
Nursing and AI

How AI functions in the EHR and in clinical settings: what's happening and what's next

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**A simple way to think about AI and
your nursing work**

When an AI tool shows up on your unit, what happens to the nursing task you were already doing?

Does it help you do it? Does it do it for you? Or some of both?

1 · A SIMPLE WAY TO THINK ABOUT AI AND YOUR NURSING WORK

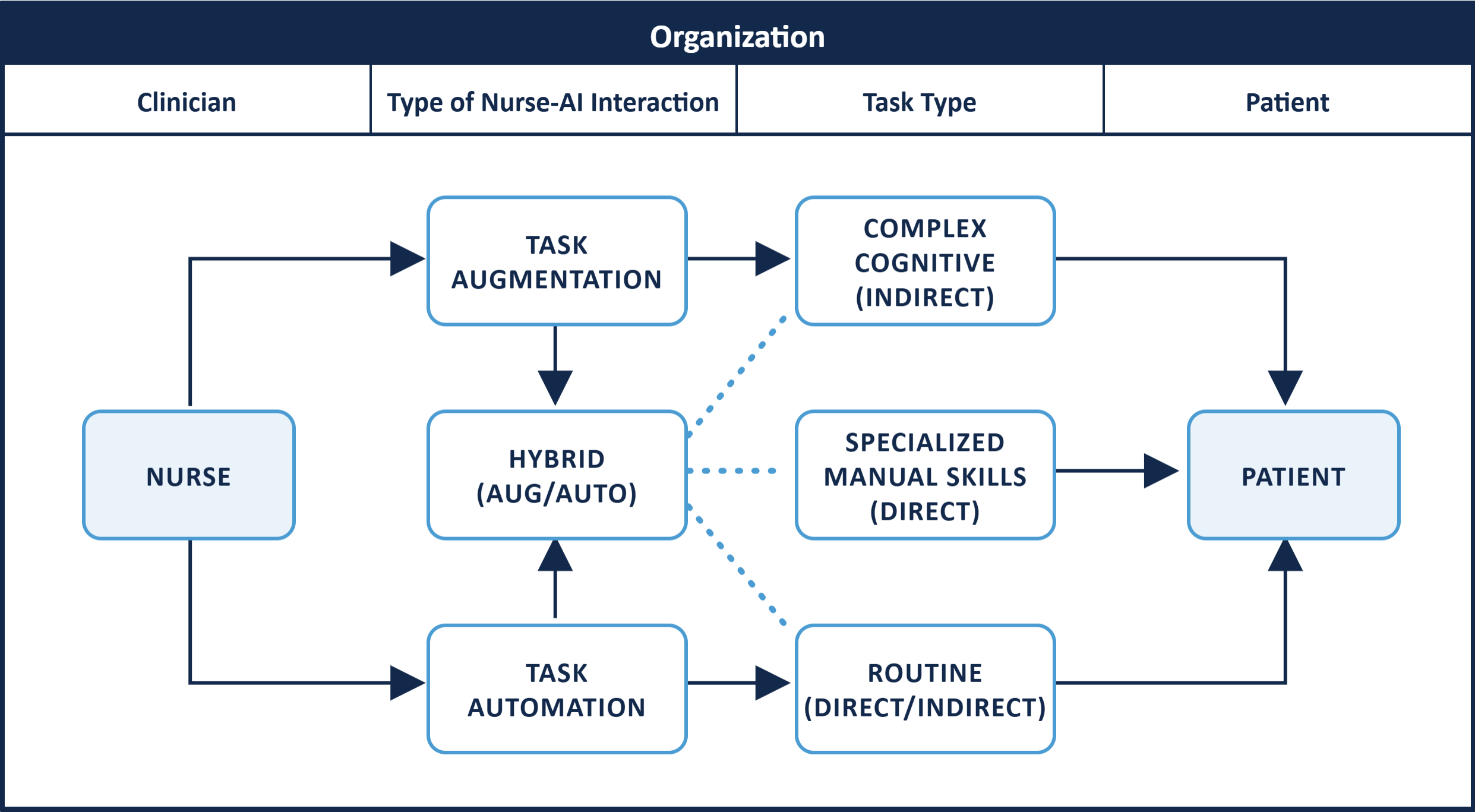


Figure 1, Barrett & Jones, Nursing Outlook 2025. Redrawn.

Nurses do many kinds of tasks. Some will change faster than others.

