



EDUCATIONAL RESOURCES

# Retaining Clinicians in a System That Wasn't Built for Them

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HOME HEALTH



HOSPICE



# Welcome

- So glad you are here
- Let's do this workshop

# Retaining Clinicians in a System That Wasn't Built for Them

- A practical look at how operational friction drives burnout — and what leaders can do about it
- Cody Godley | Regional Director of Sales, WorldView
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# The Retention Crisis Is Real

The numbers are hard to ignore:

- Home health and hospice turnover rates regularly exceed 60–80%
- The cost to replace one clinician: \$40,000–\$60,000 in recruiting, onboarding, and lost productivity
- Burnout is now cited as the #1 reason clinicians leave — not pay
- Many agencies are running short-staffed every single day

The question isn't whether there's a problem. It's whether we're solving the right one.

# The Common Narrative (And Why It's Wrong)

## What we typically hear:

- "We just can't find enough nurses"
- "It's a generational workforce issue"
- "We need to pay more"

## What the data actually shows:

- Clinicians aren't leaving because the work is hard — they knew that going in
- They're leaving because the systems around the work make it harder than it needs to be
- Burnout is disproportionately driven by administrative burden, not clinical demand

Reframe: **Burnout is a systems problem disguised as a staffing problem**

# The Expectations Gap

What clinicians signed up for vs. what they actually experience

They Came to Do	What They Actually Spend Time On
Deliver patient care	Chase down signatures and missing paperwork
Build patient relationships	Navigate clunky software with too many clicks
Apply clinical judgment	Re-enter the same data into multiple systems
Work with a care team	Send follow-up faxes and wait for responses
Leave work at work	Finish documentation after hours at home

Every hour spent on administrative friction **is an hour not spent on the reason they chose this career**

# Where the Day Actually Goes

## **Studies consistently show clinicians spend:**

- 35–40% of their time on documentation and administrative tasks
- Only 19–27% of their time in direct patient care
- Significant time on communication delays, system navigation, and rework

## **In home health and hospice specifically:**

- Chasing physician order signatures
- Tracking down missing referral documents
- Re-doing intake work due to incomplete information at handoff
- Managing fax-based workflows that create silos

**The paperwork load isn't a minor inconvenience. It's a structural barrier to care delivery.**

# System Friction: The Invisible Driver of Burnout

**What is system friction?** Friction is any point in a workflow where a clinician has to stop, wait, repeat, or work around a broken process.

## **Common friction points in home health and hospice:**

- Physician orders that require manual tracking and repeated follow-up
- Documents that arrive disconnected from the patient record
- Intake information that doesn't flow to clinical staff accurately
- Approval workflows that stall in someone's inbox
- Mobile tools that don't work offline or require too many steps

**Friction compounds.** One friction point causes a workaround. Workarounds cause errors. Errors cause rework. Rework causes after-hours documentation. After-hours work causes burnout

# The Hidden Costs Nobody Is Tracking

Most agencies track turnover cost. Few track friction cost

## Direct costs of system friction:

- Overtime and after-hours documentation time
- Rework from incomplete or duplicated records
- Delayed billing tied to unsigned or missing orders
- Compliance risk from documentation gaps

## Indirect costs that rarely make it into a report:

- Clinician frustration eroding team culture
- Reduced patient satisfaction from care delays
- Weakened referral relationships due to slow turnaround
- Leadership time spent managing operational fires vs. strategy

**If you can't see the cost of friction, you can't make the case to fix it.**

# Workarounds Are a Warning Sign

When systems don't work, people adapt — but adaptation has a price

## Common workarounds in the field:

- Keeping personal notes or spreadsheets to track what the system should track
- Texting coworkers to get information that should be in the record
- Photographing documents on personal phones to share faster
- Entering data twice across disconnected systems
- Calling physicians directly because fax follow-up takes too long

## What workarounds tell leadership:

- The system is not meeting the workflow need
- Staff have lost confidence in the process
- Risk is being managed informally, outside of compliant channels

