AUA 2026
Washington, DC
MAY 15-18

# 065IC - Optimizing Clinical Workflow in Urology: Leveraging KPIs and AI

## Monday, May 18

## Faculty

**Pablo J. Santamaria, MD**

**Vannita Simma-Chiang, MD**

**Waleed A. Hassen, MD**

**Mark Painter, CEO**

**David Canes, MD**

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# 065IC | Optimizing Clinical Workflow in Urology: Leveraging KPIs and AI

## COURSE DIRECTORS


**Pablo Santamaria, MD**

**Vannita Simma-Chiang, MD**


## COURSE FACULTY


**Waleed Hassen, MD**

**Mark N. Painter, CPMA, MBS**

**David Canes, MD**


## OVERVIEW

Urology practices face increasing pressure to deliver high-quality patient care while improving efficiency, access, and financial performance. This interactive course will explore how data-driven metrics (KPIs) and artificial intelligence (AI) can be strategically leveraged to optimize clinical workflows, reduce variability, and support decision-making across the care continuum.

Through expert presentations and real-world examples, participants will learn practical approaches to measuring what matters, identifying workflow inefficiencies, and using AI tools to enhance productivity, documentation, patient engagement, and outcomes.

## KEY THEMES

- **KPI Strategy:** Defining and implementing meaningful metrics to drive performance and quality.
- **Workflow Optimization:** Identifying bottlenecks and applying Lean and process improvement principles.
- **AI Applications in Urology:** Practical use cases for AI in documentation, scheduling, triage, clinical decision support, and patient communication.
- **Data to Action:** Turning insights into measurable improvements in efficiency, patient experience, and outcomes.

## KEY CHALLENGES

- **Data Overload:** Managing disparate data sources and focusing on the right metrics.
- **Integration:** Successfully adopting AI tools within existing EHR and practice systems.
- **Change Management:** Engaging clinicians and staff in workflow transformation and fostering adoption.
- **Ethics & Governance:** Ensuring responsible, transparent, and compliant use of AI and data.

## KEY TAKEAWAYS

- Build and track KPIs that align with clinical, operational, and financial goals.
- Identify workflow inefficiencies and implement data-driven solutions.
- Evaluate and responsibly integrate AI to enhance productivity and patient care.
- Apply practical strategies that can be implemented in your practice starting tomorrow.

## CONCLUSION

The future of urology depends on our ability to harness data and technology without losing sight of the patient. By combining thoughtful KPI measurement with intelligent AI applications, practices can improve efficiency, reduce burnout, and create a better experience for patients and care teams alike.

Join us to learn actionable strategies and tools you can bring back to your practice for immediate impact.

***Measure what matters. Improve what you measure. Transform urology together.***

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# 065IC
# Optimizing Clinical Workflow in Urology: Leveraging KPIs and AI

Monday, May 18, 2026
10:00am – 12:00pm

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# ARS Question: Brainstorming

3

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Professional Background?

A. Clinical (MD, DO, APP, etc)

B. Business (Director, manager, etc)

C. Both

D. None of the above

4

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# ARS Question: Multiple choice (no right answer)

5

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# Which workflow causes the most frustration in your practice?

A. Documentation
B. Prior Authorizations
C. Patient messaging/Inbox
D. Scheduling
E. Coding/Billing

6

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# ARS Question: Multiple choice (no right answer)

7

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# Does your practice currently use any AI tools?

A. Yes, widely deployed
B. Testing/piloting
C. Considering adoption
D. Not using AI

8

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# ARS Question: Multiple choice (no right answer)

9

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# What AI tools have you experimented with?

https://in.linkedin.com/in/amit-kumar-pandey-2a0293246?trk=public_post_feed-actor-name


10

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# ARS Question: Brainstorming

11

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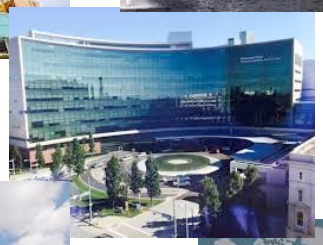
# High Reliability Organizations

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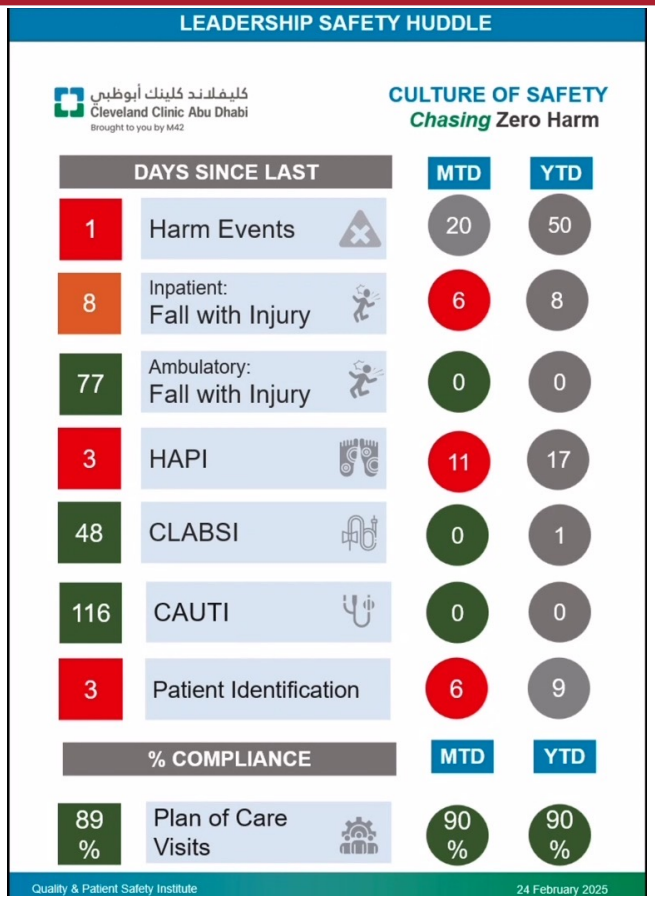
# What to Measure?

| Objectives | | Key Results | COS Goals | 2024 Target | | |
|---|---|---|---|---|---|---|
| Make CCAD the Best Place to Receive Care | Create Patient Promoters | Likelihood to recommend (Inpatient) | P.O.C.V Helpfulness | ≥72 | 71.9 - 68.4 | ≤68.3 |
| | | Likelihood to recommend (Inpatient) | Speed of discharge | 55% | 54.9 - 52.2 | ≤52.1 |
| | | Likelihood to recommend (Outpatient) | Safe and timely dispensation (wait time) in Pharmacy (2022 vs 2023) | ≤15 mins | 15.1-16.4 min | >=16.5 mins |
| | | Likelihood to recommend (Outpatient) | Physician communication | 79% | 78.9 - 75 | ≤74.9 |
| | | Likelihood to recommend (Emergency) | Waiting time to see doctor | ≥62.3 | 62.2 - 59.2 | ≤59.1 |
| | | Likelihood to recommend (Emergency) | Physician Courtesy | ≥81.7 | 81.6 - 77.6 | ≤77.5 |
| | | Likelihood to recommend | Teamwork | ≥81.2 | 81.1 - 77.1 | ≤77 |
| | Pursue Zero Harm | Sepsis | Sepsis antibiotics order set | ≥ 90% | 89.9-80 % | <80 % |
| | | Sepsis | 1-hour Antibiotics timeliness | ≥ 90% | 89.9-80 % | <80% |
| | | M&M | Case reviews | 100% M&M reviews to be conducted and completed by the next review meeting | 91-100% | <90.9% |
| | | Serious safety events | Total Safety Event Reporting per adjusted patient days | ≥27/10,000 APD | 25-27/10,000 APD | <25/10,000 APD |
| | | Healthcare Acquired Conditions | Respiratory Therapy: Total Medical Device related HAPIs (2022 vs 2023) | < 9 | 9-11.0 | >11 |
| | | Healthcare Acquired Conditions | Imaging Techs: Maintain ≤ 0.4 % of IV contrast injections resulting in extravasation | ≤ 0.4 % | ≤0.25 - 0.3% | > 0.35% |
| | | Healthcare Acquired Conditions | Rehab: Falls with injury (2022 vs 2023) | ≤1 | | >1 |
| | Improve Access to Care | New patients offered within 7 days | Decrease unused slots (never booked) | ≤ 7% | 7.1-10% | >10% |
| | | Ease of getting care | Ability to get desired appt | 50.8 | 50.7 - 48.3 | ≤48.2 |
| | | New patients offered within 7 days | Decrease no show rate | < 25% | 25.1-27.5% | >27.5% |
| Make CCAD a Sustainable Organization | Increase Productivity | Overall Allied Health Productivity | Productivity Index | >90% Productivity Index (weighted % to target) | 80-89.9% | <80% |
| | | Overall Physician Productivity (E&Ms Only) | E&Ms | >=65 | 61-64.9% | <61% |
| | Grow sustainably | AI/Innovation | Implement at least 1 AI/ML model | 1 | | <1 |
| Make CCAD the Best Place to Work in Healthcare | Drive Engagement | Caregiver Recognition (through survey) | Breakfast Recognition, Values Award | 1/Quarterly | | <1 |
| | | Drive Engagement | COS Breakfast<br>MD appreciation dinner | 1/Quarterly<br>1/year | | <1 |
| Advance Healthcare in the UAE | Personalised Medicine | Implement genomics based protocols | Implementation of 2 protocols (oncology / NI) | 2 | 1 | 0 |
| | Promote Emiratization | Emiratization %age (non-clinical) | Increase under COS function | 2% Increase | 1.98%-2% | <1.98% |
| | | Emiratization %age (clinical) | | 1% increase | 0.9%-1% | <0.9% |

