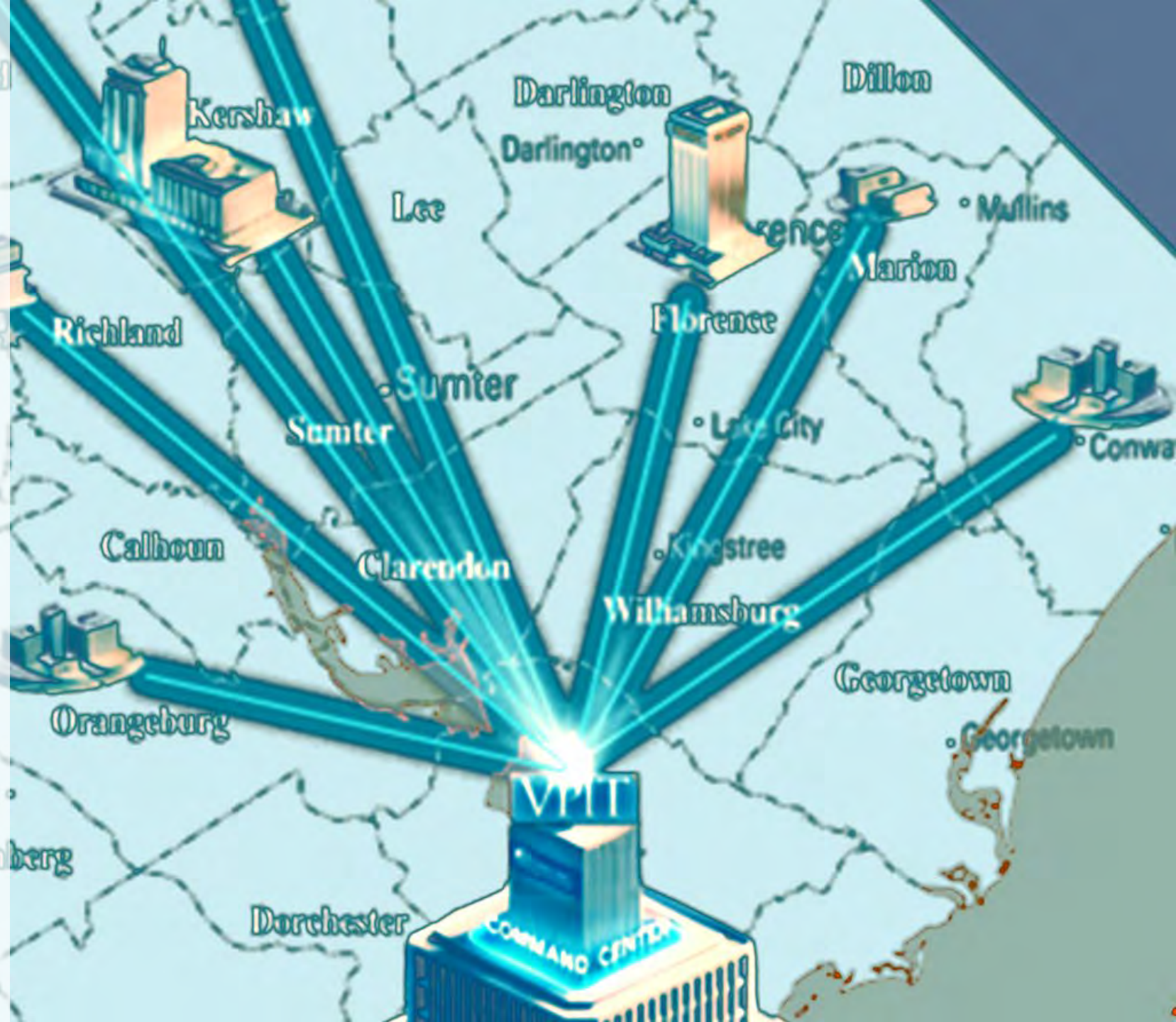# Innovating at Scale: The Success and Evolution of VPIT Across a Statewide Health System

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Session Agenda

About Us

The Problem: ED Crowding and Patient Experience

The Opportunity: Telehealth Transformation in EDTriage

VPIT Synopsis

Patient Experience Innovations

Workforce Impact

Challenges, Lessons Learned, and Future Vision

Defining the Problem: ED Crowding and Patient Experience

Hospital Boarding, Long Waits, and LWBS

Hospital Boarding and ED Crowding

Hospital boarding contributes to emergency department crowding, reducing patient flow and care efficiency

Left Without Being Seen (LWBS) Rates

3% of emergency patients leave without being seen nationwide, highlighting care access issues. (3% in South Carolina)

Wait Times and Patient Experience

Extended wait times lead to poor patient experience and dissatisfaction in emergency departments

Why Patients Leave Without Being Seen

"I checked in at 5 p.m. with chest pain. By 10 p.m., I still hadn't seen a doctor. I couldn't wait any longer and left."

"I sat in the waiting room for almost 6 hours. I finally just walked out. It felt like nobody even knew I was there."

"It took over 3 hours before I even spoke to a doctor. By then I was so anxious I wanted to go home."

"People who came in after me were being taken back while I just sat there. I felt invisible."

"My mother was in pain, but after waiting nearly 4 hours, we gave up and took her somewhere else."

"I don't blame the staff. The waiting room was packed. But the whole system feels broken when you wait half a day and never see a doctor."

