

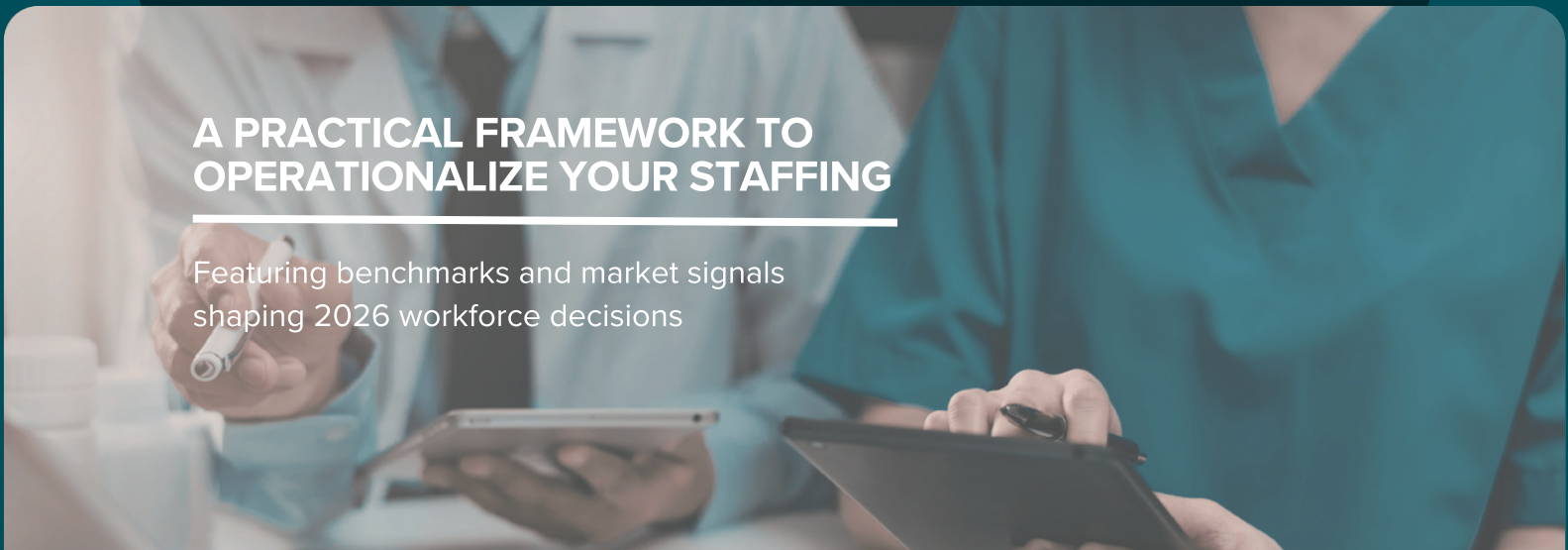


THE WORKFORCE ORCHESTRATION **IMPERATIVE**

HOW LEADING HEALTH SYSTEMS ARE TURNING LABOR VOLATILITY INTO
A GOVERNED, PLATFORM-LED ADVANTAGE

A PRACTICAL FRAMEWORK TO OPERATIONALIZE YOUR STAFFING

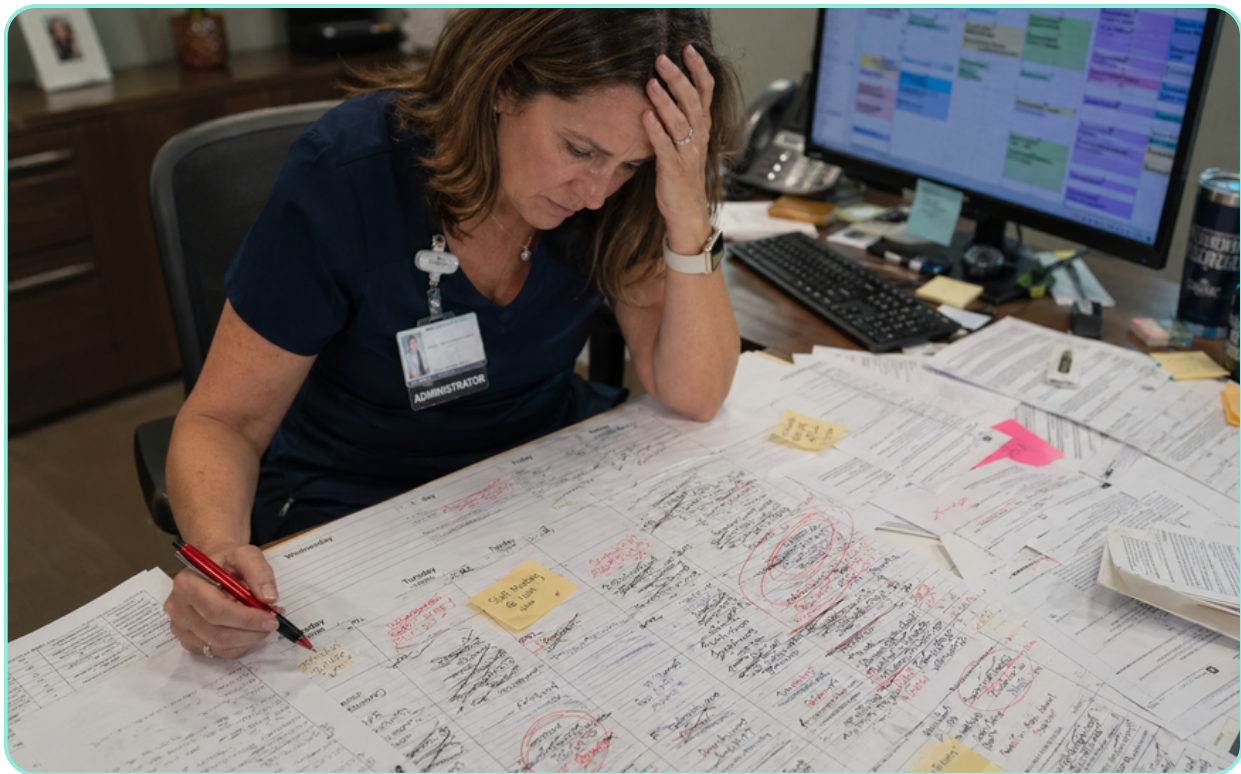
Featuring benchmarks and market signals
shaping 2026 workforce decisions



The platform is the strategy

There is a moment most staffing directors recognize: it is 11 p.m., a unit is two nurses short for