

What To Expect in Healthcare in 2025



*Opportunities and Risks on the Minds
of Healthcare Leaders This Year*





Looking back at another year in healthcare, leaders continued to experience many of the same challenges in 2024 they encountered in 2023. Workplace violence sits at the forefront of these issues, gaining global attention as healthcare thought leaders work to implement solutions.



Staffing shortages, increased patient and family member agitation, and lack of trust have all exacerbated workplace violence in healthcare over the previous few years. An NNU study¹ showed that 82% of nurses experienced at least one incident of workplace violence last year, while almost 46% of nurses saw an increase in workplace violence in their unit. As healthcare organizations seek increased safety for their staff and patients, the data collected can be leveraged to identify trends and proactively plan mitigation.

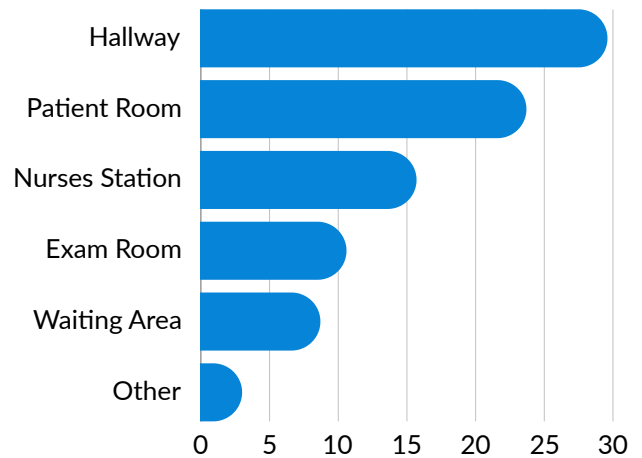
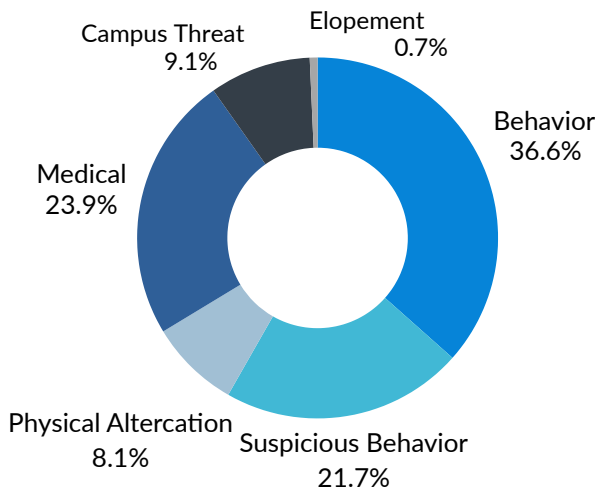
The Data on Duress Alerts

Facilities using CENTEGIX CrisisAlert™ can track every incident of workplace violence where a staff member summons help. The platform also delineates between individual threats and campus-wide threats.

According to workplace safety incident data collected by CENTEGIX, **aggressive behavior** was the most common reason for a staff alert, and was responsible for approximately 45% of all alerts sent via CrisisAlert wearable duress badges. The top three locations where duress alerts were triggered include:

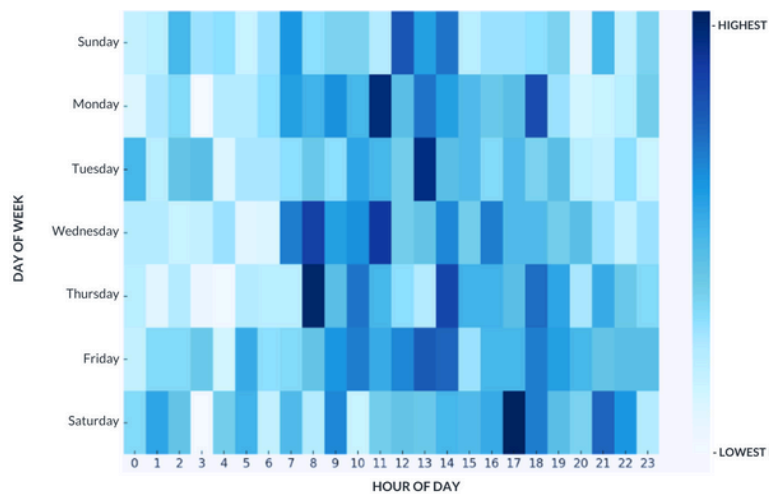


Location Breakdown of Non-Medical Alerts



Alerts Trends by Day and Hour

The highest number of behavior-related incident alerts occurred on **Friday**, **Saturday**, and **Wednesday**. On average, the highest number of incident alerts occurred between **1:00 pm and 3:00 pm**.





CENTEGIX Safety Platform and CrisisAlert help facilities better plan for and respond to workplace violence through data and accelerated response times.

Despite the uptick in violence against healthcare workers, Crisis Prevention Institute recently found that more than half of healthcare workers believe their workplace's violence safety plans are ineffective or only somewhat effective.²

These safety plans have the potential to prevent and/or lessen the effects of violent situations, which in turn can impact employee well-being and engagement, staffing and retention, and, ultimately, patient care.

As we look forward to 2025, here are key areas to watch.

→ **Stabilizing the Healthcare Workforce**

There is a high level of focus on strengthening staff retention, engagement, and recruitment by driving a culture of safety for employees and patients.

→ **Evolving Legislative Compliance**

National and state legislation is adapting to promote and improve healthcare workplace safety.

→ **Ongoing Financial Frustration**

Healthcare systems are coping with rising inflation-related costs, staffing costs, payment models, and patient hesitancy when requiring medical care due to financial status.

→ **The Power of Privacy**

There is a growing emphasis on maintaining staff, patient, and data privacy while protecting workplace safety.

→ **Cybersecurity Threat Reduction**

Hospitals and healthcare systems are adopting technology to prevent cyberattacks, minimizing the risk of unauthorized access to systems and infrastructure and confirming that technology is vetted before implementation.

To ensure success for their organization in 2025, healthcare leaders must be more proactive in addressing workplace and workforce safety, and system and infrastructure integrity.





Strengthening the Healthcare Workforce

The healthcare workforce has already experienced staffing shortages, and the trend doesn't appear to be declining. In a September 2024 report,³ healthcare consultants predicted a staffing shortage of 100,000 workers for hospitals, health systems, and clinics by 2028, just as aging populations are peaking for healthcare needs and retiring from the workforce. According to data from McKinsey and Co., 31% of nurses⁴ and 35% of physicians⁵ intend to leave the workforce within the next year.

Strikes As Cause and Effect

Healthcare workers seeking to stay in the profession often aim to drive change through strikes, especially in union-based areas. Insufficient pay, unsafe working conditions, and mandatory overtime are cited as the most common reasons for striking. Year to date, there have been thirteen health system and hospital-related strikes in the United States. Workplace safety is a growing concern voiced in these strikes. Accelerating during the pandemic, safety became the number one influencer for nurses considering a job change in 2024.⁶ According to the Crisis Prevention Institute,⁷ 1 in 5 healthcare workers now feel unsafe at work.





According to the 2024 State of U.S. Nursing Report,⁸ half of the nurses surveyed reported being verbally and/or physically assaulted by a patient or a patient's family member this year. The same report found that 79% of nurses say helping people is their primary motivator for staying in the profession, but safety in the workplace needs immediate attention from employers.

Strikes are the crux of a cycle of dissatisfaction for healthcare workers. Staffing shortages and lack of safety measures are noted as reasons for strikes. A report by Nurse Journal⁹ states that many hospitals rely on travel nurses, retired healthcare workers, and out-of-state nurses who are given temporary licenses. While strikes affect continuity of care and patient safety, many believe the outcomes of successful strikes may have a more promising long-term effect, promoting a safe and empowering place to work, positively impacting recruitment and retention.

