

WORKFORCE BY DESIGN

Productivity is a Leadership Decision

A Top-Down Framework for Care-at-Home Organizations

MOMENTUM
HEALTHCARE & TECHNOLOGY
CONSULTING

The Reality of Certified Home Health



Expectations

- Clinical excellence
- Regulatory precision
- Financial discipline
- Emotional resilience



Constraints

- Reimbursement rates
- Regulatory change
- PDGM
- Broader policy

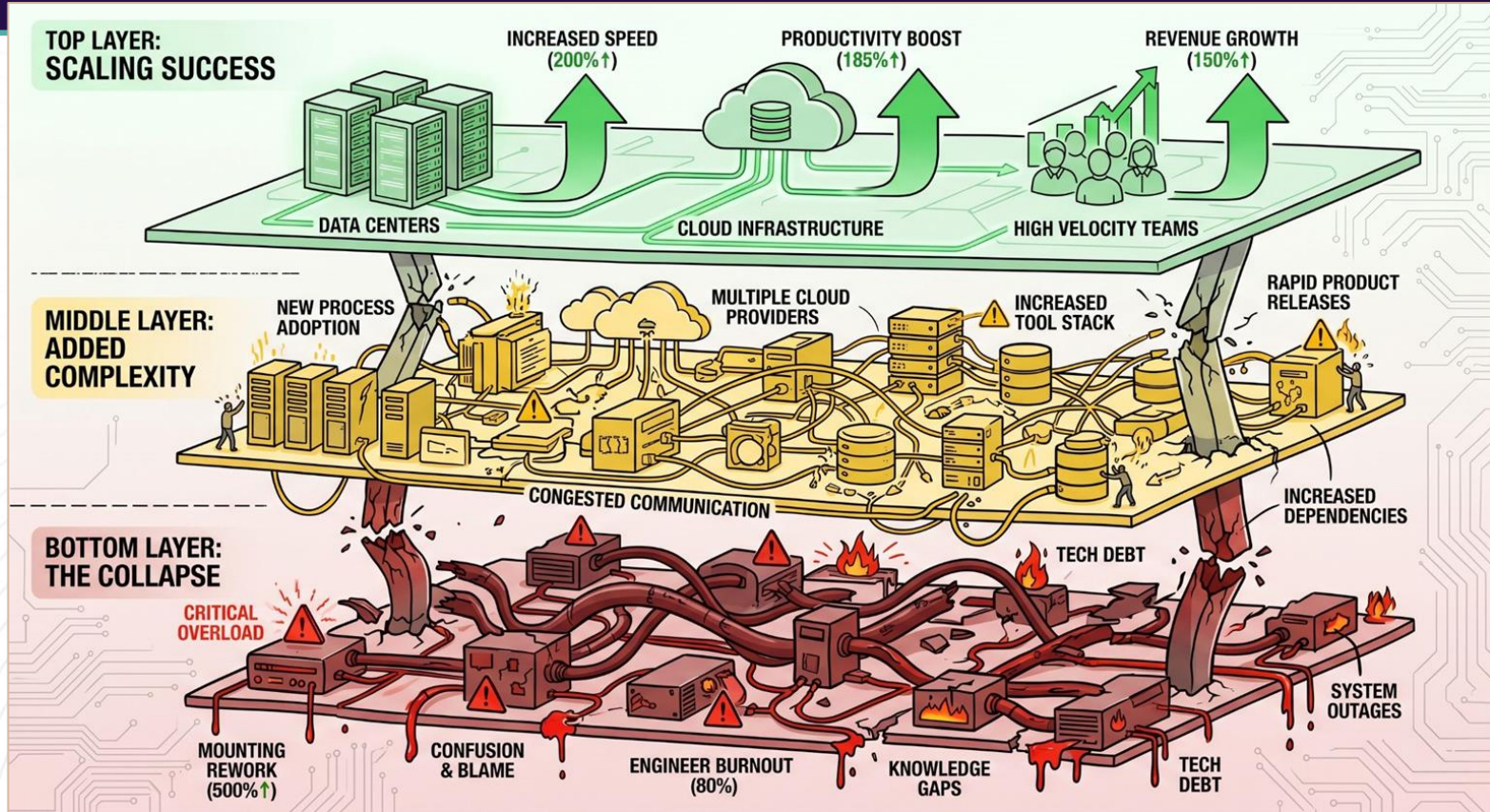
Hi, I'm Kristen Duell.

