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Empowering Care Teams With the Responsible Use of Artificial Intelligence

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HCA Healthcare

THIS SESSION IS OPEN TO SUPPLIERS

Applying for CE credit or need a Certificate of Participation? Be sure to snap a pic of the code shown at the end of this session.

CE Deadline: 09/30/25



Disclosures



The presenter has no real or perceived conflicts of interest related to this presentation

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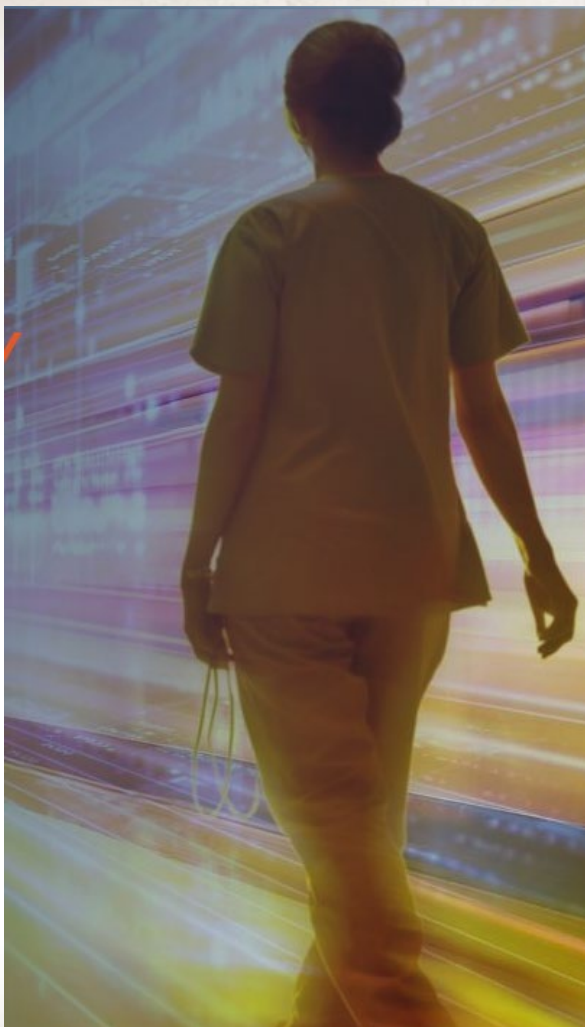
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Learning Objectives



At the end of this session, participants should be able to:

- Recall specific uses of AI & leveraging data & analytics in providing clinical teams with actionable insights that inform & enhance patient care & potentially patient outcomes.
- Identify potential risks in selecting technology partners to enable the use of AI within a healthcare system.
- Recognize guidelines for establishing internal governance & policies for evaluating the responsible use of AI within their own healthcare organizations.



We now have an **unprecedented ability** to care for one another.

Artificial intelligence & digital innovation have the potential to reshape healthcare as we know it.

Source: HCA Healthcare Stock Image. Not for reuse without permission.

What if you could bring the **power of enterprise insight** into a singular encounter?



42 million
annual
encounters



150K+
caregiver
insights

Real-time
enterprise
data



**Augmented
care
delivery
everywhere**

Shaping the Future



Our intent

Deliver a continuous & agile step change in patient & care team outcomes through the clinically-led integration of AI, technology, data & insights into care.

Foundational Technology

Developing essential technology & infrastructure to optimize data & pattern utilization.

Strategic Initiatives

Harnessing advanced technology & AI to drive transformative changes across all of healthcare.



Organizational Capability Building

Addressing our organizational DNA by developing capabilities to innovate, scale & implement digital transformation across the enterprise.



HCA HEALTHCARE'S RESPONSIBLE AI PROGRAM



HCA 
Healthcare®



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Responsible AI Design

HCA's program is designed to ensure AI is used with safety, effectiveness & accountability

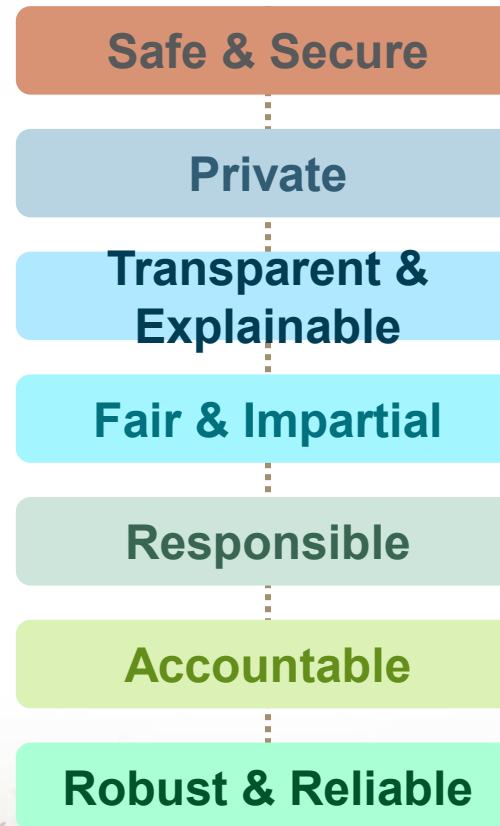


Scope

- 1 Adopt consistent **guidelines** & standards to ensure safe, accountable use of AI tech
- 2 Ensure **protection** of patient & employee data
- 3 Drive **ethical** deployment of AI
- 4 Provide **oversight** of models following deployment



Responsible AI Framework





HCA Healthcare's RAI Framework

Safe & Secure	We will establish careful & intentional guidelines to protect patient data against risk & ensure data is ensure trusted & interpreted accurately.
Private	We are required by law to maintain the privacy of protected health information & advise patients at the time of admission/registration regarding how we will permissibly use their information for treatment, payment & healthcare operations purposes.
Transparent & Explainable	We will be transparent & visible when we use AI to augment our work & will partner with stakeholders across the system to have real & honest conversations about how we're using the tools.
Fair & Impartial	We will use AI to be fairer & more equitable as we take steps to ensure applications are inclusive & accessible.
Responsible	We will use the technology to do good, ensuring any technology is proven research, reduces risk & adds value to patients or the system at-large.
Accountable	We will empower users, patients & colleagues, to get the full benefit from any AI technology & we will each take implicit ownership of the results while holding our partners & vendors to the same high standards we impose upon ourselves.
Robust & Reliable	We will double- & triple-check the validity of any results, with ongoing checks to ensure the technology is delivering the level of accuracy we expect.

