American Hospital Association™

Advancing Health in America

KNOWLEDGE EXCHANGE

Building a Sustainable Future Health Care Workforce

Creating agile and people-centered health care systems

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Introduction

Building a Sustainable Future Health Care Workforce

Creating agile and people-centered health care systems

The future of health care isn't about working harder — it's about building systems that empower people and ensure that patients receive timely, high-quality care. Today's challenges — staffing shortages, care complexity and financial strain — are deeply interconnected and demand holistic solutions. When the right data, tools and workflows reach the right people at the right time, teams work smarter, move faster, and improve patient and staff experiences. Leading organizations are redesigning health care from the bedside out, leveraging technology, intelligent infrastructure and cross-functional alignment for stronger performance. This Knowledge Exchange e-book explores how aligning workforce management, care delivery and revenue cycle operations can create a more agile and people-first health care system.

Strategic Initiatives

8 executive-tested strategies for a sustainable, people-centered care model

1 | **Pilot and scale virtual nursing to support bedside teams.** Measure impacts on nurse retention, overtime hours and patient-experience scores before expanding systemwide.

2 | **Redesign workflows with EHR-device integration.** Deploy an initiative to connect your electronic health record to IV pumps, bed alarms and mobile charting tools; track reductions in manual clicks, documentation time and workflow bottlenecks to justify further investment.

3 | **Deploy AI-powered documentation support.** Select pilot units to implement natural-language and template-driven artificial intelligence tools for nursing and physician documentation; compare time to record, error rates and clinician satisfaction pre- and post-implementation.

4 | **Expand and evolve nurse residency programs.** Strengthen nurse residency by formalizing cross-unit rotations after 12 months and set quarterly targets for retention and specialty transitions to build a versatile, career-focused nursing workforce.

5 | **Optimize the revenue cycle with robotic process automation to reduce manual effort and errors.** Establish a revenue cycle center of excellence to centralize expertise, enforce governance, and drive continuous improvement in denial management, charge capture and appeal letter generation.

6 | **Automate talent acquisition and shift bidding.** Implement AI scheduling tools to cut interview setup to less than one hour, reassign administrative full-time equivalents to strategic human relations functions, and roll out a self-service, shift-bidding platform that fills open shifts seven days in advance.

7 | **Invest in local workforce pipelines.** Partner with regional high schools and community colleges to fund certified nursing assistant and licensed practical nurse training programs, using sponsorships over sign-on bonuses; and set enrollment and graduation goals to secure rural staffing sustainability.

8 | **Shift from reactive crisis management to proactive planning.** Deploy real-time dashboards for open positions, staff-absence patterns and emergency department throughput, and leverage predictive analytics to forecast callouts and optimize scheduling.

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MODERATOR SUZANNA HOPPSZALLERN *(American Hospital Association):* Staffing shortages, workflow inefficiencies, documentation burdens and financial pressures often form a complex web of challenges for health care organizations. How is your organization navigating these interconnected issues across clinical care, operational processes and financial strategy?

DENISE MIHAL *(Novant Health):* When it comes to staffing, we're exploring new models, technologies and virtual nursing. We're also working to better integrate our electronic health record (EHR) with everyday tools, like IV pumps and bed alarms, in what I call a "decongestant" approach to streamline workflows. We're piloting adding virtual nursing supports with vendors offering impressive innovations, like automated vitals and dietary tracking at the bedside. These tools save time and reduce workload, but the challenge is funding room integration; it's not universally feasible.

Financial partners sometimes assume that adding telesitters or artificial intelligence (AI) means that nurses can manage higher patient ratios. That's simply not realistic. No technology replaces the hands, eyes and ears of a nurse at the bedside. We can augment care and help nurses work at the top of their licenses, but it doesn't mean we can do more with fewer nurses.