**Workarounds feel like solutions. They're actually signals.**

# The After-Hours Tax

**Documentation that follows clinicians home is one of the clearest signs of system failure.**

- After-hours charting and order management is normalized in many agencies — but it
- shouldn't be
- It directly erodes work-life balance, which is consistently ranked in the top 3 reasons clinicians leave
- It signals that the workday is structurally too long — not because of patient volume, but because of process inefficiency

**The compounding effect:** After-hours work → poor sleep and recovery → reduced engagement → clinical errors → more rework → more after-hours work

**This is not a personal resilience problem. It's an operations design problem.**

# What Clinicians Actually Need From Systems

**When you ask clinicians what would help most, the answers are consistent:**

1. Less time re-entering information that already exists somewhere
2. Clear visibility into what's pending, approved, or missing — without having to ask
3. Mobile tools that actually work in the field (including offline)
4. Workflows that match how care teams actually operate
5. Fewer interruptions chasing signatures and approvals
6. Confidence that documentation is complete and compliant — without extra burden

**They're not asking for magic. They're asking for systems that work.**

# Core Principles for Systems That Support Retention

**If you're evaluating or redesigning systems, ask: does this reduce friction or add it?**

**Principle 1:** Reduce clicks, not just steps Staff adoption fails when systems are technically capable but practically cumbersome. Ease of use drives use.

**Principle 2:** Information should flow, not get re-entered Every time someone has to re-key data that already exists, you've introduced a friction point and a risk of error.

**Principle 3:** Visibility replaces chasing When orders, approvals, and document status are visible in real time, staff stop spending time following up and start spending time on care.

**Principle 4:** Mobile must actually work Clinicians are in the field. If the mobile experience is clunky or requires connectivity that isn't always available, it will be abandoned.

**Principle 5:** Systems should fit your workflow — not the other way around Configurable, flexible workflows mean staff don't have to change how they work to use the tool.

# What "Better" Looks Like in Practice

The shift from friction-heavy to friction-light operations:

Friction-Heavy	Friction-Light
Paper-based or email order tracking	Automated order tracking with real-time dashboards
Fax-dependent signature collection	Electronic signatures closed in days, not weeks
Disconnected intake and clinical systems	Unified intake that flows directly into patient records
Manual record retrieval (hours per chart)	Instant access to attached, organized records
After-hours documentation the norm	Mobile capture in the field, in real time
Staff chasing approvals	Automated reminders and escalation workflows

*The goal isn't just efficiency. It's giving clinicians their time back.*

# Questions to Ask About Your Own Systems

## **For clinical and operations leaders, use these as a diagnostic:**

- How much time per week are your clinicians spending on documentation versus direct care?
- How many steps does it take to track the status of a physician order?
- Do your staff have workarounds they rely on daily? Do you know what they are?
- What percentage of your documentation is completed after hours?
- When a new referral arrives, how long before clinical staff have the full picture?
- How quickly do signed orders flow into billing?
- Do your mobile tools work offline? Do your staff actually use them?

**If any of these questions make you uncomfortable, that's where the opportunity lives.**

# Key Takeaways

## What to bring back to your organization:

1. Burnout is a systems problem — not just a workforce shortage or a personal resilience issue
2. The expectations gap is real — clinicians came to care for patients, not to manage administrative friction
3. Friction compounds — one broken process creates workarounds, errors, rework, and afterhours documentation
4. The costs are hidden but significant — lost billing, compliance risk, turnover, and eroded culture
5. Better systems are possible — and they don't require clinicians to change how they work
6. Start with visibility — real-time insight into what's moving and what's stuck changes everything

# Thank You + Q&A



We'd love to keep the conversation going.

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**About WorldView:** WorldView is the healthcare operations platform built for home health, hospice, and personal care providers. By centralizing orders, approvals, and clinical records in one connected system, WorldView helps providers eliminate bottlenecks, reduce administrative burden, and give clinicians more time for what matters most: patient care.

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