AI Inventory Platforms



AI Inventory: One data model, One platform connecting AI strategy, technology, risk and compliance

Extending from Product Model, Asset and CI tables



AI System

AI use cases that are built for specific outcomes. Represents classic, generative or agentic AI.



AI Model

Programs trained on data to recognize patterns, make decisions or generate content without human intervention.



Datasets

Datasets used for training and evaluation of AI Models and AI systems.



Prompts

Representation of instructions to an AI model to drive outcomes for AI systems



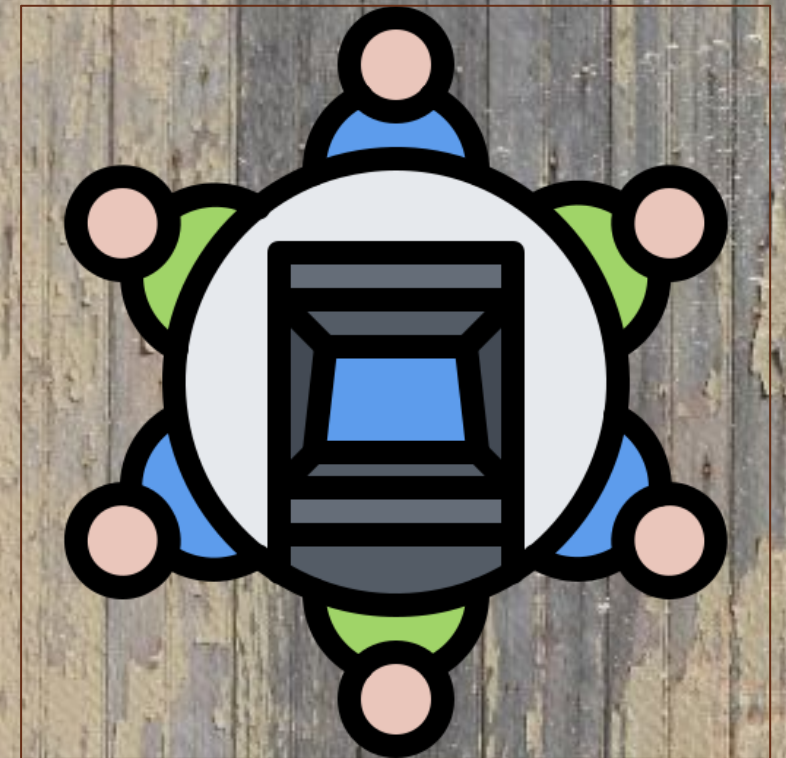
Inputs & Outputs*

Represents the type of inputs and outputs that are expected or configured for AI systems.

Steering Committee Scope Considerations

HCA's scope of the Council's activities is limited to the governance & the enablement of AI within the company.

- **Evaluate Business Impact:** Assess alignment with strategic goals & prioritize AI initiatives that enhance competitive advantage or operational efficiency.
- **Assess Scalability & Integration:** Determine the potential for scaling prototypes & the compatibility of new AI solutions with existing systems.
- **Risk Management & Compliance:** Examine potential risks & ensure compliance with ethical standards, data privacy & security regulations.



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HCA HEALTHCARE'S STRATEGIC APPROACH



Digital & AI



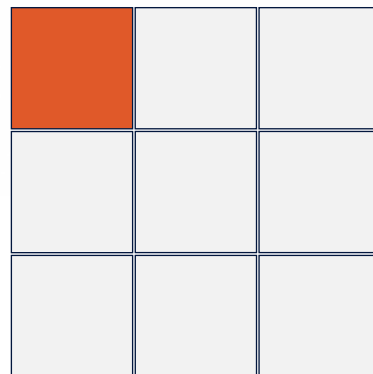
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Defining Domains of Opportunities to Focus Efforts



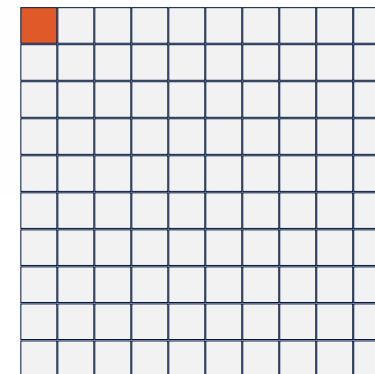
Entire enterprise – Too big

Too many domains, data sets & stakeholders to be able to get to meaningful impact quickly



Transforming a domain – Just right

Balance of end-to-end impact, leadership excitement & allows you to see demonstrable results in 6-12 months



Use case – Too small

Too niche to demonstrate material impact on an end-to-end domain

Why HCA uses a domain-based approach

Moves the needle materially & quickly enough without too much complexity

The impact is significant enough that there'll be strong business sponsorship

Data & technical synergies (e.g., subsequent solutions become easier as data is already ready to use)

Change management synergies (overlapping stakeholders)

HCA Healthcare Focus Domains

AS OF 5/12/2025

* new pod proposal



Domain / Category	Pods
Care Team Optimization Assistant Chief Nurse Executive	Timpani ER – Beta Nurse Handoff – Alpha *Time Management – Discovery *Roster Management – Discovery
Documentation Chief Quality Officer	AI Ambient Listening for HBPs & PHY – Alpha RCM Documentation – POC
IRC President Parallon	Clinical Summarization Denials Management – Discovery Strategic Pricing & RSO – POC
Supply Chain Management President & CEO Healthtrust	Inventory Optimization – Alpha *Capital Equipment Lifecycle Management – Discovery
OR Throughput OR Optimization Committee	*TBD August QBR – Discovery

Domain / Category	Pods
Hospital Throughput President, Case Management	Early Screening Discharge Planning – Alpha *Anticipated Length of Stay – Discovery
Clinical Decision Support Chief Quality Officer	Maternal Fetal Risk Identification & mgmt. – POC Unit Utilization – POC *Telemetry August QBR *Radiology August QBR
Data Products Chief Data Officer	Patient Insytes Healthcare Data Engine (HDE) Enterprise Ontology (Facility Master) *Supply Chain * Contract Revenue * Employee 360 * ED/Hos Operations * Patient Insytes – Finance Pod
Data Domains	Clinical Data *Enterprise Ontologies * Supply Chain * HR * Patient Financials * Payer, Contracting & Alignment
AI Enablement Pod Chief AI Officer	* NoCode * LowCode

