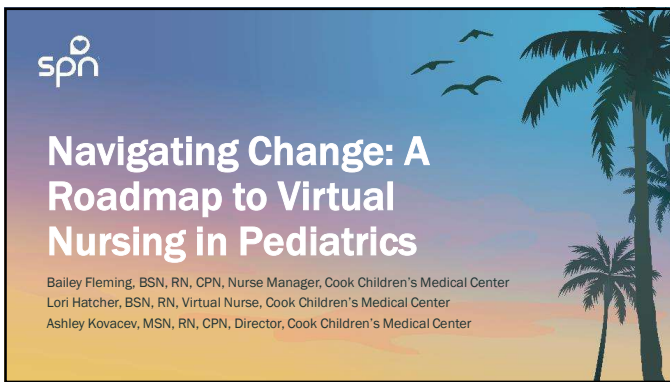
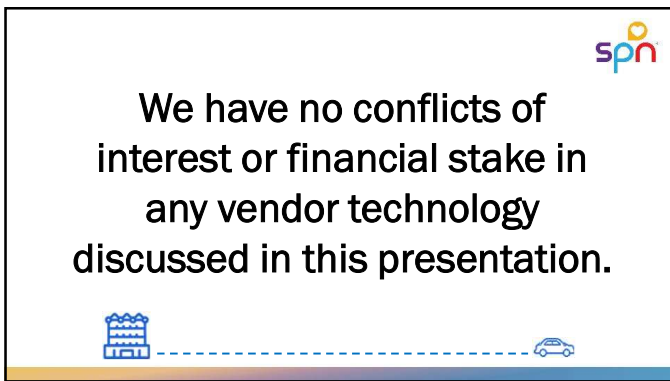




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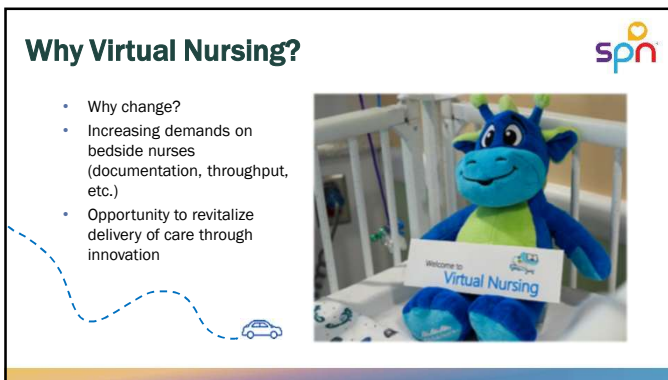
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Our Approach to Design



- Formation of a multidisciplinary team from both campuses:
 - Nursing leadership: managers, directors, VP's and CNO
 - Admit/Discharge Nurses
 - Bedside staff
 - Child Life specialists
 - IT/informatics
 - Clinical Educator
 - Family advisors



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Our Approach to Design: Key Activities




- Literature review
- Site visits to established programs
- Pre-implementation staff readiness surveys




8

Designing the Pediatric VIRN Model







- Focus on augmenting—not disrupting care delivery
- Built a model tailored to pediatric care:
 - Family-centered communication approach
 - Integration with bedside workflow
 - Defined roles and responsibilities



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Preparing for Go-Live


- Robust multidisciplinary planning
- Engagement strategies
 - Key stakeholder feedback
 - Staff and family resource sheets
 - Simulation Workshops
 - Virtual Nurse orientation binder
- Goals
 - Build buy-in
 - Identified barriers early
 - Drive engagement

VIRN Patient Education

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Virtual Nursing Go-Live



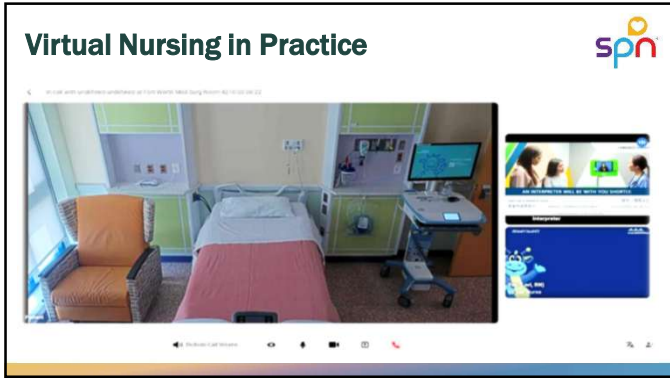
A collage of photos showing the go-live event for Virtual Nursing. It includes a woman on a video call, a nurse at a workstation, a patient in bed, and a group of people celebrating with balloons. A sign in the background says 'Go Live Virtual Nurses 11/04/2025'.

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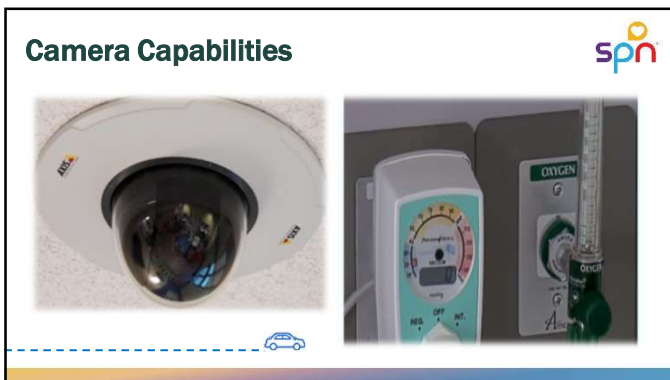
Technology and Workflow

