



A transformation roadmap for nurse leaders

Reimagining the future of nursing care delivery





Hospitals and health systems are piloting multiple nursing care delivery models

Three featured in this paper appear to be gaining traction in addressing healthcare's challenges:

- 1 An enhanced version of team-based care
- 2 Virtual nursing that takes full advantage of technology advances and standardized care practices
- 3 Specially trained and incentivized internal float pools

A look beyond the current nursing shortage

The nationwide nursing shortage was already prompting health systems and nurse leaders to rethink their nursing care delivery models due to longstanding issues such as an aging workforce, increased patient acuity and high burnout rates among nurses well before COVID-19.

While the pandemic and the shortage are powerful catalysts for change, underlying challenges have been building in the system for over a decade.

Every aspect of a health system must eventually respond to those challenges. As the largest healthcare workforce, nursing is especially critical to making change work. Therefore, devising new ways to onboard, engage, and retain nurses is an absolute imperative if hospitals and health systems hope to efficiently and effectively provide high-quality patient care.

But it's not just hospitals and health systems that must change. Nurse leaders must be prepared to move beyond current thinking about how best to care for their patients. They must commit to helping craft care delivery models that serve patients while giving nurses the type of job satisfaction that attracted them to the profession in the first place, working within the reality that no model should be considered plug and play. Every organization needs to plan to tailor its model based on its patient population and the system's needs.

This paper explores the pros and cons of a few of those models, as well as ways to deploy a carefully planned strategy to help ensure that hospitals and health systems can successfully implement the changes.

Care delivery change drivers

The reasons to change nursing care delivery models have existed since long before the COVID-19 pandemic and the current nursing shortage.

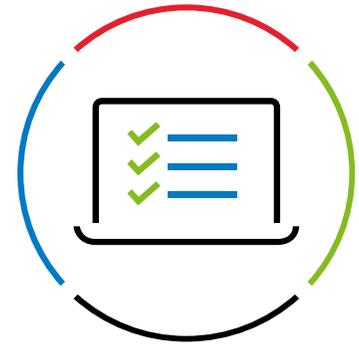
Drivers include:

- ✓ Increased acuity of hospitalized patients
- ✓ New payment models that focus on value-based care and penalties for avoidable readmissions
- ✓ A push to move some lower acuity patients into post-acute care facilities, the community, or home
- ✓ The need to get trusted, current, evidence-based clinical information and continuing education to nurses in a timely and convenient fashion
- ✓ Increased emphasis on programs that address the physical and emotional resilience of nursing staff
- ✓ The constant struggle to maintain a healthy financial bottom line

Aligning care models with competency-based frameworks

The heart of any care delivery model is getting the right care to the right patient at the right time. Healthcare organizations seem especially focused on three new or modified care delivery models that have enormous promise to do just that:

- ✓ A version of team-based care that is not just focused on registered nurses (RNs) and patient care partners, but instead embraces all members of the healthcare workforce
- ✓ Virtual nursing combining the latest technology and experienced nurses to complement the work of onsite healthcare teams and support new nurses
- ✓ Internal, cross-trained, floating nurse teams that understand the health system's culture and systems so they can ensure the highest quality, most efficient care possible when gaps or unanticipated needs inevitably emerge



What is clinical competency?

The knowledge, skills, attitudes, and behaviors that nurses need to provide safe and effective patient care

Models differ depending on patient population

The models may differ depending on each hospital's unique culture and the patient population. Yet regardless of care setting, successful implementation depends on nurses having the right skill sets for each particular care setting and, in an ideal world, each particular patient. This is a concept known as competency-based care delivery.

Clinical competency consists of the knowledge, skills, attitudes, and behaviors that nurses need to provide safe and effective patient care. Research supports a positive correlation between nursing competence, patient safety scores, and patient satisfaction.¹

Because moving to any new nursing care delivery model will depend on aligning competencies, forward-thinking nurse leaders have already made strides advancing competency-based care.