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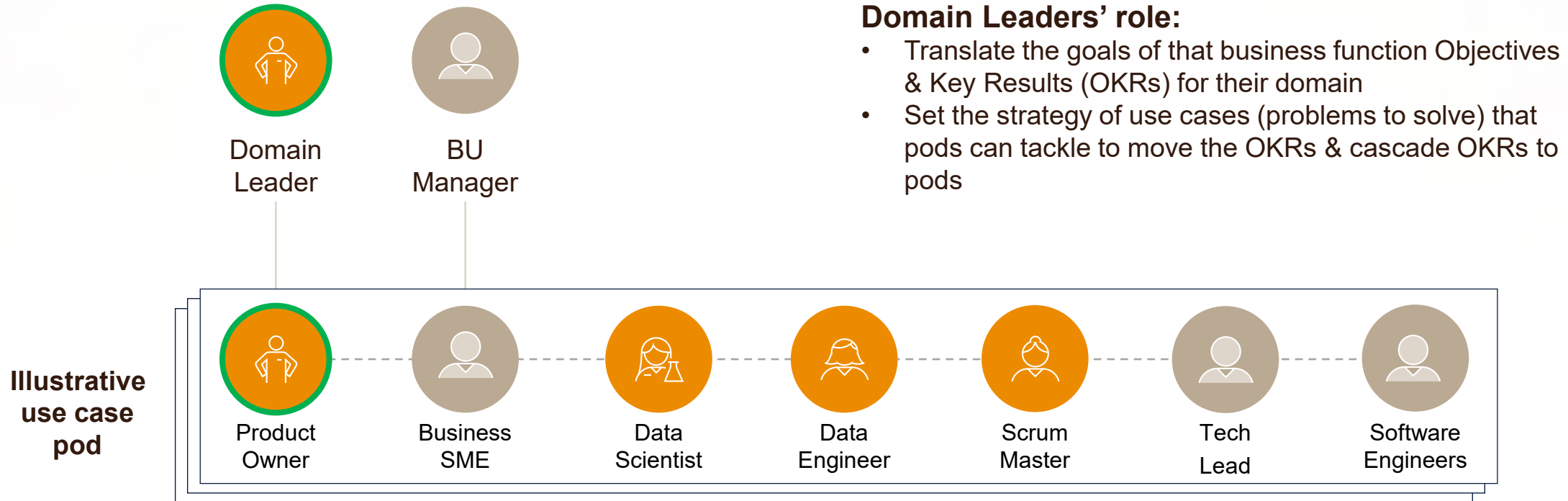
Pod = Standardized Ways of Working

Product owners ensure work creates business value



ILLUSTRATIVE

Pod is illustrative & non exhaustive



- DT&I Point Accountability
- DT&I Personnel
- Not DT&I Personnel

CRIT

FOUNDATIONS FOR TRANSFORMATION



Data & Platforms



Source: Freepik Images. Used with permission from Google.

Expanse: Accelerates Tech Capabilities to Empower Digital Agenda

Partnership with EHR Vendor



Implementing a modern EHR platform that...

Standardizes “non-standard” processes, tools & data

Enhances consistency of care delivery

Improves care team experience across facilities



Impact:

Incremental speed & agility

Enhance control

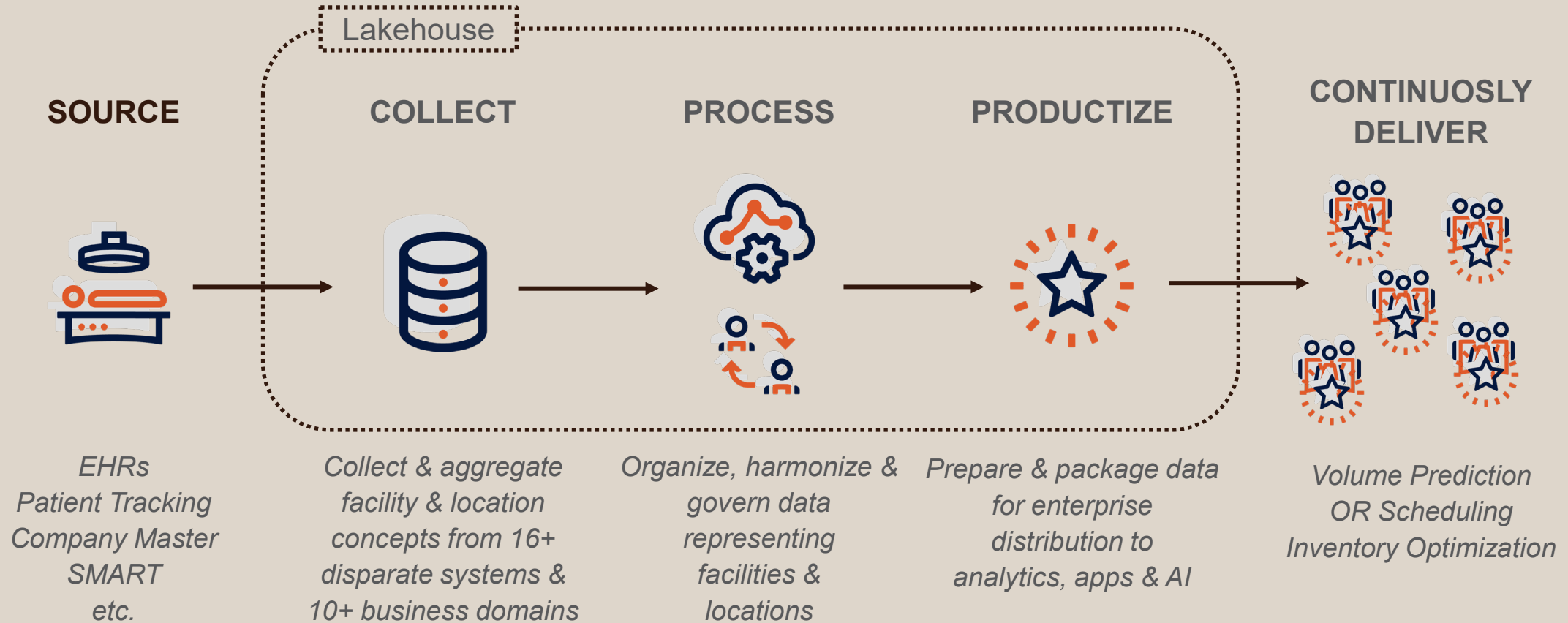
Maximize value from technology investments