Complex cognitive (indirect)	Thinking critically about the patient: putting vitals, labs and what you see at the bedside together
Specialized manual skills	Placing an IV or NG tube, wound care, turning a patient
Routine (direct or indirect)	Charting vitals, I&O totals, restocking, routine reassessments

Task types from Barrett & Jones 2025. Direct = with the patient; indirect = for the patient, away from them.

Three ways AI meets a nursing task

Augmentation

AI helps you do the task.

A triage risk score helps you decide who to see first.

A draft note you edit and sign.

Automation

AI does the task for you.

A kiosk asks the admission questions and charts them.

Self-scheduling that books the visit.

A chatbot in the patient portal answers the question.

Hybrid

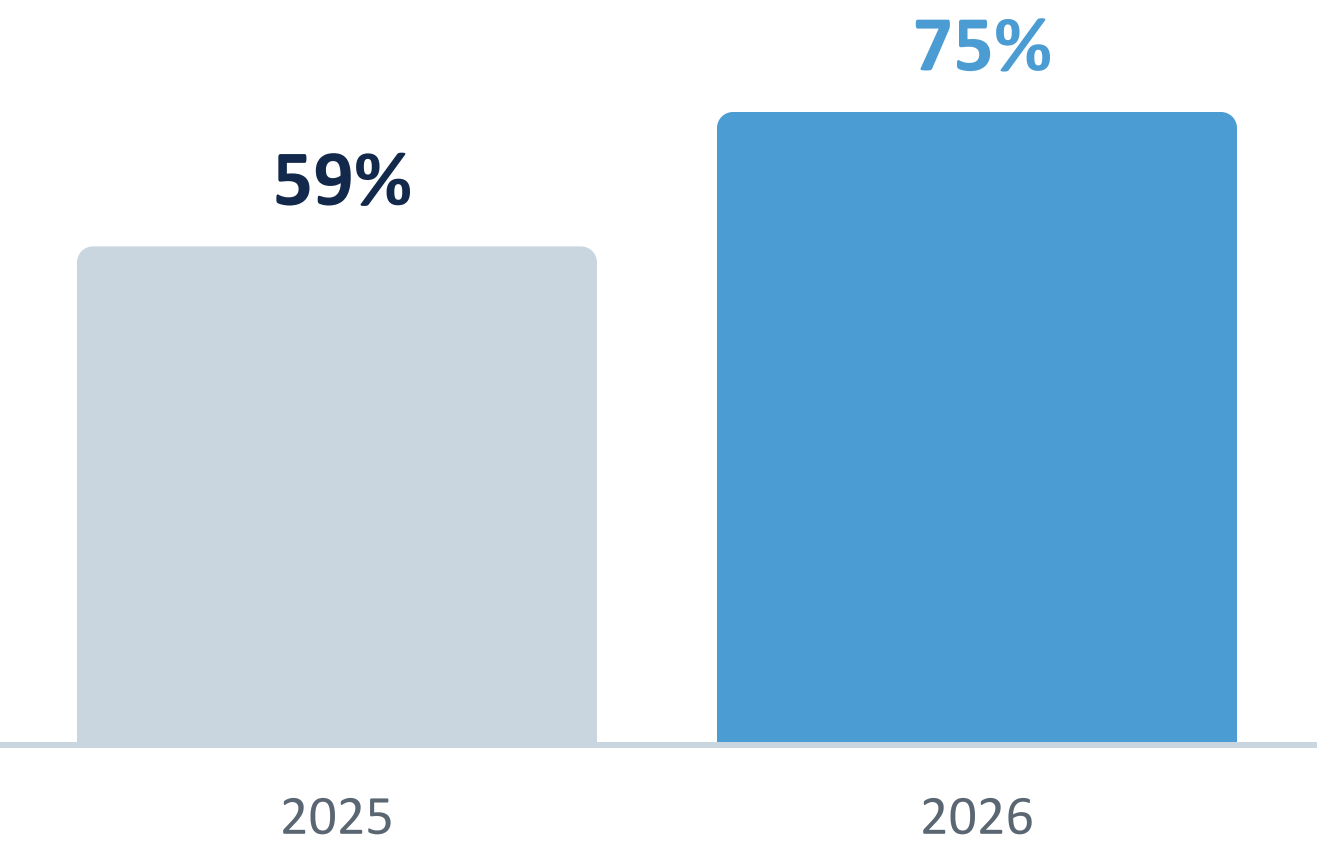
Some of both, in the same workflow.

