

CLINICAL TRACK

Beyond the Bedside: Virtual Nursing and the Future of Connected Care



Introduction by:
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**SEPTEMBER 2
10:30AM-11:15AM**

REGENCY BALLROOM G

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Beyond the Bedside: Virtual Nursing and the Future of Connected Care

Presenters:

Angel Bozard, VirtuAlly

Lauren Knobloch, MUSC

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The Power of Connection
August 31, September 1, and September 2, 2026



Virtual Nursing

Experienced RNs working alongside bedside teams offloading documentation, coordination, and education so nurses can focus on direct patient care.

What VRNs support

- Admission documentation & history capture
- Medication reconciliation
- Patient & family education
- Discharge education & documentation
- Real-time documentation support
- Dual nurse verification & quality checks
- Multidisciplinary communication support

"VirtuAlly gives nurses time back without changing who is responsible for the patient."

120+

minutes per shift returned to bedside nurses

42%

improvement in nursing engagement & HCAHPS scores

33%

improvement in timely patient discharge

47%

average improvement in RN turnover rate

Seamless Bedside Support



Real-time clinical support

- Hourly rounding reminders & follow-through
- Chart surveillance & documentation support
- Safety bundle implementation
- Identification of high-risk patient needs

Embedded in workflows

- Works within existing EHR and processes
- True extension of the bedside team, not a parallel system
- Change management support from day one
- Dual-nurse verification & rapid response documentation

Measuring the Impact of Virtual Nursing

VirtuAlly tracks outcomes across two domains that matter most to health system leaders.

Workforce Economics

Virtual nursing directly relieves the financial and operational pressure driving the workforce crisis.

- Decrease or eliminate agency work
- Decrease turnover & vacancy rates
- Improve engagement indicators
 - Resources to do job
 - Teamwork
 - Promote a culture of safety
- Reduce labor cost per unit of service

Quality of Care

Better patient outcomes, measurable in the metrics that matter to CNOs, payers, and accreditors.

- Decrease hospital acquired conditions
 - CLABSI
 - CAUTI
 - HAPI
- Improve patient throughput /avg 33%
- Decrease readmissions
 - Improve HCAHPS /avg 42%
 - Nursing / communication specific domains

Virtual Nursing in the NICU

MUSC Health Expands VirtuAlly Partnership to
South Carolina's Highest-Acuity Neonatal Unit

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BACKGROUND & PURPOSE

The NICU demands precision, constant coordination, and clinical vigilance.

Nursing shortages and workforce strain are pressuring NICU teams to sustain care for the most fragile patients.

Virtual nursing extends bedside teams without adding complexity but its use in the NICU had been largely unexplored until now.

THE SETTING

Level IV NICU

MUSC Shawn Jenkins Children's Hospital, Charleston, SC

The state's only Level IV NICU, the highest designation for neonatal care.

Among the first health systems in the nation to deploy virtual nursing in a neonatal intensive care setting.

From Med-Surg to the NICU

Building on a proven pediatric virtual nursing partnership at Shawn Jenkins Children's Hospital, the program expanded into the NICU to strengthen nursing coverage, streamline team-based workflows, and ensure continuity of care for newborns in the critical first days of life.

WHAT VIRTUAL NURSES DO IN THE NICU

- Discharge education that prepares families for the transition home and reduces readmissions
- Real-time collaboration with bedside nurses on patient safety
- Documentation support and care coordination for complex, high-acuity patients
- Family communication support throughout the stay
- Extends the reach of the clinical team while bedside nurses stay focused on direct patient care

THE CLINICAL CARE TEAM

13 yrs

average clinical experience per virtual nurse

3,000+

admissions supported

24/7

coverage across every shift

100%

licensed registered nurses

Early Findings

Early results indicate that virtual nursing in the NICU is operationally viable and clinically valuable, offering a replicable model for health systems supporting high-acuity nursing teams in specialized care environments.



“Bringing the VirtuAlly partnership into the NICU strengthens our nursing coverage effectiveness, streamlines team-based nursing workflows for added efficiency, and helps ensure our newborns receive the highest level of care in the critical first days of their lives.”