Strategy

Objectives

KPIs




Converting Strategy into Measurable Outcome

Institute: All | Department: All | Provider Name: All | Year: 2024 | Month: December | Actual | YTD

Physician : **Waleed Hassen** Date of Joining : **Sunday, August 31, 2014**

Position : **Department Chair, Urology** MGMA Specialty : **Urology**

**Outage (YTD) :** Source (Kronos) *(*when leaves span weekends, weekend days are included for shift depts of Hospital Medicine, Critical Care and Anesthesia)*

| Annual Leave | Professional Development | Sick Leaves | Other Leaves |
|---|---|---|---|
| | | | 0.0 |

**Schedule :** Source (Amion / Epic)

| Admin Days | Inpatient Days | Outpatient Days | Procedure Days | Academics | Offsite |
|---|---|---|---|---|---|
| 0.9 | 0.0 | 6.9 | 9.0 | 0.0 | 0.0 |

**Productivity**

**E&Ms**

153 Total E&Ms | 13 IP E&Ms | 140 OP E&Ms | 81% OP E&Ms Conv

IP E&Ms: 13 Subs — Level 1: 7, Level 2: 6

OP E&Ms: 29 New | 111 Est — Level 1: 7 7, Level 2: 14 14, Level 3: 5 5, Level 4: 85 28 113, Level 5: 1

77.86 MGMA E&M %ile | 79 Target


**RVUs (In Progress)**

974.1 Total wRVU / ASA


100.0 MGMA %ile

**Encounters**

235 Total Encounters


81.3 MGMA Enc %ile

**Access Metrics**

**Slots**

27 Avg Slots | 26 Target

**% Slot Utilization**

113% % Slot Utilization | 100 Target

**Completed Visits**

173 Total Visits | 25 Avg Comp/Day | 17 Target | 5 New Comp/Day | 7 Target

20 Est Comp/Day | 10 Target

**No Show Rate**

14% No Show Rate | 25 Target

**Days Wait**

9 Days Wait

**Documentation Metrics**

**Inbasket Messages (YTD)**

| Message Type Group | 2 days or less | 2 to 7 Days | (7+) Days | Yet to Compl > 7 Days | Total Msg Count |
|---|---|---|---|---|---|
| Signatures | 2791 | 18 | 0 | 0 | 2809 |
| Results | 2540 | 192 | 46 | 1 | 2779 |
| Patient Related | 1867 | 31 | 8 | 0 | 1906 |
| Incomplete Records | 1054 | 19 | 0 | 1 | 1074 |
| Other | 41 | 18 | 14 | 0 | 73 |
| **Total** | 8293 | 278 | 68 | 2 | 8641 |

**Note Completion (Compliance Rate Target : 90%)**

| Note Type | Within (Hrs) | Total Notes | Compliant | Compliance Rate |
|---|---|---|---|---|
| Discharge Summary | 48 | | | |
| H&P | 24 | 3 | 3 | 100.0% |
| H&P (View-Only) | 24 | 14 | 0 | 0.0% |
| Interval H&P Note | 24 | 15 | 0 | 0.0% |

**Open Encounters (YTD)**

| | <7 Days | Total Encs |
|---|---|---|
| | 5 | 5 |

**Patient Experience (YTD)**

IP - P.O.C.V: 0 N | 56 Target

IP - Speed of Discharge: 0 N | 55 Target

OP - Physician Communication: 86.2 Prev Year: 85.9 (+0.27) | 91 N | 79 Target

ED - Physician Courtesy: 0.0 Prev Year: 0.0 | 0 N | 80.6 Target

IP - LTR(Top Box): 94.6 Prev Year: 86.8 (+7.82) | 42 N | 83.7 Target

AS - LTR(Top Box): 92.4 Prev Year: 100.0 (-7.61) | 16 N | 90.5 Target

OP - LTR(Top Box): 88.8 Prev Year: 87.5 (+1.26) | 89 N | 79.5 Target

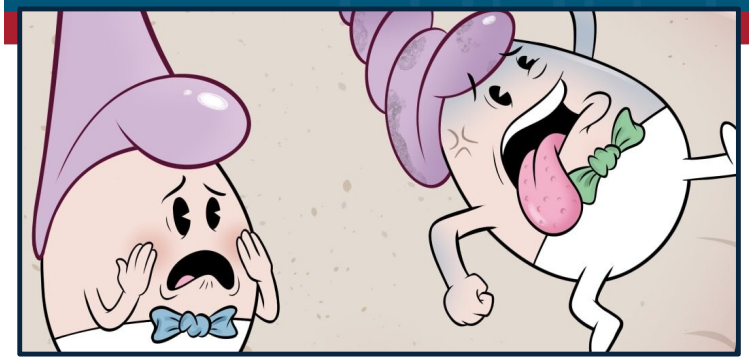
ED - LTR(Top Box): 0.0 Prev Year: 0.0 | 0 N | 69.6 Target

**Finance Metrics (Lag of 4 months out of Last 16 months)**

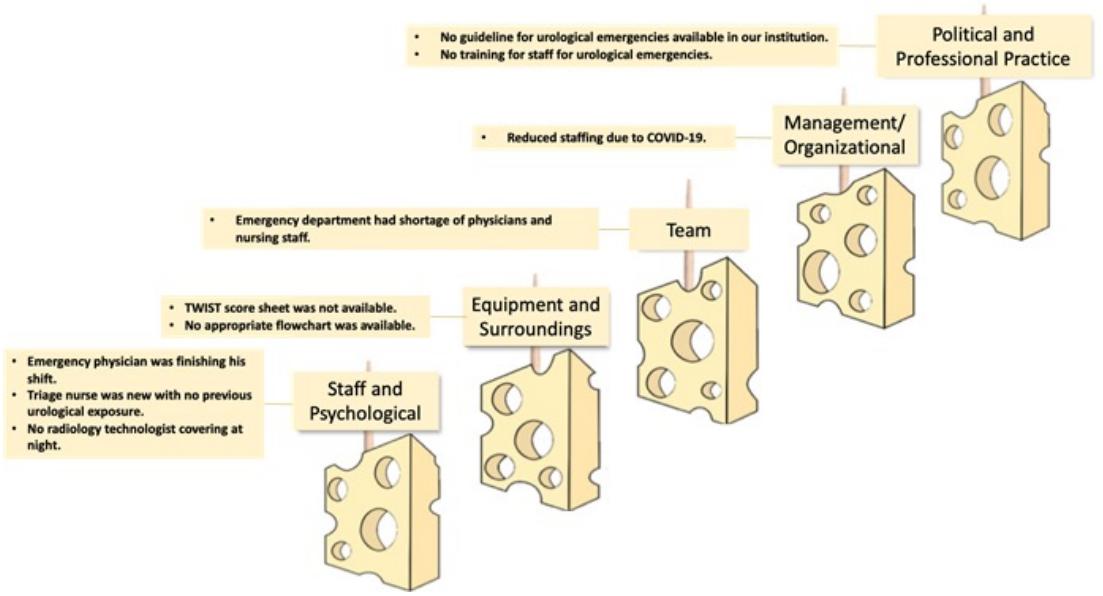
**Outpatient Medical Necessity Denials Only ( Target : 10%)*

