AONL VIRTUAL NURSING SESSION EXECUTIVE SUMMARY

Insights for building a successful virtual nursing program

MEET THE EXPERTS

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At the AONL 2024 conference, we hosted a session on the revolution in care delivery that convened a powerhouse panel of executive nursing leaders.

Q **How did your virtual nursing program start and how has it evolved?**

A **Murielle Beene:** When we began our virtual nursing journey, we first built a prototype to prove that this concept would work. And then we had to prove to our stakeholders and clinical end users—our nurses—that this was not coming in to replace their jobs. We knew that this was going to be a different care model—something that was supposed to help us as a discipline and not something that was going to hinder us. But instead, something that was going to bring us together. We learned as we went along, and we modified our plans as we learned.

52%

OF HEALTH SYSTEMS PLAN TO IMPLEMENT VIRTUAL NURSING PROGRAMS BY THE END OF 2024 [1]

Gay Landstrom: We prototyped the virtual care model in the summer of 2022 and in less than 90 days, we decided that we really needed to expand. Since then, we've spread the model to 22 organizations across our system. We currently have more than 50 units with virtual nursing in place and are now preparing to complete all the rest of our med-surg and step-down units in our system.

Sylvain Trepanier: We started our journey very deliberately. As we were embracing the practice of virtual nursing, it was very important for us to do so as part of a new model—in other words, we did not want overlaying virtual nursing on top of a model that we understand to be unsustainable based on workforce projections. We worked very closely with nurses to deconstruct the model as we know it today, and introduced virtual practice.

Theresa Trivette: During the pandemic, we partnered with Teladoc Health in our outpatient settings—in our urgent care and private practice spaces. So our physicians were comfortable with technology support in clinical care areas.

When it came to planning for virtual nursing, we were fortunate that we already had the technology partnership, so it was easier to launch without a significant financial investment. We also had just opened a brand new hospital with advanced technology capabilities, so the implementation was quick. Then we took our vision to nursing and said, "We're going to design this together."

Q **How did you engage finance executives for support?**

A **Sylvain Trepanier:** You must have finance partners on board. It became very evident to us that a new model of care that includes virtual nursing is likely to be the most important change in our entire healthcare system. So we partnered very closely with our finance team right at the onset and said, "We need you to help us in building the business case along the way."

As nursing leaders, we must create systems that decrease the cost of care. Our new model does just that: decreases the cost of care by leveraging a virtual nurse, while changing the composition of the care team at the bedside. If you start a virtual nursing program without making changes to the current model, you're going to add costs. And I don't think that's the right thing to do.

Gay Landstrom: In this time of the nursing shortage, you must change models. Back in 2021 and 2022, we had a lot of turnover, vacancy and contract labor. We came to understand that there were great savings in reducing turnover. But we also had capacity issues. Because we didn't have enough staff, we had to close beds and ORs, and we had several clinical areas that we were not using. Then we started implementing a virtual nursing model and many of our hospitals asked, "Please, can we go next?" This model has regained some of that capacity that was lost, and that ended up being the most financially significant.

> **By the end of this year, there will be over 1,000 patients across seven states that will be cared for under this model.**
>
> **Sylvain Trepanier**
> Providence

> **We're keeping the patients in their community and we're protecting our clinical and non-clinical support staff.**
>
> **Theresa Trivette**
> Valley Health

Theresa Trivette: There are different ways that you can go about proving your return on investment, and you will have to find where those savings are in the context of your own organizations. It doesn't have to be in nurse labor hour reductions specifically. For example, we were able to use the technology to extend mentorship to our growing footprint of new graduate nurses without adding additional labor hours. We were also able to provide support in care coordination, virtually, that helped improve length of stay.

Gay Landstrom: We had early career nurses who were struggling with isolation. Even those younger nurses who went through the pandemic, they felt like they had less clinical experience and felt less confident. Nurses didn't want that. They were saying—"I'm not going to do this anymore, this is horrible. It's so unpredictable."

