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The AI-ready clinical operating model

Five ways health systems can redesign clinical work, strengthen the workforce, improve flow, and build trust where AI intersects with care



Why clinical operations need a different AI conversation



AI is moving quickly across healthcare. Provider organizations are testing artificial intelligence (AI) in documentation, scheduling, triage, patient engagement, decision support, coding, and other essential workflows.

The energy and opportunities are real. But so is the pressure to make it all work, at scale, and *sooner*.

For clinical operations leaders, the pressure to innovate is rising in a provider landscape with tighter margins and less room for error. Workforce shortages persist; capacity is constrained; and patients want easier access, faster answers, and more connected care. Familiar fixes are getting harder to stretch. Hiring can't keep up, and incremental process improvement and technology upgrades only go so far. Across clinical operations, teams are being asked to do more—but often with the same staffing models, fragmented systems and workflows, and administrative load that make the day-to-day clinical work harder to sustain.

Against that backdrop, "just add AI" is not a viable strategy. Clinical operations need a different AI conversation because AI reaches into the work itself—with the ability to shape clinical judgment, patient movement, documentation quality, and trust. That makes AI implementation a more precise, workflow-by-workflow consideration. A documentation assistant, triage model, discharge-planning prompt, and scheduling engine each carry different data needs, risks, handoffs, adoption challenges, and points of accountability.

Making AI work at scale means rethinking how clinical work moves: what gets automated, what gets escalated sooner, where human judgment remains central, which data can be trusted, and how clinicians know when AI is helping rather than adding another layer of work.

Progress depends on prioritizing the most pressing operational challenges, redesigning the work around them, and making the human role clear from the start. Without that up-front rigor, promising pilots can stall out, inefficient processes may simply move faster, and clinicians may tune out AI tools and recommendations they don't understand or trust.

To make progress happen—in each unique workflow, and at scale—leading health systems are starting where clinical friction is highest, defining how people and AI should work together, and building the governance needed to use AI safely. Five priority opportunities can help guide the way:

1. Give time back to the care team
2. Orchestrate patient flow in real time
3. Operationalize proactive models of care
4. Rebuild workflows before adding intelligence
5. Build clinical trust into the operating model

Here's a closer look at each.

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Give time back to the care team



1

Clinical capacity has moved beyond "staffing issues": It's a work-design challenge. Every unnecessary click, duplicated note, unclear handoff, avoidable message, and manual review pulls scarce clinical time away from care teams and patients. AI can help reduce that burden when it improves the work where care actually happens: documentation, handoffs, messages, reviews, and follow-up.

How AI is making an impact:

- Ambient clinical intelligence tools can reduce after-hours charting and help capture more structured information at the point of care, listening in during patient assessments and drafting clinical notes in real time.
- Generative AI summarization can help clinicians quickly review patient history, care plans, recent results, and open tasks.
- AI-enabled inbox and message triage can route routine requests, flag higher-risk issues, and reduce cognitive load.
- Clinical documentation support can identify missing or inconsistent details earlier, before they create downstream rework.

What it looks like at scale:

Value expands when documentation quality improves at the point of care. Clear and thorough notes support clinical continuity, coding, quality reporting, medical necessity, utilization management, and denials prevention. The impact can be significant. In a two-year study a sample comprised of 8,581 clinicians, including 1,809 AI scribe adopters who used an AI scribe, had 13.4 fewer minutes of EHR time, 16.0 fewer minutes of documentation time, and 0.49 additional weekly visits delivered.[1] That kind of impact can ripple across the operating model: fewer follow-up questions, fewer retrospective reviews, less avoidable revenue leakage, and more clinical capacity. But as the study also shows, reaching scale on documentation tools is as much about adoption as the technology itself: Despite the strong results, only about 20 percent of clinicians in the study opted to use the AI scribe.

Leadership's takeaway: AI should make clinical work easier to complete and easier to trust. If it adds steps, requires too much validation, or sits outside the workflow, then clinicians may use it occasionally or not at all—forfeiting the potential returns.

