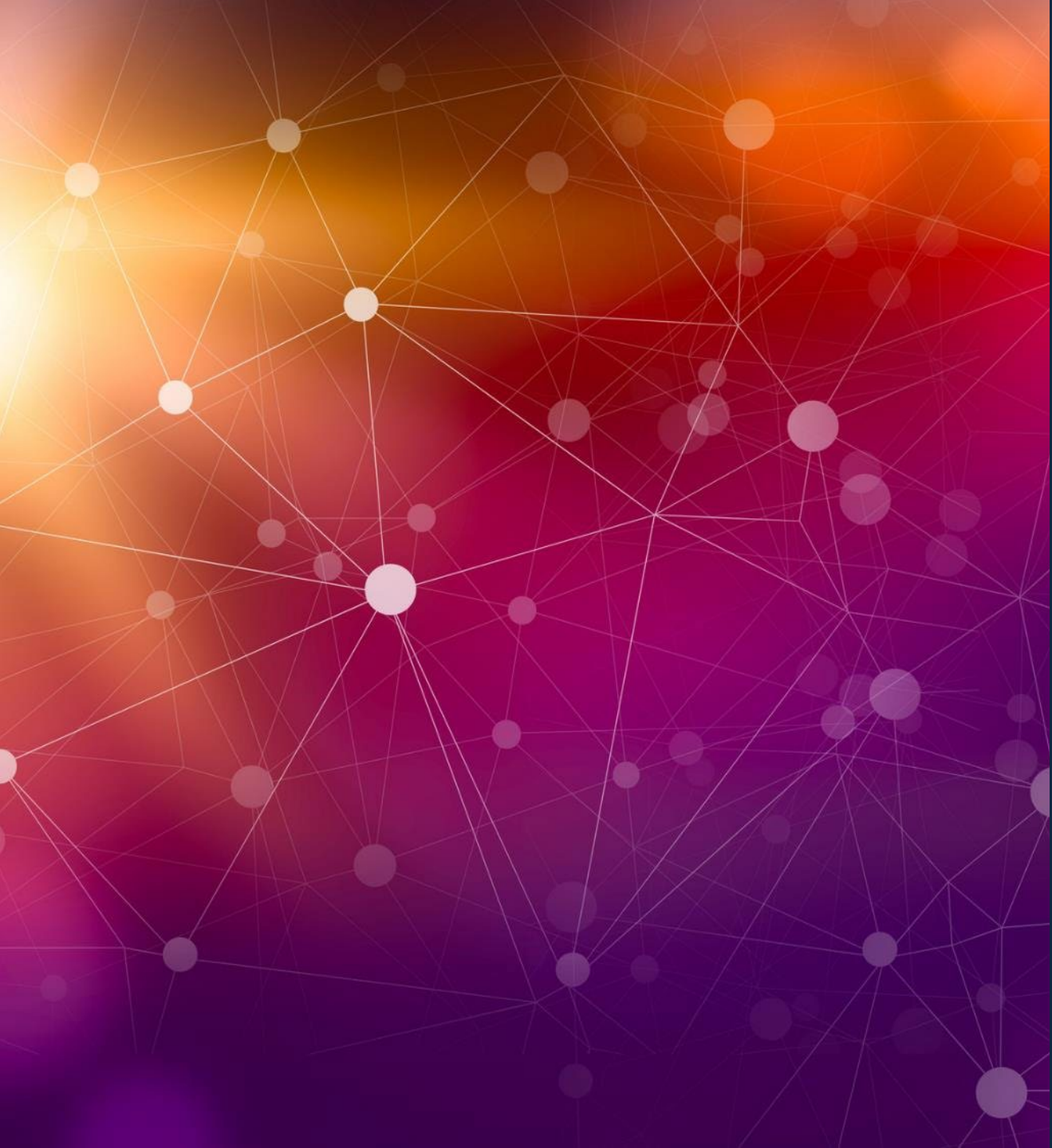




Considerations for use of AI in Healthcare

Sara Kroenke, DNP, RN, CPHQ
Clinical Informatics Nurse Specialist

Agenda

My Background

Top Considerations of Healthcare Orgs

Types of AI in Healthcare

Examples of AI Implemented in three
Healthcare Organizations in WI and Recs

AI Governance and Policy

AI Research Opportunities

Key Takeaways

Who am I?