Mitigate aging platform risk

Unlocking the Power of Scaled Data

A sophisticated, enterprise data asset to drive advanced business & clinical outcomes

Facility & Location Master Example



DIGITAL SOLUTIONS



Under Development



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Revolutionizing Clinical Labor Management

“Right People, Right Place, Right Time”

“I spend about
20 hours per
week on the
monthly schedule”

- Nurse Manager



THE PAIN

Care teams faced inefficient scheduling, mismatched teams, inconsistent staff availability & inaccurate patient volume predictions, resulting in suboptimal patient care.

THE SOLUTION

TIMPANI

Automated staffing & scheduling that matches care with specific patient needs, adjusting in real-time based on volume & demand



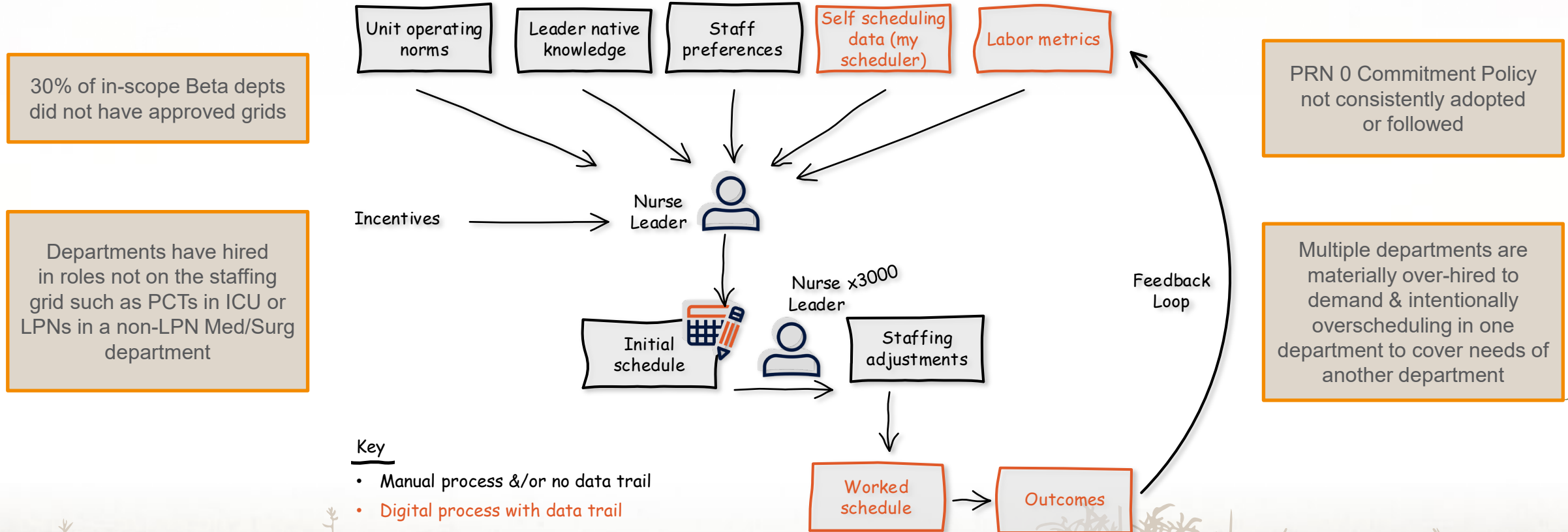
THE RESULTS

“It was my clinical coordinator’s fastest time – **about 45 minutes** – accomplishing the schedule.”

- Nurse Manager

Pre-Timpani Labor Management

"De-centralized, non-standardized, unautomated & opaque..."



Transformed State

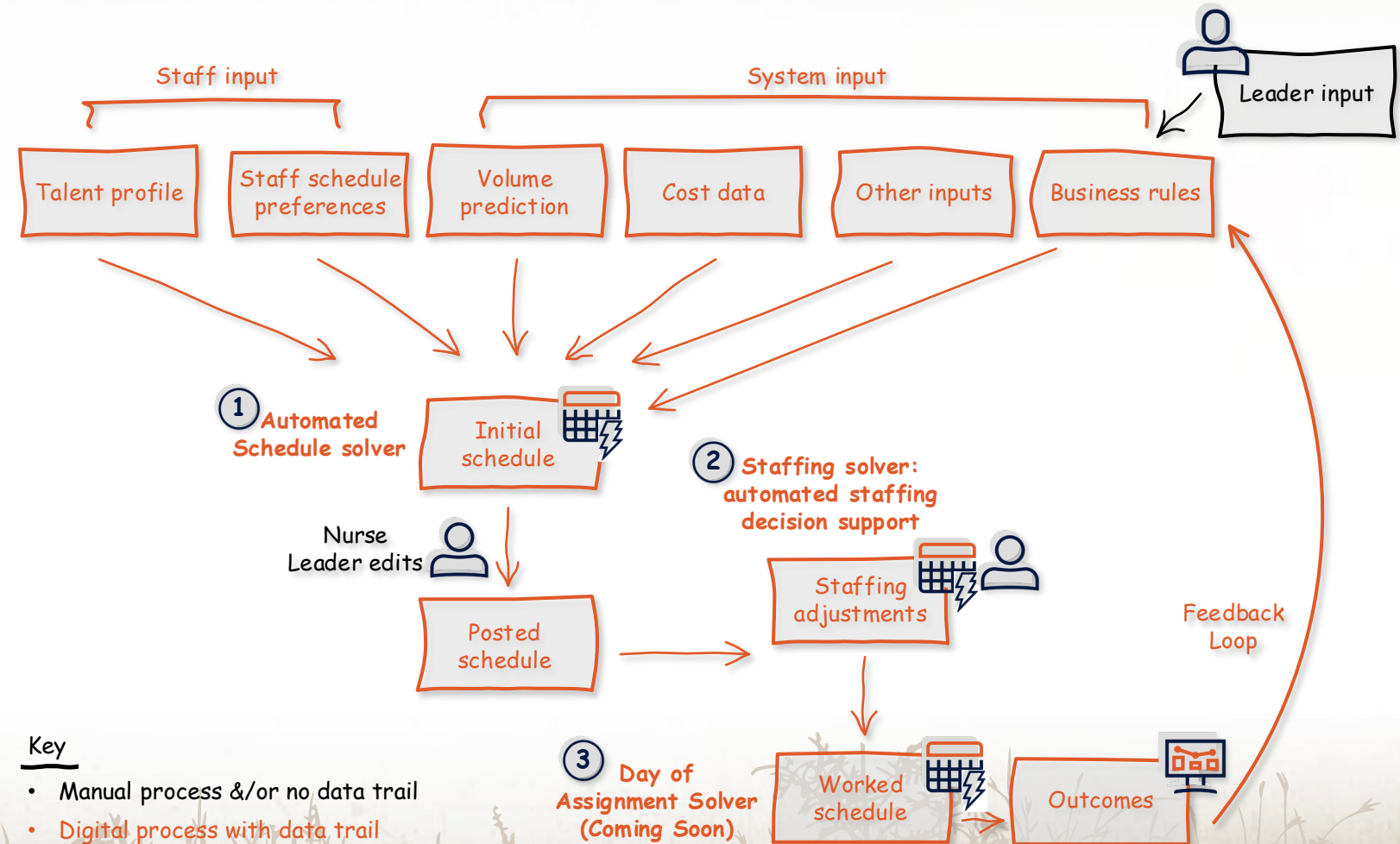
"Transformative, automated, standardized & transparent"



