

HEALTHCARE · WORKFORCE · ARTIFICIAL INTELLIGENCE

The AI Dystopian Future Has Arrived

Nurses Being Replaced with AI at Montefiore Medical Center

A nurses' perspective on automation, patient safety, and accountability



PRESENTERS

Speakers



Marilyn Shuler

Care Transition Clinical Coordinator

- 39 years at Montefiore Medical Center
- Formerly worked in Utilization Management
- Experience across recovery room, home care, maternity, and ambulatory surgery



AI in Healthcare – Impact on Patients & Workforce

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Shaiju Kalathil

Care Transition Clinical Coordinator

- Registered Nurse for 13 years
- Care Transition Clinical Coordinator
- NYSNA Executive Committee member at Montefiore



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The Role of Utilization Management Nurses

What UM nurses do

Clinical reviewers who connect patient care with insurance coverage and hospital reimbursement — applying judgment at every step.

- 1 Review patient records
- 2 Demonstrate medical necessity for insurance coverage
- 3 Help ensure patients receive appropriate care
- 4 Support hospital reimbursement
- 5 Apply clinical expertise and judgment

Reported Workforce Displacement

12

nurses reportedly displaced

Datavant identified as the company
assuming portions of the work

Reported outcomes

- Forced retirement
- Layoffs
- Reassignment into unwanted roles

Concerns about replacing experienced clinicians with AI-driven systems

Datavant



“AI-powered coding solutions can help providers keep pace with documentation demands while maintaining or improving accuracy and quality.” Source: Datava
<https://www.datavant.com/blog/how-will-ai-impact-him-coding>

Largest Health Data Exchange Network in the U.S.

1

Partners with 20 of 20 Top Pharmaceutical Companies.

2

Over 80,000 Hospitals and Clinics.
75% of Top 100 Largest Hospitals.

3

120,000 Legal and Insurance Requesters.
100% of United States Payers.

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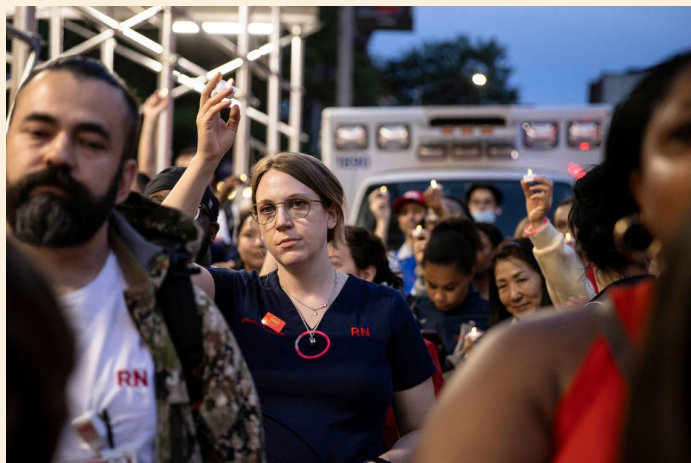
Datavant identified as the company assuming portions of the work

Skills At Risk of Being Lost

- Time Tested Clinical Expertise
- Can a Machine Replace Experience ?
- Can a Machine Exercise Clinical Judgement ?

Concerns about replacing experienced clinicians with AI-driven systems

Recent Strike



15,000 nurses strike major New York City hospitals

At issue were: “Safe staffing ratios, workplace violence protections, fair wages, and preserved healthcare benefits...” – The Guardian, July 13, 2026

“National Nurses United (NNU), the parent union of NYSNA, has been raising the alarm about the effects AI will have on nurses.” – The Guardian, July 13, 2026

How the Change Unfolded

1

Workflow changed after the NYSNA strike

2

Nurses were instructed to perform limited review functions

3

Staff initially believed changes were temporary

4

Requests for transparency reportedly went unanswered

5

Union involvement led to confirmation of position eliminations

Concerns About Transparency

?

Limited communication from management

?

Lack of explanation for workflow changes

?

Questions regarding implementation process

?

