

Playbook for Implementing a Virtual Nursing Program



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Introduction

Virtual nursing is an emerging care model that augments bedside nursing care through digital technology and coordinated teamwork. This playbook outlines the essential components for implementing a successful virtual nursing program, including best practices, workflows, and technology requirements.

Key Goals:

- ✓ Improve nursing efficiency & reduce bedside nurse workload
- ✓ Enhance patient-centered care
- ✓ Improve nursing staff satisfaction, engagement and retention

Project Impact

The Virtual Nursing Program is designed to deliver measurable improvements across the healthcare system by addressing key challenges such as nurse staffing shortages, workflow inefficiencies, and gaps in patient engagement. By integrating virtual nurses into care teams, the program supports more efficient task distribution, allowing bedside nurses to focus on high-acuity care while virtual nurses handle admissions, discharges, education, and monitoring. This approach enhances patient and staff experiences by:

- Reducing nurse burnout and improving retention through workload relief and role clarity.
- Improving patient satisfaction and safety with consistent education and timely engagement.
- Increasing operational efficiency by optimizing clinical workflows and reducing delays in care.
- Building system resilience and scalability for future innovations such as telesitting and remote monitoring.

Overall, the Virtual Nursing Program lays the groundwork for a more efficient, sustainable, and patient-centered model of care.

Project Overview

The Virtual Nursing Program is an innovative care model that improves patient outcomes and strengthens clinical team support through centralized, technology-enabled nursing services. Experienced registered nurses deliver non-physical care tasks via secure audio-video platforms, enabling bedside nurses to focus on direct patient care. Core services include admission and discharge support, patient education, documentation assistance, care coordination, and ongoing monitoring. This approach reduces administrative burden, improves workflow efficiency, and supports workforce sustainability while maintaining high standards of patient safety and satisfaction.

Implementation follows a structured, phased approach including pre-implementation planning and development, go-live implementation, and post-implementation ongoing evaluation. Each phase includes defined goals and deliverables to ensure a successful rollout and long-term sustainability.

Acronyms & Abbreviations

Glossary of Terms & Acronyms

LOS (Length of Stay): The number of days a patient remains in the hospital from admission to discharge.

ED: Emergency Department

EHR/EMR: Electronic Health Record/Electronic Medical Record

VRN: Virtual(Registered) Nurse

KPI: Key Performance Indicator

ROI (Return on Investment): A measure of the financial return compared to program costs.

CQI: Continuous Quality Improvement

Leadership Roles

CEO: Chief Executive Officer

CNO: Chief Nursing Officer

CMO: Chief Medical Officer

CFO: Chief Financial Officer

Virtual Nursing Implementation Phases and Key Activities

1. Need Assessment

2. Project Kick-off

3. Select the Appropriate Technology

4. Design & Customize Clinical and Operational Workflows

5. Define Project Success Metrics

6. Integrate with EHR Systems

7. Install, Configure, & Test Equipment

1. Go-Live Process

- Conduct Staff Training
- Perform Final System Checks
- Execute the Communication Rollout
- Activate the Go-Live Command Center
- Launch Virtual Nursing Operations
- Begin Real-time Monitoring and Rounding
- Celebrate Success and Recognize the Team

1. Project Evaluation

- Monitor Key Performance Indicators
- Conduct Data Collection
- Perform Data Analysis
- Implement Continuous Quality Improvement (CQI)

2. Sustainability and Scaling

- Develop and Operationalize the Sustainability Plan
- Assess Opportunities for Expansion



Pre-Implementation Phase

Planning & Preparation

is the foundational phase where the scope and direction of the Virtual Nursing Program are defined. During this stage, the team assesses feasibility, clarifies the need and strategic rationale, and confirms alignment with organizational goals.



Planning and Preparation

Launching a Virtual Nursing Program requires a structured and coordinated strategy that aligns clinical goals, technology capabilities, operational workflows, and infrastructure capacity. The steps below outline the critical elements to evaluate during pre-implementation and provide a practical framework to support a well-organized and sustainable program launch.

1. Identify the Need

Define the "why" behind your pilot.

- What is the nursing retention rate?
- How much time do nurses spend on documentation in the electronic health record (EHR)?
- What are the nursing satisfaction scores?
- What are the patient satisfaction scores?
- Where do workflow issues or care delays occur most often?

2. Conduct Project Kickoff

Establish your project's foundation by aligning on goals and team roles.

