

CLINCOGNITION

ClinClaw

IS Review

Information Services Review · CCHMC

DATE	April 8, 2026
AUDIENCE	IS Leadership
PRESENTER	Ernest Pedapati, MD
INSTITUTION	Cincinnati Children's Hospital Medical Center



ClinClaw — CCHMC · Confidential

ClinClaw

THE TEAM

Multidisciplinary expertise spanning neuroscience, engineering, and commercialization.

ClinClaw



Ernest V. Pedapati, MD
Professor

Technical Lead, NIH C3i Program
Co-Founder, CinciNeuro LLC
Founder, Vitrona Health, Inc.



Craig A. Erickson, MD
Professor

CEO, CinciNeuro LLC
Industry drug-development leadership



David Hutten
Executive in Residence

Strategy and
Partnership Development

Philosophy and Vision

ClinClaw is our own AI agent that lives inside Microsoft Teams and works directly with our existing Azure and Epic systems.

What it does for clinicians

- Helps draft notes, patient letters, and billing
- Pulls real-time medical literature and evidence
- Runs ambient listening during calls
- Answers clinical questions — all grounded and secure

Why we built it

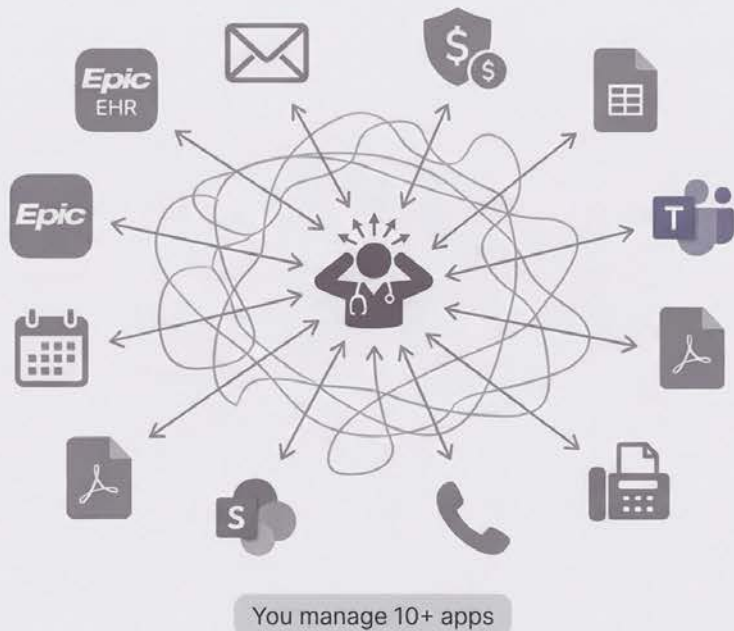
- No new apps. No extra vendors.
- Full control, full security, full cost savings
- Uses only the Azure and Epic stack we already own



THE VISION

Why interact with apps at all?

Today



ClinClaw



The new scarcity isn't intelligence. It's attention.

VISION

ClinClaw Vision — Built for Any Epic + Azure Hospital

Modular, Deployment-First Design · Ready to Drop In

Developed from day one with real-world hospital deployment in mind.

Key Features

- Purpose-built for any health system running Epic on Azure
- Fully modular architecture — mix, match, and adapt to your environment
- Mock Epic Interface that mirrors your real hospital stack
- Safe local development and testing against realistic data flows (no production risk)

Deployment Advantages

- Teams App with zero-downtime containerized deployment (Docker + Kamal)
- M365 login + Epic Smart App integration
- Delivers 99% of vendor functionality — completely in-house



Secure Our Stack, End Vendor Sprawl

ClinClaw: In-House Teams AI — RAG-Grounded, Epic-Secured, Azure-Controlled Autonomy

STRATEGY

- **Reclaim Azure** No more fragmented vendors
- **Security & compliance in our tenant** Data never leaves CCHMC boundary
- **Scalable governed agents** For useful clinical workflows



ECONOMICS

Where the Cost Savings Come From

Enterprise infrastructure we already own, no vendor markup

THE ANSWER

Azure cost. No vendor markup.

Every component runs on infrastructure we already control. We pay Azure directly, not a third party that's reselling Azure to us.

What We Control

Enterprise Linux Server	Self-hosted on standard CCHMC infrastructure. No vendor SaaS subscription.
Enterprise PostgreSQL	Open-source. No branded SQL Server licensing. No per-seat fees.
Azure AI Foundry Keys	Pay-as-you-go directly to Azure. No vendor reselling our own AI capacity back to us.
Azure Communication Services	SMS and voice at Azure list price. No outreach vendor markup.
Microsoft Graph + Epic FHIR	Already licensed. Already paid for. ClinClaw just uses what's there.

Smaller Team to Manage

Because the codebase is modular and built on standard Azure and C# patterns, ongoing management requires only 2-3 developers, 1 DevOps engineer, and shared clinical informatics support. No large dedicated team.