The Opportunity: Telehealth Transformation in ED Triage

Optimizing Emergency Department Operations Using Telehealth

Telehealth Reframing ED Front-End Processes and Provider Efficiency

Telehealth Transforming ED

Telehealth technology redefines emergency department front-end processes to streamline patient intake

Improved Provider Efficiency

Telehealth reduces bottlenecks, enabling providers to deliver care more efficiently in emergency settings

Enhanced Patient Experience

Patients experience faster and smoother care through telehealth-enabled emergency department services

VPIT Workflow Definition and Transformation of Triage

Virtual Triage Overview

VPIT is a telehealth-enabled workflow improving Emergency Department arrival processes

Immediate Patient Connection

Patients connect immediately to a provider through telehealth on arrival, bypassing physical triage delays

Clinical Workflow Transformation

VPIT transforms triage from clerical to clinical by enabling evaluation, diagnostics, and treatments remotely

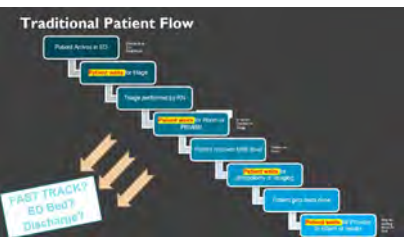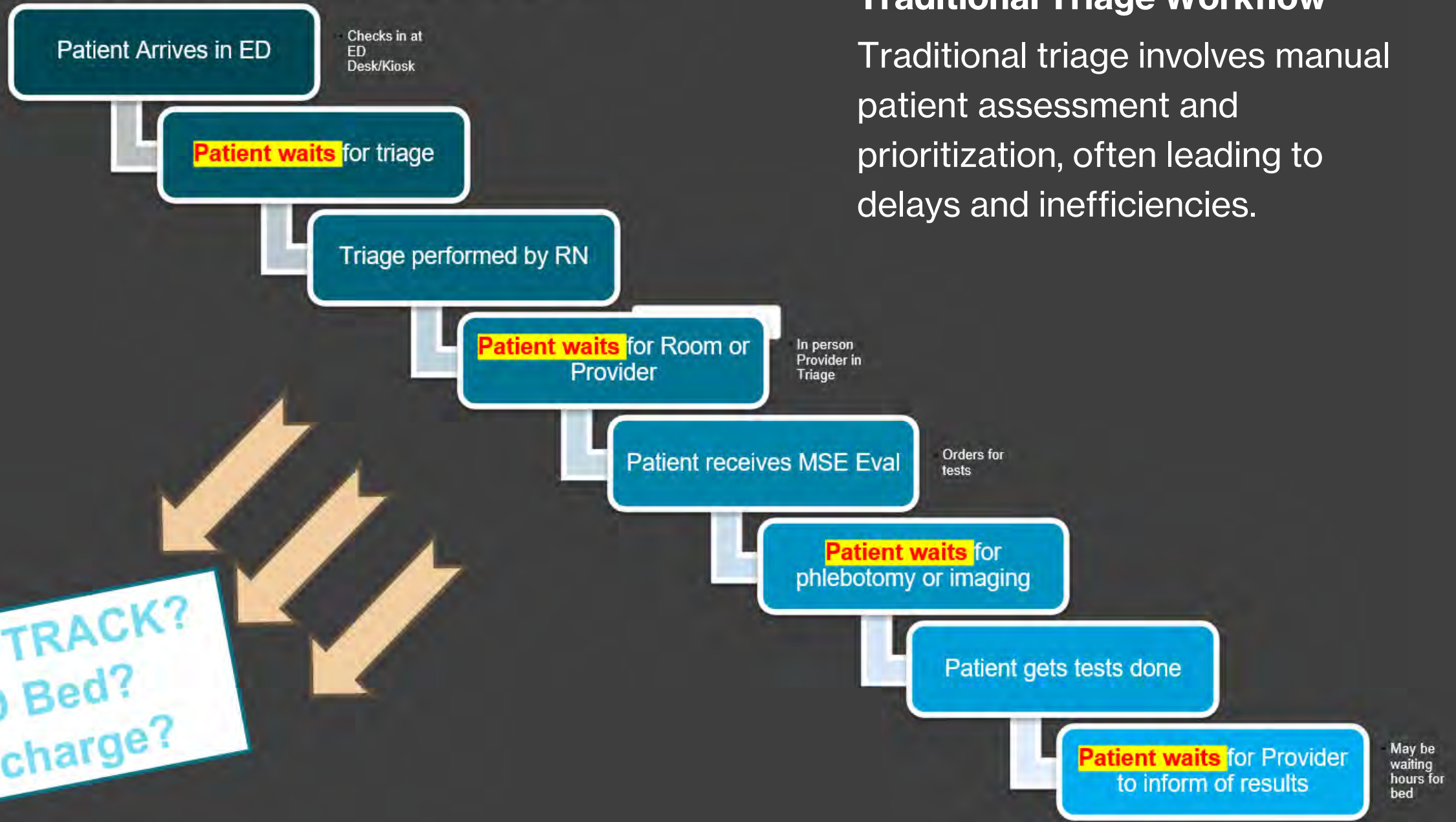# Workflow Comparison: Traditional Triage vs VPIT

Traditional Triage Workflow

Traditional triage involves manual patient assessment and prioritization, often leading to delays and inefficiencies

