

Every minute matters: A blueprint for reclaiming time for care in Australian hospitals



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Methodology:

This white paper was developed by healthcare leaders and specialists from ServiceNow and Cognizant. It was informed by desktop research (research studies and industry reports), insights from clinical staff in Australian hospitals, ServiceNow and Cognizant healthcare customers, and an online survey of Australian hospital-based workers (93 clinicians/health professionals, 13 administrators), referred to as 'hospital staff' (n = 106) conducted by YouGov Plc in January 2026. All authors and contributors are subject matter experts in healthcare. The paper has been reviewed by a practicing physician for clinical relevance and accurate representation of frontline realities.

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Executive summary

Digital sprawl in our hospitals is consuming time, costing money and impacting care delivery.

Australian hospitals have more technology now than ever before. And yet, for the clinical workforce, the burden of administration has never been higher. Hospitals have become **patchwork organisations** where staff spend 10% to 50% of every shift in a web of systems, logins and forms¹. IT systems that were meant to simplify work have become a source of friction.

Why it matters

For the clinical workforce, every minute wasted navigating IT issues is time that could be spent on care. Fragmented IT systems erode clinical capacity, slow patient flow and drive up operating costs. A 2026 survey of Australian hospital staff² highlights the impact:

89%

lose time chasing **information** because they can't find it in an IT system.

68%

had to **delay patient care or clinical work** by 10+ minutes because of an IT or equipment issue.

40%

consider IT system and workflow issues as their **top source of frustration**.

Reimagining a simplified digital experience

Hospitals are seeing diminishing returns from adding more IT systems. Transformation will only succeed when hospitals harmonise IT systems that already exist so work flows seamlessly between them. A best practice solution is embracing a digital platform like ServiceNow to integrate systems, orchestrate workflows and embed enterprise-grade security.

The window to act is now

Our hospital system is under growing strain. Operating costs keep rising while revenue uncertainty prevails. Hospitals are caring for older and more complex patients while the workforce is shrinking.

Digital sprawl is a hidden tax on care delivery when there is no bandwidth to absorb inefficiency. Hospitals must build a digital platform foundation to free up capacity in the clinical workforce for what matters most: delivery of care.

Contact [Cognizant](#) and [ServiceNow](#) today to find out how we can help you release time back to the clinical workforce.



^{1,2} YouGov Plc, January 2026.

Introduction

The lived experience of the clinical workforce



It's 7:30 a.m. in a busy public hospital in Melbourne. Dr. Megan Clarke, an orthopaedic surgeon, starts her shift. She logs into the electronic medical record (EMR) system to review overnight notes, but the CT scan she needs isn't there, so she checks PACS. She logs into the pathology portal to review bloodwork. She then logs in to review her theatre list and cross-checks the PAS with the bed management system to see who has moved overnight. She loves that everything is digital, but it's tedious going through five systems before she's even seen a patient.



Meanwhile, at a nearby private hospital, Peri-Operative Nursing Manager Jacqui Fraser is reviewing the theatre list. She checks multiple systems to piece together the day's cases, reconciling late surgeon updates with staffing, prosthesis availability and anaesthetic cover. She makes repeated calls to private rooms for missing medical history and test results. She checks the rostering system to confirm recovery staffing, then checks with Stores to make sure the right implant set has arrived. She works as fast as she can, knowing a patient is waiting in pre-op, but each task is critical and just takes time. This is not an exceptional day. This is an every day experience.

The digital health paradox

Australian hospitals have made incredible progress in digital health. COVID-19 accelerated adoption of e-prescribing, digital imaging, patient administration systems and specialist tools. My Health Record is used by 97% of public hospitals³ and at least 53% of private hospitals⁴, providing a national foundation for secure information sharing. Widespread implementation of EMRs such as Epic, Oracle Cerner and MEDITECH has improved efficiency, care coordination and safety at scale. Virtual care initiatives such as the Victorian Virtual Emergency Department⁵ and the NSW Telestroke Service⁶ have shown how digital models of care can improve patient access and experience. In many hospitals, digital systems now underpin nearly every aspect of clinical and operational work.