MUSC Health

Virtual Nursing in VPIT

MUSC Health Expands VirtuAlly Partnership to
South Carolina's Virtual Provider in Triage



Defining the Problem: ED Crowding and Patient Experience

Marc Bartman MD FACEP

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Stephanie Fitchpatrick MSN, RN, CEN, NE-BC

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



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

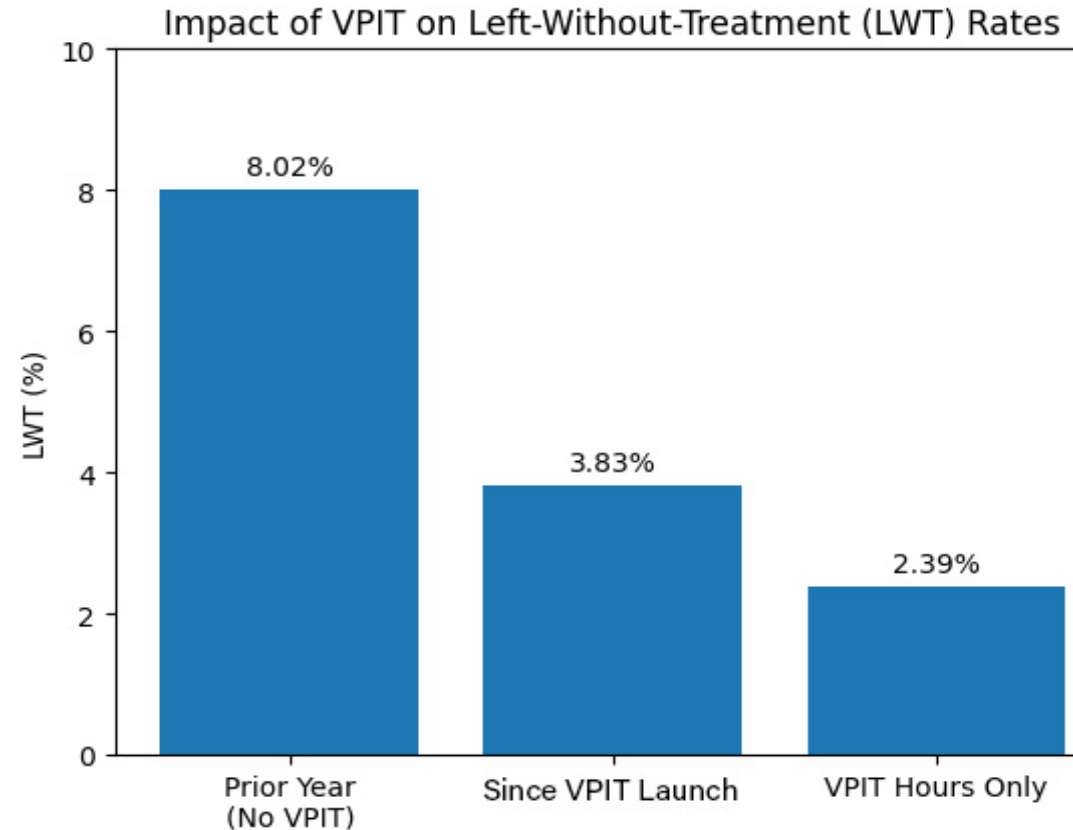
MUSC Orangeburg ED-VPIT Hours Impact



- LWT during VPIT hours reduced from **7.88%** to **2.39%**
- 70% reduction when the model is active
- Performance improves when coverage is in place