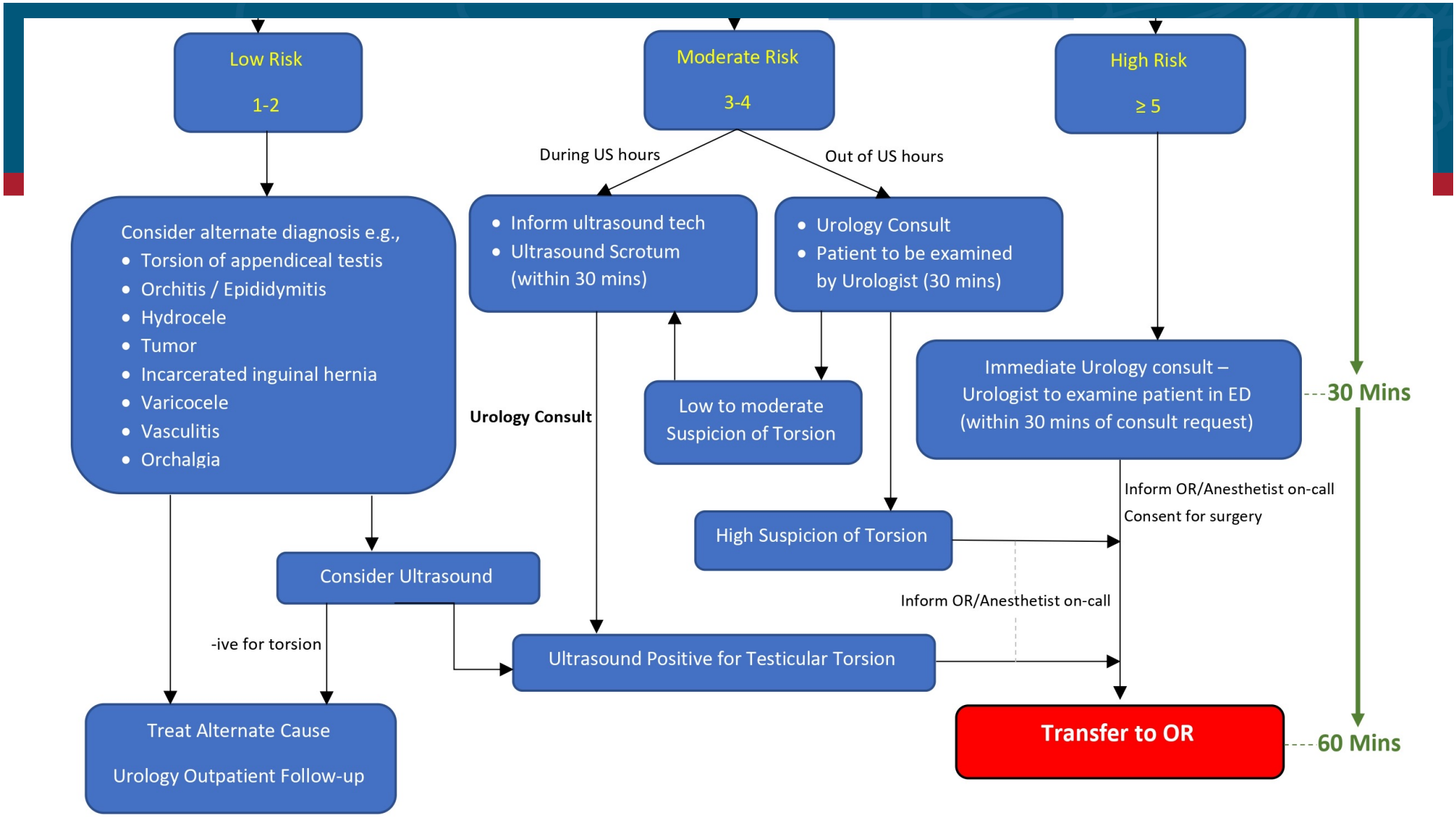
| Processed Amt | Paid Amt | Denied Amt | Denial Rate |
|---|---|---|---|
| 4,945,033.22 | 3,788,168.49 | 1,156,864.73 | 23.4% |

