

# Virtual Nursing: How to Propel the Nursing Workforce into The Future

**Summary:** Clinical and financial executives agree that the workforce needs to be brought into the future, and nursing is where you should start.

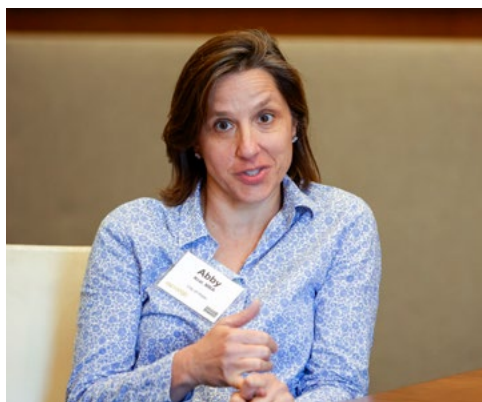
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Today's healthcare clinical and financial leaders face escalating costs, nursing staff burnout, and ever-evolving workforce needs.

Pressure mounts on these leaders to ensure their organizations remain viable as they deal with these issues, which makes strategizing with peers imperative.

At the recent HealthLeaders Teams Exchange in Nashville, clinical and financial executives from several health systems across the country came together to discuss the challenges they face in sustaining a workforce, and propelling the nursing workforce into the future to meet these needs was a major topic of conversation.



Abby Kral, SVP of strategy, City of Hope, shared how their organization is using AI and generative AI to improve access.

## Enter virtual nursing

Virtual nursing was one of the hot topics of conversation, with nearly everyone agreeing they'll have fewer nurses in five years and nearly three quarters saying they've launched such programs to address that problem.

But they aren't going to wait long to see value.

"Things are changing too fast," says Meg Scheaffel, BSN, RN, MBA, MHA, NEA-BC, vice president and chief nurse officer at Baptist Health Louisville. "Anything beyond 18 months [is now considered] long-term planning."

Telesitting, telenursing, and virtual nursing programs saw a dramatic increase during the pandemic, when hospital leadership sought to reduce contact between infected patients and their staff to curb the spread of the virus.

In time, those hospitals using the platform saw benefits ranging from reduced stress on nurses to improved clinical outcomes through more consistent monitoring, resulting in more efficient room turnover, improved patient discharge rates, and better patient satisfaction scores.

## KEY TAKEAWAYS

- Retain staff by placing emphasis on culture and
- Schedule flexibility, assess employee benefits, provide staff training and professional development
- Promote work-life balance
- Strive for CFO-CNO collaboration



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From left: Crystal Beckford, VP of patient care services and CNO, Luminis Health Doctor's Community Medical Center, and Charlotte Ipsan, SVP and chief hospital officer, Norton Healthcare, were among the different C-level executives who participated in the workforce discussions.

And they're seeing a lot of potential in the platform, especially as health systems look to address the changing nature of the hospital stay.

"With inpatient virtual care, it opens up a lot of doors," says Colleen Mallozzi, MBA, RN, senior vice president and chief nursing informatics officer at Jefferson Health, which recently launched its Virtual Nursing Program after a trial run earlier this year involving nearly 400 patients.

"The virtual nurse can do anything except physical touch," adds Laura Gartner, DNP, MS, RN, RN-BC, NEA-BC, an associate chief nursing information officer



John Pohlman, CFO, and Stacey Conklin, SVP and CNO, Mount Sinai South Nassau, emphasize the need to work in tandem to implement a virtual nursing initiative.

and division director of clinical informatics at the Philadelphia health system.

Jefferson Health is launching its virtual nursing program after a four-month pilot in two units and will be watching a wide range of benchmarks that include patient length of stay, patient satisfaction, patient flow (including transfers), nurse turnover and overtime, and documentation compliance. The program will be incorporated into the wall-mounted television unit in each room, a familiar form factor for many in-patient telehealth programs.

"We want our nurses to be doing what they should be doing, which is caring for patients," says Gartner.

But a nurse can't physically be in a patient's room at all times, and with fewer nurses that time spent in the room is even smaller. Jefferson Health's program puts a nurse virtually in each room at all times, accessible through the wall-mounted TV, giving patients

the comfort of knowing there's someone looking in on them and answering their questions when needed.

"It's an evolving landscape," says Mallozzi, noting the program is separate from Jefferson's 10-year-old telesitting program, which focuses solely on monitoring and safety care and has shown value in reducing patient falls.

### But where do you start?

Valley Health went live with its virtual nursing program in May. The six-hospital network, serving parts of Virginia, West Virginia, and Maryland, partnered with Teladoc Health to launch a pilot in one hospital, with plans to expand soon.

"We started this way, beginning with a traditional med-surg unit, so that we would have lots of options," says Theresa Trivette, DNP, RN, CENP, the health system's chief nursing officer. "Each unit is going to have its own culture and needs ... so we need to begin slowly and let our nurses [help us to] build out this model together."

Trivette says the health system saw the value of an inpatient telemedicine platform during the pandemic, and officials wanted to find a way to keep that going after COVID. Not surprisingly, executives jumped on the idea of using the platform to support nurses.

### Is there a ROI?

At the HealthLeaders Exchange, much of the focus around virtual nursing was on hard results, such as clinical and administrative outcomes that translate into savings.

At Mount Sinai South Nassau, for example, Senior Vice President and Chief Nursing Officer Stacey Conklin, MSN, RN-BC, MHCDS,

NE-BC, is working side-by-side with John Pohlman, CPA, the hospital's CFO and senior vice president of finance, to make sure virtual nursing outcomes align with financial considerations.

That might include reduced patient length of stay, which improves patient satisfaction scores as well as the room turnover rate. Or the extra pair of eyes on the EMR could not

only cut down on documentation time but reduce errors, improving not only the coding and billing process but clinical outcomes.

"You have to have your CFO at the table," noted Helene Burns, DNP, RN, NEA-BC, senior vice president and chief nursing officer at Jefferson Health New Jersey. "We have to think about where we invest our dollars."

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