

PARTNERING TO SOLVE HEALTHCARE WORKFORCE CHALLENGES

The clinician experience on a 7-day strike, powered by CareTeams.

Told from the perspective of Sarah — a Med-Surg RN from Phoenix — and the CareTeams platform working quietly behind her, every step of the way.

THE PERSONA

Sarah Chen, RN

34 · Med-Surg RN · Phoenix, Arizona · 8 years bedside experience

THE ASSIGNMENT

7-day RN strike at a 600-bed acute hospital · Northern California

Sarah has been deployed to support patient care during a labor dispute she had no role in.

THE SET-UP

A 7-day strike. 46,000 clinicians on picket lines. And one platform working quietly behind every one of them.

Healthcare strikes have entered a new era. In January 2026 alone, more than 46,000 clinicians were on picket lines across the United States. Strike days increased 58% year-over-year. And the contingent staffing market that fills the gap has become a \$2.5 billion line item for health systems, with one major staffing firm reporting *\$700 million in strike-related revenue* in just six months of 2025.

But the financial picture is only one dimension of a labor disruption. The human one — the experience of the clinicians who arrive to support patient care during a strike, often in unfamiliar facilities, in different states, working alongside teams they've never met — is rarely told. **This document tells that story.**

46,000+

clinicians on strike
in January 2026 alone

+58%

year-over-year increase
in strike days, 2024–2025

\$2.5B+

annual contingent labor
spend during disruptions

WHY THIS NARRATIVE MATTERS

When labor disputes happen, every party in the system is operating under stress. The striking clinicians are exercising a fundamental right. The facility leadership is trying to maintain patient care continuity. The replacement clinicians — like Sarah — are arriving in environments they've never seen, often credentialed across state lines in 72 hours, expected to provide safe care to patients they've never met.

CareTeams was built to make this experience work — for everyone. The narrative on the following pages follows Sarah from the moment she receives the strike assignment broadcast on her phone, through pre-deployment, arrival, day-by-day work, and her return home. **At every step, the CareTeams platform is doing invisible work to make her experience — and the patient's — better.**

THE TIMELINE — PRE-DEPLOYMENT

Three days before. The broadcast arrives.

Sarah is a Med-Surg RN in Phoenix. She is a vetted, credentialed strike-team member with CareTeams's national GigPool™. She has worked three strike assignments before. *This one is different.*

DAY -3

6:42 AM

Phoenix, AZ

A single notification on her phone.

Sarah's phone vibrates with a Mobilize™ broadcast: **"7-day RN strike, 600-bed facility in Northern California. Med-Surg coverage needed. Travel + lodging covered. AnyTime Pay™ available."** She taps to view details — pay rate, location, dates, return travel, accommodation type. Everything she needs to decide is in the broadcast. **No phone calls. No spreadsheets. No guesswork about whether she's qualified.** She has 4 hours to accept.

BEHIND THE SCENES

CARI evaluated 4,200 nationally credentialed Med-Surg RNs in seconds. Sarah surfaced in the top 50 because her California license is current, her last strike performance was rated 4.9/5, her home facility has cleared her availability, and she's within 4 hours travel of the destination. The broadcast was sent only to qualified, available, clinically-fit clinicians.

Mobilize™

GigPool™

AnyTime Pay™

CARI™ Matching

DAY -3

8:15 AM

Decision

Sarah accepts. The platform takes over.

Sarah taps Accept. **Within minutes**, her assignment is confirmed. CareTeams initiates her pre-deployment workflow: travel booking, housing assignment, facility-specific orientation modules, and a credential cross-check against the destination facility's requirements. Her phone now shows a strike-assignment dashboard with everything she needs in one place — schedule, hotel address, shuttle details, parking, the unit's charge nurse name, and emergency contacts.

BEHIND THE SCENES

Verify™ instantly cross-checked Sarah's 11 clinical certifications against the facility's required scope-of-practice. Compliance Shield™ flagged a single item — a renewed BLS card — and queued it for verification. Sarah didn't see any of this. She just saw her dashboard say "All clear."