- Founder & CEO, Momentum Healthcare & Technology Consulting
- 24+ years in healthcare
 - 19 years in healthcare technology
- Provider groups, technology implementation, and strategic leadership
- Founder of IDEAL for Healthcare



Once Upon a Time...

I built a system that looked successful...
turned out I was building the problem.



MORAL OF THE STORY

If the business only works
because you're holding it
together, it's not scalable.

The Cost of Misalignment



**Burned-out
clinicians**



**Reactive
managers**



**Exhausted
teams**



**Unstable
margins**

Signals of a Broken System

1. Referral-to-Admission Flow Efficiency
2. After-Hours Clinical Workload
3. Daily Systems Access per User
4. Rework Rates
5. Leadership Capacity vs. Workload Demand
6. Turnover in Frontline Operational Roles



Referral-to-Admission Flow Efficiency

Diagnostic Questions:

- Where are referrals bouncing between roles?
- Where is outreach being duplicated?
- Where is information breaking down or getting lost?
- Where are unnecessary handoffs occurring?



After-Hours Clinical Workload

Diagnostic Questions:

- What work starts during the day but finishes after hours?
- What can't be documented during the visit?
- Where are clinicians relying on memory instead of real-time capture?
- If after-hours work stopped, what would break?



Daily Systems Access per User

Diagnostic Questions:

- How many systems does one task require?
- Where is the same data entered more than once?
- Where are users switching systems mid-workflow?
- Which systems don't naturally connect but must be reconciled?



Rework Rates

Diagnostic Questions:

- Where is work being touched more than once?
- What requires repeated clarification or follow-up?
- Where are inputs unclear on the first pass?
- Where are handoffs causing work to be reprocessed?



Leadership Capacity vs. Workload Demand

Diagnostic Questions:

- How many active priorities is one manager carrying at once?
- Where is attention constantly being split across competing demands?
- What work requires repeated context switching to complete?
- Where are issues being managed instead of fully resolved?



Turnover in Frontline Operational Roles

Diagnostic Questions:

- Where are frontline roles absorbing the most workflow friction?
- What work depends on constant reprioritization just to stay caught up?
- Where are conflicting processes creating day-to-day instability?
- Where is turnover highest closest to operational execution?



Common Mistakes That Drive Misalignment

Adding a CRM on top of an EMR

Layering dashboards without defining measurable success

Implementing point solutions for intake, scheduling, QA

Adding documentation requirements to improve compliance

WHY ORGANIZATIONS DEFAULT TO COMPLEXITY

Organizations default to effort because it feels like action and design is invisible. Effort gets rewarded, even when it increases friction.

The Myths of Workforce Productivity



More visits
automatically equal
better performance



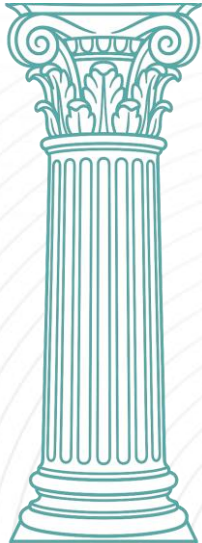
EMR optimization
alone can solve
productivity



