

HEALTHCARE

ILLUSTRATIVE SCENARIO

Clinical AI that never leaves the clinic

A regional health network wanted AI to draft discharge summaries and transcribe patient calls. Patient records could not leave its clinics, and none of them had an IT team on site.

ORGANIZATION

Regional health network

SITES

Hospitals and outpatient clinics

FIRST WORKLOADS

Note summaries, call transcription

MODELS

Frontier LLM, medical, speech

The situation

Clinicians were spending the last hour of every shift writing discharge notes. The network had tested a public AI service and the drafts were good, but its privacy office stopped the project in a week: patient records are bound by regulation to stay on site, and every prompt would have left the building. Meanwhile, the clinics still ran a rack of aging virtual machines that nobody local could look after.

The turning point

The chief medical information officer asked a simple question: could the model come to the data instead? If AI could run inside each clinic, on hardware the network controlled, privacy would be designed in rather than argued over, and the old servers could retire at the same time.

What was at stake

Privacy

Not one prompt or note could leave the site.

Clinician time

Note writing was eating the end of every shift.

No local IT

Clinics could not host a specialist team.

Illustrative scenario based on typical UnitedEdge® AI engagements. Not a specific customer.

HOW IT UNFOLDED

UPC started with a workshop to pick two workloads and the VMs to consolidate, then piloted one appliance at a busy clinic.

01

Workshop

Chose discharge-note summaries and call transcription, plus the clinic VMs to move onto the Compute Engines.

02

Pilot in one visit

The appliance arrived pre-imaged, enrolled itself and served a private clinical-notes endpoint the same day.

03

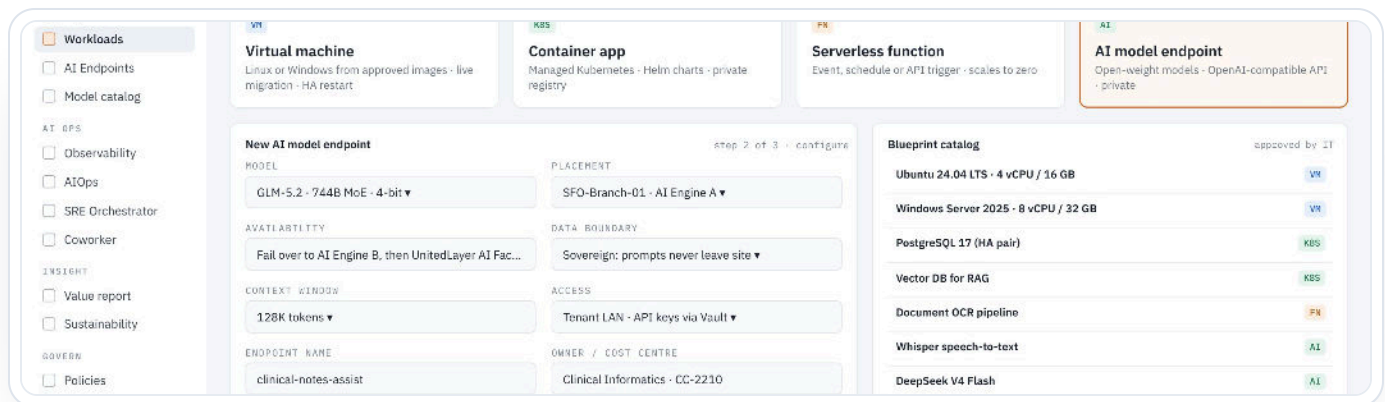
Sovereign by default

Tenant policy pinned prompts to the site; medical and speech models came from the curated catalog.

04

Scale by policy

New clinics joined the fleet and inherited the same policies, models and audit settings automatically.



A private clinical-notes endpoint is launched from a blueprint, with prompts pinned to the site.

WHAT CHANGED

AREA	BEFORE	AFTER
Patient data	Blocked from public AI	→ Stays on the appliance
Notes	Written at the end of a shift	→ Drafted by AI, reviewed by clinicians
Servers	Aging VMs per clinic	→ Consolidated onto one appliance
Support	Site visits for issues	→ Fixed remotely, mostly by AI ops

WHAT'S NEXT

With the first clinics live, the network is adding a medical imaging model and connecting the appliances to its core AI factory for overflow and training.

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