

White paper

Shaping the Future of Healthcare Delivery: Virtual Nursing Adoption, Best Practices and Market Trends



The current adoption trajectory shows that 2024 will be the first year that a majority of U.S. hospitals and health systems surveyed¹ have of U.S. hospitals and health systems have a virtual nursing program in place. In the past few years, virtual nursing infrastructure and processes have been introduced to support hundreds of nursing units across the U.S., and many more organizations have expanded upon their initial efforts. This gives organizations exploring virtual nursing today an unprecedented opportunity to learn from those before them. These lessons enable organizations to accelerate their strategy, helping them to take swift and confident actions to adopt hybrid nursing staffing models as an instrumental part of addressing workforce challenges.

As adoption has spread, so have the lessons and perspectives around various issues that all organizations face when considering virtual nursing as the tip of the spear for broad care team transformation models. For example:

- How should tasks be divided and shared between virtual and bedside nurses?
- Will current staff see virtual nursing as a threat or an asset?
- How can clinical leaders gain and sustain buy-in?
- What are reasonable expectations for program benefits?
- What metrics are appropriate?

This white paper aims to help organizations answer those questions by sharing some of the lessons learned from early adopters and highlighting current market data and thought leadership around virtual nursing. It focuses on what virtual nursing has meant for the nursing profession, including its effects on daily workload, satisfaction, retention and recruiting. It includes results from early adopters and shares their tips for program design and change management to achieve ongoing success.



Is the virtual nursing adoption surge hype or reality?

Since the pandemic peak, much of the talk about virtual nursing has turned to action. From 2022 to 2023, the percentage of hospitals and health systems that were using virtual nursing to support at least one unit more than doubled, from 13% to 32%, and an additional 20% of those surveyed reported they planned to have a virtual nursing unit operational by the end of the year, which would raise the total to 52%.¹

As virtual nursing adoption has grown, so have its use cases and the scale of programs. Initial programs tend to start in one nursing unit. Results are analyzed, processes are adjusted, pilot projects become permanent and then virtual nursing is adapted and extended to additional units. Many hospitals remotely monitored their intensive care units before “virtual nursing” was a common term and a developed practice.

Today, the same model that supports virtual nursing is being used to support many more units and use cases including at-home care for pre- and post-surgical patient care, rounding, mentoring, dual sign off, medication reconciliation, chart auditing, patient education, intake and discharge processing and more.



52%

OF HOSPITALS AND HEALTH SYSTEMS PLAN TO HAVE AN OPERATIONAL VIRTUAL NURSING UNIT BY THE END OF 2024¹

As virtual nursing has matured, it has gained respect and acceptance throughout organizations that practice it and across the nursing profession. In recognition of virtual nursing's adoption growth and ongoing role, in 2023, the American Nurses Association (ANA) voted to develop a national policy for virtual nursing practices; the policy had not been released when this paper was published.



20%

OF CURRENTLY OR PREVIOUSLY
RETIRED NURSES WOULD
CONSIDER RETURNING TO THE
PROFESSION IF THEY COULD TAKE
VIRTUAL NURSING SHIFTS^{vi}

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Successfully integrating novel technology within healthcare requires involving stakeholders early, adopting a collaborative planning approach and providing transparent communication and comprehensive training. It is also important to tackle any doubts or misunderstandings head-on, emphasize advantages such as enhanced patient care and improved workflows and offer continuous guidance. Concentrating on these strategies can help organizations enhance the probability of effectively implementing and embracing new technological practices.

Kathleen McGrow
Global Chief Nursing Information Officer
Microsoft

To guide the policy, the ANA began taking membership requests for the new [Virtual Nursing Professional Issues Panel](#) in April 2024. This evolution coincides with the overall rise in virtual care delivery and hybrid care models. In the five years from 2019 to 2023, the percentage of surveyedⁱ U.S. hospitals and health systems that offered virtual care rose from 61% to 91%, and an additional 7% reported that they would have programs running by the end of 2024.ⁱⁱ