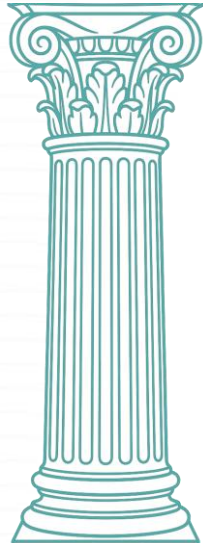
Training harder
equals process
adoption

The Myths of Workforce Productivity

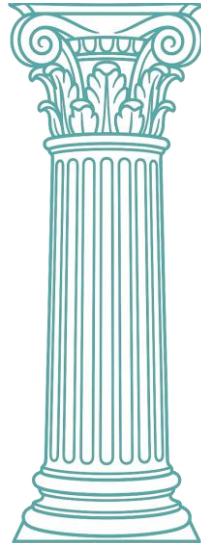
**Financial
Clarity**



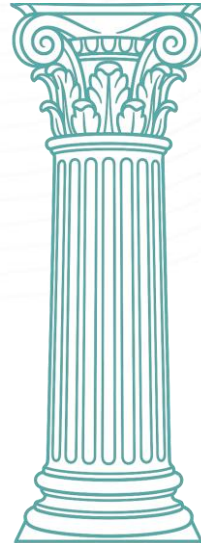
**Clinical
Workflow
Design**



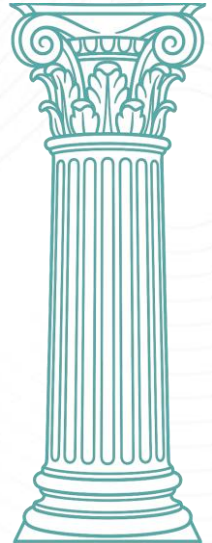
**Technology
Discipline**



**Manager
Accountability**



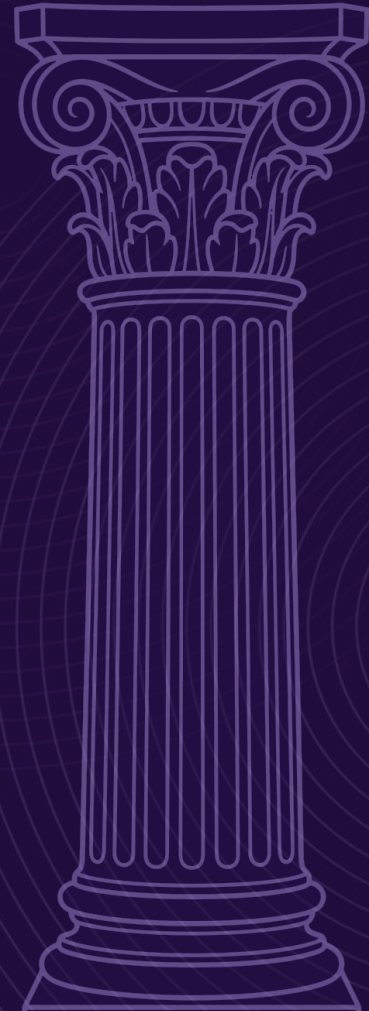
**Adoption
Strategy**



PILLAR 1

Financial Clarity

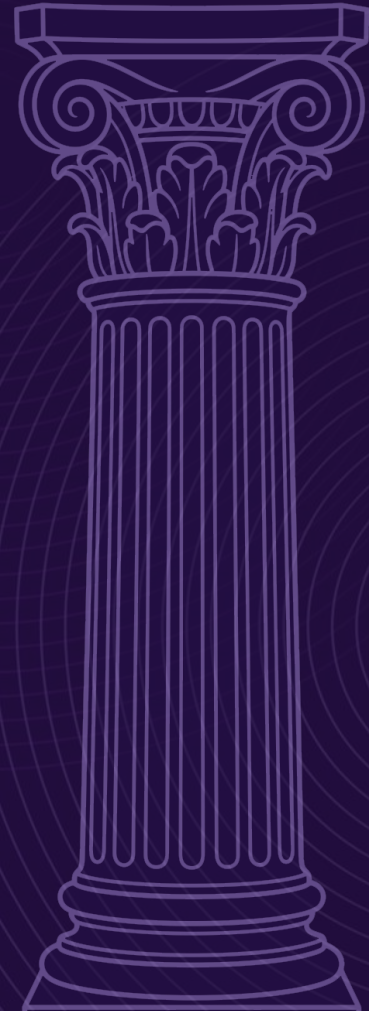
Does your workforce design *actually* support your margin model, or does it require constant overperformance to make it work?



PILLAR 2

Clinical Workflow Design

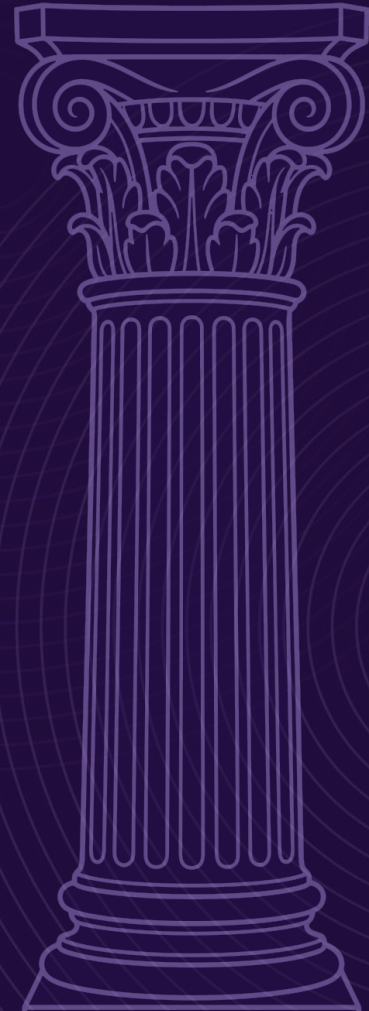
Does your clinical workflow force clinicians to
create workarounds to get it done?