SOLUTION

Proactive, data-driven & patient-centered approach to scheduling & staffing care teams

Have the right people in the right places at the right times to deliver the best care



Patient Volume Forecast – ED Arrivals

Performance for Census Forecasts as of March 5, 2025



	Henderson-ville	UCF Lake Nona	Grand Strand	Carolina Forest FSER	South Strand FSER	North Strand FSER
What is the Mean Absolute Error (+ or -) per hour?	2.0	1.1	2.0	1.4	1.7	1.3
(on average across all 672 hours predicted in the past 28 days)	Arrivals per hour	Arrivals per hour	Arrivals per hour	Arrivals per hour	Arrivals per hour	Arrivals per hour

Percent of instances where there was greater than +4 arrivals across **consecutive** hours

22 times
(3.3%)

0 times
(0.0%)

7 times
(1.1%)

0 times
(0.0%)

9 times
(1.4%)

0 times
(0.0%)

(on average across all 672 hours predicted in the past 28 days)

Facility Balancing

Facility: St. Margaret

Census: 94

Staff Available: 1

Staff: 43 / 44

Filters

8 Service Lines Selected

- All Departments
- Understaffed Only
- Overstaffed Only
- Show Non-Productive Shifts

View Options & Actions

Next to Call Off

Staged Changes 0

	⋮ D0301 Float Pool	⋮ D0101 1A - Gen Med	⋮ D0201 ICU 2B	⋮ D0401 BH 3A - Psych	⋮ D0501 NICU 4C	⋮ D0601 Dialysis Unit	⋮ D0701 Rehab 5D	⋮ D0801 Sitter Pool	⋮ D0102 1B - Surgical	⋮ D0103 2A - Telemetry	⋮ D0104 MS 2C - Cardiac	⋮ D0105 MS 3D - Ortho
CNC	0	1	1	1	1	1	1	0	1	1	1	1
NUR	2/0	4/5	3	2	2/3	1	2	0	3/4	5	4	5
SUP	1/0	3/2	2	2	1/2	2	2	5	2	2	2	2