Hybrid, in-person/virtual care is here to stay and will likely grow. Concurrently, the nursing shortage is not expected to improve significantly.^{iii,iv} Virtual care advancements and persistent staffing shortages are among the leading drivers for the surge in virtual nursing program rollouts and expansions. Virtual nursing is a way for hospitals and health systems to improve satisfaction and work-life balance for staff while expanding care options for patients. Depending on their length of tenure, between 17% and 26% of currently working nurses want their employers to offer hybrid employment options that allow them to work some shifts virtually.^v Among currently or previously retired nurses, 20% said they would consider returning to the profession if they could take virtual nursing shifts.^{vi}



Workforce flexibility is just one of many reasons more organizations are exploring virtual nursing. At a higher level, the practice aligns with the need to develop new care models, expand access to care and innovate care delivery.

Virtual care has proven popular with patients, so expanding and enhancing it with virtual nursing is another option health systems can use to improve patient satisfaction. Intuitively, it seems logical that the digital-native generation and other digital enthusiasts would demand or at least be receptive to virtual care options. Empirically, a study^{vii} published by the Agency for Healthcare Research and Quality (AHRQ) found the Virtual Integrated Care (VIC) model for **virtual nursing improved patient satisfaction, quality metrics, financial metrics, safety and other measures, including 6.2% to 17.4% improvement in provider ratings for healthcare communication. The study also identified improved patient care outcomes,** including low incidence of catheter-associated urinary tract infections, pressure injuries, deep vein thrombosis and central line-associated bloodstream infection. It credited the model with preventing 1,400 errors over 2.5 years.



Staffing considerations

Whether their programs were motivated by improving care quality, patient experiences or something else, many health systems experienced with virtual nursing have cited staffing as one of the areas of most significant benefit. Hospitals and health systems have reported benefits both in recruitment and retention. The latter is especially important considering 20% of nurses working in 2022 were planning to leave the profession by 2027, the 2022 National Nursing Workforce Study found.^{vi} As noted, between 17% and 26% of nurses want the option to work at least some shifts virtually, according to the McKinsey study, which also found 31% of nurses were planning to leave direct patient care.

Virtual nursing is another asset health systems can use to help their efforts to prevent staff losses and to build new candidate pipelines. By offering virtual nursing, health systems can position themselves as progressive providers attuned to modern workforce preferences. Enabling nurses to work virtually enhances recruitment and retention in several ways:

- Because virtual nursing is less physically demanding than bedside nursing, a larger pool of nurses can fulfill their responsibilities. Reducing the physical workload can also extend careers: **16% of retired nurses said they would consider returning to nursing if they received more support for physical tasks.**^{ix}
- Programs that allow nurses to work from home could lead nurses to pick up short shifts since they could avoid the commute time. Virtual nursing is highly compatible with flexible shifts.
- When virtual nursing is introduced within an organization, it represents a new career path that may help retention. **One organization reported that 71% of its bedside nurses indicated an interest in training to work virtually after virtual nursing was rolled out.**^x
- Remote virtual nursing gives health systems a larger geographic area to draw candidates. This has proven especially beneficial for rural health systems acutely affected by the nursing shortage. **A multistate health system that serves vast rural areas suspended recruiting for virtual nursing positions because it was flooded with applicants** at a time when it was challenged to maintain full staffing for bedside positions.
- Virtual nursing infrastructure enables real-time collaboration between bedside and virtual nurses. A floor nurse that needs a dual sign off, has a question or needs another consult can instantly connect with a colleague from the patient's room without having to search the halls.

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Because we didn't have enough staff, we had to close beds and ORs, and we had several clinical areas that we were not using. Then we started implementing a virtual nursing model and many of our [other] hospitals asked, 'Please can we go next?' This model has regained some of that capacity that was lost, and that ended up being the most financially significant.”

Gay Landstrom
Chief Nursing Officer, Trinity Health

The ease of collaboration that virtual nursing enables facilitates other benefits, including addressing some leading contributors to burnout. The leading reasons nurses cited for leaving the profession in the National Council of State Boards of Nursing's (NCSBN) 2022 National Nursing Workforce Survey included understaffing, concern for patient safety, a lack of preparedness for entering the workforce and violence in the workplace. Virtual nursing may be able to mitigate these causes because of how it changes workflows and engagement with patients and colleagues.