Concerns that contractual consultation requirements were not followed

AI vs. Clinical Judgment

**AI should support
nurses,
not replace them**

*Human oversight remains critical at
every stage of patient care.*

Clinical expertise is needed to:

- 1 Analyze complex cases
- 2 Adapt to changing conditions
- 3 Validate information before decisions are made

Privacy and Data Security Concerns

Questions regarding third-party access to patient information

Concerns about handling:

Demographic data

Immigration status

Marital status

Medical information

Discussion referenced **Datavant** and **Palantir** in connection with the handling of patient data.

Majority of Patients are Complex Patients



Complex patients may not fit
standardized templates

Potential For

- Incorrect Landscape
- Delayed Treatment
- Safety Concerns
- Financial Consequences For Patients

Concerns Risk of missing important clinical nuances

Contract Agreements



NYC Nurse Strike Update: NewYork-Presbyterian Reaches Tentative Agreement!



Written by [Chaunie Brusie](#) on February 20, 2026

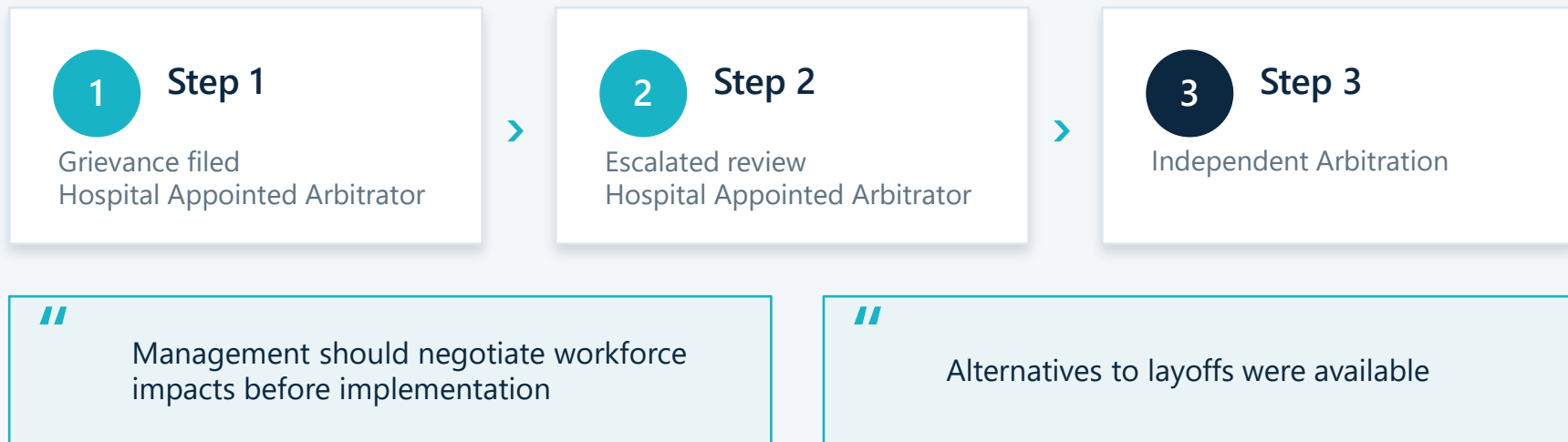
[Nurse.org](#) Feb. 20, 2026

Key Parts of Agreement

- **AI safeguards:** New safeguards around use of artificial intelligence, included in the contract for the first time, to protect nurses' roles and judgment as technology expands.
- **Safe staffing:** Strengthened, enforceable safe staffing standards and commitments to add nurses to improve patient care.
- **Workplace violence:** Stronger protections from workplace violence, explicitly listed by NYSNA as a key win.

Grievance and Contract Issues

Union grievance procedure available



Impressions and Questions Which Need Answered



Complex patients may not fit
standardized templates

Experienced Nurses Being Laid Off

- Vacant Nursing Positions Not Filled.
- Instead of Laying off Nurses, They Could be Filling These Positions.
- Would Then Not Loose Their Jobs and Livelihood.
- Nurses Working Short On Units Due To Unfilled Positions.

Concerns Is management pushing out nurses ?

