200 AI Prompts for Healthcare Teams

Nov 2, 2026 · @Thao Le

Across 20 Healthcare Workflows — Clinical & Administrative

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Created by a BSN, RN Nursing Administrative Supervisor with 17 years at the bedside and in leadership. Built for nurses, leaders, case managers, social workers, administrators, billing, quality and compliance teams who are being asked to do more with less. No fluff. No theory. Just usable workflows.

How to Use This Library

1. **Copy** the prompt you need.
2. **Fill in** every [BRACKETED PLACEHOLDER] with your unit, numbers or context.
3. **Paste** it into any AI tool: ChatGPT, Claude, Gemini or Copilot.
4. **Refine** by replying "make it shorter," "add a table," or "ask me 3 questions first."
5. **Verify** every output against your policies, data and professional judgment before using it.

HIPAA & Safety First

> **Never enter protected health information (PHI).** No names, MRNs, dates of birth, room numbers or any detail that could identify a patient. Use de-identified or aggregate data only.
>
> **Follow your organization's AI policy.** Use only tools your organization approves for work content.
>
> **Always verify outputs.** AI can sound confident and still be wrong.
>
> **AI supports, never replaces, professional judgment.** These prompts are for operations, communication, education and planning, not for diagnosis or treatment decisions.

Table of Contents

#	Category	Prompts
1	Clinical Operations	1–10
2	Nursing Leadership & Supervision	11–20
3	Workforce & Staffing	21–30
4	Compliance & Risk	31–40
5	Quality & Patient Safety	41–50
6	Medical Billing & Coding	51–60
7	Revenue Cycle	61–70
8	Patient Engagement & Experience	71–80
9	Care Coordination & Case Management	81–90
10	Discharge Planning & Transitions of Care	91–100
11	Behavioral Health & Psychiatric Care	101–110
12	Population Health	111–120
13	Patient Education	121–130
14	Clinical Documentation	131–140
15	Staff Education & Onboarding	141–150
16	Emergency & Surge Readiness	151–160
17	Leadership Communication	161–170
18	Data, Reporting & Dashboards	171–180
19	Policy, Procedure & Process Improvement	181–190
20	Professional Growth & Wellness	191–200

1. Clinical Operations

Keep patients moving safely from door to discharge, without burning out your team. *Icon: clipboard with flow arrows.*

#1. Find Your Patient Flow Bottlenecks

✅ **Benefit:** Pinpoints exactly where patients get stuck between admission and discharge, so you fix the real delay instead of guessing.

👥 **Best for:** Nurse managers, house supervisors, operations leaders

📋 **Prompt:**

```
Act as a hospital patient flow consultant. I manage a [UNIT TYPE] with [NUMBER OF BEDS] beds. Our average length of stay is [LOS] days and our main delays are [DESCRIBE DELAYS, e.g., late discharges, slow bed cleaning, waiting for consults]. Using this de-identified, aggregate information, identify the top 5 likely bottlenecks in our admission-to-discharge flow. For each, give the root cause, one quick fix we can try this week, and one long-term fix. Format as a table.
```

#2. Predict Tomorrow's Capacity

✅ **Benefit:** Turns today's census numbers into a clear capacity forecast, so you can plan staffing and beds before the crunch hits.

👥 **Best for:** House supervisors, bed managers, charge nurses

📋 **Prompt:**

```
Act as a hospital capacity planning analyst. Here is our aggregate data: current census [NUMBER], expected discharges tomorrow [NUMBER], pending admissions from ED [NUMBER], scheduled surgical admissions [NUMBER], and staffed beds [NUMBER]. Estimate tomorrow's expected census and occupancy percentage, flag our risk level (green/yellow/red), and list 5 actions to take tonight if we are in yellow or red. Present it as a one-page capacity briefing.
```

#3. Speed Up Discharges Before Noon

✅ **Benefit:** Builds a practical discharge-before-noon plan that frees beds earlier and reduces ED boarding.

👥 **Best for:** Nurse managers, case managers, hospitalist leaders

📋 **Prompt:**

```
Act as a nursing operations expert. Our unit's discharge-before-noon rate is [PERCENTAGE] and our goal is [GOAL PERCENTAGE]. Our common barriers are [LIST BARRIERS, e.g., late physician rounding, pharmacy delays, transportation]. Create a 30-day improvement plan with: (1) a night-before discharge checklist, (2) morning roles for RN, MD, case manager and pharmacy, and (3) 3 metrics to track weekly. Format with headings and checklists.
```

#4. Map Your Admission Workflow

✅ **Benefit:** Converts a messy admission process into a clear step-by-step map that shows wasted steps and handoff gaps.

👥 **Best for:** Charge nurses, unit educators, process improvement leads

📋 **Prompt:**

```
Act as a Lean process improvement coach in healthcare. Here is how a patient is currently admitted to our [UNIT TYPE]: [DESCRIBE STEPS IN ORDER, including who does what]. Turn this into a numbered workflow map. Then mark each step as value-added, necessary non-value-added, or waste. Suggest a streamlined version with fewer handoffs. Output: current-state list, future-state list, and a short summary of time saved.
```

#5. Reduce ED Boarding Time

✅ **Benefit:** Gives you a targeted action list to move admitted patients out of the ED faster, improving safety and patient experience.

👥 **Best for:** ED and inpatient leaders, house supervisors, bed managers

📋 **Prompt:**

```
Act as a hospital throughput expert. Our average ED boarding time for admitted patients is [HOURS] hours. Our main causes are [LIST CAUSES]. Recommend 8 evidence-informed strategies to reduce boarding, sorted by impact and ease. For each, list who owns it, what it costs (low/medium/high), and how fast it can start. Format as a prioritized table.
```

#6. Build a Daily Bed Huddle Agenda

✅ **Benefit:** Creates a tight 10-minute bed huddle script that keeps every unit aligned on capacity, barriers and next actions.

👥 **Best for:** House supervisors, nursing directors, bed managers

📋 **Prompt:**

```
Act as a nursing administrative supervisor. Create a 10-minute hospital-wide bed huddle agenda for [NUMBER] units, held at [TIME]. Include: the order units report in, the 5 data points each unit gives (census, pending discharges, pending admits, staffing gaps, safety concerns), how to escalate barriers, and a closing summary. Format as a timed script with a fill-in template for each unit.
```

#7. Cut Bed Turnaround Time

✅ **Benefit:** Shortens the time from patient discharge to clean, ready bed, so new admissions are placed faster.

👥 **Best for:** Operations managers, environmental services leaders, charge nurses

📋 **Prompt:**

```
Act as a hospital operations analyst. Our average time from discharge order to bed ready is [MINUTES] minutes. The process includes: [DESCRIBE STEPS between nursing, EVS and bed management]. Identify delays in communication and handoffs, propose a faster process with clear triggers, and suggest a target time. Output a before/after comparison table and a 5-step new workflow.
```

#8. Plan for Seasonal Surges

✅ **Benefit:** Prepares your unit for predictable busy seasons (flu, holidays) with a ready-to-use plan instead of last-minute scrambling.

👥 **Best for:** Nursing directors, operations leaders, staffing coordinators

📋 **Prompt:**

```
Act as a healthcare capacity planner. Our [UNIT TYPE] typically sees a census increase of [PERCENTAGE] during [SEASON/MONTHS]. Build a seasonal surge plan with: early warning triggers, staffing adjustments, overflow bed options, supply checks, and communication steps. Organize by phase (prepare, activate, sustain, recover). Format as a one-page checklist.
```

#9. Standardize Interdepartmental Requests

✅ **Benefit:** Reduces delays from lab, imaging, pharmacy and transport by creating clear request standards everyone follows.

👥 **Best for:** Charge nurses, unit managers, ancillary department leaders

📋 **Prompt:**

```
Act as a clinical operations consultant. Our nurses often wait on [DEPARTMENT, e.g., radiology, pharmacy, transport]. Common problems include [DESCRIBE PROBLEMS]. Draft a service agreement between our unit and that department with: expected response times by priority level, how requests are made, how delays are escalated, and how performance is reviewed monthly. Format as a one-page agreement.
```

#10. Clinical Operations Weekly Snapshot

✅ **Benefit:** Turns scattered weekly numbers into a clear summary leaders can read in 2 minutes, saving hours of report writing.

👥 **Best for:** Nurse managers, directors, operations analysts

📋 **Prompt:**

```
Act as a healthcare operations analyst. Here is this week's aggregate data for our [UNIT TYPE]: [PASTE DE-IDENTIFIED METRICS, e.g., average census, admissions, discharges, LOS, discharge-before-noon %, ED boarding hours]. Write a weekly operations snapshot with: 3 wins, 3 concerns, trend compared with last week [LAST WEEK'S NUMBERS], and 3 priorities for next week. Keep it under 250 words with bullet points.
```

2. Nursing Leadership & Supervision

Lead shifts with confidence: sharper huddles, faster escalation and better rounding. *Icon: stethoscope with a star.*

#11. Run a 5-Minute Safety Huddle

✅ **Benefit:** Gives you a ready script for a short, focused huddle that surfaces safety risks before they become incidents.

👥 **Best for:** Charge nurses, nurse managers, house supervisors

📋 **Prompt:**

```
Act as an experienced charge nurse. Create a 5-minute start-of-shift safety huddle script for a [UNIT TYPE] with [NUMBER] staff. Include: high-risk patients to watch (falls, restraints, suicide risk, isolation) described without names, staffing and assignment updates, equipment or supply issues, one safety tip of the day, and a closing question for staff concerns. Format as a fill-in template I can reuse every shift.
```

#12. Build an Escalation Decision Guide

✅ **Benefit:** Removes guesswork about when and who to call, so concerns reach the right leader quickly and consistently.

👥 **Best for:** House supervisors, charge nurses, new nurse leaders

📋 **Prompt:**

```
Act as a nursing administrative supervisor. Create a chain-of-command escalation guide for our [UNIT TYPE/HOSPITAL]. Cover these situations: [LIST SITUATIONS, e.g., unsafe staffing, provider not responding, patient complaint, workplace violence, equipment failure]. For each, show: first contact, next escalation level, expected response time, and what to document. Format as a quick-reference table.
```

#13. Make Fair Patient Assignments

✅ **Benefit:** Helps you balance acuity and workload across nurses, reducing burnout and "unfair assignment" complaints.

👥 **Best for:** Charge nurses

📋 **Prompt:**

```
Act as a charge nurse coach. I have [NUMBER] nurses and [NUMBER] patients. Here is de-identified acuity for each patient: [LIST e.g., Bed A: high acuity, 1:1 sitter; Bed B: low acuity, discharge today]. Here is each nurse's experience level and skills: [LIST]. Suggest balanced assignments that consider acuity, geography, continuity and nurse competency. Explain your reasoning briefly and show the result as a table.
```

#14. Leader Rounding Questions

✅ **Benefit:** Gives you meaningful rounding questions that build trust with staff and catch problems early.

👥 **Best for:** Nurse managers, directors, house supervisors

📋 **Prompt:**

```
Act as a nursing leadership coach. Create a leader rounding guide for staff on a [UNIT TYPE]. Include 8 open-ended questions covering: what's working well, barriers to good care, equipment needs, recognition, and safety concerns. Add tips for follow-up and a simple tracking log with columns: date, staff role, issue raised, action owner, closed date. Format as a one-page guide.
```

#15. Prepare for a Difficult Shift

✅ **Benefit:** Helps you plan ahead for a tough shift (short staffing, high census) so you stay calm and in control.

👥 **Best for:** Charge nurses, house supervisors

📋 **Prompt:**

```
Act as a seasoned nursing supervisor. Tonight I expect [DESCRIBE SITUATION, e.g., census at 100%, 2 call-outs, 3 pending ED admits, 1 behavioral emergency risk]. Give me a shift game plan with: first 30-minute priorities, staffing options to try in order, who to notify and when, safety risks to watch, and a short message to motivate the team. Format as a checklist.
```

#16. Write a Clear SBAR to Leadership

✅ **Benefit:** Turns a complex operational issue into a crisp SBAR that gets leaders to act fast.

👥 **Best for:** Charge nurses, house supervisors, nurse managers

📋 **Prompt:**

```
Act as a nurse leader skilled in SBAR communication. Turn this operational issue into an SBAR for my director: [DESCRIBE ISSUE without patient identifiers]. Keep each section to 2–3 sentences. End the Recommendation with a specific request and a deadline. Format with S, B, A, R headings.
```

#17. Coach a Struggling Staff Member

✅ **Benefit:** Prepares you for a supportive, structured coaching talk that improves performance without damaging the relationship.

👥 **Best for:** Nurse managers, charge nurses, educators

📋 **Prompt:**

```
Act as a nursing leadership coach. I need to coach a [ROLE] who is struggling with [DESCRIBE ISSUE, e.g., late documentation, missed reassessments, communication with team]. Help me plan a 15-minute coaching conversation using a supportive, non-punitive approach. Include: an opening line, 3 questions to understand the cause, how to set clear expectations, a follow-up plan with dates, and what to document. Format as a conversation guide.
```

#18. Shift Handoff Report for Supervisors

✅ **Benefit:** Standardizes supervisor-to-supervisor handoff so nothing important is lost between shifts.

👥 **Best for:** House supervisors, nursing administrative supervisors

📋 **Prompt:**

```
Act as a nursing administrative supervisor. Create a house supervisor shift handoff template covering: hospital census and capacity by unit, pending admissions and transfers, staffing gaps for the next shift, open safety events, behavioral or security concerns, equipment or facility issues, and items needing follow-up. Use de-identified information only. Format as a one-page fillable template with checkboxes.
```

#19. Plan a Unit Practice Council Meeting

✅ **Benefit:** Creates a productive shared-governance meeting agenda that turns staff ideas into action.

👥 **Best for:** Unit council chairs, nurse managers, clinical nurses

📋 **Prompt:**

```
Act as a shared governance facilitator. Create a 45-minute unit practice
council agenda for our [UNIT TYPE]. Topics to cover: [LIST TOPICS]. Include
time for each item, a decision-making method, how to assign action owners,
and a short minutes template with columns: topic, discussion summary,
decision, owner, due date. Format as an agenda plus template.
```

#20. Recognize Staff the Right Way

✅ **Benefit:** Helps you write specific, heartfelt recognition that boosts morale and retention in under 2 minutes.

👥 **Best for:** Nurse managers, charge nurses, directors

📋 **Prompt:**

```
Act as a nurse leader who values recognition. Write 3 versions of a short
recognition message for a [ROLE] who [DESCRIBE WHAT THEY DID, without patient
identifiers]. Version 1: a personal thank-you note. Version 2: a shout-out
for the team huddle. Version 3: a nomination paragraph for a DAISY-style or
employee award. Keep each specific, warm and under 100 words.
```

3. Workforce & Staffing

The right people, in the right place, without running your team into the ground. *Icon: calendar with clock.*

#21. Build a Balanced 6-Week Schedule

✅ **Benefit:** Drafts a fair schedule framework in minutes that respects requests, skill mix and rules, cutting hours of manual scheduling.

👥 **Best for:** Nurse managers, staffing coordinators, schedulers

📋 **Prompt:**

```
Act as a nurse staffing and scheduling expert. Help me plan a 6-week schedule for a [UNIT TYPE] that needs [NUMBER] RNs and [NUMBER] support staff per shift on days and nights. Rules: [LIST RULES, e.g., 12-hour shifts, every other weekend, max 3 shifts in a row, union rules]. Staff: [NUMBER] full-time, [NUMBER] part-time, [NUMBER] per diem. Create a scheduling framework that balances weekends, holidays and nights fairly, and list the rules I must check before posting. Format as a table plus checklist.
```

#22. Calculate Staffing Needs from Census

✅ **Benefit:** Converts your census and acuity into a clear staffing target, so you can justify requests with numbers.