Improving Workplace Safety

Healthcare organizations recognize their need to provide a supportive workplace and culture by empowering their providers and looking after their wellbeing. This is a best practice for any employer and helps boost recruitment and retention efforts. One way organizations can provide a supportive workplace is by creating a culture of safety for their employees.

The CENTEGIX Safety Platform™ sets the standard for staff and patient safety by accelerating the time it takes to identify, notify, and respond to incidents of workplace violence; ensuring the best possible outcomes and fastest response.¹⁰ The integrated solutions of the CENTEGIX Safety Platform offer a viable way to address the workplace safety issues many healthcare organizations encounter.

- **CENTEGIX CrisisAlert™**
Empower your staff to request help anywhere on campus with the push of a button.
- **CENTEGIX Safety Blueprint™**
Incorporate digital critical incident mapping for efficient and rapid incident response and detailed asset management.
- **CENTEGIX Visitor Management**
Easily monitor who's in your buildings and on your campus, permitting only authorized visitors.
- **Accessible Reporting**
Collect data to comply with legislative and accreditation standards and track trends to plan and adjust safety protocols proactively.



A Push for Legislative Compliance

Legislation to reduce violence in healthcare workplaces has progressed at state and national levels. S.2768¹¹ and its House counterpart, H.R.2584,¹² better known as the SAVE Act (Safety From Violence for Healthcare Employees Act), were introduced in their respective chambers in 2024, and would make it a federal crime to assault healthcare workers, punishable by up to 20 years in prison.¹³

States and other lawmakers¹⁴ also made efforts in recent years. Solutions range from tougher penalties on the instigators of violence to requiring healthcare organizations to develop safety plans to prevent workplace violence and implement safety training for workers. Expect this trend to continue into 2025.

While everyone can contribute to a safer workplace, the onus on preventing violence must be at the organizational level, not on employees. To this end, healthcare facilities have set up workplace violence committees and reporting requirements to gather better data and information.¹⁵

According to the Agency for Healthcare Research and Quality, “Underreporting of workplace violence incidents may be due to healthcare workers’ belief that violence is an expected part of the job, belief that no action will be taken against perpetrators of violence, fear of negative consequences from reporting, or a lack of easily accessible reporting systems. Implementing straightforward and easy-to-use reporting systems combined with support and action from leaders can help address these barriers, reduce the burden of reporting for healthcare staff, and prevent further burnout.”¹⁶

By using the CENTEGIX CrisisAlert¹⁷, healthcare facilities can rely on automated incident reports and data to track trends and report to accrediting and governing bodies. The data and automated reports eliminate barriers associated with reporting and increase accessibility, allowing healthcare facilities to improve reporting rates and show staff that their incident data matters.





Financial Frustrations Continue

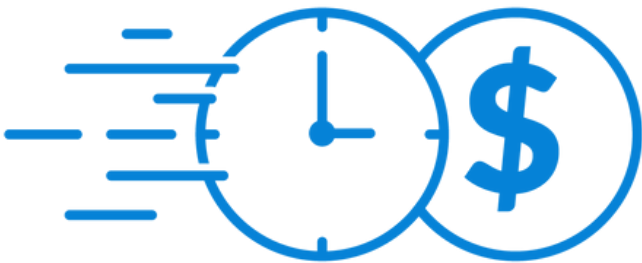
Healthcare organizations have encountered increased financial challenges since the pandemic for several reasons, including inflation. Looking forward, financial challenges may continue, provoked by new payment models, changes in CMS guidelines, increased costs for supplies, higher staffing costs, and delays from patients in seeking medical care due to household burdens of inflation.

