

HealthCareOne Stakeholder Interview Summaries

Interviewee: Rachel Alvarez, Director of Nursing

Date: June 18, 2025

Summary:

Rachel emphasized that nurse burnout remains at crisis levels, driven by high patient loads, administrative burdens, and staffing shortages. She is cautiously optimistic about AI as a way to reduce manual tasks like documentation, scheduling adjustments, and supply management. However, she expressed frustration with past digital tools that were poorly designed, added work, and failed to integrate with nursing workflows.

Rachel believes AI should prioritize tasks that free nurses to focus on direct patient care rather than tools that monitor or evaluate nursing performance. She wants to ensure nurses are included in co-design to build trust and avoid unintended safety risks.

Rachel also noted that nurse skepticism is high due to fears of being replaced or judged by algorithms, and any implementation must include clear education, transparency, and change management support. She highlighted particular interest in AI solutions that can predict patient deterioration, streamline handoffs, and optimize staffing for acuity rather than fixed ratios.

Key Quotes:

- “Every minute AI saves on charting is a minute back with patients.”
- “We’re tired of technology that was built without ever asking a nurse.”

Interviewee: Raj Patel, VP of Digital Transformation

Date: June 20, 2025

Summary:

Raj described HealthCareOne's digital transformation as a multi-year journey focused on interoperability, automation, and patient experience. He sees AI as a lever to accelerate operational excellence and clinical insights. His team is prioritizing AI for operational use cases like patient flow optimization and claims processing before scaling to clinical decision support. Raj highlighted that fragmented data systems and unclear data ownership are major blockers. He seeks AI pilots that prove value within 3-6 months to build organizational confidence and secure ongoing funding. He wants vendors and consultants to align to the broader digital architecture roadmap rather than propose siloed solutions.

Key Quotes:

- “We don’t need AI moonshots. We need practical wins that build momentum.”
 - “If it doesn’t integrate with our existing digital ecosystem, it’s not viable.”
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Interviewee: Priya Nair, Chief Information Security Officer (CISO)

Date: June 22, 2025

Summary:

Priya emphasized that any AI initiative must be underpinned by a rigorous security and compliance framework that leaves no gap for patient-data exposure. She stressed the imperative of end-to-end HIPAA adherence, including encryption in transit and at rest, strict role-based access controls, and continuous audit trails. Priya called out AI-specific threat vectors—model inversion, adversarial inputs, and third-party API vulnerabilities—as risks that require dedicated threat modeling and ongoing monitoring. She insisted on explainable AI models where every decision can be traced back to source data and governance rules before deployment. While supportive of pilots that demonstrate quick value, she will condition approval on comprehensive security assessments, vendor certification, and alignment with both privacy and data-governance teams.

Key Quotes:

- “If we can’t map every inference to a data lineage and control point, we won’t greenlight the model.”
 - “A single compliance breach could cost us fines, reputational damage, and patient trust that takes years to rebuild.”
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Interviewee: Maria Gonzalez, Director of Patient Advocacy

Date: June 22, 2025

Summary:

Maria shared that patients are increasingly concerned about data privacy and the use of AI in clinical decisions. Many fear depersonalized care if AI replaces human interaction. She advocates for patient education and transparency around AI's role in their care journey. Maria believes AI can enhance equity if designed inclusively but worries about algorithmic bias, especially for underserved populations. She recommends involving patient advisory councils in AI design and rollout to build trust. Her top priority is ensuring AI tools do not unintentionally reduce access or quality for vulnerable groups.

Key Quotes:

- “Patients deserve to know when AI is influencing their care decisions.”
- “If AI amplifies inequities, it will erode trust in our entire system.”