# Real life Examples



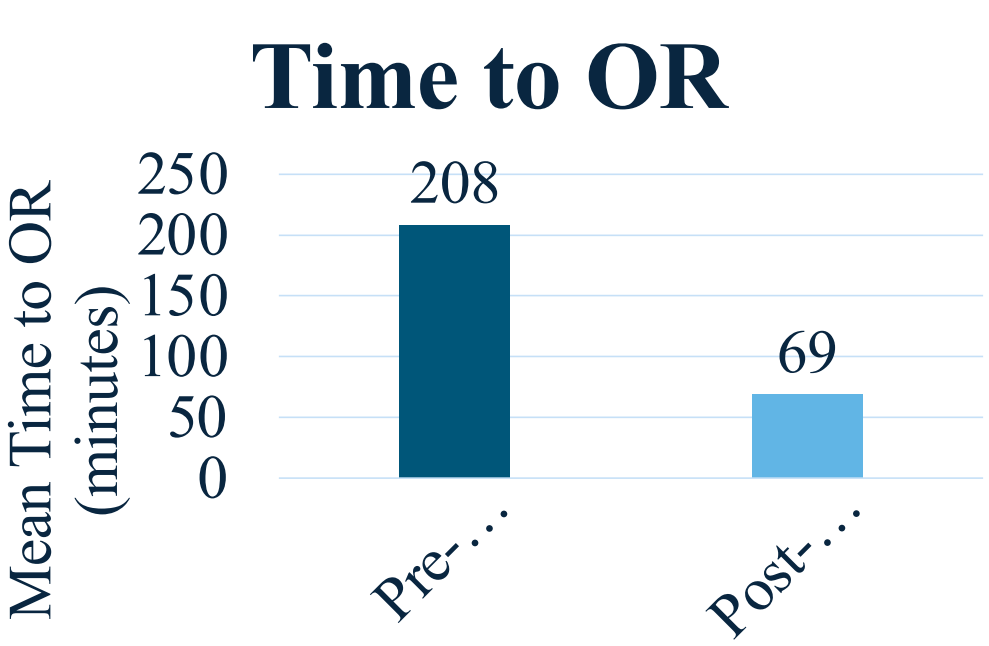
## Swiss Cheese Model Safety Incidents

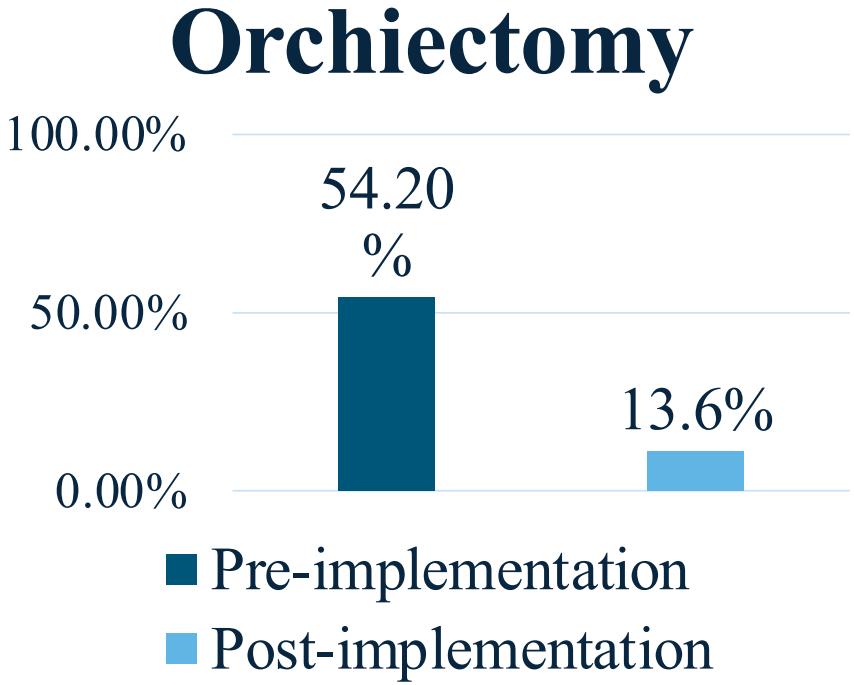



Low Risk
1-2
Moderate Risk
3-4
High Risk
≥ 5
During US hours
Out of US hours
Consider alternate diagnosis e.g.,
Torsion of appendiceal testis
Orchitis / Epididymitis
Hydrocele
Tumor
Incarcerated inguinal hernia
Varicocele
Vasculitis
Orchalgia
Inform ultrasound tech
Ultrasound Scrotum (within 30 mins)
Urology Consult
Patient to be examined by Urologist (30 mins)
Urology Consult
Low to moderate Suspicion of Torsion
Immediate Urology consult – Urologist to examine patient in ED (within 30 mins of consult request)
30 Mins
Inform OR/Anesthetist on-call
Consent for surgery
High Suspicion of Torsion
Consider Ultrasound
Inform OR/Anesthetist on-call
-ive for torsion
Ultrasound Positive for Testicular Torsion
Treat Alternate Cause
Urology Outpatient Follow-up
Transfer to OR
60 Mins

- Code Torsion Instituted
- KPI: Door to OR < 60 min
- Quality review along with STEMI and Stroke Alerts

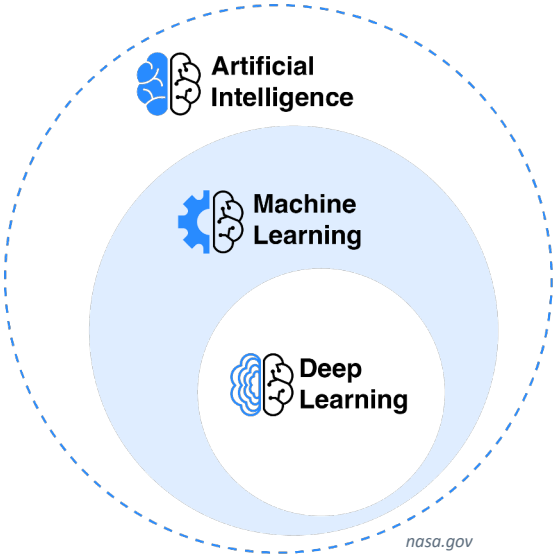
| Age | Description | Time of ED presentation | Time of assessment by ED Physician | Time of Torsion Vocera | Risk | Time of arrival of Urology to ED (immediate or within 30 minutes from urgent broadcast) | Time of Ultrasound within 15 minutes | Testicular torsion order set activated | Time patient transferred to OR | Time OR & Anesthesiology teams arrived to OR | Time patient arrived in OR | Time of Time Out | Disposition | Gaps & Opportunities | Feedback |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 20 | Patient presented to ED for pain in R Testicle, reoccurred from the previous day at 2000 hours after horse riding. No previous episodes. | 1936 | 20:18 | 20:19 | High | 20:58 | no | Yes | 21:12 | 21:15 | 21:12 | 22:33 | Admitted to Level 14 then discharged 12/09/2023 | Delay in all touch points | F/up with ED Quality Officer |


Time to OR
Mean Time to OR (minutes)
250
200
150
100
50
0
208
69
Pre-…
Post-…


Orchiectomy
100.00%
50.00%
0.00%
54.20 %
13.6%
Pre-implementation
Post-implementation

# Artificial Intelligence

Branch of computer science dedicated to creating intelligent machines or workflows that can perform tasks traditionally requiring human intelligence and input.



## Predictive AI

— Learns patterns from historical clinical data

— Classifies, scores, and forecasts outcomes

— Output: a risk score or clinical flag

— Examples:
- Sepsis alerts, Fall risk
- No-show model
- Imaging AI

## Generative AI

— Creates new content from natural language prompts

— Drafts, summarises, translates, and answers queries

— Examples:
- Copilot
- Epic in-basket reply
- Ambient scribing

— Output: a document, note, or message

## Agentic AI

— Proactively sets goals and makes decisions

— Autonomously takes actions to complete complex workflows

— Examples:
- Drafting a prior authorization, calling the company , submitting form and scheduling the patient

# Applications of AI in Healthcare

## Clinical Utility

- Diagnostic imaging
- Pathology AI: Gleason grading, tumour classification
- Surgical guidance and robotic-assisted procedures
- Remote monitoring and patient follow-up

## Research

- Genomic and biomarker discovery
- Predictive modelling for disease recurrence
- Drug discovery and clinical trial optimisation
- AI-powered systematic review acceleration

## Academics

- AI-assisted surgical skill assessment and training
- Automated feedback in simulation platforms
- Curriculum personalization using learning analytics

*Sources: Arab J Urol 2024; Turkish J Urol 2020;*

# Operations

## Revenue Cycle

- Claims/denial model
- Automated Medical Coding
- Prior authorization

## Capacity & Flow

- Reducing No show rates
- Census forecast
- ED bed prediction
- Predictive discharge
- Case length accuracy for OR

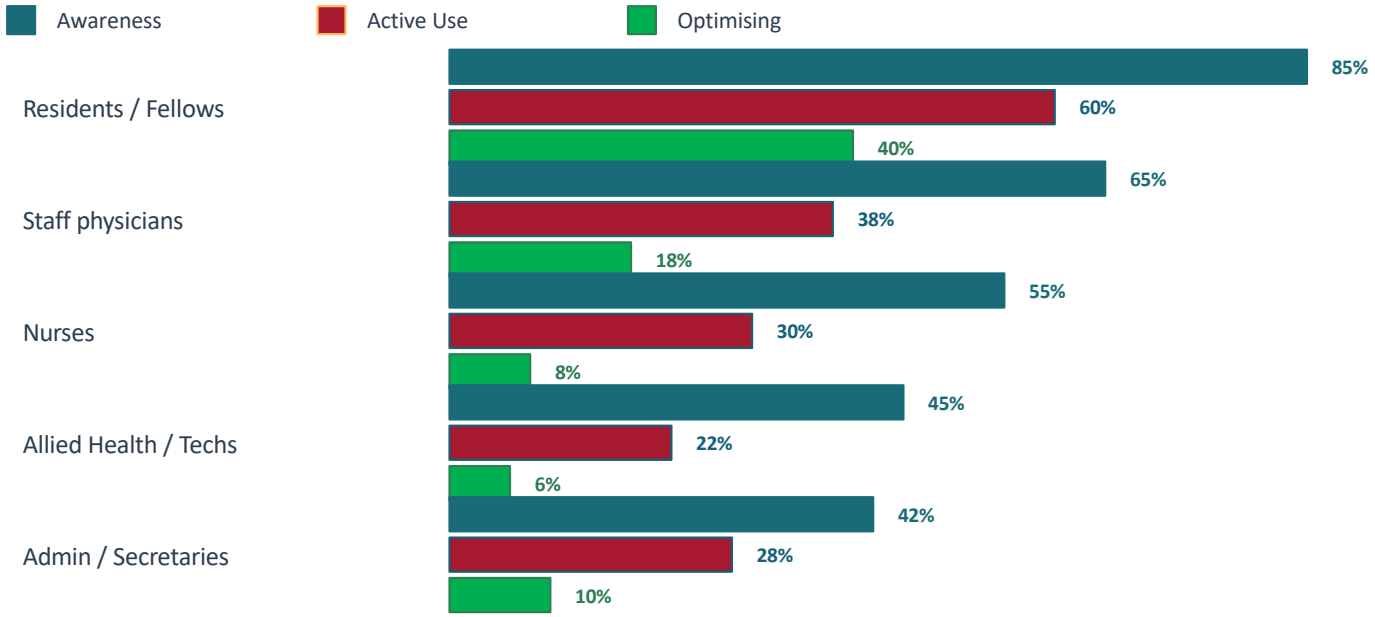
## Strategic and growth management

- Referrals and patient retention strategies
- Service line expansion based on future needs and trends
- Interactive dashboards
- Executive copilots