Still, competency-focused training and professional development that align with the goals of evolving nursing care models remain a challenge. Add hurdles that include rigid hospital cultures, barriers to nurses being able to work to the top of their licenses, and, yes, the shortage of nurses, and it's clear that true competency-based care delivery that ensures consistent delivery of high-quality care demands a carefully planned and executed strategy.



Cleveland Clinic responds to nurse burnout

During the COVID-19 pandemic Cleveland Clinic responded by acting quickly to support its nurses and other caregivers.²

Cleveland Clinic not only used pulse surveys to learn how to promote caregiver wellness during an extremely stressful time, but among other initiatives, it also created an Office of Caregiver Experience to unify its 70,000 caregivers system-wide and established a governance council that represented different constituents and disciplines across the organization.

Fostering a culture of ‘intelligent’ change

An equally important key to successful implementation of new care delivery models is creating a nursing culture that is fully engaged and vested in exploring ways to continuously improve patient care. This includes an openness to innovation: to testing new models, rigorously analyzing results, and being willing to acknowledge when something is not working so you can move on to something more promising.

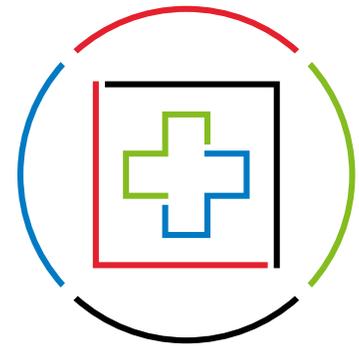
After all, when nurses have a genuine stake in the way their hospital operates, they often become innovative change leaders, not least because of their relationships with patients and first-hand knowledge of what’s working and what’s not.

Change experts know that going to the people closest to the work to solve problems is a core tenet of quality improvement. That’s why retaining and motivating nurses has become top of mind; engaged and experienced nurses can make all the difference in ensuring changes to care delivery models that lead to quality improvements and high-value care.

Pay, of course, has a role in retention and in keeping nurses engaged, but the most forward-thinking approaches to nurse retention also offer the types of job satisfaction that nurses have long craved and deserve.

Factors in retaining an effective nursing workforce fully invested in optimization of care delivery include:

- ✔ more control over working hours and conditions
- ✔ participation in shared governance
- ✔ thoughtful mentoring and training of newly graduated nurses as well as of those new to a care setting
- ✔ opportunities for learning and career advancement
- ✔ opportunities to lead quality improvement initiatives



Shared governance improves outcomes

Shared governance empowers frontline nurses to lead practice excellence, emphasizing principles such as ownership, accountability, and autonomy

This decision-making model has been linked to improved quality outcomes and enhanced staff engagement.

Many of those ideas, of course, track closely with the American Nurses Credentialing Center's (ANCC's) Magnet Recognition Program® – a roadmap to clinical excellence aimed at aligning an organization's nursing strategic goals to improve patient outcomes. But a hospital or health system doesn't need official ANCC recognition to implement those commonsense ideas, which have shown the ability to improve patient care along with nurse satisfaction and retention.³

Numerous articles have demonstrated that such shared governance can have a genuine, positive impact on both nursing satisfaction and improvements in patient care. One article in the *Online Journal of Issues in Nursing*⁴ found that shared governance's ability to drive sustainable action planning for improvement has led to improved outcomes.

Thus, fostering a culture in which the nursing workforce is motivated and engaged is a critical first step in transforming care delivery. Again, this will look different in every setting, but absent the creation of such a culture, even the best ideas are likely to fail.





Team-based care reimagined

Even as hospitals and health systems work to create a culture receptive to change, they can also begin testing new care delivery models. A new version of team-based care can be a good place to start.

To date, team-based care has typically focused on addressing the registered nurse (RN) shortage, increased patient acuity and an increased percentage of less experienced nurses. In a number of settings, hospitals and health systems have deployed experienced RNs to oversee care being delivered by less experienced RNs, licensed practical nurses (LPNs), and unlicensed assistive personnel (UAPs).