VPIT Workflow Advantages

VPIT streamlines triage with prioritizing patient-provider contact, improving speed and accuracy in patient processing
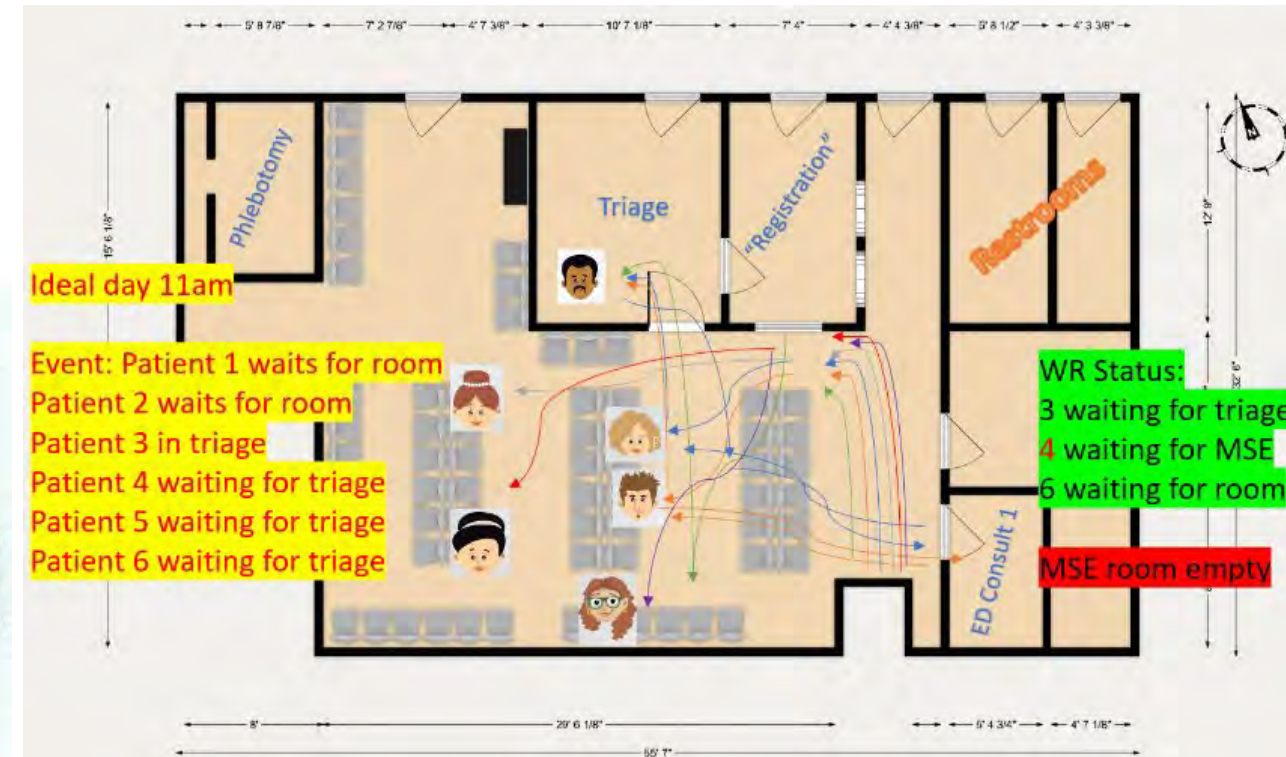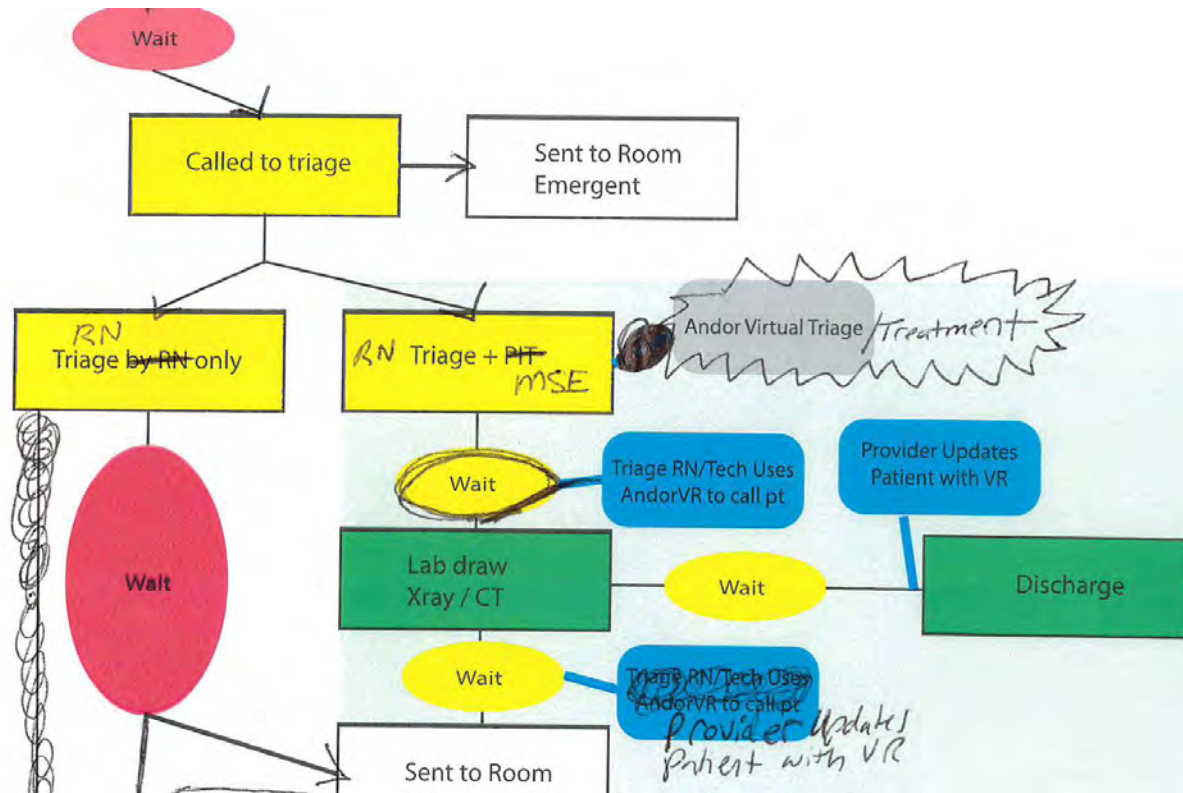
Traditional Patient Flow