- RN for 19 years, worked at 4 healthcare orgs
- DNP, MSN, BSN degrees from WI schools
- Certified Professional of Healthcare Quality (CPHQ) and 6 Epic certifications
- 12 years of experience leading implementation of informatics - related solutions, 8 years AI
- Mother and wife
- From rural Wisconsin. My mother is a retired Primary Care PA



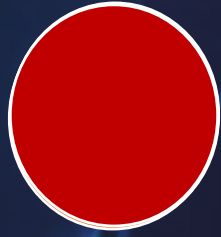
Top Considerations of Healthcare Orgs Implementing AI:

- Cost
 - Upfront and return on investment
 - Resourcing: Speed of implementation and adoption
- Ethics
 - Retention policy and/or ownership of content
 - Security, privacy, governance, and consent
 - Quality of care impact
 - Environmental health impact of using AI

7 Generations into the Future

We cannot simply think of ourselves and our survival; each generation has a responsibility to “ensure the survival for the seventh generation.”

Distinguishing Types of AI Use



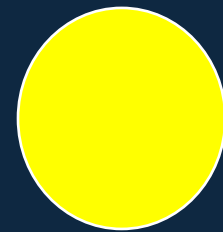
4. AI that communicates directly with patients and presents itself in place of a healthcare professional.

Patients should clearly know when they are interacting with AI rather than a person.

Consent should depend on what the tool does, what information it uses, and whether it provides clinical advice or makes autonomous decisions.