ONE HEALTH SYSTEM REPORTED

73%

REDUCTION IN TURNOVER
RATES FOR RNS ON THE VIRTUAL
NURSING UNIT^{xvi}



McKinsey Health Institute researched nursing burnout with the American Nurses Foundation and developed recommendations that point to virtual nursing as a buffer to burnout. Its report noted, *"Process and operating-model shifts—in the context of ongoing broader shifts in care models—could enable organizations and care teams to evolve working practices to better support job satisfaction and sustainability... Evaluating and addressing structural aspects of the job that contribute to workload—for example, by identifying opportunities to delegate activities and enable nurses to use technology—could help support these themes."*

Bedside-virtual nurse collaboration and ease of communication also can reduce staffing concerns. Understaffing is related to the isolation and lack of support that some nurses feel; virtual nursing helps address that, too, as Gay Landstrom, chief nursing officer at Trinity Health, told session attendees at the 2024 American Organization for Nursing Leadership (AONL) annual conference. "In the virtual nursing model, people are not alone. And once they begin to feel like they're part of a team, they no longer have that isolation," she said. Closer collaboration also helps with care coordination and patient safety, an assertion supported by other findings from the VIC study referenced earlier.

Virtual nursing can effectively support training and ongoing mentoring. It can help new hires and early career nurses feel more comfortable in the workplace while making it easier for their more experienced colleagues to provide help or take on a formal mentoring role. **When retired nurses were asked to rank what employers could do to get them to consider returning to the workforce, "ability to serve as an educator" ranked second, cited by 34% of respondents, and "ability to mentor nurses" was third with 31%. (Flexible hours ranked first, cited by 46%).^{xi}**

In a follow-up assessment after implementing virtual nursing, one health system reported a 73% reduction in turnover rates for RNs on the virtual nursing unit and 55% less turnover among all employees on the unit.^{xii} One reason virtual nursing can reduce overall turnover is that nurses who prefer to work bedside often can spend more time with patients and less on charting and other administrative activities. The available time varies depending on how virtual-bedside nursing duties are divided; one 30-bed observation unit reported that introducing virtual nurses freed an average of 5.5 hours per day for the bedside staff.

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We have wound care nurses providing virtual consults to our critical access hospitals. Through virtual care technology, they can evaluate wound patients and make recommendations for immediate and effective treatment. This support helps keep patients in rural areas within their communities while optimizing caregiver resources.”

Theresa Trivette
System Chief Nurse Executive,
Valley Health

Care model considerations

Virtual nursing's value extends far beyond staffing ratios. Some virtual nursing programs have resulted in reduced nurse/patient ratios and others have increased them; in both cases, organizations have reported improvements in financial (e.g., ROI), quality (patient satisfaction, outcomes, average length of stay (ALOS)), efficiency (discharge time) and staffing (turnover) metrics. The value of a virtual nursing program comes from its planning—successful programs are built on workflows that are designed around each unit's specific needs and constraints.