👥 **Best for:** House supervisors, staffing office, nurse managers

📋 **Prompt:**

```
Act as a nurse staffing analyst. Our [UNIT TYPE] has a census of [NUMBER] patients with this acuity mix: [NUMBER] high, [NUMBER] medium, [NUMBER] low. Our target ratio or grid is [DESCRIBE RATIO/GRID]. Calculate the RN, LVN/LPN and CNA/tech needs for the next shift, show your math, and flag if we are over or under staffed compared with [CURRENT STAFFING]. Format as a short table with a one-line recommendation.
```

#23. Analyze Overtime Patterns

✅ **Benefit:** Reveals where and why overtime is happening, so you can cut cost and protect staff from fatigue.

👥 **Best for:** Nurse managers, directors, finance partners

📋 **Prompt:**

```
Act as a healthcare workforce analyst. Here is our de-identified, aggregate overtime data for the last [NUMBER] pay periods: [PASTE DATA, e.g., overtime hours by shift, day of week, role]. Identify the top patterns and likely causes, estimate cost impact if our average hourly rate is [RATE], and recommend 5 actions to reduce overtime by [GOAL PERCENTAGE]. Format as findings, a table of patterns, and an action list.
```

#24. Spot Burnout Early

✅ **Benefit:** Gives you a simple early-warning checklist and response plan to protect staff wellbeing before people quit.

👥 **Best for:** Nurse managers, charge nurses, HR partners

📋 **Prompt:**

```
Act as a nursing workforce wellbeing expert. Create a burnout early-warning tool for a [UNIT TYPE]. Include: 10 observable warning signs (team-level, not personal diagnoses), unit metrics to watch (sick calls, overtime, turnover, incident trends), a 3-level response plan (watch, support, intervene), and supportive resources to offer such as EAP. Format as a one-page leader tool.
```

#25. Write a Stay Interview Guide

✅ **Benefit:** Helps you learn why good staff stay and what might make them leave, before they hand in a resignation.

👥 **Best for:** Nurse managers, directors, HR partners

📋 **Prompt:**

```
Act as a healthcare retention specialist. Create a 20-minute stay interview guide for [ROLE] on our [UNIT TYPE]. Include 10 open-ended questions on job satisfaction, growth, schedule, recognition and leadership support, tips for listening without being defensive, and a summary template with columns: theme, what they said, action I will take, follow-up date. Format as a guide plus template.
```

#26. Plan Float Pool Deployment

✅ **Benefit:** Creates clear rules for floating staff fairly and safely, reducing conflict and competency risks.

👥 **Best for:** Staffing coordinators, house supervisors, float pool managers

📋 **Prompt:**

```
Act as a hospital staffing operations expert. Our float pool has [NUMBER]
staff covering [LIST UNITS]. Problems we see: [DESCRIBE, e.g., unfair
floating rotation, staff floated outside competency, late notice]. Create a
float policy framework with: rotation order, competency matching rules,
minimum orientation for each unit, notice time, and a float-nurse welcome
checklist each unit provides. Format as a policy outline plus checklist.
```

#27. Fill Last-Minute Call-Outs

✅ **Benefit:** Gives you a fast, fair step-by-step plan for covering sick calls so you are not scrambling at 5 a.m.

👥 **Best for:** Charge nurses, house supervisors, staffing office

📋 **Prompt:**

```
Act as a nursing staffing supervisor. Build a call-out response playbook for
when a [ROLE] calls out [TIME BEFORE SHIFT] before shift on a [UNIT TYPE].
List coverage options in order (float pool, per diem, incentive shift,
overtime, agency, redistribute assignments, adjust admissions), the approval
needed for each, a ready-to-send text message asking for coverage, and what
to document. Format as a numbered decision list.
```

#28. Build a New Hire Retention Plan

✅ **Benefit:** Protects your investment in new staff with a first-year plan that cuts early turnover.

👥 **Best for:** Nurse managers, educators, HR partners

📋 **Prompt:**

```
Act as a nursing retention strategist. Our first-year turnover for new hires
on [UNIT TYPE] is [PERCENTAGE]. Common reasons people leave: [LIST REASONS].
Create a 12-month new hire retention plan with check-ins at 30, 60, 90 days,
6 months and 1 year. For each, give the purpose, 3 questions to ask, and who
leads it. Add 3 low-cost engagement ideas. Format as a timeline table.
```

#29. Compare Staffing Cost Options

✅ **Benefit:** Shows the true cost of agency, overtime and new hires side by side, so you can make a strong business case.

👥 **Best for:** Directors, nurse managers, finance partners

📋 **Prompt:**

```
Act as a healthcare finance and workforce analyst. We need to cover [NUMBER] FTEs of RN gaps on [UNIT TYPE]. Compare 4 options: agency at [RATE]/hr, overtime at [RATE]/hr, per diem at [RATE]/hr, and hiring full-time staff at [SALARY + BENEFITS %]. Include onboarding cost of [AMOUNT] per new hire. Show 3-month and 12-month cost for each, plus pros and cons (quality, continuity, morale). Format as a comparison table with a recommendation.
```

#30. Write a Staffing Request Email

✅ **Benefit:** Turns a staffing crisis into a clear, data-backed request that leaders can approve quickly.

👥 **Best for:** Charge nurses, nurse managers, house supervisors

📋 **Prompt:**

```
Act as a nurse manager writing to senior leadership. Write a concise email requesting [WHAT YOU NEED, e.g., 2 additional RNs per night shift for 4 weeks]. Use this aggregate data: [CENSUS, ACUITY, OVERTIME, INCIDENTS, TURNOVER]. Structure: subject line, the problem in 2 sentences, impact on safety and staff, the specific request, cost estimate [AMOUNT], and a deadline for a decision. Keep it under 200 words, professional and solution-focused.
```

4. Compliance & Risk

Stay survey-ready every day, not just the week before. *Icon: shield with checkmark.*

#31. HIPAA Self-Check for Your Unit

✅ **Benefit:** Finds everyday privacy risks on your unit (screens, whiteboards, hallway talk) before they become a breach.

👥 **Best for:** Nurse managers, privacy officers, compliance staff

📋 **Prompt:**

```
Act as a healthcare privacy and HIPAA compliance specialist. Create a 20-item HIPAA walk-through checklist for a [UNIT TYPE/DEPARTMENT]. Cover: workstations and screens, whiteboards, printed documents, verbal conversations, phone and fax, mobile devices, visitor areas, and disposal of PHI. For each item, add "what good looks like" and a quick fix. Format as a checklist table with Yes/No/Fix columns.
```

#32. Get Ready for a Joint Commission Tracer

✅ **Benefit:** Prepares your team with likely tracer questions and model answers, so staff feel confident instead of nervous.

👥 **Best for:** Nurse managers, educators, accreditation coordinators

📋 **Prompt:**

```
Act as an accreditation readiness coach familiar with Joint Commission tracers. Create 20 likely surveyor questions for staff on a [UNIT TYPE], covering: patient safety goals, medication management, infection prevention, restraints/seclusion if applicable, environment of care, and emergency management. For each, give a short model answer and where staff can find the policy. Format as a Q&A study sheet. Remind staff to follow our own policies.
```

#33. Build an Audit Readiness Calendar

✅ **Benefit:** Spreads audit prep across the year, so you are always ready and never cramming before a survey.

👥 **Best for:** Compliance managers, quality leaders, nurse managers

📋 **Prompt:**

```
Act as a healthcare compliance program manager. Create a 12-month audit readiness calendar for our [DEPARTMENT/FACILITY]. Include monthly focus areas (e.g., documentation, medication storage, life safety, staff competencies, consent forms), who owns each audit, sample size, and how results are reported. Format as a month-by-month table.
```

#34. Review an Incident Without Blame

✅ **Benefit:** Guides a fair, just-culture review that finds system fixes instead of blaming one person.

👥 **Best for:** Risk managers, nurse managers, quality staff

📋 **Prompt:**

```
Act as a patient safety and risk management expert using just-culture
principles. Here is a de-identified summary of an incident: [DESCRIBE EVENT
WITHOUT ANY IDENTIFIERS]. Help me review it by: (1) listing contributing
factors (people, process, environment, equipment, communication), (2)
classifying behavior as human error, at-risk behavior or reckless behavior
using just-culture definitions, and (3) recommending system-level fixes.
Format as a structured review form.
```

#35. Build a Unit Risk Register

✅ **Benefit:** Lists and ranks your top risks in one place, so you focus energy where harm is most likely.

👥 **Best for:** Risk managers, nurse managers, directors

📋 **Prompt:**

```
Act as a healthcare risk management consultant. Create a risk register for a
[UNIT TYPE] with at least 12 common risks (clinical, operational, regulatory,
workforce, security). For each, score likelihood (1–5) and impact (1–5),
calculate a risk score, list current controls, and suggest one added
mitigation with an owner. Sort by highest score. Format as a table.
```

#36. Check a Policy Against Regulations

✅ **Benefit:** Highlights gaps between your current policy and common regulatory expectations before a surveyor finds them.

👥 **Best for:** Policy committees, compliance staff, nurse educators

📋 **Prompt:**

```
Act as a healthcare regulatory compliance reviewer. Here is our current
policy on [TOPIC]: [PASTE POLICY TEXT]. Compare it with common expectations
from CMS Conditions of Participation, Joint Commission standards and [STATE]
requirements as you understand them. List possible gaps, unclear language and
missing elements. Flag anything I must verify with our compliance department.
Format as a gap table with: section, issue, suggested revision, priority.
```

#37. Create a Restraint Compliance Audit

✅ **Benefit:** Gives you a ready audit tool for one of the most surveyed, highest-risk areas of care.

👥 **Best for:** Nurse managers, quality staff, behavioral health leaders

📋 **Prompt:**

```
Act as a regulatory compliance nurse. Create a restraint and seclusion documentation audit tool based on common CMS and Joint Commission expectations. Include items for: order requirements and time limits, face-to-face evaluation, monitoring frequency, release criteria, patient rights, debriefing, and staff training. Add a scoring method and a summary section. Format as a fillable audit form. Note that facility policy and current regulations must be verified.
```

#38. Write a Corrective Action Plan

✅ **Benefit:** Turns audit findings into a clear, measurable plan that satisfies regulators and actually fixes the problem.

👥 **Best for:** Compliance managers, quality leaders, nurse managers

📋 **Prompt:**

```
Act as a healthcare quality and compliance consultant. Our audit found: [DESCRIBE FINDING, e.g., 72% compliance with pain reassessment documentation; goal 95%]. Write a corrective action plan with: problem statement, root causes, specific actions, responsible person, start and due dates, how we will monitor (sample size, frequency), and the sustainment plan. Format as a CAP table.
```

#39. Workplace Violence Risk Review

✅ **Benefit:** Assesses your unit's workplace violence risks and builds a prevention plan to keep staff safe.

👥 **Best for:** Nurse managers, security leaders, safety committees

📋 **Prompt:**

```
Act as a healthcare workplace violence prevention specialist. Our [UNIT TYPE] has had [NUMBER] reported incidents in the last [TIME PERIOD], mostly [DESCRIBE TYPE, e.g., verbal threats from visitors, aggression during admission]. Create a prevention plan covering: environmental risk checks, early warning signs, de-escalation training, code/response process, post-incident staff support, and reporting. Format as a checklist plus action plan table.
```

#40. Compliance Training Quiz Builder

✅ **Benefit:** Creates a quick quiz to check staff understanding of key compliance topics in minutes.

👥 **Best for:** Educators, compliance officers, nurse managers

📋 **Prompt:**

```
Act as a healthcare compliance educator. Create a 10-question quiz on [TOPIC, e.g., HIPAA, EMTALA basics, fraud and abuse, patient rights] for [AUDIENCE]. Mix multiple choice and true/false, use realistic workplace scenarios without real patient data, and include an answer key with a one-sentence explanation for each. Format as quiz plus answer key.
```

5. Quality & Patient Safety

Prevent harm, learn from events and prove improvement with data. *Icon: heart with shield.*

#41. Run a Root Cause Analysis

✅ **Benefit:** Walks your team through a structured RCA so you find the true causes, not just the obvious ones.

👥 **Best for:** Quality managers, risk managers, nurse leaders

📋 **Prompt:**

```
Act as a patient safety expert facilitating a root cause analysis. Here is a de-identified event summary: [DESCRIBE EVENT WITHOUT IDENTIFIERS]. Guide me through: (1) a timeline of what happened, (2) a fishbone analysis across people, process, equipment, environment, communication and policy, (3) a "5 Whys" for the top 2 causes, and (4) strong vs weak action recommendations using the action hierarchy. Format with headings and tables.
```

#42. Design a PDSA Cycle

✅ **Benefit:** Turns an improvement idea into a small, testable PDSA cycle you can start this week.

👥 **Best for:** Clinical nurses, quality champions, unit councils

📋 **Prompt:**

```
Act as a quality improvement coach using the Model for Improvement. Our aim is to [AIM, e.g., reduce falls on our unit from 4 to 2 per month within 3 months]. Our change idea is [CHANGE IDEA]. Build a PDSA cycle with: Plan (who, what, where, when, prediction, data to collect), Do (how to test on a small scale), Study (how to compare results with prediction), Act (adopt, adapt or abandon). Add the outcome, process and balancing measures. Format as a PDSA worksheet.
```

#43. Build a Fall Prevention Bundle

✅ **Benefit:** Creates a clear, evidence-informed fall bundle your staff can follow on every shift.

👥 **Best for:** Nurse managers, educators, fall prevention committees

📋 **Prompt:**

```
Act as a fall prevention specialist. Our [UNIT TYPE] fall rate is [RATE] per 1,000 patient days and our goal is [GOAL]. Create a fall prevention bundle with: risk assessment timing, universal precautions, interventions by risk level, toileting/rounding schedule, patient and family education points, post-fall huddle questions, and 3 audit measures. Note that it must align with our facility's fall risk tool. Format as a one-page bundle.
```

#44. Analyze Medication Error Trends

✅ **Benefit:** Finds patterns in medication events so you can fix the system and stop repeat errors.

👥 **Best for:** Quality staff, pharmacy partners, nurse managers

📋 **Prompt:**

```
Act as a medication safety officer. Here is de-identified, aggregate medication event data for the last [TIME PERIOD]: [PASTE DATA, e.g., event type, stage (prescribing, dispensing, administration), drug class, shift, harm level]. Identify the top 3 patterns, possible system causes, and recommend targeted interventions such as barcode scanning compliance, independent double checks or workflow changes. Format as findings plus an action table.
```

#45. Prepare a Quality Board for Your Unit

✅ **Benefit:** Designs a simple visual quality board that keeps staff engaged with their own unit's results.

👥 **Best for:** Nurse managers, unit councils, quality champions

📋 **Prompt:**

```
Act as a quality improvement leader. Design a unit quality board for a [UNIT TYPE]. Recommend 6 metrics to display (e.g., falls, CAUTI, CLABSI, pressure injuries, HCAHPS item, hand hygiene), how often to update each, a simple green/yellow/red rule for each, a "current project" section, and a staff ideas section. Describe the layout and give a fill-in template. Format with headings.
```

#46. Pressure Injury Prevention Plan

✅ **Benefit:** Builds a focused plan to reduce hospital-acquired pressure injuries, one of the most preventable harms.

