Implementing an Inpatient Virtual Discharge Nurse Program – Riding the Wave of Technology at the Bedside

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Outcomes
• Pilot program initiated on one unit and quickly expanded across eight Medical-Surgical units
• One Virtual Nurse full-time equivalent (FTE) was responsible for 4.8% of all potential discharges (731/15,338) from May–November 2020
• Preliminary findings reflect an average decrease of > 30 minutes from traditional discharges to Virtual Nurse Discharges
• Encouraging trends are associated with discharge order to complete times and Virtual Discharges completed before noon

Next Steps
• Establish full-time virtual nurse budgeted positions
• Expand across workflows, locations and technologies
• Measure effects on length of stay, readmissions and staff/provider satisfaction
• Integrate with other network telehealth/virtual efforts to enhance patient care and the patient experience

Background
• The COVID-19 pandemic spurred innovation and workflow redesign to optimize health care delivery across the care continuum
• Demand for inpatient acute care bed capacity increased during the pandemic
• Timely patient discharge a must to facilitate throughput
• In May 2020, nurse leaders at a 1,200-bed Magnet® hospital identified an opportunity to leverage and optimize existing technology through a Virtual Nurse Discharge (VND) program

Goals
• Conserve personal protective equipment (PPE)
• Facilitate throughput
• Support the bedside RN
• Bolster the patient experience by efficiently attending to the education and care coordination needs evident upon discharge

Methods
To enable health care transformation:
• Established roles and responsibilities of the virtual nurse
• Created workflows, scripted patient discharge information
• Engaged existing off-site telehealth support
• Leveraged existing network technology
• Incorporated existing network workflows and tools
• Engaged existing off-site telehealth support
• Leverage existing network workflows and tools
• Collaborative rounds
• Electronic bed management system
• After-visit summary (AVS)

Electronic Medical Record Implications
To efficiently manage the VND role, applications were evaluated and reconfigured:
• New department – ‘IP Virtual Nurse’
• New role type – ‘IP Virtual Nurse’
• Expanded bed board access to the virtual nurse
• Standard documentation of discharge date/time/disposition
• VND plan of care note
• AVS – patient electronic signature

Acknowledgements: Collaboration was key to the success of this program. Thank you to Operational leadership, IT, Informatics, Telehealth Services and Virtual Nurses.

REFERENCES

Average Turnaround Time from Discharge Order to Patient Discharge (in minutes)

Patient Discharges Before Noon

<table>
<thead>
<tr>
<th>Month</th>
<th>All discharges (IP Virtual Nurse)</th>
<th>IP Virtual Nurse Discharges</th>
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</thead>
<tbody>
<tr>
<td>Jan. 2020</td>
<td>357.15</td>
<td>303.02</td>
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<tr>
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<td>354.13</td>
<td>329.60</td>
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