

Mercy Virtual Nursing: *An Innovative Care Delivery Model*

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The US Department of Health and Human Services reports that by the year 2025, the demand for nurses will increase by 21%, whereas 1 million veteran and baby boomer generations are expected to retire.¹ These staffing projections are multifactorial. Some areas of the country will experience a shortage of nurses, whereas other areas will experience a shortage of experienced nurses resulting in a disparity in both experience and supply of nurses. This burden is more pronounced in rural areas where nurses are fewer in quantity and a disproportionate percentage of the elderly reside. Exacerbating the nursing

shortage is the inability of nursing programs to respond by producing increased quantities of graduates to close the gap between supply and demand. Addressing the shortage requires an optimization of available resources and an enhanced care delivery model that operationalizes technology and critical thinking to yield optimal patient outcomes. This article describes how Mercy is leveraging technology to redesign a care delivery model that addresses challenges faced in many rural communities and increases patient quality while providing the opportunity to utilize data synthesis to advance nursing knowledge.

The Mercy Virtual Care Center provides the infrastructure to telehealth. It is 125,000 square feet of telehealth operations that employs the expertise of more than 330 virtual care professionals. “It is like a hospital without beds,” said Dr. Randy Moore, president of Mercy Virtual Care. “Through the use of technology such as highly sensitive cameras and real-time vital signs, our providers see patients where they are. This may be in one of our traditional hospitals, a physician’s office, and even in the patient’s home. The possibilities for patients are endless because of the capabilities of Mercy Virtual.”

TELEHEALTH AS A STRATEGY

The American Telemedicine Association defines telehealth as the use of medical information exchanged from one site to another via electronic communications to improve a patient’s health status.² This includes a variety of applications and services such as 2-way video, e-mail, smart phones, wireless tools, and other forms of telecommunication technology. Telehealth is leveraging technology to provide expert care that would otherwise be difficult or impossible to access. It connects a patient and a nurse in 2 separate physical locations, which is redefining the possibilities in the practice of medicine and nursing. As patient acuity is increasing with the aging population and is intensified by the shortage of experienced nurses, an adaptable model of care is required to continue to be efficient and efficacious in delivering holistic nursing care.

As technology advances, nurses must remain resourceful to ensure the core of nursing presence gets translated into the care path. The synergy between the virtual nurse and the onsite nurse complements the interpersonal relationship between the patient and the care team, which promotes therapeutic health outcomes. The interpersonal relationship between the nurse and patient is of utmost importance in the success of compliance in care delivery. As the nurse cares for the patient, educates, and provides for emotional and spiritual safety, the rapport that develops nurtures safety, compliance, and the patient’s overall perception of the health care experience. All health care professionals seek to address some aspect of health needs of patients. The nurse provides a holistic, global perspective that employs critical thinking to unite the multiple facets. The interpersonal relationship results in health improvement, optimized functional ability, a therapeutic psychosocial environment, and improved quality of life or a dignified end of life that only results from the nurse–patient relationship. As nurses adapt to incorporate new technologies and evidenced-based care, the fundamentals of the nurse–patient relationship must be translated into new models of care.

As an innovative approach to traditional medicine, telehealth is delivered via high-resolution video conferencing, which allows for expertise to be shared rapidly and provides actual patient assessment rather than being limited to telephone consultation. Utilized appropriately, telehealth has the potential to revolutionize health care by providing quality care at reduced costs that is the paradigm shift Americans are experiencing in health care today. Our country is quickly moving from the traditional method of health care delivery

that paid based on frequency of encounters, to a value- or quality-based method of reimbursement. The Affordable Care Act, other federal regulations, and the desire to increase accessibility of quality health care are driving forces for the adoption of a telehealth model of care delivery. The utility of telehealth is salient because the economic value and impact on patient care is recognized.

A large body of evidence is available in the literature to support telehealth as an effective method of health care delivery. The American Medical Association and State Boards of Nursing continue to guide the standards of practice, both in traditional and telehealth delivery systems. The American Organization of Nurse Executives (AONE)³ provides guiding principles that describe the role of the nurse in future patient care delivery. These principles provide a framework for nurses who practice within a telehealth environment. All applicable regulations such as the Health Insurance Portability and Accountability Act, state nursing licensure, and medical credentialing are in substance no different than providers who are physically present. The defining difference is telecommunications in exchange for physical presence.

THE MERCY EXPERIENCE

Mercy Virtual electronic intensive care unit (E-ICU) care teams receive and provide patient hand-off with each change of shift to ensure continuity of care. Patient assignments are determined by the Mercy Virtual charge nurse on the basis of patient acuity and individual nurse characteristics. The nurses may also provide e-sitting services for medical-surgical patients who need observation, but do not require physical intervention. These services span 5 states and more than 30 intensive care units and are rapidly growing to accommodate more facilities. The Virtual Care Center houses the physicians and nurses who provide telehealth and serves as the Virtual Care Center’s hub for care provision.

Mercy Virtual Nursing provides a comprehensive approach to nursing care delivery consisting of critical care nurses who collaborate to provide a nursing team for each patient that is focused on quality and safety. The virtual nurse provides data synthesis or trending of significant patient values that indicate worsening condition. These trends are acted upon by collaborating with the physician teams that respond expeditiously to prevent patient deterioration. The physician team actively rounds on patients, communicates with the nurses, and provides intervention rather than the traditional model of on-call physician coverage. The result is relief of the hesitation from questioning whether to wake a physician in the middle of the night or wait until the following morning to address the care need. In addition, this emerging model allows experienced nurses to continue practice and supplements the care environment, where a greater number of novice nurses are beginning to practice in specialty areas. Mentorship of novice nurses is supported in the model, lending expert assessment and a proficient approach to nursing teamwork. Through the integrated electronic medical record system and the use of highly sensitive cameras, the Mercy Telehealth team of physicians and nurses monitor patients remotely and communicate

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