Yet paradoxically, as digital capabilities have increased, so has the burden on the hospital workforce. There is more technology now than ever before. Hospitals have procured countless IT systems that

each promised to make work faster, easier or more visible. However, that vision hasn't materialised for hospital staff. Today's hospitals have become 'patchwork' organisations, with the majority of hospital staff surveyed using up to 10 disparate IT systems⁷ in a single shift. Staff increasingly navigate a maze of apps, portals, devices, systems and paper forms just to do their jobs. **The digital landscape now adds to the workload.**

Global studies indicate that hospital nurses and doctors spend between 18% and 51% of a shift on computer work⁸. In a January 2026 survey of Australian hospital staff, the majority surveyed (61%) reported spending between 10% and 50% of each shift on 'non-care work' in IT systems⁹. Too many precious hours are being lost to administration that could otherwise be spent on care activities that attract funding, generate revenue and provide support to those who need it. Much of this work is low value such as re-entering notes, cross-checking systems or following up documentation. This extra burden hurts hardworking clinicians that already carry heavy workloads.

³ My Health Record statistics, October 2025.

⁴ Hospitals using the My Health Record system, 2020.

⁵ Victorian Virtual Emergency Department, 2025.

⁶ NSW Telestroke Service, 2023.

⁷ YouGov Plc, January 2026.

⁸ Mamykina et al., 2017; Lankarani et al., 2019; Sinski et al., 2016; Wenger et al., 2017.

⁹ YouGov Plc, January 2026.

How did we get here?

The digital sprawl that hospitals experience today is a legacy of well-reasoned decisions over time. Departments and specialities invested in IT systems that created local efficiencies. Pathology adopted ordering systems; emergency departments deployed triage software; and ward teams chose documentation solutions. State and territory health departments led EMR strategies, setting directions that varied by geographic boundary. When COVID-19 hit, the urgent need to stand up virtual care demanded rapid adoption of multiple digital solutions simultaneously. Adding more layers to the technology stack was a necessary and appropriate response to meet unprecedented patient needs.

However, the cumulative effect of these decisions is now being felt:

- 1 Multiple systems are needed to deliver care, requiring clinicians to move between EMRs, pathology, imaging, medication, referrals and operational tools to complete an episode of care.
- 2 IT systems solve isolated problems such as bed flow or incident reporting but aren't integrated to support end-to-end workflows such as discharging a patient or managing a surgery cancellation.
- 3 Partial digitisation creates a double burden. Even when most work is digitised, residual paper processes force hospitals to maintain parallel workflows that duplicate effort and load extra work onto staff.
- 4 Poor integration of clinical and operational systems forces manual handoffs between wards, theatres, radiology, pharmacy, cleaning, transport and bed management.
- 5 Clinical and operational processes have been digitised without process redesign or improvement. This has shifted work onto screens without generating real-time savings.
- 6 Clinical and operational data is captured, but siloed and unstructured datasets restrict clinical insight and operational intelligence. It is still difficult to get a single trusted view in real time of patient status, bed availability or equipment readiness.

The result is what we call a **patchwork organisation**: a digital environment so fragmented that it can no longer function as a whole. Every system was purchased for a reason, but there is no unifying platform that connects them all.

The burden of digital sprawl

Digital sprawl has mounting costs for Australian hospitals, both for people in the system (clinicians, patients, operational staff) and the system itself. When hospitals become patchwork organisations with multiple digital systems coexisting alongside paper processes, the cost is even higher.

The human cost

In a 2026 survey of 106 Australian hospital-based staff, 68% reported a delay in patient care or clinical work by 10+ minutes in the last two weeks because of an IT or equipment issue¹⁰.

In a hospital, every minute that a clinician spends navigating IT systems is a minute away from patient care. When nurses spend time logging in and out of various systems, they miss out on their most meaningful work: being present with patients, listening, reassuring, explaining, monitoring and offering comfort. When doctors can't find information in a system, it consumes time and cognitive space that could be spent interacting with patients or thinking through complex presentations.

A fragmented digital ecosystem affects every aspect of a hospital and the people within it:



If patient information such as history or medications is missing or inconsistent, it can cause **repeated questioning** which is frustrating for patients, and delivers a poor experience.



If reports and referrals are not readily available in a system, clinicians rely on **manual follow-up** with precious time wasted paging, phoning and physically tracking down other staff members.



