

# Reducing Documentation Burden in LTC

If you're like many long-term care leaders, you're asking an increasingly difficult question: "How can we reduce documentation burden and staff workload while maintaining quality care, regulatory compliance, and positive resident outcomes?"

You may be hearing more about artificial intelligence, ambient documentation, and clinical copilots—but it's not always clear which solutions are practical, which are hype, and how they fit responsibly into the realities of long-term care.

GlobalDWS developed this briefing to help administrators, Executive Directors, Directors of Care, and clinical leaders better understand the opportunities, challenges, and lessons emerging from AI-enabled dictation and documentation initiatives in Canadian long-term care. Drawing on real-world experience from a recent pilot project at Meighen Health Centre, this briefing highlights key considerations for organizations exploring how AI can reduce administrative burden, improve workflow efficiency, and create more time for resident engagement and quality care.

## Why This Matters

Canadian healthcare professionals continue to report significant administrative pressures:

- 56% report some level of burnout.
- 65% describe after-hours documentation workload as excessive or moderately high.

Health Canada identifies reducing administrative burden as 1 of the 8 key priorities for improving nurse retention and supporting workforce sustainability.

For long-term care leaders, the challenge is clear: how can organizations reduce documentation burden while maintaining quality, compliance, and resident-centred care? GlobalDWS is pleased to share key lessons from an AI-assisted clinical documentation pilot at Meighen Health Centre of the Salvation Army in Canada.

### Key Takeaway

The most successful AI documentation initiatives do not begin with software. They begin with operational challenges, clinician engagement, leadership alignment, and a commitment to improving care delivery.

## Early Impact

Meighen Health Centre reports documentation efficiency gains, more timely and standardized clinical notes, and enhanced experiences with residents.

# 30%

average reduction in  
documentation time

# 5–7

minutes saved per  
encounter

## Three Practical Lessons for LTC Leaders:

### 01

### Start with the Workflow, Not the Technology

Successful transformation begins by focusing on a workflow where AI can deliver meaningful value quickly. GlobalDWS worked with Meighen Health to evaluate potential use cases and select the Nurse Practitioner SOAP Notes workflow as the initial priority. This focused, high-impact scope allowed the team to validate outcomes, build trust, and establish a foundation for future phases and broader adoption.

#### Executive Reflection

Where is documentation burden having the greatest impact on your staff, residents, and families?

### 02

### Keep the Design Clinician-Led

The pilot started with a focused Nurse Practitioner use case to validate performance and refine documentation workflows before expanding to other clinical roles. This phased approach helped:

- Build confidence
- Reduce implementation risk
- Generate meaningful feedback
- Support adoption

#### Executive Reflection

Who will you engage to collaborate in solution design, testing, and optimization?

### 03

### Treat AI as a Strategic Enabler

AI documentation is not simply a technology project. Its value comes from improving:

- Access to information
- Workflow efficiency
- Documentation consistency
- Clinical decision support
- Staff experience
- Resident experience

#### Executive Reflection

Who will you engage to collaborate in solution design, testing, and optimization?

# Executive Readiness Checklist

*Every long-term care organization is at a different stage of its technology adoption journey. Use this checklist to identify opportunities to reduce administrative burden, improve staff experience, and strengthen care delivery. The questions below can help guide discussions with internal stakeholders and technology adoption partners as you assess priorities, readiness, and next steps.*

## Documentation & Care Delivery

- ☐ Where is administrative burden having the greatest impact on staff, residents, and families?
- ☐ Which documentation activities consume the most clinician time?
- ☐ Are there opportunities to improve how information is captured, accessed, or shared?

## Staff Experience & Adoption

- ☐ Which clinical leaders and frontline staff should help shape priorities?
- ☐ How will we build confidence and trust in new tools and processes?
- ☐ What training and support will staff need to be successful?
- ☐ How will we measure improvements in staff experience and efficiency?

## Privacy, Compliance & Governance

- ☐ Have we identified privacy, security, and compliance requirements?
- ☐ What governance processes are required to support responsible AI adoption?
- ☐ How will AI-generated documentation be reviewed and approved?
- ☐ What safeguards are needed to ensure transparency and accountability?

## Funding, Value & Sustainability

- ☐ Which initiatives could deliver meaningful value within the next 6–12 months?
- ☐ How can near-term projects support a longer-term modernization roadmap?
- ☐ What resources may be required to support implementation and change management?
- ☐ Are there funding opportunities that align with our priorities?

Technology alone does not create transformation. Organizations that achieve the greatest value from AI typically begin with a clear understanding of their priorities, engage stakeholders early, and work with experienced partners to assess opportunities, manage change, and build a roadmap for sustainable adoption.

### Questions?

Please contact:

[lee.stjames@globaldws.com](mailto:lee.stjames@globaldws.com)