**Substantial reduction in vendor licensing fees.
Same capabilities. Smaller team. Zero markup.**

DEPLOYMENT

How Easy Is It to Deploy?

Two commands and a VM. Everything else is identity registration.

THE ANSWER

Two commands and a VM.

Approximately two hours from a clean Azure tenant to a running ClinClaw instance, assuming Azure and Epic access are in hand.

Five Plain Steps

01 Stand up one Linux VM

Any region in your tenant. Ubuntu LTS, Docker installed. No special hardware.

02 Register three things in Entra ID

The app, the bot, and the Key Vault. Standard SingleTenant app registrations.

03 Run make setup-host

Boots the supporting services (PostgreSQL, Qdrant, MinIO, MockServer) on the VM.

04 Run make deploy-host

Kamal deploys the bot and executor with zero downtime. Health check confirms ready.

05 Connect Epic when ready

Optional. Can be done in week one or week twelve. Configuration only — no code changes.

**No special hardware. No consultants. No four-month onboarding.
Configuration-only deployment.**

Technical Review

Extensible Module Architecture

C# modules and JSON workflow manifests — add new clinical capabilities without touching the core

ClinClaw is built as 30+ small **C# modules** under a shared runtime, with clinical workflows declared as JSON manifests. Adding a new capability is a **new manifest** plus, at most, a new module. The core never changes.

C# Module Library

30+ modules, single .NET 8 solution

- ClinClaw.AgentRuntime — agent orchestration and lifecycle
- ClinClaw.WorkflowRuntime — manifest-driven workflow execution
- ClinClaw.EpicFhir — Epic SMART on FHIR client
- ClinClaw.Microsoft365 — Graph integration (calendar, mail, files)
- ClinClaw.Rag.SemanticKernel — Semantic Kernel RAG grounding
- ClinClaw.PatientChart, ClinClaw.PatientLetters, ClinClaw.PatientQueries
- ClinClaw.DocumentAuthoring, ClinClaw.Presentations, ClinClaw.Outreach
- ClinClaw.MedicalGrounding, ClinClaw.GroundedDocuments, ClinClaw.ChartProvenance
- ClinClaw.LlmAgent, ClinClaw.MessageRouting, ClinClaw.ConversationMemory

Each module is independently testable, independently deployable, and depends on ClinClaw.Shared for cross-cutting contracts only.

Workflow Manifests (JSON)

12 production workflows declared as JSON

- appointment-scheduling.workflow.json
- docx-review.workflow.json
- family-letter-draft.workflow.json
- grounded-document-draft.workflow.json
- leadership-ops-review.workflow.json
- medical-evidence-brief.workflow.json
- patient-chart-summary.workflow.json
- patient-letter-draft.workflow.json
- pre-visit-patient-outreach.workflow.json
- presentation-generation.workflow.json
- prior-auth-fill.workflow.json
- hello-world.workflow.json

Each manifest declares triggers, inputs, outputs, governance (ReviewGate), sensitivity class, and the modules it composes. C# handlers read from the manifest and never hardcode workflow-specific strings.

Adding a New Workflow

01 — Create a new .workflow.json manifest declaring inputs, outputs, and governance

02 — If a new capability is needed, scaffold a new ClinClaw.* module

03 — Wire the manifest to existing modules via the WorkflowRuntime

04 — Run the test suite (690+ tests). Deploy via Kamal.

No core code changes. No vendor approval. New workflows ship in days, not quarters.

Modular C# core. JSON workflow manifests. Hospital-specific extensions live alongside the standard library — and never require forking the codebase.

SECURITY

Security and Compliance Posture

How ClinClaw protects PHI, identity, content, and audit trail

01 How is PHI protected end-to-end?

All processing stays inside our Azure tenant. Scoped Microsoft Graph and Epic role-based permissions. No data ever leaves our environment.

02 How do you prevent unauthorized access to patient data?

Every request uses the clinician's M365 identity. Access is limited to only what their Epic role allows — nothing more.

03 What safeguards do you have against prompt injection or data leakage?

Our enterprise C# LLM Guard scans every prompt and response before it reaches any model.

04 How is everything audited for HIPAA compliance?

Full logging through Azure Monitor and Sentinel. Every interaction is tied to a specific user, time, and patient MRN.

GROUNDING

How We Eliminate Hallucinations

CORE PRINCIPLE

We never let the model make things up.

The model only summarizes what has already been retrieved from verified sources. It never generates facts on its own.

How We Ground Every Response

Capability	Function
Semantic Kernel RAG	Pulls only from verified institutional sources
PubMed CLI Tool	Returns real, citable literature with direct link-outs
Structured API Payloads	All external data comes back as structured payloads via APIs (Epic, Workday, etc.)
Summarize, Don't Generate	The model only summarizes what's already been retrieved — never generates facts

**Every claim is traceable, verifiable, and auditable.
Clinicians can click through to the original source.**

How Do We Protect Against Prompt Attacks and Unsafe Content?

THE ANSWER

Every interaction runs through LLM Guard.

