arkone

Claude Partner Network

OpenAI Select Partner

OPENWARD · AI FOR GOOD, BY ARKONE

AI for the hospitals that serve everyone.

The programme guide for hospitals and clinics



For the head of the hospital

Read it before the selection call.

arkone.ai/openward

hello@arkone.ai

Contents

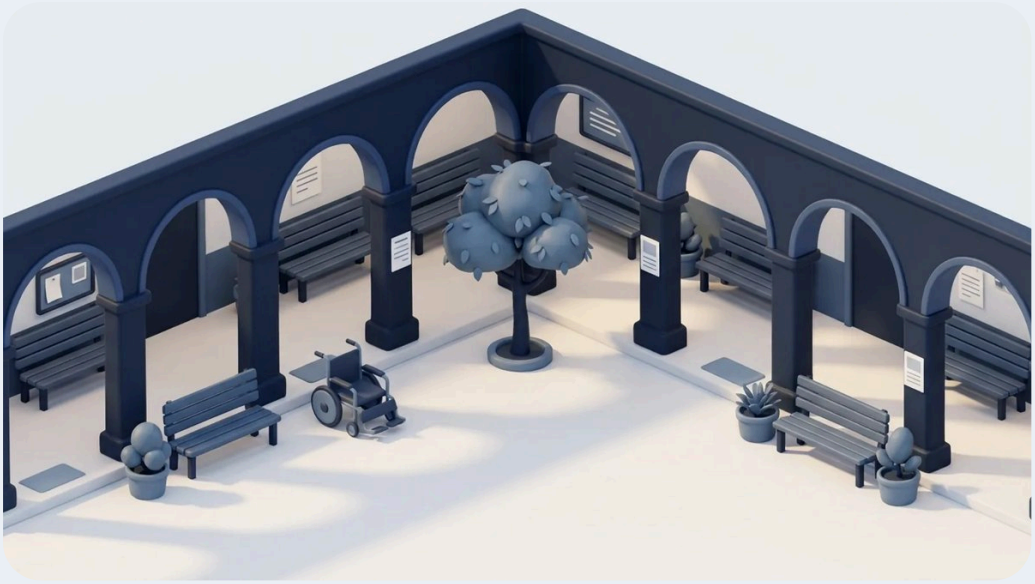
01	Why OpenWard exists	3
02	Who it is for and how selection works	4
03	What a selected hospital gets	5
04	The first weeks inside your hospital	10
05	Data and privacy	12
06	Open source and the models	14
07	A research collaboration	16
08	What we ask of the hospital	17
09	Questions hospitals ask	18
10	Your next step	20

ABOUT THIS GUIDE

It explains how OpenWard works for a selected hospital, from the selection call to the months after go-live. Bring your questions to the call.

01 · WHY OPENWARD EXISTS

The hospitals that turn nobody away should not be the last to get AI.



The gap

When AI reaches private hospitals first, the gap in care widens. OpenWard closes it from the other end.

Our goal

Every charity and public hospital in India running AI it owns, in its patients' languages, with its data kept at home.

Why we build it

AI for good is infrastructure, not a gift. We build it once, openly, so every hospital can run it.

ArkOne is an Anthropic Partner, and we run OpenWard as part of the Anthropic AI for Good programme in India.

02 · WHO IT IS FOR AND HOW SELECTION WORKS

We are selecting three charity hospitals, hospitals or clinics.

OpenWard works with hospitals and clinics that turn nobody away. The head of the hospital nominates it. The work for every selected hospital is pro bono.

WHO CAN BE NOMINATED

Charity and trust hospitals

Trusts, societies, Section 8 companies and mission hospitals.

Charity clinics

Non-profit clinics and dispensaries.

Government and public hospitals

District, state and community hospitals.

Private hospitals serving the poor

Hospitals that treat Ayushman Bharat patients.

HOW SELECTION WORKS

1

Nominate

Answer the nomination questions online. A printed copy comes with this guide.

2

The selection call

We learn where your day gets stuck, and both sides decide on the fit.

3

Engineers deploy

Our forward-deployed engineers work inside the hospital, building around your systems.

03 · WHAT A SELECTED HOSPITAL GETS

Engineers inside your hospital, building around what you run.



- **Forward-deployed engineers working inside the hospital**
  They sit with your front desk, wards and accounts, learn how the work runs, and shape every tool to it.

- **A solution built for your hospital**
  Each tool is built around your own registers, forms and languages, for the way your day runs.

- **Works with what you already run**
  Paper, Bahmni, CARE, a government system or a local vendor. Nothing is replaced unless you want it replaced.

- **AI infrastructure in your building**
  Open models on a server inside your hospital, set up and maintained by us.

- **Training and support**
  Your staff learn it on real work. We stay on after go-live.

Seven areas where the work can start.