Similarly, if patient medical history is missing, it can lead to **unnecessary repeat investigations**. This practice increases cost, risk, care delays and frustrations for both patients and clinicians¹¹.



If a computer-on-wheels fails unexpectedly, it can **delay administration of pain relief** and essential medication to patients who urgently need it.



If equipment issues in a patient room or operating theatre fall into a black hole with maintenance, it can **delay admissions and surgical procedures** until the issue is resolved.



If multi-team workflows such as patient discharge are not coordinated in real time, it can result in **emergency department backlogs and capacity loss** across a hospital.

¹⁰ YouGov Plc, January 2026.

¹¹ Australian Healthcare Quality and Safety Commission, 2017.

The system cost



Financial cost

With hospital software a \$4.2 billion and growing market in Australia¹², digital sprawl imposes a heavy burden on hospital budgets. Every IT system carries its own licensing, support, integration and upgrade costs, and maintenance becomes harder and more expensive with every new system added. With CIOs already budgeting for the price of existing software commitments to rise by 9% in 2026¹³, there is urgency to tackle digital sprawl in a way that doesn't curtail innovation.

Gartner estimates that organisations can reduce their software spend by up to 30%¹⁴ with digital ecosystem optimisation.



Productivity cost

According to a Boston Consulting Group (BCG) report, declining hospital productivity has contributed to an 8% increase in expenditure in public hospitals¹⁵. Disjointed IT systems add to the productivity strain. When clinical and operational staff are forced to work around technology, rather than being supported by it, it wastes time and detracts from care activities that attract funding and revenue.

The Australian Productivity Commission estimates that better use of data and digital capabilities in public hospitals could create efficiencies that save \$355 million per year¹⁶.



Performance cost

Downtime of an IT system can have costly consequences that impact multiple areas of hospital performance. Any delay in a clinical or operational workflow can slow down bed turnover, contribute to bed block, increase patient wait times, increase overtime costs and drive costly duplication of diagnostics.

The Australian Productivity Commission estimates that workflow efficiencies that reduce patient length of stay in hospitals could save \$5.4 billion per year¹⁷.

¹² Byron Bay Software, *Hospital Software Market Report to 2030*, 2025.

¹³ Gartner CIO Survey, 2024.

¹⁴ Gartner News Room, 2016.

¹⁵ BCG, *Australia's public hospitals: Meeting the productivity challenge*, 2025.

¹⁶ Australian Productivity Commission, *Leveraging digital technology in healthcare: research paper*, 2025.

¹⁷ Australian Productivity Commission, *Leveraging digital technology in healthcare: research paper*, 2025.

The vision

Digital simplification that better serves the hospital workforce



It's 7:30 a.m. in a busy Melbourne public hospital. Dr. Megan Clarke begins her shift with a digital handover that brings together all the information she needs in one place. Instead of logging into multiple systems, a unified workspace shows outstanding tasks, pending consults, equipment issues and actions. The EMR holds the clinical record, but the workflow around it is automated. Her workspace shows if reports have been filed, pathology has completed notifications, equipment requests have been actioned and which teams are responsible for follow-up.



Meanwhile, at the nearby private hospital, Peri-Operative Nursing Manager Jacqui Fraser reviews the theatre list in a single operational view. Changes from surgeons, private rooms, anaesthetics, staffing and Stores are shown in real time, with gaps flagged before patients arrive. Pre-operative documentation, implant requirements and staffing readiness are tracked against each case. The theatre list is a live shared plan rather than a static document, allowing the team to keep patients moving through pre-op. The friction points that once slowed her morning have disappeared. Patients don't have extended waits because tasks move reliably between teams.

The hospital workforce doesn't need more IT systems. They need unified digital foundations that deliver a simpler end-to-end experience and give them time back. Every Australian hospital needs a strategy to connect, simplify and orchestrate the work surrounding care so that the clinical workforce can focus on delivering care to the patients who need it.

In a 2026 survey of 106 Australian hospital-based staff, 89% reported losing time manually chasing information because they can't find it in an IT system when they need it¹⁸.