- Select a dedicated pilot unit (e.g., med-surg floor).
Take into consideration a few key items to aid in your decision:
 - Leadership buy-in
 - Number of beds
 - Staffing
 - Engagement of staff
 - Patient population
 - Challenges on unit (e.g., patient safety, staff overload, care delays)
 - Workflow issues or care delays
 - Gaps in care
- Define project scope, goals, and success metrics. This playbook will further describe success metrics and **KPIs in Evaluation section**.
- Assign key roles.



See Pilot vs Enterprise
Table in Appendix A



See Key Roles in Appendix B

3. Determine Technology



See Technology & Vendor Selection in Appendix C

Identify and select hardware and software options to support virtual nursing.

- **Patient Room**

- In-Room Equipment

- Pan/Tilt/Zoom Camera Microphone & Speaker
 - Microphone/Speaker
 - Pillow Speaker or near the head of the patient bed
 - Display
 - Tied into the Entertainment



If not possible, place display as close to the end of the patient bed as possible.
Test for feedback from entertainment display

- **Virtual Nurse Workstation**

The workstation may be centralized within the hospital (e.g., a command center or telehealth operations room) or decentralized, allowing nurses to work remotely from home or other approved off-site locations.

- Software to view patient room cameras
 - Computer
 - Multiple Displays
 - Display One- Electronic Health Record
 - Display Two- Video Conferencing
 - Display Three- Communications with the bedside team
 - Display Four- Other
 - Hard wired for best video quality
 - Headset for Audio for Clarity and Privacy
 - Secure a private area
 - Background suitable for patient viewing



1. **Virtual Nurse Workstation**

- a. Software to view patient room cameras
 - i. Tied into the EHR if at all possible.

2. **Computer**

- a. If multiple cameras are planned to be viewed at a time, a dedicated video card is recommended.

3. **Background**

- a. Can be virtual with company logo
- b. Company logo behind Nurse

4. Design and Customize Workflows

Integrate virtual nurses into clinical operations without disruption.



Involve bedside nurses in workflow design and obtain their sign-off to support program success.

- Map how virtual and bedside teams will work together.
- Talk to bedside nurses to see what they would like to have assistance with and determine what is possible via virtual nurses.
- Integrate virtual nurses into existing care pathways, to ensure role clarity, and consistent patient experiences.
- Keep EHR in mind as designing workflows to see how the EHR can complement the workflows.
- Create scripting for virtual nurses and staff for each workflow



**See Virtual Nursing Workflow in
Appendix D**

5. Determine Project Metrics

Creating a data collection plan is important to ensuring you build a strong program. Key Performance Indicators (KPIs) should be selected based on your organization's overarching goals of the virtual nursing program. Once primary success drivers are selected, a KPI should be mapped to each goal. It is important to also establish a baseline for comparison. This includes collecting pre-implementation data such as:

- Staff satisfaction surveys
- Patient experience scores
- Nurse turnover rates
- Current workflow inefficiencies
- Baseline data on adverse events such as falls and pressure ulcers.

By capturing this pre-live data, organizations can more accurately measure the impact of the virtual nursing interventions and make adjustments post-implementation. KPIs should be reviewed regularly and refined over time to ensure that they continue to align with evolving organizational priorities.



6. Build and Integrate EHR Systems

Design virtual nursing workflows and technology to integrate directly with existing EMR modules rather than creating parallel processes. This reduces staff burden, improves adoption, and ensures seamless documentation and reporting within routine clinical operations.

- Complete EHR configuration for virtual nurse.
- Coordinate IT/clinical teams to install necessary modules
- Set up audio/video hardware in patient rooms and VRN stations.
- Test full production environment (connectivity, and audio/visual quality).
- Distribute training tools (Quick Start Guides, tip sheets).

7. Install Equipment

Create a tech-enabled environment that supports efficient, high-quality virtual care.

- Patient Room Setup
 - Equip each room with:
 - Video-enabled monitors
 - Wall mounts
 - Pan-tilt zoom camera with night vision
 - Microphones
 - Speakers
- VRN “Bunker” Setup
 - Set up a centralized workspace with:
 - Epic Monitor or similar
 - Software Dual monitors
 - Webcam
 - Headset
 - Reliable connectivity
 - Printer if needed



Consider screen brightness of monitor when patient resting



Privacy measures to ensure that others around the virtual nurse cannot see or hear the patient.

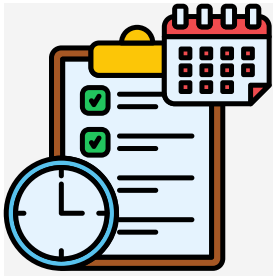
Implementation Phase

Deployment & Adoption

This phase represents the operational execution of the Virtual Nursing Program. During Implementation, approved plans, workflows, technology configurations, and training strategies are activated in the live environment. The program transitions from design to delivery, with coordinated go-live support, performance monitoring, and frontline adoption efforts to ensure successful integration into clinical operations.



