

## Grant Application

1	<b>Project Title</b>	<b>Virtual Nursing</b>
2	Clinical or Operational Area	Acute Care- Medical/Surgical/Oncology
3	Healthcare System	Hospital
4	Hospital or Entity Name	St. Peter's Health
5	Applicant Name	Heidi Abbott
6	Applicant Title	Director of Acute Care
7	E-mail Address	Habbott@sphealth.org
8	Telephone	406-444-2257
9	Mailing Address, City, State, Zip Code	2475 Broadway, Helena, MT 59601
10	<b>Please list the names and titles/roles of the additional members of the project team:</b>	
	<b>Name:</b>	<b>Title/Role:</b>
	<b>Carissa Petty</b>	Medical unit manager
	<b>Kelli Dailey</b>	Surgical/Oncology supervisor
	<b>Kari Koehler</b>	Chief Nursing Officer
	<b>Sonja Rulon</b>	Project manager
11	Name of Senior Risk Management or Corporate Insurance Representative	Michelle Rush
12	Mailing Address, City, State, Zip Code	2475 Broadway, Helena, MT 59601

**13. The issue being addressed involves the following clinical areas: (Check all that apply)**

- Ambulatory Care
- Emergency Services
- Hospital/System-wide Focus
- Obstetrics/Perinatal
- Radiology/Imaging Services
- Surgical/Peri-Operative
- Other (Please specify)

[Click or tap here to enter text.](#)

**14. Briefly describe the project and its importance to the organization: (two paragraphs maximum, please attach any supporting documentation)**

St. Peter's Health is pioneering the implementation of virtual nursing services, making us the first hospital in Montana to address the persistent challenge of nursing shortages in this innovative way. The virtual nursing model was developed pre-pandemic but has expanded in just the last few years, and are so new that nursing schools do not yet prepare nurses for this unique opportunity. A number of larger health systems across the country have trialed this model, but the model has not been trialed in the rural, smaller hospital settings and we are excited to trial and collect impact data and disseminate results to other similar rural regions.

Virtual Nursing equipment will be installed in all acute care patient rooms, portions of the Women and Children's department, and portions of the emergency department to aid in improving healthcare communication, reduce patient injuries and support nurses at the bedside. Inpatient nurses have received weeks of training preparing for go-live in late summer 2024. Virtual nurses will assist in completing administrative documentation with admissions and discharges, provide extensive patient and family education, and complete safety rounds per shift. Virtual nurses will help bedside nurses with timely responses to patient status changes therefore, improving patient outcomes, decreasing mortality rates and decreasing length of stays. Once implemented, the virtual nursing program will decrease our need for nurse travelers, increase retention, reduce a patient's length of stay, and reduce nursing turnover, overtime, and patient falls.

The mission of St. Peter's Health is to improve the health, wellness and quality of life of the people and communities we serve. With the implementation of virtual nursing, we will be able to keep our colleagues and patients safe, empower and invest in our people and drive excellence through innovation and continuous improvement.

**15. Describe how this project will improve patient safety or reduce the potential for liability. (one paragraph maximum)**

Virtual nursing will enhance patient monitoring by allowing continuous monitoring of patients. Healthcare providers will be notified quickly of status changes, allowing faster response times to prevent complications and improve patient outcomes. Virtual nursing will improve communication and coordination between patients and healthcare providers, which will help prevent errors in patient care. By handling admission questionnaires, virtual nursing can free up bedside nurses to focus on tasks that are more critical, allowing for earlier detection of issues. Virtual nursing also provides patient and families with educational resources about their conditions and treatments, improving their understanding and adherence to medical advice.

**16. What metric(s) will be used to measure progress and determine the success of this project?? (one paragraph maximum)**

The metrics that will be used to measure the success of virtual nursing will be adverse event rates (medication errors, falls, line infections), readmission rates, mortality rates, length of stay, patient satisfaction, staff satisfaction, and regulatory compliance.

**17. Please describe the tangible results of the project that can be quantified and shared as best practices with other AEIX members? (one paragraph maximum)**

It is expected to see a reduction in medication errors, patient falls, and other adverse events. It is anticipated that the length of stay will be reduced. Nursing productivity will be increased and higher patient satisfaction scores will be received. Increased staff satisfaction and reduced burnout will result in better staff retention rates and decreased turnover.

