HOSPITAL AI

An AI strategy is six decisions, not a deck

How to tell a real hospital AI strategy from a portfolio of pilots that nobody chose against each other.

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THE PROBLEM

A portfolio is not a strategy

- A website chatbot, a voice bot, an ambient documentation trial
- A radiology tool a department head brought in alone
- A startup proof of concept a board member introduced
- Each has a sponsor and a slide. None were chosen against each other.

Ask the group to stop one of the five. The answer tells you whether a strategy exists.

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SIX DECISIONS

Write each answer in one paragraph

1. What we automate and why those
2. What order, against what readiness test
3. What a machine will never do
4. Who is accountable when it breaks at 9pm
5. Where the money comes from, and who can stop it

If it does not fit on one page, you have an interest in AI, not a strategy.

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THE FILTER

Automate where a wrong answer is recoverable

VOLUME	High, with the same answer repeating
STAKES	Low: a wrong visiting hour costs one phone call
FIT	Appointments, pre-visit prep, empanelment, reports, recall nudges
EXCLUDE	Frightened patients, clinical judgement, regulatory exposure

Automate six boring things completely rather than one interesting thing partially.

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READINESS TEST

Sequence by data readiness, not excitement

- Does one system hold the truth, or three?
- Is there a working patient identifier across units?
- Is the doctor master accurate enough for scheduling?
- Do we hold purpose-specific consent for this communication?

Fail two and it becomes a data workstream with its own budget and owner, not an AI project.

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FIRST FIVE

Score each candidate 1 to 5 on four things

VALUE	High volume, saving lands in one budget you can name
RISK	5 is lowest: a person catches a wrong output in time
DATA	One source of truth, patient ID, clean doctor master, consent
PROOF	A measured result inside 90 days against a baseline

A 1 on risk or data readiness disqualifies, whatever the total.

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STAYS HUMAN

Write the boundary before commercial pressure builds

- No machine gives a diagnosis or interprets a result
- No machine handles a distressed caller past the first sentence
- No machine communicates about a discharge or complication
- No machine writes a claim about an outcome

Signed off by clinical leadership. It is the thing you will be held to.

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WHO OWNS WHAT

One accountable owner per problem

DIGITAL	Patient-facing experience and conversion consequences
IT	Integration, identity, the systems it talks to
CLINICAL	The boundary list and anything touching care
FINANCE	Whether it keeps being funded

A steering committee that owns everything owns nothing. If nobody wants the run, you found a sponsor.

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THE ECONOMICS

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Fund the first problem from the operating budget of the function that benefits, not a central innovation pot. A central pot removes the pressure to prove anything.

Consumption pricing over per-seat. Integration budgeted as a larger line than the licence. A sunset date on everything.

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READ THE FULL GUIDE

The executable hospital AI strategy, in full

- Illustrative scoring of eight candidate use cases
- The quarterly review with the power to kill
- A 12-month AI roadmap for a hospital group
- gauravphogat.com/the-ai-strategy-a-hospital-group-can-execute

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