You choose where we begin. Every tool is built around your own forms and registers.



AREA 1

Front desk, calls and appointments

Answers calls and WhatsApp in your patients' language, books visits and passes medical questions to staff.

- **Your staff answer every medical question.**



AREA 2

Billing and payments

Prepares bills and receipts from the ward record, and flags missing items before the patient leaves.

- **Your accounts team checks every figure.**

Discharge summaries and notes.



AREA 3

Discharge summaries, ready to sign

Drafts the summary from the ward record, in the patient's language.

- **A doctor checks and signs it.**



AREA 3

Notes from the consultation

Turns what the doctor says into a structured note for review.

- **The doctor corrects and approves every note.**

Records, on paper and between hospitals.



AREA 4

Paper records and registers

Reads scanned and handwritten registers into searchable records.

- **Your staff confirm every medicine and dose.**



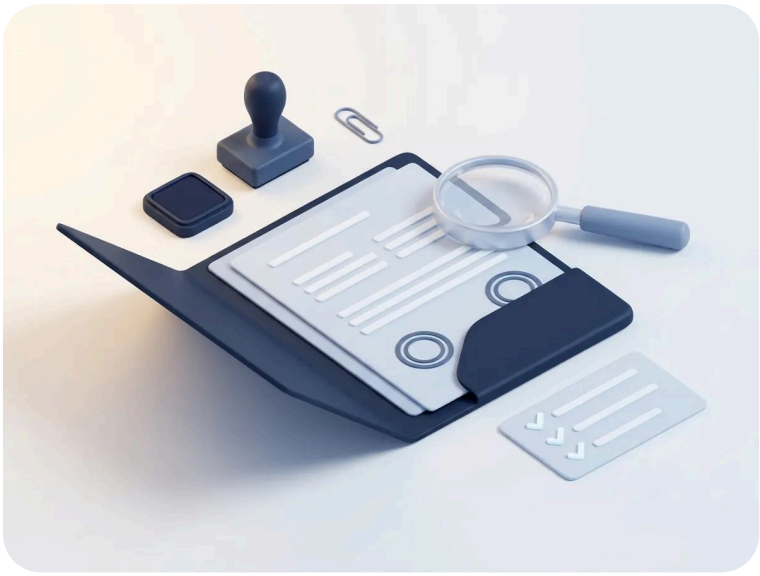
AREA 5

Referrals and records shared with linked hospitals

Prepares the referral letter and the records that travel with a patient to the hospitals you work with.

- **Your doctors approve every referral.**

Claims, donors and compliance.



AREA 6

Insurance and scheme claims

Checks Ayushman Bharat and insurance claim papers against the scheme's rules before they go, so fewer come back.

- **Your claims desk decides what is sent.**



AREA 7

Donor and compliance paperwork

Drafts donor receipts, CSR reports and grant updates for your accounts team.

- **Your accounts team signs every document.**

04 · THE FIRST WEEKS INSIDE YOUR HOSPITAL

Two to four weeks inside your hospital.



Our forward-deployed engineers work inside the hospital, customising each tool to your workflows. Most tools go live within that time.

1 **Map the work**

Sit with the front desk, the wards and accounts to see where hours go.

2 **Install the server**

Set up the server, the backup power and the link to your hospital software.

3 **Customise each tool**

Shape the tools around your forms, registers and languages.

4 **Train your staff**

Teach the people who will use it, and one person who will teach the rest.

After go-live, we stay.

Your staff use the tools on real work, with an engineer close by. After that, support carries on in two ways.

EVERY WEEK

Remote support

The engineers who built your setup answer questions and fix what gets in the way.

EVERY MONTH

A visit to the hospital

An engineer comes back to see the tools in use and adjust them.

THE WHOLE PATH

1 **Nominate**
The head of the hospital answers the nomination questions.

2 **The selection call**
We learn where staff time goes, and both sides decide on the fit.

3 **Engineers deploy**
Two to four weeks inside your hospital.

4 **Go live**
Then remote support every week and a visit every month.

05 · DATA AND PRIVACY

Patient data never leaves the building.



- **It runs inside your hospital**
  The models run on a server in your building. Patient records do not go to the cloud.

- **It works offline**
  Built for patchy internet and power cuts.

- **Patients are told**
  Patients know when AI helps with their care, and may say no.

- **Records stay with your team**
  Patient records stay with the hospital and its vetted engineers.

- **Every action is logged**
  Each draft records who checked it and who signed it.

- **You can switch it off**
  The hospital owns its setup and can stop at any time.

Your staff check and sign every draft.



- **AI drafts, people decide**
  The tools draft summaries, letters, claims and records. A member of your staff reads, corrects and signs each one.

- **No diagnosis tools**
  OpenWard does not build tools that diagnose, prescribe or choose treatment.

Medical questions go to staff

The front desk tool books visits and passes every medical question to a person.