👥 **Best for:** Wound care nurses, nurse managers, educators

📋 **Prompt:**

```
Act as a certified wound care nurse consultant. Our [UNIT TYPE] had [NUMBER] hospital-acquired pressure injuries last quarter, mostly [LOCATION/STAGE, e.g., sacral stage 2]. Create a prevention plan with: risk screening timing, skin assessment routine, turning and support surface standards, nutrition and moisture management, documentation tips, and a weekly prevalence audit. Format as a checklist and action plan.
```

#47. Infection Prevention Rounds Checklist

✅ **Benefit:** Gives you a quick rounding tool to catch infection risks like CAUTI and CLABSI gaps in real time.

👥 **Best for:** Infection preventionists, charge nurses, nurse managers

📋 **Prompt:**

```
Act as an infection preventionist. Create a 15-item infection prevention
rounding checklist for a [UNIT TYPE] covering: hand hygiene, isolation
signage and PPE, urinary catheter necessity and care, central line dressing
and maintenance, cleaning of shared equipment, and sharps safety. Add a
scoring method and space for immediate coaching notes. Format as a one-page
checklist.
```

#48. Turn Data into a Run Chart Story

✅ **Benefit:** Explains what your quality data really shows, so you can tell if a change truly worked.

👥 **Best for:** Quality analysts, nurse managers, QI teams

📋 **Prompt:**

```
Act as a healthcare quality data analyst. Here is monthly data for [MEASURE]
over [NUMBER] months: [PASTE AGGREGATE DATA]. Our change was introduced in
[MONTH]. Explain how to build a run chart, calculate the median, and apply
run chart rules (shift, trend, runs, astronomical point). Tell me whether the
data suggests real improvement. Present your findings in plain language a
staff meeting can understand.
```

#49. Debrief After a Rapid Response or Code

✅ **Benefit:** Gives your team a short, supportive debrief structure that improves the next response and supports staff.

👥 **Best for:** Charge nurses, rapid response teams, educators

📋 **Prompt:**

```
Act as a resuscitation and team performance educator. Create a 10-minute hot debrief guide for use after a rapid response or code. Include: a psychological safety opening statement, 5 questions (what went well, what was hard, communication, equipment, roles), how to capture action items without blame, and a staff wellbeing check-in. Format as a pocket card script.
```

#50. Write a Quality Improvement Abstract

✅ **Benefit:** Turns your project into a polished abstract for a poster, conference or clinical ladder portfolio.

👥 **Best for:** Clinical nurses, nurse leaders, QI teams

📋 **Prompt:**

```
Act as a nursing quality improvement writing mentor. Write a 300-word abstract for our project using this structure: Background, Purpose/Aim, Methods (setting, intervention, measures), Results, and Conclusion/Implications for practice. Project details: [DESCRIBE PROJECT, AIM, INTERVENTION, AGGREGATE RESULTS]. Use clear, professional language and do not invent data.
```

6. Medical Billing & Coding

Code it right the first time and keep revenue from slipping away. *Icon: document with dollar sign.*

#51. Find Documentation Gaps That Hurt Coding

✅ **Benefit:** Shows which missing details in clinical notes cause coding problems, so documentation supports accurate billing.

👥 **Best for:** CDI specialists, coders, nurse leaders

📋 **Prompt:**

```
Act as a clinical documentation integrity (CDI) specialist. Our most common coding queries are about [LIST TOPICS, e.g., sepsis criteria, acuity of heart failure, severity of malnutrition]. For each, explain what documentation elements coders typically need, common gaps, and a simple tip clinicians can use. Format as a table: topic, required elements, common gap, clinician tip. Do not include any patient data.
```

#52. Write a Compliant CDI Query

✅ **Benefit:** Helps you write non-leading, compliant provider queries that get clear answers faster.

👥 **Best for:** CDI specialists, coding staff

📋 **Prompt:**

```
Act as a CDI specialist familiar with AHIMA/ACDIS query practice guidance. Draft a non-leading provider query template for this de-identified clinical scenario: [DESCRIBE CLINICAL INDICATORS WITHOUT IDENTIFIERS]. Include: clinical indicators, a clear question, multiple-choice options including "other" and "unable to determine," and no leading language. Explain briefly why it is compliant.
```

#53. Reduce Claim Denials by Root Cause

✅ **Benefit:** Sorts your denials by cause and suggests prevention steps, so fewer claims get rejected next month.

👥 **Best for:** Billing managers, revenue integrity staff, denial analysts

📋 **Prompt:**

```
Act as a denial management expert. Here is aggregate denial data for [TIME PERIOD]: [PASTE DATA, e.g., denial reason codes, payer, dollar amount, department]. Group denials by root cause (registration, authorization, coding, medical necessity, timely filing, documentation). Rank by dollar impact, and recommend one prevention action for each category with an owner. Format as a ranked table plus summary.
```

#54. Coding Accuracy Audit Plan

✅ **Benefit:** Builds a simple, repeatable audit plan to measure and improve coding accuracy.

👥 **Best for:** Coding managers, compliance auditors

📋 **Prompt:**

```
Act as a coding compliance auditor. Create a quarterly coding accuracy audit plan for [SETTING, e.g., inpatient, outpatient, professional fee]. Include: sample selection method and size, what to review (principal diagnosis, secondary diagnoses, procedures, DRG/APC, modifiers), accuracy scoring, error categories, education follow-up and re-audit criteria. Format as a step-by-step plan with a scoring template.
```

#55. Explain a Coding Concept Simply

✅ **Benefit:** Turns confusing coding rules into plain language for clinicians, improving teamwork between clinical and coding staff.

👥 **Best for:** Coders, CDI educators, clinical staff

📋 **Prompt:**

```
Act as a friendly coding educator. Explain [CODING CONCEPT, e.g., CC vs MCC, present on admission indicators, modifier 25, medical necessity] to [AUDIENCE, e.g., new nurses, physicians, front desk staff] in plain language. Include: a 2-sentence definition, why it matters for patients and the organization, one simple made-up example, and 3 common mistakes. Keep it under 300 words.
```

#56. Write an Appeal Letter for a Denied Claim

✅ **Benefit:** Drafts a strong, organized appeal letter in minutes instead of starting from a blank page.

👥 **Best for:** Billing specialists, appeals coordinators, UR nurses

📋 **Prompt:**

```
Act as a healthcare appeals specialist. Draft an appeal letter template for a claim denied for [DENIAL REASON, e.g., medical necessity, no authorization]. Use placeholders for all patient and claim identifiers, such as [PATIENT ID] and [CLAIM NUMBER], which I will fill in our secure system. Structure: reason for appeal, summary of clinical justification [DE-IDENTIFIED SUMMARY], supporting criteria referenced (e.g., InterQual/MCG or payer policy), list of enclosed documents, and requested action. Keep a professional, factual tone.
```

#57. Charge Capture Checklist

✅ **Benefit:** Prevents missed charges for supplies, procedures and services, protecting revenue your team already earned.

👥 **Best for:** Department managers, charge nurses, revenue integrity staff

📋 **Prompt:**

```
Act as a revenue integrity analyst. Create a charge capture checklist for a [DEPARTMENT/UNIT TYPE]. List the commonly missed chargeable items and services, when each should be entered, who is responsible, and a daily reconciliation step. Add 3 warning signs that charges are being missed. Format as a checklist table.
```

#58. Prepare Coders for Code Set Updates

✅ **Benefit:** Creates a clear training plan so your team is ready for annual coding and policy updates.

👥 **Best for:** Coding managers, educators

📋 **Prompt:**

```
Act as a coding education manager. Create a training plan to prepare our [NUMBER] coders for the annual [ICD-10-CM/PCS, CPT or payer policy] updates taking effect [DATE]. Include: how to find official update sources, a 4-week learning schedule, practice exercises, a short competency check, and how to track readiness. Remind me to confirm all code changes from official sources. Format as a timeline.
```

#59. Track Coding Productivity Fairly

✅ **Benefit:** Sets fair productivity standards that balance speed and accuracy, so coders are not pushed to cut corners.

👥 **Best for:** Coding managers, HIM directors

📋 **Prompt:**

```
Act as an HIM operations consultant. Help me design a coding productivity and quality dashboard for [NUMBER] coders working on [CHART TYPES]. Recommend metrics (charts per hour, accuracy rate, DNFB, query rate, backlog), realistic target ranges to validate locally, how to adjust for chart complexity, and how to give feedback without penalizing quality. Format as a metric table plus guidance.
```

#60. Front-End Billing Error Prevention

✅ **Benefit:** Stops registration and insurance errors at the front desk, the source of many avoidable denials.

👥 **Best for:** Patient access managers, front desk staff, billing leaders

📋 **Prompt:**

```
Act as a patient access and revenue cycle expert. Create a front-end error prevention guide for registration staff. Cover: insurance verification steps, demographic accuracy checks, authorization checks, coordination of benefits, financial responsibility conversations, and the top 10 registration errors that cause denials with how to prevent each. Format as a training handout with a quick checklist.
```

7. Revenue Cycle

Get paid accurately and on time, from authorization to final payment. *Icon: chart with upward arrow.*

#61. Speed Up Prior Authorizations

✅ **Benefit:** Builds a faster, more organized prior auth workflow that reduces delays in care and lost revenue.

👥 **Best for:** Prior auth teams, case managers, clinic managers

📋 **Prompt:**

```
Act as a prior authorization workflow expert. Our average authorization turnaround is [DAYS] days for [SERVICE TYPES], and our biggest delays are [LIST DELAYS]. Design an improved workflow with: intake checklist, payer requirement lookup, documentation packet template, follow-up schedule, escalation for urgent cases, and tracking metrics. Format as a numbered workflow plus checklist.
```

#62. Analyze Payment Variances

✅ **Benefit:** Finds where payers are paying less than your contract, so you can recover money you are owed.

👥 **Best for:** Revenue integrity analysts, managed care staff, finance leaders

📋 **Prompt:**

```
Act as a payer contract and payment variance analyst. Here is aggregate data comparing expected vs actual payments for [TIME PERIOD]: [PASTE DATA by payer, service line, expected amount, paid amount]. Identify the largest variances, possible causes (contract loading errors, underpayment, bundling, coding), and recommend next steps for recovery and prevention. Format as a ranked variance table plus action list.
```

#63. Forecast Next Quarter's Reimbursement

✅ **Benefit:** Gives finance and operations a simple, explained forecast to plan budgets with fewer surprises.

👥 **Best for:** Finance managers, revenue cycle directors

📋 **Prompt:**

```
Act as a healthcare financial analyst. Using this aggregate data from the last [NUMBER] months: [PASTE DATA, e.g., monthly volumes, payer mix, net revenue per case, denial rate], build a next-quarter reimbursement forecast with base, best-case and worst-case scenarios. Explain your assumptions clearly and list the 3 factors that most affect the forecast. Format as a table plus a short narrative.
```

#64. Reduce Days in Accounts Receivable

✅ **Benefit:** Pinpoints where claims are stuck, so cash comes in faster and A/R days drop.

👥 **Best for:** Revenue cycle managers, billing leaders

📋 **Prompt:**

```
Act as a revenue cycle improvement consultant. Our days in A/R are [NUMBER]
and our goal is [GOAL]. Aging buckets: [PASTE AGGREGATE A/R AGING BY PAYER].
Identify the biggest problem areas, likely process causes, and recommend a
60-day action plan including work queue priorities, payer follow-up cadence
and staff accountability. Format as findings plus a weekly action plan.
```

#65. Clean Claim Rate Improvement Plan

✅ **Benefit:** Raises the share of claims paid on the first submission, cutting rework and delays.

👥 **Best for:** Billing managers, claims staff

📋 **Prompt:**

```
Act as a claims processing expert. Our clean claim rate is [PERCENTAGE] and
our goal is [GOAL]. Our top claim edits/rejections are: [LIST]. Recommend
fixes for each, including scrubber rule updates, front-end checks and staff
education. Add a weekly tracking method. Format as a table: rejection type,
root cause, fix, owner, expected impact.
```

#66. Write a Patient-Friendly Billing Explanation

✅ **Benefit:** Helps patients understand their bills clearly, reducing angry calls and improving payment.

👥 **Best for:** Patient financial services, customer service staff

📋 **Prompt:**

```
Act as a patient financial counselor who explains things simply. Write a
plain-language explanation (6th-8th grade reading level) of [TOPIC, e.g.,
deductible vs copay vs coinsurance, why they received two bills, how
financial assistance works]. Use a warm tone, short sentences, one simple
example with made-up numbers, and a "what you can do next" section. Keep it
under 250 words.
```

#67. Financial Counseling Conversation Script

✅ **Benefit:** Prepares staff for respectful cost conversations that increase upfront collections and patient trust.

👥 **Best for:** Financial counselors, patient access staff

📋 **Prompt:**

```
Act as a patient financial counseling trainer. Write a script for a staff member discussing estimated out-of-pocket costs with a patient before [SERVICE]. Include: a warm opening, how to explain the estimate, how to offer payment plans and financial assistance screening, how to respond if the patient is upset or cannot pay, and a closing. Keep the tone respectful and non-pressuring. Format as a dialogue script with tips.
```

#68. Price Transparency Readiness Check

✅ **Benefit:** Checks whether your patient cost-estimate process meets common expectations and serves patients well.

👥 **Best for:** Revenue cycle leaders, compliance staff

📋 **Prompt:**

```
Act as a revenue cycle compliance advisor. Create a readiness checklist for our price transparency and good faith estimate processes. Cover: patient-facing estimate tools, shoppable services list, good faith estimates for uninsured/self-pay patients, staff training, and how estimate accuracy is monitored. Flag items I must verify against current federal and [STATE] rules. Format as a checklist with status columns.
```

#69. Revenue Cycle KPI Dashboard

✅ **Benefit:** Picks the right revenue cycle KPIs and targets, so leaders see financial health at a glance.

👥 **Best for:** Revenue cycle directors, CFO teams, analysts

📋 **Prompt:**

```
Act as a revenue cycle performance analyst. Recommend 10 KPIs for a revenue cycle dashboard for a [ORGANIZATION TYPE]. For each, give: definition, formula, common benchmark range to validate locally, reporting frequency, and owner. Include front-end, mid-cycle and back-end measures. Format as a table, then suggest a one-page dashboard layout.
```

#70. Monthly Revenue Cycle Summary for Leaders

✅ **Benefit:** Turns a pile of revenue numbers into a short executive summary leaders actually read.

👥 **Best for:** Revenue cycle managers, directors

📋 **Prompt:**

```
Act as a revenue cycle director. Write a one-page monthly summary for the executive team using this aggregate data: [PASTE METRICS, e.g., net collections, denial rate, A/R days, clean claim rate, cash vs target]. Structure: headline result, 3 wins, 3 risks, trend versus last month, and 3 actions with owners. Keep it under 300 words with bullet points.
```

8. Patient Engagement & Experience

Help patients feel heard, informed and cared for at every touchpoint. *Icon: speech bubble with heart.*

#71. Reduce Appointment No-Shows

✅ **Benefit:** Builds a practical no-show reduction plan that fills more appointments and improves access to care.

👥 **Best for:** Clinic managers, schedulers, patient access leaders

📋 **Prompt:**

```
Act as an ambulatory operations expert. Our no-show rate is [PERCENTAGE] for [CLINIC TYPE], higher for [PATTERN, e.g., Monday mornings, new patients, long lead times]. Recommend 8 strategies to reduce no-shows (reminders, transportation help, overbooking rules, waitlist, same-week scheduling). For each, list effort, cost and expected impact. Add a 3-message reminder sequence (text) with timing. Format as a table plus sample messages.
```

#72. Respond to a Patient Complaint

✅ **Benefit:** Drafts a calm, caring response that resolves the concern and protects your organization's relationship with the patient.