Go-Live Process



The go-live day marks the transition from planning and preparation to operational execution. A successful virtual nursing go-live requires meticulous coordination, real-time support and clear communication across all departments.

Conduct Staff Training

Conduct comprehensive training with all participating staff to review the virtual nursing platform, outline operational workflows, and reinforce communication protocols. Training should ensure staff understand their roles, escalation pathways, and processes for interacting with the virtual nursing team.

Go-Live Command Center

Establishing a dedicated command center (physical or virtual) staffed with key personnel, including IT support, nursing leadership, project managers and vendor representatives is key. This area will serve as the central hub for communication, troubleshooting and decision-making throughout the go-live period.

Final System Checks

Conduct last-minute equipment and connectivity checks to confirm that all virtual nursing stations, audio/visual tools and documentation systems are functioning as expected.

Communication Rollout

Communicate clearly and consistently with frontline staff, virtual nurses, and leadership. This includes confirming timelines, escalation pathways and identifying go-live champions or superusers on each unit to assist with adoption and real-time questions. This communication should begin a few months out from go-live.



Conduct mock testing to validate the system before implementation.

Virtual Nurse Activation

Begin the first virtual nursing shift according to pre-established workflows. Ensure virtual nurses are supported as they begin engaging with bedside staff and patients. A checklist of initial tasks and scripting can help guide activity.



Hold bi-weekly stakeholder meetings early to maintain alignment and momentum.

Real-time Monitoring and Rounding

Nursing leadership and implementation team members should round regularly on clinical units to monitor workflow integration, collect feedback and address any concerns.

Celebrate and Acknowledge

Recognize the efforts of frontline teams, virtual nurses and support staff. Celebrate small wins and reinforce the “why” behind the initiative to maintain momentum and morale.



Post-Implementation Phase

Sustainability & Scalability

is the opportunity to assess the project performance and outcomes and determine how well or poorly the project met the objectives.



EVALUATION

WHAT DOES SUCCESS LOOK LIKE

Monitor KPIs

Identify Measurable Key Performance Indicators that Align with the Program's Objectives

Clinical Outcomes

- Patient Safety Indicators (falls, hospital acquired conditions)
- Readmission rates
- Length of stay
- Discharge order to actual discharge time

Operational Impact

- Timeliness of clinical interventions
- Time spent on documentation
- Reduced call bell usage
- Bedside nurse time saved
- Incremental overtime

Patient Experience

- Patient satisfaction scores
- Patient engagement levels

Staff Satisfaction

- Turnover/retention rates
- Employee engagement
- Virtual nurse job satisfaction
- Feedback from groups or survey



See Example KPIs
Appendix E

DATA AND COLLECTION ANALYSIS

Gather The Right Information

Operational Reports

- E.H.R. reports
- Financial reports
- HR generated reports
- Patient Experience reports
- Direct Observation
 - Workflow audits

Surveys

- Nursing Surveys (Pre, 3-months, 6-months, etc.)
- Patient Surveys (Pre, Post)

Frequency

- Review data and results continually throughout the project
- Establish scheduled routine meetings for review

Assign Responsibilities

- Who collects data
- Where to collect data
- How often to collect data

Tools

- Dashboards in EHR or third-party platforms
- Staff feedback forums
- Regular debriefs with unit leaders and virtual nursing teams

Compare Results

- Compare to pre-implementation data
- Compare to industry benchmarks
- Compare to other like hospitals or programs

CONTINUOUS QUALITY IMPROVEMENT

Evaluation is not a one-time event, it feeds into a continuous improvement cycle

- Analyze data and outcomes
- Share the results
- Stakeholders
- Frontline teams
- Adjust workflows, technology or staffing models
- Reassess and re-measure

SUSTAINABILITY ASSESSMENT AND SCALING

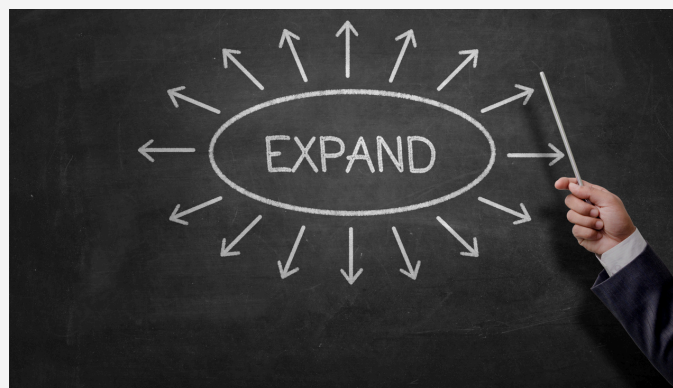
Sustainability Plan

Assessing sustainability of a virtual nursing program:

- Evaluate performance against established program goals and KPIs
- Assess impact on nursing workload, efficiency, and staff satisfaction
- Review adoption by bedside nurses, virtual nurses, and leaders
- Evaluate patient outcomes, safety indicators, and experience measures
- Measure effect on throughput, discharge efficiency, admissions support, and care coordination
- Analyze financial performance, including cost savings, avoided burden, and return on investment
- Determine whether leadership support and operational ownership remain strong
- Identify barriers, gaps, and areas requiring workflow or technology optimization
- Assess whether the model can be maintained consistently with available resources
- Confirm readiness for long-term continuation before considering expansion

Scaling

- Integrate virtual nursing into operational workflows
- Cross-train bedside nurses for potential virtual roles (flexibility and cross-coverage)
- Monitor staffing ratios and maintain hybrid flexibility based on needs
- Technology Maintenance
- Schedule routine maintenance and upgrades
- Incorporate end-user feedback
- Ensure dedicated IT support for virtual nursing
- Continue to evaluate advancing technology
- Financial Sustainability
- Conduct ROI analysis
- Align with strategic initiatives
- Explore reimbursement models for virtual nursing services



SUSTAINABILITY ASSESSMENT AND SCALING



Expansion

- Expand
 - Explore use of virtual nurses in:
 - Emergency Department
 - Telesitting or safety monitoring
 - ICU
 - Rural or off-site support
- Establish governance and oversight:
 - Update organizational policies to reflect virtual nursing standard of care
 - Include quality and compliance programs
 - Create sustainability and innovation roadmap
- Communication and Change Management:
 - Share success stories internally and externally
 - Incorporate training for new and existing staff
 - Regularly revisit and update workflows based on feedback and evolving needs

Project Barriers and Mitigations

Barriers

Unclear understanding of the Virtual RN role, leading bedside nurses to view it as a threat rather than a support.

Bedside nurses have limited trust in the ability of virtual nurses to effectively support the care of their patients.

Workflow confusion.
Who does what?

Difficult to measure the program's impact on nurse burnout due to subjective feedback.

Mitigations

- Engage nurses early.
- Communicate clear goals and role expectations.
- Share success outcomes.
- Emphasize workload support and stress reduction.

- Pair the virtual nurse with the bedside nurse during orientation to build relationships.
- Include the virtual nurse in unit meetings.
- Celebrate and evaluate both groups together.
- Include virtual nurses in daily huddles to align priorities.

- Co-design workflows with nurses.
- Define virtual vs. bedside roles
- Pilot with frequent check-ins
- Start small, expand gradually
- Embed workflows in EHR

- Use validated tools pre and post implementation
- Define clear metrics
- Conduct regular pulse surveys and feedback sessions



FAQs for Virtual Nursing Implementation

- 1. What is virtual nursing?**
Virtual nursing is a team of nurses integrated into the care team who use audio-video platforms to deliver non-physical nursing tasks remotely.
- 2. What are the goals of inpatient virtual nursing?**
The goal of virtual nursing is to reduce bedside nurse workload, improve nurse satisfaction and retention, and overall improve patient outcomes.
- 3. How does virtual nursing support bedside staff?**
This program supports functions such as admission and discharge coordination, patient education, documentation, ongoing patient monitoring, and care coordination.
- 4. Which tasks can be delegated to virtual nurses?**
 - Admission Interview
 - Discharge Planning and Teaching
 - Patient Education
 - Virtual Safety Checks
 - Coordination with multidisciplinary teams
- 5. Do patients understand and appreciate virtual nurse interactions?**
Yes, patients often appreciate the focused attention during their hospitalization
- 6. How do virtual nurses interact with patients in the hospital?**
Secure room-to-room video conferencing through EHR portals or bedside tablets are typically used.
- 7. What outcomes should be tracked to measure success?**
 - Clinical Outcomes (falls, LOS, discharge order to time out the door)
 - Operational Impact (bedside nurse time saved, incremental overtime)
 - Patient Experience (patient engagement survey)
 - Staff Satisfaction (employee engagement, retention)
- 8. Do virtual nurses replace bedside staff?**
No, virtual nurses are added to the care team allowing bedside staff to focus more on direct patient care.
- 9. Who can see or hear the patient during a virtual nurse call?**
Only authorized healthcare team members. The virtual nurses are located in a secure area “bunker” onsite and follow the same confidentiality rules as bedside staff.
- 10. How is patient privacy protected?**
 - Virtual nurse workstation in a secure, private location.
 - Virtual nurses announce their presence before entering the room virtually.
 - Patient information communicated from virtual nurse and bedside staff through EHR and/or secure network.