AI drafts the note and files the routine parts; you check the rest.

Who's using it

How many hospitals use AI

U.S. health systems using at least one AI application



71%

of U.S. hospitals used predictive AI in the EHR in 2024, up from 66% in 2023

63%

of hospitals on Epic used AI charting tools in 2025

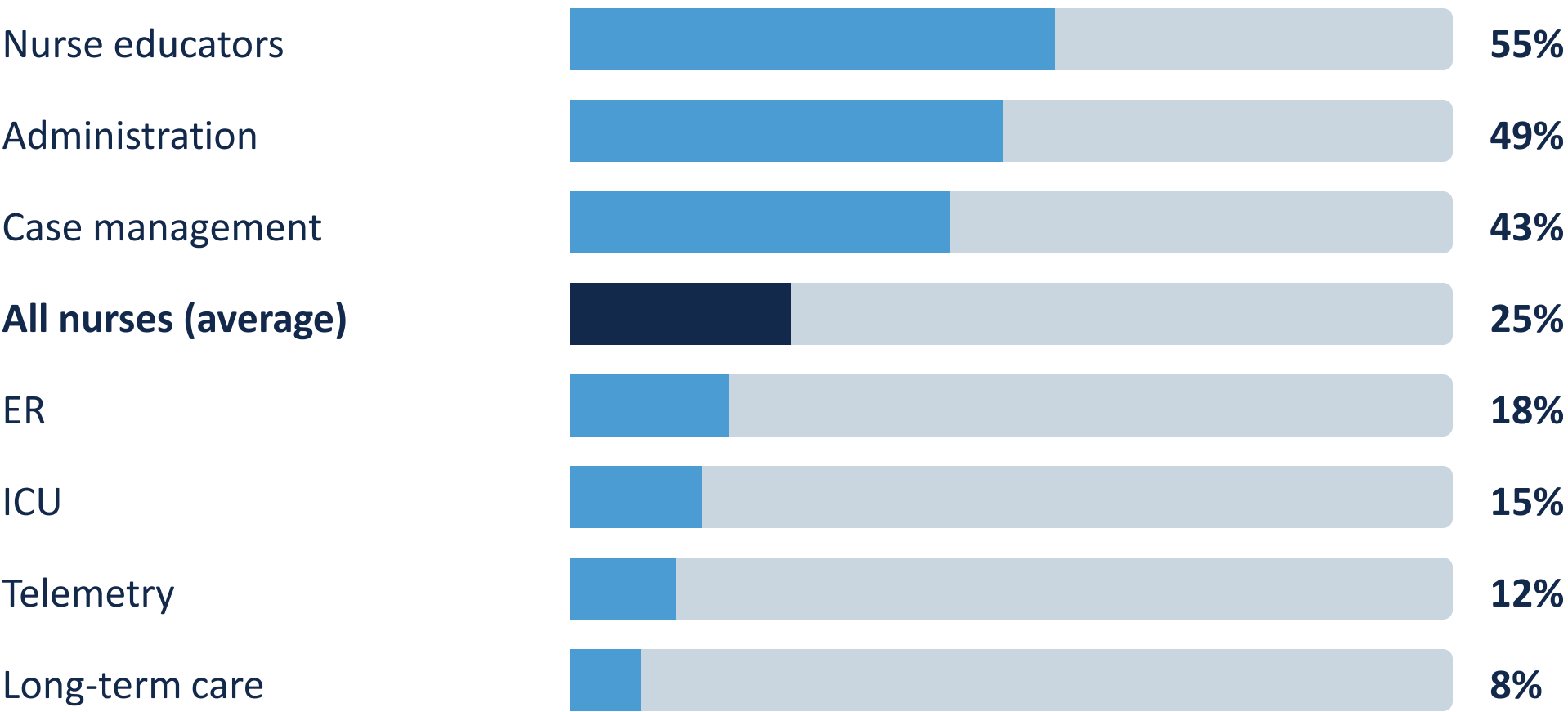
WHERE IT'S HEADED

Industry forecasts put health care AI spending at about \$50 billion in 2026, growing roughly tenfold by the mid-2030s. Treat that as direction, not precision.

