Healthcare agents on Katonic

31 agents across nine areas

Hospital work starts in the patient record and in the documents around it. Every agent reaches both in one of four ways, all through the same tool gateway and the same approval rules:

	HOW EACH AGENT CONNECTS
01	**A file the user uploads** in the conversation: a referral letter, a report from another hospital, a scanned form, a recording to transcribe.
02	**A knowledge source.** The hospital's policies, protocols, formulary, coding guidelines and checklists are indexed in the Knowledge Engine, with each reader's permissions kept.
03	**An imported API.** The hospital gives Katonic the description of an API it already runs, and each operation becomes a tool. This is the route to systems of record: the patient record, scheduling, laboratory and radiology results, pharmacy, billing.
04	**An MCP server from the catalogue,** deployed inside the hospital's own cluster. This is the route to reporting databases, document stores and web search.

System names are left out on purpose. The hospital supplies the API description. Nothing here is a tested integration with a named product, and no agent reads an image: where imaging is involved, the agent reads the report.

THE NINE AREAS

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AREA 01

Clinical documentation

AGENT	WHAT IT DOES	READS FROM	WHERE IT STOPS FOR A PERSON
Clinical Documentation Agent	Drafts the visit note, the referral letter and the coding summary from the record of an encounter, or from a transcript of it, in each clinician's own template, and marks anything it could not find	The encounter record through an imported API; a transcript or a dictated recording as an uploaded file; templates as a knowledge source	Always. The clinician reads, corrects and signs, and nothing enters the record unsigned. The agent makes no diagnosis
Discharge Summary Agent	Drafts the discharge summary from the stay: why the patient came in, what was done, the results, the medicines on discharge and the follow-up, each line with the place in the record it came from, and lists what the record does not hold	The admission's notes, results and medicines through an imported API; the hospital's summary format as a knowledge source	Always. The discharging clinician signs. The medicines list is checked by the clinician or a pharmacist, and the agent changes no medicine
Shift Handover Agent	Prepares the handover for each patient on a ward in the hospital's own format: what changed during the shift, what is outstanding and what is due next	Notes, observations and tasks through an imported API; the handover format as a knowledge source	The outgoing nurse reviews every entry and gives the handover. The agent scores no patient and raises no alarm
Patient Letter Agent	Rewrites a clinic letter or discharge instructions in plain language, and in the patient's language, keeping every instruction and adding none, with the original beside it	The signed letter through an imported API or as an uploaded file; the hospital's patient-information style as a knowledge source	Before anything reaches the patient. The clinician who signed the original approves the rewrite

AREA 02

Patient access

AGENT	WHAT IT DOES	READS FROM	WHERE IT STOPS FOR A PERSON
Patient Scheduling Agent	Takes booking and rescheduling requests by voice and chat, offers the slots the hospital's rules allow, books the one the patient chooses, and reminds patients who are due	The scheduling system through an imported API; the booking rules as a knowledge source	Anything about symptoms, urgency or which service a patient needs goes to staff, and so does any request the rules do not cover
Triage Nurse Agent	Asks a patient about their symptoms using the questions in the hospital's own protocols and suggests the level of care the protocol gives, with the reason	The clinical protocols as a knowledge source	A sign of an emergency, or anything the protocols do not cover, goes to a nurse at once. Clinicians write and approve the protocols, and the agent does not diagnose. Where software that triages patients is regulated as a medical device, the hospital confirms its status first

AREA 02 · PATIENT ACCESS, CONTINUED

AGENT	WHAT IT DOES	READS FROM	WHERE IT STOPS FOR A PERSON
Incoming Referral Triage Agent	Reads a referral letter, extracts the question and the history, checks it against the service's own acceptance criteria, lists what is missing and names the clinic the criteria point to	The referral as an uploaded file or through an imported API; the acceptance criteria as a knowledge source	A clinician triages every referral and sets its priority. The agent rejects none and tells no patient
Patient Enquiry Agent	Answers a patient's question about visiting, preparing for a procedure, fees and paperwork from the hospital's own published information, and says when it has no answer	Patient leaflets, visiting rules and price lists as a knowledge source	Any question about symptoms, results or medicines goes to a member of staff. The agent gives no medical advice