Medicines are confirmed

When a tool reads a register, staff confirm every medicine and dose.

> **Every draft is checked and signed by your staff.**

Open source: the hospital keeps what we build.

Open source means the code is published for anyone to read, use and change. Your hospital is never tied to one supplier.

Open source

Everything we build for OpenWard is published under the Apache 2.0 licence.

Open models

Small open models, chosen for each job, that a hospital can run and keep.

Indian languages

Speech, translation and voice models made in India for Indian languages.

WHAT THIS MEANS FOR YOUR HOSPITAL

- **The code is yours to keep**
  The hospital keeps its setup and its data.
- **Any engineer can maintain it**
  The code is public, so another team can read it and look after it.
- **Open to inspection**
  Anyone can check what the code does with patient data.
- **What one hospital gets, the next can run**
  Each tool we build is open to every hospital.

Five models, each with one job.

A model is the part of the software that reads, writes, listens or speaks. All five run on the server inside your hospital.

THE JOB	WHAT IT DOES IN THE HOSPITAL	MODEL AND LICENCE
Reading and writing text	Drafts summaries, letters and replies for staff to check.	Qwen Apache 2.0
Translation	Moves text between English and Indian languages.	IndicTrans2 AI4Bharat · MIT
Speech to text	Turns a spoken note or a call into text.	IndicConformer AI4Bharat · MIT
Speaking back	Reads a reply aloud in the patient's language.	Indic Parler-TTS AI4Bharat · Apache 2.0
Reading documents	Reads scanned forms and handwritten registers.	PaddleOCR-VL Apache 2.0

AI4BHARAT

A research lab at IIT Madras that builds open AI models for Indian languages.

07 · A RESEARCH COLLABORATION

What we learn together, published if you agree.

If you are open to it, this can also be a research collaboration: we write up what we learn together, without patient details, and submit it as a joint paper. It is optional, and never a condition of selection.

What gets written up

Which tools helped your staff, where they fell short, and how the hospital used them.

Where it appears

Open reports and academic journals, so other hospitals and researchers can learn from it.

What never appears

Patient names, records, or any detail that could identify a patient.

Your team reads it first

Nothing about your hospital is published before your team has read it.

ON THE NOMINATION

One tick says you are open to it: "We are open to publishing what we learn together, without patient details."

Four things we ask of a selected hospital.

1 **A named lead at the hospital, with a few hours a week**

One person our engineers can reach, who knows how the day runs.

2 **Staff time to learn the tools on real work**

Staff learn beside an engineer, on the work they already do.

3 **Honest feedback on what works and what does not**

Tell us when a tool gets in the way, and we change it.

4 **Permission to share what we learn, without patient details**

So the next hospital starts further ahead. Journal publication is a separate choice, in section 07.

> **You do not need an IT team. A named lead is enough, and our engineers handle the setup.**

09 · QUESTIONS HOSPITALS ASK

Questions hospitals ask.

Does the hospital pay for your work?

No. Our engineering, setup, training and support come at no charge to the hospital.

What if the hospital needs equipment?

Where a hospital qualifies, we apply for AI credits and grants on its behalf, and work with corporate CSR partners when equipment is needed.

Does patient data leave the hospital?

No. The models run on a server inside your building, and patient records stay there.

Does the AI make medical decisions?

No. It drafts and checks paperwork. Every draft is checked and signed by your staff.

Which languages does it speak?

We set it up for the languages your patients speak, using models built for Indian languages.

We already use hospital software. Does it have to change?

No. We build around it. Nothing is replaced unless you want it replaced.

What if our records are on paper?

That is common. Reading paper registers into digital records is one of the tools we build.

Do we need our own IT team?

No. A named lead at the hospital is enough. Our engineers handle the setup.

How long until the tools are running?

Our engineers spend two to four weeks in the hospital. Most tools go live within that time.

Who owns what you build?

The code is open source under Apache 2.0, and the hospital keeps its setup and its data.

Can we stop?

Yes. The hospital owns its setup and can switch it off at any time.

10 · YOUR NEXT STEP

Put your hospital forward.

We are selecting three charity hospitals, hospitals or clinics. The work for every selected hospital is pro bono.

1 **Nominate your hospital**

About ten minutes, in three short parts. The printed sheet lists every question.

arkone.ai/en/openward/nominate/

2 **Book the selection call**

Pick a time that suits you.

cal.com/sobin-arkone/openward-selection-call

3 **Questions before then**

Write to us at any time.

hello@arkone.ai

4 **Ask your AI assistant**

Add OpenWard to Claude, ChatGPT or Codex as a connector and ask it anything about the programme, or ask it to nominate your hospital. Setup steps: arkone.ai/en/openward/mcp

arkone.ai/api/mcp/openward

arkone

Claude Partner Network

OpenAI Select Partner