Our enterprise C# implementation scans every prompt and response before it reaches any model — tuned for healthcare context.

What LLM Guard Does

Protection	Function
Prompt Injection Detection	Detects and blocks prompt injection attacks before they reach the model
Toxicity and Bias Scanning	Scans every prompt and response for toxicity, bias, and harmful content
PHI-Aware Sensitive Data Detection	Identifies sensitive data without removing PHI — because we need it for clinical queries
Healthcare-Tuned Filtering	Blocks malicious inputs while letting legitimate patient context through

**Full security without breaking medical use cases.
Safe, controlled, and tuned for healthcare.**

REPRODUCIBILITY

How Do You Handle Version Control and Reproducibility?

THE ANSWER

Everything is fully versioned and reproducible.

Every clinical output can be traced back to the exact code, prompt, and model version that produced it.

Version Control and Reproducibility

Git as Source of Truth	All agent workflows, prompts, and RAG configurations live in Git
Pinned Container Images	Every container uses explicit image tags and versioned dependencies
Instant Rollback	Roll back any change instantly using our existing Azure deployment pipeline
Audit-Ready Outputs	Clinical outputs can be audited with the exact prompt and model version used

Same code in. Same answer out. Every time.

LIFECYCLE

How Do We Manage Updates and Lifecycle?

THE ANSWER

We control our own lifecycle.

No vendor contracts. No forced upgrades. No black-box updates.

How We Manage Updates

Enterprise Change Management	All upgrades follow our existing CCHMC change management process
Stage with Real Data	We test and stage updates using real usage data and stakeholder feedback
Kamal Container Pipeline	Changes deployed safely with zero downtime through our containerized pipeline
Zero Vendor Lock-In	No vendor contracts, no forced upgrades, no black-box updates

Our lifecycle. Our pipeline. Our pace.

MEASUREMENT

How Do We Measure Success and ROI?

THE ANSWER

With real data from our own systems.

No guesswork. No third-party dashboards. Everything we already collect.

How We Measure	
Azure Monitor + Application Insights	Full observability on usage, latency, and cost per agent
Workflow Telemetry	Track which workflows are used most (evidence reviews, ambient notes, patient-specific queries)
Time and Cost Analysis	Measure clinician time saved and reduction in vendor licensing costs
Existing Data Sources	All metrics pulled from our existing Azure logs and Epic usage data

Clear, empirical proof of value using tools we already own.

VENDOR REDUCTION

Can We Replace Vanta with Native Azure Tools?

THE QUESTION

Can we replace Vanta with native Azure tools we already own?

THE ANSWER

Yes.

We can build equivalent evidence collection using tools that are already in our tenant — no new vendor required.

Native Azure Architecture

Tool	Function
Microsoft Purview	Auto-discovers and classifies PHI across our environment
Azure Policy + HIPAA Built-in Initiative	Enforces and monitors controls continuously
Microsoft Defender for Cloud	Security posture and compliance dashboards
Azure Sentinel	Centralizes logs and generates audit-ready reports

Same evidence. Zero extra vendor. Fully inside our tenant.

Capabilities

DEFENSIBILITY

Born integrated. Not bolted on.

The moat is not what we build — it is where we build from.



Dr. Patel sees a referral email about Sarah Chen. She highlights the MRN and clicks ClinClaw.



ClinClaw pulls Sarah's Epic history, finds three neurology slots next week, presents them in Teams.



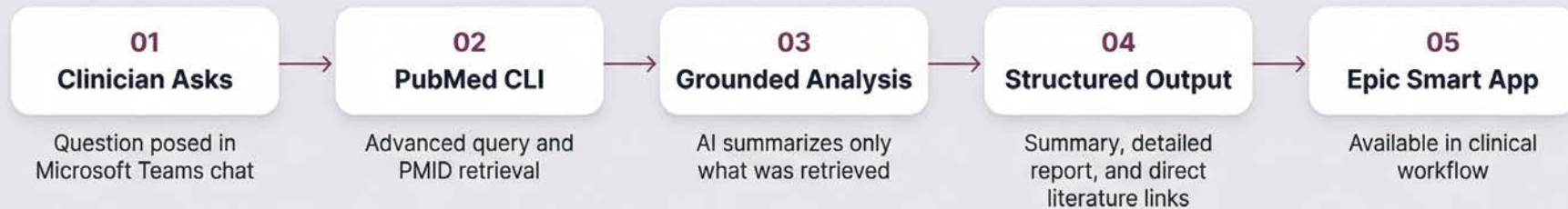
One tap — Epic booked, Outlook blocked, Sarah gets a MyChart reminder.

CLINICAL DECISION SUPPORT

Evidence Review

An institution-owned alternative to UpToDate

Teams query → instant literature summary with direct citations.



No subscriptions

No per-clinician licensing fees. The institution owns the tool.

Full transparency

Every claim links out to the source PubMed article. Clinicians verify in one click.

Real-time accuracy

Queries hit live PubMed every time. No stale cached content.