Sources: Eliciting Insights AI Adoption Survey of 120 health systems, via Fierce Healthcare, Mar 2026; ASTP/ONC Data Brief 80, Sept 2025 (AHA IT Supplement); Am J Manag Care, 2026; Precedence Research and Grand View Research, 2026.

Which nurses are using it, and for what

Nurses who used AI at work in the past 30 days



Educators

Drafting case studies, simulation scenarios and quiz questions with ChatGPT-type tools.

Case managers

AI chart summaries and drafted reviews for insurers.

ICU and ER

A deterioration score recalculated every 15 minutes from vitals and labs. Early AI charting pilots.

Which hospitals have it first, and why

96%

of large hospitals (400+ beds)

59%

of small hospitals (under 100
beds)

86%

of hospitals in a health system

37%

of independent hospitals

Share using predictive AI in the EHR, 2024

Why: it's expensive.

An AI charting tool runs about \$200 to \$600 per clinician per month. For a system with 1,500 clinicians, that's \$3.6 million to \$11 million a year, before the IT staff, training and EHR work.

Sources: ASTP/ONC Data Brief 80, 2025; vendor pricing reported by Medical Economics and EHR Source, 2026. The 1,500 figure is Atrium's reported DAX license count; the math is illustrative.

Same state, very different budgets

Two North Carolina hospitals, from their most recent tax filings

Duke University Health System

Durham · five hospitals · FY2025

Expenses **\$5.4 billion**

Net income **\$766 million**

A charting tool for 1,500 clinicians, even at the high price (\$600): about \$11M a year

1.4% of net income

Ashe Memorial Hospital

Jefferson · independent · 25 beds · FY2024

Expenses **\$53.9 million**

Net income **\$169,000**

A charting tool for 100 clinicians, even at the low price (\$200): about \$240,000 a year

142% of net income

Source: IRS Form 990 via ProPublica Nonprofit Explorer. Net income = total revenue minus total expenses. Package costs are illustrative: \$600 and \$200 per clinician per month from the previous slide; clinician counts assumed.

What's already in the EHR

Four places AI is already in the EHR

Roughly in order of how common they are today

1

Charting

AI listens to the visit and writes the draft note. About two-thirds of Epic hospitals have it.

2

Risk scores

A prediction model, not a chatbot, rescoring every patient from vitals and labs every few minutes.

3

Chart summaries

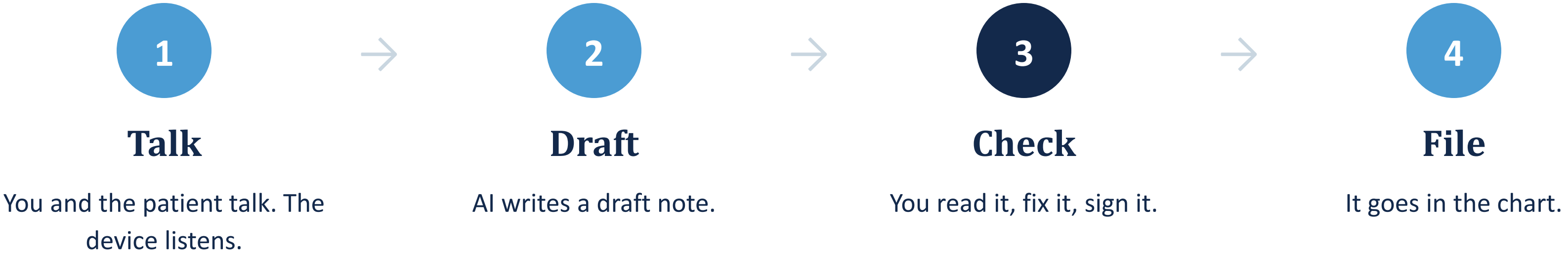
Generative AI reads the whole record and tells you what changed.

4

Patient messages

AI drafts replies to portal messages. Chatbots answer patients directly.

1. Charting: how the AI note tools work



14 min

a day saved per clinician at Cleveland Clinic

27%

less time in notes per visit at Intermountain Health

Sources: AHA Center for Health Innovation, Apr 2026. Both figures are mostly physician data; nursing results are just starting to be published.

2. Risk scores:

1

Reads the chart

Vitals, labs and your assessments, as you enter them.

2

Rescores

A 0-to-100 risk number, recalculated about every 15 minutes.

3

Flags

Patients above a threshold are flagged for nurse review.