A connected digital environment is fast becoming the foundation of a modern hospital. With a single technology platform at the centre of hospital operations, information flows are seamless and workflows are effortless. When tasks route automatically between teams, duplication disappears and administrative burden decreases. Clinical staff get more time to work at top of scope because workflows, automation and workspaces do the heavy lifting on coordination and follow-up activities.

This is the vision: a digitally connected hospital where digital experiences are designed around the needs of each user and where automation removes the noise that gets in the way of care.

¹⁸ YouGov Plc, January 2026.

The voice of the clinical workforce

In a 2026 survey, 106 Australian hospital-based clinical staff (93 clinicians/health professionals, 13 administrators) shared their perspectives on how IT systems impact the delivery of care across both public and private hospitals¹⁹. Here's a snapshot of what they shared:

If your organisation could make one change to simplify the digital environment, what would make the biggest difference?



Having a single unified platform instead of multiple systems would save time and reduce confusion when accessing patient information.



A unified digital platform with single access would reduce duplicate data entry, save time and reduce error.



Consolidating multiple IT systems into a single, integrated platform would make the biggest difference. This would reduce the need to log in to several systems, prevent duplicate data entry and allow clinicians to access patient information, orders and communication in one place, saving time and reducing errors.



Implementing a single, integrated platform that combines patient records, scheduling and communication tools would make the biggest difference. Currently, clinicians must switch between multiple systems, which wastes time, increases the risk of errors and adds frustration. A unified system would streamline workflows, improve efficiency and allow clinicians to focus more on patient care.



Better integration between IT systems would help the most because it would reduce duplicate data entry and make information easier to find in one place.

¹⁹ YouGov Plc, January 2026.



“

Completely solve the inefficient problem of repeated switching between multiple systems.

“

Make all systems linked so we don't have to double document.

“

All patient documents should be digitised to make it easy and quick to update and retrieve.

“

More streamlined from clinical to admission—not having to chase consent forms.

“

The best difference will be better integration of systems into one platform. Fewer logins and less switching between tools would save time and energy.

“

Make documentation more streamlined—not relying on so many systems.

“

Things that auto-fill across systems to avoid duplication of data.

The technology solution

From patchwork organisations to unified experiences

So, how do you address digital sprawl and build a connected IT ecosystem? The answer starts with embracing a unified digital platform that connects the maze of existing systems, orchestrates workflows across the hospital and drastically simplifies the user experience.

A digital platform such as [ServiceNow](#) provides the backbone for a hospital's digital landscape. It works behind the scenes to integrate existing clinical and operational IT systems and orchestrate the workflows that run between them. It offers a front-end experience layer for hospital staff that can take many forms: a front door, a workspace, a dashboard, a portal or a combination. It enables AI to sense what's happening across hospital operations and execute tasks autonomously, relieving hospital staff from the burden of administration. A unified platform brings everything that staff need into a single experience so information is easier to find, work is simpler and fewer steps get in the way of care.

This vision is already within reach. The ServiceNow AI Platform makes comprehensive integration and interoperability achievable rather than aspirational. API-first architectures and proven implementation approaches have removed many of the technical barriers that limited progress a decade ago. Interoperability is fast becoming the foundation for every other improvement in digital health. Without it, new capabilities simply stack on top of a fragmented base, increasing complexity.

Five layers to a connected digital ecosystem

A unified platform connects systems, orchestrates workflows, reduces complexity and removes the friction that slows down care. With ServiceNow, there are five layers to achieve this vision in hospitals:

1. Foundation layer: Unified digital workspace

A single place for operational and administrative work is the first step in providing simpler experiences for the hospital workforce. Instead of crossing multiple systems to log a request, check a status or escalate an issue, a unified workspace allows it all to be done in a single view with real-time updates.

Key outcomes

- Consolidation of IT, facilities, equipment, access and administrative requests into one hub
- Transparent tracking of referrals, consults, tasks and follow-ups
- Structured, reliable handovers with assigned actions and status visibility

2. Efficiency layer: Streamline administrative workflows

With a unified workspace established, hospitals can automate operational tasks that burden clinical teams. Orchestrating cross-department workflows and eliminating manual coordination is one of the highest value opportunities to save time in hospital settings.