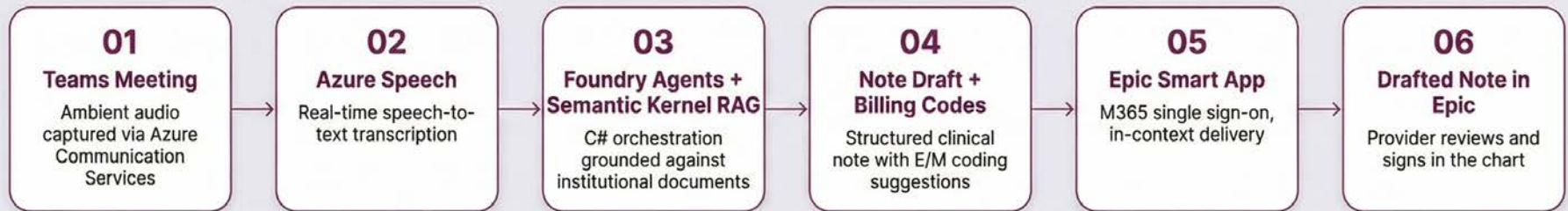
Same clinical utility. No vendor subscription. Full transparency.

AMBIENT DOCUMENTATION

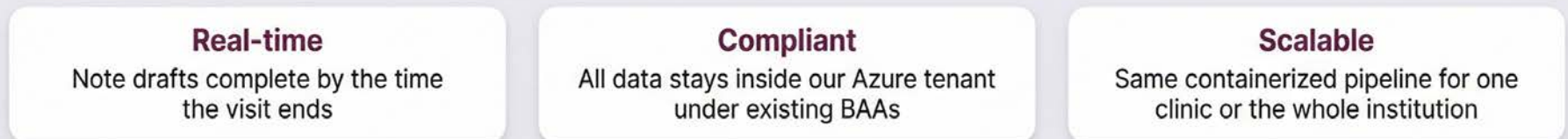
Ambient Scribe to Epic Note and Billing

Same capability as Abridge or Nuance DAX, built entirely on our Azure and Epic stack. End-to-end ambient documentation using only services we already license — no vendor cloud, no per-clinician subscription.

End-to-end flow pipeline



What This Means



Same outcome as the leading vendors. Built on infrastructure we already own and govern.

KNOWLEDGE

Our RAG Is Radically Simpler

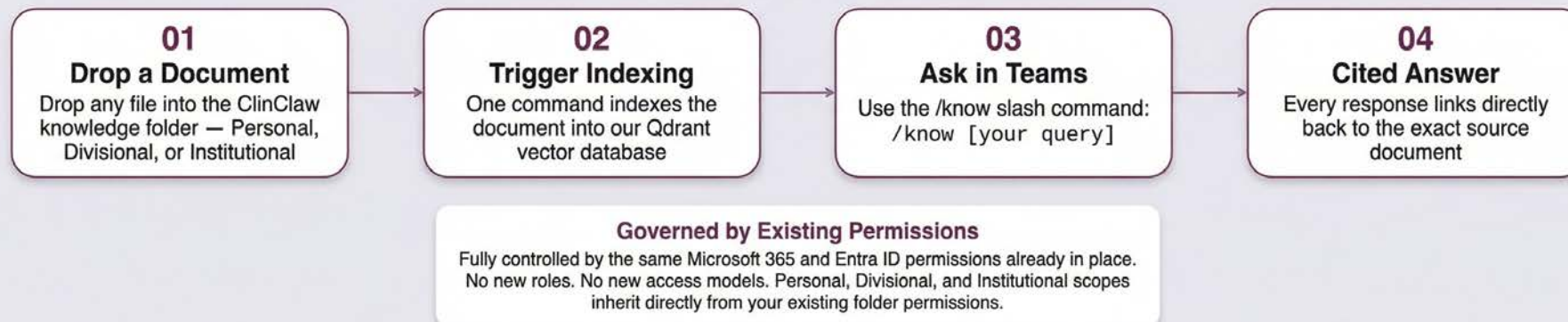
Drop a document. Index it. Ask questions. Every answer cites the source.

HOW IT WORKS

Four steps. No new infrastructure.

Hospital documents become a queryable knowledge base in minutes — using the folders, permissions, and identity model your team already has.

End-to-End RAG Flow



Simple to use. Cited by default. Governed by what you already own.

PART TWO

Appendix

Technical detail and reference for follow-up review

WHAT FOLLOWS

- Network and deployment topology
- PHI encryption strategy
- Audit, logging, and incident response
- Supply chain and change management
- Compliance and institutional readiness

INFRASTRUCTURE

Network and Deployment Topology

Self-hosted containers, minimal attack surface

CONTAINER ARCHITECTURE

9 containers per environment

clinicragbot-web	Teams bot (.NET 8)
clinicrag-executor-web	Background worker
clinicrag-executor-mcp	PubMed MCP server
clinicragbot-postgres	Bot state DB
clinicrag-executor-postgres	Job queue DB
clinicrag-qdrant	Vector store
clinicragbot-minio	Object storage
clinclaw-mockserver	FHIR/Graph mock
kamal-proxy	Reverse proxy + TLS

All containers run as non-root (clinclaw user). Managed by Kamal 2.9 (zero-downtime deploys).

