

Virtual Nurse Program

Ochsner Medical Center – Kenner

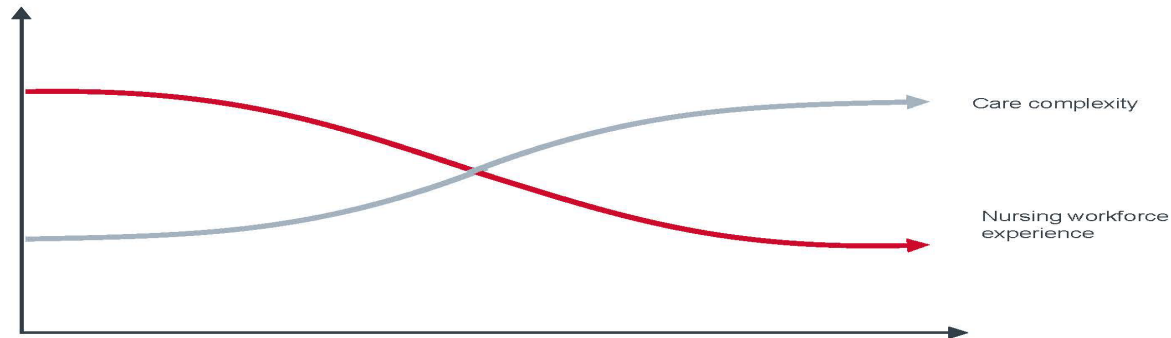
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Chief Nursing Officer

Goals of the Virtual Nurse Program

- The Virtual Nurse Program is an innovative staffing model focused on patient centered care, and safe distribution of workload across an integrated team of virtual and bedside nursing personnel.
- The program provides 24-hour Virtual Nursing support to the patient care team, including:
 - clinical expertise for early intervention
 - admission and discharge processes
 - patient and family education
 - coordination of care across disciplines to facilitate communication and patient outcomes.