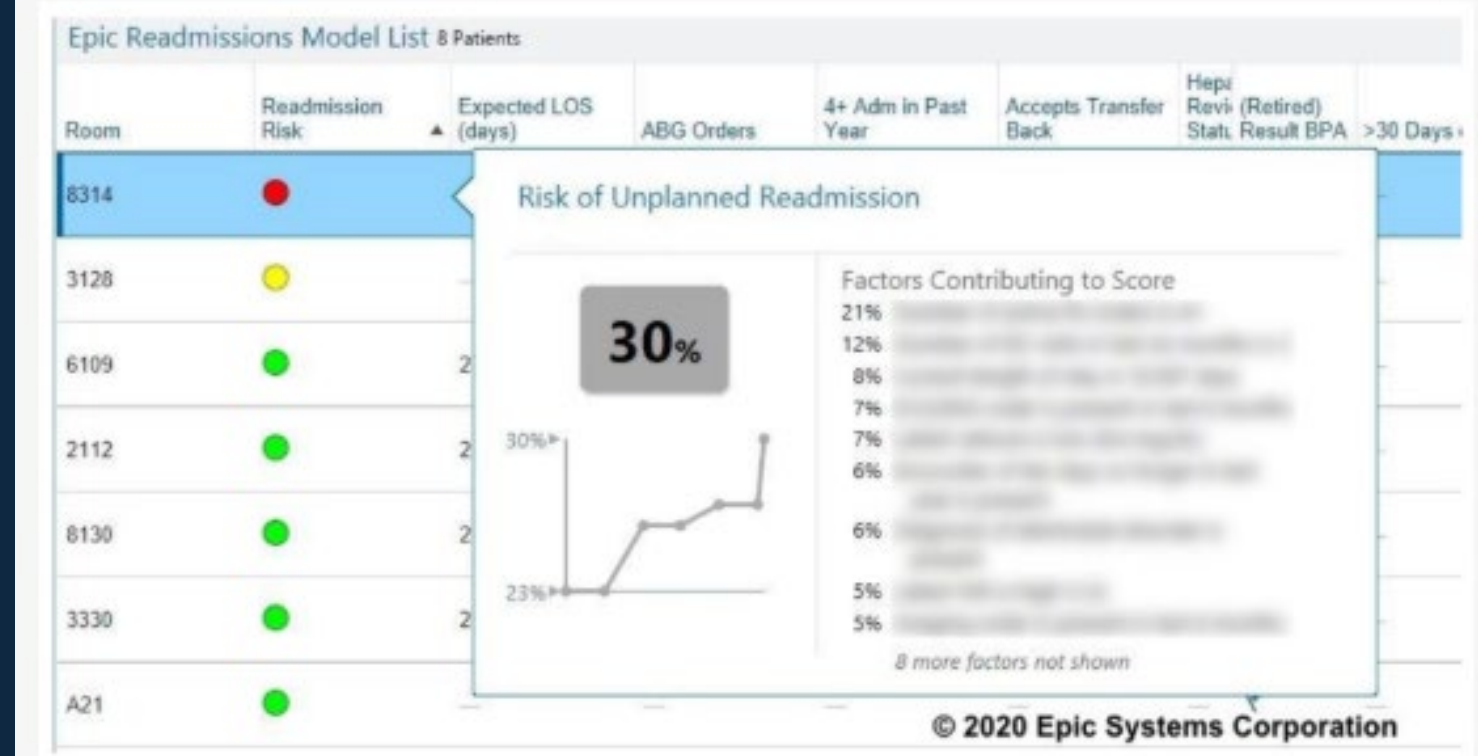
AI, Predictive Analytics



Epic's Readmit Risk 1.0 & 2.0 Models

- **Value:** Tool that uses predictive analytics to calculate the likelihood of a patient having an unplanned readmission to the hospital.
- Displays a numerical score and color icon:
 - low, medium, high risk
- Not intended to supersede clinical decision making

Figure 1. Epic Readmission Risk Model Appearance in Patient Lists. Risk variables blurred at request of Epic.



AI Predictive Analytics – Model Validation

- Data sciences team validated on populations at the organization. After time, validated again.
- Needed to make operational decisions about where to set low, medium and high thresholds.
- The most challenging part for operations was identification of which interventions to implement for each (low, medium, high) category.
- How many patients should fall in each category based on the intervention and resources available?



Risk & Legislative Opportunity



Risk:

- Bias, lack of validation, performance drift as populations or practices change.

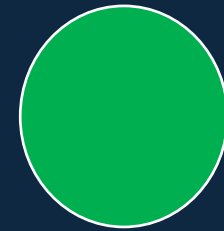
Opportunities:

- Require appropriate validation and ongoing monitoring for safety, bias, performance drift, and unintended consequences. – *Dr. Mortimore*
- Apply stronger requirements to autonomous, opaque, or patient-facing AI than to administrative, knowledge-support, or clinician-reviewed tools. – *Dr. Mortimore*