Key outcomes

- Automated onboarding and credentialing workflows
- Incident and safety reporting with guided forms and automatic routing
- Digital management of equipment issues, maintenance requests and supply needs
- Automated escalation pathways when tasks or consults stall

Case study: Ballad Health, USA

Automating the work that gets in the way of care

Ballad Health is a system of 20 hospitals and practices serving one million people in the Appalachian Highlands. Following a merger, Ballad Health faced overwhelming challenges with disconnected systems, inconsistent workflows and duplicated tickets, alongside technical debt. It chose ServiceNow as a foundational platform to merge and unify systems, processes and workflows. The focus started with IT Service and Operations Management, with expansion to Strategic Portfolio Management, IT Asset Management and Automation Engine.

The improvement was dramatic. There was a 97% reduction in IT ticket volumes and a 99% reduction in time to onboard clinicians and professionals—from 186 days to one day. This removed work that got in the way of care. Automated workflows mean that doctors and nurses can focus on performing their jobs without frustrations and delays. By integrating with Epic EMR records, all work could be managed in one place across multiple teams²⁰.

“ServiceNow allows us to get to the problems more quickly”, says Steve Hill, senior director of operations. “We had a patient registration issue that would have taken a day to fix before. Now, within just a few minutes, we knew what the problem was and where it was. We were back up within an hour. The ability to identify these problems early and get them to the right person is where ServiceNow makes a difference that’s critical to healthcare”.

²⁰ <https://www.servicenow.com/au/customers/ballad-health.html>

3. Integration layer: Connect clinical and corporate ecosystems

With workflows digitised, hospitals can begin connecting systems that sit around the EMR, enabling information to flow without manual effort. Clinicians no longer need to remember which system holds what because ServiceNow unifies operational context and removes the gaps between systems.

ServiceNow integrates seamlessly with EMR platforms, enabling care teams to manage requests directly at the point of care. This integration means care teams can report operational issues and manage help requests without ever leaving clinical workflows within their EMR.

When AI agents are activated, work can be completed end-to-end. An equipment request doesn't just get logged—it is routed, assigned, tracked and escalated if it stalls. Similarly, a discharge workflow doesn't just create tasks—it coordinates beds, transport, cleaning and pharmacy automatically. Clinical staff set the rules and AI agents follow them accurately, consistently and around the clock.

Key outcomes

- Integration with clinical and corporate systems using APIs, HL7/FHIR and middleware
- Context-aware surfacing of relevant information (e.g., open actions, equipment status)
- Cohesive workflows for referrals, internal consults, transfers and discharges
- Real-time operational data (e.g., beds, assets, workforce, inventory) available in a single view

4. Coordination layer: Orchestrate end-to-end care operations

Once systems are connected, hospitals can redesign processes around the flow of work. ServiceNow provides the orchestration engine that coordinates tasks, roles and handoffs. When care becomes more predictable, there are fewer delays and clinicians spend less time troubleshooting operational gaps.

Key outcomes

- Digital consults and referrals with real-time tracking
- Transfer and discharge workflows that coordinate multiple teams (e.g., beds, transport, cleaning)
- Theatre logistics (e.g., equipment checks, staff availability) connected into a single workflow

5. Intelligence layer: Predictive and proactive operations

With a connected foundation, hospitals can safely adopt AI and predictive capabilities that improve planning and reduce crisis-driven operations. Hospitals can shift from reactive firefighting to proactive management, improving sustainability, performance and staff wellbeing.

Key outcomes

- Predictive workforce planning using demand and acuity trends
- Theatre and clinic optimisation based on historical patterns
- Early signal detection for operational risk (e.g., surges, bottlenecks, task backlogs)

How to get started with a platform approach

It doesn't matter whether your hospital is a digital leader or still navigating paper-heavy environments. Wherever you are in your journey, Cognizant can help you to bring coherence to your digital environment and free up time for care delivery by designing a platform approach on ServiceNow.

Rather than adding more systems, our approach focuses on building a stronger digital foundation so that hospitals can make better use of the IT systems and capabilities that they already invest in.