Pilot vs Enterprise

CRITERIA	PILOT	ENTERPRISE-WIDE
Overall Risk	Low Risk	High risk
Cost (Upfront & Ongoing)	Lower cost	Higher cost
Potential Impact/Scope	Limited impact	Broad impact
User Adoption & Feedback	Easier to manage	Harder to manage
Speed of Implementation	Faster rollout	Slower rollout
Organizational Readiness	Easier with small group	More complex coordination
Data for Optimization	Limited data	Rich data sets
Change Management Complexity	Simpler	Complex

Key Roles

Building a project team involves identifying and assembling individuals with the necessary skills, expertise, and roles to successfully execute the project. This includes defining responsibilities, setting expectations, and ensuring clear communication and collaboration across all team members.

Project Manager



Leads the project, ensures timelines are met, and coordinates across teams.

Unit Nurses and Leaders



Offers insights into patient care standards, clinical workflows, and clinical protocols.

Informatics



Serves as a liaison between clinicians and IT, developing workflows and processes.

IT Specialist



Manages technical integration with telehealth platforms, electronic health record (EHR) systems, and other tools.

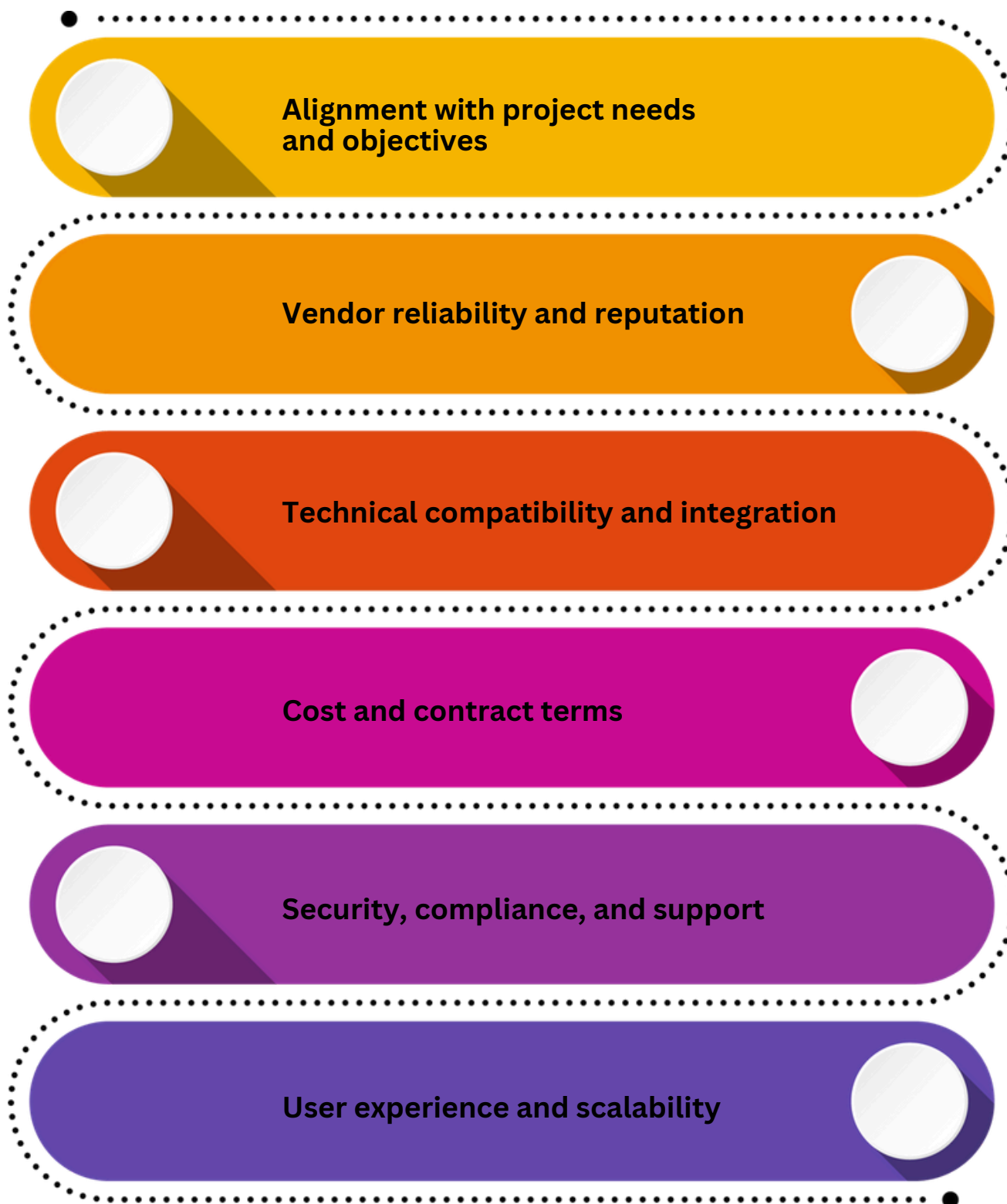
Data Scientist



Provides expertise in the clinical and operational data.

Technology & Vendor Selection

Choosing a vendor or conducting a technology assessment involves evaluating potential solutions to ensure they meet the project's goals, budget, and technical requirements.



Virtual Nursing Technology Decision External Vendor vs. EMR-Native Solutions

External Vendor Solution

Speed & Deployment

- Faster, turnkey implementation

Cost Structure

- Higher upfront (licensing, hardware)
- Ongoing subscription fees

Workflow Integration

- Requires interfaces/middleware

User Experience