18%

fewer in-hospital deaths when Epic's deterioration alerts went straight to critical-care teams (11 hospitals, 2026)

2 of 3

sepsis cases missed by Epic's older sepsis alert at Michigan, even though it flagged nearly 1 in 5 of all admitted patients

3. Chart summaries: what they leave out

46 of 208

AI summaries were missing something important

5 of 208

made something up

The summaries link back to the original notes so you can double-check. Stanford's data chief expects people to click those links for about a month, then stop.

The risk is less that the AI is wrong than that people stop checking.

3. Chart summaries: ChatGPT is now inside Epic

4,363

ratings by physicians

99.1%

rated safe, in the vendor's own test

No nurses named among the testers

One of the things it was tested on: handoff summaries.

4. Patient messages: AI writes the first draft

- 1 Patient sends a portal message
- 2 AI drafts a reply
- 3 A clinician edits and sends it

In a randomized study, clinicians using AI drafts felt less burdened but didn't save time.

Next step: Epic's Emmie answers patients directly inside MyChart - automation

National examples: AI built for nursing work

Mayo Clinic

Ambient nursing documentation

Built with Epic and Abridge, designed by nurses from the start. Captures the nurse-patient conversation on med-surg and progressive care units and drafts structured EHR documentation for the nurse to review.

Cleveland Clinic

Chart Chat for Nursing

The first EHR-integrated AI assistant made for inpatient nurses (April 2026). Nurses ask plain-language questions of the chart and get cited answers. Flowsheet documentation added in June.

Houston Methodist

Epic's Art at the bedside

First site to put Epic's ambient assistant into bedside nursing workflows. Also uses AI room sensors to help prevent falls.

North Carolina

North Carolina hospital examples of AI use

Duke Health

Sepsis alerts routed through rapid response nurses since 2018 (next slide). A chart-summary chatbot since July 2026.

Atrium Health Union (Monroe)

AI charting for nurses on a cardiac unit, one of the first in the country (next slide). AI charting for physicians across Atrium.

UNC Health

AI charting system-wide since Feb 2025. Built its own sepsis model instead of using the EHR's.

Novant Health

19,000 staff using AI features in Epic. A real-time suicide-risk alert. AI reads ED CT scans and alerts the stroke team when it sees a possible large-vessel stroke or bleed.

WakeMed

AI-drafted replies to patient messages: 12 to 15 fewer messages a day per provider.

Two North Carolina examples

Duke Health: sepsis

31% drop in sepsis deaths reported by Duke

- 1 A prediction model scores every ED patient
- 2 A rapid response nurse reviews the list
- 3 The nurse calls the ED team and documents it

Trained on 42,000 past patients. Nurses helped design the workflow, and nurses run it.

Atrium Health Union (Monroe): charting

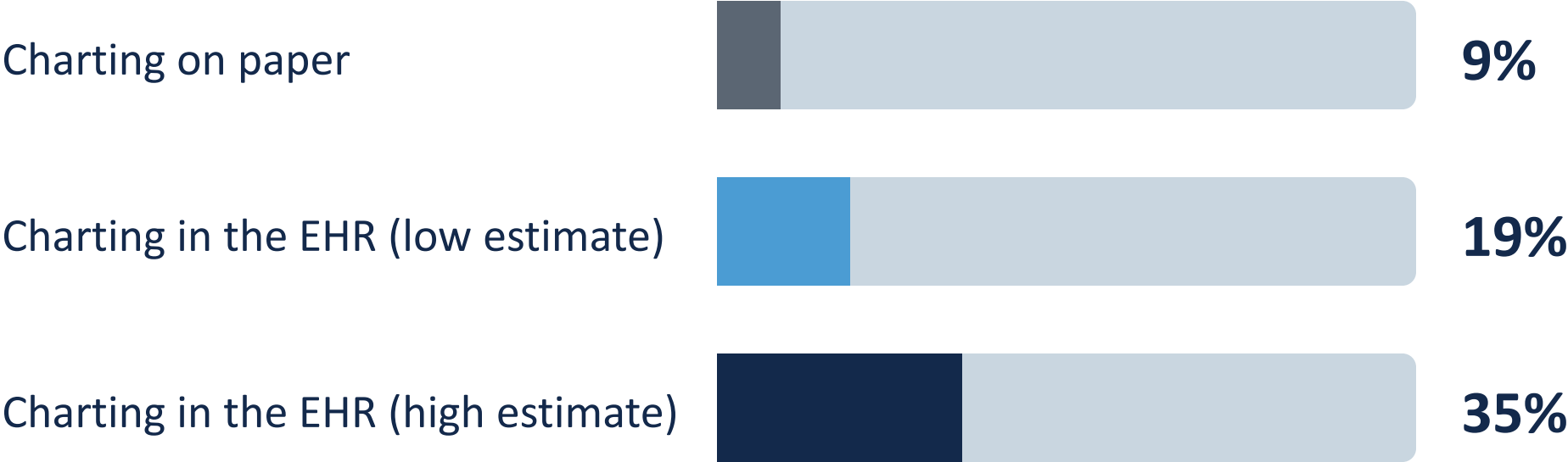
73 nurses, CNAs and techs on the first unit, Feb 2025