D0301
Float Pool

CNC 0/0

Nursing 2/0

Olivia Bell
RN | Float Pool

William Campbell
RN | Float Pool

Support 1/0

Sophia Phillips
PCT | Float Pool

D0101
1A - Gen Med12

CNC 1/1

Nursing 4/5

Clark Kent
CNC | 1A - Gen Med

Alice Wonderland...
RN | 1A - Gen Med

Kevin McCallister
RN | 1A - Gen Med

Laura Palmer
RN | 1A - Gen Med

Penny Lane
RN | Float Pool

Tina Belcher
RN | 1A - Gen Med

Support 3/2

Bob Belcher
PCT | 1A - Gen Med

Michael Scott
PCT | 1A - Gen Med

D0201
ICU 2B5

CNC 1/1

Nursing 3/3

Diana Prince
CNC | ICU 2B

Linda Belcher
RN | ICU 2B

Nancy Drew
RN | ICU 2B

Oscar Wilde
RN | ICU 2B

Support 2/2

Hal Jordan
PCT | ICU 2B

John Stewart
PCT | ICU 2B

D0401
BH 3A - Psych8

CNC 1/1

Nursing 2/2

Bruce Wayne
CNC | BH 3A - Psych

Rachel Green
RN | BH 3A - Psych

Teddy Rickles
RN | BH 3A - Psych

Support 2/2

Kara Zor-El
MHT | BH 3A - Psych

Kon-El Kent
MHT | BH 3A - Psych

D0501
NICU 4C6

CNC 1/1

Nursing 2/3

Selina Kyle
CNC | NICU 4C

Louise Belcher
RN | NICU 4C

Steve Rogers
RN | NICU 4C

Support 1/2

Cassie Sandsmark
NICU Tech | NICU 4C

D0601
Dialysis Unit3

CNC 1/1

Nursing 1/1

Arthur Curry
CNC | Dialysis Unit

Gayle Genarro
RN | Dialysis Unit

Support 2/2

Damian Wayne
Dialysis Tech | Dialysis Unit

Stephanie Brown
Dialysis Tech | Dialysis Unit

D0701
Rehab 5D

CNC 1/1

Nursing 2/2

Barry Allen
CNC | Rehab 5D

Calvin Fiscoede
RN | Rehab 5D

Ursula Buffay
RN | Rehab 5D

Support 2/2

Barbara Gordon
Rehab Tech | Rehab

Jason Todd
Rehab Tech | Rehab

Revolutionizing Clinical Labor Management

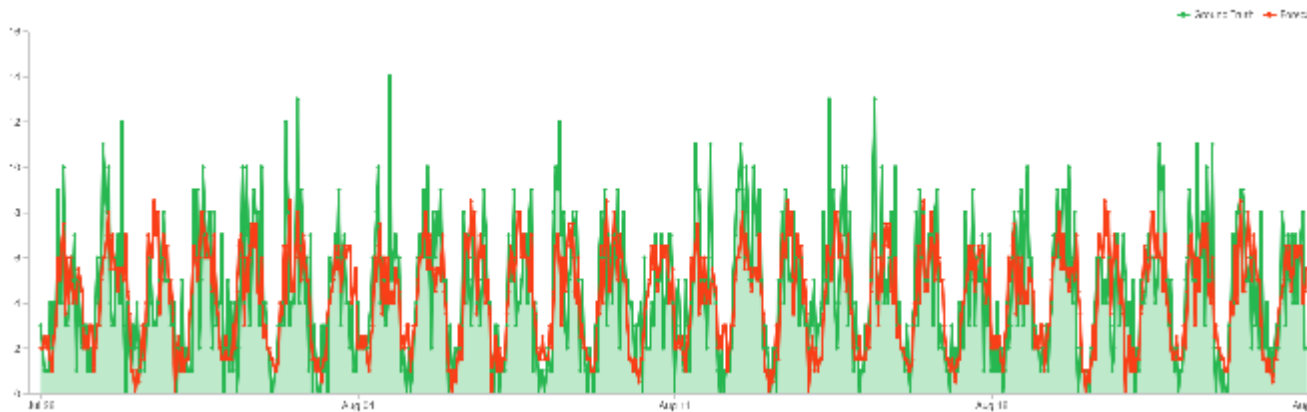
Timpani is improving staff satisfaction, patient care & labor cost efficiency



Timpani

RIGHT PEOPLE, RIGHT PLACE, RIGHT TIME

Automated staffing & scheduling that matches care with specific patient needs, adjusting in real-time based on volume & demand.



Time Savings

12 hours faster
completion of
staffing schedule

Fair & Equitable

6%
reduction in
Turnover Rate

Impact

Flex Path Alignment

2x
more reduction in
Contract Labor

Capable Care Teams

98%
have proficient &
expert nurses

Source: <https://magazine.hcahealthcare.com/digital-exclusives/innovative-nurse-scheduling-solutions-transforming-patient-care/>

Ambient Documentation Strategy



Platform to Deliver Real-time Decision Support to Improve Revenue Cycle

- Assist providers in making informed decisions quickly, improving patient outcomes.
- Reduce claim denials & delays through improved documentation & real-time verification.
- Create a platform for documentation-related decision support (nudges).



Increasing Quality Documentation While Reducing the Provider Documentation Burden

- Reduce errors & omissions in documentation, leading to higher-quality patient records.
- Enable providers to focus on patient care rather than administrative tasks.
- Enhance workflow efficiency, allowing more time for patient interaction



Transparent Note Creation

Ambient Conversation

Clinician-Patient



Multiparty Medical Speech-to-Text (STT)

Clinician: For your hyperlipidemia, your LDL is 138, which is high compared to last year. So you are currently taking pravastatin, 10mg once per day, correct?

Patient: Yes

Clinician: I want to get your values back to normal so we'll increase your dosage for pravastatin to 20mg once per day. We also want you to continue with a low-fat diet and regular exercise.

Patient: Sounds good. I've also been having some back pain.

Clinician: Let's start you on Ibuprofen, 800 mg, as needed.

Natural Language Processing (NLP), Large Language Models (LLMs), Machine Learning (ML)

Clinician: For your hyperlipidemia, your LDL is 138, which is high compared to last year. So you are currently taking pravastatin, 10mg once per day, correct?

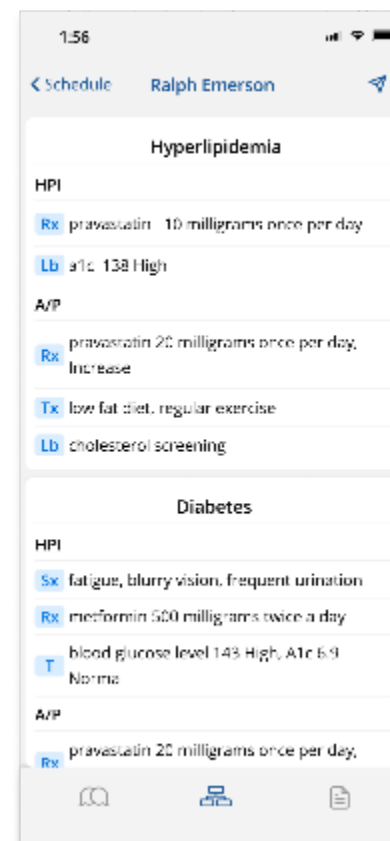
Patient: Yes

Clinician: I want to get your values back to normal so we'll increase your dosage for pravastatin to 20mg once per day. We also want you to continue with a low-fat diet and regular exercise.

Patient: Sounds good. I've also been having some back pain.

Clinician: Let's start you on Ibuprofen, 800 mg, as needed.

Clinical Data Page



Medical Note Electronic Health Record

HPI
The patient is a 65-year-old male presenting today for: diabetes and hyperlipidemia follow-up, back pain.

Hyperlipidemia
His recent lab results showed an LDL level of 138, which is high compared to last year. He has been taking pravastatin 10 milligrams once per day.

**A/P
Hyperlipidemia**
The patient's LDL level is high, so I plan to increase his dosage of pravastatin to 20 milligrams once per day.

HCA HIN



Identifying & Managing Risks

Increased appropriateness & timeliness of C-sections

“Who has time to read 120 pages of medical reports when time is of utmost urgency?”



THE PAIN

The maternal-fetal monitoring process was manual & subjective, causing inconsistent assessments, delayed interventions & varied delivery outcomes.

THE SOLUTION

Modernizing the maternal-fetal monitoring process with advanced technology ensures consistent, accurate assessments, timely interventions & better delivery outcomes.