INFRASTRUCTURE

Hosts: data1 (dev, ARM64) · cblprod (prod, x86_64)

Completely isolated infrastructure, no shared runtime state

NETWORK SEGMENTATION

External (Internet-facing)

Port 443 only (via Cloudflare)

/api/messages — Bot Framework webhook

/up — Health check

/app — Teams tab (SSO-gated)

/admin — Admin panel (JWT-gated)

Internal (Docker network only)

PostgreSQL — port 5432 (not published)

Qdrant — port 6334 gRPC (not published)

MinIO — port 9000 (not published)

MCP server — port 8081 (Docker alias)

MockServer — port 5200 (Docker alias)

No database or internal service is reachable from the internet. All inter-container traffic stays on the Docker 'kamal' bridge network.

EXTERNAL DEPENDENCIES

Outbound connections

Service	Purpose
Azure AI	Embeddings + chat
CLIPProxy	LLM routing (hel2)
Epic FHIR	Patient data (when live)
Microsoft Graph	Patient data (when live) Calendar, email, files
Bot Frame-	Teams messaging
NCBI	Teams messaging
PubMed	Literature search
Azure ACS	SMS outreach
GHCR	Container registry (deploy only)

All outbound over TLS. No inbound ports except 443. No VPN required. SSH for administration only.

PHI Encryption Strategy

Defense in depth — current state and production roadmap

Current Posture (Dev + Prod)

In Transit

- ✓ TLS 1.3 on all external endpoints
- ✓ PostgreSQL SSL enabled (all 4 databases)
- ✓ AES-256-GCM on executor job payloads
- ✓ Docker internal network — no routable path

At Rest

- ✓ Epic Auth tokens — AES-256-GCM in PostgreSQL
- ✓ Outreach PHI (3 fields) — AES-256-GCM per-field: PatientResponseText, LlmSummary, EncryptedPhone
- ✓ Credential store — AES-256-GCM via broker
- ✓ Secrets — Azure Key Vault (HSM-backed)
- ✓ MinIO — server-side encryption (SSE)
- ✓ Key stored in Azure Key Vault, unlocked at boot

Production Deployment

🔒 LUKS Full-Disk Encryption

Replaces per-field encryption as the primary control

- ✓ All data encrypted at the volume layer:
- ✓ PostgreSQL data files
- ✓ Qdrant vector storage
- ✓ MinIO document blobs
- ✓ Docker scratch and artifact volumes
- ✓ Container logs

What Changes

- ✓ App-layer PHI encryption becomes defense-in-depth
- ✓ LUKS covers all data at rest
- ✓ Per-field encryption retained for the most sensitive fields (patient responses, tokens)

HIPAA Compliance

Current app-layer encryption satisfies ePHI at-rest today. Production LUKS adds comprehensive coverage. Both layers coexist — LUKS encrypts everything, app-layer protects sensitive fields even from DB administrators.

GOVERNANCE

Supply Chain and Change Management

Pure .NET stack, no AGPL, automated testing before every deploy

SUPPLY CHAIN

Dependencies

- Pure .NET 8 — no Python or Node runtime dependencies
- NuGet packages only, from signed public registry
- PDFsharp 6.2.4 (MIT) for PDF generation
- PdfPig vendored from source (Apache 2.0)
- DocumentFormat.OpenXml (MIT, Microsoft-signed)
- No AGPL dependencies anywhere in the tree

NATIVE BINARIES (EXECUTOR)

- pubmed-cli (Go) — institution-owned repo
- doc-review (.NET AOT) — institution-owned repo
- pptx-review (.NET AOT) — institution-owned repo
- slides-cli (.NET) — institution-owned repo
- pptx-dotnet (skill tarball) — pinned version

All native binaries downloaded from institution-owned GitHub repos at build time.

AUTOMATED TEST SUITE

- 690+ unit tests across 10 projects
 - Runs before every deploy via make test
- Deploy blocked on any failure

DEPLOYMENT PROCESS

Kamal 2.9 Pipeline

- 01** — dotnet test runs 690+ unit tests across 10 projects
- 02** — git push to main
- 03** — Docker build on remote host
- 04** — Push image to GHCR (private registry)
- 05** — Kamal boot with zero-downtime container swap
- 06** — Health check via /up endpoint
- 07** — Old container stopped and pruned

Secrets sourced from Azure Key Vault at deploy time. No secrets in Docker image or git history. Rollback: kamal rollback restores previous image in under 30 seconds.