The model assumes that each RN can oversee more patients if that person has the support needed. As Allegheny Health Network has demonstrated, such nursing-focused, team-based care can do more than just stretch a nursing workforce strained by the current shortage; it can also lead to important value-based care results, like reducing length of stay.

That is certainly encouraging, but team-based care can have an even greater impact as a broader concept,⁵ one that looks beyond nursing to draw on physicians, nurses with diverse levels of training, pharmacists, physical therapists, occupational therapists, respiratory therapists, social workers, and patient care technicians.

Such teams of professionals can ensure that all caregivers are reading from the same playbook for each and every patient. While more studies are needed, a number have shown encouraging results.

Allegheny Health Network's team-based care delivers results

During the past decade or so, in the wake of research demonstrating that patients do better when under the care of bachelor's degree-prepared RNs, many hospitals cut back on LPNs. During the pandemic, Allegheny Health Network began to reverse that trend by doubling the percentage of LPNs in the inpatient setting as a way to improve patient care by leveraging their distinct skills sets.⁶

The organization piloted a blended nursing model for busy med-surg units, on rehabilitation floors, and in orthopedics departments, which required adjustments to team dynamics and compensation models. In those settings, an RN leads each team, which also includes an LPN and a nursing assistant. They divide responsibilities based on

their skill sets and stay in constant communication in caring for their patients.

The initiative involved RNs leading teams with LPNs and nursing assistants to improve patient care by leveraging their distinct skill sets. It was initially piloted in various units such as med-surg, rehab, and orthopedics.

The team-based model has delivered results. As Allegheny rolled out a hospital length-of-stay initiative, units with the blended nursing model delivered some of the best results, according to the system with improvements in clinician wellness, engagement, and nursing-sensitive quality indicators.



A 2021 study⁷ in the *Journal of General Internal Medicine* found, “Veterans receiving care in clinics with greater implementation of team-based care had statistically significant lower rates of hospitalization.” A 2019 systematic review of the literature in the *Journal of Patient Centered Research and Reviews*⁸ found, “Overall, 57% of the studies identified a statistically significant improvement in patient satisfaction associated with team-based care.”

That’s not to say such an approach is easy. There are numerous challenges that health systems must overcome to make team-based care work, and **the National Academy of Medicine has identified five core principles for success:**

1. Shared goals

The team establishes shared goals that reflect the priorities of the patient and family. The goals are clearly articulated, understood and supported by all team members.

2. Clear roles

There are clear expectations for each team member’s functions, responsibilities, and accountabilities.

3. Mutual trust

Team members trust one another and feel safe to admit a mistake, ask a question, offer new data, or try a new skill without fear of embarrassment or punishment.

4. Effective communication

The team prioritizes and continuously refines its communications skills and has consistent channels for efficient, bidirectional communication.

5. Mutual processes and outcomes

There is a reliable and ongoing assessment of team structure, function, and performance that is provided as actionable feedback to all team members to improve performance.



57% improvement in patient satisfaction

A 2019 study found a significant improvement in patient satisfaction associated with care delivered in a team-based model.⁷



Actionable steps to take for successful, outcomes-driven team-based care

✔ Cultivate inspired leadership that creates a culture of collaboration

Nursing leadership must work with nursing staff at all levels to learn how to collaborate effectively with each other and across disciplines. Indeed, the movement toward interdisciplinary care delivery involves integrating various healthcare professionals – such as physicians, nurses, social workers, therapists, and other specialists – into a cohesive care team.

These teams work collaboratively to provide holistic, patient-centered care that addresses the diverse needs of patients.

✔ Centralize nurse onboarding

Having the right people on each team matters, so health systems must efficiently and cost-effectively build teams, fill vacancies and onboard new nurses. A dedicated, centralized unit helps, and especially when grounded in a predictive model that gives nurse leaders the analytical arguments they need to ensure safe staffing levels.