## Supply chain and facility management

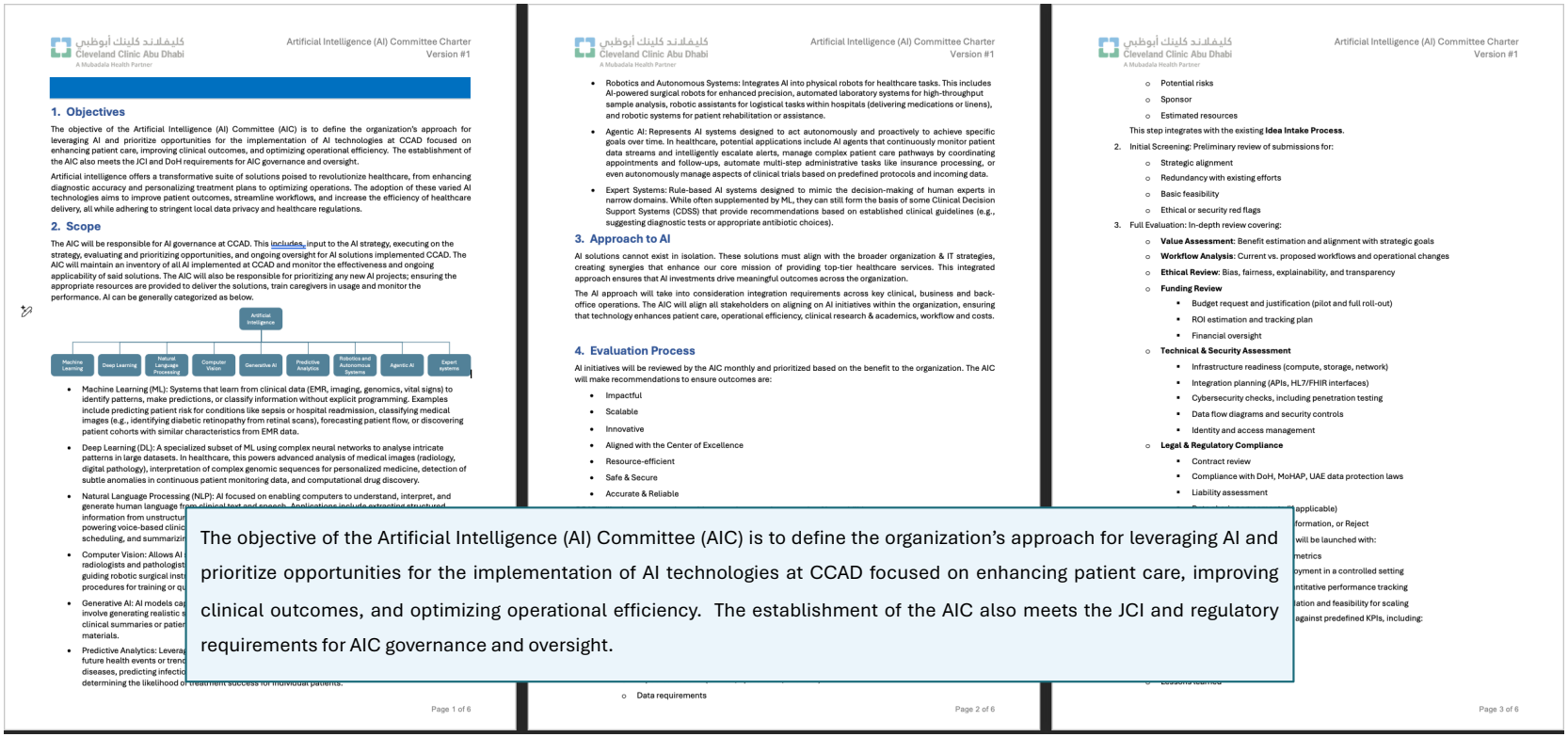
- Intelligent inventory control
- Predictive maintenance
- Energy optimization
- Waste and resource optimization

# The Adoption Gap




Survey on the current state of awareness and active users of AI across the hospital. Emphasis on how many are in the pipeline of optimizing their workflows around AI

# Artificial Intelligence Committee at Cleveland Clinic Abu Dhabi



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Cleveland Clinic Abu Dhabi
A Mubadala Health Partner

Artificial Intelligence (AI) Committee Charter
Version #1

## 1. Objectives

The objective of the Artificial Intelligence (AI) Committee (AIC) is to define the organization's approach for leveraging AI and prioritize opportunities for the implementation of AI technologies at CCAD focused on enhancing patient care, improving clinical outcomes, and optimizing operational efficiency. The establishment of the AIC also meets the JCI and DoH requirements for AIC governance and oversight.

Artificial intelligence offers a transformative suite of solutions poised to revolutionize healthcare, from enhancing diagnostic accuracy and personalizing treatment plans to optimizing operations. The adoption of these varied AI technologies aims to improve patient outcomes, streamline workflows, and increase the efficiency of healthcare delivery, all while adhering to stringent local data privacy and healthcare regulations.

## 2. Scope

The AIC will be responsible for AI governance at CCAD. This includes, input to the AI strategy, executing on the strategy, evaluating and prioritizing opportunities, and ongoing oversight for AI solutions implemented CCAD. The AIC will maintain an inventory of all AI implemented at CCAD and monitor the effectiveness and ongoing applicability of said solutions. The AIC will also be responsible for prioritizing any new AI projects; ensuring the appropriate resources are provided to deliver the solutions, train caregivers in usage and monitor the performance. AI can be generally categorized as below.




- Machine Learning (ML): Systems that learn from clinical data (EMR, imaging, genomics, vital signs) to identify patterns, make predictions, or classify information without explicit programming. Examples include predicting patient risk for conditions like sepsis or hospital readmission, classifying medical images (e.g., identifying diabetic retinopathy from retinal scans), forecasting patient flow, or discovering patient cohorts with similar characteristics from EMR data.
- Deep Learning (DL): A specialized subset of ML using complex neural networks to analyse intricate patterns in large datasets. In healthcare, this powers advanced analysis of medical images (radiology, digital pathology), interpretation of complex genomic sequences for personalized medicine, detection of subtle anomalies in continuous patient monitoring data, and computational drug discovery.
- Natural Language Processing (NLP): AI focused on enabling computers to understand, interpret, and generate human language from clinical text and speech. Applications include extracting structured information from unstructur
powering voice-based clinic
scheduling, and summarizi
- Computer Vision: Allows AI
radiologists and pathologist
guiding robotic surgical inst
procedures for training or qu
- Generative AI: AI models ca
involve generating realistic s
clinical summaries or patier
materials.
- Predictive Analytics: Leverag
future health events or trend
diseases, predicting infectio
determining the likelihood of treatment success for individual patients.



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- Robotics and Autonomous Systems: Integrates AI into physical robots for healthcare tasks. This includes AI-powered surgical robots for enhanced precision, automated laboratory systems for high-throughput sample analysis, robotic assistants for logistical tasks within hospitals (delivering medications or linens), and robotic systems for patient rehabilitation or assistance.
- Agentic AI: Represents AI systems designed to act autonomously and proactively to achieve specific goals over time. In healthcare, potential applications include AI agents that continuously monitor patient data streams and intelligently escalate alerts, manage complex patient care pathways by coordinating appointments and follow-ups, automate multi-step administrative tasks like insurance processing, or even autonomously manage aspects of clinical trials based on predefined protocols and incoming data.
- Expert Systems: Rule-based AI systems designed to mimic the decision-making of human experts in narrow domains. While often supplemented by ML, they can still form the basis of some Clinical Decision Support Systems (CDSS) that provide recommendations based on established clinical guidelines (e.g., suggesting diagnostic tests or appropriate antibiotic choices).

