# Your hospital has outgrown its software.

First-generation clinical platforms were built for a different decade — slow to change, expensive to run, and closed by design. medOS ultra is the modern, AI-native hospital operating system: live in weeks, configurable as data, open by standard, and migrated in parallel without a big-bang cut-over.

## THE DECISION IN ONE LINE

**Renew the legacy platform for another five years of standing still — or switch to an open, AI-native OS for a fraction of the run-rate, with payback inside the first year and no lock-in.**

## WHY NOW — THE COST OF STANDING STILL

- Multi-year rollouts and seven-figure consulting before a single patient is seen.
- Every workflow, rule and form change is a vendor change request — a ticket, a quote, a wait.
- AI arrives years late as a bolted-on, per-seat premium module you can't fully trust.
- Each new market or scheme is a costly rebuild instead of configuration you control.

## WHAT CHANGES THE DAY YOU SWITCH

| | | |
|---|---|---|
| **Time to go live** | 18–48 months, big-bang | **Weeks, department by department** |
| **Run-rate** | Seven-figure licences + consulting | **Open foundation — a fraction of the cost** |
| **Change a workflow** | Vendor change request, months | **Self-service data rows, minutes** |
| **Built-in AI** | Extra-cost, bolted on | **Recommender-first, human-in-the-loop** |
| **Your data** | Locked proprietary format | **Open standards — portable, and yours** |

## THE NUMBERS

**~$4.2M**
5-year savings

**~53%**
lower annual run-rate

**~8 months**
payback period

*Illustrative: a 400-bed estate at $1.2M/yr current spend, typical scenario. Model your own figures at evermedos.com/why-migrate.*

## WHY IT'S SAFE — THE TECHNICAL DUE-DILIGENCE

- **No lock-in.** Open standards in and out; export via FHIR Bundles + Bulk $export; self-host the foundation (source via apply-first).
- **Secure by design.** Bel ole & plane-scoped access, PA.

Ask Anything

- **Sovereign deployment.** Cloud, on-prem or fully air-gapped; data stays in your region.
- **Governed AI.** No autonomous clinical writes; every output is a proposal a clinician approves.

## PROOF, NOT PROMISES

One codebase already runs live across regulatory regimes and languages — Thailand (NHSO/SSO), Japan (Kaigo) and Philippines (PhilHealth) — with China, US and UK/Europe packaged and ready. 17 locales, multi-region by configuration. A new country is a market pack, not a rebuild.

### THE ASK

**Approve a zero-risk parallel-run pilot on one department.**

Real workflows, mirrored live next to the incumbent. If it doesn't prove out, roll it back — nothing lost.

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HIPAA · GDPR · PDPA · APPI-ready · FHIR R4 · HL7v2 · air-gap capable

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