✔ Train and assess

Again, competency-based care delivery is intimately tied to being able to track nursing competency, evaluate nurse-learning needs, and provide all necessary remediation. The technology we described above can be invaluable in that regard.

✔ Move beyond a rigid focus on nurse-patient ratios

Research shows that for years nurses have tended to focus on nurse-patient ratios, but it can't be a one-size-fits-all approach.

For example, in a neurology unit, having a higher percentage of support staff and, perhaps, a lower RN-patient ratio might make sense given the needed skill sets. This frees up RNs for other needs more appropriate to their training.

Every setting could benefit from an in-depth analysis of ways to best meet patient needs.

✔ Work to ensure all nurses can work at the top of their license

Executing team-based care efficiently depends in part on all clinicians working at the top of their licenses, with advanced practice nurses a particularly important piece of the puzzle.

This can be both a political challenge on a state-by-state basis and a cultural problem at individual hospitals, health systems, and communities.

Yet as noted in above, understanding each professional's training and what they are qualified to do frees up everyone on the team, so no one is burdened by unnecessary work that can be completed by those with a different type of training.

Virtual nursing reimaged

Virtual nurses who supplement on-site teams can significantly enhance team-based care. Having nurses work remotely is not a new idea, but new technologies and the desire to retain experienced nurses who are ready to leave the bedside have revitalized the virtual nurse concept.

For example, the use of remote nurses to offer discharge instructions and education to patients, to monitor at-risk patients, and to monitor and bridge the experience gap with novice nurses are models that are beginning to gather steam.

Both Providence healthcare system and Allegheny Health Network have rolled out in-house digital nursing teams in the past couple of years.⁹ At Allegheny, digital nurses partner with bedside nurses by using remote communication technologies like a smart TV or smart pad to more efficiently interact with patients, ask and answer questions, provide education, and complete admissions and discharges. Shifting some of these time-consuming duties to digital nurses frees bedside nurses to concentrate more on in-person patient care.

Mayo Clinic is using the virtual nurse concept, in combination with home visits to offer acute-level, inpatient-quality care to people in the comfort of their own homes.¹⁰ The program is designed for those who are sick enough to be in a hospital setting but not so sick that they need surgery, invasive procedures, or advanced imaging. The desired outcome is that managing these patients at home can avert unnecessary admissions or readmissions while improving throughput in what are often overcrowded inpatient facilities.

Because the data is only beginning to trickle in, these virtual nursing innovations will require careful attention and rigorous measurements of the effects on both care quality and costs. But the promise is there.

Many health systems hope that deploying virtual nurses will ease the ongoing workforce crisis

By offloading administrative tasks or delegating specific care responsibilities to the virtual nurse, bedside nurses receive more time for direct patient interactions.

Parkview Health deploys experienced critical care nurses

Parkview Health critical care nurses monitor patient data remotely to detect early signs of sepsis development, which is the most frequent cause of hospital deaths.¹¹

The virtual nurses notify bedside nurses and providers to initiate sepsis intervention care in a timely fashion. Parkview also uses specially trained

virtual care technicians who use continuous video monitoring for patients at risk of falling or other harm.

The technicians can rapidly intervene or redirect patients via the system's microphones, and can also notify staff about concerns or emergency situations.





Float pools maximize flexibility and quality care

Internal float pools help hospitals manage costs and reduce the burden on permanent staff by allowing them to shift nurses and other clinical staff where needed based on demand.

Internal float pools reimagined

One of the things the nursing shortage forced was an outsized reliance on traveling nurses from external agencies. Not only is that reliance an expensive proposition for hospitals and health systems, but also it demands constant orientation of nurses unfamiliar with local practices and cultures.

Some, like Allegheny Health Systems, have responded to the use of traveling nurses by creating their own internal float pools to reduce reliance on outside agencies, fill gaps with a group of nurses committed to and familiar with the particular hospital and its mission, and offer nurses more flexible work options.¹² Allegheny hopes its program will attract nurses who permanently left the health system for travel work and lure new nurses and current traveling nurses.