👥 **Best for:** Patient relations staff, nurse managers, clinic managers

📋 **Prompt:**

```
Act as a patient relations specialist. A patient/family raised this concern: [DESCRIBE COMPLAINT WITHOUT IDENTIFIERS]. Write a response letter that: acknowledges their experience with empathy, explains what we are reviewing without admitting fault or sharing protected details, describes next steps and a timeline, and gives a contact. Use a warm, professional tone under 250 words. Remind me to follow our grievance policy and timelines.
```

#73. Improve HCAHPS Communication Scores

✅ **Benefit:** Gives your team specific, practical behaviors that improve how patients rate nurse and doctor communication.

👥 **Best for:** Nurse managers, patient experience leaders, educators

📋 **Prompt:**

```
Act as a patient experience consultant. Our HCAHPS score for [DOMAIN, e.g., nurse communication, responsiveness, discharge information] is [SCORE] vs our goal of [GOAL]. Recommend 6 evidence-informed behaviors (e.g., AIDET, bedside shift report, hourly rounding, teach-back), how to coach staff on each, and how to audit them. Format as a table: behavior, script example, coaching tip, audit method.
```

#74. Map the Patient Journey

✅ **Benefit:** Shows every step your patients go through and where they feel frustrated, so you know what to fix first.

👥 **Best for:** Patient experience teams, clinic and unit managers

📋 **Prompt:**

```
Act as a patient experience designer. Map the patient journey for [SERVICE, e.g., outpatient surgery, ED visit, new primary care visit] from first contact to follow-up. For each stage, list: what the patient does, what they feel, common pain points, and one improvement idea. Then highlight the top 3 moments that matter most. Format as a journey table.
```

#75. Write Appointment Reminder Messages

✅ **Benefit:** Creates clear, friendly reminder texts and emails in minutes that patients actually read.

👥 **Best for:** Schedulers, front desk staff, clinic managers

📋 **Prompt:**

```
Act as a healthcare communications specialist. Write appointment reminder messages for [SERVICE TYPE]: one text sent 7 days before, one text 1 day before, and one email 3 days before. Include placeholders like [DATE], [TIME], [LOCATION] and [PHONE]. Mention what to bring, how to reschedule, and arrival time. Keep texts under 160 characters, friendly and clear. Do not include any diagnosis or sensitive health details.
```

#76. Service Recovery Script for Staff

✅ **Benefit:** Gives frontline staff a simple script to turn an upset patient into a satisfied one on the spot.

👥 **Best for:** Nurses, front desk staff, unit and clinic managers

📋 **Prompt:**

```
Act as a service excellence trainer in healthcare. Create a service recovery guide using a simple framework (e.g., HEART: Hear, Empathize, Apologize, Respond, Thank). Include: what to say at each step, 3 example scenarios (long wait, cold food, unanswered call light), what staff can offer on the spot, and when to escalate. Format as a pocket guide.
```

#77. Improve Call Light Responsiveness

✅ **Benefit:** Builds a team approach to answering call lights faster, a major driver of patient safety and satisfaction.

👥 **Best for:** Nurse managers, charge nurses, CNAs/techs

📋 **Prompt:**

```
Act as a nursing operations and patient experience expert. Our average call light response time is [MINUTES] minutes and patients complain about [DESCRIBE]. Create a "no pass zone" and purposeful rounding plan covering: who answers, the 4 Ps (pain, potty, position, possessions), how to hand off to the assigned nurse, and how to measure response times. Format as a one-page team plan.
```

#78. Analyze Patient Survey Comments

✅ **Benefit:** Turns hundreds of survey comments into clear themes and actions in minutes instead of hours.

👥 **Best for:** Patient experience analysts, managers, directors

📋 **Prompt:**

```
Act as a patient experience data analyst. Here are de-identified patient survey comments from [TIME PERIOD]: [PASTE COMMENTS WITH ALL NAMES AND IDENTIFIERS REMOVED]. Group them into themes, count how often each appears, label each theme positive or negative, pull short representative quotes, and recommend 3 actions. Format as a theme table plus action list.
```

#79. Design a Patient & Family Advisory Council

✅ **Benefit:** Creates a plan to bring patient voices into decisions, improving services that truly matter to patients.

👥 **Best for:** Patient experience leaders, directors, quality teams

📋 **Prompt:**

```
Act as a patient- and family-centered care consultant. Help me launch a Patient & Family Advisory Council for our [ORGANIZATION/SERVICE]. Include: purpose statement, member recruitment and selection criteria, meeting frequency and agenda template, onboarding and confidentiality steps, first-year project ideas, and how to measure impact. Format as a launch plan with headings.
```

#80. Make a Welcome Guide for Patients

✅ **Benefit:** Gives patients and families a clear welcome guide that reduces anxiety and repeat questions to staff.

👥 **Best for:** Unit managers, clinic managers, patient educators

📋 **Prompt:**

```
Act as a patient education writer. Create a one-page welcome guide for
patients on our [UNIT TYPE/CLINIC]. Include: what to expect on day one, care
team roles, visiting hours [HOURS], how to ask for help, meal and quiet time,
safety rules, and how to share concerns. Write at a 6th-grade reading level
with short sections and a friendly tone.
```

9. Care Coordination & Case Management

Connect the whole care team so nothing falls through the cracks. *Icon: handshake with connected people.*

#81. Run Efficient Interdisciplinary Rounds

✅ **Benefit:** Turns long, unfocused rounds into a tight, structured meeting that moves every patient's plan forward.

👥 **Best for:** Case managers, nurse managers, hospitalists, social workers

📋 **Prompt:**

```
Act as a care coordination expert. Design a structured interdisciplinary
rounds format for a [UNIT TYPE] with [NUMBER] patients, finishing in
[MINUTES] minutes. Include: who attends, the order of speaking, a 60-90
second per-patient script (goal for today, barriers to discharge, expected
discharge date, needs from each discipline), and how action items are
tracked. Format as a script plus a fill-in tracking template.
```

#82. Build a Referral Tracking Workflow

✅ **Benefit:** Makes sure every referral is sent, received and completed, so patients don't get lost between providers.

👥 **Best for:** Care coordinators, clinic managers, referral specialists

📋 **Prompt:**

```
Act as a referral management consultant. Our referrals to
[SPECIALTY/SERVICES] often get lost or delayed because [DESCRIBE PROBLEMS].
Design a referral loop-closure workflow covering: referral creation, required
documents, sending and confirmation, scheduling follow-up, status tracking,
and closing the loop with the referring provider. Include tracking fields and
target timelines. Format as a numbered workflow plus tracking table.
```

#83. Create a Standard Handoff Tool

✅ **Benefit:** Standardizes handoffs between units or settings, reducing errors when patients transfer.

👥 **Best for:** Nurses, case managers, transfer coordinators

📋 **Prompt:**

```
Act as a patient safety and care transitions expert. Create a structured
handoff tool for transfers from [SENDING UNIT/SETTING] to [RECEIVING
UNIT/SETTING] based on I-PASS or SBAR. Include sections for: illness
severity, key clinical information, pending tests or results, safety risks,
medications needing attention, family/caregiver communication, and a read-
back confirmation. Format as a one-page template.
```

#84. Identify Patients Needing Case Management

✅ **Benefit:** Gives you clear screening criteria so case managers focus their time on the patients who need them most.

👥 **Best for:** Case management leaders, nurse managers, social workers

📋 **Prompt:**

```
Act as a case management director. Create a high-risk screening tool to
identify patients on a [UNIT TYPE] who need early case management or social
work involvement. Include criteria such as readmission history, lives alone,
multiple chronic conditions, housing or food insecurity, polypharmacy,
cognitive or behavioral health needs, and limited insurance. Assign points
and define risk levels with recommended actions. Format as a scoring table.
```

#85. Plan a Complex Care Conference

✅ **Benefit:** Prepares a productive family and team conference for complex patients, so everyone leaves aligned.

👥 **Best for:** Case managers, social workers, nurse leaders, physicians

📋 **Prompt:**

```
Act as an experienced care conference facilitator. Help me plan a 45-minute care conference for a patient with complex needs: [DE-IDENTIFIED SUMMARY OF SITUATION]. Include: who to invite, pre-meeting preparation for the team, a meeting agenda, how to share difficult information compassionately, how to handle disagreement, and a summary template for documentation. Format with headings.
```

#86. Map Community Resources

✅ **Benefit:** Builds a categorized resource list structure that saves social workers and case managers hours of searching.

👥 **Best for:** Social workers, case managers, community health workers

📋 **Prompt:**

```
Act as a community health resource specialist. Create a template for a community resource guide for [CITY/COUNTY]. Organize by need: housing/shelter, food, transportation, behavioral health, substance use treatment, medication assistance, home health, caregiver support, legal aid, and financial help. For each, list what information to collect (eligibility, cost, contact, hours, referral process). Remind me to verify every resource locally before sharing. Format as a table template.
```

#87. Write a Care Coordination Note Template

✅ **Benefit:** Speeds up documentation with a clear, consistent note template that captures everything needed.

👥 **Best for:** Case managers, care coordinators, social workers

📋 **Prompt:**

```
Act as a case management documentation expert. Create a care coordination note template for [SETTING]. Include sections for: reason for contact, current situation, barriers identified, services and referrals arranged, patient/family goals and preferences, plan with responsible parties, and follow-up date. Add short sample phrases for each section. Format as a fillable template. Do not include real patient data.
```

#88. Reduce Avoidable Days

✅ **Benefit:** Identifies why patients stay longer than medically needed, freeing beds and cutting cost.

👥 **Best for:** Case management leaders, UR nurses, physician advisors

📋 **Prompt:**

```
Act as a utilization management expert. Here is aggregate avoidable day data for [TIME PERIOD]: [PASTE DATA by reason, e.g., waiting for placement, insurance auth, test scheduling, consult delays]. Rank the top causes by total days, suggest specific fixes for each, and propose an escalation process for patients approaching an avoidable day. Format as a ranked table plus escalation steps.
```

#89. Coordinate Care for Frequent ED Users

✅ **Benefit:** Builds an individualized care plan approach that reduces repeat ED visits and better meets patients' real needs.

👥 **Best for:** ED case managers, social workers, population health teams

📋 **Prompt:**

```
Act as a complex care management expert. Design a program for patients with frequent ED visits (e.g., [NUMBER]+ visits in [TIME PERIOD]). Include: identification criteria, a care plan template, key partners (primary care, behavioral health, housing, community health workers), how to share the plan across settings, and success metrics. Format as a program outline with headings.
```

#90. Weekly Case Management Huddle

✅ **Benefit:** Keeps the case management team focused on high-risk patients and barriers in a short weekly meeting.

👥 **Best for:** Case management supervisors and teams

📋 **Prompt:**

```
Act as a case management supervisor. Create a 20-minute weekly case management huddle agenda. Include: review of patients with LOS over [NUMBER] days (de-identified), escalated barriers, placement updates, upcoming payer deadlines, team workload balancing, and one learning topic. Add a one-page tracking template with columns: patient code, barrier, action, owner, due date. Format as agenda plus template.
```

10. Discharge Planning & Transitions of Care

Send patients home (or to the next level of care) safely, on time and ready. *Icon: house with arrow.*

#91. Start Discharge Planning on Day One

✅ **Benefit:** Builds a day-one discharge planning checklist that prevents last-minute surprises and delays.

👥 **Best for:** Nurses, case managers, social workers

📋 **Prompt:**

```
Act as a discharge planning expert. Create a "discharge planning starts at admission" checklist for a [UNIT TYPE]. Include items to complete within 24 hours: expected discharge date, home situation and caregiver, likely post-acute needs, DME needs, insurance and authorization needs, transportation, medication access, and patient/family goals. Assign each item to a role. Format as a checklist table.
```

#92. Secure Post-Acute Placement Faster

✅ **Benefit:** Speeds up placement into SNF, rehab, board and care or residential treatment, cutting avoidable hospital days.

👥 **Best for:** Case managers, social workers, placement coordinators

📋 **Prompt:**

```
Act as a post-acute placement specialist. Our average time from "medically ready" to placement in [FACILITY TYPE, e.g., SNF, acute rehab, board and care, residential treatment] is [DAYS] days. Common barriers: [LIST]. Create a placement acceleration plan covering: early referral triggers, a referral packet checklist, sending to multiple facilities at once, follow-up cadence, handling insurance denials, and escalation when stuck. Format as a step-by-step workflow.
```

#93. Write Clear Discharge Instructions

✅ **Benefit:** Turns complex instructions into plain language patients actually understand, reducing confusion and readmissions.

👥 **Best for:** Nurses, discharge educators, providers

📋 **Prompt:**

```
Act as a patient education specialist in health literacy. Rewrite these discharge instructions at a 5th–6th grade reading level: [PASTE GENERIC INSTRUCTIONS WITHOUT PATIENT IDENTIFIERS]. Organize into: what to do at home, medicines (general guidance only, follow your prescription), warning signs and when to call or go to the ER, follow-up appointments [PLACEHOLDERS], and who to call with questions. Use short sentences and bullet points. Keep all clinical meaning accurate.
```

#94. Post-Discharge Follow-Up Call Script

✅ **Benefit:** Gives staff a structured 48-hour call script that catches problems early and prevents readmissions.

👥 **Best for:** Nurses, care coordinators, transitional care teams

📋 **Prompt:**

```
Act as a transitional care nurse. Create a 48–72 hour post-discharge phone call script for patients discharged from [UNIT/SERVICE]. Include: identity verification per policy, how they are feeling, medication pickup and understanding, follow-up appointment confirmation, warning signs review, questions about instructions, and when to escalate to a provider. Add a documentation checklist. Format as a script with yes/no prompts.
```

#95. Analyze Readmission Drivers

✅ **Benefit:** Pinpoints why patients come back within 30 days, so you can target the right interventions.

👥 **Best for:** Quality leaders, case management directors, population health teams

📋 **Prompt:**

```
Act as a readmission reduction analyst. Here is aggregate 30-day readmission data for [TIME PERIOD]: [PASTE DE-IDENTIFIED DATA, e.g., diagnosis group, discharge disposition, days to readmit, follow-up visit completed, reason category]. Identify the top 3 drivers, groups at highest risk, and recommend targeted interventions for each (e.g., teach-back, medication reconciliation, early follow-up, home health). Format as findings plus action table.
```

#96. Medication Reconciliation at Discharge

✅ **Benefit:** Builds a reliable discharge med rec process that reduces medication errors after patients go home.

👥 **Best for:** Nurses, pharmacists, providers, nurse managers

📋 **Prompt:**

```
Act as a medication safety and transitions expert. Design a discharge medication reconciliation process for [UNIT TYPE]. Include: roles (provider, pharmacist, nurse), steps to compare home, inpatient and discharge medication lists, how to explain new/changed/stopped medicines to patients, how to confirm the patient can obtain medications, and an audit tool. Format as a workflow plus audit checklist.
```

#97. Teach-Back Before Discharge

✅ **Benefit:** Gives nurses ready teach-back questions that confirm patients truly understand their discharge plan.

👥 **Best for:** Nurses, patient educators

📋 **Prompt:**

```
Act as a health literacy educator. Create teach-back questions for a patient going home after [GENERAL CONDITION OR PROCEDURE TYPE]. Write 8 open-ended questions covering medicines, warning signs, activity, diet, follow-up and who to call. Add tips on how to re-teach if the answer is incorrect, using a non-judgmental approach ("I want to make sure I explained this clearly"). Format as a pocket card.
```

#98. Plan a Safe Discharge for a Complex Patient

✅ **Benefit:** Organizes all the moving parts of a complex discharge into one clear plan, so nothing gets missed.