Federal government payment models and private payers are modifying how they pay for treatment by focusing on cost reduction and improved quality of care—the AMA outlined¹⁸ how payments may change for physicians and the reasons for the changes. Examples cited range from physicians who contract with Medicare Advantage and the spread of Medicaid value-based care models to practices funded by venture capital and private equity investors. CMS has approved policies to penalize facilities that don't meet clinical and quality standards, accelerating the move to value-based care.¹⁹ While some efforts are aimed at saving billions of dollars over the next ten years, the financial impact on healthcare facilities that don't meet CMS standards could be highly noticeable.

In addition to a reduction in reimbursements, healthcare organizations may also experience a decrease in patient volume as those needing medical treatment may choose to delay or forgo treatment to avoid copays and deductibles. Inflation is causing a portion of the population to avoid care, skip prescriptions, and more. To find additional savings, ten percent of Americans said they are considering downgrading their health insurance plan because of high inflation, and a recent survey found that nearly 1 in 5 adults postponed medical procedures, physical exams, or renewing prescriptions to save money last year.²⁰ These tradeoffs immediately impact healthcare industry revenue and the potential for increased cost of care down the road.

While reimbursements and overall revenue may decrease this year, healthcare organizations will also experience increased staffing costs. They are trying to retain staff, backfill staff who have left, and pay for traveling nurses, who demand higher salaries than permanent staff.

According to the American Hospital Association,²¹ hospital labor costs increased by \$42.5 billion between 2021 and 2023 and now account for almost 60% of their spending, including over \$50 billion on contractors to cover staffing shortages. The extra expenditure is straining healthcare organizations as labor costs for healthcare workers have exceeded economy-wide inflation over the past decade.





The Power of Privacy

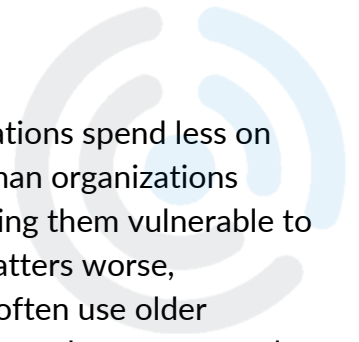
Privacy concerns transcend the healthcare industry, and the unknown scope of AI capabilities only heightens those fears. Privacy in healthcare workplaces extends beyond Protected Health Information (PHI), including considerations for technology like real-time location services to limit workplace violence.

While real-time location services can be useful in locating and monitoring hospital assets and visitors, employers must balance employee safety and safeguarding employee privacy²² when using this technology. If they don't, they risk triggering additional concerns within their workforce. For example, nursing unions are sensitive to technology with real-time location services and often do not support the adoption of technology that constantly tracks nurses' locations.

However, the right innovative technology can help balance employee safety and privacy.

- **CENTEGIX CrisisAlert** wearable duress badges only initiate locating abilities when activated by the user, protecting staff privacy while offering a reliable way to request help in any area of the facility.
- **CENTEGIX Enhanced Visitor Management**²³ provides healthcare facilities with a way to locate guests, volunteers, and contractors in real-time, using live digital maps. It also collects robust data for compliance and future safety planning or allocation.
- **CENTEGIX Safety Blueprint**²⁴ pairs with CrisisAlert to display the exact location of a safety incident and the location of safety assets like essential medical supplies and equipment.

Cybersecurity Threat Reduction



The threat of cybersecurity attacks has never been higher than it is today. This is a critical opportunity for healthcare organizations. Healthcare leaders need to minimize risk and access to their infrastructure and confirm that technology integrations are vetted before implementation.

Healthcare organizations are at particularly high risk for cybersecurity attacks because they store vulnerable PHI, financial data, and even information about health research. Data from the FBI Internet Crime Report²⁵ showed that ransomware attacks targeting healthcare systems almost doubled from 2022 to 2023.

The American Health Association²⁶ reports that data from healthcare organizations can be worth up to 10 times as much as stolen credit card records alone. In addition, it may cost healthcare organizations almost three times as much to remediate a breach as other industries, \$408 per health record compared to \$148 for a non-health record.