- May involve multiple systems

Features & Innovation

- Advanced (AI, dashboards, command centers)
- Rapid innovation cycles

Flexibility & Scale

- Highly customizable
- Scales easily across systems

Data & Security

- Shared ownership
- Shared compliance responsibility

Support

- Vendor-managed support

Hardware

- Often bundled and optimized

Best Fit

- Rapid deployment
- Advanced virtual care models
- Command center environments

EMR-Native Solution

Speed & Deployment

- Slower (EMR build cycles)

Cost Structure

- Lower upfront
- Minimal ongoing cost

Workflow Integration

- Fully embedded in EMR

User Experience

- Unified clinician experience

Features & Innovation

- Limited to EMR capabilities
- Slower release cycles

Flexibility & Scale

- Limited customization
- Dependent on EMR instances

Data & Security

- Full internal ownership
- Within existing governance

Support

- Internal IT responsibility

Hardware

- Requires separate integration

Best Fit

- Cost-conscious organizations
- Tight EMR integration
- Incremental rollout strategy



Virtual Nursing (Work-from-Home)

Operational Requirements

CORE INFRASTRUCTURE



Hardware

- 16GB RAM workstation
- Dual monitors
- Webcam + Headset + UPS

⚠ Risk: Productivity loss, downtime



Connectivity

- ≥50/10 Mbps
- Wired preferred
- Backup hotspot

⚠ Risk: Dropped calls



IT Infrastructure

- Citrix / VDI
- Identity management
- Secure remote environment

⚠ Risk: Access instability

SECURITY & SYSTEMS



Security & Compliance

- VPN + MFA
- Encryption + EDR
- Private workspace

⚠ Risk: PHI exposure, compliance violations



Clinical Systems

- Epic / Cerner
- SSO + messaging
- Secure messaging

⚠ Risk: Documentation gaps



Telehealth Tools

- Zoom Healthcare / Doxy.me
- Video + screen share

⚠ Risk: Poor engagement



Virtual Nursing (Work-from-Home)