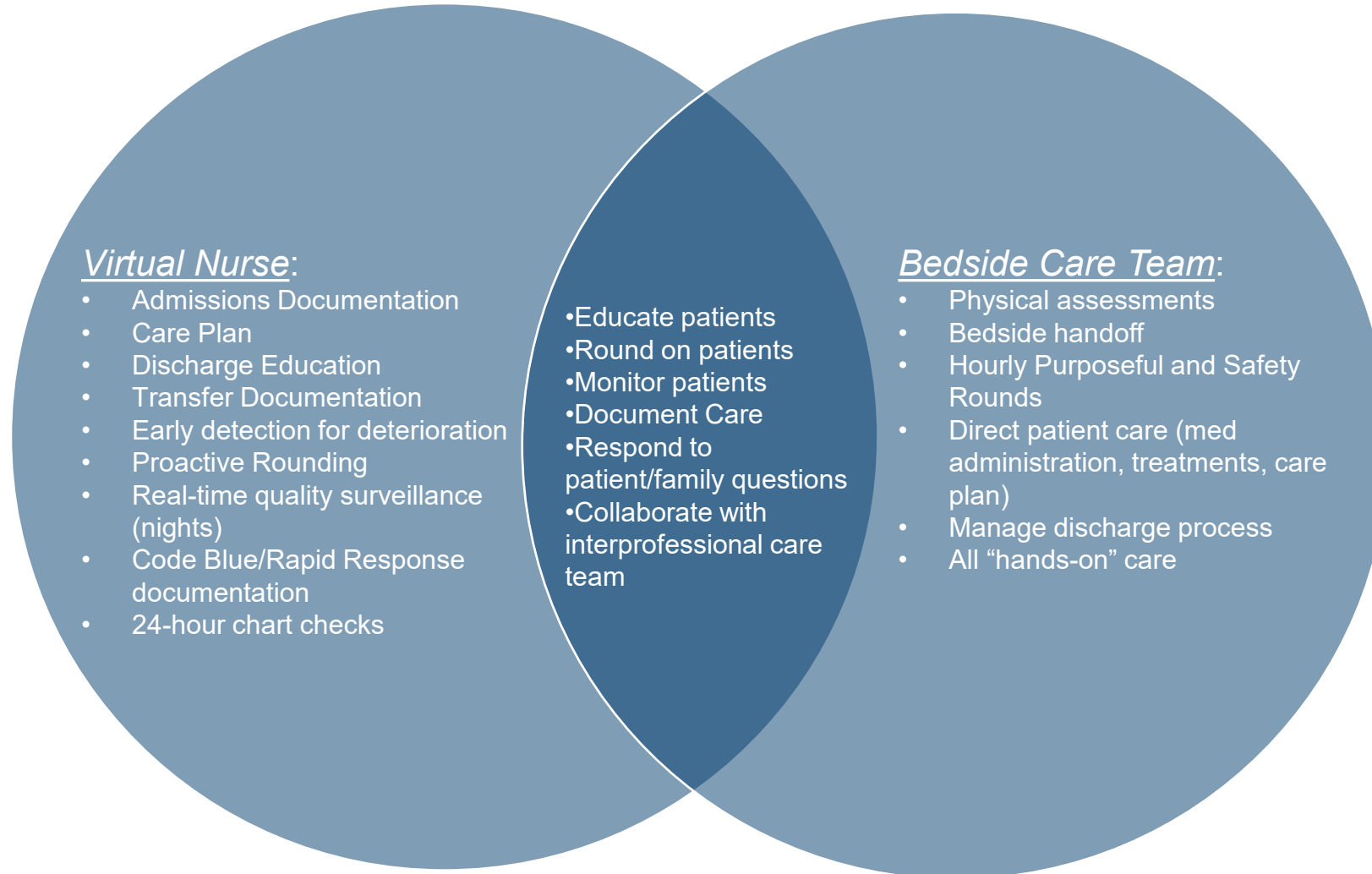
Experience Complexity Gap

The “experience-complexity gap”



- Virtual Nurses support less experienced nurses at the bedside
- Model allows keeps tenured nurses in the workforce longer (~18 currently)

Roles and Responsibilities in Virtual Nurse Care Model



Operations Coordinator/Charge Nurse

UNIT ASSISTANT

Virtual Nurse 1:20

Monitors multiple patient metrics including MEWs, AI Alerts, Labs, VS, Intake/Output, Incoming Orders, Medication changes. Patients may also be supported by Avasys camera Telesitter monitoring where indicated for fall prevention.

Bedside RN – 1:5-6



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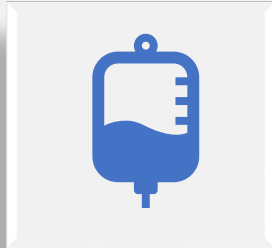


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The Value of Virtual Nurse Investment