Higher costs for healthcare organizations may also be tied to fines assessed through HIPAA Privacy and Security Rules, as well as the ability to safely manage patient care. The inability to monitor patients during electronic downtime, view previous medical records, admit future patients, or see blood or diagnostic imaging results could diminish patient care and safety. The effect of a cyberattack can reach far beyond the healthcare system—it can damage community health.

Many healthcare organizations spend less on information technology than organizations outside the industry, leaving them vulnerable to cyberattacks. To make matters worse, healthcare organizations often use older operating systems, platforms that support only obsolete equipment, or new technology not yet available or affordable.

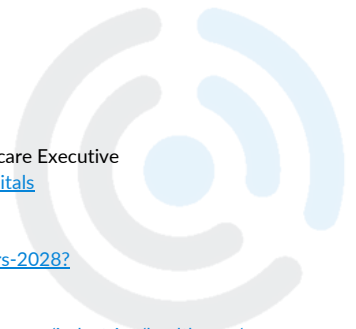
Upgrading healthcare equipment and technology can help prevent cyberattacks and mitigate their severity. The upfront costs may be higher, but the long-term outlook is what healthcare organizations should focus on. Additionally, pursuing technology that relies on its own private network versus leaning on hospital or health system infrastructure may reduce risk by eliminating additional entry points to the system.

For example, CENTEGIX Safety Platform is powered by private Bluetooth and LoRaWAN networks and doesn't require hardwiring during installation. This minimizes the risk associated with adopting the Safety Platform. Healthcare organizations continue to encounter many of the same issues faced in previous years, with a few new challenges. Emerging technologies can offer innovative solutions, but the pros and cons must be thoroughly vetted to ensure one problem's solution doesn't expose a new risk. Through due diligence, it is possible to proactively mitigate healthcare workplace violence, the threat of cyberattacks, and financial challenges while ensuring the privacy and well-being of healthcare workers nationwide.

We invite you to investigate how [CENTEGIX](#) safeguards organizations against workplace violence and more.