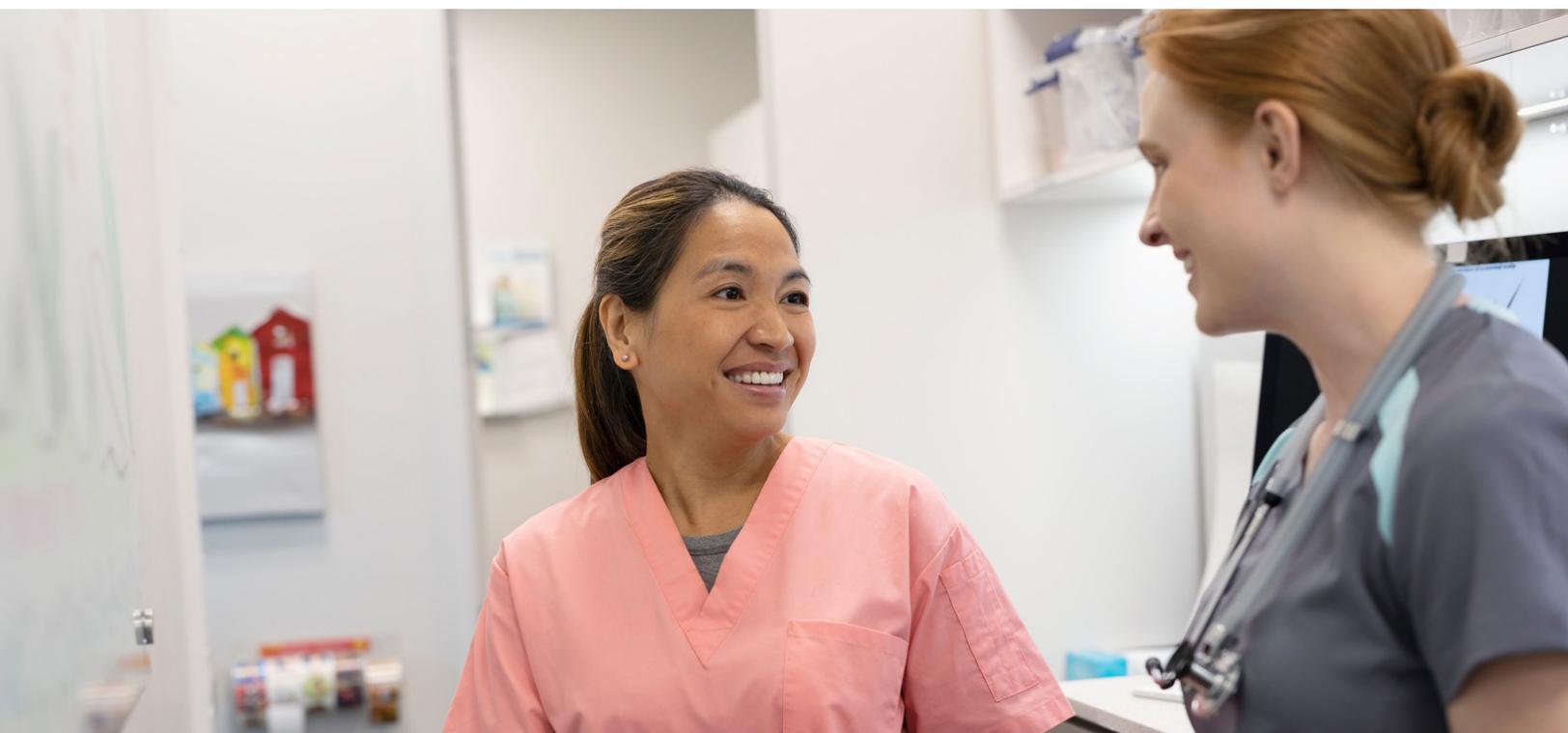
In theory, internal float pools offer the potential for cost savings, a more stable workforce, and improved care. But they also bring a number of challenges.