QA CHECKLIST

v1.5 — 329 items across 24 sections

- Connectivity and authentication
- Workflow execution paths
- Epic integration scenarios
- Admin panel and workspace
- Knowledge base and document retrieval
- Communication scenarios
- Knowledge base and document retrieval
- Outreach delivery and response
- Deployment and rollback
- Bot Harness scenario coverage

Test suite is the gate, not a checkbox. Failed tests fail the build.

Each item has a unique ID (T-001 to T-279) for bug tracking and audit traceability.

READINESS

Compliance and Institutional Readiness

BAA coverage, data residency, and user onboarding

BAA AND DATA RESIDENCY

AZURE BAA COVERAGE

- ✓ Microsoft Azure BAA covers all Azure services
- ✓ Azure AI (OpenAI) — BAA eligible
- ✓ Azure Key Vault — BAA eligible
- ✓ Azure Communication Services — BAA eligible
- ✓ Entra ID — BAA eligible

DATA RESIDENCY

- ✓ Azure services in US East region
- ✓ Self-hosted infrastructure under institutional control
- ✓ No data sent to third-party SaaS
- ✓ LLM: store=false on every request
- ✓ CLIPProxy: stateless proxy, no data retention
- ✓ PubMed: public literature only (no PHI)

Verify: Azure Portal → Compliance → BAA status.

USER ONBOARDING

Deployment to a new institution

- 01** — Entra app registration (SingleTenant)
- 02** — Azure Bot resource and Teams channel
- 03** — Teams manifest upload via Admin Center
- 04** — Azure Key Vault provisioned
- 05** — DNS and Kamal deploy config
- 06** — Epic FHIR app registration (optional)
- 07** — make setup-`{host}` boots accessories
- 08** — make deploy-`{host}` deploys bot and executor

No code changes per institution.

Configuration-only deployment via environment variables.

Time to deploy: approximately 2 hours with Azure and Epic access in hand.

Data Boundary

No patient data leaves institutional control. LLM providers receive de-identified clinical context only.

COMPLIANCE

Audit, Logging, and Incident Response

22-field audit trail, 365-day retention, automated external audits

AUDIT LOGGING

22-field AuditEntry

- Every workflow request, completion, and failure
- Patient chart access (MRN, provider, timestamp)
- Document generation and delivery events
- Epic Auth token grants and refreshes
- Admin panel actions with correlation IDs
- Outreach SMS send and response events
- Executor job lifecycle (queued, claimed, completed, failed)

Stored in bot_audit_log (PostgreSQL). 365-day retention. Immutable append-only, no updates or deletes.

EXTERNAL AUDIT FRAMEWORK

11 automated audit scripts (clinclaw-vanta repo)

- Runs externally against production
- Checks: secrets, TLS, containers, PHI, audit log, network, backup, dependencies, architecture, user access, LLM data handling
- Branded compliance dashboard delivered as PDF
- Current scorecard: 13 passing, 1 remaining (skill tarball SHA)

QA: 329 test items across 24 sections, 24 Direct Line integration scenarios, 690+ unit tests.

CONTAINER AND APPLICATION LOGS

- Docker json-file driver with rotation (50MB × 5 files)
- No PHI in application logs
- EF Core SQL logging at Warning level only
- Structured logging via Microsoft.Extensions.Logging

Logs are operational only. PHI lives exclusively in the audit table.

ACCESS CONTROLS AND INCIDENT RESPONSE

USER ACCESS

- Entra ID RBAC with three security group tiers
- SSH key-only access to hosts
- No shared passwords or service accounts
- Azure Key Vault for secret management
- Non-root containers (clinclaw user)

INCIDENT RESPONSE

- Bot health endpoint /up monitored
- /api/diagnostics for config verification
- Container restart policies (unless-stopped)
- Job retry with exponential backoff
- Dead-letter queue for failed jobs

Full rollback: kamal rollback restores the previous container image within 30 seconds.

Application Tour

ClinClaw Teams Chat

The screenshot displays the ClinClaw Teams Chat interface. The left sidebar shows navigation options like Unread, Channels, Chats, Copilot, Quick views, Followed threads, Drafts, Favorites (Ernest Pedapati), Chats, Teams and channels, and Communities. The main chat area shows a message from ClinClaw Dev at 6:56 AM titled "Pre-Visit Patient Outreach" for 5 patients from Apr 8 to Apr 9. The message includes a list of patients with checkboxes, a preview of the message each patient will receive, an edit message field with placeholders, and options to attach medication lists and medical history. A "Send Outreach" button is visible. A "Review required" warning is shown below the message. A "Hello" message is visible at the bottom right of the chat area.

ClinClaw Dev Yesterday 6:56 AM

Pre-Visit Patient Outreach
5 patients · Apr 8 to Apr 9

- Camila L. · Apr 8 8:30 AM — PCOS follow-up
- Maya C. · Apr 8 9:15 AM — ADHD medication review
- Ethan C. · Apr 8 10:00 AM — Epilepsy management
- Marilyn H. · Apr 8 10:45 AM — Cognitive assessment
- Liam C. · Apr 8 11:30 AM — Asthma check-up

Message each patient will receive:
Preview: Hi Camila, this is Cincinnati Children's. You have an appointment with Dr. Sarah Mitchell on Apr 8 at 8:30 AM. To help us prepare, please reply with what you'd most like to discuss. Reply STOP to opt out.