## 3. Approach to AI

AI solutions cannot exist in isolation. These solutions must align with the broader organization & IT strategies, creating synergies that enhance our core mission of providing top-tier healthcare services. This integrated approach ensures that AI investments drive meaningful outcomes across the organization.

The AI approach will take into consideration integration requirements across key clinical, business and back-office operations. The AIC will align all stakeholders on aligning on AI initiatives within the organization, ensuring that technology enhances patient care, operational efficiency, clinical research & academics, workflow and costs.

## 4. Evaluation Process

AI initiatives will be reviewed by the AIC monthly and prioritized based on the benefit to the organization. The AIC will make recommendations to ensure outcomes are:

- Impactful
- Scalable
- Innovative
- Aligned with the Center of Excellence
- Resource-efficient
- Safe & Secure
- Accurate & Reliable

- Data requirements





- Potential risks
- Sponsor
- Estimated resources

This step integrates with the existing **Idea Intake Process**.

2. Initial Screening: Preliminary review of submissions for:
   - Strategic alignment
   - Redundancy with existing efforts
   - Basic feasibility
   - Ethical or security red flags
3. Full Evaluation: In-depth review covering:
   - **Value Assessment**: Benefit estimation and alignment with strategic goals
   - **Workflow Analysis**: Current vs. proposed workflows and operational changes
   - **Ethical Review**: Bias, fairness, explainability, and transparency
   - **Funding Review**
     - Budget request and justification (pilot and full roll-out)
     - ROI estimation and tracking plan
     - Financial oversight
   - **Technical & Security Assessment**
     - Infrastructure readiness (compute, storage, network)
     - Integration planning (APIs, HL7/FHIR interfaces)
     - Cybersecurity checks, including penetration testing
     - Data flow diagrams and security controls
     - Identity and access management
   - **Legal & Regulatory Compliance**
     - Contract review
     - Compliance with DoH, MoHAP, UAE data protection laws
     - Liability assessment

applicable)
formation, or Reject
will be launched with:
metrics
oyment in a controlled setting
ntitative performance tracking
lation and feasibility for scaling
against predefined KPIs, including:



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# AIC Charter & Operational Mechanics

## WHO

- AIC Chair: Chief Information Officer (CIO)
- Medical Leadership (Dept. Heads)
- IT & Digital Health teams
- Legal, Compliance & Risk
- Clinical Operations
- Finance
- Data Science & Analytics

## WHY

- Turn challenging pain points into structured solutions
- Without oversight:
  - Duplicate tools
  - Wasted spend
  - Safety gaps
- Without a mandate:
  - Pilots stall
  - Clinicians lose trust

## HOW

- Clinician submits a pain point (not a product request)
- AIC maps it to a measurable KPI
- Workflow analysis determines feasibility
- Tool is selected, piloted with pre-defined success criteria
- Outcomes are reviewed before scale

*The clinician is at the heart of every AIC decision. The technology serves the provider.*

# Artificial Intelligence (AI) at CCAD
## In service of consistency of care, great experience, operational efficiency and innovation

### Clinical Decision Support

- ❑ Detection Assistance
- ❑ Risk Prediction
- ❑ Triage & Prioritization

### Patient & Caregiver Experience

- ❑ Virtual Assistant
- ❑ Situational Awareness
- ❑ Care Coordination

### Operational Efficiency

- ❑ Virtual Care Enablement
- ❑ Workflow Automation
- ❑ Resource & Capacity

### Patient & Caregiver Education

- ❑ AI Guided Education
- ❑ Real-Time Training
- ❑ Personal Training Plans

### Research & Discovery

- ❑ Drug Discovery
- ❑ Clinical Trials

### Safety & Ethics

- Bias and fairness review
- Regulatory compliance
- Security and data privacy

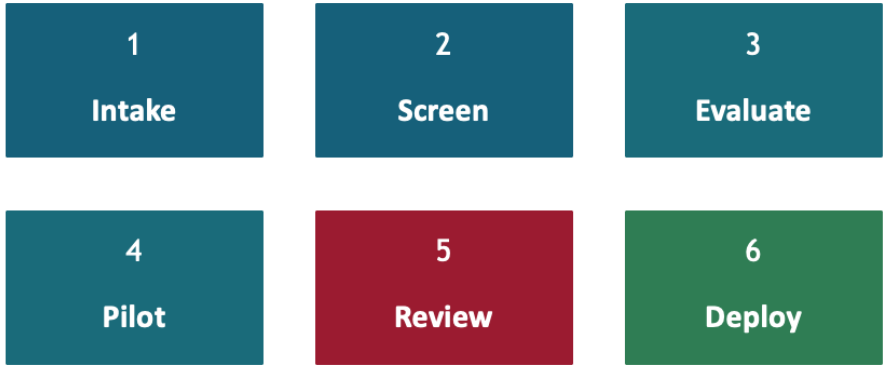
### Speed & Efficiency

- Monthly AIC review cycle
- Agile pilot-to-scale pathway
- Intake form → live in 6 steps

### Accountability

- KPI-linked success criteria
- Ongoing drift monitoring
- Quarterly executive reporting

## AIC 6-Stage Review Process



# Governance and KPIs

## 1 Identify the KPI Gap

- Review clinical metrics and dashboards
- KPI gap becomes the problem statement

## 2 Generate the Demand

- Formal proposal submitted to AIC

## 3 Select the Tool

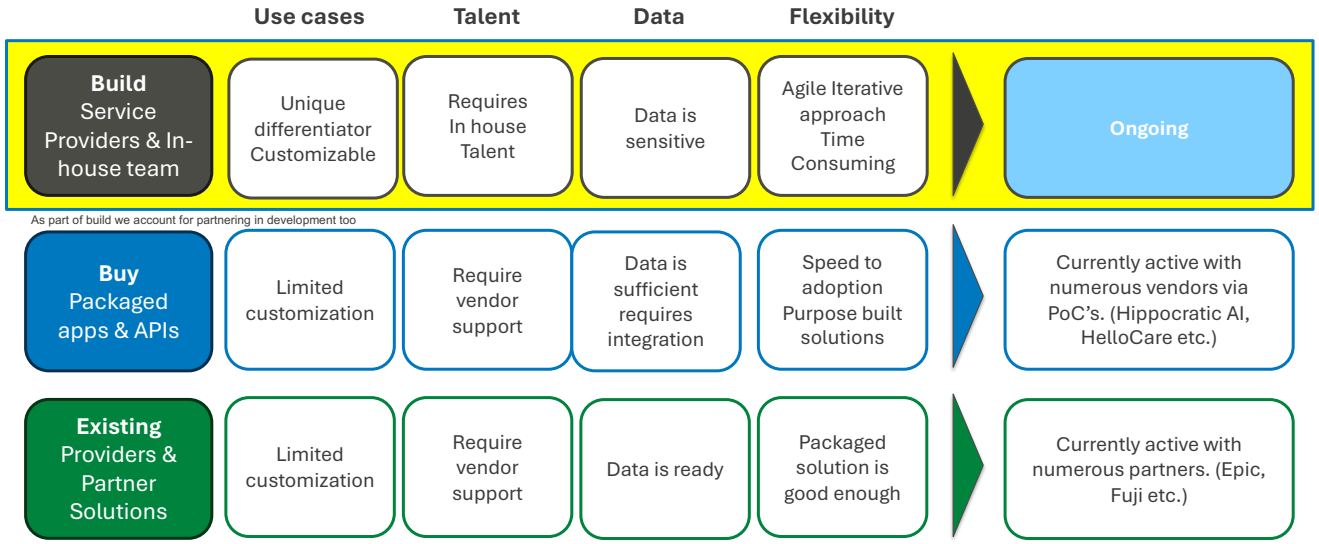
- AIC evaluates Buy vs Build
- Pilot launched with pre-defined success KPI