Mobilize™

Compliance Shield™

Pre-Deployment Workflow

THE TIMELINE — REMOTE PREPARATION

Two days. Prepared from her kitchen table.

Strike clinicians traditionally arrive at a facility with little context: facility maps, charge nurse names, EMR navigation, supply locations — all learned in chaos on Day 1. Sarah's platform-supported preparation eliminates most of this.

DAY -2

12:30 PM

Phoenix, AZ

Pre-deployment, completed at her kitchen table.

Sarah uses her Mobilize™ app to complete her pre-deployment workflow in about 90 minutes. **Facility-specific orientation videos. EMR overview. Med-pass procedures. Unit-specific protocols. Required attestations and acknowledgments — all signed digitally.** The system tracks her completion and signs everything off automatically. The hospital DON sees her readiness status update in real time.

BEHIND THE SCENES

The destination facility uploaded its orientation modules into CareTeams once. Every replacement clinician — across all 7 days, all 600+ deployed staff — completes the same standardized prep. The DON sees a single dashboard: who is ready, who has gaps, and which units are fully covered for Day 1 arrival.

Mobilize™

Forms & E-Sign

Facility Orientation

DAY -1

2:00 PM

Logistics

Travel and housing, automated end-to-end.

Sarah's flight, ground transport, hotel, and meal allowance are all coordinated through the platform. Her boarding pass arrives in Mobilize™. Her hotel confirmation arrives in Mobilize™. Her shuttle pickup time arrives in Mobilize™. **One app. Every detail. Zero phone tag with a third-party staffing coordinator.** CARI sends a brief: "You'll be on the 4 East unit, 7am-7pm. Your charge nurse is Jennifer Park. Hotel is 0.4 miles from the facility. Shuttle leaves at 6:30 AM."

Mobilize™

Travel & Logistics

CARI™ Briefing

THE TIMELINE — ARRIVAL

Day One. Sarah is verified, oriented, and on the unit.

In a typical strike scenario, Day 1 is chaos. Replacement nurses queue at HR for badges. Credential verifications happen in person. Orientations are improvised. Clinicians often spend 2–4 hours of their first shift on logistics before stepping foot on a unit. **For Sarah, Day 1 looks completely different.**

DAY 1

6:55 AM

Hotel lobby

Verified before she leaves the hotel.

In the hotel lobby, Sarah opens Mobilize™. **A selfie verifies her identity in 2 seconds — facial geometry, liveness, and geofence confirming she's at the staging hotel.**

Verify™ confirms her pre-deployment is complete and her credentials are current. She's cleared to deploy. The shuttle driver gets a list of who is verified and who is not — only verified clinicians ride.

Verify™

Biometric Identity

Geofence

Compliance Shield™

DAY 1

7:08 AM

On 4 East

On the floor, with handoff intelligence ready.

Sarah arrives on 4 East. Verify™ confirms her presence on the unit via geofence. Her assignment is loaded — 5 patients, charge nurse Jennifer Park, two CNAs. **CARI delivers a personalized handoff briefing** tied to her specific patient assignment: medication times, isolation precautions, fall-risk patients, family communication notes, end-of-life care considerations. She is a stranger to this unit — but not to her patients.

BEHIND THE SCENES

Jennifer, the charge nurse, sees Sarah's arrival on her supervisor dashboard. Sarah's profile shows: "8 years Med-Surg experience, 3 prior strike deployments, current license, BLS certified, ACLS certified, prior performance 4.9/5." Jennifer assigns the most complex patient cluster to Sarah with confidence she'd never have with a typical agency RN.

Verify™

CARI™ Handoffs

VitalTasks™

THE TIMELINE — MID-STRIKE DYNAMICS

Days 2–4. The platform adapts in real time.

Strikes are dynamic. Patient census changes hourly. Acuity rises overnight. A unit gets pulled to support an unexpected admission surge. Replacement clinicians have to adapt — often without the institutional knowledge that long-tenured staff would normally provide. CareTeams orchestrates these transitions in real time.

