HOSPITAL AI

AI in hospital operations, without clinical risk

Start where no clinical judgement is involved. Sort every use case green, amber or red. Never let AI diagnose or triage.

Swipe →

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THE TEST

02

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If the AI is wrong, could a patient receive the wrong care, delayed care or unsafe advice? If yes, it is clinical. If no, it is operational.

Operational risks are privacy, accuracy and brand. Clinical risk needs clinical governance.

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THE MAP

Green, amber, red

GREEN	No patient-facing output: ad copy, reports, CRM de-duplication, call summaries
AMBER	Patient-facing but administrative: booking, reminders, billing queries, routing
RED	Influences care: symptom checkers, triage by urgency, report interpretation
RULE	Red is not never. It is not owned by operations or marketing

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START HERE

Green use cases to switch on first

- Content drafts: page outlines, ad variations, FAQs, doctor-reviewed
- Call and chat summaries for supervisors
- Tagging themes across Google reviews and feedback
- CRM clean-up: duplicates, doctor names, lead sources
- Weekly performance notes drafted from dashboards

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AMBER CONTROLS

Three controls before any patient-facing bot

1. A scope document listing exactly what the bot may answer
2. An always-visible route to a human
3. Logs that someone reviews every week

A booking bot handles doctor, date, unit and time. Anything else goes to a person.

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DO NOT DEPLOY

What operations must not switch on

- Symptom checkers or bots judging which specialty is urgent
- Anything telling a patient to come in, wait or self-treat
- Summarising lab or imaging reports to patients
- Clinical content published without doctor review

An emergency message gets a fixed instruction to call emergency, plus an alert to a human.

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DPDP GUARDRAILS

Operational AI still handles personal data

- No patient names, numbers or health details in public tools
- Enterprise tools or vendors under a data processing agreement
- Tell patients it is automated and how to reach a person
- Logs, retention periods, deletion when the purpose ends

Penalties under the DPDP Rules run up to Rs 250 crore for failing security safeguards.

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MEASURE

Outcome metric and safety metric, per use case

BOOKING BOT	Bookings completed vs hand-off rate and wrong bookings
REMINDERS	Show rate vs opt-outs and wrong-patient messages
SUMMARIES	Issues fixed vs accuracy on sampled calls
CONTENT	Pages published vs clinical review rejections
CRM CLEAN-UP	Duplicate rate vs wrong merges found in audit

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90-DAY START

Register, two greens, one amber

1. Weeks 1-4: use case register, classify, agree data rules
2. Weeks 5-8: launch two green cases, content drafting and call summaries
3. Weeks 9-12: pilot one amber case in one unit, weekly log reviews

Every patient-facing bot needs a kill switch that works in minutes.

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READ THE FULL GUIDE

AI in hospital operations, in full

- Examples by area, with who stays accountable
- CDSCO, ICMR and DPDP in one table
- The operating model and use case register
- gauravphogat.com/ai-hospital-operations-india

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