## 4 Educate & Embed

- Caregiver training at the right literacy level
- Tool embedded in existing workflow
- Outcome measured against original KPI
- Loop restarts with new data

*Every cycle begins and ends with the clinician's experience.*

# The Approach to Implementing AI @ CCAD



# AI Literacy


Microsoft 365 Copilot — your personal AI assistant
RESTRICTED
Microsoft Copilot is your AI assistant inside Microsoft 365 Apps
Supports your daily work across Microsoft Apps. Excel, Word, PowerPoint, Outlook, and Teams
Helps you get work done faster using the tools you already use
Helps to utilize features rarely known and used by a majority of users
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# AI Course — CCAD 2026

| Session 1 | Session 2 | Session 3 | Session 4 | Session 5 |
|---|---|---|---|---|
| Fri · 20 Feb 2026 | Wed · 25 Feb 2026 | Fri · 27 Feb 2026 | Wed · 11 Mar 2026 | Fri · 13 Mar 2026 |
| **Demystifying AI** | **Copilot Personalisation** | **Prompt Coaching** | **Building an Agent** | **AI at CCAD & Q&A** |
| What AI is and is not<br>Common misconceptions clarified | Configuring MS Copilot<br>Prompting for clinical tasks | Crafting effective prompts<br>Clinical use case practice | No-code agent design<br>Practical workflow automation | Live tools · Governance<br>Open Q&A for all attendees |

# Getting the Most Requires Democratizing AI

Enabling all caregivers to leverage the power of AI while also building a strong centralized capability

| No Code | Low Code | Pro Code |
|---|---|---|
| Drag & Drop AI: CoPilot etc. | Visual & Custom Logic: n8n, Airia etc. | Max Control, Custom AI: AI Foundry etc. |
| Visual, Templates<br>Limited Customization<br>Rapid Prototypes | Visual + Code<br>Moderate Customization<br>Enterprise Workflows | Custom Code (Python/C++)<br>Unlimited Customization<br>Mission Critical AI, Unique IP |
| Citizen Developers | Power Users & Developers | Expert Developers |
| All providers, some tailored for role | Self identified, unique workshops | Unique Skill sets and FTEs |

# Strategy of Adoption

*High Complexity ▲*

## High Leverage

- Ambient scribing (Abridge etc.)
- Epic © summaries
- Dashboard AI

## Moonshots

- Adaptive radiation AI (Ethos)
- Agentic AI
- Autonomous robotic surgeries

## Quick Wins

- No-show model
- Sepsis alert
- In-basket AI
- Imaging AI assistant

## Deprioritise

Complex workflow changes with no clear KPI link

*▼ Low Complexity*

*← Immediate value*

*Longer time to value →*

## Applications in different areas in the hospital

| Clinic | Inpatient | OR | Imaging | Admin |
|---|---|---|---|---|
| · No-show model (Epic) — live | · Inpatient insight summaries | · Case length accuracy (pilot) | · Reading priority model (Epic) | · MS Copilot — letters, summaries |
| · In-basket AI reply — reduces inbox | · Hospital course summary (draft) | · OR block utilisation forecast | · Imaging AI (Lunit, RapidAI) | · Abridge — ambient scribing (pilot) |
| · Common diagnosis quick buttons | · Sepsis alert (EWS + Epic v1) | · Ethos LINAC (radiation oncology) | · Endoscopy CAD (Olympus OIP-1) | · Epic OCR — document scanning |

## What Is Already Live at CCAD

| 3 | 93+ | ~30 | ~15 |
|---|---|---|---|
| AI categories (Clinical · Operational · GenAI) | AI modules in inventory | Live or implemented | In active pilot |

| Category | Live Examples at CCAD | Status |
|---|---|---|
| Diagnostic AI | Mammography AI · Lung nodule (Lunit) · Stroke (RapidAI) · IRIS retinopathy · Ethos LINAC | Live |
| Predictive AI | Sepsis detection v1 · Early Warning Score · No-show model v2 (74.8% accuracy) · Order search | Live |
| Generative AI | MS Copilot (600 caregivers) · Epic in-basket AI · Inpatient insight summaries | Live |
| Ambient AI | Abridge (Epic-integrated) · Med42/Doc42 ambient scribing | Pilot |
| Operational AI | Case length accuracy (OR) · Claims denial model · Patient sentiment analysis | Pilot / In progress |

# Clinical AI at CCAD

## Imaging AI

- Mammography AI — Transpara/Volpara (Fuji)
- Lung nodule detection — Lunit CXR3
- Stroke/LVO detection — RapidAI
- Diabetic retinopathy — IRIS
- MRI reconstruction — SIGNA AIR Recon DL

## Predictive & Decision Support

- Sepsis early detection v1 (Epic) — live
- Early Warning Score (EWS) — live
- No-show model v2 — 74.8% accuracy
- Fall risk model (Epic) — pilot
- Unplanned readmission model — pilot

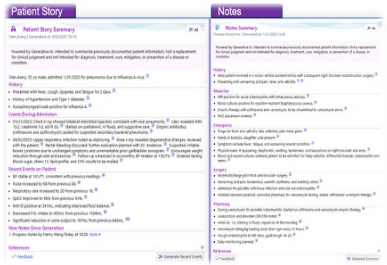
## Surgical & Procedural

- Ethos LINAC — adaptive radiation AI (Varian)
- Artis ICONO Bi-plane — OPTIQ AI
- Case length accuracy — OR pilot
- Projected OR block utilisation

Patient & Caregiver Experience

## Caregiver Experience

Inpatient Summaries




### Ambient

MED42
Med42

ABRIDGE
Abridge

### Predictive Analytics & GenAI Tools

Epic

- Inpatient Insight Summaries
- In-basket Messaging
- End of Shift Care Plan
- Hospital Course Summary
- Dashboard Insights
- AI Text Assistant
- Common Diagnosis Quick Buttons
- Order Search
- Level of Service Speed Buttons

- Anaut: Surgical Vision Eureka
- Volume Forecast ED, IP, OR & OP

## Patient Experience

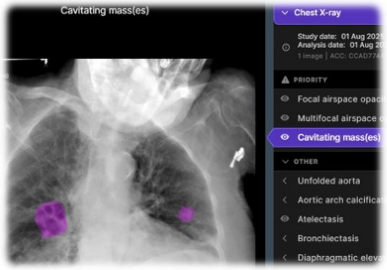

### Virtual Assistant

- Hippocratic AI
- twilio WhatsApp

### Sentiment Analysis

- Patient Feedback & Sentiment Analysis

## Detection Assistance using Diagnostic Imaging




### Liver
- Mevis
- Hepatiq

### Mammogram
- Volpara
- Transpara
- Lunit

### Ophthalmology
- Diabetes Retinopathy

### MRI & Xray's
- Lunit
- Optiq
- Ethos
- Signa Voyager
- Artis
- Annalise
- Circle CVI-42
- Corridor 4DM
- Swift MR
- Endo AID

### Neurology
- Aria Score
- Annalise
- Rapid AI
- Siscom
- NeuroStat

## Risk Prediction

### Prevention & Detection

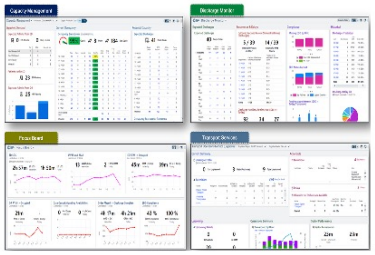
Epic
- Sepsis
- Early Warning Score
- Fall Risk Model
- Risk of unplanned re-admission

- Case Length Accuracy
- Adenoma Detection

hellocare.ai
- Pressure Injuries
- Falls Detection

BioIntelliSense
- Bio Buttons

## Clinical Efficiency



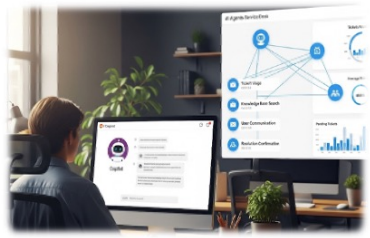
### Virtual Care Enablement

- hellocare.ai — In Hospital Remote Monitoring
- Epic — Capacity Mgmt. Dashboard
- Epic — Patient Flow Dashboard