THE RESULTS

Consistent & accurate assessments, timely collaboration & individualized care through advanced labor monitoring technology, reducing subjectivity & improving outcomes.

← 📄 Jane Doe

Bed 101

DOB Jan-01-1990

PID 123456789101

Weight (BMI) 160 (27.5)

Allergies Latex, Penicillin

Hem risk Low

Attending Dr. Chandrasekhar

Active labor

EWS 5

Active alarms

🔴 ⬆ Low Fetal Heart Rate 2

🔴 ⬆ Severe Hypertension 2



NIBP mmHG SYS: 80 / 140 11/08 14:30 (15 min)

SYS DIA MAP

168 / 90 (116)

MHR /min 80 / 120

92

SpO2 % 90 / 100

99

Temp °F ## / ##

11/08 | 14:20 101.1

RR /min ## / ##

22

FEOG 1 • MECG • IUP

Assessment

FHR A Cat III Contraction

Baseline FHR Variability Accelerations Decelerations Baseline pattern Recurrent decels

100 bpm Absent None Late, Variable Bradycardia None

Annotation summary

Classification: II, FHR Baseline Rate: 155, Variability: Moderate, Accelerations: 15x15, Decelerations: Early, Late, Variable, Changes: No Change, Recurrent decels: None, Contraction frequency: 2-4 mins, Duration: 60-80 sec, Intensity: 60-90 mmHg, Resting tone : 25 mmHg, MVU: 145 mmHg.

Edit Confirm

Fetal Monitoring Strip Review Design:

Ground Truth

Henrico Doctors

Session 1

**Total Strip Review
Count: 200**

Length: 2 days

Strips/Day: 50-100

Clinical Reviewers

- MD: Courtney Legum-Wenk
- MD: JT Christmas
- MD: Nikki Fanning
- RN: Sara Echols

Admin Support

- HCA & Vendor Partner

Med City Dallas

Session 2

**Total Strip Review
Count: 400**

Length: 2 days

Strips/Day: 50-100

Clinical Reviewers

- MD: Caroline Marrs
- MD: Nicholas Lux
- RN: Ally Rodriguez

Admin Support

- HCA & Vendor Partner

Session 3

**Total Strip Review
Count: 600**

Length: 2 days

Strips/Day: 50-100

Clinical Reviewers

- MD: Angela Walker
- MD: Rose Simonian
- RN: Amber Reyna

Admin Support

- HCA & Vendor Partner

Session 4

**Total Strip Review
Count: 800**

Length: 2 days

Strips/Day: 50-100

Clinical Reviewers

- MD: Jorge Lopez
- MD: Kelli Culpepper
- RN: Chelsea Clark

Admin Support

- HCA & Vendor Partner

Henrico Doctors Session 5

**Total Strip Review
Count: 1000**

Length: 2 days

Strips/Day: 50-100

Clinical Reviewers

- MD: Nikki Fanning
- MD: Chris Manipula
- MD: Allyn Alexander
- RN: Ashley Strawsnyder
- RN: Carolyn Perrin

Admin Support

- HCA & Vendor Partner

Additional Requirements

FDA FEEDBACK SUMMARY

- **Retrospective clinical validation study – non-inferiority**
 - **Reiterated the importance of a non-inferiority study.** Want comparison to a reference standard for further robustness of performance data.
 - **Ensure providers included** in developing the reference standard representative of the breadth of providers that interpret FHR.
- **Further examination of certain high risk sub-groups.**
 - **Mothers at < 32 weeks**, & those with features such as sinus bradycardia patterns & NICHD Category III.
 - **Break out sub-populations** to show consistent performance across all segments of the intended use population.
 - **NICHD category & sinusoidal outputs** should be representative primary end points in study data.
- **Other clarifications & justifications.**
 - **Specific plan development:** cybersecurity, pen testing, software validation & predetermined change control plan (PCCP) questions.

The subgroup & quantity required within each is below:

1. Maternal Age > 40: 17
2. Maternal Age < 20: 43
3. Late Term (41 weeks <= EGA < 42 weeks): 53
4. Post Term (EGA >= 42 weeks): 34
5. EGA between 24 weeks to 28 weeks: 31
6. EGA between 28 weeks to 32 weeks: 8
7. EGA less than 24 weeks: 38
8. BMI underweight (BMI < 18.5): 37
9. Race Asian: 16
10. NICHD Category III: 50
11. Sinusoidal Pattern: 15
12. Total (assuming all non-overlapping): 342

Improving Nurse Handoffs

Provides greater efficiency & improved patient care



Automates shift reports by consolidating nursing documentation & patient notes from the EHR, offering a **complete clinical snapshot for handoffs**.

Opportunity:



24M

handoffs per year



~40

minute handoff duration

Features:

- Consolidated patient summary
- Timeline of care progression & key events
- Prioritized task list for nursing shifts
- Display of critical handoff data

Impact:

- Reduced overtime utilization rates
- Streamlined shift report processes
- Improved overall patient safety
- Enhanced accuracy & Comprehensiveness of info

Supported by Google

Pilot Success Metrics % of nurses surveyed

Factuality

92% found summaries factual

Coverage

93% found coverage appropriate

Coherence

94% found no misstructure

Conciseness

96% found no info to remove

Helpfulness

94% found summary helpful

RN Handoff Transcript

RN: This is Mrs. Smith. She is a 29 year old female admitted yesterday for hypertensive urgency. Her blood pressure was 230/130 when she arrived to the ED & has never had issues with blood pressure until this year. She also has anemia & something else, I can't remember. In the ER they gave her more antihypertensives than I have ever seen.

Her MedRec is completed.

Right now she is receiving a unit of blood for a hemoglobin level of 6.5. That's going to a 20 gague left AC IV. When she is not getting blood she was receiving ½ NS @ 75mL/hr. She should probably have her hemoglobin repeated later today.

They are holding her lisinopril right now. Oh yeah, that is what I forgot – because she has acute kidney injury. She also has lupus & seizures.

She is A/Ox4 & independent. Her mom was here earlier but went home to take care of her children.