Patient Arrives in ED
- Checks in at ED Desk/Kiosk

Patient waits for triage

Triage performed by RN

Patient waits for Room or Provider
- In person Provider in Triage

Patient receives MSE Eval
- Orders for tests

Patient waits for phlebotomy or imaging

Patient gets tests done

Patient waits for Provider to inform of results
- May be waiting hours for bed

FAST TRACK?
ED Bed?
Discharge?

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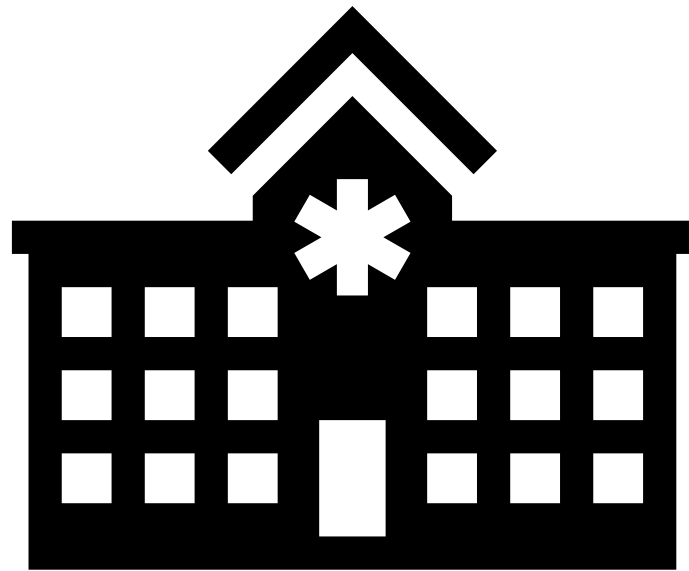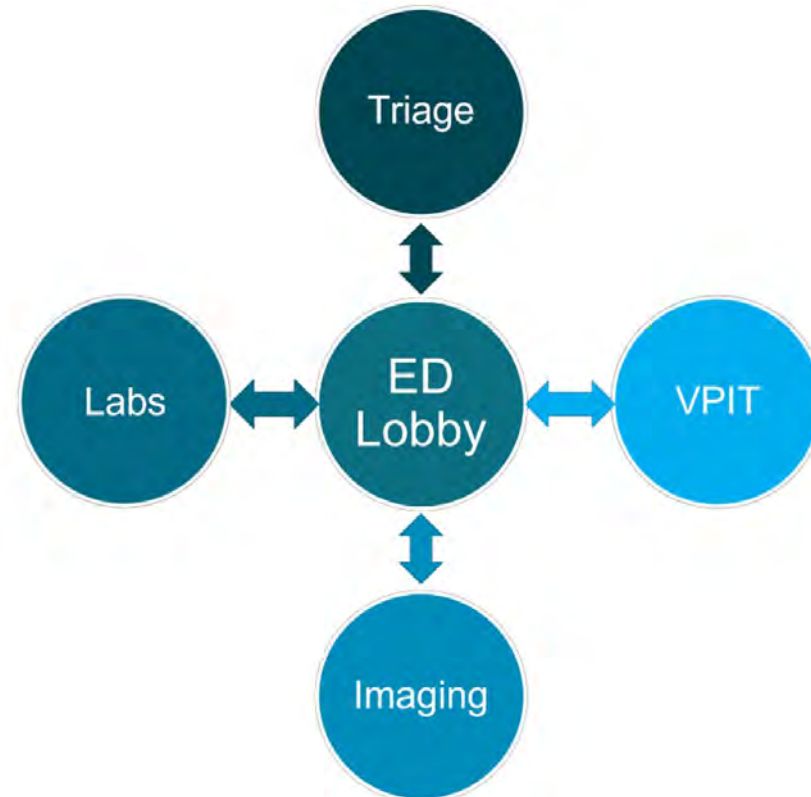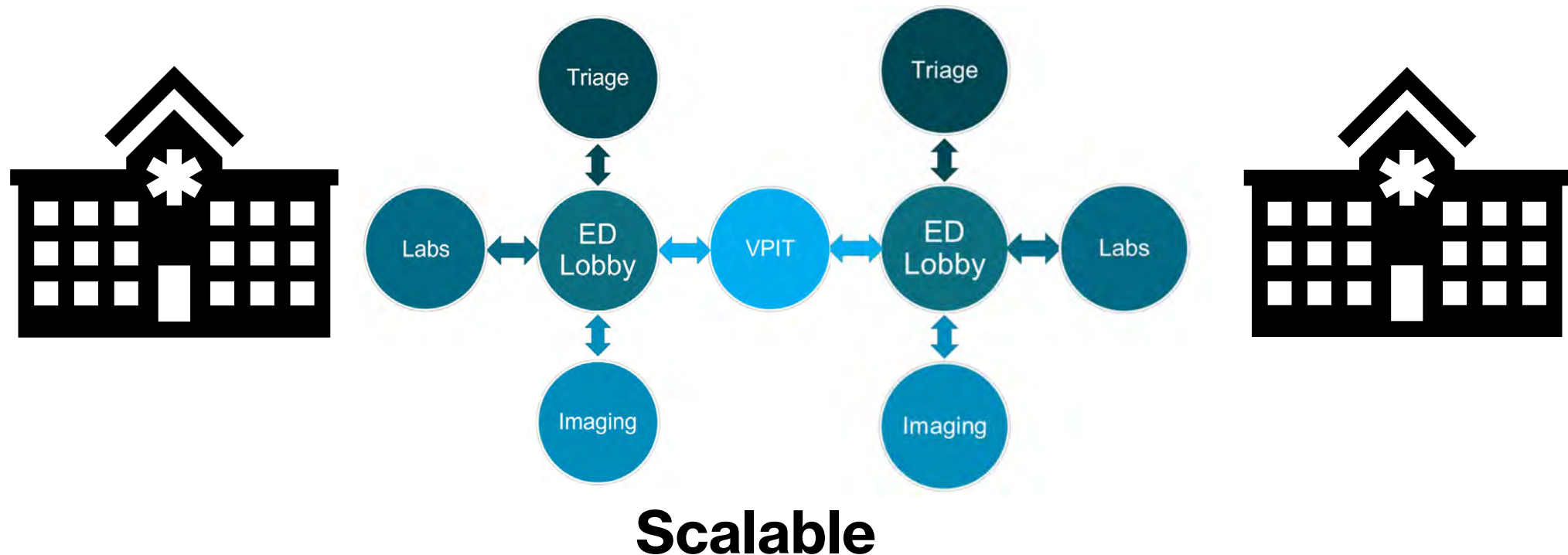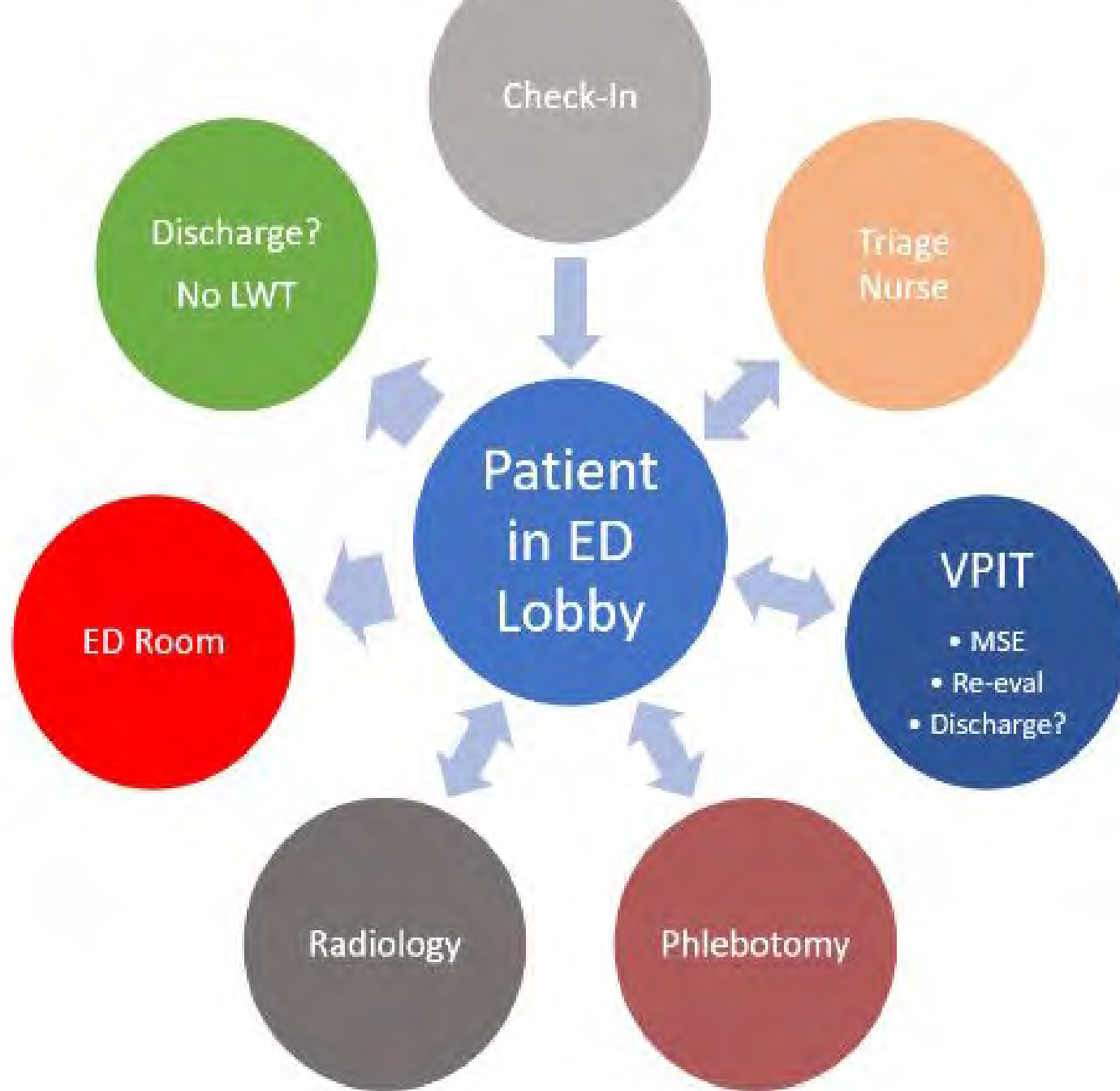
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Scalable

Workflow Comparison: Traditional Triage vs VPIT

- **Nonlinear Process**

- **Patient Centric – Task Driven**

- **Optimized for Efficiency**

VPIT Program Synopsis and Site Expansions

Charleston Pilot: Implementation, Outcomes, and Workforce Optimization

Telehealth Implementation

The pilot was launched with existing APPs, many without previous telehealth experience, adapting swiftly to new technology.