Edit message (use {patient_first_name}, {provider_name}, {appointment_date} as placeholders)

Hi {patient_first_name}, this is {clinic_name}. You have an appointment with {provider_name} on {appointment_date}. To help us prepare, please reply with what you'd most like to discuss. Reply STOP to opt out.

Your pre-visit brief (what you'll receive back):

- Attach each patient's medication list from Epic
- Attach each patient's medical history from Epic

Select All Send Outreach Cancel

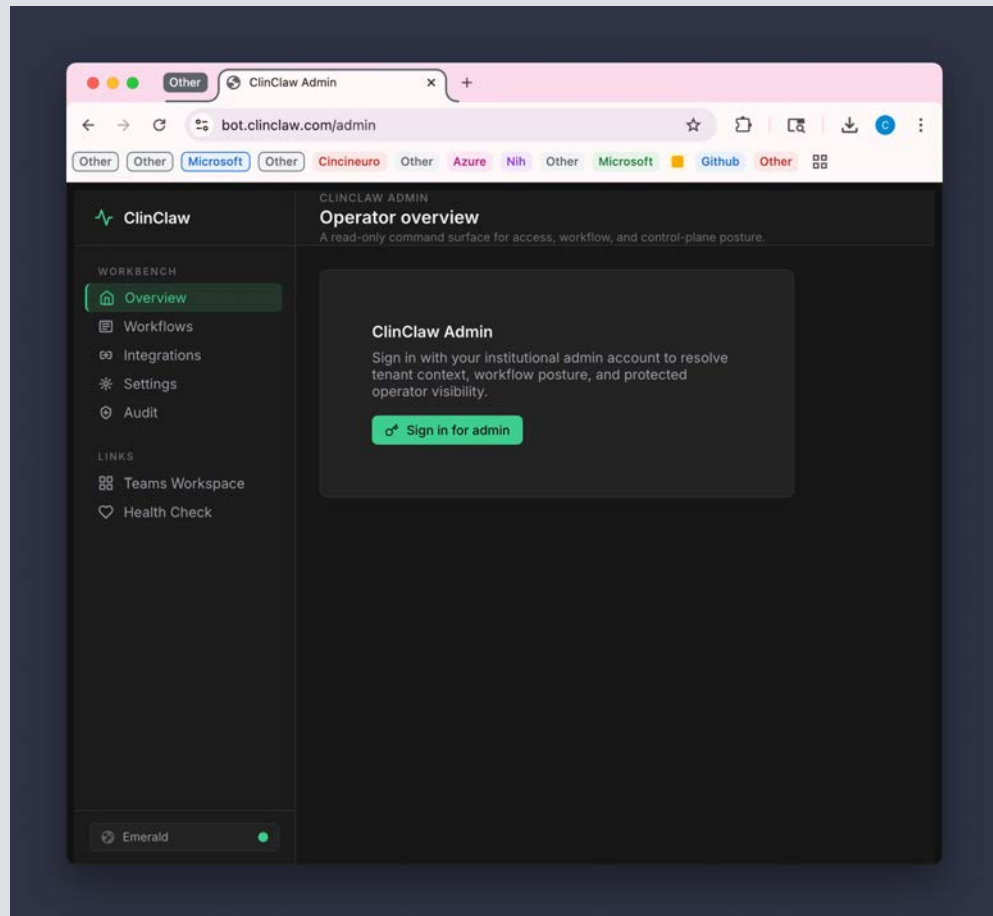
Review required — The Pre-Visit Patient Outreach output needs your review before it can be finalized or shared. Please check the output carefully for accuracy.

Yesterday 6:59 AM
Hello

View prompts

Type a message

Admin Panel



User Workspace

The screenshot displays the ClinClaw Dev user workspace interface. The left sidebar shows navigation options like Chat, Copilot, Quick views, Followed threads, Drafts, Favorites (Ernest Pedapati), Chats, Teams and channels, and Communities. The main content area is titled 'MY CONTROL PLANE' and includes three sections: Microsoft 365 CONNECTIONS, Personal templates, and Knowledge sync. Each section has a status indicator (ready, neutral) and a 'MATERIALS' link. The Microsoft 365 section shows 'Ready for read/write scheduling', 'Ready for inbox retrieval', and 'Not configured' for calendar, email, and OneDrive delivery respectively. The Personal templates section shows 'None selected' for active templates. The Knowledge sync section shows '0' tracked documents and '0' missing items.

ClinClaw Dev Chat Shared **ClinClaw** About

ClinClaw **PRODUCTION**

Overview Epic History Workflows **Templates** Systems Admin

MY CONTROL PLANE

ready **Microsoft 365** CONNECTIONS

Microsoft 365 surfaces are configured for this deployment. Calendar, email, and OneDrive-backed delivery can be activated from your personal chat. Your personal Microsoft 365 account posture for calendar, email, and OneDrive-backed delivery in ClinClaw.

