 units
across 2 NYP hospitals

2024-2025

Expanding to 35 units
across all 8 NYP hospitals
(in progress)

# Conclusion

**IT Infrastructure**

Site readiness
Virtual workflow optimization

**Operations**

Expansion and sustainability
Evolvement of role and responsibility
Informatics competencies

**Interprofessional Collaboration**

Patient-centered care

**Do you think patients are open to the idea of Virtual Care?**

ⓘ Start presenting to display the poll results on this slide.

# Thank you!

For additional information, please contact:

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# Questions?

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# Upcoming Events & Programs

## WEBINARS

July 23 | What's Your ETA for Improved PX? Best Practices from Emory Healthcare

July 30 | The Impact of Adverse Childhood Experiences in Pediatric and Adult

Healthcare

August 6 | Unleashing Collective Potential: The Power of Team-Based Leader

Rounding in Elevating Patient Care

## CONNECTION CALLS/CHATS

July 17 | Patient Advocacy Community Connection Call: Service Recovery at the Point

of Care

July 19 | PX Chat on PFA/PFACS: New/Getting Started

July 24 | PX Connect Live - Patient Rounding

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