Improved Patient Outcomes

Significant reduction in LWBS, improved door-to-provider times, and enhanced patient experience

Workforce Optimization

The improved efficiency and expanded reach of our VPIT provider allowed us to cover an additional site that previously lacked the resources for a traditional PIT

VPIT Implementation and Results at Charleston

Charleston Outcomes:

↓ **85%** LWT (Peak → Trough, 2023 → 2024)

↓ **60% / 69%** Avg. LWT (Main / ART ED)

↓ **35%** Door-to-Provider Times (Combined)

5–7 pts/hr Provider Throughput (vs 0.8–1.5 in-person PIT)

**VPIT Expansion:
Orangeburg, Florence**

Orangeburg

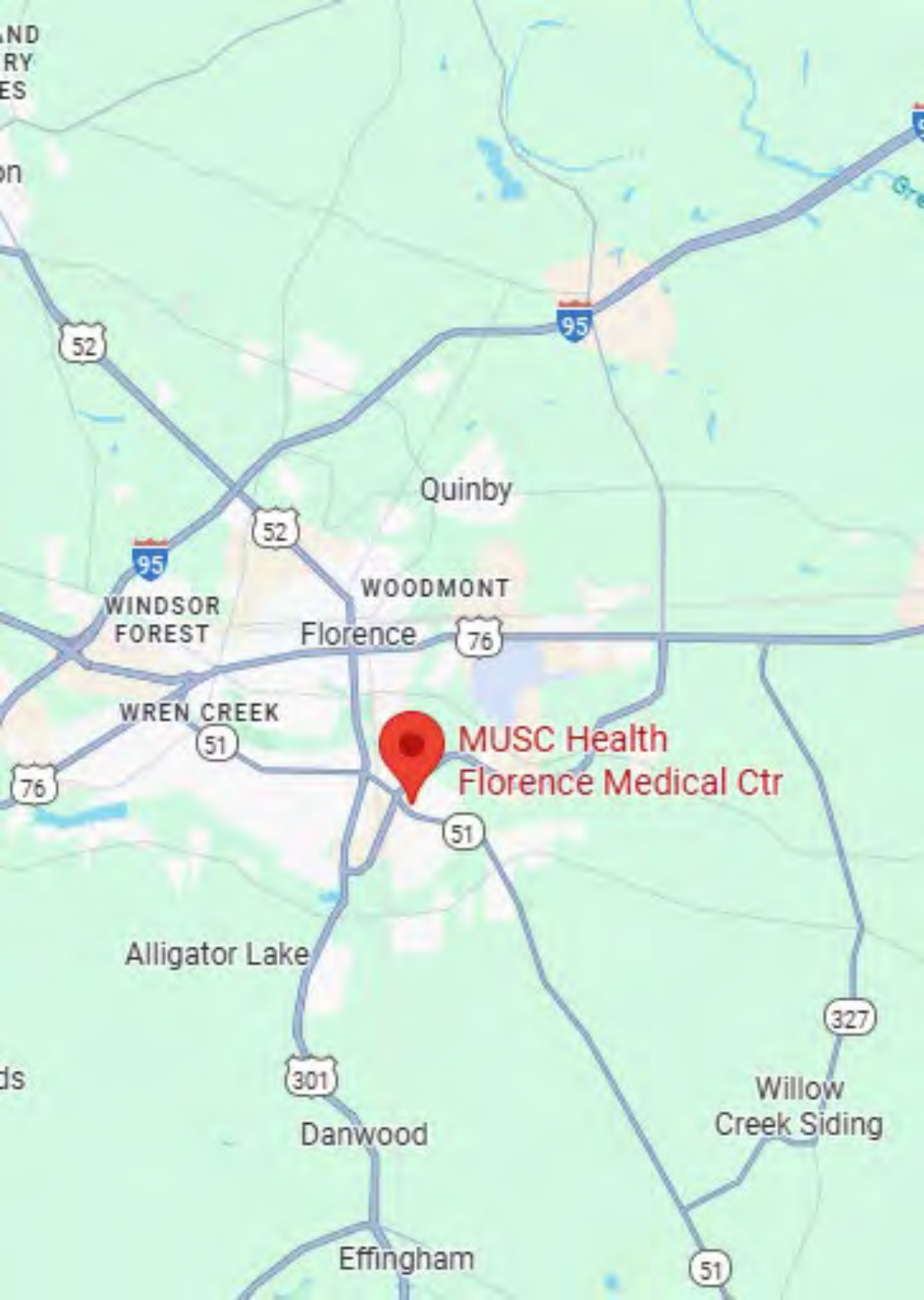**Outperformed Charleston Pilot**
Metrics were better than expected

Significant LWBS Reduction
79% reduction in LWBS rate
(7.2 to 1.5 %)

Improved Door-to-Provider Times
50% reduction in time before patient talked to a provider

Florence: Expanded Scope, Patient Experience, Outcomes

Expanded Scope

Florence/Marion started with a low left without being seen (LWBS) baseline, indicating already high patient retention.