### Predictive Analitics & GenAI

- Epic — Epic OCR scanning
- Epic — Data Conversational Queries
- Epic — Outpatient Note summarization
- Epic — Questionnaire Translation
- J&J — Polyphonic
- Hippocratic AI

## Business Efficiency



### Workplace Efficiency

- CoPilot
- CoPilot Agents
- Service Desk Agent
- Caregiver Advisor
- Link Squares
- Fluid AI

### Predictive Analitics & GenAI

- Epic — No show model
- Epic — CDI Queries
- Epic — Hospital Coding Assistant
- Epic — Claims Denial
- Claims Denial

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# A Framework for AI Implementation — KPI-Linked

## 1 Identify

***Pick ONE KPI that matters***

- What is underperforming?
- What would a 10% improvement mean?
- Example: No-show rate at 29%

## 2 Map

***Find the exact workflow gap***

- Where does the process fail?
- Who is involved?
- Example: Patients not reminded 48h before appointment

## 3 Search

***What already exists?***

- Check your institution's AI inventory first
- Avoid reinventing
- Example: No-show predictive model already in Epic

## 4 Pilot

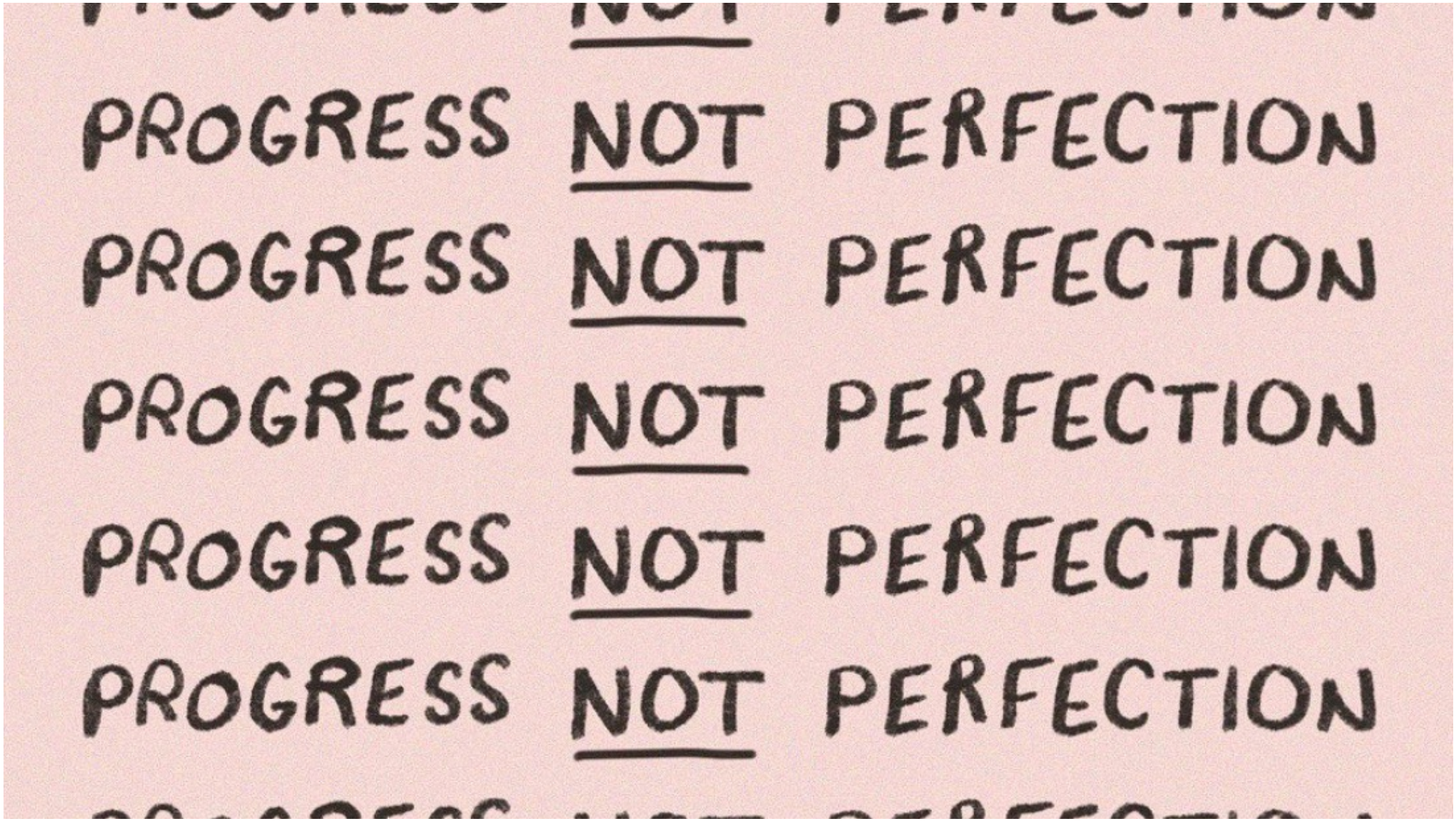
***Define success before you start***

- Set the KPI target explicitly
- Run in a controlled setting
- Example: Target <20% no-show in urology clinic

## 5 Measure

***Did the needle move?***

- Report to your AIC
- Scale if successful, stop if not
- Example: 29% → 17% (pilot result)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**065IC**

# Optimizing Clinical Workflow in Urology: Leveraging KPIs and AI

Monday, May 18, 2026
10:00am – 12:00pm

Course Director: Pablo Santamaria, MD and Vannita Simma-Chiang, MD
Course Faculty: Waleed Hassen, MD, Mark Painter, CEO, David Canes, MD

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# Urology Crossroads

## AI in Urology 2026

Mark N. Painter

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# Urology Reimbursement

- CF for 2026 increase 3.26% - with adjustments Urology is projected with a net 0.0% change in payments.
- Between 2013 and 2023 Urology Medicare fees have decreased -2.2%*
  - 2024 and 2025 net 0.0% change
- CPI for the same period up 29.3%*
- Health Expenditures for same period up 33.9%*
- Net this represents a 31.5% decrease in reimbursement
- Summary Increased workload same pay.

* https://www.sciencedirect.com/science/article/abs/pii/S0039606023009522

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# Urology workforce

- 63% of US counties do not have Urologist
- Median age of Urologist 55-59 in 2019 per AUA census
- 3.99 Urologists per 100,000 people in 2019
- Projected 3.3 per 100,000 in 2030*
- Projected 3.99 per 100,000 in 2050 (assumes 318 new Urologists/yr)*
- 23.8 Urologists per 100,000 people age 65 and older 2020*
- Projected 15.8 Urologists per 100,000 people age 65 and older 2035*
- Cumulative shortage of Urologists 3,851 (required 30% more Urologists to meet needs of aging population*

*https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2786183

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## Doing more

- APPs as a growing portion of the Urology work force
- Technology changes in treatment
- Change clinical approach
- Increase activity at the top of your license
- Leverage Technology
- Is AI an answer?

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## AI Implementation

"I have not failed. I've just found 10,000 ways that won't work" - Thomas Edison

- Understand the tool and its limitations
- People generally do not like change –patients and staff included
- Mistakes will happen – monitor and correct
  - You need a good partner
  - AI can be customized
- We have to become the agents of change

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## Coding Tool Development

- Initial programming with data reviewed by PRS staff
- Refinement period with PRS reviewers
  - Training to answer broadly for specific questions
  - Feed back loop on documents HIPAA protected space.
- Roll-out with supervision and feed back continues

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## Examples of AI Tools in Action in RCM

- Basata — Automates referral and fax workflows; speeds up administrative processing and scheduling.
- Calm Waters AI —E/M coding; working to improve coding and compliance for urology practices.
- AgentAI - RCM – process integration, data processing, contract compliance, denial responses, claim scrubbing
- AI Scribes – Hiedi, Ambience etc.
- EHR - integration and implementation
- Docology — Automates documentation workflows, reduces prep time, and increases capacity.

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# Question

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