the morning shift, and you are working the phones. That moment is a sign the staffing system needs better support.

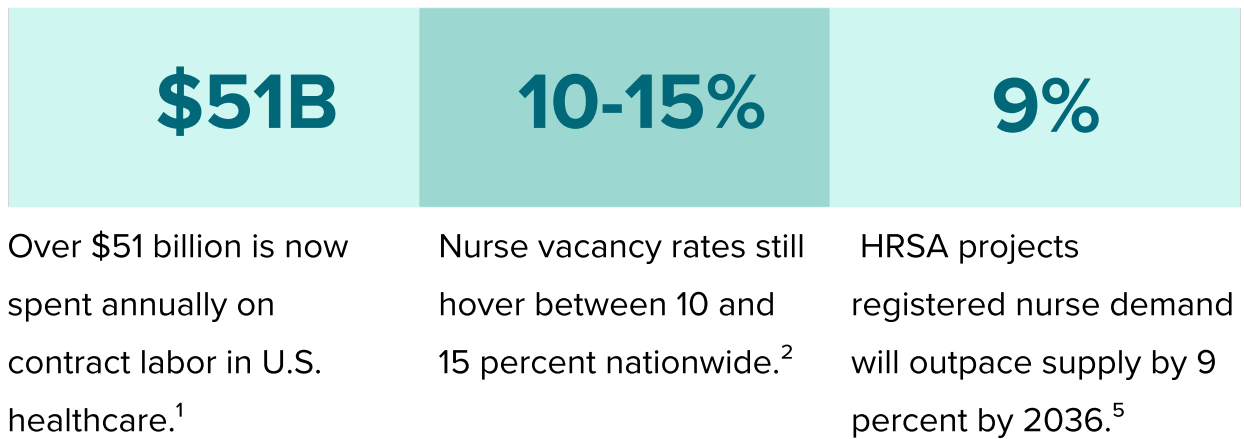
In 2026, the health systems pulling ahead are the ones that rebuilt their workforce infrastructure around a single orchestration layer. AI-integrated workforce platforms have moved from a nice-to-have to the operating foundation of serious workforce strategy, and the gap between early adopters and laggards is widening fast.