BEATRICE MILLER *(Luminis Health):* The challenges we face are multifaceted. The nursing shortage is real and hiring enough staff remains incredibly difficult. We've implemented virtual nursing, which has helped support bedside nurses without changing our nurse-to-patient ratios. Slightly more than half of our nursing units have virtual nursing; in those units we have found that retention is higher, nurses work less overtime and patient experience scores have improved. It's made the workload more manageable, but bedside nurses are still essential. The right staffing ratio depends on how well we integrate support — techs, virtual monitoring and teamwork. Reducing turnover is critical; each nurse who leaves costs around $50,000, so retention alone brings substantial savings.

Physicians also value virtual nursing, which can help with their own retention. But for technology to work, the whole care team has to embrace it.

Documentation, even with electronic systems, can still be burdensome. We need to find ways to ease that load so nurses can spend more time with patients, not just documenting care.

HELEN STAPLES-EVANS *(Loma Linda University Health):* Virtual nursing is becoming a game-changer for admissions and discharge education, helping us manage high patient volumes and reducing emergency department (ED) wait times. For example, by moving discharge education, especially for complex cardiac cases, to our discharge lounge, we're able to free up inpatient beds more quickly and improve patient flow. While this approach hasn't been fully implemented yet, early results are promising.

COVID-19 hit us hard, prompting the launch of an adult nursing residency program alongside our long-standing pediatric one. We've trained about 1,500 nurses, and our retention rates are strong. To support career growth, we now offer nurses a chance to explore other units after a year, which has led to successful transitions across specialties.

Documentation remains a significant burden. We're actively working to streamline our processes, identifying areas where automation could reduce manual input and piloting AI tools on several units to help ease that load. These efforts are part of our broader strategy to enhance care delivery and operational efficiency.

BEATRICE MILLER | LUMINIS HEALTH

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TERRIE HANDY *(Legacy Health):* Financial sustainability is a major concern for every provider and at Legacy, we've taken a strategic approach. Since 2019-2020, we've built a dedicated pillar focused on revenue and reimbursement, supported by a small but powerful team. We target opportunities like charge capture — clinical documentation improvement, denial management, and emerging technology — from insurance coverage discovery tools to robotic process automation in the revenue cycle.

We've also launched pilots using AI-generated appeal letters, internal ChatGPT tools and legal partners to streamline prior authorizations and appeals. One pilot alone already has generated $300K to $400K in just 45 days. While we're still evaluating outcomes, we're committed to failing fast and learning quickly. Our goal is to optimize EHR workflows and explore partnerships, ideally without adding vendor costs, so we can drive sustainable financial performance.

MODERATOR: What are the biggest opportunities to use shared data and real-time insights for better workforce planning and financial performance?

JOHN HIGGINS *(Essentia Health):* In workforce planning and talent management, our most measurable human resources impact from AI has been through recruiting. We implemented an AI tool that automates interview scheduling. Previously, it took nearly four days to schedule interviews after identifying qualified candidates; that time dropped to just 24 minutes. Our first interview was scheduled within 49 seconds of launching the tool. This isn't about reducing staff; it's about elevating our team's value. By off-loading administrative tasks like scheduling, we've repurposed staff to focus on higher-level work, enhancing our overall capability and impact.

CHERYL CIOFFI *(Frederick Health):* When we talk about shared data and real-time insights for better workforce planning, it really comes down to two things: filling positions early and retaining our people. From my perspective as CEO, I'm deeply focused on culture because that's what keeps people here. We have about 3,400 employees and, while we used to hire around 300 annually before the pandemic, we've been onboarding 800 per year ever since. The question becomes: How do we instill in those 800 new hires a clear sense of who we are and what we stand for? We've been in a constant reactive mode — first the pandemic and then a cyberattack, followed by significant financial challenges. Now, we're looking to use data to shift back to a proactive approach.

One initiative we're exploring is putting our staffing tool directly in the hands of our staff through shift bidding. Instead of relying on high-cost incentives or scrambling to fill shifts with overtime and critical shift pay, we want to empower our teams to claim shifts early through a digital platform. That will not only relieve the leadership team from the constant stress of managing staffing levels to support safe patient care but also give staff more control and flexibility. It's a proactive strategy that can reduce costs and maintain appropriate staffing across all services.