Resources

- 1 National Nurses United Workplace Violence Report. (2024, February). https://www.nationalnursesunited.org/sites/default/files/nnu/documents/0224_Workplace_Violence_Report.pdf
- 2 Southwick, R. (2024, April 30). Healthcare workers don't feel confident in workplace safety plans | Safer Hospitals. Chief Healthcare Executive <https://www.chiefhealthcareexecutive.com/view/healthcare-workers-don-t-feel-confident-in-workplace-safety-plans-safer-hospitals>
- 3 Van Alstin, C. (2024, September 4). Report predicts a shortage of 100,000 healthcare workers by 2028. Health Exec. https://healthexec.com/topics/healthcare-management/healthcare-staffing/report-predicts-shortage-100000-healthcare-workers-2028?utm_source=newsletter&utm_medium=he_news
- 4 Berlin, G. et al. (2023, May 5) Nursing in 2023: How hospitals are confronting shortages. McKinsey & Co. <https://www.mckinsey.com/industries/healthcare/our-insights/nursing-in-2023>
- 5 Medford-Davis, L., Malani, R., Snipes, C., & Du Plessis, P. (2024, September 10). The physician shortage isn't going anywhere. McKinsey & Co. <https://www.mckinsey.com/industries/healthcare/our-insights/the-physician-shortage-isnt-going-anywhere>
- 6 Berlin, G., RN, Lapointe, M., & Murphy, M. (2022, February 17). Surveyed nurses consider leaving direct patient care at elevated rates. McKinsey & Company. <https://www.mckinsey.com/industries/healthcare/our-insights/surveyed-nurses-consider-leaving-direct-patient-care-at-elevated-rates>
- 7 Southwick, r. (2024, April 30). Healthcare workers don't feel confident in workplace safety plans | Safer Hospitals. Chief Healthcare Executive. <https://www.chiefhealthcareexecutive.com/view/healthcare-workers-don-t-feel-confident-in-workplace-safety-plans-safer-hospitals>
- 8 State of U.S. Nursing Report. (2024, March). Incredible Health. <https://www.incrediblehealth.com/wp-content/uploads/2024/03/2024-Incredible-Health-State-of-US-Nursing-Report.pdf>
- 9 Chamlou, N. (2023, October 10). How Nursing Strikes Impact Patient Care. Nurse Journal. <https://nursejournal.org/articles/how-nursing-strikes-impact-patient-care/>
- 10 CENTEGIX Safety Platform, Centegix <https://www.centegix.com/safety-platform/>
- 11 SAVE Act, S. 2768, (2023-2024) 118th Congress <https://www.congress.gov/bill/118th-congress/senate-bill/2768>
- 12 SAVE Act, H.R. 2584, (2023-2024) 118th Congress <https://www.congress.gov/bill/118th-congress/house-bill/2584/>
- 13 Frieden, J., (2024, August 3). Healthcare groups want Congress to make assaulting a health worker a federal crime. Med Page Today. <https://www.medpagetoday.com/hospitalbasedmedicine/generalhospitalpractice/111360>
- 14 Adashi, E., O'Mahony, D., & Cohen, G. (2024, February 2). Congress' Failure to Address Violence against Healthcare Workers. Health Affairs. <https://www.healthaffairs.org/content/forefront/health-care-violence-epidemic-and-congress-s-failure-act>
- 15 Ayvazian, E. & Gordet, D. (2024, February 19). RX for Safety: Workplace violence policies in healthcare settings. HR Defense, Akerman LLP. <https://www.hrdefenseblog.com/2024/02/rx-for-safety-workplace-violence-policies-in-healthcare-settings/>
- 16 Jones, C., Sousane, Z., & Mossburg, S. (2023, October 31). Addressing Workplace Violence and Creating a Safer Workplace. Agency for Healthcare Research and Quality. <https://psnet.ahrq.gov/perspective/addressing-workplace-violence-and-creating-safer-workplace>
- 17 CENTEGIX CrisisAlert, CENTEGIX. <https://www.centegix.com/crisisalert/>
- 18 Physician Payment & Delivery Models, American Medical Association <https://www.ama-assn.org/practice-management/payment-delivery-models/physician-payment-delivery-models>
- 19 CMS Finalizes Rule to Expand Access to Health Information and Improve the Prior Authorization Process. (2024, January 16). Centers for Medicare & Medicaid Services. <https://www.cms.gov/newsroom/press-releases/cms-finalizes-rule-expand-access-health-information-and-improve-prior-authorization-process>
- 20 Inflation is forcing Americans to delay medical care and downgrade health insurance. (2023, October 23). Nationwide. <https://news.nationwide.com/102323-inflation-forcing-americans-to-delay-medical-care-downgrade-health-insurance>
- 21 America's Hospitals and Health Systems Continue to Face Escalating Operational Costs and Economic Pressures as They Care for Patients and Communities. (2024, May). American Hospital Association. <https://www.aha.org/costsofcaring>
- 22 Greco, A. (2024, August 27). Balancing Employee Privacy and Safety Concerns While Reducing Violence in Healthcare. CENTEGIX. <https://www.centegix.com/blog/balancing-employee-privacy-and-safety-concerns-while-reducing-violence-in-healthcare/>
- 23 CENTEGIX Visitor Management, CENTEGIX. <https://www.centegix.com/visitor-management/>
- 24 CENTEGIX Safety Blueprint, CENTEGIX. <https://www.centegix.com/safety-blueprint/>
- 25 Wolff, J. (2024, April 3). The Cybersecurity Threat Ailing Healthcare. The EconoFact Network. <https://econofact.org/the-cybersecurity-threat-ailing-healthcare>
- 26 Riggi, J. (2024). The Importance of Cybersecurity in Protecting Patient Safety. The AHA Center for Health Innovation. <https://www.aha.org/center/cybersecurity-and-risk-advisory-services/importance-cybersecurity-protecting-patient-safety>





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