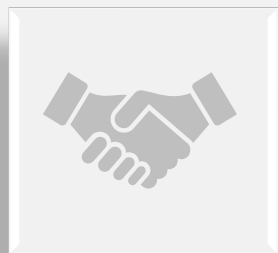
Patient Safety



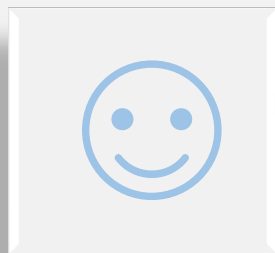
Higher Standardized
Quality



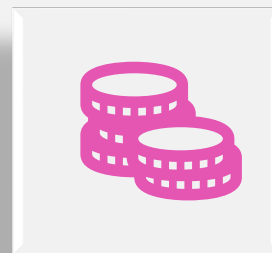
Lower
Mortality Rate



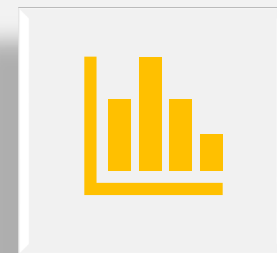
More Clinical
Collaboration



Less Clinical
Burnout

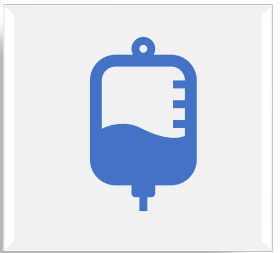


Cost Savings

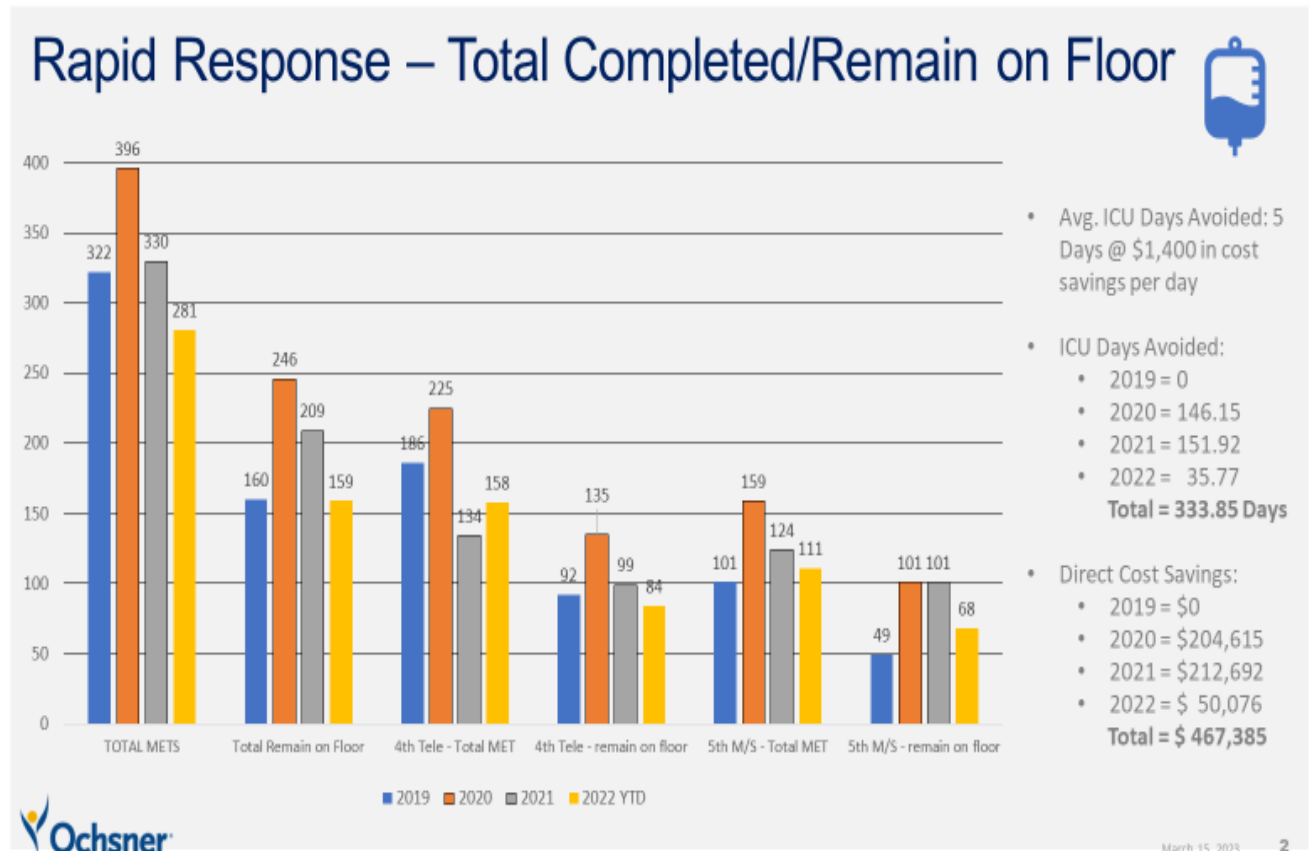


Improvement
and Expansion
Projects

Patient Safety



- Mews & AI Alerts
 - Implemented Jan 2021
 - >300 alerts with 98% response
- Timeout Documentation
 - 100% completion by VN
- Proactive Rounds
 - >60% of rapid response activations remain on floor vs transfer to ICU
 - Avg. ICU Days Avoided: 5 days @ \$1,400 savings/day
 - ICU Days Avoided
 - 2020: 146.15 days = \$204,615
 - 2021: 151.92 days = \$212,692
 - 2022: 35.77 days = \$ 50,076
 - Total: 333.85 days = \$467,385



Standardized Quality

Clinical Collaboration

- Code Blue and Rapid Response Documentation
 - Average 9 admits and 12 discharges per day
 - Standardized admission and discharge documentation
 - 99% of admission documentation
 - 92% of care plan documentation
 - Procedural Time outs
 - Infection Prevention
 - Bedside procedures
 - Education and documentation of central line placement
- 100% procedural documentation



- Virtual Hospital Medicine Access
- Remote Nurse Practitioner Support for Night Shift
- Neurovascular Consults
- Pharmacy Medication Reconciliation
- Case Management
- Virtual Nurse/Bedside Nurse Staffing Model



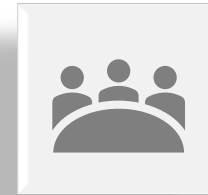
“...extremely helpful in educating patients before during and after central line placement”