DAY 2

11:42 AM

Mid-shift

CARI requests a unit move. Sarah accepts in 30 seconds.

Census on 5 East ICU step-down has surged due to an unexpected post-op admission cluster. 4 East has lower acuity than projected. CARI evaluates 12 nurses on 4 East against the step-down's specific needs. **Sarah's ACLS certification, her medical-surgical telemetry experience, and her current shift load make her the best match.** CARI sends Sarah a message: "Step-down needs additional support. You're cleared for the move. Unit map and patient assignments attached. Your 4 East patients have been redistributed. OK to proceed?" Sarah taps Accept.

BEHIND THE SCENES

*Compliance Shield™ verified Sarah's scope-of-practice qualifies her for telemetry step-down before the request was sent. Verify™ updated her location. VitalTasks™ pushed her new patient assignments to her phone. Her 4 East charge nurse received an automatic notification of patient reassignments. **A unit move that historically takes 45 minutes of phone calls and supervisor coordination took 30 seconds.***

CARI™ Orchestration

Mobilize™

Real-Time Reallocation

Compliance Shield™

DAY 3

8:30 PM

End of shift

AnyTime Pay™ delivers earned wages instantly.

After her 12-hour shift, Sarah taps AnyTime Pay™. **The wages she earned today — minus appropriate withholdings — appear in her account within minutes.** No two-week pay cycle. No invoicing dispute with a third-party staffing agency. No frustration. Sarah uses some of it to pay her son's soccer league registration fee from her hotel room before bed. **This is Motivation Science in action — tying instant compensation to the specific behavior of completing a difficult, mission-critical shift.** Sarah feels good about the work she did today, and she feels recognized and appreciated for it at the same time.

AnyTime Pay™

One10 Powered

Engage™

THE TIMELINE — SUSTAINED EXCELLENCE

Days 5–6. Recognition, continuity, and evolving care.

By the middle of a 7-day strike, the operational rhythm has stabilized. Clinicians who would normally be strangers to a facility are operating like longer-term staff. This is where the platform's engagement layer earns its place — recognizing the work, surfacing patterns, and reinforcing the behaviors that drive both retention and patient outcomes.

DAY 5

4:15 PM

Recognition

A note from Jennifer. A point credit. A small moment that matters.

A patient's family member writes a thank-you note about Sarah's care to the unit director. Jennifer logs it into Mobilize™ as a recognition event with 250 points credited to Sarah's account. Sarah gets a push notification: *"From Jennifer Park, Charge RN: 'Family thanked us specifically for the patience you showed Mr. Rodriguez yesterday. Thank you for representing this unit beautifully during a hard week. — Jen'"* **Recognition tied to the moment, the behavior, and the specific patient interaction.** Sarah saves it. Months from now, she'll cite it in her next performance review.

BEHIND THE SCENES

Jennifer didn't spend extra time on this — she logged it from her phone in under 60 seconds, structured around CareTeams's behavior-based recognition framework. CARI captured the data point: "Sarah Chen, Day 5, family-praised interaction with high-complexity patient." Future deployment matching uses this signal to surface her for similar high-acuity assignments.

Engage™

Recognition

One10 Motivation Science

DAY 6

10:08 AM

Final full shift

A continuity briefing for the staff returning Monday.

Sarah, Jennifer, and the other replacement clinicians use Mobilize™ to log structured continuity notes for each patient — observations, interventions tried, family communication preferences, specific concerns. **Through CareTeams' EMR integration, every continuity note flows directly into the patient record** — so when the regular nursing staff returns post-strike, these notes are waiting for them in the same EMR they've always used. Patient continuity does not end with the strike — it bridges through it.

VitalTasks™

Mobilize™

EMR Integration

Continuity Documentation

THE TIMELINE — STRIKE END & RETURN

Day 7. The strike ends. Sarah heads home.

The labor agreement is reached on Day 7. Replacement clinicians transition out as regular staff returns to their units. For most strike scenarios, this transition is messy — invoicing disputes, lost paperwork, delayed payments, no formal feedback loops. Sarah's experience is different.