Cognizant has developed a standardised discovery process that is specifically tailored for the healthcare sector and informed by the extensive clinical experience of our team. This initial discovery guides the way that we help Australian hospitals to move to a unified platform approach with ServiceNow by analysing opportunities across four key domains:

C

Connected care: Connected care means breaking down silos between clinical, operational, financial and ancillary services so that there is end-to-end orchestration of workflows and a simplified, tailored experience for each user. We look for the most impactful opportunities to create seamless and integrated workflows across clinical and operational systems.

A

Analytics and AI: AI is rapidly transforming the flow of work and use of data across every industry. Cognizant leverages data-driven insights and advanced AI to help hospitals identify inefficiencies, unlock value and accelerate delivery. This may include using EMR audit logs, ITSM ticket data, time and motion studies and process mining to pinpoint waste and quantify the clinical time dividend. We embed this approach continuously, with Cognizant's AI tools and ServiceNow's predictive analytics becoming powerful tools for hospitals to simplify delivery processes, anticipate bottlenecks, optimise workflows and surface actionable insights in real-time. In this world, AI moves beyond descriptive analytics to prescriptive orchestration, recommending actions to prevent bottlenecks in the work that surrounds care.

R

Reimagine: Cognizant's approach starts with deeply understanding the needs of each hospital and the personas within it. From there, we do not just digitise existing processes. We work with you to reimagine them for simplicity, safety and scalability. ServiceNow gives hospitals the tools to boldly redesign workflows to eliminate redundant steps and manual handoffs, with less swivel-chairing between different point solutions for hospital staff. This approach is critical to reducing the administrative burden and accelerating care delivery.

E

Experience: Cognizant's approach is experience-led, not technology-led. We codesign with clinicians and operational hospital teams to ensure that solutions reduce friction at the bedside and in core workflows. We apply human-centred design principles to create intuitive role-based experiences that fit naturally into clinical routines. We prioritise usability, safety and trust because we believe that technology should serve people, not the other way around.

How we partner with hospitals to address digital sprawl

Cognizant's structured four- to six-week discovery process helps hospitals to take the first step in redesigning their IT environments to address digital sprawl and give time back for care. We help you to understand where you are today, the benefits you could unlock with a platform approach on ServiceNow, and an actionable path to get there.

The first step is identifying the highest impact starting points to simplify and automate the work that surrounds care. We explore opportunities to connect EMRs and operational tools, streamline workflows end-to-end, reduce duplicate data entry and embed enterprise-grade security and governance. From there, Cognizant helps you to quantify the benefits of automation in your hospital and bring a safe, scalable platform approach to life in your hospital.

When you engage Cognizant, you get more than diagnostics—you gain a strategic partner that turns insight into action. We do this by providing:

- **A current state assessment** that combines automation and data-driven analysis (e.g., audit logs, workflow maps, process mining) with a human-centred design approach. We deeply understand the lived experiences of clinicians and operational teams. This means we can identify not only where inefficiencies exist, but why they matter in real-world care delivery.
- **Future state design of the orchestration layer** that can be achieved with ServiceNow. Using our blend of clinical and technical expertise, we design a platform blueprint that orchestrates work across your existing IT ecosystem—connecting clinical, operational and financial systems without adding complexity. This includes pre-built workflow patterns for high-impact areas such as discharge coordination, perioperative readiness, equipment requests and escalation management.
- **Phased roadmap and prioritised backlog** to turn strategy into action. We deliver a phased roadmap and prioritised backlog of quick wins and foundational initiatives so you know exactly where to start and how to scale safely. This includes governance, clinical safety cases and change enablement pathways.
- **Quantified benefits** are core to our approach. Every recommendation is tied to measurable outcomes such as clinical time reclaimed, length of stay reductions, cancellation avoidance and operational cost savings so that you can build a compelling business case for investment.

The benefits of a platform approach

Create capacity for care

The most immediate and measurable benefit of addressing digital sprawl and partial digitalisation is time returned for care. Every minute spent at a computer is a minute that could be redirected to patient care or that prevents overtime. Clinical time is the most expensive input in healthcare. Using it efficiently and directing it to patient care as much as possible is basic resource stewardship.

The Australian Productivity Commission estimates that 30% of tasks undertaken by the healthcare workforce could be automated or digitised. Freeing up the hospital workforce to work at the top of their scope would free up 11 hours a week for every clinician to spend on important clinical work²¹.