Datavant



“AI-powered coding solutions can help providers keep pace with documentation demands while maintaining or improving accuracy and quality.” Source: Datava
<https://www.datavant.com/blog/how-will-ai-impact-him-coding>

Potential (Possible) Benefits.

- 1 Discharge Coordination's.
- 2 Standardized Workflows.
- 3 Responding to Surges, Staffing Gaps & Demand Spikes.

Datavant Group to Pay \$900,000 to Settle Class Action Data Breach Lawsuit



*Jackson v. Ciox Health, LLC d/b/a
Datavant Group – in the United
States District Court for the District
of Arizona.*

“Access to the account was gained after an employee responded to a phishing email. The breach was reported to the HHS’ Office for Civil Rights as affecting 320,702 individuals. Data potentially compromised in the incident included names, dates of birth, addresses, contact information, Social Security numbers, financial account information, driver’s license numbers, passport numbers, and health information.”

While the OCR breach portal states that more than 320,000 individuals were affected, the class consists of 58,309 individuals.

Datavant & Palantir

"The National COVID Cohort Collaborative (N3C) Privacy-Preserving Record Linkage Powered by Datavant" and Runs "on Palantir Foundry, a secure FedRAMP-compliant scientific computing platform that enables collaborative team science..." Source Datavant:

<https://www.datavant.com/press-release/the-national-covid-cohort-collaborative-n3c-privacy-preserving-record-linkage-powered-by-datavant-and-regenstrief-wins-2022-fedhealthit-innovation-award>

"iRWD™ Platforms: OneMedNet iRWD(tm) uses Palantir Foundry and "creates access to approximately 47 million tokenized patients via Datavant." Data sets linked includes genomics, claims and mortality data."

Source Stock Titan:

<https://www.stocktitan.net/news/ONMD/one-med-net-goes-live-with-80-million-patient-journeys-and-billions-kkdfjizpa6xv.html>

"The software reportedly comes from **Datavant**, a data-management firm with ties to **Palantir**—a company frequently associated in public debate with government analytics and surveillance-adjacent work."

[Source: Garcia I, BizTech Weekly, July 17, 2026.](#)

Who Decides Whose Job Gets Replaced?

“

If you're not doing something management likes, maybe you're next on the list to get replaced by the AI.

-- Kevin T Kavanagh, MD, MS

Concerns Raised

- **Hidden decisions:** There's no visibility into how management decides which roles – or which people – get trained away by AI.
- **Targeting risk:** Employees already in conflict with management could be the first ones replaced by AI.
- **Profit vs. control:** For large corporations it looks like a dollar issue – but the deeper driver may be control.

Concern: It's the most dangerous, threatening technology if we can't manage it – with very little accountability from management.

Kept in the Dark on AI

“

Are patients being told AI may be reviewing their records? Not to my knowledge – we've been in the dark.

-- Marilyn Shuler, RN

What We Don't Know

- **No answers:** Staff have asked management many questions and have not gotten any concrete answers.
 - **No disclosed pilot:** No pilot has been shared with staff – AI use may already be underway, unannounced.
 - **Patient awareness:** Patients may have no idea AI could be involved in reviewing their medical records.
- Concern:** Are staff and patients being told how – and where – AI is actually being used?

Automation Bias, Jobs & Liability

“

They'd sign off on whatever the machine printed and miss anything else. You had to block that from them.

-- William Pewen, MPH, PhD

Emerging Risks

- **Automation bias:** Clinicians tend to approve AI output instinctively and stop thinking critically – a lesson from early computer-read ECGs.
 - **Shrinking roles:** Some sites now pair one human with AI where two radiologists once read x-rays – cutting staff in half.
 - **Product liability:** Self-learning systems that can't document how they decide raise unresolved liability questions – and vendors will seek exemptions.
- Concern:** The best results came from combining human judgment with the machine – not replacing one with the other.



**AI should be a tool used to
support clinicians, not replace
them.**



IN SUMMARY

Key Takeaways

1 AI adoption in healthcare is accelerating

Significant concerns remain regarding:

Patient safety

Privacy

Workforce displacement

Transparency

2 Presenters advocate for human clinical oversight

Thank you.