CALENDAR SURFACE	EMAIL SURFACE	ONEDRIVE DELIVERY
Ready for read/write scheduling	Ready for inbox retrieval	Not configured

ACCOUNT LINK
Teams identity linked

Review connection posture
OAuth reconnect still starts in personal chat today. Say "connect microsoft 365" to ClinClaw if access needs to be refreshed.

neutral **Personal templates** MATERIALS

No personal templates are saved yet in this workspace. Your saved personal document templates for ClinClaw workflows such as patient letters.

ACTIVE TEMPLATES	DEFAULT TEMPLATE	ARCHIVED TEMPLATES
0	None selected	0

Manage in this tab
Template upload is now available here. Use this tab to review, rename, archive, restore, and download saved templates.

neutral **Knowledge sync** MATERIALS

No personal OneDrive sync has been recorded yet. Owner-scoped sync between your OneDrive knowledge folder and the active ClinClaw retrieval provider.

ROOT FOLDER	TRACKED DOCUMENTS	MISSING ITEMS
ClinClaw/Knowledge/Personal	0	0

LAST COMPLETED
Never


Detailed resync and item-level repair are still chat-first today. This workspace slice is intentionally read-first.




Grounded Document Drafting from Policies

Yesterday 1:57 PM

Draft a grounded document for Cincinnati Children's financial assistance policy covering emergency or medically necessary care in plain language

ClinClaw Dev Yesterday 1:57 PM

 **Review required** — The Grounded Document Draft output needs your review before it can be finalized or shared. Please check the output carefully for accuracy.

 policy-cincinnati-childre...  

Cincinnati Children's Financial Assistance Policy for Emergency or Medically Necessary Care

Status	Provisional Draft for Governance Review	Document ID	PCL/FINASSIST-EMERG-MN-2026-04-07
Drafted	2025-04-07	Owner	Policy owner not confirmed in source packet

This draft uses the grounded Cincinnati Children's source excerpts provided in the packet for core policy considerations. Operational details not confirmed by these sources are marked as unconfirmed governance decisions and must be approved before institutional use.


Purpose
Cincinnati Children's provides care for emergency medical conditions without discrimination and regardless of ability to pay. Cincinnati Children's also offers financial assistance for eligible patients and families receiving emergency or medically necessary services and does not use payment demands or collection practices that would interfere with access to that care.

Powerpoint Creation

Monday 6:03 PM

create an executive presentation on reducing clinic no-shows in child neurology

ClinClaw Dev Monday 6:03 PM Updated



Workflow active




ClinClaw is working on this

Presentation Generation

Output Result

Starting your request

Edited

 presentation_create-an-...  

EXECUTIVE BRIEFING

Reducing Outpatient No-Shows in Child Neurology

Protect specialist access, improve continuity for complex patients, and strengthen clinic throughput.

Why now Demand for child neurology exceeds supply; many missed visit delays evaluation, secure follow-up, and care plan adjustment.


Access	Quality	Finance
Minimize clinic access barriers Improve continuity	Reduce in-person visit frequency Use for monitoring and EIT care	Lower fit costs reduce productivity and reimbursement impact

RAG Ingestion and Recall

Yesterday 8:43 PM

/knowledge personal

ClinClaw Dev Yesterday 8:43 PM


 ClinClaw started syncing `ClinClaw/Knowledge/Personal` from your OneDrive into the knowledge base. I'll post the result back here when it finishes.
Queued at `2026-04-08T00:43:28.7095333+00:00`.

Knowledge Sync Complete ClinClaw synced `ClinClaw/Knowledge/Personal`. Found 2 file(s): 1 uploaded, 1 unchanged, 0 failed.
[Open ClinClaw/Knowledge/Personal in OneDrive](#)

Yesterday 10:27 PM

/knowledge what is the number for allergy and immunology

ClinClaw Dev Yesterday 10:27 PM

 Allergy and Immunology: **513-636-4589** [5]
Sources

- [1] Quick-Reference-Phone-Referral-Guide.pdf

RESOURCES

CCHMC Internal Staging Site

Live materials, demos, and progress updates for CCHMC leadership

www.clinclaw.com

Password: cchmc

What You'll Find	
ClinClaw Basics	Executive deck, value proposition, deployment guide
Demo Videos	Product demo, overview, and architecture walkthrough
Feature Showcase	Ambient scribe, scheduling, outreach, and Workday agent — with vendor replacement context
Full Documentation	IT review packet, POC runbook, FHIR data request, defensibility, workflow manifests
Leadership Team	ClinCognition leadership and ClinClaw clinical team bios
What's New	Live changelog of features and updates

Internal Feedback
The site has an internal feedback form that routes directly to Ernie and David. Use it to share questions, feature ideas, or workflow requests.

**All materials live in one place. Updated continuously.
CCHMC-only access via the cchmc password.**