Nurse Shift Summa

Admission Informa

- Admission time: 2017-09-01
- Admission type: EM
- Admission source:

Hospital Course:

- This is a 29 year old female
- She presented to the hospital with a 2 week history of fatigue
- She has a history of hypertension
- Her blood pressure is 160/90 mmHg
- She received hydroxychloroquine for SLE
- She is being transfused with packed red blood cells
- Her creatinine is elevated at 2.5 mg/dL
- She is on mycophenolate mofetil

Relevant Past Med

- Systemic lupus ery
- History of pulmona
- Seizure disorder

- Chronic kidney disease

- Sertraline (severe, 100mg daily)
- Morphine (intermediate)

Past 12-24 Hours:

- Patient received 1
- Patient's potassium
- Patient's chloride was
- Patient's BUN was
- Patient's creatinine

- Patient's GFR was

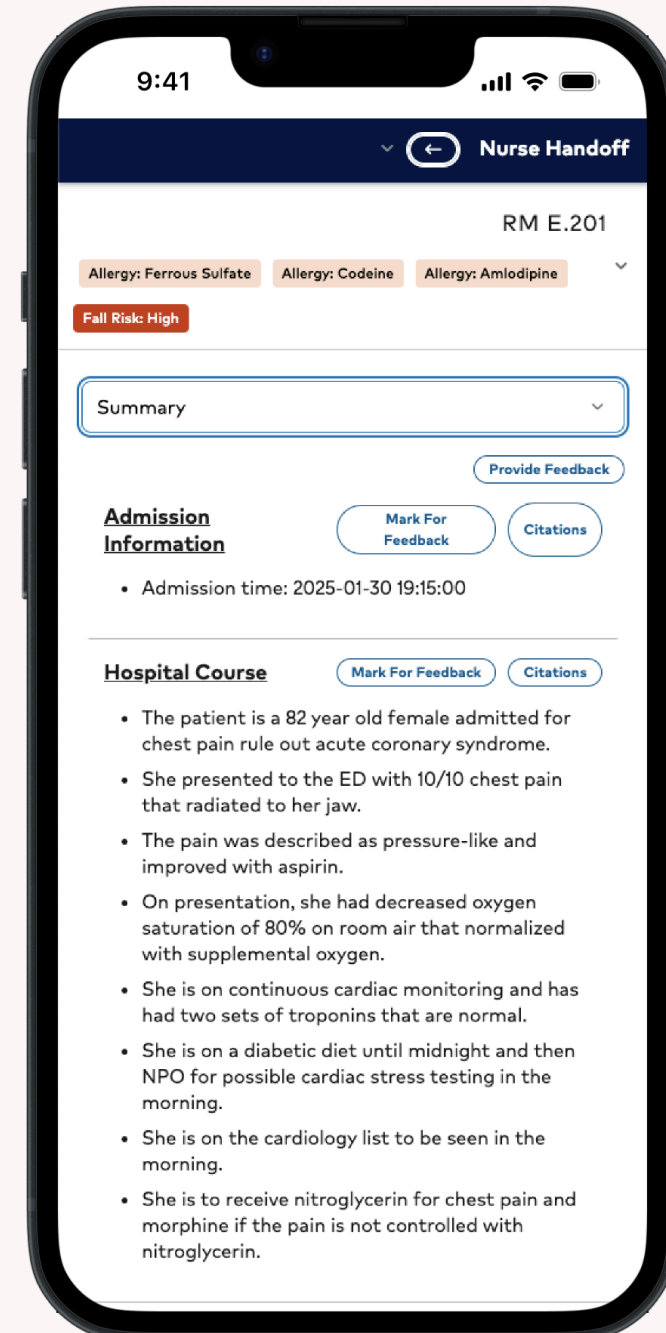
- Patient's calcium w
- Lines/Drains/Airwa**
- 20 gauge peripher

Vital signs and Mor

- Last set of vital signs
- MEWS score of 1.
- On continuous cardiac

Diagnostic Results:

- CT head without contrast



disease requiring

izure disorder.

35 | Source: HCA Healthcare. Not for reuse without permission.

acute infarct

Turning unstructured data into structured data using AI

X-ray Image



Operative Note - Full
REPORT# [REDACTED] REPORT STATUS: Signed
DATE: [REDACTED] TIME: [REDACTED]

PATIENT: [REDACTED] UNIT #: [REDACTED]
ACCOUNT#: [REDACTED] ROOM/BED: [REDACTED]
DOB: [REDACTED] AGE: [REDACTED] SEX: [REDACTED] ATTEND: [REDACTED]
ADM DT: [REDACTED] AUTHOR: [REDACTED]
REP SRV DT: [REDACTED] REP SRV TM: [REDACTED]

* ALL edits or amendments must be made on the electronic/computer document *

Operative Report
ORM Surgeries:

Surgery Date and Time: [REDACTED]
Primary Procedure: C4-C7 ACDF
Secondary Procedures: C2-C7 POSTERIOR CERVICAL FUSION
C3-C6 LAMINECTOMY

Start date: [REDACTED]
Start time: [REDACTED]
Pre-procedure diagnosis:
Progressive cervical spondylotic myelopathy
Cervical radiculopathy
Cervical degenerative disc disease
Cervical facet arthropathy
Cervical deformity with cervical kyphosis
Cervicalgia
Post-procedure diagnosis: same as pre-procedure dx
Procedures performed:
Anterior exposure cervical spine C4-7
Posterior exposure cervical spine C2-7
Complete discectomy via anterior exposure C4-5, 5-6, 6-7
Bilateral foraminotomies via anterior exposure C4-5, C5-6, C6-7

Op-notes



medical_location	[REDACTED]
account_number	[REDACTED]
C1_C2_fusion	N
C1_C2_interbody	N
C1_C2_approach	NA
C2_C3_fusion	Y
C2_C3_interbody	N
C2_C3_approach	Posterior
C3_C4_fusion	Y
C3_C4_interbody	N
C3_C4_approach	Posterior
C4_C5_fusion	Y
C4_C5_interbody	N
C4_C5_approach	Posterior
C5_C6_fusion	Y
C5_C6_interbody	N
C5_C6_approach	Posterior
C6_C7_fusion	Y
C6_C7_interbody	N
C6_C7_approach	Posterior
C7_T1_fusion	Y
C7_T1_interbody	N
C7_T1_approach	Posterior
T1_T2_fusion	N
T1_T2_interbody	N
T1_T2_approach	NA
T2_T3_fusion	N

Model output

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Thanks y'all!