1. Lisa S. Rotenstein, et al., "Changes in Clinician Time Expenditure and Visit Quantity With Adoption of Artificial Intelligence-Powered Scribes: A Multisite Study," JAMA, April 1, 2026.

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Orchestrate patient flow in real time



2

Patient flow is where capacity pressure becomes visible. A bed may be open on paper, but the patient still can't move if discharge orders, transport, pharmacy, environmental services, prior authorization, post-acute placement, or family communications are running on different timelines. When those handoffs aren't coordinated, small delays become system delays. AI can help leaders see constraints sooner and coordinate action before bottlenecks build.

How AI is making an impact:

- Predictive models can identify patients likely to discharge in the next 24 to 48 hours, helping teams start discharge planning earlier.
- AI-enabled flow tools can flag barriers tied to consults, tests, medications, transportation, authorizations, or post-acute placement.
- Capacity models can help leaders anticipate bed demand, staffing pressure, and downstream resource needs across units.
- Command center and huddle workflows can use AI-generated signals to prioritize decisions, escalate blockers, and focus teams on the next best action.

What it looks like at scale:

AI tools for patient flow must be embedded into the clinical operating rhythm. Earlier discharge signals only matter if they reach the teams that can act on them—physicians, nurses, case managers, pharmacy, transport, environmental services, and post-acute coordinators—and if those teams have a clear path to resolve the next barrier. In one recent paper, researchers evaluated machine-learning tools across a seven-hospital system that predicted discharge timing, intensive care unit transfers, end-of-stay mortality, and discharge disposition. Updated patient-level insights were incorporated into daily review workflows used by more than 200 physicians, nurses, and case managers. The deployment helped teams start administrative discharge work earlier and was associated with a 0.63-day reduction in average length of stay per patient and anticipated financial upside of as much as $67 million annually for the health system.[2] This is where patient-flow AI begins to create system capacity: Teams can see constraints earlier, begin parallel work sooner, and reduce the accumulated delays that keep patients waiting.

Leadership's takeaway: AI-driven patient flow shouldn't stop at prediction. It must focus attention, trigger action, and clarify accountability across the teams and systems that move patients safely through their care journey.

2. Liangyuan Na, et al., "Patient Outcome Predictions Improve Operations at Hartford HealthCare," INFORMS Journal on Applied Analytics, December 23, 2025.

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Operationalize proactive care models



3

For many health systems, proactive care has been easier to envision than to operationalize. The data may exist, but the work often remains reactive: a patient deteriorates, misses a follow-up, returns to the emergency department, or falls through a transition before the system can respond. AI can help clinical teams identify risk earlier, but the larger opportunity is to connect those signals to outreach, scheduling, care management, escalation, and follow-through.

How AI is making an impact:

- Predictive models can help identify patients at higher risk for deterioration, avoidable emergency department use, readmission, or missed follow-up.
- AI-enabled care-gap tools can prioritize outreach by clinical need, risk level, and available capacity.
- Remote patient monitoring and virtual-care signals can help teams detect changes in condition between visits.
- Next-best-action tools can suggest follow-up steps, route tasks to the right team member, and support more consistent care coordination.

What it looks like at scale:

Proactive care can meaningfully scale when risk signals become part of the entire operation. That means defining which patients are monitored; which changes trigger action; who owns the response; and how follow-up is scheduled, documented, and measured. A risk score alone won't keep a patient out of the hospital. The impact comes when that score activates a care pathway: a nurse call, a pharmacist review, a social-needs referral, a virtual visit, a specialist appointment, or an escalation to the care team. AI can help health systems move earlier in the patient journey when those pathways are orchestrated across clinical teams, care management, access, pharmacy, social work, and the contact center.

Leadership's takeaway: Design the loop before scaling the signal. Leaders need to know who receives the alert, what action they can take, what capacity is available, and how the result gets documented and measured.

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Rebuild workflows before adding intelligence



4

AI can make strong clinical workflows faster, smarter, and easier to scale. It can also expose weak ones. If health systems layer AI onto fragmented workflows, inconsistent data, and unclear decision rights, then they may simply make a bad process faster. Leaders need to be selective: Start with high-friction clinical pathways where the work can be deconstructed, redesigned, and rebuilt as an AI-ready workflow.