JODIE ALLEN *(Wickenburg Community Hospital):* As a rural, critical access hospital, we're deeply affected by recent legislation and funding cuts. Financial sustainability remains a constant challenge, impacting everything from recruitment to retention. Rising living costs make commuting to rural hospitals less attractive, limiting the number of individuals willing to travel. To attract staff, we highlight benefits like lower nurse-to-patient

JOHN HIGGINS | ESSENTIA HEALTH

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ratios. Our executive team regularly reviews wages to stay competitive, but rural health care must go beyond market rates to draw top talent, which is becoming increasingly difficult due to ongoing financial constraints.

Leadership retention is also a concern, as nurses shift from three-day clinical schedules to five-day administrative roles. To support them, we offer flexible options such as four 10-hour shifts and remote workdays, especially for those with long commutes.

Technology is another hurdle. As a critical access hospital, the cost of top-tier EHR systems that reduce manual data abstraction is often prohibitive. Many leading platforms require affiliation with larger hospitals, limiting access for rural facilities. As a result, we rely on time-consuming manual processes to meet CMS requirements, which are difficult to manage and upload. Suboptimal EHRs force staff to spend excessive time on documentation, pulling them away from direct patient care. In some cases, providers and nurses have left due to the system's inefficiencies.

Nurses want to focus on patients, not struggle with documentation. Leaders must ensure that workflows support, not hinder, the workforce. It's our responsibility to introduce tools that empower front-line staff, so they can deliver compassionate, efficient, high-quality care.

JENENE VANDENBURG *(Methodist Jennie Edmundson Hospital):* Rather than competing with larger metro hospitals, we're investing in our rural communities by partnering with organizations to help high school students earn CNA credentials and offering sponsorships instead of sign-on bonuses. Our first class of 10 CNAs just graduated, and it's inspired us to expand outreach to local schools and families.

We're hiring more LPNs and working with community colleges to support career growth by helping them graduate debt-free, secure jobs and stay rooted in our culture. It's not easy work, but it's meaningful and we're seeing real impact.

KARLY ROWE *(Inovalon):* Workflow needs to work for clinicians. Just like picking up a cellphone, it should be intuitive, not require hours of training. When tech empowers staff and anticipates real-life challenges, everyone wins: patients, providers and the health system.
When experimenting with AI, it's critical to focus on return on investment (ROI) and ensure that it complements the team. We're hearing from many providers, especially those with predominantly female clinical staff, that unplanned absences due to family responsibilities are a major challenge. A simple but powerful AI use case is predicting staff callouts and absence patterns. This could improve staffing and planning dramatically, saving time, energy and money while acknowledging that life happens.

Another high-impact area is the revenue cycle. AI can predict claim edits, reduce the manual burden on billers and even automate appeal letter generation. These targeted applications, rather than blanket solutions, offer clear ROI and relief in pain points.

Finally, the role of data can't be overstated. It's a game changer in helping health care teams be more proactive, efficient and supported.

MODERATOR: What role do AI and automation play in reducing administrative burden while maintaining human connection essential for high-quality care?

SHARLENE SEIDMAN *(Yale New Haven Health):* We have leveraged automation and virtual tools to reduce manual work and optimize staffing, particularly in ar-

JENENE VANDENBURG | METHODIST JENNIE EDMUNDSON HOSPITAL
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eas like authorizations and patient access, while preserving the human touch where it matters most.

In authorizations, we've seen strong results by working with three specialized vendors: one each for surgeries, radiology and infusion/drug approvals. Their focused expertise has helped us streamline workflows and reduce costs.

On the patient access side, we've implemented self-service kiosks across many locations. But we've learned that 60% to 70% of patients still prefer or need human assistance. To meet that need efficiently, we've introduced virtual registration. Patients simply tap a screen and connect with a live staff member working remotely. This approach has been effective during evenings, weekends and at low-volume sites where full-time staffing isn't practical.