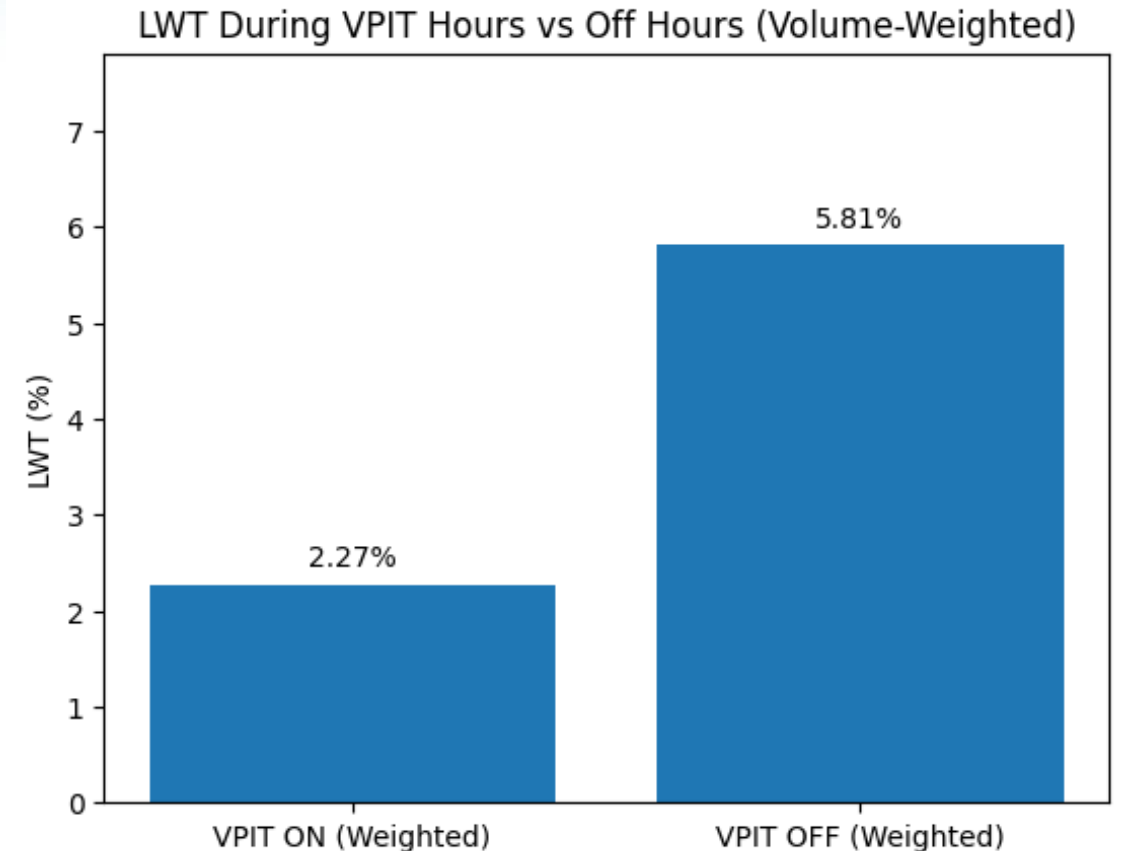
Year-Over-Year Impact

- LWT reduced from 8.02% to **3.83%**
- **Represents a sustained structural improvement in ED intake performance**
- Improvement maintained across the full evaluation period



Key Insight : VPIT ON vs OFF

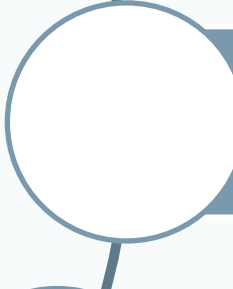
- LWT with **VPIT ON: 2.27% (10a-8p)**
- LWT with **VPIT OFF: 5.81% (overnight)**
- 60% fewer patients leaving without care when VPIT is active
- When **VPIT is off, LWT increases 2.6x**



Takeaways



LWT reduced **52%** overall; **70%** during active hours



Performance was consistent and reproducible



VPIT for 60 hours per week improved provider access

- Having expanded hours will redesign the entire ED front door.



VPIT changes the **psychology** of waiting

Patients are no longer waiting without clinical contact. They have been seen, heard and given a plan.



Scales across **diverse** ED environments

Implemented across four Eds spanning academic, community, urban, and regional settings.



Patient **experience** and **operations** are linked

Earlier provider contact supports communication, workup initiation, and reduced front-end leakage



Centralized virtual staffing creates leverage

A flexible virtual provider model can support multiple Eds



Next phase: virtual fast track + deeper integration

VPIT can evolve beyond triage into low-acuity virtual discharge pathways, virtual pre-arrival screening, and virtual post discharge followup services



PATIENT EXPERIENCE RESULTS

81.2

Average patient-reported
experience score

n = 1,007 patient responses



SCORES BY PATIENT-REPORTED DOMAIN

0–100 scale



Felt welcome and
comfortable



78



Provider listened and
addressed concerns



82



Next steps clearly
explained



83



Helped reduce anxiety
while waiting



83



Likely to recommend VPIT



80

Strengthening the ED Front Door Through VTRN Integration

Reduces Front-End Delays

- by freeing bedside nurses from clerical triage work to focus on order execution and direct patient care

Improves Throughput

- by accelerating movement into care and streamlining the arrival process

Strengthens Patient Experience

- through earlier engagement and less repetitive, fragmented intake

Optimizes Staffing

- by shifting clerical triage responsibilities to virtual RNs, preserving bedside nursing capacity

Supports a More Sustainable Workforce Model

- by reducing strain, improving consistency, and lowering burnout risk

Signals of an improved Front Door



Earlier care

- ↓ Arrival to triage
- ↓ Triage duration
- ↓ Arrival to provider
- ↓ Time to first orders



Smoother flow

- ↓ Lab order to collection
- ↓ ED length of stay
- ↓ LWT / LWBS



Experience + Capacity

- ↑ Patient-reported experience
- ↑ Intake/triage completeness
- ↑ Bedside RN time freed for direct patient care
- ↑ Reliable virtual model

Success means care starts earlier, fewer patients leave, and onsite teams regain capacity.

Broader Operational and Financial Benefit

- Helps address nursing staffing shortfalls and reduce dependence on premium travel nurse staffing
- Mitigates frontline operational risk, as a significant share of current ED nurses are newer to the role and not yet triage-ready
- Strengthens VPIT performance by improving throughput, patient experience, and revenue recapture through lower LWOT and LWT rates
- Creates positive financial impact through avoided travel nurse spend, indirect savings from avoided turnover, lower recruitment costs, and improved staff productivity, and downstream hospital revenue recapture