Focus on Throughput and Experience

The initiative emphasized improving **patient throughput** and enhancing overall **patient experience** for better outcomes.

Measured Outcomes

Achieved **NPS score of 82**
25% reduction in length of stay (LOS)
Faster discharge for low-acuity patients.

Patient Experience Innovations

Tablets, Standardized Backgrounds, and Provider Connection Value

Tablet Use Enhances Access

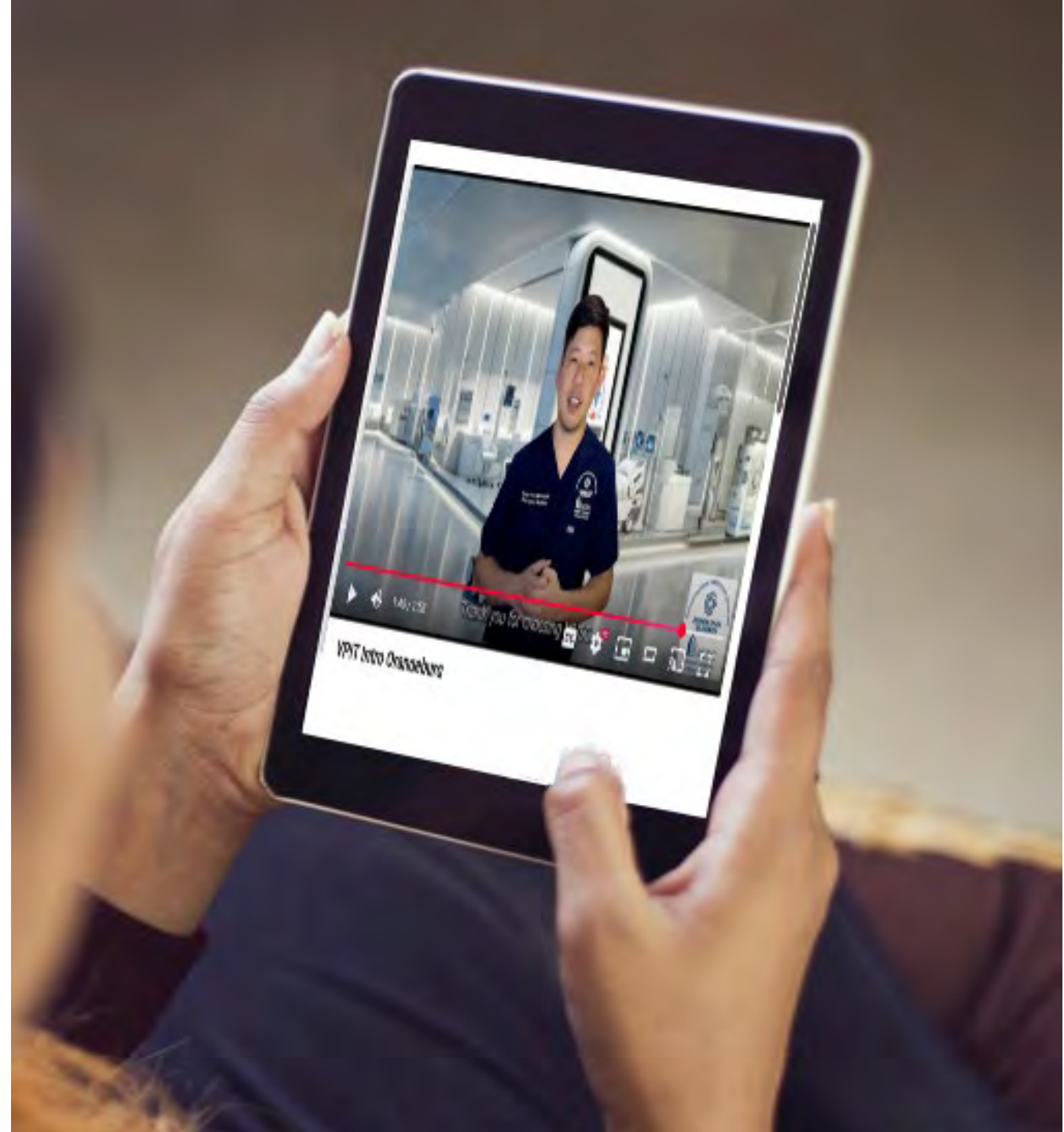Use of tablets improves patients' perception of healthcare access through convenient technology.

Standardized Backgrounds Build Trust

Consistent and professional backgrounds with scripting foster patient trust during virtual visits.

Improved Hardware

Provider Connection Valued

Patients highly value connection with providers, even without physical bedside presence.

Patient Satisfaction

Net Promoter Scores (NPS)

1. Feeling welcome and comfortable: 78

2. Provider listening and communication: 82

3. Clarity of next steps and inclusion in decision-making: 83

4. Reassurance and reduced anxiety while waiting: 83

5. Likelihood to recommend VPIT to others: 80

Average NPS across all categories: 81.2

N=1,007

This model fosters trust, promotes patient understanding, and improves both emotional and clinical readiness.

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Workforce Impact

Telehealth Training, Staffing Models, and Provider Efficiency

Limited Telehealth Skills

At program launch, Charleston APPs lacked prior telehealth experience and demonstrated variable interest, resulting in inconsistent adoption

Dedicated VPIT Provider Benefits

We recruited providers with extensive telehealth expertise and passion for the role, elevating care through meaningful interactions, exceptional webside manner, effective virtual physicals, greater efficiency, stronger documentation, and outstanding patient satisfaction

Staffing Model Lesson

The experience demonstrates the value of a dedicated telehealth staffing model as essential for ensuring reliable, high-quality care

Challenges

Expansion Challenges: Resources, Ownership, Workflow Adoption, Onboarding

Variable Resources

- **Absence of a Dedicated Flow Concierge (Telepresenter)**

  Delays in patient movement and service utilization

- **Ancillary Staff Shortages**

  Critical orders (e.g., labs, imaging, transport) are initiated but not completed.