These are just a few examples of how thoughtful tech adoption is helping us operate more efficiently while enhancing the patient experience.

CIOFFI: A major area of focus for us is provider satisfaction. Our physicians and advanced practice providers are vital to our care teams, and making their work easier has a direct impact — not only on their well-being but also on the overall patient experience.

To that end, we've been scaling our pilot with a tool, which integrates with our EHR and uses ambient listening to assist with documentation. We have been using this in our medical group primary care practices and ED. At this time, we are exploring broader implementation with our specialty practices. This tool functions as a virtual scribe and allows providers to engage with patients during their appointments without the need to capture every detail of their conversation in the computer in real time or extend their days recalling pertinent visit information. This significantly reduces provider cognitive burden, resulting in several providers reporting a rejuvenation in their call to practice medicine. Patients also perceive the provider as more present in the visit, which leads to a more positive patient experience.

In addition to improving workflow and reducing burnout, tools like this also can support financial performance by ensuring that documentation is complete and accurate, which helps with coding and case mix index. Even when providers aren't directly employed by the hospital, they're integral to the care we deliver. Supporting them as part of the broader health system is essential and tools like this are one way to do that.

MODERATOR: What's a bold cross-functional strategy health systems should adapt to create a more sustainable, people-centered care model?

HANDY: First and foremost, you need the right team in place to roll out a solution and, ideally, to do it swiftly. We explored coding automation through a request for proposal (RFP) two years ago but didn't see a proven ROI and didn't want to manage multiple vendors. Instead, we chose a hybrid model with offshoring, saving nearly $1 million while retaining our internal team.

Two years later, we refreshed the RFP and reengaged, this time pushing a vendor who committed to expanding into more service areas by year-end. After thorough reference checks, we selected them. A small but mighty team, along with our directors who report to the vice president of revenue cycle, led the effort. In a recent meeting, they were candid: ROI remains a challenge and transparency has been key to shaping next steps. That honest dialogue helped us move forward with contract negotiations, but we also strengthened the language to allow us to fail fast if needed. We built in guarantees, not just blanket statements, but clear

KARLY ROWE | INOVALON

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TERRIE HANDY | LEGACY HEALTH

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definitions around ROI and quality. Based on what we've learned, we'll likely bring on a second vendor in another area.

So, at a high level, I'd say: Build the best team you can; keep asking the hard questions even a year or two down the road; and make sure the people closest to the tool and solution are part of the conversation. That's what helped us stay agile and make smarter decisions.

CRYSTAL BECKFORD *(Luminis Health Doctors Community Medical Center):* We're a three-part hospital system and we began with our providers, particularly in the ED, using ambient listening to reduce documentation burden. Four months in, the feedback has been overwhelmingly positive. It's delivering on our expectations by significantly reducing documentation burden, which directly supports clinician well-being.

Next, we plan to explore Epic's ambient listening tools. Our Epic "refuel" about 18 months ago was part of a broader effort to give clinicians more time for patient care rather than administrative tasks.

Having the right teams in place is critical. Information technology staff and front-line users must be engaged early in the design process. Without that alignment, even promising initiatives like virtual nursing can face delays or barriers. There's a lot of foundational work required up front, and the principle of "measure twice, cut once" really applies here. We're all striving for greater efficiency as our workforce evolves, but we also need to be mindful of how much change our teams can absorb. Change management is key. We've found success by starting small and working with early adopters.

ROWE: Coming from a clinical background, I truly believe in the power of continued experimentation, and this group exemplifies that spirit. I appreciate the "fail fast" mindset. We won't get everything right the first time, but without testing new strategies and engaging our teams, we risk standing still.

I'm encouraged by the level of adoption and collaboration I see here. There's tremendous potential when we bring together vendors, providers and patients to co-create and shape the health care experience. Everyone has a role in driving innovation forward.

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