Improve financial and operational performance

Digital simplification improves hospital financial and operational performance. By streamlining workflows and reducing system complexity, hospitals can create direct cost savings by:

- Increasing revenue/funding generating activity by reducing the burden of administration
- Halving the time to onboard clinicians through digital workflows
- Reducing IT expenditure by consolidating legacy systems
- Avoiding duplicate and unnecessary diagnostics
- Preventing care delays that lead to longer length of stay and delayed discharge

Improve quality and safety

Digital simplification creates conditions for excellence in hospital care. When systems are integrated and workflows are streamlined, information discoverability improves significantly. Clinical staff can direct their full cognitive capacity towards clinical reasoning and patient assessment, alleviating them of the need for frequent task-switching and swivel-chairing between IT systems. When clinicians have complete information and fewer interruptions, there are fewer errors and quality of care improves.

²¹ Australian Productivity Commission, [Leveraging digital technology in healthcare: research paper](#), 2025.

Deliver better clinician and patient experiences

A 2026 survey of Australian hospital-based staff found that 40% surveyed consider system and workflow issues (slowness, downtime, access issues) to be a top source of frustration²². A simplified digital environment means more time for the therapeutic relationship between clinical staff and their patients. When technology hums in the background with single sign-on, intuitive interfaces and connected systems, doctors, nurses and allied health professionals can practice at the top of their scope. This transforms the experience of care for patients, who benefit from more present, attentive, consistent and personalised interactions. It also improves wellbeing and retention for clinicians, noting that up to 60% of doctors²³ report feeling worn out by the burden of administration.

Ensure enterprise-grade security and data protection

A unified platform offers enterprise-grade data protection for sensitive healthcare data, which is higher than with a web of point solutions. Each new system introduced to a hospital creates privacy and security risk exposure, with the ability to access potentially sensitive information. By consolidating workflows into a single secure platform, hospitals gain consistent access governance, audit trails and data standards that individual systems can rarely deliver on their own.

Realise more value from existing digital investments

If hospitals continue to add new IT systems without integrating them, full value will never be realised. For example, an asset management tool procured for the facilities team might achieve time savings for a handful of staff. However, if that same asset management tool was integrated with theatre, bed and inventory management systems, there is a much stronger value proposition that addresses patient flow and clinical capacity. Integration and interoperability are key to unlocking value.

²² YouGov Plc, January 2026.

²³ Simbo, [Exploring the impact of administrative costs in US Healthcare](#), 2025.

Call to action

We must reclaim time for care in the clinical workforce

The hospital sector is on the cusp of a new era of digitally enabled service delivery. Those that allow digital sprawl to persist will keep struggling with an overburdened workforce, a complex IT landscape and inefficient processes that cost time and money. Meanwhile, hospitals that are ready to reimagine their digital ecosystem will become operational leaders. Investing in interoperability, integration and workflow design will reduce friction, unlock clinical capacity and deliver better patient and clinician experiences. Modern platforms like ServiceNow, delivered through Cognizant's ServiceNow certified offerings for hospitals, drive digital simplification to help achieve a compounding return on investment over time.

Act now

Australia has one of the world's best healthcare systems. Our hospitals have exceptional clinicians, strong organisations and a genuine commitment to universal access. We need digital infrastructure that matches the quality of the care we aspire to deliver. With Cognizant's healthcare expertise and the ServiceNow AI platform, our hospitals can automate what gets in the way of care starting today.

Together, ServiceNow and Cognizant offer a purpose-led team bringing together the best of technologists, healthcare specialists, clinical expertise and transformation leadership. Our mission is simple: to create strong digital foundations that free up time for care, improve experiences and deliver measurable value. Together, we can reimagine what is possible for hospitals in Australia.

For more information about how we can help, visit:

- www.servicenow.com/au/industries/healthcare.html
- www.cognizant.com/us/en/industries/healthcare-technology-solutions

Limitations

This white paper is not a technical assessment of any individual hospital environment. Every hospital operates within its own constraints including staffing models, legacy systems, funding models, clinical systems and risk tolerances. The impact of these factors on transitioning to a platform approach has not been explored. The insights in this paper do not replace the detailed clinical, operational and architectural planning that is critical for any digital investment.

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