

**2023 Membership Assembly
Dialogue Forum Topic #1
Friday, June 16, 2023**

Virtual Nursing as a Practice Model Innovation

BACKGROUND DOCUMENT

Submitted by:

Maria Brown, MSN, RN, PCCN, CNL, and Dr. Michelle Collins, DNP, APRN, CNS, ACNS-BC, NPD-BC, NEA-BC, LSSBB. Members of the Delaware Nurses Association.

Overview:

Virtual acute care nursing (VACN) is a practice model innovation. Practice models with standardized nurse-to-patient ratios are a concept of the past. Even before the COVID-19 pandemic, the nursing profession was stressed in meeting staffing needs due to the nursing shortage (Cloyd & Thompson, 2020). Nursing tasks such as assessments, documentation, admissions, discharges, and patient education, in some capacity, can be completed virtually from organizational hubs or alternate locations using bidirectional audiovisual technology (Cloyd & Thompson, 2020). This innovation model improves both patient health through direct contact at the touch of a button and nurse health by alleviating the burden of the bedside nurse who is unable to complete all the assigned and unpredictable tasks that occur in a shift. Redesigning workflow through use of a VACN is a necessary practice model evolution.

The VACN role allows the virtual nurse to focus on the patient. They can complete education, communicate with patient family members, colleagues, and providers, and not be rushed because alarms are going off in the next room or because they need to answer a phone call. This innovation model provides additional support to the bedside nurse by alleviating tasks associated with admissions, discharges, and care coordination. It can also increase nurse satisfaction and retention due to the current staffing crisis.

The ANA Enterprise Mission is to “Lead the profession to shape the future of nursing and healthcare.” The adoption of virtual acute care nursing as an emerging staffing model and practice innovation impacts the health and state of the nursing workforce, now and into the future. The 2023-2025 ANA strategic goal to “Evolve the Practice of Nursing to Improve Health and Health Care” by the objective of “developing the capacity for nurses to innovate and lead in dynamic and complex practice environments” envelops the premise of virtual acute care nursing. Virtual acute care nursing allows a registered nurse to interact with patients at the top of their license at an organizational established nurse to patient ratio through bidirectional communication within different healthcare landscapes. Involving nurses in decision making regarding workflow redesign, implementation of technology, and identifying the benefits of the VACN will alleviate the resistance to change many will initially feel due to changes within their practice.

Mentoring is another important factor within the virtual nurse arsenal. Many of the new-to-practice nurses are leaving their current position within the first two years of their career. The VACN should be an experienced nurse who is able to provide mentoring to the

bedside nurse (Cloyd & Thompson, 2020). The VACN, also a clinical coach, can be seen as an additional set of eyes to assess a patient or a sounding board when one isn't sure of what to do. Having a mentor within this experience is critical to satisfaction and can positively impact nurse retention (Schuelke et al., 2019).

The implementation of the VACN innovation can impact nursing practice by redesigning the workflow of the bedside nurse and providing respite to nurses working in a virtual capacity. Necessary tasks such as admissions and discharges do not need to be completed in the same physical location but can still be done in conjunction with the patient. The bedside nurse can then be available to perform hands-on tasks, such as hanging IV fluids, safely administering medications, and doing dressing changes (Harris, 2022). Burnout felt from lack of staffing, competing demands, and increasing patient complexity impacts nurses. Having this option for those within retirement age or those who cannot complete the physical demands of the job provides an opportunity to continue to practice (Cloyd & Thompson, 2020). This would allow for improved nurse retention and job satisfaction. There would be a positive impact on the national association, as it would offer guidance on implementing this innovation directly to those providing health care.

Many nurses report the inability to complete their work and assigned tasks during their shifts. This causes them to feel exhaustion and disengagement, among other negative emotions (Dall'Ora et al., 2020). Implementing the VACN role, as proposed, exemplifies the qualities that the ANA Enterprise values: trust, inclusivity, innovation, and empowerment. We must trust that nurses, whether leaders or those at the forefront, are making decisions that impact nurse and patient well-being. Virtual acute care nursing is inclusive; nurses who may leave the profession, have retired, or have had physical limitations causing them to leave the bedside can now come back to care for patients, acute or otherwise, without demanding physical labor as a job condition. Innovation is at the forefront of this model. Organizations are now planning, piloting, or expanding on this care delivery model and are learning which types of technology to use and what needs can be met by the VACN specific to patient churn and organizational goals. Finally, nurses feel empowered using this practice model.