The current landscape

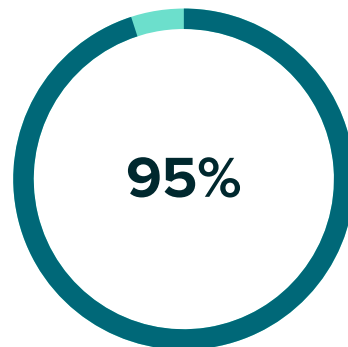
For most of the last decade, hospital workforce management meant juggling spreadsheets, siloed staffing agencies, and a float pool that never seemed large enough. The pandemic cracked that model wide open. When census swung wildly and every system started competing for the same shrinking pool of available nurses, the problems became impossible to ignore.

What emerged in the recovery period is a new market reality:



AI makes orchestration operational

At the same time, technology is starting to catch up. AI-powered workforce platforms can now do in hours what once took scheduling teams days: credential verification, compliance checks, shift matching, vendor coordination, and predictive demand forecasting.



Medely has **reduced the average time to credential** approval by 95%, from roughly 14 days in May 2024 to under 24 hours as of early 2026.⁶

That improvement is powered by two forces working in parallel: automated review handles eligible credentials in near-zero time, while the broader credentialing infrastructure has been fundamentally streamlined. Even credentials requiring additional review, which represent the vast majority of approvals, now clear in under a day on average, compared to nearly three days at the 90th percentile just two years ago.⁶

Why this matters for healthcare staffing

Health systems that rely on disconnected agencies and reactive shift-filling pay more on every contingent placement, in dollars, time, and care-quality risk. A single orchestration layer that unifies vendor management, float pools, credentialing, per diem dispatch, and labor oversight removes redundancy end to end.

The financial case follows. Fitch expects staffing costs to rise at mid-single-digit rates through 2026, while medical professional fees could increase by as much as 10 percent.⁴ Each hour of premium labor replaced with a well-timed internal float or per diem shift is margin recovered, and at scale, it adds up.

Labor visibility is no longer optional. Real-time clarity on internal capacity, float absorption, and the agency waterfall is now a core operational capability.

What leading organizations are doing

The health systems setting the pace in 2026 have built a tiered staffing waterfall: a structured sequence of labor sources, core staff, float pool, per diem, travel, agency, governed by a single platform that routes demand to the least expensive appropriate source before escalating.

What makes this work is not just the technology. It is the governance layer that sits on top of it. Leading organizations have **redesigned their workforce** operations centers around real-time dashboards that surface census variability, open shift risk, and cost-per-filled-shift alongside clinical acuity data. Staffing directors are building smarter internal capacity: larger, better-trained float pools, per diem programs that offer flexibility workers actually want, and travel programs scoped to true need rather than crisis response.

Workforce orchestration platforms also deliver a less obvious benefit: they make health systems better partners to the clinical workers who fill contingent roles. Faster credentialing, clearer communication, and consistent scheduling experiences improve fill rates and reduce no-shows; outcomes that directly affect patient care.

Ready to see
workforce
orchestration in
action?

Schedule a demo

Recommendations

1

Build a tiered staffing waterfall now. Internal float pool, per diem, travel, and agency, governed by a single platform that routes demand to the least expensive appropriate source first.

2

Implement an AI-integrated platform to accelerate time-to-fill and shift planning. Vendor onboarding compresses from 60 days to 20, and predictive coverage planning surfaces gaps weeks in advance.

3

Labor visibility is a baseline capability. Knowing real-time internal capacity, float availability, and per diem bench depth is what separates proactive workforce leadership from reactive crisis management.

The road ahead

The U.S. healthcare staffing market is projected to reach \$30 billion by 2033, growing steadily as an aging population drives sustained demand for clinical labor.³ The structural shortage is not going away; HRSA projects registered nurse demand will outpace supply by 9 percent by 2036.⁵ The organizations that build workforce orchestration infrastructure now will hold a durable advantage over those that wait.

AI capabilities will continue maturing rapidly. Natural language scheduling, predictive acuity-based staffing models, and real-time market rate intelligence are already entering production environments. Health systems that have invested in integrated platforms will be best positioned to absorb these capabilities as they arrive, rather than retrofitting them onto a fragmented foundation.

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