Bed/Location	VIRN Prioritization	Patient Name	VIRN Tasks	Reassess Pain
4201	1	Patient, Annie 4 yo/F	Patient Ready for Discharge. (01/01/2026 2000 hours)	
4202	2	Patient, Billy 16 yo/M	Patient Ready for Admission. (01/01/2026 2015 hours)	
4203	2	Patient, Candy 18 mo/F		Reassess Pain 01/01 2100
4204	3	Patient, Daisy 2 yo/F		
4205	3	Patient, Edward 8 yo/M		
4206	3	Patient, Finn 10 yo/F		
4207	3	Patient, Gus 2 mo/M		

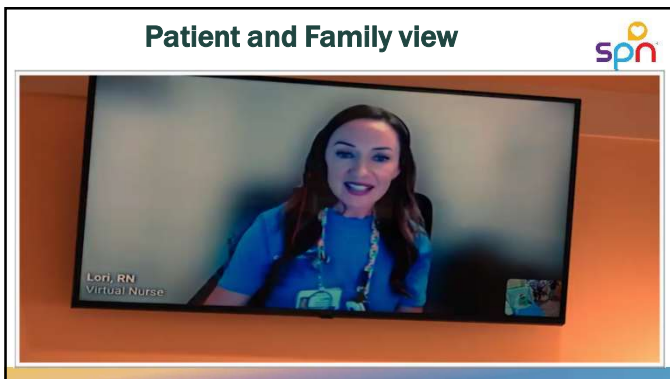
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Real-Life Scenarios



- Importance of educating patients and families on the role of the virtual nurse
 - Identify learning opportunities
 - Value of family centered care



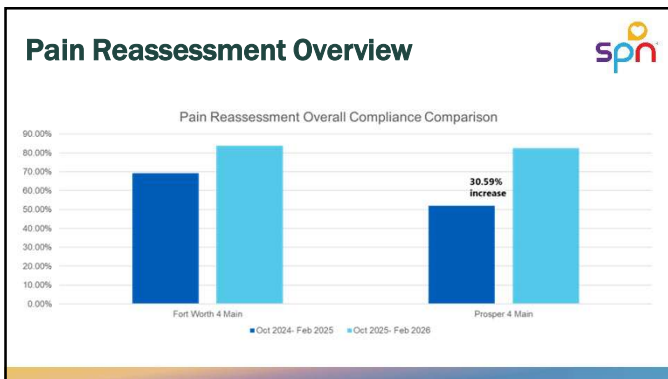
16

Measuring Success—Our Research Study

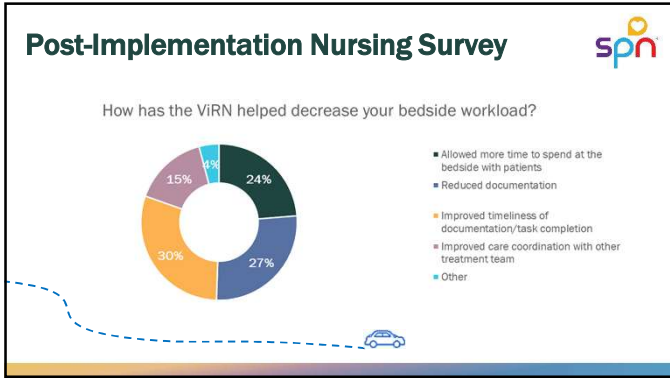
- Quasi-experimental pre-post mixed methods study
- Baseline period: October 1, 2024–September 30, 2025
- Intervention period: October 1, 2025–September 30, 2026
- Data sources: EHR and BI dashboard data, anonymous staff surveys pre-implementation, and then again at 6 and 12 months post go-live with both Likert-scale questions and open-ended responses



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Barriers and Lessons Learned




- Barriers
 - Workflow uncertainty
 - Technology adoption concerns
- Lessons learned
 - Early and frequent staff engagement is essential
 - Build relationships between unit staff and IT virtual health team
 - Explain the "why" early on
 - Be transparent-builds trust
 - Pilot, iterate and adapt
 - Leadership presence matters





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Scalability and Future State





- Opportunities to expand
- Sustainability considerations
 - Staffing models
 - Office space vs Remote setting
- Vision for the future




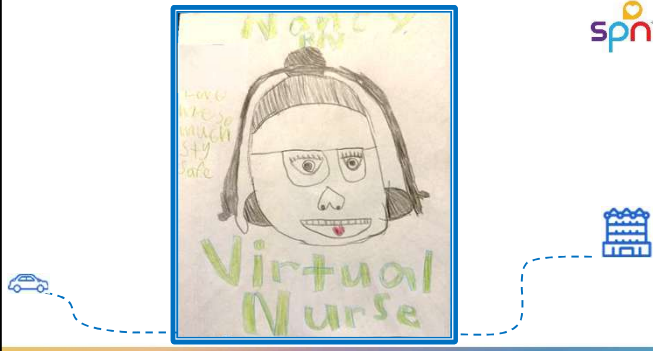
21

A Roadmap for Pediatric Organizations

- Key steps
 - Assess readiness and define problem
 - Build multidisciplinary team
 - Engage bedside staff early
 - Pilot and iterate
 - Measure outcomes and adapt



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Questions?

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Thank you!



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References



Johnson-Salerno, E., Rodriguez, S., Fausnaugh, J., Pillow, J. B., Haut, C., Carpenter, A., Johnson, N., & Mericle, J. (2025). Implementing a Virtual Nurse Model Pilot in a Pediatric Hospital. *The Journal of Nursing Administration*, 55(6), 335-342. <https://doi.org/10.1097/NNA.0000000000001585>

Thomas L. Nursing workflow redesign and technology are keys for virtual nursing success. *Nurse Leader*. 2024;22(4):453-456. doi:<https://doi.org/10.1016/j.mnl.2023.11.015>