👥 **Best for:** Case managers, social workers, charge nurses

📋 **Prompt:**

```
Act as a senior case manager. Help me organize a safe discharge plan for a patient with this de-identified situation: [DESCRIBE NEEDS, e.g., new oxygen, wound care, limited caregiver support, behavioral health follow-up, insurance limits]. List every task needed (services, equipment, education, appointments, medications, transportation, caregiver training), the owner for each, the deadline before discharge, and contingency plans. Format as a task table.
```

#99. Behavioral Health Discharge Checklist

✅ **Benefit:** Makes sure psychiatric patients leave with safety plans, medications and timely follow-up in place.

👥 **Best for:** Psychiatric nurses, social workers, BH case managers

📋 **Prompt:**

```
Act as a behavioral health discharge planning expert. Create a discharge checklist for an inpatient psychiatric unit. Include: safety plan completed and reviewed with the patient, means-restriction counseling with family per policy, medication supply and pharmacy access, psychiatry and therapy appointments within 7 days, crisis line information (988), housing and transportation confirmed, and caregiver education. Format as a checklist with role and time columns.
```

#100. Transitions of Care Scorecard

✅ **Benefit:** Tracks how well your discharges are going with a few clear measures leaders can review monthly.

👥 **Best for:** Directors, quality leaders, case management leaders

📋 **Prompt:**

```
Act as a care transitions program manager. Create a monthly transitions-of-care scorecard. Recommend 8 measures (e.g., discharge before noon, 30-day readmission rate, follow-up appointment within 7 days, follow-up call completion, discharge med rec completion, avoidable days, HCAHPS care transition items, placement delay days). For each, give a definition, data source, target to set locally, and owner. Format as a scorecard table.
```

---

11. Behavioral Health & Psychiatric Care

Safer units, smoother intakes and recovery-focused care for patients in crisis. *Icon: brain with heart.*

#101. Streamline Psychiatric Intake

✅ **Benefit:** Cuts intake time and missed steps with a clear admission workflow, especially for night and weekend intakes.

👥 **Best for:** Psychiatric nurses, intake coordinators, BH nurse managers

📋 **Prompt:**

```
Act as a behavioral health operations expert. Our inpatient psychiatric intake takes about [HOURS] hours and common delays are [LIST, e.g., medical clearance, legal hold paperwork, bed assignment, belongings search]. Map an improved intake workflow from referral acceptance to the patient settled on the unit. Include roles, time targets for each step, a safety search and belongings checklist, and a night-shift version. Format as a numbered workflow plus checklist.
```

#102. Admission Exclusion Criteria Review

✅ **Benefit:** Clarifies which patients your unit can and cannot safely accept, reducing unsafe admissions and conflict with the ED.

👥 **Best for:** BH directors, intake teams, medical directors

📋 **Prompt:**

```
Act as a behavioral health clinical operations consultant. Help me draft
clear admission criteria and exclusion criteria for a [TYPE, e.g., adult
locked acute psychiatric] unit with [STAFFING AND MEDICAL CAPABILITIES].
Organize into: medical stability, behavioral acuity, age and legal status,
and special needs. Add a "discuss with medical director" category for gray-
zone cases. Format as a table, and note that final criteria require medical
staff approval.
```

#103. De-escalation Plan for the Team

✅ **Benefit:** Gives staff a shared, step-by-step de-escalation approach that reduces restraints and injuries.

👥 **Best for:** Psychiatric nurses, mental health workers, educators

📋 **Prompt:**

```
Act as a crisis prevention and de-escalation trainer. Create a team de-
escalation guide for a [UNIT TYPE]. Include: early warning signs of
agitation, verbal de-escalation phrases (what to say and avoid),
environmental strategies, team roles during escalation, when to call for
help, least-restrictive interventions before restraint, and a post-event
debrief. Format as a one-page quick guide.
```

#104. Plan a Therapeutic Group Session

✅ **Benefit:** Creates a structured, engaging group session in minutes, ready for nurses, social workers or therapists to lead.

👥 **Best for:** Group facilitators, social workers, BH nurses, expressive arts staff

📋 **Prompt:**

```
Act as an experienced inpatient psychiatric group facilitator. Plan a [MINUTES]-minute group on [TOPIC, e.g., coping skills, sleep hygiene, CBT thought records, relapse prevention] for [POPULATION, e.g., adults on an acute unit]. Include: goal, opening check-in, a short teaching point in plain language, an interactive activity, discussion questions, a closing, and how to adapt for patients who are distracted or agitated. Format as a facilitator lesson plan.
```

#105. Build a Safety Planning Template

✅ **Benefit:** Gives clinicians a clear, collaborative safety plan structure to complete with patients before discharge.

👥 **Best for:** Psychiatric nurses, social workers, therapists

📋 **Prompt:**

```
Act as a suicide prevention educator familiar with the Stanley-Brown Safety Planning Intervention. Create a patient-friendly safety plan template with sections for: personal warning signs, internal coping strategies, people and places for distraction, people to ask for help, professionals and crisis contacts (including 988), and making the environment safer. Add 3 tips for completing it collaboratively. Write at a 6th-grade reading level. Note that it must follow facility policy.
```

#106. ED-to-Psych Transfer Workflow

✅ **Benefit:** Reduces delays and miscommunication when transferring patients from the ED to the psychiatric unit.

👥 **Best for:** ED and BH leaders, house supervisors, transfer coordinators

📋 **Prompt:**

```
Act as a behavioral health and emergency care integration expert. Design a transfer workflow from the ED to our inpatient psychiatric unit. Include: referral and acceptance steps, medical clearance checklist, required legal documents, nurse-to-nurse handoff content (SBAR), transport and safety precautions, and how to resolve disagreements about acceptance. Add target times for each step. Format as a swimlane-style step table (ED, BH unit, supervisor).
```

#107. Reduce Restraint and Seclusion Use

✅ **Benefit:** Builds a prevention-focused plan that lowers restraint use while keeping patients and staff safe.

👥 **Best for:** BH nurse managers, quality leaders, educators

📋 **Prompt:**

```
Act as a behavioral health quality expert familiar with the Six Core
Strategies for reducing seclusion and restraint. Our unit had [NUMBER]
restraint/seclusion events last quarter. Create an improvement plan covering:
leadership, data use, workforce development, prevention tools (comfort rooms,
sensory items, individual crisis plans), patient/peer roles, and debriefing.
Include 3 measures to track monthly. Format as an action plan table.
```

#108. Explain Patient Rights Clearly

✅ **Benefit:** Helps patients understand their rights and legal status in plain language, building trust and reducing conflict.

👥 **Best for:** Psychiatric nurses, patient advocates, social workers

📋 **Prompt:**

```
Act as a patient rights advocate in behavioral health. Write a plain-language
handout explaining patient rights on an inpatient psychiatric unit in
[STATE], including the right to information, communication, visitors,
personal belongings, refusing treatment where applicable, and how to file a
grievance. Use a respectful, calm tone at a 6th-grade reading level. Add a
note that staff must confirm the content against state law and facility
policy.
```

#109. Milieu Management Shift Plan

✅ **Benefit:** Keeps the unit calm and therapeutic with a structured daily milieu schedule and staff roles.

👥 **Best for:** Charge nurses, mental health workers, BH managers

📋 **Prompt:**

```
Act as an experienced psychiatric charge nurse. Create a daily milieu plan
for a [NUMBER]-bed [UNIT TYPE]. Include: a daily schedule (meals, groups,
meds, quiet time, visiting), staff zone assignments, observation-level
rounds, environmental safety checks, how to manage high-acuity moments, and a
mid-shift milieu check-in. Format as a timeline table plus role list.
```

#110. Support Staff After a Violent Event

✅ **Benefit:** Gives leaders a caring, structured response plan for staff after an assault or traumatic event.

👥 **Best for:** Nurse managers, house supervisors, BH directors

📋 **Prompt:**

```
Act as a staff wellbeing and trauma-informed leadership expert. Create a
post-incident staff support plan for after a patient assault or traumatic
event on a behavioral health unit. Include: immediate actions (safety,
medical care, reporting), what a leader should say in the first conversation,
peer support and EAP options, a group debrief guide, return-to-work check-
ins, and follow-up at 1 week and 1 month. Format as a timeline checklist.
```

12. Population Health

See the patterns across your patient population and close the gaps that matter. *Icon: magnifying glass over a chart.*

#111. Build a Risk Stratification Model

✅ **Benefit:** Sorts your patient population into risk tiers, so care teams focus outreach where it prevents the most harm.

👥 **Best for:** Population health managers, care management leaders

📋 **Prompt:**

```
Act as a population health analyst. Help me design a simple risk
stratification approach for [POPULATION, e.g., adult primary care patients,
Medicare Advantage members]. Recommend risk factors (chronic conditions, ED
visits, admissions, medications, social needs), a point system, 4 risk tiers,
and the care management intensity for each tier. Note what data fields we
need. Format as a scoring table plus tier action plan.
```

#112. Identify and Close Care Gaps

✅ **Benefit:** Creates a practical plan to close missed screenings and preventive care, improving outcomes and quality scores.

👥 **Best for:** Population health teams, clinic managers, care coordinators

📋 **Prompt:**

```
Act as a quality and population health consultant. Our aggregate care gap rates are: [PASTE DATA, e.g., colorectal screening 58%, diabetic eye exam 42%, A1c control 65%, flu vaccine 50%]. Prioritize the gaps by impact and ease, and recommend outreach strategies for each (registry lists, standing orders, reminders, community events, pre-visit planning). Format as a prioritized action table.
```

#113. Design a Chronic Disease Outreach Program

✅ **Benefit:** Builds a structured outreach program that keeps chronic disease patients engaged between visits.

👥 **Best for:** Care managers, nurse navigators, population health leads

📋 **Prompt:**

```
Act as a chronic care management program designer. Create an outreach program for patients with [CONDITION, e.g., heart failure, diabetes, COPD, hypertension]. Include: enrollment criteria, outreach frequency by risk level, call script topics (symptoms, medications, self-management, barriers), escalation triggers to the provider, and success metrics. Format as a program outline with tables.
```

#114. Screen for Social Needs

✅ **Benefit:** Builds a respectful social needs screening and referral process that addresses barriers like food, housing and transportation.

👥 **Best for:** Social workers, community health workers, clinic managers

📋 **Prompt:**

```
Act as a health equity and social determinants of health expert. Design a social needs screening workflow for [SETTING]. Include: which domains to screen (food, housing, transportation, utilities, safety, finances), when and who screens, a respectful script to introduce the screening, how to refer to resources, and how to track closed referrals. Mention validated tools I can review (e.g., PRAPARE, AHC HRSN). Format as a workflow plus script.
```

#115. Outcome Tracking Plan

✅ **Benefit:** Defines exactly which outcomes to measure and how, so you can prove your program works.

👥 **Best for:** Program managers, quality analysts, directors

📋 **Prompt:**

```
Act as a healthcare outcomes measurement expert. For our program [DESCRIBE PROGRAM AND GOAL], recommend outcome, process and balancing measures. For each, give: definition, numerator/denominator, data source, baseline to collect, target to set locally, and reporting frequency. Format as a measurement plan table.
```

#116. Explain Data Trends to Non-Analysts

✅ **Benefit:** Turns population health data into a clear story for clinicians, leaders and boards.

👥 **Best for:** Analysts, population health managers, directors

📋 **Prompt:**

```
Act as a healthcare data storyteller. Here is aggregate population data: [PASTE DE-IDENTIFIED SUMMARY DATA]. Write a one-page summary for [AUDIENCE, e.g., physicians, board members] that explains the 3 most important trends in plain language, why they matter, and 3 recommended actions. Suggest 2 simple chart types to show the data. Keep it under 300 words.
```

#117. Plan a Community Health Event

✅ **Benefit:** Organizes a screening or vaccine event step by step, so you reach more people with less stress.

👥 **Best for:** Community health teams, outreach nurses, clinic managers

📋 **Prompt:**

```
Act as a community health outreach coordinator. Plan a [EVENT TYPE, e.g., blood pressure screening, flu vaccine clinic, diabetes education fair] for [TARGET COMMUNITY] at [LOCATION TYPE]. Include: an 8-week planning timeline, staffing and supplies list, partner organizations to contact, promotion ideas in multiple languages, consent and privacy steps, follow-up for abnormal results, and how to measure success. Format as a timeline plus checklists.
```

#118. Health Equity Gap Review

✅ **Benefit:** Helps you look for differences in outcomes across groups and plan fair, targeted improvements.

👥 **Best for:** Quality leaders, equity officers, population health teams

📋 **Prompt:**

```
Act as a health equity analyst. Here is aggregate data on [MEASURE] stratified by [RACE/ETHNICITY, LANGUAGE, PAYER, ZIP CODE, AGE]: [PASTE DATA]. Identify meaningful differences, possible causes to explore (access, language, trust, cost), and 3 targeted interventions. Use careful, respectful language and note the limits of the data. Format as findings plus action table.
```

#119. Pre-Visit Planning Checklist

✅ **Benefit:** Uses the day before a visit to catch due screenings and labs, making each appointment count.

👥 **Best for:** Medical assistants, clinic nurses, care coordinators

📋 **Prompt:**

```
Act as a primary care team coach. Create a pre-visit planning checklist for [CLINIC TYPE]. Include: chart review for due screenings and immunizations, pending labs and referrals, recent ED or hospital visits, medication list update, social needs follow-up, and a pre-visit message to the patient. Add who does each step and how long it should take. Format as a checklist table.
```

#120. Value-Based Care Performance Summary

✅ **Benefit:** Summarizes your value-based contract performance clearly, so leaders know where to focus to earn incentives.

👥 **Best for:** Population health directors, finance partners, medical group leaders

📋 **Prompt:**

```
Act as a value-based care strategist. Here is our aggregate performance on our [PROGRAM, e.g., ACO, MA quality contract]: [PASTE MEASURES, CURRENT RATES, TARGETS]. Summarize where we are on track, at risk and off track, estimate which measures have the biggest gap to close, and recommend a 90-day focus plan. Format as a red/yellow/green table plus action plan.
```

13. Patient Education

Teach so patients truly understand, remember and act. *Icon: open book with a plus sign.*

#121. Turn Medical Text into Plain Language

✅ **Benefit:** Rewrites complex health information so patients with any literacy level can understand it.

👥 **Best for:** Nurses, patient educators, providers

📋 **Prompt:**

```
Act as a health literacy expert. Rewrite this patient education text at a 5th-6th grade reading level: [PASTE TEXT]. Use short sentences, everyday words, and active voice. Replace medical terms with simple ones (keep the medical term in parentheses once if helpful). Keep all clinical meaning accurate and do not add new medical advice. Then list any words I should double-check for accuracy.
```

#122. Create a One-Page Condition Handout

✅ **Benefit:** Produces a clear, friendly handout on any condition in minutes, ready for clinical review.

👥 **Best for:** Nurse educators, clinic nurses, discharge nurses

📋 **Prompt:**

```
Act as a patient education writer. Create a one-page handout about
[CONDITION] for adults. Sections: What is it? Common signs, How it is treated
(general overview), What you can do at home, When to call your provider, When
to call 911. Use a warm tone, 6th-grade reading level, and bullet points. Add
a note: "This handout does not replace advice from your care team." Flag that
a clinician must review it before use.
```

#123. Translate Education for Multilingual Patients

✅ **Benefit:** Drafts culturally sensitive education in another language as a starting point for certified translation.

👥 **Best for:** Patient educators, clinic managers, language services

📋 **Prompt:**

```
Act as a culturally aware health educator fluent in [LANGUAGE, e.g., Spanish,
Vietnamese, Tagalog, Chinese]. Translate this plain-language patient handout
into [LANGUAGE], keeping it simple and culturally respectful: [PASTE ENGLISH
TEXT]. Note any phrases that may not translate well and suggest culturally
appropriate examples (food, family roles). Remind me that the final version
must be reviewed by a qualified medical interpreter or translator.
```

#124. Medication Education Made Simple

✅ **Benefit:** Explains a medication's purpose and safety tips clearly, improving adherence and reducing errors at home.