A new policy is needed for the implementation of a virtual nursing practice model. This emerging staffing model and practice innovation can help health care organizations alleviate the staffing crisis we are facing and the trickle-down effect it has on the care being provided. Poor outcomes impact nurses' satisfaction and patient experiences and have financial implications from regulatory bodies and the health care organization (Schuelke et al., 2019). The ANA has identified five principles for nurse staffing: consumer, interprofessional teams, workplace culture, practice environment, and evaluation. This process entails how the health care consumer must be considered with staffing approaches. As the population ages and requires more care, nurses need to provide care in a way that is competent and appropriate for the clinical area. Care provided should lead to positive patient outcomes. Organizations where nurses practice must supply the tools and create an environment where nurses can thrive. Currently, organizations have established staffing models they cannot support. Conditions that affect safety and well-being are detrimental to excellent outcomes and nurse satisfaction. Continuous evaluation of current staffing models should be examined and retention rates reviewed.

Incorporation of the VACN practice model could follow the same process for nurse

staffing as the ANA identified but with an innovative twist. Allow the virtual nurse to practice to the top of their license within the virtual space and provide respite to the bedside nurse, all to work with one goal: providing better patient outcomes and care. With ANA support and direction, this endeavor can be successful in all health care organizations, positively impacting the health care environment.

Background:

Innovative nursing care delivery models are a future trend and require further development to achieve quality patient care while reducing nurse burden. In 2020, Dall’Ora et al. discussed patterns proven to lead to burnout within the nursing profession. These patterns included a “high workload, low staffing, long shifts, and low control.” According to the 2022 Nursing Solutions, Inc. (NSI) “National Health Care Retention & RN Staffing Report”, RN turnover increased by 8.4%, leading to an overall turnover rate of 27.1%. The average cost per clinical nurse turnover is reported to be \$46,100 (NSI Nursing Solutions, 2022). Previous staffing models are not sustainable in times of the “Great Resignation.” When considering turnover in conjunction with the need for agency nursing support, the financial impact on health care organizations since the COVID pandemic is significant and is not sustainable for organizational success.

Schuelke et al. (2019) discuss the Virtual Integrated Care Team Model (VIC), which includes a virtual nurse, and how it encompasses six vital roles. Those roles include patient education, completion of admission and discharges, caregiver education and mentoring, surveillance of quality and safety components, and provider rounding. With the implementation of the VIC on two general medical-surgical units, they reported a positive impact on patient experience, staff experience, and discharge times (Schuelke et al., 2019). The VACN model enables experienced nurses to practice innovatively while coaching novice nurses, thereby increasing assimilation to the nursing practice post-COVID, where novice graduates had limited clinical exposure.

Proposed Recommendations:

- Develop a national policy that addresses VACN practice standardization, collaboration on technology development to meet nurse and patient needs, and data collection to understand the impact on patient outcomes, patient experience, nursing satisfaction, and nurse retention.
 - Discussion: Nurses who practice in the acute care setting could be impacted greatly due to this proposal. As an emerging care delivery model, VACN can set the stage for aligning specific responsibilities and roles of a virtual nurse across organizations in many different settings. Developing a standardized approach to instituting, precepting, coaching, mentoring, and practicing as a nurse functioning in a virtual capacity would provide the greatest opportunity for success. Buy-in from our professional organization, leaders, and nursing professionals is imperative to move this initiative forward (Cloyd & Thompson, 2020).
- Partner with vendors to align the many different technologies within virtual nursing.

- Discussion: This process can be tedious due to decision making, testing, and upgrading of devices. If technology was created by nurses and patients with a consistent structure, organizations would experience fewer barriers to implementing it within existing systems. This would allow the uptake by health systems to become easier and quicker.
- Support data collection on VACN in order to understand the impact on nurse and patient satisfaction as well as patient outcomes.
 - Discussion: Costs related to obtaining and maintaining devices, equipment such as computer set-up and supplies and IT manpower would need to be considered as technology is implemented. Finally, many health care organizations have or are piloting various types of virtual nurse initiatives. However, there is not yet significant research on this topic. Having the ANA support this practice innovation would enable more prolific research on the impact of virtual nurses across care settings regarding safe staffing, nurse satisfaction and retention, and improvement related to patient experience and outcomes.

References

- Cloyd, B., & Thompson, J. (2020). Virtual care nursing: The wave of the future. *www.NurseLeader.com*
- Dall’Ora, C., Ball, J., Reinius, M., & Griffiths, P. (2020). Burnout in nursing: A theoretical review. *Human Resources for Health*. doi.org/10.1186/s12960-020-00469-9
- Harris, D. (2022). How virtual nursing can boost staffing, optimize patient care, and combat burnout. *ANA Smartbrief*.
- NSI Nursing Solutions. (2022). *2022 NSI national health care retention & RN staffing report*. NSI Nursing Solutions, Inc.
https://www.nsinursingsolutions.com/Documents/Library/NSI_National_Health_Care_Retention_Report.pdf
- Schuelke, S., Aurit, S., Cannot, N., & Denney, S. (2019). Virtual nursing: The new reality in quality care. *Nursing Administration Quarterly*, (43)4.
DOI: 10.1097/NAQ.0000000000000376