

# From Insights to Action: Bridging Clinical Intelligence & Operational Efficiency

 **DocsTribe**

**Dr. Amitesh Khare | Chief Medical Innovation Officer | Docstribе AI**



# The Challenge in Modern Hospitals

- Fragmented care processes and siloed data
- Manual tracking leads to missed opportunities
- Patient outcomes and operational performance not aligned
- Hospitals generate massive data but lack real-time intelligence.
- Data remains static — not translated into timely clinical or business actions

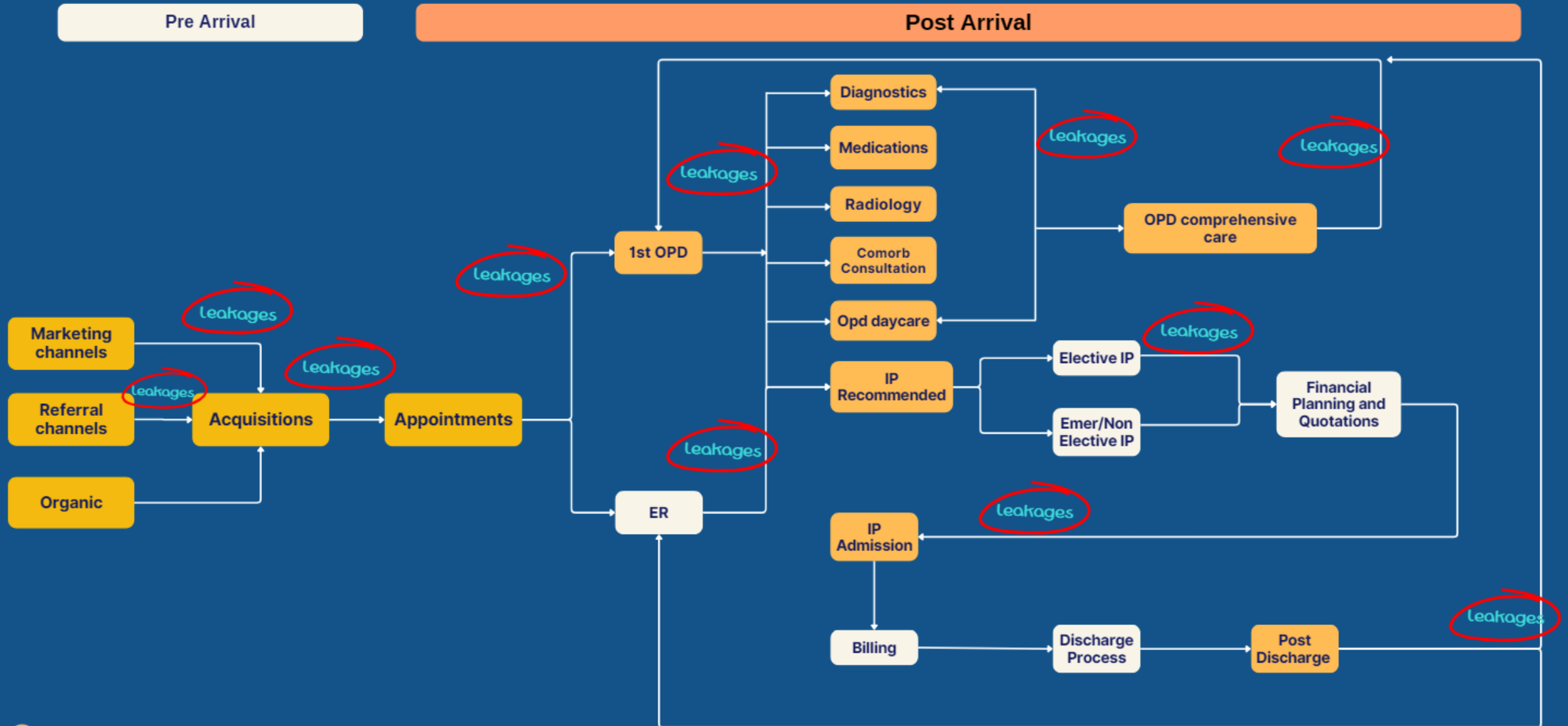
# What is Clinical Intelligence

A unified intelligence layer that:

- Connects data across OPD, IPD, and diagnostics
- Predicts care needs, risks, and opportunities
- Automates patient follow-ups and engagement
- Aligns patient outcomes with financial performance

# Care gaps in the entire care continuum

*Hyper Personalized Actions Across Patient Care Continuum*



# Introducing Docscribe AI

The Clinical Intelligence Layer for Hospitals

- Works with or without HIS
- Plug-and-play deployment — no integrations or servers
- Covers the full care continuum: Pre-arrival → OPD → IPD → Post-discharge

# How Docstribе Generates Clinical Intelligence

- Data Ingestion: Prescriptions, diagnostics, vitals, notes
- Contextualization: LLM-based understanding of clinical intent
- Cohort Detection: Identifies high-risk patients across specialties
- Action Layer: AI agents trigger follow-ups or alerts
- Feedback Loop: Learns from outcomes for optimization

# Inside the Intelligence Engine

- AI-based interpretation of unstructured data
- Predictive models for disease progression
- Personalized engagement via WhatsApp/voice AI
- Continuous learning across 25+ specialties

***A 55-year-old diabetic patient's post TKR follow-up missed → Docstribе detects risk → sends nudge → books appointment → updates dashboard.***

# Clinical Intelligence in Action

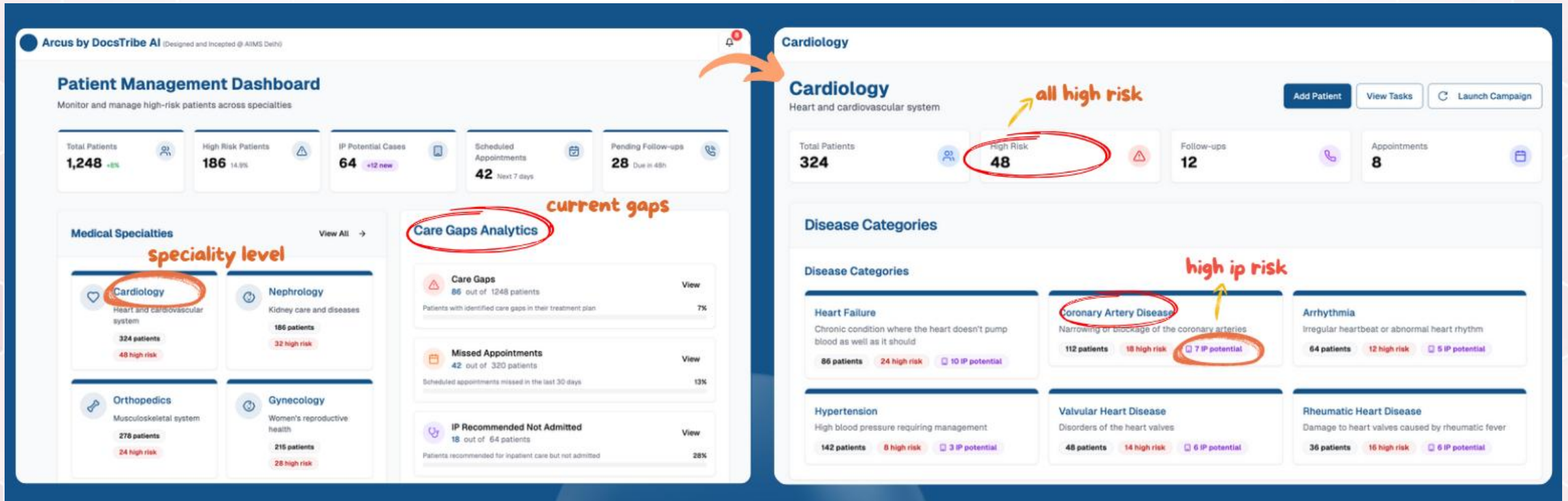
Example: Cardiology

- Detects missed follow-up for post-PCI patients
- Auto-sends reminder → schedules echo → updates dashboard
- Reports outcome back to care team