👥 **Best for:** Nurses, pharmacists, patient educators

📋 **Prompt:**

```
Act as a patient medication educator. Write a simple education sheet for
[MEDICATION OR DRUG CLASS]. Include: what it is for, how to take it in
general terms (follow your prescription label), common side effects, serious
side effects that need a call to the provider, food or drug interactions to
ask about, and storage tips. Use a 6th-grade reading level. Note that all
content must be verified with a pharmacist or current drug reference.
```

#125. Plan a Teaching Session with Teach-Back

✅ **Benefit:** Structures a short, effective teaching session that confirms understanding before the patient leaves.

👥 **Best for:** Nurses, diabetes educators, discharge nurses

📋 **Prompt:**

```
Act as a nurse educator. Plan a 15-minute bedside teaching session for a patient learning [SKILL OR TOPIC, e.g., insulin pen use, inhaler technique, wound care, heart failure daily weights]. Include: learning objectives, assessment of what the patient already knows, teaching steps, a demonstration and return-demonstration, 3 teach-back questions, and how to document education. Format as a lesson plan.
```

#126. Explain a Procedure Before It Happens

✅ **Benefit:** Reduces patient anxiety and cancellations by explaining what to expect before, during and after a procedure.

👥 **Best for:** Pre-op nurses, procedure schedulers, clinic nurses

📋 **Prompt:**

```
Act as a pre-procedure patient educator. Write a plain-language guide for patients having [PROCEDURE TYPE]. Sections: why it is done (general), how to prepare (with placeholders for our specific instructions like [FASTING TIME] and [ARRIVAL TIME]), what happens during, what to expect after, and questions to ask your care team. Use a calm, reassuring tone at a 6th-grade reading level.
```

#127. Write a Short Patient Education Video Script

✅ **Benefit:** Creates a ready-to-record 60–90 second video script to teach patients in a format they enjoy.

👥 **Best for:** Patient educators, marketing teams, nurse content creators

📋 **Prompt:**

```
Act as a health video scriptwriter. Write a 60–90 second patient education video script on [TOPIC]. Include: a hook in the first 5 seconds, 3 key points with simple visuals suggested for each, one action the viewer should take, and a closing line. Use friendly, conversational language. Format as a two-column script: narration and on-screen visuals.
```

#128. Caregiver Education Guide

✅ **Benefit:** Prepares family caregivers with practical skills and confidence, reducing readmissions and caregiver stress.

👥 **Best for:** Case managers, discharge nurses, social workers

📋 **Prompt:**

```
Act as a family caregiver educator. Create a caregiver guide for someone caring for a loved one with [CONDITION OR NEED, e.g., after a stroke, dementia, new ostomy]. Include: daily care routine, safety at home, warning signs and when to call for help, how to manage medications in general, caregiver self-care, and local support resource placeholders. Write in a warm, encouraging tone at a 6th-grade reading level.
```

#129. Create a Patient FAQ Sheet

✅ **Benefit:** Answers the questions patients ask most, saving staff time on repeated phone calls.

👥 **Best for:** Clinic managers, front desk staff, unit managers

📋 **Prompt:**

```
Act as a patient communications specialist. Create an FAQ sheet for [SERVICE OR UNIT]. Here are the most common questions patients ask: [LIST QUESTIONS]. Write a clear, friendly answer to each (under 60 words), using placeholders for our specific details like [PHONE], [HOURS], [POLICY]. Group questions by topic. Format as a Q&A handout.
```

#130. Check Education Materials for Readability

✅ **Benefit:** Reviews your existing handouts and shows exactly how to make them easier to read and act on.

👥 **Best for:** Patient education committees, nurse educators

📋 **Prompt:**

```
Act as a health literacy reviewer using principles from the CDC Clear
Communication Index and PEMAT. Review this patient handout: [PASTE TEXT].
Estimate its reading level, identify jargon, long sentences and unclear
actions, and score it on clarity and actionability. Then give a revised
version. Format as: issues table, scores, revised text.
```

14. Clinical Documentation

Document faster, clearer and audit-ready, without copying PHI into AI. *Icon: pen on a clipboard.*

#131. Build an SBAR Template for Provider Calls

✅ **Benefit:** Gives nurses a ready SBAR structure for calling providers, so calls are faster and nothing important is missed.

👥 **Best for:** Nurses, new grads, charge nurses

📋 **Prompt:**

```
Act as a nurse educator. Create an SBAR template for calling a provider about
a change in condition on a [UNIT TYPE]. Under each section (Situation,
Background, Assessment, Recommendation), list what to include, 2 example
phrases, and common mistakes. Add a "before you call" checklist (vitals,
recent labs, meds given, allergies, code status). Use placeholders only, no
patient data. Format as a pocket card.
```

#132. Standardize Shift Report

✅ **Benefit:** Creates a consistent shift report format that saves time and prevents missed information at handoff.

👥 **Best for:** Nurse managers, educators, unit councils

📋 **Prompt:**

```
Act as a nursing handoff expert. Design a bedside shift report template for a
[UNIT TYPE]. Include sections for: patient basics (placeholders), code
status, isolation, safety risks, systems review, lines/drains/airways,
pending tasks and results, patient goals for the shift, and a safety check
done together at the bedside. Keep it to one page and suggest a 3-minute
script for using it. Format as a fillable template.
```

#133. Write Clear Care Plan Language

✅ **Benefit:** Produces measurable, individualized care plan wording that meets documentation standards.

👥 **Best for:** Nurses, nursing students, educators

📋 **Prompt:**

```
Act as a nursing care plan expert. For a patient with the nursing problem
[PROBLEM, e.g., risk for falls, acute pain, ineffective coping], write: a
problem statement, 2 SMART goals with timeframes, 6 nursing interventions
with brief rationales, and evaluation criteria. Use general, non-identifying
language I can individualize. Format as a care plan table.
```

#134. Audit Documentation Quality

✅ **Benefit:** Gives you a ready audit tool to measure documentation compliance and target education.

👥 **Best for:** Nurse managers, quality staff, educators

📋 **Prompt:**

```
Act as a nursing documentation auditor. Create a chart audit tool for [FOCUS
AREA, e.g., pain reassessment, fall risk, restraint, admission assessment,
discharge AVS instructions] on a [UNIT TYPE]. List 10 audit elements with
clear yes/no criteria, sample size per month, how to calculate compliance,
and how to share results with staff. Format as an audit form plus scoring
instructions.
```

#135. Turn Notes into a Clear Narrative (De-identified)

✅ **Benefit:** Shows how to organize rough bullet notes into a clear, objective narrative note structure.

👥 **Best for:** Nurses, social workers, case managers

📋 **Prompt:**

```
Act as a clinical documentation coach. Here are de-identified, made-up sample notes in bullet form: [PASTE SAMPLE NOTES WITH NO REAL PATIENT INFORMATION]. Show me how to turn them into an objective, concise narrative note using a [FORMAT, e.g., DAR, SOAP, PIE] structure. Point out subjective or judgmental wording and suggest objective alternatives. Use this as a model I will apply in our approved EHR.
```

#136. Create Smart Phrase Templates

✅ **Benefit:** Drafts reusable documentation templates (dot phrases/smart phrases) that save clicks and improve consistency.

👥 **Best for:** Nurse informaticists, educators, nurse managers

📋 **Prompt:**

```
Act as a nursing informatics specialist. Draft a documentation template (for a dot phrase/smart phrase) for [DOCUMENTATION NEED, e.g., non-home discharge instructions, fall event note, restraint note, patient education note]. Include required elements, pick-list options in [BRACKETS], and free-text fields marked with ***. Keep it concise and compliant with common regulatory expectations. Note that it must be built and approved through our EHR team.
```

#137. Objective Behavior Documentation

✅ **Benefit:** Teaches staff to document behaviors objectively, which protects patients, staff and the organization.

👥 **Best for:** Behavioral health nurses, mental health workers, educators

📋 **Prompt:**

```
Act as a behavioral health documentation educator. Create a training sheet on objective behavior documentation. Include: 10 examples of subjective phrases (e.g., "patient was combative") rewritten as objective descriptions (what was seen, heard, done), tips for documenting quotes, interventions and response, and a short practice exercise with an answer key. Use made-up examples only.
```

#138. Reduce Documentation Burden

✅ **Benefit:** Finds duplicate and low-value documentation so nurses spend more time with patients.

👥 **Best for:** Nurse leaders, informatics teams, practice councils

📋 **Prompt:**

```
Act as a nursing informatics and workflow consultant. Our nurses spend about [HOURS] per shift documenting. Here are our main documentation requirements: [LIST FLOWSHEETS, ASSESSMENTS, NOTES, FREQUENCIES]. Identify likely duplication, documentation that may exceed regulatory requirements, and opportunities for charting by exception. Recommend changes to review with compliance and the EHR team. Format as a table: item, issue, recommendation, approval needed.
```

#139. Late Entry and Correction Guide

✅ **Benefit:** Gives staff clear rules for late entries and corrections, preventing compliance and legal problems.

👥 **Best for:** Educators, HIM staff, nurse managers

📋 **Prompt:**

```
Act as a health information management and legal documentation expert. Create a staff guide on late entries, addendums and corrections in the electronic health record. Include: definitions, when each is used, what to include (date/time, reason), what never to do (backdating, deleting, altering others' notes), and 4 made-up examples of correct wording. Note that facility policy takes priority. Format as a one-page guide.
```

#140. Documentation Tip of the Week Series

✅ **Benefit:** Creates a ready 12-week series of short tips you can share in huddles or emails to steadily improve charting.

👥 **Best for:** Educators, nurse managers, CDI teams

📋 **Prompt:**

```
Act as a clinical documentation educator. Create a 12-week "Documentation Tip of the Week" series for [AUDIENCE] on [UNIT TYPE]. Each tip should have: a catchy title, one key rule, a do/don't example (made-up), and why it matters (safety, compliance, or reimbursement). Keep each tip under 80 words. Format as a numbered list.
```

15. Staff Education & Onboarding

Grow confident, competent staff from day one. *Icon: graduation cap with stethoscope.*

#141. Build a Unit Orientation Plan

✅ **Benefit:** Creates a structured week-by-week orientation that gets new staff safe and independent faster.

👥 **Best for:** Nurse educators, nurse managers, preceptors

📋 **Prompt:**

```
Act as a clinical nurse educator. Create a [NUMBER]-week orientation plan for a new [ROLE] on a [UNIT TYPE]. For each week, include: learning goals, skills to practice, patient load progression, policies to review, check-in questions for the preceptor, and sign-off criteria. Add a final readiness checklist. Format as a week-by-week table.
```

#142. Create a Competency Checklist

✅ **Benefit:** Turns a skill into a clear, observable competency checklist for validation and annual review.

👥 **Best for:** Educators, preceptors, nurse managers

📋 **Prompt:**

```
Act as a competency validation expert. Create a competency checklist for [SKILL, e.g., blood transfusion administration, restraint application, central line dressing change, de-escalation]. Include: critical steps with observable criteria, safety checks, documentation requirements, validation method (return demo, simulation, quiz), and pass/fail rules. Note that steps must match our facility policy. Format as a checklist with sign-off lines.
```

#143. Design a 15-Minute In-Service

✅ **Benefit:** Produces a short, engaging in-service you can teach at a huddle with no extra prep time.

👥 **Best for:** Educators, charge nurses, unit champions

📋 **Prompt:**

```
Act as a clinical educator who teaches busy staff. Create a 15-minute in-service on [TOPIC] for [AUDIENCE]. Include: 3 learning objectives, a 1-minute attention-grabber, 3 key teaching points with a real-world (made-up) example, a quick interactive activity, a 5-question knowledge check with answers, and a sign-in sheet layout. Format as an instructor guide.
```

#144. Support New Graduate Nurses

✅ **Benefit:** Builds a first-year support plan that boosts new grad confidence and reduces early turnover.

👥 **Best for:** Nurse residency coordinators, educators, nurse managers

📋 **Prompt:**

```
Act as a nurse residency program coordinator. Design a 12-month support plan for new graduate nurses on [UNIT TYPE]. Include: monthly themes (e.g., time management, prioritization, delegation, communication with providers, self-care), reflective debrief questions, mentorship pairing, simulation ideas, and warning signs a new grad needs extra support. Format as a monthly table.
```

#145. Preceptor Training Guide

✅ **Benefit:** Prepares preceptors to teach, give feedback and evaluate fairly, improving the whole orientation experience.

👥 **Best for:** Educators, experienced nurses becoming preceptors

📋 **Prompt:**

```
Act as a preceptor development educator. Create a preceptor training guide covering: adult learning principles, setting daily goals with the orientee, giving feedback using a simple model (e.g., ask-tell-ask), handling a struggling orientee, documenting progress, and avoiding burnout as a preceptor. Add 3 role-play scenarios. Format as a short training manual with headings.
```

#146. Build a Simulation Scenario

✅ **Benefit:** Creates a realistic simulation scenario that lets staff practice high-risk events safely.

👥 **Best for:** Simulation educators, nurse educators, rapid response teams

📋 **Prompt:**

```
Act as a healthcare simulation designer. Create a [MINUTES]-minute simulation scenario on [EVENT, e.g., sepsis recognition, rapid response for hypotension, behavioral emergency, opioid overdose] for [AUDIENCE]. Include: learning objectives, fictional patient background, equipment, scenario progression with expected actions and cues, critical actions checklist, and debrief questions. Format as a simulation template.
```

#147. Create a Study Guide for Certification

✅ **Benefit:** Builds a focused study plan for a nursing certification exam, so staff prepare efficiently.

👥 **Best for:** Nurses pursuing certification, educators

📋 **Prompt:**

```
Act as a nursing certification exam coach. Create an [NUMBER]-week study plan for the [CERTIFICATION, e.g., CMSRN, PMH-BC, CCRN, CEN] exam for a working nurse with [HOURS] hours per week. Organize by the exam's major content domains (remind me to check the current official exam blueprint), include weekly topics, practice question goals, review strategies, and test-day tips. Format as a weekly table.
```

#148. Make Practice Questions

✅ **Benefit:** Generates NCLEX- or certification-style practice questions with rationales for any topic in seconds.

👥 **Best for:** Educators, nursing students, nurses studying for certification

📋 **Prompt:**

```
Act as an experienced nursing exam item writer. Write 10 [NCLEX-style/certification-style] practice questions on [TOPIC] for [LEVEL]. Mix question types (multiple choice, select-all-that-apply, prioritization). For each, give the correct answer and a short rationale explaining why each option is right or wrong. Focus on clinical judgment and safety. Note that content should be checked against current references.
```

#149. Annual Education Calendar

✅ **Benefit:** Plans a full year of education topics so mandatory and high-risk training never falls behind.

👥 **Best for:** Educators, nurse managers, professional development teams

📋 **Prompt:**

```
Act as a professional development planner. Create a 12-month education calendar for a [UNIT TYPE]. Include mandatory annual topics, high-risk/low-volume skills, quality topics tied to our current goals [LIST GOALS], seasonal topics (e.g., flu season, summer heat), and one wellness topic per quarter. Suggest a format for each (huddle, in-service, online, simulation). Format as a month-by-month table.
```

#150. Onboarding Welcome Packet for Non-Clinical Staff

✅ **Benefit:** Gives new admin and support staff a clear welcome packet so they feel prepared and productive sooner.