Operational Requirements

WORKFLOW & COMMUNICATION



Support Model

- 24/7 help desk
- Remote device management
- System monitoring

⚠ Risk: Downtime, user frustration



Workflow Management

- Task queues
- Templates
- Decision support

⚠ Risk: Inefficiency, inconsistency

OPERATIONS & GOVERNANCE



Communication

- Secure chat
- VoIP / softphone
- Escalation pathways

⚠ Risk: Care coordination delays



Governance

- Workspace standards
- Device Policies
- Audit controls

⚠ Risk: Legal/regulatory exposure



Downtime Readiness

- Phone fallback
- Offline workflows
- Coverage model

⚠ Risk: Care disruption, safety issues

Technical Abbreviations & Definitions

Abbreviations	Definition	Context in Virtual Nursing
EDR	Endpoint Detection and Response	Security technology used to monitor, detect, and respond to potential security threats on workstations and other endpoint devices.
IT	Information Technology	Refers to the technology infrastructure and support environment required for virtual nursing operations.
MFA	Multi-Factor Authentication	Security process requiring more than one method of authentication to verify a user's identity when accessing systems.
Mbps	Megabits per Second	Unit used to measure internet/network connection speed. The document specifies a minimum connection speed of ≥50/10 Mbps.
PHI	Protected Health Information	Individually identifiable health information that must be protected in accordance with applicable privacy and security requirements.
RAM	Random Access Memory	Computer memory that supports the workstation's ability to run applications and processes. The document specifies 16 GB RAM.
SSO	Single Sign-On	Authentication capability that allows a user to access multiple authorized applications or systems through a single sign-on process.
UPS	Uninterruptible Power Supply	Backup power device that helps maintain power to equipment during a power interruption and can reduce disruption to operations.
VDI	Virtual Desktop Infrastructure	Technology that provides users with access to a virtual desktop environment, allowing applications and systems to be accessed remotely.
VPN	Virtual Private Network	Secure network connection used to provide protected remote access to organizational systems and resources.
VoIP	Voice over Internet Protocol	Technology that enables voice communications over an internet/network connection, such as a softphone.

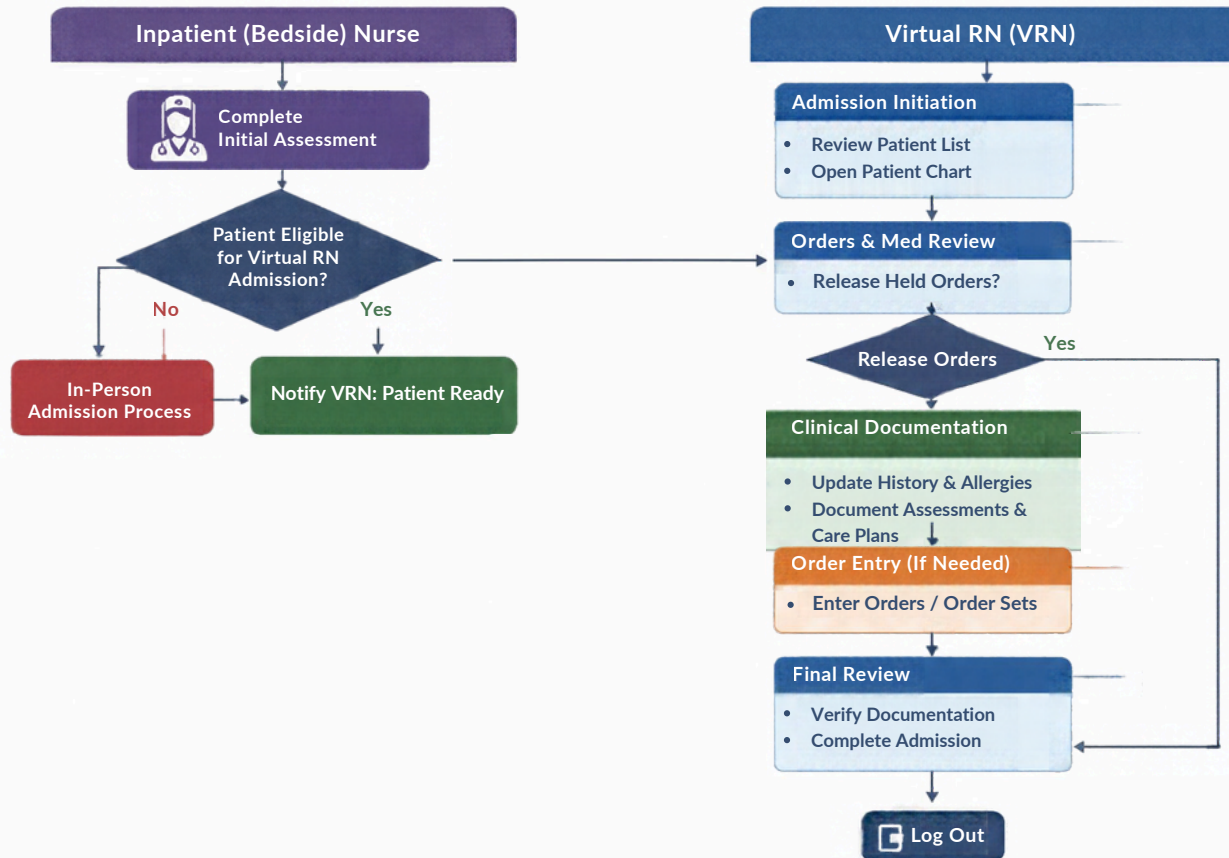
Related Technical Terms

The document also references several technical terms that are not abbreviations but may benefit from definition:

Related Technical Terms	Definition
Citrix	A technology platform used to provide remote access to applications, desktops, and other computing resources.
Cerner	An electronic health record (EHR) platform used for clinical documentation and patient information management.
Epic	An electronic health record (EHR) platform used for clinical documentation, patient information, and healthcare workflows.
Softphone	Software that allows users to make and receive telephone calls through a computer or other internet-connected device.
Secure Messaging	A protected electronic communication method used to exchange information within an authorized clinical or organizational environment.
Hotspot	A device or service that provides internet connectivity through a cellular or other wireless network, serving as a backup connection.