***“Every patient touchpoint becomes an opportunity for timely action.”***



# Clinical Intelligence in Action



# Clinical Intelligence in Action

**Arcus** (Designed and Incepted @ JIPMER & AIIMS Delhi)

View Dr. Notes Interaction History Actions

**IP Potential: Rising** Disease Trajectory: Worsening Cardiology

**No Name** ID: CH24053489

Age: 69 yrs Male Dr. C V N Murthy No Number 16 Jun 2025 OP

**IP Intervention:** Coronary Artery Disease <30 day

**IP Potential: Rising**

Timeline: Surgical admission for CABG is advisable within the next 4–8 weeks; earlier if angina worsens.

**Evidence:**

Intermediate TIMI risk, diabetic multivessel disease, and poor biochemical control put patient at substantive risk of acute coronary events requiring urgent hospitalisation. CABG offers survival benefit; hence inpatient intervention moderately likely within 1 month if guideline-directed plan executed.

**Risk Factors:**

Age 69 years Triple-vessel coronary artery disease Uncontrolled diabetes (FBS 230 mg/dL, PPBS 322 mg/dL)

Dyslipidaemia (LDL 148 mg/dL, TG 234 mg/dL) Interrupted cardiac medications for 3 months (poor adherence)

**Disease Profile:**

Primary Condition Coronary Artery Disease Disease Trajectory Worsening Procedure Name Coronary Bypass Surgery

**Tasks** 0/2

**Watch Criteria**

- ⓘ Increase in chest pain frequency or intensity
- ⓘ Shortness of breath at rest or minimal exertion
- ⓘ Resting heart-rate > 100 bpm or systolic BP < 90 mmHg
- ⓘ New ECG changes (ST depression or T-wave inversion)
- ⓘ Hypoglycaemia or sustained blood sugar > 300 mg/dL

**Clinical Condition & Evidence**

**Primary Concerns**

**Clinical Evidence:**

- ⓘ Symptoms have improved from Canadian Class III to Class II angina after restarting anti-anginal therapy.

**clinical path to ipd**

**research based evidence**

**actionables**

**red flags to watch**

**final cure needed**

**progression timeline**

**S1 High** Day 0-7

**Out-patient optimisation & evaluation**

hospital opd 12 3

**S2 Medium** Day 7-14

**Pre-operative clearance & scheduling**

hospital opd 7 1

**S3 High** Day 21-30

**Hospital admission – pre-op day**

hospital ipd 7 2

**Next:**

Next → S2 Escalate → S8

Next → S3 Fallback → S1

Next → S4 Fallback → S2

# Operational Efficiency Gains

<u>Outcome Metric</u>	<u>Before Docscribe</u>	<u>After Docscribe</u>	<u>Improvement / Impact</u>
<b>OPD → IPD Conversion Rate</b>	<b>9%</b>	<b>13%</b>	<b>+45% increase</b>
<b>Post-Discharge Patient Retention</b>	<b>52%</b>	<b>74%</b>	<b>+22% percentage points</b>
<b>Average Patient Touchpoints per Episode</b>	<b>2.1</b>	<b>3.8</b>	<b>+80% engagement gain</b>
<b>Care-Team Efficiency (Time per patient)</b>	<b>Baseline</b>	<b>Optimized by 30%</b>	<b>Reduced manual workload</b>
<b>Follow-up Turnaround Time</b>	<b>72 hours</b>	<b>12 hours</b>	<b>–83% faster</b>

\*Average across Partner Hospitals

# Operational Efficiency Gains

- Shift from reactive to proactive care
- Smart cohorting enables focused clinician attention
- Automated nudges reduce manual workload
- Predictive alerts help prevent readmissions
- Real-time dashboards enhance decision-making

# DocsTribe

● Improve patient  
outcomes

● Improve patient  
retention

● Grow market  
share & revenue

**Together, let's turn every insight into better care.**