How AI is making an impact:

- Process mining and workflow analytics can identify variation, bottlenecks, rework, and avoidable delays.
- Natural language processing and structured data extraction can convert unstructured clinical and operational information into usable signals.
- AI-enabled pathways can embed prompts, rules, recommendations, and escalation logic directly into clinical workflows.
- Interoperable data architecture can connect electronic health record, scheduling, workforce, revenue cycle, care management, and operational systems.

What it looks like at scale:

AI-ready workflows scale because the underlying work is clear enough to support them. That means standardizing repeatable steps, preserving clinical judgment where it matters, and defining how people stay in the loop before the technology goes live. Research from Camunda found that 72 percent of organizations say process-related challenges have contributed to AI initiatives failing.[3] That finding underscores a hard lesson for AI adoption: Even promising AI tools can fail when they don't fit the clinical workflow, account for the user experience, or align with the implementation context. In busy clinical environments, even marginal friction can compound into significant burden, and clinicians may stop using tools that don't account for that reality. Effective implementation also requires attention to the human side of technology adoption, including feedback from the clinicians who will use the tools.[4] For clinical operations leaders, workflow redesign should also account for adoption. Otherwise, AI can become another source of fatigue in an already overloaded clinical environment.

Leadership's takeaway: Start with the workflow, not the tool. The right question is where AI can improve a measurable clinical pathway, clarify decision-making, and make work more efficient for the people who use the tools every day.

3. Kurt Petersen, "The Data Says It: AI Isn't Failing You. Your Processes Are," Camunda, September 9, 2026.

4. Laura Dyrda, "The Invisible Graveyard of AI Tools in Healthcare," Becker's Hospital Review, March 10, 2026.

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Build clinical trust into the operating model



5

Trust is where clinical AI either becomes part of daily work or stays on the margins. Clinicians don't need abstract assurances that a tool is "responsible." They need to know what data informed a recommendation, how much confidence to place in it, when to challenge it, and who remains accountable for the decision. Health systems need the same clarity at the operating-model level, especially as AI begins to influence documentation, triage, escalation, care coordination, and patient-flow decisions.

How AI is making an impact:

- Explainability features can show the data, logic, confidence levels, or evidence behind a recommendation.
- Human-in-the-loop workflows can define which decisions require clinical review, approval, escalation, or override.
- Model monitoring can track performance, drift, bias, safety signals, adoption, and override patterns over time.
- Governance workflows can align clinical, operational, technology, compliance, privacy, security, and workforce stakeholders before tools scale.

What it looks like at scale:

For clinical AI, trust has to be built into how the work is governed, reviewed, and improved. Each use case needs a clear owner, defined performance measures, review thresholds, escalation paths, and feedback loops from the clinicians using it. The workforce component is central. Leaders need to explain how roles may change, where AI will assist the work, and how concerns will be heard and addressed before go-live. Workforce engagement is already an important consideration: 69 percent of employees surveyed said they were not fully consulted about how AI would be used to support their day-to-day work.[5] That finding reinforces the importance of workforce engagement as organizations integrate AI into how work gets done. That expectation will likely grow as AI moves deeper into clinical work.

Leadership's takeaway: Build trust *before* implementation, AI adoption depends on it. Leaders should treat governance, transparency, monitoring, and workforce engagement as operating requirements for clinical AI from the beginning.

5. Kurt Petersen, "The Data Says It: AI Isn't Failing You. Your Processes Are," Camunda, September 9, 2026.

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How KPMG is helping clinical operations teams scale AI

KPMG LLP works with health systems to strengthen clinical operations with practical, outcomes-focused support. We help leaders redesign workflows, improve operating rhythms, and build AI-ready clinical operating models that connect access, throughput, workforce, care delivery, clinical integrity, and revenue cycle performance—so progress in one area reinforces the others. Our professionals can help you with:

Patient access and experience:
Improve scheduling, referrals, contact center performance, and patient communications using leading practices, playbooks, analytics, and AI-enabled insights to reclaim capacity and reduce patient friction—including KPMG patient access framework and analytics tools.