Reduced Clinical Burnout

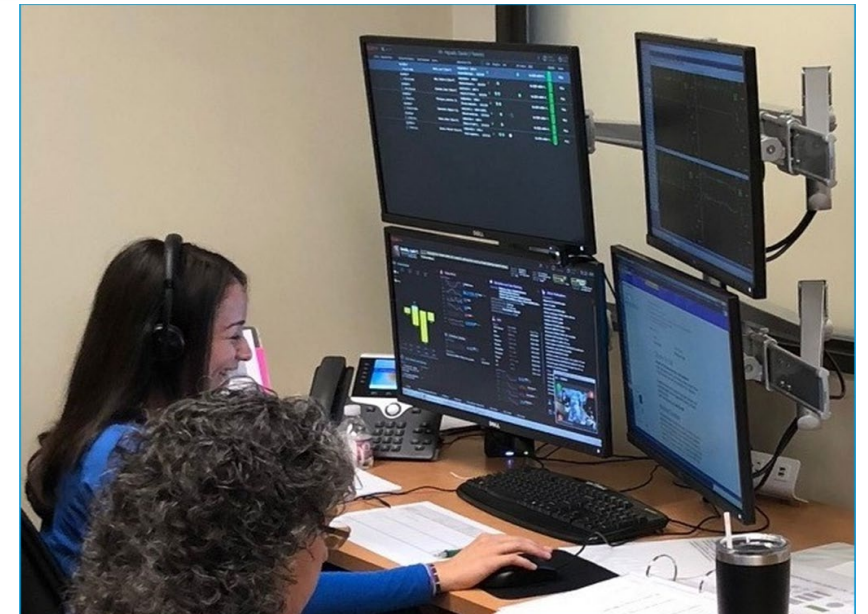


Use of the Virtual Nurse allows:

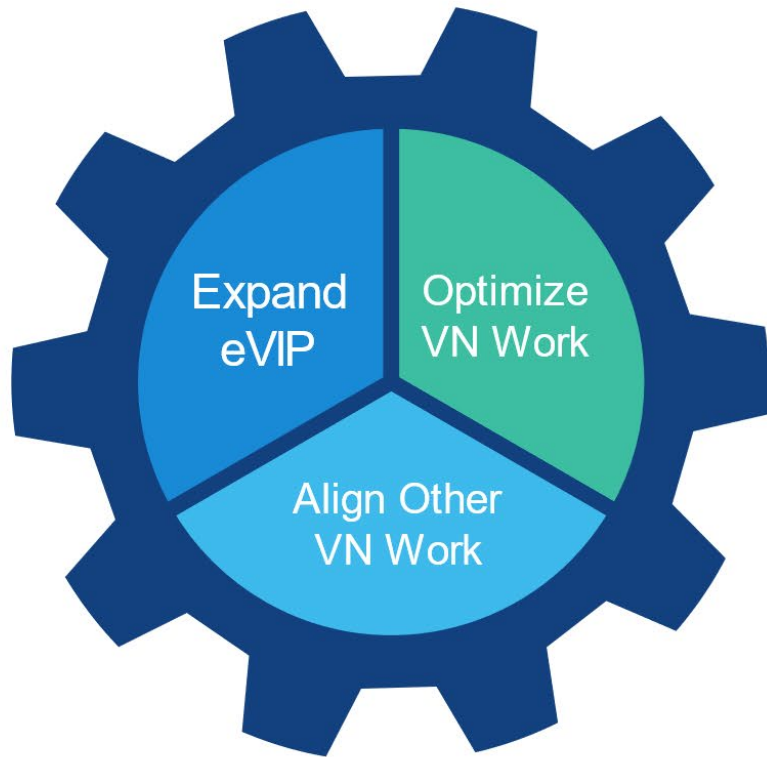
- Patients
 - 24hr support and visualization
 - Human connection
- Bedside RN
 - Admit and discharge documentation support
 - Less time at the computer
 - Less friction w/physicians at the bedside, second set of eyes
- Clinical support for new nurses, especially for night shift



“..... real time Code blue documentation allows the nurses time to care for the patient”



Virtual Nursing Workgroup Priorities



Expand eVIP Program

- Pilot expansion of eVIP to WB
 - Utilize existing Kenner model
 - Staff w/WB RNs
 - Location– Elmwood bunker
- Spread and scale to hospitals w/existing technology
 - St. Charles
 - St. Bernard
 - Baptist
- Roll out optimization work once finalized and tested at Kenner

Optimize Virtual Nurse Work

- Optimization of eVIP RN work
 - Create efficiencies w/in Virtual Nurse workflows
 - Discharge optimization
 - Sepsis Surveillance
 - Deterioration alerts
 - Allow for increased capacity
 - Change VN ratio
 - Increase responsibilities

Align All Other Virtual Nursing Work

- eICU Optimization
 - Phillips vs. Epic
 - Improved care team involvement
 - Code Blue Support in wired rooms not in ICU
 - Procedural support in wired rooms not in ICU
- Sepsis Surveillance
- Rapid Response



Summary

- *Innovative staffing model as an integrated patient care team*
- **Focus:** 1) Early Recognition
2) Admit/Discharge Process
3) Patient/Family Education
- **Results:** 1) Patient Quality WINS
2) Nursing Turnover
3) Bed Capacity/Nurse to Patient Ratios
- **Updates:** 1) Proactive Round
2) Program Spread/Scale
3) Program Optimization
4) Adjunct Pilots