Operational Ownership

- **VPIT requires close collaboration with local ED leadership** to ensure alignment and effectiveness in patient flow strategies.

- **Challenge:** Integrating or modifying existing triage workflows can lead to friction, especially when roles and responsibilities are perceived as being "shared" or "taken over."

Expansion Challenges: Resources, Ownership, Workflow Adoption, Onboarding

Workflow Adoption and Culture Change

- **Entrenched Misconceptions**

  - **Traditional triage:** Patients must be triaged before provider evaluation

  - **Direct bedding:** The presence of an open bed does not equate to immediate provider access or prompt assessment ↑DTPT, LWBS, LOS ↓ patient experience

- **Inconsistent Adherence to VPIT Workflow**

  Staff frequently revert to direct bedding, bypassing VPIT protocols despite available resources

- **Operational Disruptions**

  Shift changes and high-acuity events in the back of the ED pull staff away from front-end flow coordination

Expansion Challenges: Resources, Ownership, Workflow Adoption, Onboarding

- **Variable Utilization During Off/Peak Hours**

  VPIT workflows are inconsistently applied during low and high-volume periods, limiting their effectiveness

Onboarding and Education

Effective onboarding and **continuous education** are essential for integrating new team members during expansion

- **Rotating Staff Pools**

  Frequent RN/tech turnover makes consistent onboarding difficult

- **Need for Ongoing Reinforcement**

  Repeated engagement is essential to build and maintain buy-in

Lessons Learned from VPIT

Workflow Lessons

Workflow Transformation

VPIT represents a fundamental shift in workflow, not simply telehealth on demand, and requires thoughtful adaptation

Site-Specific Integration

Successful implementation requires integration tailored to each site and close collaboration with ground teams

Staff Buy-in and Reinforcement

Sustained success depends on staff buy-in and continuous reinforcement of new practices and culture

Patient Experience Lessons

Early Provider Connection

Patients appreciate early connection with their healthcare provider even before being assigned a bed, enhancing trust and comfort

Use of Tablets and Video

Tablets and video encounters improve patients' perception of access and strengthen communication between providers and patients

Standardized Backgrounds and Scripting

Consistent provider backgrounds and scripted communication promote professionalism and improve patient experience

Workforce Lessons

Telehealth Training Impact

Providers without telehealth training show inconsistent adoption and variable web-side manner

VPIT-Trained Provider Benefits

VPIT-trained providers deliver efficient encounters, better documentation, and higher patient satisfaction

Dedicated Telehealth Staffing

Dedicated telehealth staff models are more effective than ad hoc redistribution of advanced practice providers

Future State Vision for VPIT

Future State

Express Treatment in Triage

Adding medication boxes in triage enables faster access to essential medications improving patient care in the arrival setting

Dedicated Ancillary Staff

Ancillary staff dedicated to immediately act on medical orders streamlines clinical workflows and patient care

Automated Patient Communication

Automated real-time communication loops keep patients informed and engaged throughout their care journey

Remote Exam Devices & EMR Customization

Peripheral devices facilitate remote patient exams integrated fully with electronic medical records for seamless care

Post-ED Virtual Follow-Up

Virtual follow-up clinics post-emergency reduce readmissions and enhance continuous patient care value

VPIT Impact

VPIT Transformation

VPIT revolutionizes emergency department arrival to enhance patient flow and workforce efficiency

Scalability and Alignment

VPIT solutions are scalable but need cultural and operational alignment for maximum impact

Call to Action

Inviting partnerships to co-create innovative next-generation front-end emergency department workflows

Takeaways

ED Arrival

- VPIT enhances emergency department arrival processes by leveraging telehealth technology effectively

- VPIT redefines the ED lobby not as a passive waiting space, but as a proactive, high-impact point of care

Patient Experience

- By integrating virtual providers into the earliest moments of the ED visit, this model fosters trust, promotes patient understanding, and improves both emotional and clinical readiness
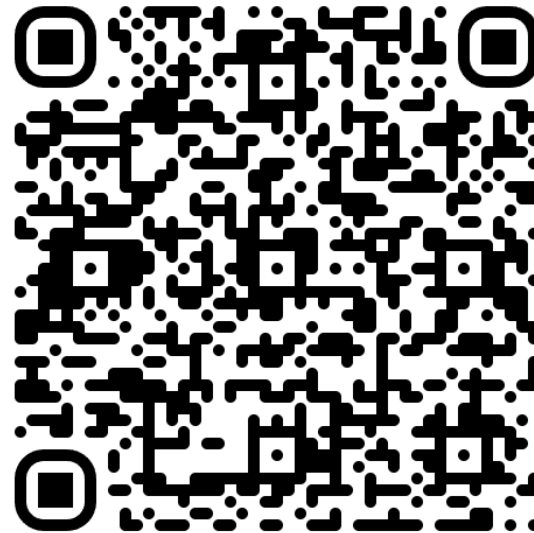
Innovation

- Ongoing innovation and addressing challenges are critical to the future success of telehealth initiatives

Scalable

- The telehealth solutions demonstrated by VPIT have strong potential for scalability across healthcare systems

Thank You!

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