👥 **Best for:** Department managers, HR partners, admin supervisors

📋 **Prompt:**

```
Act as a healthcare onboarding specialist. Create a welcome packet for a new [ROLE, e.g., unit secretary, scheduler, billing specialist, patient access representative] in [DEPARTMENT]. Include: welcome message, first-week schedule, key contacts (placeholders), systems to learn, top 10 tasks of the role, HIPAA basics, common acronyms glossary, and a 30-day check-in plan. Format as a packet with headings.
```

16. Emergency & Surge Readiness

Be ready before the alarm sounds: codes, disasters, surges and downtime. *Icon: siren with checklist.*

#151. Unit Emergency Quick Reference

✅ **Benefit:** Puts every emergency code and first action on one page, so staff respond correctly under stress.

👥 **Best for:** Nurse managers, educators, emergency management

📋 **Prompt:**

```
Act as a hospital emergency preparedness coordinator. Create a one-page emergency quick reference for a [UNIT TYPE]. Include our codes: [LIST CODES AND MEANINGS, e.g., Code Blue, Code Red, Code Gray, Code Silver, Code Pink]. For each, list: what to say when calling, first 3 actions for staff on this unit, and who leads. Add evacuation route and equipment location placeholders. Format as a quick-reference table.
```

#152. Plan a Disaster Drill

✅ **Benefit:** Designs a realistic drill with clear objectives and evaluation, meeting readiness requirements with less effort.

👥 **Best for:** Emergency managers, nurse leaders, safety officers

📋 **Prompt:**

```
Act as an emergency management exercise planner familiar with HSEEP principles. Plan a [TABLETOP/FUNCTIONAL] drill for [SCENARIO, e.g., mass casualty, active threat, power outage, flood] at a [FACILITY TYPE]. Include: objectives, participants, scenario timeline with injects, expected actions, evaluation criteria, a hot wash debrief guide, and an after-action report template. Format with headings and tables.
```

#153. EHR Downtime Procedures

✅ **Benefit:** Prepares your unit to keep care safe and documented when the electronic health record goes down.

👥 **Best for:** Nurse managers, informatics, house supervisors

📋 **Prompt:**

```
Act as a clinical informatics downtime planning expert. Create an EHR downtime checklist for a [UNIT TYPE]. Cover: how staff are notified, downtime forms needed (orders, MAR, assessments, admissions), accessing the latest downtime reports, medication administration safety, lab and imaging communication, and back-entry after recovery. Split it into before, during and after downtime. Format as a checklist.
```

#154. Surge Staffing Activation Plan

✅ **Benefit:** Gives you a tiered plan for calling in extra staff during a surge, so you act fast and fairly.

👥 **Best for:** House supervisors, staffing office, nursing directors

📋 **Prompt:**

```
Act as a hospital surge capacity planner. Create a tiered surge staffing plan with 3 levels (moderate, major, critical) based on triggers such as census [THRESHOLDS], ED boarding [HOURS], or external events. For each level, list: staffing actions, team nursing options, role changes for non-bedside staff, approvals needed, communication steps, and stand-down criteria. Format as a tiered table.
```

#155. Evacuation Readiness Check

✅ **Benefit:** Confirms your unit could evacuate safely, including patients who cannot walk or are on special equipment.

👥 **Best for:** Charge nurses, nurse managers, safety officers

📋 **Prompt:**

```
Act as a hospital fire safety and evacuation expert. Create an evacuation readiness checklist for a [UNIT TYPE] with [NUMBER] beds. Include: horizontal vs vertical evacuation basics, how to prioritize patients by mobility, evacuation equipment checks, patient tracking during evacuation, special populations (ventilated, bariatric, behavioral health), and staff roles. Format as a checklist plus role table.
```

#156. Code Blue Team Roles Card

✅ **Benefit:** Clarifies every role during a code, reducing chaos and improving resuscitation quality.

👥 **Best for:** Nurses, code teams, educators

📋 **Prompt:**

```
Act as a resuscitation educator. Create a Code Blue roles card for a
[SETTING]. List each role (team leader, compressor(s), airway, medications,
recorder, runner, family support), their main responsibilities, and where
they stand. Add a first-responder checklist for the first 2 minutes before
the team arrives. Note that it must follow current AHA guidelines and
facility policy. Format as a pocket card.
```

#157. Infectious Disease Surge Plan

✅ **Benefit:** Prepares your unit for an outbreak with clear steps for isolation, PPE and staffing.

👥 **Best for:** Infection preventionists, nurse managers, emergency managers

📋 **Prompt:**

```
Act as an infection prevention and emergency preparedness expert. Create an
outbreak surge plan for [UNIT/FACILITY] for a [TYPE, e.g., respiratory virus
surge, norovirus, measles exposure]. Include: early detection triggers,
cohorting and isolation steps, PPE supply monitoring, staff exposure and
testing workflow, visitor restrictions, communication with patients and
families, and recovery steps. Format as a phased checklist.
```

#158. Write an After-Action Report

✅ **Benefit:** Turns a drill or real event into a clear report with lessons learned and assigned improvements.

👥 **Best for:** Emergency managers, nurse leaders, quality staff

📋 **Prompt:**

```
Act as an emergency management analyst. Write an after-action report from
these notes: [PASTE DE-IDENTIFIED SUMMARY OF THE DRILL OR EVENT]. Structure:
overview, timeline, objectives and how well each was met, strengths, areas
for improvement, root causes, and an improvement plan with owners and due
dates. Keep it factual and blame-free. Format with headings and a table.
```

#159. Emergency Communication Templates

✅ **Benefit:** Prepares ready-to-send staff and family messages, so communication is fast and calm during a crisis.

👥 **Best for:** House supervisors, communications teams, nurse leaders

📋 **Prompt:**

```
Act as a crisis communications specialist in healthcare. Write message templates for [SITUATION, e.g., facility lockdown, power outage, evacuation, severe weather]. Create: (1) an overhead page script, (2) a staff text/email alert, (3) a family/visitor update, and (4) an all-clear message. Use placeholders like [TIME] and [LOCATION]. Keep each clear, calm and under 80 words.
```

#160. Personal Emergency Readiness for Staff

✅ **Benefit:** Helps staff prepare their own homes and families, so they can report to work during a disaster.

👥 **Best for:** All staff, emergency managers, wellness committees

📋 **Prompt:**

```
Act as an emergency preparedness educator. Create a one-page "Ready at Home, Ready at Work" guide for healthcare staff. Include: a family communication plan, a 72-hour emergency kit list, childcare, pet and elder care backup plans, how to find out if you should report to work, and a personal checklist. Use a friendly, motivating tone. Format as a checklist handout.
```

17. Leadership Communication

Say the right thing, the right way, at the right time. *Icon: megaphone with heart.*

#161. Announce a Change Without Resistance

✅ **Benefit:** Writes a change announcement that explains the "why," reduces pushback and builds buy-in.

👥 **Best for:** Nurse managers, directors, department leaders

📋 **Prompt:**

```
Act as a change management communication expert in healthcare. Write a staff announcement about [CHANGE, e.g., new documentation requirement, schedule change, new workflow] starting [DATE]. Structure: what is changing, why it matters (patient safety, staff, regulatory), what stays the same, what staff need to do, support available, and how to give feedback. Keep it under 250 words, warm and clear. Also write a 3-sentence version for the huddle.
```

#162. Plan a Difficult Conversation

✅ **Benefit:** Prepares you to handle a tough conversation calmly and fairly, protecting the relationship and the outcome.

👥 **Best for:** Nurse managers, supervisors, directors

📋 **Prompt:**

```
Act as a leadership communication coach. I need to have a difficult conversation with [ROLE] about [ISSUE, e.g., repeated tardiness, conflict with coworkers, a patient complaint]. Help me prepare: my goal, an opening statement using facts not judgments, likely reactions and how to respond, questions to ask, how to agree on next steps, and what to document. Format as a conversation plan.
```

#163. Run an Effective Staff Meeting

✅ **Benefit:** Turns long, low-energy staff meetings into short, focused sessions people actually want to attend.

👥 **Best for:** Nurse managers, department heads

📋 **Prompt:**

```
Act as a meeting facilitation expert. Create a 30-minute staff meeting agenda for [DEPARTMENT/UNIT] covering: [LIST TOPICS]. Include: time per item, the purpose of each (inform, discuss, decide), a recognition moment, an open forum, and a closing with action items. Add a one-page meeting minutes template. Suggest how to include night and weekend staff who can't attend.
```

#164. Write a Town Hall Talking Points Brief

✅ **Benefit:** Prepares clear, honest talking points and Q&A for a town hall, so leaders feel confident and staff feel heard.

👥 **Best for:** Directors, executives, nurse leaders

📋 **Prompt:**

```
Act as a healthcare executive communications advisor. Prepare a town hall brief on [TOPIC, e.g., budget changes, staffing plan, new service line, survey results]. Include: 5 key messages, supporting facts [PLACEHOLDERS], 10 likely tough questions from staff with honest, respectful answers, and phrases to avoid. Format as a briefing document.
```

#165. Respond to Staff Concerns in Writing

✅ **Benefit:** Drafts a respectful, transparent reply to staff concerns that builds trust even when the answer is "not yet."

👥 **Best for:** Nurse managers, directors

📋 **Prompt:**

```
Act as a trusted nurse leader. Staff raised this concern: [DESCRIBE CONCERN, e.g., unsafe ratios on nights, broken equipment, unfair floating]. Write a written response that: thanks them, restates the concern to show understanding, shares what we know and what we are doing, is honest about limits, gives a timeline for the next update, and invites ideas. Keep it under 200 words.
```

#166. Executive Summary from a Long Report

✅ **Benefit:** Turns a long report into a one-page executive summary leaders can read and act on in 2 minutes.

👥 **Best for:** Managers, analysts, project leads

📋 **Prompt:**

```
Act as a healthcare executive briefing writer. Summarize this report for senior leaders: [PASTE REPORT TEXT WITHOUT PHI]. Structure: the bottom line in 2 sentences, 3 key findings, financial or safety impact, 3 recommendations, and the decision needed with a deadline. Keep it under 300 words with bullet points.
```

#167. Give Constructive Feedback

✅ **Benefit:** Helps you give specific, balanced feedback that helps people grow instead of shutting down.

👥 **Best for:** Managers, charge nurses, preceptors

📋 **Prompt:**

```
Act as a leadership coach. Help me give feedback to a [ROLE] about
[SITUATION]. Write it using the SBI model (Situation, Behavior, Impact),
followed by a request for their perspective and a clear expectation for the
future. Give me 2 versions: one for a quick in-the-moment conversation and
one for a formal check-in. Keep the tone respectful and supportive.
```

#168. Write a Monthly Unit Newsletter

✅ **Benefit:** Creates an engaging unit newsletter in minutes that keeps everyone informed and celebrates wins.

👥 **Best for:** Nurse managers, unit councils, educators

📋 **Prompt:**

```
Act as a healthcare internal communications writer. Write a one-page monthly
newsletter for our [UNIT/DEPARTMENT] using these updates: [LIST UPDATES,
e.g., quality results, new policies, education, recognitions, upcoming
events]. Include a friendly opening, short sections with headers, a staff
shout-out section, a "did you know?" tip, and dates to remember. Keep it
upbeat and scannable.
```

#169. Present to the Board or Senior Leaders

✅ **Benefit:** Structures a short, persuasive presentation that gets leaders to approve your idea or resources.

👥 **Best for:** Nurse leaders, directors, project leads

📋 **Prompt:**

```
Act as a healthcare presentation coach. Help me build a 10-minute
presentation for [AUDIENCE] proposing [IDEA OR REQUEST]. Create a 7-slide
outline with: the problem with data [PLACEHOLDERS], impact on patients and
staff, the proposed solution, cost and return on investment, timeline, risks
and mitigation, and the ask. Add speaker notes for each slide and 5 likely
questions with answers.
```

#170. Thank-You and Morale Messages After a Hard Week

✅ **Benefit:** Gives you sincere, specific words to thank your team after a tough stretch, boosting morale fast.

👥 **Best for:** Nurse managers, house supervisors, directors

📋 **Prompt:**

```
Act as a caring nurse leader. Our team just got through [DESCRIBE, e.g., a
week of 100% census, a surge, a difficult patient event, a survey]. Write 3
short messages: (1) an email to the team, (2) a huddle shout-out, and (3) a
note for the break room board. Name specific team behaviors (no patient
details), acknowledge how hard it was, and share one way leadership will
support them. Keep each under 120 words.
```

18. Data, Reporting & Dashboards

Turn numbers into decisions, without being a data scientist. *Icon: bar chart on a tablet.*

#171. Choose the Right KPIs

✅ **Benefit:** Picks the few metrics that truly matter for your unit, so you stop drowning in reports.

👥 **Best for:** Nurse managers, directors, quality leads

📋 **Prompt:**

```
Act as a healthcare performance management expert. Recommend 8 KPIs for a
[UNIT/DEPARTMENT TYPE] balanced across quality, safety, patient experience,
staff, throughput and finance. For each KPI, give: definition, formula, data
source, how often to review, and why it matters. Then pick the top 3 to show
on a front-line huddle board. Format as a table.
```

#172. Build a Dashboard Layout

✅ **Benefit:** Designs a clean one-page dashboard leaders can read at a glance.

👥 **Best for:** Analysts, managers, informatics staff

📋 **Prompt:**

```
Act as a healthcare data visualization specialist. Design a one-page
dashboard for [AUDIENCE] tracking [LIST METRICS]. For each metric, recommend
the best chart type (line for trends, bar for comparisons, big number for
current status), the time frame, target lines, and color rules
(green/yellow/red). Describe the layout from top to bottom and suggest a
title for each panel. Format as a layout plan.
```

#173. Write Spreadsheet Formulas for Me

✅ **Benefit:** Gets the exact Excel or Google Sheets formula you need, saving time searching online.

👥 **Best for:** Anyone who works in spreadsheets

📋 **Prompt:**

```
Act as an Excel and Google Sheets expert. My spreadsheet has these columns:
[LIST COLUMNS, e.g., A = date, B = unit, C = census, D = discharges before
noon, E = total discharges]. I want to [GOAL, e.g., calculate the discharge-
before-noon % by unit per month]. Give me the exact formula(s), explain each
part in plain language, and suggest a pivot table or chart if helpful. Use
only column names, no patient data.
```

#174. Clean Up Messy Data

✅ **Benefit:** Gives you a step-by-step plan to fix messy spreadsheets so your reports are accurate.

👥 **Best for:** Analysts, managers, coordinators

📋 **Prompt:**

```
Act as a data quality specialist. My de-identified spreadsheet has these problems: [DESCRIBE, e.g., inconsistent unit names, blank cells, dates in different formats, duplicates]. Give me a step-by-step cleaning plan using Excel or Google Sheets tools (TRIM, Find & Replace, Remove Duplicates, data validation), plus how to prevent the problems next time. Format as numbered steps.
```

#175. Explain My Data in Plain English

✅ **Benefit:** Turns a table of numbers into clear insights you can share at a meeting.

👥 **Best for:** Managers, charge nurses, project leads

📋 **Prompt:**

```
Act as a healthcare data analyst who explains things simply. Here is aggregate data: [PASTE DE-IDENTIFIED TABLE]. Tell me: the 3 most important insights, any unusual patterns or outliers, what might explain them, what I should NOT conclude from this data, and 3 questions to explore next. Write in plain language for a staff meeting.
```

#176. Build a Monthly Report Template

✅ **Benefit:** Creates a reusable monthly report so you fill in numbers instead of rewriting reports from scratch.