AREA 03

Care coordination

AGENT	WHAT IT DOES	READS FROM	WHERE IT STOPS FOR A PERSON
Referral Management Agent	Keeps the list of outgoing referrals, checks whether each specialist's report has come back, tells the referring clinician what is outstanding and drafts the chasing message	The referral record through an imported API	Staff send every message, and a clinician reads every report. The agent closes no referral
Results Follow-up Agent	Lists the results that have been reported and not acknowledged, and the follow-up a report recommends that has no order or appointment against it, each with the report, the date and the responsible clinician	Results, reports, orders and appointments through an imported API or a reporting database	The responsible clinician decides what each one needs. The agent orders nothing and contacts no patient. On a schedule you set, it can prepare the list each morning
Discharge Readiness Agent	For each inpatient, sets the hospital's discharge checklist against the record and lists what is still open: the summary, the medicines to take home, transport, a follow-up appointment	The admission's record through an imported API; the checklist as a knowledge source	The ward team decides who goes home. The agent discharges no one. On a schedule you set, it can prepare the list before the morning round
Multidisciplinary Meeting Pack Agent	Assembles the pack for each patient on a meeting list: the history, the imaging and pathology reports, the stage as recorded and the question for the meeting, each with its source	Reports and notes through an imported API; the meeting's pack format as a knowledge source	The coordinator and the presenting clinician check every pack. The agent recommends no treatment

AREA 04

Medicines and pharmacy

AGENT	WHAT IT DOES	READS FROM	WHERE IT STOPS FOR A PERSON
Medicines Reconciliation Preparation Agent	Sets the medicines a patient was taking before admission beside what is charted now, and lists the differences for the pharmacist: left out, changed, duplicated	The referral letter and the patient's own list as uploaded files; dispensing history and the current chart through an imported API	A pharmacist or the prescriber resolves every difference. The agent changes no chart and suggests no dose
Formulary and Medicines Policy Q&A Agent	Answers a member of staff's question from the hospital's formulary and medicines policies: whether a medicine is listed, the restrictions and who may prescribe it, with the section cited, and says when the formulary is silent	The formulary and medicines policies as a knowledge source	It gives no dose for a patient and no advice on a patient. Those questions go to the pharmacy

AREA 05

Revenue cycle

AGENT	WHAT IT DOES	READS FROM	WHERE IT STOPS FOR A PERSON
Prior Authorization Agent	Reads the payer's requirements for a procedure or a medicine, finds the matching evidence in the patient's record and prepares the request, with each requirement and the evidence for it	The patient record through an imported API; payer policies as a knowledge source	Always. Staff check and submit every request, and a clinician supplies any clinical judgement the payer asks for
Medical Coding Agent	Reads a chart and proposes the diagnosis and procedure codes, each with the passage that supports it, and marks the codes where the chart is unclear	The chart through an imported API; the hospital's coding guidelines as a knowledge source	Always. A coder confirms, changes or rejects every code
Documentation Query Agent	Finds where a chart does not say enough to support a code and drafts the question to the clinician in the hospital's own query format, without suggesting the answer	The chart through an imported API; the query rules as a knowledge source	A coder or a documentation specialist sends each query, and the clinician answers it. The agent changes no record
Claim Check Agent	Checks a claim before it is submitted against the payer's rules and the claim format's own validation rules, and lists what would be rejected and why	The claim through an imported API; the payer's rules and the format's rules as a knowledge source	Billing staff correct and submit. The agent submits nothing
Revenue Cycle Agent	Reads each denied claim, finds the reason and drafts an appeal that cites the payer's policy and the clinical record, and orders the work queue by deadline	Claims in a database; the record through an imported API; payer policies as a knowledge source	Always, before an appeal is sent. Where the record does not support an appeal the agent says so

AREA 06

Quality and patient safety

AGENT	WHAT IT DOES	READS FROM	WHERE IT STOPS FOR A PERSON
Incident Report Triage Agent	Reads a new incident report, classifies it by the hospital's own categories, proposes the severity band the hospital's matrix gives, finds similar past reports and drafts the summary	Incident reports in a database or through an imported API; the categories and the matrix as a knowledge source	The patient safety team sets the severity and decides what is investigated
Clinical Audit Agent	Checks a sample of records against a standard the hospital names and lists, record by record, what the standard asks for and whether the record holds it, with the passage	Records through an imported API or a reporting database; the standard as a knowledge source	The audit lead judges every finding. On a schedule you set, it can work through a sample each week
Registry Abstraction Agent	Fills the data items a clinical registry or a quality indicator asks for from the chart, each with the passage it came from, and marks the items it could not find	The chart through an imported API; the registry's data dictionary as a knowledge source	The abstractor confirms every item before anything is submitted
Complaint Handling Agent	Classifies a patient's complaint, sets out the timeline of the episode from the record and drafts the response and the log entry, with the dates the hospital's procedure sets	The complaint as an uploaded file; the episode through an imported API; the complaints procedure as a knowledge source	The patient relations officer approves every response, and any clinical judgement in it comes from a clinician