Sample Virtual Nurse Admission Workflow

Virtual Nursing Admission Workflow



Sample Virtual Nurse Admission Workflow

1. Inpatient (Bedside) Nurse Responsibilities

- Complete initial bedside nursing assessment.
- Determine patient eligibility for Virtual RN-supported admission.
 - If not appropriate, proceed with full in-person admission workflow.
- If appropriate, notify the Virtual RN (VRN) via secure chat that the patient is ready for virtual admission.

2. Virtual Registered Nurse (VRN) Admission Workflow

1. Admission Initiation

- Access patient lists and review the patient list report.
- Open the patient's chart.
- Review summary reports and available clinical data.
- Open the Nursing Admission Navigator.

2. Order Reconciliation & Medication Review

- Determine whether signed-and-held orders require release.
 - If yes, release signed-and-held orders per protocol.

3. Review MAR (Medication Administration Record) and Med Rec (Medication Reconciliation)

- Contact provider as needed for clarification or updates.

4. Clinical Documentation

- Update historical patient information, including:
 - Allergies
 - Past medical/surgical history
 - Prior-to-admission (PTA) medications
- Document healthcare directives.
- Document patient belongings.
- Complete required assessments, care plans, patient education, and discharge planning elements as indicated.
- Order Entry (If Applicable)
 - Determine whether additional admission orders are required.
 - If yes, enter individual orders or utilize appropriate order sets (including BPA-driven (Best Practice Advisory) order sets when applicable).

3. Final Review & Completion

4. Close the patient chart.

5. Review the patient list report for required admission documentation.

6. Identify any outstanding required admission documentation.

- If present, complete documentation via embedded hyperlinks.

7. Log out of the system

Virtual Nurse Discharge Workflow

Inpatient Physician:

- Places discharge order

Inpatient Nurse:

- Acknowledges the discharge order and any other new orders
- Identifies if patient is appropriate for virtual discharge
 - If no, in-person discharge required
- Opens the Discharge Navigator, documents returning patient belongings, discontinues active lines, drains and airways (LDAs) and wounds as appropriate
- Prints the After Visit Summary and gives it to the patient
- Send a secure chat to the VRN that the patient is ready
- Removes the iPad from the room

Virtual Nurse:

- Reviews Care Plan problems and resolves them as appropriate
- Reviews patient education and documents the provided education
- Reviews and updates discharge instructions, and selects the appropriate supplemental materials from References/Attachments
- Send a secure chat to the inpatient nurse if AVS needs to be re-printed or when patient is ready for discharge

Secretary/Inpatient Unit

- Requests transport for the patient
- Selects the patient from the unit manager
- Discharges the patient by documenting the discharge date, time, disposition, and destination
- The patient is discharged from the Unit Manager

Example of Key Performance Indicators

Workflow	KPIs	Description	Data Source
Operational Efficiency	Length of Stay	Average length of stay for virtual nursing units	EHR Reports
	Time Saved for Bedside RN	Time saved by Virtual RN completing task such as admissions/discharges	Average time it takes bedside RNs to complete task multiplied by the
	Discharge Order to Actual Discharge	Time DC order is put in to actual discharge	EHR Reports
	Discharge Time of Day	Time of the day discharge orders are entered	EHR Reports
	Use of Discharge Lounge	How many patients are getting sent to the discharge lounge	EHR and System Reports
	Reduced Call Bell Usage	How many patient calls are coming through the call bell system	Manual Tracking, System Reports
	Incidental Overtime	Nurses clocking out after the end of shift	Time Keeping Reports
Quality	Quality Hospital Acquired Conditions (HAC)	Number of HACs	System Quality Reports
	Falls	Number of falls per 1000 patient days	System Quality Reports
	Readmission Rates	Patients who saw a virtual nurse at discharge who were readmitted within 30 days	EHR Reports
Satisfaction	Employee Engagement	Ratings of overall engagement and resilience	Surveys, Employee Engagement Scores
	Nursing Retention	Average nursing turnover	HR and System Data
	Patient Satisfaction	Satisfaction with the virtual nursing team and overall patient care	HCAHPS/Press Ganey, Surveys

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