PILLAR 3

Technology Discipline

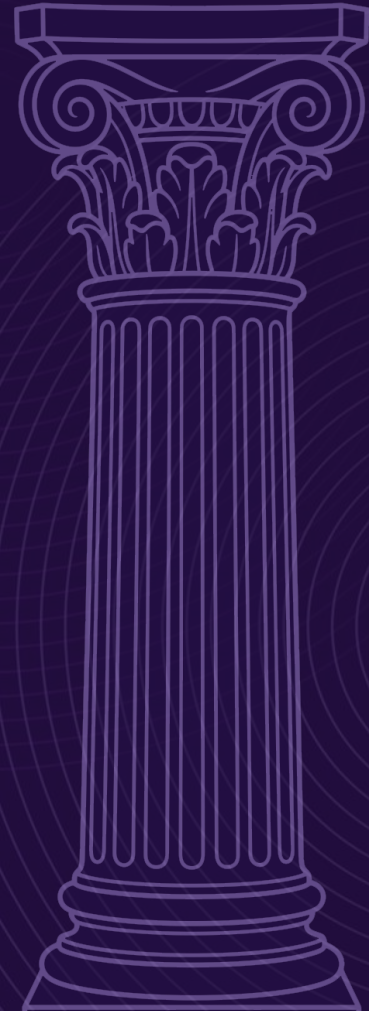
Where are clinicians working around the system instead of through it?



PILLAR 4

Manager Accountability

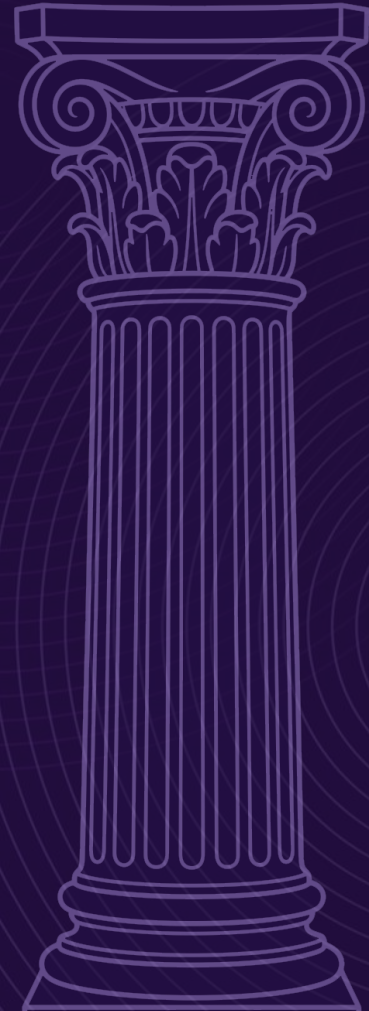
Are your managers spending most of their time
fixing workflow breakdowns?



PILLAR 5

Adoption Strategy

Are you measuring process adoption by training completion or by sustained behavior change?



Adoption Pitfalls

- Cognitive overload is underestimated
- Middle managers are not trained to reinforce change
- Productivity expectations shift mid-implementation
- Leadership behavior does not model the change

Adoption
=
Behavior
Over Time

Intake System Redesign

Before

- Email / fax intake
 - Manual EMR entry
 - Spreadsheet + CRM tracking
 - Parallel clinical review
 - Incomplete information flow
-

Result:

Delays • Rework
Missed referrals • Frustration



After

- Single intake entry point
 - Clear workflow ownership
 - Integrated systems (no duplicate entry)
 - Real-time referral visibility
 - Defined escalation paths
-

Result:

Faster admission • Less rework
Better experience • Higher conversion

Guiding Principles for Effective Leadership

Facilitating psychological safety

Fostering dependability

Providing structure and clarity

Ensuring employees understand their role's impact

Knowing when to pause

What You Can Control

Do your workflows create clarity?

Does your technology support the work?

Does your leadership behavior reinforces alignment?

Design the system right, and productivity will follow.
(without the fight)

Thank You!

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