For one, nurses would have to undergo a considerable amount of cross-training so they can move comfortably between various units and safely deliver care. In addition, a larger health system may need to create a series of regional teams that adhere to certain universal standards but that are also tailored to local or regional needs.

Finally, even though such positions are more flexible, they are also more unpredictable and can be more demanding clinically when nurses are frequently shifting from unit to unit. Consequently, attracting and retaining people to join the float pools could require financial or other incentives.

Such incentives come with their own sets of complications, including “poaching” from within to build these pools, which can lead to pushback. Consider a scenario where nurses who once worked on the same unit now have different salaries but may still be working side by side when the first nurse’s unit has a long-term vacancy filled by a former colleague who is now a floating nurse.

To ease or avert these types of conflicts, a thoughtful rollout, with constant communication and input from the system’s nurses, is essential.



The role of technology in advancing new care models

Balancing agility and alignment is still being mastered in healthcare organizations as they adopt new ways of delivering care in order to relieve pressures and care for an increasingly chronic patient population.

Today's organizations will benefit from making intelligent use of advanced, evidence-based technologies for the bedside and software that delivers professional development content to help increase nursing competencies and build a culture of learning.

Of course, healthcare is rife with stories of poor technology decisions and implementations that served to complicate caregivers' professional lives. To avoid those types of outcomes, leadership must solicit feedback from end users and experts to ensure that any technology truly creates efficiencies, automates manual tasks, saves time, and/or gets people the information they need when they need it.

Consider three use cases:

- 1 The delivery of evidence-based clinical decision support at the point of care and continuing education are important components of competency-based care delivery in that it gives nursing staff what they need to make complex care decisions with confidence, while also mitigating risk, reducing care variability, and improving care quality.
- 2 Creating effective team-based care and internal float pools requires visibility into an entire workforce and the ability for on-demand clinical education that facilitates training needs. Being able to automate the delivery and assessment of observational skills checklists during orientation together with annual assessments has numerous benefits, including contributing to nurse engagement and satisfaction by keeping nurses up to date on what they need to know and by easing the administrative burden on preceptors and educators.
- 3 Virtual nursing requires reliable technology to monitor and communicate with patients, fellow nurses, and the broader care team.



Nurses hold the key to successful transformation of care

The pressures on hospitals and health systems to reimagine their nursing care delivery models are both acute (the pandemic and the current nursing shortage) and chronic (the pressures that have been building for some time).

The use of new care delivery models to ease the pressures relies heavily on nurses, the heart and soul of patient care.

As hospitals and health systems experiment with new versions of team-based care, virtual care, and internal float pools, they would do well to engage nurses throughout the process because making sure that nurses are invested in the changes offers the best chance for sustainable success.



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About the Author

Bethany Robertson, DNP, CNM, FNAP, is Clinical Executive for Wolters Kluwer Health Learning, Research, & Practice. Additionally, she is a professor at a nationally ranked private institution. Previously, she served in executive leadership roles within a large integrated health system.

In her previous role as a Vice President and Chief Learning Officer, Dr. Robertson provided a strategic vision for the organization's learning function, facilitating strategic initiatives through change management, system resource alignment, cultural transformation, and educational design. In her role, she oversaw all the onboarding programs for new graduates. She was intimately involved in building relationships with academic institutions to create innovative opportunities to solve workforce development issues.

Additionally, Dr. Robertson's academic research has focused on quality and safety in healthcare, specifically the science of teamwork and how it relates to performance, communication, and excellence in the healthcare profession. Her clinical background as a Certified Nurse Midwife guided her application of teamwork training in the discipline of obstetrics. Her work in building academic practice partnerships to develop efficient and cost-effective pathways occurred when she was in executive positions in the healthcare sector as well as in her academic role where she received funding from the Health Resources and Services Administration (HRSA) and the Bureau of Health Workforce, specifically the Advanced Nursing Education-Nurse Practitioner Residency (ANE-NPR) program grant.

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