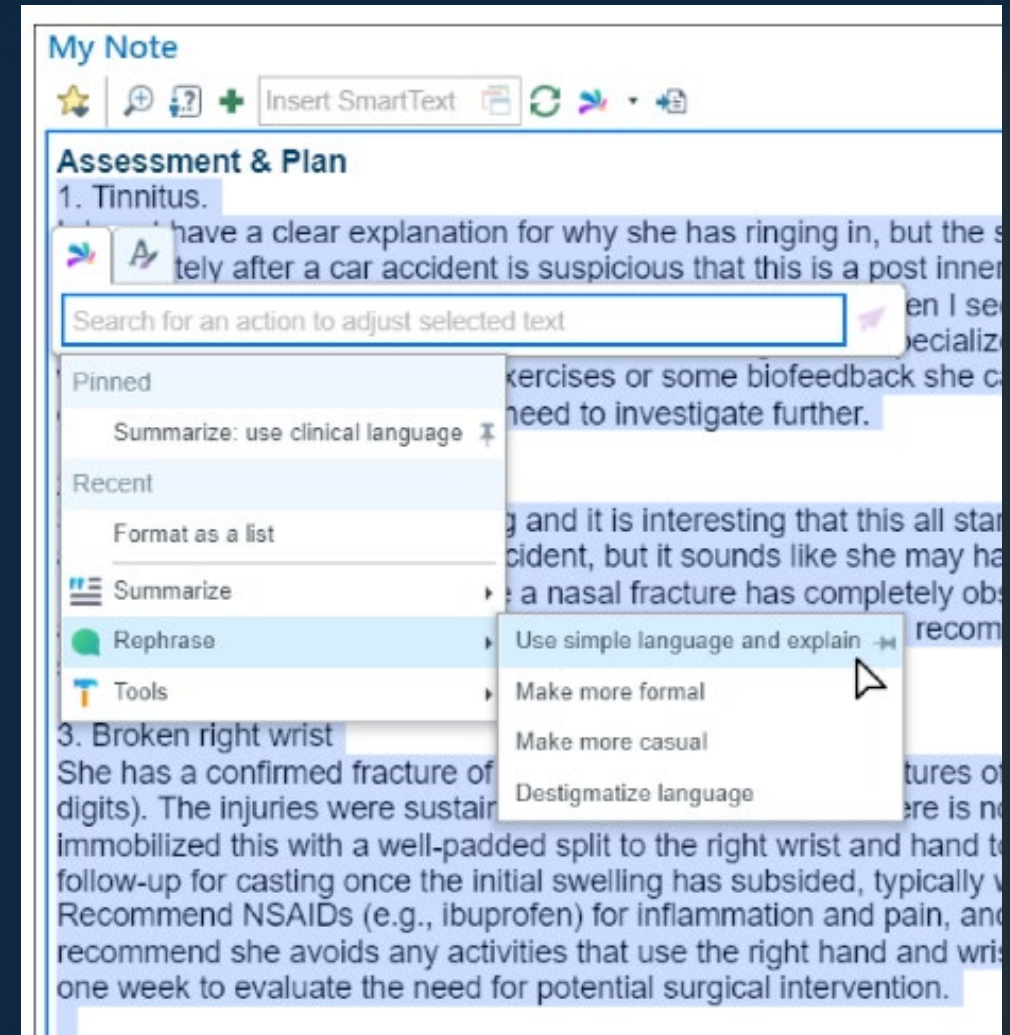


Epic's AI Text Assistant – Evaluation of AI Tools



EPIC's AI Text Assistant – Healthcare Evaluation

- *Value:* EPIC's AI tools that allow multiple functions to be performed within EHR notes:
 - Summarization
 - Changing the tone
 - Spelling and Grammar
 - Update formatting



EPIC's AI Text Assistant – Healthcare Evaluation

- Evaluation question:
“How do we operationalize AI Text Assistant?”
- Understand the impact of functions to preset texts (SmartTexts) designed for compliance, billing, and reporting purposes.
- Outcomes:
 - No negative impact to reporting and compliance
 - No issues with coding, and therefore billing
 - Overall, there was very positive clinician feedback that the tool helped to reduce note bloat and save time!

Risk & Legislative Opportunity



Risk:

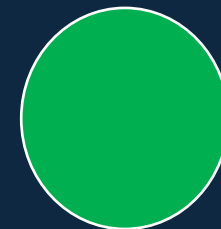
- AI tools may seem low impact and helpful, however it may take significant healthcare resources to evaluate, validate, and operationalize their use or turn them off.

Opportunities:

- Give customers and consumers options to opt out of AI tools without needing considerable resources to turn them off.

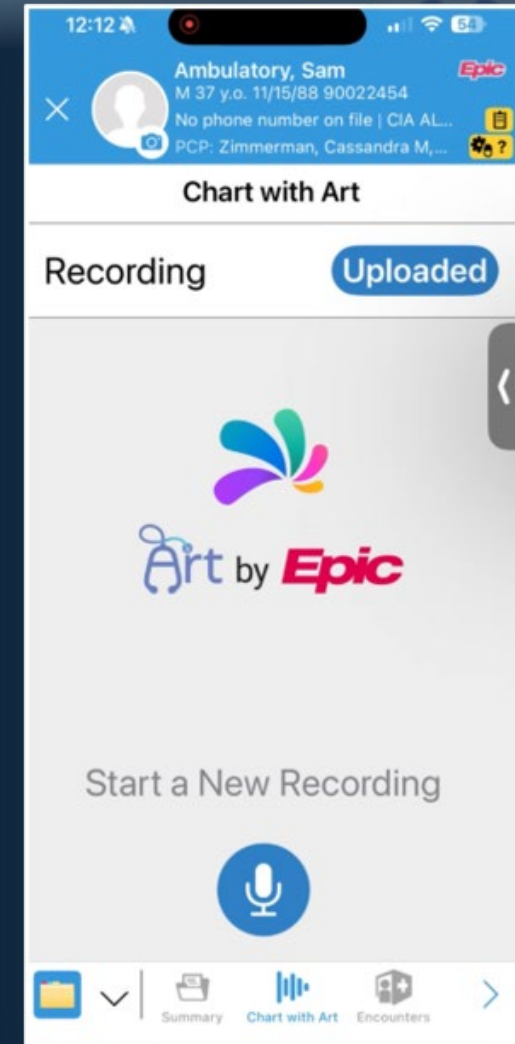
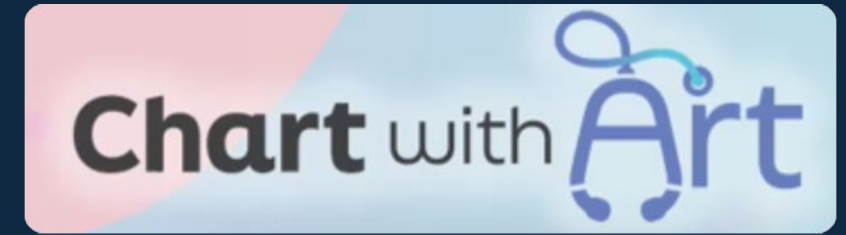