AREA 07

Compliance and governance

AGENT	WHAT IT DOES	READS FROM	WHERE IT STOPS FOR A PERSON
Compliance Sentinel Agent	Reviews access logs, dispensing records and billing data against the hospital's written indicators and flags patterns that suggest record snooping, drug diversion or billing fraud, with the entries that show it	The logs in a database, read-only; the indicators as a knowledge source	Always. A flag is a reason to look, not a finding. The compliance team investigates, and only the people the hospital names see a case
Regulatory Monitoring Agent	Reads the regulators the hospital names, summarises what changed and maps each change to the hospital's obligations register	Regulators' sites through a web search server; the obligations register	The compliance officer decides what each change means. Only the search terms leave the network
Policy and Protocol Q&A Agent	Answers a member of staff's question from the hospital's own policies, protocols and guidelines, with the document and the section cited, and says when they are silent or disagree	Policies, protocols and guidelines as a knowledge source	It answers what the document says. It advises on no individual patient, and clinical judgement stays with the clinician

AREA 07 · COMPLIANCE AND GOVERNANCE, CONTINUED

AGENT	WHAT IT DOES	READS FROM	WHERE IT STOPS FOR A PERSON
Accreditation Evidence Agent	For each standard of an accreditation survey, gathers the policies and records that evidence it and lists the standards with nothing behind them	The standards and the hospital's policies as a knowledge source; audit results in a database	The quality team decides what goes in front of the surveyors
Statutory Report Preparation Agent	Prepares a report the authority requires, such as a notifiable disease, a serious incident or a periodic return, from the record and in the authority's format, and lists what the record does not hold	The record through an imported API; the authority's reporting rules as a knowledge source	The named officer checks and submits every report. The agent submits nothing

AREA 08

Health records

AGENT	WHAT IT DOES	READS FROM	WHERE IT STOPS FOR A PERSON
Records Request Agent	For a request for a copy of a record, checks the authority to release against the hospital's procedure, assembles the documents in scope and marks the passages about other people for review	The request as an uploaded file; the record through an imported API; the release procedure as a knowledge source	A records officer approves every release. The agent sends nothing
Record Completeness Agent	Lists the records that lack what the hospital's rules require: a note not signed, a discharge summary not issued in the time set, a consent form not filed	Records through an imported API or a reporting database; the rules as a knowledge source	The records team follows up each one with the clinician. On a schedule you set, it can prepare the list each day

AREA 09

Workforce

AGENT	WHAT IT DOES	READS FROM	WHERE IT STOPS FOR A PERSON
Credentialing File Check Agent	Checks a practitioner's file against the hospital's credentialing and privileging requirements, and lists what is missing and what expires in the months ahead	The file's documents as uploaded files or in a document store; the requirements as a knowledge source	The medical staff office and the credentials committee decide. The agent grants no privilege

Each one prepares the work. A clinician or a named member of staff decides.

WHAT EVERY AGENT HAS IN COMMON

01	**It runs on the hospital's own infrastructure,** with a model the hospital serves. Patient information stays there.
02	**Every tool call passes the hospital's policy.** A policy can allow a tool, record its use, hold it for a person's approval, or block it, for the whole organisation or for one team.
03	**A tool that changes something waits for approval** unless the hospital has decided otherwise for that tool. That is how nothing enters the record unsigned.
04	**No agent diagnoses or prescribes.** It prepares the work, and a clinician or a named member of staff decides.
05	**The agent acts as the person using it.** Where the hospital's API checks the caller, Katonic passes the signed-in user's identity, and the agent cannot claim another.
06	**Every call is recorded,** with who asked, which tool, and what was decided, and an agent, a tool or a whole server can be switched off at once.

WHERE TO START

Pick work where reading is slow, the decision stays with a person, and no patient is waiting on the agent.

THREE PLACES THAT FIT

Policy and Protocol Q&A

Staff ask what the hospital's own policy says and get the answer with the section cited, and "the policy is silent" where it is. No patient information is involved, so it can run on day one.

Incident Report Triage

The agent classifies each new report by your own categories and proposes the severity your own matrix gives. The patient safety team decides.

Discharge Summary

The agent drafts the summary from the stay, each line with its place in the record. The discharging clinician corrects and signs.

One service, one team, invented patients first. Then beside the manual process, measured against it.

About Katonic AI

Katonic AI is the enterprise platform for serving models and building, running and governing AI agents. It runs on your machines, with your models, under your administrators. Katonic is listed in the Red Hat Ecosystem Catalog and runs on Red Hat OpenShift. The platform is in production at a top-tier bank in Asia, air-gapped, inside the bank's own perimeter, and it has run in production for about 1,100 staff of a life insurer in Asia, on the insurer's own cluster, inside its network. It was founded in Sydney in 2020 by Prem Naraindas, with its global hub in Dubai and teams in Sydney, Mumbai and Dubai.

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