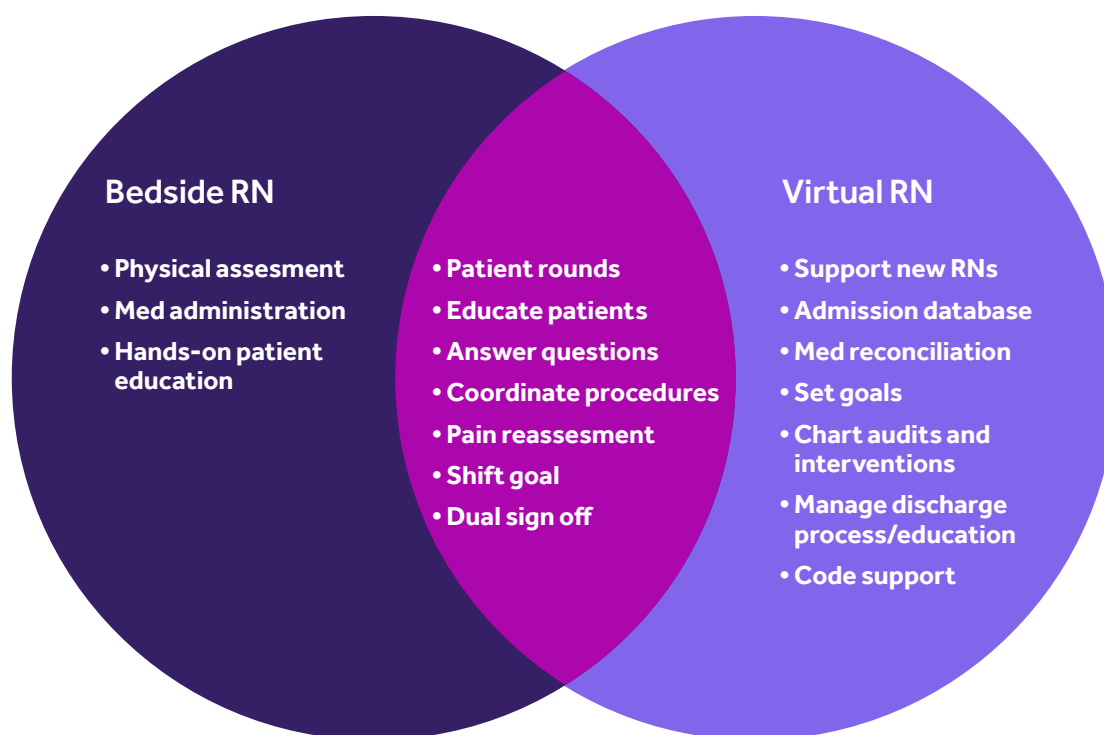
An important principle to guide planning is that virtual nurses are not intended to replace bedside nurses. Virtual and bedside nurses work together. That means defining roles and responsibilities, developing logical workflows and committing to organizational change management support are all essential for program success. Here is where working with experienced partners can uncover important insights and reduce time to value. Virtual nursing enables new ways of doing things that hospitals and health systems may not be aware of, so it is helpful to get perspective from a partner that has experience in ongoing, scaled virtual nursing programs and with different virtual care delivery models. Once the needs and workflows are understood, it becomes much easier to select virtual nursing technology and other supporting infrastructure.



We had to prove to our stakeholders and clinical end users—our nurses—this was not coming in to replace their jobs. We knew this was going to be a different innovative care model—something that was supposed to help us as a discipline and not something that was going to hinder or bring harm to us as a profession.

Murielle Beene
Senior Vice President and Chief Health Informatics Officer, Trinity Health

Sample division of responsibilities between bedside and virtual nurses



New virtual nursing programs should include a systematic approach to change management. A common element in successful programs is that leaders involved floor nurses early in the planning process rather than informing them of a program already designed. Planning teams should be represented by multiple functions, including nursing, other care providers (e.g., therapists, nutritionists, etc.), finance, IT, HR and training, and have participants ranging from front-line to executive staff.

For example, Valley Health's planning team included nursing supervisors, managers, direct care nurses, physical therapists, nutritionists, housekeepers and other roles that came into contact with patients and nurses. The team developed a phased program and made multiple changes to its virtual bedside processes based on feedback. Following phase I, the organization expanded its program, and the resulting processes are saving bedside nurses an average of 3.5 hours per shift because of the administrative and other support virtual nurses provide.^{xiv}

"Starting with a dedicated, flexible approach is essential," said Delores Gehr, MPA, BSN, RN, NEA-BC, CEN Chief Nursing Officer at Valley Health's Warren Memorial Hospital. "We incorporated feedback from every level of our nursing staff to help ensure that we designed a workflow that fit the needs of both our patients and nurses."

Saint Luke's Health System also used a multidisciplinary planning process and followed it with extensive emphasis on communication and training, including educating patients about virtual nurses and their roles. In Saint Luke's case, implementing virtual nursing raised the total nursing staffing level. However, it also increased capacity, as floor nurses could increase their patient load from four to five because of the virtual support they receive. The new processes led to a 20% overall response time improvement and a 44% increase in patients discharged before noon.