👥 **Best for:** Managers, directors, quality coordinators

📋 **Prompt:**

```
Act as a healthcare operations reporting specialist. Create a reusable monthly report template for [UNIT/DEPARTMENT]. Sections: executive summary, key metrics table with current month, last month, target and trend arrow, highlights, concerns, actions in progress, and next month's focus. Use [PLACEHOLDERS] for all numbers. Keep it to 2 pages.
```

#177. Survey Design for Staff or Patients

✅ **Benefit:** Builds a short, unbiased survey that gets honest answers you can act on.

👥 **Best for:** Managers, quality teams, councils

📋 **Prompt:**

```
Act as a survey design expert. Create a [NUMBER]-question survey for [AUDIENCE, e.g., night shift staff, clinic patients] about [TOPIC]. Mix rating scales and 2 open-ended questions, avoid leading or double-barreled questions, and keep it under 5 minutes. Add an introduction that explains the purpose and confidentiality, and a plan to analyze and share results. Format as a ready-to-use survey.
```

#178. Compare Before and After Results

✅ **Benefit:** Shows whether your project made a real difference, with a clear before-and-after comparison.

👥 **Best for:** Project leads, QI teams, clinical ladder applicants

📋 **Prompt:**

```
Act as a healthcare improvement analyst. Here is aggregate data before and after our change: Before [TIME PERIOD]: [DATA]. After [TIME PERIOD]: [DATA]. Calculate the absolute and percent change, explain whether the difference is likely meaningful (and what other factors could explain it), and suggest how to present it in a simple chart. Write a 3-sentence results statement for my report.
```

#179. Forecast Volumes and Trends

✅ **Benefit:** Gives you a simple forecast to plan staffing, supplies and budget with fewer surprises.

👥 **Best for:** Managers, directors, finance partners

📋 **Prompt:**

```
Act as a healthcare forecasting analyst. Here are monthly volumes for the last [NUMBER] months: [PASTE AGGREGATE DATA]. Identify the trend and any seasonality, give a simple forecast for the next 3–6 months with a low/expected/high range, explain your method in plain language, and list assumptions. Suggest how to do this in Excel (e.g., FORECAST.ETS). Format as a table plus explanation.
```

#180. Turn a Dashboard into Action

✅ **Benefit:** Converts dashboard red flags into a focused action plan with owners, so data actually changes practice.

👥 **Best for:** Managers, directors, huddle leaders

📋 **Prompt:**

```
Act as an operations excellence coach. These metrics are off target on our dashboard: [LIST METRIC, CURRENT, TARGET]. For each, suggest 3 likely causes to check, one quick action this week, one 30-day action, and who should own it. End with a 5-minute huddle script to share this with staff. Format as an action table plus script.
```

19. Policy, Procedure & Process Improvement

Write clear policies and build workflows that actually work on the floor. *Icon: gear with document.*

#181. Draft a New Policy

✅ **Benefit:** Creates a well-organized first draft of a policy in minutes, ready for committee review.

👥 **Best for:** Policy committees, nurse managers, educators

📋 **Prompt:**

```
Act as a healthcare policy writer. Draft a policy on [TOPIC] for [FACILITY/DEPARTMENT]. Use this structure: purpose, scope, definitions, policy statement, procedure (numbered steps with responsible roles), documentation requirements, related policies, and references to verify (regulations, professional guidelines). Use clear, directive language ("The RN will..."). Note sections that need legal or compliance review.
```

#182. Simplify an Existing Policy

✅ **Benefit:** Turns a long, confusing policy into a clear version and a one-page quick guide staff will actually read.

👥 **Best for:** Educators, policy committees, managers

📋 **Prompt:**

```
Act as a clinical policy editor. Here is our current policy: [PASTE POLICY]. (1) Rewrite it in clearer, shorter language without changing requirements. (2) List any unclear or conflicting statements to resolve. (3) Create a one-page staff quick guide with the 5–7 most important "must-do" steps. Format each part with headings.
```

#183. Redesign a Broken Workflow

✅ **Benefit:** Maps a frustrating process and designs a simpler version that saves time and reduces errors.

👥 **Best for:** Process improvement leads, managers, unit councils

📋 **Prompt:**

```
Act as a Lean healthcare process improvement consultant. Here is our current process for [PROCESS]: [DESCRIBE STEPS, ROLES AND PAIN POINTS]. Create: a current-state map, the 8 wastes (DOWNTIME) you see, a future-state process with fewer steps and handoffs, a pilot plan, and measures to track. Format as tables and numbered steps.
```

#184. Write a Project Charter

✅ **Benefit:** Gets your improvement project approved and on track with a clear, one-page charter.

👥 **Best for:** Project leads, nurse leaders, QI teams

📋 **Prompt:**

```
Act as a healthcare project manager. Write a one-page project charter for [PROJECT NAME AND IDEA]. Include: problem statement with baseline data [PLACEHOLDER], SMART aim, scope (in and out), team members and roles, key milestones, measures (outcome, process, balancing), risks, resources needed, and sponsor sign-off. Format as a charter table.
```

#185. Run a Stakeholder Analysis

✅ **Benefit:** Identifies who can help or block your project and how to engage each group for success.

👥 **Best for:** Project leads, managers, directors

📋 **Prompt:**

```
Act as a change management consultant. For the project [DESCRIBE PROJECT],
list all likely stakeholder groups (e.g., nurses, physicians, pharmacy, IT,
EVS, patients, leadership). For each, estimate influence (high/low), interest
(high/low), likely concerns, what they gain, and the best engagement
strategy. Format as a stakeholder table with a short communication plan.
```

#186. Standard Work Checklist

✅ **Benefit:** Turns a best practice into standard work every staff member follows the same way, every time.

👥 **Best for:** Managers, educators, charge nurses

📋 **Prompt:**

```
Act as a Lean standard work expert. Create standard work for [TASK, e.g.,
opening the unit at 0700, admission paperwork, end-of-shift safety checks,
discharge with AVS instructions]. Include: the sequence of steps, timing, who
does each step, key quality checks, and common mistakes. Keep it to one page
that can be posted. Format as a numbered checklist.
```

#187. FMEA for a New Process

✅ **Benefit:** Spots what could go wrong in a new process before it harms anyone, using a proven risk tool.

👥 **Best for:** Quality leaders, risk managers, project teams

📋 **Prompt:**

```
Act as a patient safety engineer. Conduct a Failure Mode and Effects Analysis
(FMEA) for this new process: [DESCRIBE PROCESS STEPS]. For each step, list
possible failure modes, effects, causes, and score severity, occurrence and
detection (1–10). Calculate the Risk Priority Number and recommend actions
for the top 5 risks. Format as an FMEA table.
```

#188. Policy Review Tracker

✅ **Benefit:** Keeps every policy current and survey-ready with a simple tracking system.

👥 **Best for:** Policy coordinators, compliance staff, managers

📋 **Prompt:**

```
Act as a policy management coordinator. Design a policy review tracker for
[DEPARTMENT] with [NUMBER] policies. Recommend columns (policy name, owner,
last review, next due date, status, approval committee, related regulations),
a review cycle, reminder steps, and how to communicate policy changes to
staff. Format as a table template plus process steps.
```

#189. A3 Problem-Solving Report

✅ **Benefit:** Tells the whole story of a problem and its solution on one page, the way Lean organizations do.

👥 **Best for:** QI teams, managers, clinical ladder applicants

📋 **Prompt:**

```
Act as a Lean A3 coach. Help me build an A3 report for this problem:
[DESCRIBE PROBLEM]. Sections: background, current condition with data
[PLACEHOLDERS], goal, root cause analysis, countermeasures, implementation
plan (what, who, when), and follow-up/results. Ask me up to 5 questions first
if anything important is missing. Format as an A3 outline.
```

#190. Sustain an Improvement

✅ **Benefit:** Keeps your hard-won improvement from slipping back once the project team moves on.

👥 **Best for:** Managers, QI teams, unit councils

📋 **Prompt:**

```
Act as a quality sustainment expert. We improved [MEASURE] from [BASELINE] to
[CURRENT] through [CHANGE]. Create a sustainment plan with: standard work,
ownership, audit frequency, a control chart or run chart plan, triggers for
action if performance drops, onboarding new staff to the change, and how to
celebrate success. Format as a one-page plan.
```

20. Professional Growth & Wellness

Invest in yourself: grow your career and protect your energy. *Icon: sprouting plant with a sun.*

#191. Build Your Clinical Ladder Portfolio

✅ **Benefit:** Organizes your accomplishments into a strong clinical ladder or advancement portfolio, saving weeks of stress.

👥 **Best for:** Clinical nurses applying for advancement

📋 **Prompt:**

```
Act as a nursing professional development coach. I am applying for [LEVEL, e.g., Clinical Nurse III] at my organization. The required domains are: [LIST DOMAINS, e.g., clinical practice, leadership, education, quality/EBP, professional involvement]. Here are my activities from the last [TIME PERIOD]: [LIST ACTIVITIES]. Match each activity to a domain, identify gaps, suggest how to fill them, and write a strong 150-word summary for each domain using measurable results. Format with headings.
```

#192. Write an Exemplar Story

✅ **Benefit:** Turns a meaningful patient care moment into a powerful exemplar for awards, Magnet or your portfolio.

👥 **Best for:** Nurses, nurse leaders, Magnet coordinators

📋 **Prompt:**

```
Act as a nursing writing mentor. Help me write a 500-word clinical exemplar about [DESCRIBE THE SITUATION WITHOUT ANY PATIENT IDENTIFIERS]. Structure: the situation, what I noticed, the actions I took and why, collaboration with the team, the outcome, and what I learned. Use first person, vivid but professional language, and highlight clinical judgment and caring. Do not invent details.
```

#193. Update My Nursing Resume

✅ **Benefit:** Turns your experience into a results-focused resume that stands out to hiring managers.

👥 **Best for:** Nurses and healthcare professionals job hunting

📋 **Prompt:**

```
Act as a healthcare career coach and resume writer. Rewrite my resume for a [TARGET ROLE] position. Here is my current resume: [PASTE RESUME]. Use strong action verbs, add measurable results where I gave numbers, highlight leadership and quality work, tailor keywords to this job description: [PASTE JOB POSTING]. Keep it to 2 pages. Then list 3 things I should add or quantify.
```

#194. Prepare for a Job Interview

✅ **Benefit:** Prepares you with likely questions and strong STAR answers, so you walk in confident.

👥 **Best for:** Nurses, managers and staff seeking new roles

📋 **Prompt:**

```
Act as a healthcare hiring manager and interview coach. I am interviewing for [ROLE] at a [SETTING]. Give me 12 likely interview questions (behavioral, clinical judgment, leadership, conflict). For 5 of them, help me build STAR-format answers using my experience: [BRIEF BACKGROUND]. Add 5 smart questions I should ask the interviewer. Format as a prep sheet.
```

#195. Create a Professional Development Plan

✅ **Benefit:** Maps out your next 1–3 years of growth with clear goals and steps, so your career moves on purpose.

👥 **Best for:** Any healthcare professional

📋 **Prompt:**

```
Act as a healthcare career development coach. My current role is [ROLE] and my goal in [TIMEFRAME] is [GOAL, e.g., become a nurse manager, earn a certification, move into informatics]. Create a development plan with: skills to build, education or certifications, experiences to seek (committees, projects), people to connect with, 90-day first steps, and how to measure progress. Format as a table plus action list.
```

#196. Prevent Burnout: My Personal Reset Plan

✅ **Benefit:** Builds a realistic, personal plan to recharge between shifts and protect your long-term wellbeing.

👥 **Best for:** Any healthcare worker

📋 **Prompt:**

```
Act as a wellbeing coach who understands healthcare shift work. I work [SHIFT PATTERN, e.g., three 12-hour nights] and feel [DESCRIBE, e.g., tired, irritable, disconnected]. Create a realistic weekly reset plan covering sleep after shifts, movement, nutrition on the go, setting boundaries, connection with friends/family, and 5-minute stress relief tools I can use at work. Keep it practical, kind and achievable. Add a reminder to seek professional help or EAP if I feel overwhelmed.
```

#197. Plan Time for a Busy Week

✅ **Benefit:** Turns an overwhelming to-do list into a prioritized weekly plan, so the important work actually gets done.

👥 **Best for:** Managers, supervisors, busy professionals

📋 **Prompt:**

```
Act as a productivity coach for healthcare leaders. Here is my week: fixed commitments [LIST MEETINGS/SHIFTS] and to-do items [LIST TASKS WITH DEADLINES]. Sort tasks using the Eisenhower matrix (urgent/important), suggest what to delegate or drop, and build a day-by-day plan with focus blocks. Leave buffer time for interruptions. Format as a matrix plus weekly schedule.
```

#198. Prepare a Conference Poster or Presentation

✅ **Benefit:** Turns your project into a clean poster or podium presentation outline, ready to submit.

👥 **Best for:** Nurses, QI teams, nurse researchers

📋 **Prompt:**

```
Act as an academic poster and presentation coach for nurses. Help me turn my project [DESCRIBE PROJECT AND AGGREGATE RESULTS] into (1) a poster layout with section titles and word counts for background, aim, methods, results, conclusion and implications, and (2) a 10-minute presentation outline with 8 slides and speaker notes. Suggest one strong visual for the results. Do not invent data.
```

#199. Negotiate My Offer or Raise

✅ **Benefit:** Prepares you to ask for fair pay or a better offer with confidence and facts.

👥 **Best for:** Nurses and healthcare professionals

📋 **Prompt:**

```
Act as a career negotiation coach for healthcare professionals. I have been offered [ROLE] at [OFFER DETAILS] / I want to ask for a raise in my role as [ROLE]. My value: [EXPERIENCE, CERTIFICATIONS, RESULTS]. Help me prepare: what market information to research, my target and walk-away points, a talking script with 3 key value statements, responses to common pushback, and non-salary items to negotiate (schedule, education funds, PTO). Format as a prep sheet.
```

#200. Learn Any New Topic Fast

✅ **Benefit:** Builds a personal crash course on any new topic, from AI to a new specialty, in a fraction of the time.

👥 **Best for:** Any lifelong learner in healthcare

📋 **Prompt:**

```
Act as an expert tutor and learning designer. I want to learn [TOPIC, e.g., using AI at work, basics of healthcare finance, telemetry interpretation, Lean Six Sigma] in [TIMEFRAME] with [HOURS] per week. My current level is [BEGINNER/INTERMEDIATE]. Create a learning plan with: key concepts in order, a weekly schedule, types of trusted resources to use, practice activities, and a 10-question self-check at the end. Format as a weekly table.
```

Bonus: 5 Power Tips to Get Better AI Answers

1. **Give it a role.** Start with "Act as a..." so the AI answers like an expert in your field, not a generalist.
2. **Add your real context.** Unit type, bed count, staffing, goals and limits. The more specific the input, the more useful the output.
3. **Ask for a format.** Say "as a table," "as a checklist," or "under 200 words" to get something you can use right away.
4. **Let it ask you first.** Add: "Before you answer, ask me up to 5 questions to fill in anything missing." This one line often doubles the quality.

5. **Iterate, then verify.** Reply with "shorter," "more specific," or "make it friendlier." Then check every fact, number and policy reference before you use it.

Thank You for Using This Library

Created by CareSol — Health Care Solutions | caresolhealth.com

This library was built by a BSN, RN Nursing Administrative Supervisor with 17 years in healthcare, for teams who are being asked to do more with less.

Share it. If one prompt saved you time today, pass this library to a colleague, your unit council or your leadership team. It is free to share.

More from the creator:

- **iPassPrep.com** — NCLEX and nursing certification exam prep
- **Nurseling** — a nursing reference app for students and new grads (coming soon)

AI supports, never replaces, professional judgment. Never enter PHI into any AI tool. Always follow your organization's policies.

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