Throughput and length of stay:
Strengthen patient flow across bed placement, discharge readiness, operating rhythms, and escalation paths, including the use of predictive insights and command center workflows to reduce avoidable delays and free up capacity.

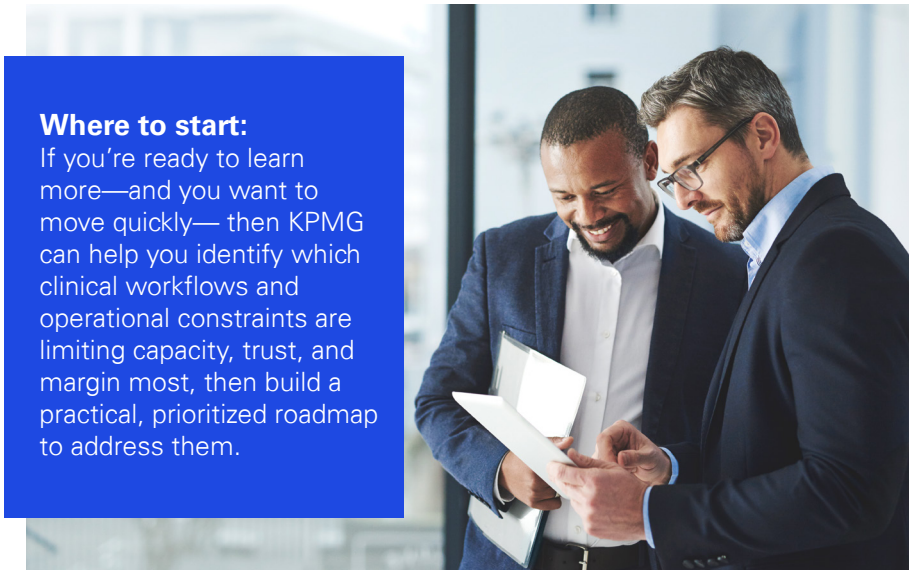
Workforce performance and clinical workflow redesign:
Redesign roles and workflows so clinicians spend more time on care and less on administrative work, supported by targeted automation and AI augmentation such as ambient documentation, summarization, workflow prompts, inbox triage, and decision support.

Care model innovation:
Define and scale hospital-at-home, virtual nursing, right-site-of-care, and proactive care strategies with clear clinical criteria, escalation pathways, transition planning, and performance tracking.

Clinical and utilization integrity:
Reduce denials and rework by improving front-end clearance, documentation accuracy, medical necessity review, and clinical documentation integrity, integrated into day-to-day operations rather than treated as a back-end clean-up effort.

Systems, data, and governance foundation:
Align systems, data, and reporting so leaders can act on a consistent view of performance, supported by governance, monitoring, and human-in-the-loop design that helps AI-enabled improvements hold over time.

Where to start:
If you're ready to learn more—and you want to move quickly— then KPMG can help you identify which clinical workflows and operational constraints are limiting capacity, trust, and margin most, then build a practical, prioritized roadmap to address them.



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About the team

The KPMG clinical operations team is anchored by clinicians, operators, and technology specialists with experience supporting hospitals and health systems across performance improvement, access transformation, care delivery redesign, AI-enabled workflow transformation, and revenue cycle efforts. We work side by side with client leaders to diagnose constraints, deconstruct and redesign workflows, implement practical improvements, and set up governance and measurement so gains last.



Authors

Subject matter leads for this included:



Hayley Dennison
Director, Advisory,
Health & Government Operations
KPMG LLP
E: hdennison@kpmg.com



Katie Hanson
Director, Advisory,
Health & Government Operations
KPMG LLP
E: katherinehanson@kpmg.com



Katey Ortlieb
Director, Advisory,
Health & Government Operations
KPMG LLP
E: kortlieb@kpmg.com



Candice Sewell
Manager, Advisory,
Health & Government Operations
KPMG LLP
E: candicesewell@kpmg.com

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