AI Ambient Scribe Solutions



EPIC's Ambient Scribe Solution:

- UnityPoint Health was selected by Epic as an early adopter for Epic's ambient listening solution, Chart with Art.
- Chart with Art *value*:
 - Serves as an ambient scribe during provider and patient or other provider interactions.
 - Can queue up orders and diagnoses for providers.
 - Works within templated notes and is designed to allow information to flow into the appropriate sections.
 - Allows personalization, so providers can create memories.

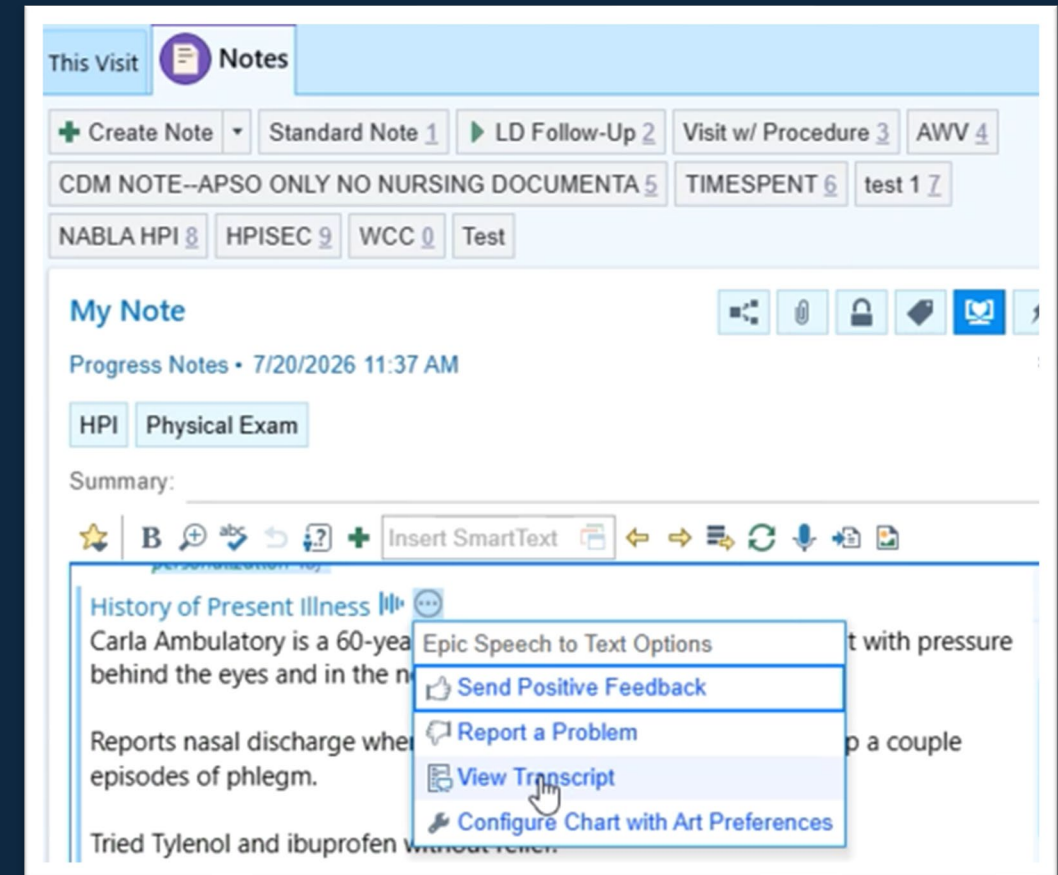


EPIC's Ambient Scribe Solution:



- Implementation:

- Two pilot waves with Inpatient, ED, and Outpatient providers.
- Go live for all iOS providers 9/8!
- 12/6 Epic upgrade go live:
 - Provider with Androids
 - Dx and orders
- Go live for nursing anticipated Q1 2027.



