

CUSTOMER SUCCESS STORY

Clinical systems that recover inside the shift.

A hospital group could tolerate a four-hour recovery for finance, but not for the EHR. **UPC DRaaS** let it buy the recovery time each system actually needed, and put the clinical AI stack inside the plan for the first time.

**15 min
or clinical risk**

In a hospital, RTO is a patient-safety parameter. An electronic health record unavailable for four hours is a shift run on paper, a backlog that persists for days, and a set of clinical risks that do not appear on an infrastructure dashboard.

THE SITUATION

One recovery target for very different systems

The group ran a single DR tier because that was what the previous contract offered. It was wrong in both directions:

- **The EHR was under-protected.** A four-hour recovery target was acceptable on paper and unacceptable at the bedside.
- **Back-office was over-protected.** Finance and HR carried the same expensive commitment as clinical systems.
- **Clinical AI sat outside the plan.** Imaging models, summarisation, and retrieval had become part of workflow with no recovery path.
- **Testing disrupted clinical operations**, so it was deferred — which meant the plan was documented but unproven.

THE DECISION

Buy recovery time per system, not per contract

The group moved to tiered DR, placing the EHR and clinical systems on Platinum, diagnostics on Gold, and back-office on Silver — and brought the AI stack into scope at the same time.

“Four hours without the record is not an IT incident. It is a clinical one. We needed the EHR back inside the shift, and we needed to stop paying that price for payroll.”

— CHIEF INFORMATION OFFICER

DEPLOYMENT SNAPSHOT

SECTOR

Multi-site hospital group

WORKLOADS

EHR · Diagnostics · Clinical AI · Back-office

TIERS

Platinum for EHR; Gold diagnostics; Silver back-office

AI SCOPE

Imaging models, summarisation, retrieval indexes

TOPOLOGY

Active-Passive with warm replication

MODEL

Pay-on-Activation

CYBER

Immutable backups, clean-room recovery

TESTING

Scheduled drills without clinical disruption

HOW IT WAS DELIVERED

Tiering

EHR and clinical systems on **Platinum** (near-zero RPO, 15-minute RTO); diagnostics on Gold; finance, HR, and reporting on Silver at a fraction of the cost.

AI scope

Model registries, training and inference data, and retrieval indexes brought into the continuity plan alongside the applications that consume them.

Cyber

Immutability by default with clean-room recovery, so restoration after a ransomware event does not reintroduce the payload.

Testing

Drills run on on-demand compute against the replicated environment, without taking clinical systems out of service.

WHAT CHANGED

BEFORE UPC DRAAS

- **One recovery tier** for every system
- EHR carrying a four-hour recovery target
- Payroll protected as expensively as the record
- Clinical AI with no recovery path at all
- Testing deferred because it disrupted care

WITH UPC DRAAS

- **Tier matched to clinical impact**, system by system
- EHR recovery inside 15 minutes
- Back-office on Silver at a fraction of the cost
- Imaging models and retrieval indexes **in scope**
- Drills run without clinical disruption

WHERE THE CHANGE CAME FROM

Recovery time as a clinical parameter

Treating RTO as a patient-safety input rather than an infrastructure setting is what justified Platinum for the record and Silver for payroll.

The AI stack in the plan

Model registries and retrieval indexes became production dependencies before anyone added them to continuity; tiering made including them affordable.

Testing without disruption

Drills against the replicated environment removed the clinical-risk objection that had been the real reason testing slipped.

WHY THIS MATTERS IN HEALTHCARE

Capabilities doing the work in this deployment:

Platinum EHR recovery

Clinical AI in scope

Immutability by default

Clean-room recovery

Non-disruptive drills

HIPAA-aligned platform

Multi-cloud backup

Policy-driven management

BOTTOM LINE

UPC DRaaS let a hospital group buy 15-minute recovery where it protects patients, and stop paying for it where it does not.

Let's build your **continuity plan**.

Speak with a specialist, or ask us to model your RPO/RTO tiers and DR cost.

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