But in this model, people are not alone. And once they begin to feel like they're part of a team, they no longer feel that isolation. We worked really hard to make things predictable—even if you had people call in. This model doesn't break down when you keep the team together and keep the integrity of that. We really tried to address not just the shortage of nurses, but also how we could solve some of these other problems that were plaguing our nurses and driving them away.

> **It's not just about ratios; it's about flipping the script and looking for all the value. And sometimes the value is tech stack consolidation and flattening.**
>
> **Tammy Cress**
> Teladoc Health

Q **How have you scaled your virtual nursing program?**

A **Murielle Beene:** Part of our challenge was thinking about how to scale. Trinity Health is in 27 states and we are live with virtual nursing in 11 of them, which includes 24 hospitals and over 2,000 beds. We thought about how we were going to take this innovation from hospital to hospital—and eventually nationally. We would go to one unit, scale that, then go to the next and scale. We learned as we went.

When people think about scaling, there's a tendency to only think about technology and innovation. As we were starting the virtual care model, we realized it wasn't something that we could just implement and run. Scaling has a lot of components—and what's really important is the people part. We are now revisiting our scaling techniques and how we are implementing. But we still have to keep that people component at the forefront.

We have tried to standardize everything, but there is a monitoring piece that comes with that standardization. So we're learning and pivoting and getting better. Our methods are changing and we're moving faster.

Q **What role did supporting critical access hospitals and patients living in rural areas play in your strategy and approach?**

A **Theresa Trivette:** With our Teladoc Health partnership in place, we can now scale our critical access hospitals. For example, we could have nephrologists consult on peritoneal dialysis orders, and have the expert nurses support virtually to nurses in the critical access hospital for those procedures so the patient wouldn't need to be transferred to the tertiary hospital for that same support.

We also have wound care nurses that are now using Teledoc Health's virtual technology to support wound care virtually to our critical access hospitals. They are now using the virtual care platform to do wound care consults. Thanks to Teladoc Health's technology, they're able to zoom right into that wound bed and can make recommendations immediately for effective patient care where they are. These types of support can help keep our patients in the rural communities they live in rather than sending them out of their communities for the same care. It also helps our caregiver partners who don't have to spend windshield time going hospital to hospital, and we are able to optimize caregiver resources everywhere.

> **In this model, people are not alone. Once they begin to feel like they're part of a team, they no longer have that isolation.**
>
> **Gay Landstrom**
> Trinity Health

> **We have an obligation to change the care model.**
>
> **Sylvain Trepanier**
> Providence

Q **What's one practical lesson from your journey you would share with other nurse executive leaders?**

A **Gay Landstrom:** If you're going to go down this road and create a team to do this, then really change your model rather than just adding virtual capabilities.

Theresa Trivette: Be sure to get your front-line nurses involved from the start of your vision and design. Their input is valuable. But if you just tell them this is the new model, it will be more difficult to gain their acceptance and willingness to try the new model.

Sylvain Trepanier: I would recommend thinking about how to re-engage the art of delegation. Quite frankly, the majority of nurses don't delegate—we just forget. And now we somehow feel very uncomfortable delegating tasks to others. It breaks my heart when you start asking nurses, what do they do every day—and the only thing they can do is offer a laundry list of tasks they do.

I am not comfortable saying in one breath, "Nurses need to be working at the top of their license," and in another breath asking them to be everything for all patients. It just doesn't make sense anymore. This is why we must change the work, which includes virtual nursing.

[1]Source: Becker's 2024 Telehealth Benchmark Survey

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About Teladoc Health: Teladoc Health is on a mission to empower all people everywhere to live their healthiest lives. As the world leader in whole-person virtual care, the company leverages its 20+ years of expertise and data-driven insights to meet the growing needs of consumers and healthcare professionals across the full care continuum, at every stage in a person's health journey.

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