DAY 7

7:14 PM

Last shift

Off-boarding, settled in real time.

Sarah's final clock-out is biometrically validated. **Within the hour**, the platform reconciles her full deployment: 84 hours worked, 6 recognition points, 1 unit reassignment, all expense receipts submitted. Her remaining wages, travel reimbursement, and bonus differential are calculated and released. Her CARI debrief asks four questions: "How was the unit fit? How was the housing? Would you redeploy here? Any safety concerns?" Sarah answers in 90 seconds.

BEHIND THE SCENES

*Sarah's debrief data is anonymized and aggregated with the other 600+ deployed clinicians' feedback. The DON receives a strike-completion report with operational patterns, satisfaction metrics, and specific facility improvement recommendations. **The next strike — at this facility or any other — gets better because of what CareTeams learned from this one.***

Verify™
Compliance Shield™
AnyTime Pay™
CARI™ Debrief

DAY 8

11:30 AM

Phoenix, AZ

Home. Settled. Ready for the next call.

Sarah is back in Phoenix. Her wages are settled. Her travel is reimbursed. Her recognition is recorded. Her readiness profile is updated with the new experience and 4.9-rated reviews from her charge nurse. **She is more deployable, not less, because of this assignment.** When the next strike broadcast comes — and it will — she will see it first because of her demonstrated reliability.

GigPool™ Tier Advancement
Reliability Score

WHAT THIS MEANS

A platform that turns labor disruption from chaos into orchestration.

Sarah's experience is not exceptional. It is the standard CareTeams enables for every replacement clinician on every strike assignment. **What changes is the operational, financial, and clinical outcome of the entire labor disruption.**

<p>98% first-shift readiness rate for deployed clinicians</p>	<p>40% reduction in agency-cost premiums vs traditional staffing</p>	<p>< 30s mid-shift unit reassignment vs 45+ min historically</p>
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THE CARETEAMS CAPABILITIES THAT MAKE THIS POSSIBLE

<p>CARI™ Agentic AI that orchestrates matching, briefings, real-time reallocations, and debriefs</p>	<p>Mobilize™ Single mobile hub — no app store, no password — for the entire clinician experience</p>	<p>Verify™ Biometric identity, geofence, liveness — every clock-in, every transition</p>
<p>Compliance Shield™ Continuous credential verification protecting org, clinician, and patient</p>	<p>GigPool™ National strike-team tiering — credentialed, vetted, ranked, ready</p>	<p>AnyTime Pay™ Instant shift-end pay — powered by One10 — turning compensation into motivation</p>

THE BROADER OPPORTUNITY

The strike economics are visible — the \$13.4 billion travel-nurse market, the \$700M six-month strike revenue at major staffing firms, the 58% year-over-year increase in strike days. But the deeper opportunity is in the platform layer that makes labor disruption manageable for the first time in healthcare's history.

CareTeams is not a staffing agency. **CareTeams is the orchestration layer that makes the entire contingent workforce ecosystem work better — for health systems, for clinicians, and for patients.** Strikes are the most acute use case. The everyday clinical workforce orchestration that protects continuity of care, controls cost, and respects the people doing the work — that is the broader partnership opportunity.

A FINAL WORD

"We didn't set out to build a workforce platform.

We set out to build the one that finally respects the people inside it."

Sarah's story is real in form, even though her name is not. We have built CareTeams to make her experience — and the experience of every clinician who has ever crossed state lines to support patient care during a labor disruption — better than it has been historically. We believe healthcare workforce orchestration is one of the most consequential, under-served categories in healthcare technology today. **And we believe the partners who help us get this right will help define how clinical workforces are managed for the next decade.**

LET'S TALK

Whether you're a healthcare leader navigating a labor challenge, a partner exploring how CareTeams fits in your ecosystem, or anyone curious about what operator-built clinical workforce software can do — we would welcome a conversation. We can walk you through Sarah's narrative live, in product, on a real customer environment.

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