**18. Please provide a financial estimate of the project**                      \$2,000,000 annually

**19. What is the expected timeframe for completion of this project?**

The implementation phase is 3 months and services will be ongoing thereafter.

**20. Is this project based on successful practices evaluated from literature or other healthcare providers?  Yes  No**

**21. Is this project based on an original concept created by the project team?  Yes  No**

The concept of virtual nursing is not an original concept created by the project team, but we are the first hospital in Montana to trial this approach and the project team has been on the leading edge of developing the approach to rolling

it out in a smaller hospital system such as ours and accounting for the unique challenges this intervention may have with our rural populations.

22. Do you have plans to publish the project results in a professional publication or networking forum?  Yes  
 No

23. Is there anything else you'd like to share about this project?  
Click or tap here to enter text.

**Signatures required to submit this application**

**Primary Clinical Sponsor** (The individual responsible for monitoring progress of the project, submitting receipts and other documentation supporting the use of grant funds, and will provide a summary report of the project outcome)

<u>Kari Koehler</u>	<u>CNO</u>	<u>8/7/24</u>
Signature	Title	Date

**Alternate Clinical Sponsor** (The individual responsible for supporting the responsibilities of the Primary Clinical Sponsor, and assuming those responsibilities if the Primary Clinical Sponsor is unable to fulfill the requirements of the project)

<u>Heidi Abbott</u>	<u>Director of Acute Care</u>	<u>8-7-24</u>
Signature	Title	Date

**Senior Risk Management Leader**

<u>Michelle Paul</u>	<u>Corporate Compliance &amp; Risk Officer</u>	<u>8/12/2024</u>
Signature	Title	Date

**CEO or CFO of Applicant's Healthcare Facility**

<u>Nick</u>	<u>Chief Financial Officer</u>	<u>8/12/2024</u>
Signature	Title	Date

Thank you for completing the application. Please follow these next steps.

- Save this document in Word format and gather your supporting documentation.
- Forward the application and documentation to your senior risk management leader or corporate insurance representative. *They will need to complete and sign the Evaluation of Awards Application Form on the final page of the application before submitting it to American Excess Insurance by **Friday August 16, 2024.***

# Evaluation of Grant Application

The evaluation must be completed and signed by the senior risk manager or corporate insurance representative. Please evaluate the Award Application by indicating the best answer to the question.

**1. How will this project improve safety and/or reduce liability?**

- Little effect on safety and liability (1)
- Some improvement but metrics are not defined and/or it is not clear that measurable effect can be sustained (2)
- Strong effect with clearly defined metrics (3)

**2. What is the potential to share this project or practice with other AEIX members?**

- Little potential – i.e. *implementation requires major budgetary commitment, topic is highly specialized, and/or metrics are not clearly defined* (1)
- Some potential but process may be hard for another organization to implement, and/or its application may be limited  
- i.e. *major budgetary commitment, topic is highly specialized, and/or metrics are not clearly defined* (2)
- Strong potential for producing best practices (3)

**3. What level of impact will this project or practice have on the severity of risk exposure?**

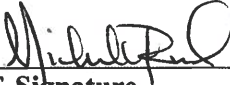
- Little chance of impacting severity of risk but could address other issues (1)
- Some potential to impact risk exposure (2)
- Strong ability to impact severe malpractice exposure caused by significant risk events (3)

**4. What level of innovation best describes this project?**

- Project/practice is new to this organization and is based primarily on firmly established best practices (1)
- Project/practice was created primarily by applicants with some assistance from an outside vendor and contains well-established best practices with additional innovative features (2)
- Project/practice was created solely by applicants and could be included in established literature or industry best practices (3)

**5. Share your comments or recommendations.**

I recommend AEIX financially support this project and share results with AEIX membership.

	Corporate Compliance & Risk Officer	8/12/2024
<hr/>	<hr/>	<hr/>
<b>E-Signature</b>	<b>Title</b>	<b>Date</b>
 406 447 2593	 mrush@sphealth.org	
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<b>Phone</b>	<b>Email</b>	

Send the completed application in Word format, supporting documentation, and signed evaluation to [lana\\_taylor@premierinc.com](mailto:lana_taylor@premierinc.com) by *Friday August 16, 2024*.

**Thank you for your submission. In continued pursuit of our mission and vision to partner with forward-thinking healthcare leaders, inspire innovation, and provide the leading pathway for managing risk, we may share your project with other members of American Excess. However, this project will not be shared outside of the American Excess Insurance membership without your prior consent.**