- 1 The device listens while you're with the patient
- 2 It drafts the note
- 3 You verify it before it goes in the chart

What it means for nurses

Where your time goes

Share of a nurse's time spent charting



Charting is the most routine thing we do.

56% of nurses who use AI say it has cut their charting time

Sources: AHRQ ENDBurden project; KLAS Arch Collaborative, 2025; Nurse.org 2026 survey.

Which nursing jobs change first

Utilization review and case management

Reading the chart against insurer criteria

AI now scores medical necessity for every patient.

Clinical documentation integrity

Querying physicians to fix the record

At Intermountain, AI handles the routine queries and CDI nurses take the complex cases. Leaders say the team works as if it had six more CDI FTEs. No layoffs reported.

Bedside nursing

Direct care, judgment, hands-on skills

Changes task by task, not all at once. Charting first, then alerts and summaries.

The jobs made mostly of reading the chart and applying rules change first.

Sources: Xsolis / Yale New Haven and Baylor Scott & White, 2025; HFMA (Intermountain CDI), 2025; Nurse.org 2026 survey.

What we could gain, and what we could lose

● Gain

Time back with patients

Earlier warning when someone's going bad

Less charting after the shift

● Lose

Alerts we learn to ignore

Skills that fade when AI does the thinking

Saved time turned into more patients

What nurses say

22%

trust AI tools for patient care

60%

of nurses handed a tool say they weren't
trained on it

19%

say nurses had a say in choosing it

Nurse.org survey of nurses, 2026. A union survey in 2024 found the same pattern.

What's next

What's coming: AI that acts, not just suggests

Epic's three named assistants. Epic runs in 44% of U.S. acute care hospitals (approximately 57% of all hospital beds)

Art

For clinicians

Epic's AI assistant for clinicians. Already being built into nursing workflows.

Emmie

For patients

Epic's AI assistant for patients, inside MyChart.

Penny

For revenue cycle staff

Epic's AI assistant for billing, coding and prior authorization. Not a clinical tool, but it drafts and acts on the paperwork behind every admission.

How nurses are getting a say

- **Accreditation rules.** The Joint Commission published AI guidance in 2025 and a certification in 2026. You can ask whether your hospital follows them.
- **Active engagement with implementation.** Nurses at UCSF and HCA won the right to help pick and test new technology. (unionized examples)
- **Nursing programs and resources.** AI concentrations within a nursing degree (FSU, and other informatics centered programs)

Learn where to raise these questions at your hospital: the unit council or practice committee.

Coming to North Carolina: NC CHAIN

A new UNC and Duke program that helps small and rural NC hospitals choose and set up AI tools safely.

- \$4.4 million from The Duke Endowment, over three years. Announced September 2026.
- The big systems share what they've learned, so a smaller hospital doesn't start from zero.

Five questions to ask before a tool goes live

- 1 Which of our tasks does it touch, and does it help us or replace us?
- 2 Was it tested on patients like ours?
- 3 Can I override it, and does anyone see when I do?
- 4 Who's responsible when it's wrong?
- 5 Where does the time it saves go?

In summary

1

AI meets each nursing task in one of three ways.

It helps you, it does it for you, or a mix. Which one depends on the kind of task, and on how your hospital sets it up.

2

It's already in the EHR, and it's uneven.

Charting, risk scores, summaries and messages are live at the big systems, including here in North Carolina. Small and independent hospitals mostly can't afford it yet. Jobs made of reading the chart change first.

3

Nurses use these tools the most and are consulted the least.

One in five say nurses had a say in choosing them. Ask for a nurse on the committee that picks them, and ask the five questions before anything goes live.

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