“At Providence, we have implemented our Co Caring model which includes the use of virtual nurses, marking a significant transformation in our care delivery approach. This journey has been a learning curve, and I deeply appreciate the bravery and adaptability shown by our frontline nurses in embracing this innovative model. We have devoted considerable time to discussions about the critical role of teamwork in ensuring seamless care delivery and enabling our caregivers to practice at the top of their scope.”

Sherene Schlegel
RN, BSN, FAHA, COO/CNO
Virtual Digital Health Providence



TIME IMPROVEMENT^{xvi}

3.5 hrs.

PER SHIFT TIME SAVED THANKS
TO THE ADMINISTRATIVE AND
SUPPORT ROLES PROVIDED BY
VIRTUAL NURSES

20%

OVERALL RESPONSE TIME
IMPROVEMENT

44%

INCREASE IN PATIENTS
DISCHARGED BEFORE NOON

“We have an amazing opportunity to revisit how we measure productivity by implementing new models of care aimed at reducing the total cost of care.”

Sylvain Trepanier
System Chief Nursing Officer,
Providence



To help the planning process, Teladoc Health has developed a comprehensive playbook that addresses needs assessment, setting goals, choosing metrics, structuring a team and considerations for technology evaluations. The playbook also includes suggested use cases, sample workflows, tips and templates for planning and change management, all based on years of experience with a wide range of programs.

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It's important to not let technology drive the conversation, but instead focus on transforming care delivery.”

Colleen Mallozzi
RN, MBA Senior Vice President,
Chief Nursing Informatics Officer
Jefferson Health

Now what?

In just the last few years, virtual nursing has changed considerably in the number of hospitals and health systems that use it, how it is used, how responsibilities are divided between bedside and virtual staff and where organizations are getting value. The importance of careful planning hasn't changed. Hospitals don't need to navigate these changes alone because now, more than ever before, they can learn from what others have done and work with experienced partners.

Teladoc Health has been a partner to many organizations that are making their transition into virtual nursing. Visit the [virtual nursing section of our website](#) to learn more about how we can help your organization advance care and meet its strategic goals.



ⁱ The survey received 109 responses. Teladoc Health “2024 Telehealth Adoption Benchmark Survey Report” January, 2024.

ⁱⁱ Data from multiple annual versions of Teladoc Health’s “Telehealth Adoption Benchmark Survey Report.”

ⁱⁱⁱ American Association of Colleges of Nursing “Nursing Shortage Fact Sheet” updated May 2024..

^{iv} Suran M. “Overworked and Understaffed, More Than 1 in 4 US Nurses Say They Plan to Leave the Profession.” JAMA. 2023;330(16):1512–1514. doi:10.1001/jama.2023.10055.

^v McKinsey.

^{vi} McKinsey & Company “How to bridge the experience gap by supporting nurses of all tenures” March 2024; results based on a joint survey conducted with the American Nurses Foundation.

^{vii} Kathleen Sanford DBA, RN, FAAN, FACHE; Sue Schuelke PhD, RN-BC, CNE, CCRN-K; Merton Lee, PharmD, PhD; Sarah E. Mossburg, RN, PhD “Virtual Nursing: Improving Patient Care and Meeting Workforce Challenges” August 30, 2023.

^{viii} As reported in Nurse Journal, November 10, 2023 “Hospitals Launch Virtual Nursing Programs to Address Workforce Issues.”

^{ix} McKinsey.

^x Teladoc Health case study “A virtual nursing program solving today’s workforce challenges—with scale for future sustainability.”

^{xi} McKinsey.

^{xii} McKinsey.

^{xiii} These results were provided to Teladoc Health by a partner that wishes to remain anonymous.

^{xiv} Teladoc Health case study “A virtual nursing program solving today’s workforce challenges—with scale for future sustainability.”

^{xv} Teladoc Health case study “Saint Luke’s Health System addresses nursing shortages and transforms patient care.”

^{xvi} Client reported data

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About Teladoc Health: Teladoc Health is on a mission to empower all people everywhere to live their healthiest lives. As the world leader in whole-person virtual care, the company leverages its 20+ years of expertise and data-driven insights to meet the growing needs of consumers and healthcare professionals across the full care continuum, at every stage in a person’s health journey.