Risk & Legislative Opportunity



Risk:

- Use of patient information in ways that do not align with consumer preference and lead to distrust of AI and healthcare.
- Retention of clinician recordings could lead to staff distrust or dissatisfaction

Opportunities:

- Healthcare organizations should clearly explain how AI may use patient information. Additional disclosure or consent may be appropriate when identifiable information is used beyond approved healthcare operations, retained for unrelated purposes, or used to train a shared model. This is different from an approved tool operating within established HIPAA, privacy, security, and vendor-management requirements. – *Dr. Mortimore*
- Consider legislation where recordings cannot be stored indefinitely or beyond a certain timeframe where it no longer has clinical utility. – *Anonymous clinician*

Risk & Legislative Opportunity



Other Opportunities:

- Preserve clear human accountability for clinical decisions and patient communications. – *Dr. Mortimore & Dr. Westfall*
- Vendor accountability for transparency about intended use, known limitations, data retention, model training, and significant model updates. – *Dr. Mortimore*
- AI is very often designed and built under remarkably complex code/training/etc. and much of that is proprietary, so there often isn't transparency on how the AI is making determinations and recommendations. This has been a source of governmental concern and rightfully should. – *Dr. Westfall*

Governance & Policy Considerations

- One healthcare organization created a cross-function, interprofessional governance committee. They review and approve EHR and non-EHR AI-related solutions prior to implementation.
- Other Examples of Governance:
 - Incorporating AI into policies (i.e. Conditions of Admission)
 - Creating Guidelines for Use
 - Creating Evidence-Based Best Practice Recommendations
- Consider multidisciplinary governance for regulation of AI in healthcare. *Dr. Mortimore*

Opportunities for Healthcare AI Research

- There are major research gaps in how AI is used in healthcare:
 - AI implementation – *UW School of Nursing is pioneering in this area*
 - Validation, actual impact on healthcare decision making and patient outcomes.
 - Longitudinal research to assess unanticipated outcomes
 - AI health and environmental impact
 - Privacy and secondary use of healthcare data
- Consider legislation that supports funding research of healthcare AI

Key Takeaways

- Take the long look - Think 7 generations ahead and think upstream to prevent knee-jerk legislation later.
- Be methodical and research before you make big decisions that will impact so many people's lives. Help us do it right. Strike the balance between rapid progress and over-regulation.
- Preserve clear human accountability for clinical decisions and patient communications. – *Dr. Mortimore*
- Include multidisciplinary healthcare professionals, including nurses and patients in AI decisions and governance.

Thank you

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References

1. [Our Responsibility to The Seventh Generation](#)
2. [Implementation and Continuous Monitoring of an Electronic Health Record Embedded Readmissions Clinical Decision Support Tool](#)
3. [Epic UserWeb](#) © 2026 Epic Systems Corporation, Chart with Art TM is a trademark of Epic Systems Corporation
4. [the-ethical-use-of-artificial-intelligence-in-nursing-practice_bod-approved-12_20_22.pdf](#)
5. [Using Artificial Intelligence to Make Us More Human – School of Nursing – UW–Madison](#)
6. Ideas and quotes from:

Wendy Mortimore, MD - Chief Medical Information Officer for UnityPoint Health

Thomas Westfall MD, MMM, FHM- Market Chief Medical Information Officer for UnityPoint Health-Madison

Jonathan Garvey, MSN, RN, CNL – Manager Clinical Informatics

Ann Wieben, PhD, RN – Assistant Professor, UW Madison School of Nursing

Nicole L. Fish, MBA; a member of the Menominee Indian Tribe of Wisconsin

Other Providers & Clinicians & WI citizens