

Non-Agentive AI Governance Singapore

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SOVEREIGN STEWARD™ No. 28 · CARE™
Non-Agentive AI 2.0™ Eldercare Canon

Hospital Ward-by-Ward
Constitutional Deployment

Edwin Koh Wui Kiat

Foreword: The Hall After the Hearth

The hospital ward is the most demanding deployment environment for NAI 2.0™. Acute patients, complex clinical workflows, multi-disciplinary teams, and the constant pressure of emergency situations — all within the same constitutional constraints that govern a quiet HDB corridor.

The constitutional architecture does not change. What changes is the WM-series stack deployed on top of it. This e-book documents the ward-by-ward deployment specification for hospital environments under the CARE™ Singapore programme.

"The same Sacred Pause™ that protects an elder in Toa Payoh at 3am protects a post-surgical patient in a SingHealth ward at 3am. The constitution does not differentiate."

Chapter 1: The Hospital WM-Series Stack

WM Patent	Title	Hospital Application	Ward Type
WM001	Clinical Vital Monitor	Low-acuity continuous vitals — governed by P-001, no auto-diagnosis	All wards — general, rehab, geriatric
WM002	Surgical Assist Relay	OT and high-acuity settings — constitutional relay for surgical team alerts	OT, ICU, HDU
WM003	Elder Fall Prevention	Bed-side and corridor falls detection — primary LiDAR stack	All wards — especially geriatric, rehab
WM004	Brain-Tumour Rehab Module	Post-operative neuro rehab protocol under 3ZEROS™	Neurosurgery, rehab
WM005	Diagnostic Eye Scanner	Non-agentic ophthalmic diagnostic support	Eye ward, specialist clinics
WM006	Clinical Zone Lock	Memory-care and wandering-risk zone enforcement	Psychogeriatric, dementia, paediatric
WM007	Medical Compass	Ethical alert routing — checks dignity, safety, accountability before each alert path	All wards
WM008	Clinical TriLock	Triple-check enforcement for high-risk interventions — OT-grade constitutional governance	OT, procedure rooms
WM009	Surgical ABC+2S	Full ABC+2S+H™ enforcement in surgical contexts — non-agentic governance in surgery	OT, ICU

Chapter 2: P-003 Non-Agentive Filter — Technical Specification

What P-003 Does

The P-003 Non-Agentive Filter is a patent-protected software component deployed between the LLM advisory layer and any hospital IT system. It enforces the constitutional boundary between "AI produces text" and "AI triggers action."

P-003 Filter Rule	Technical Implementation
No direct NEHR writes	P-003 intercepts any API call targeting NEHR — only permitted after .1x Key™ auth and FHIR audit trail
No autonomous order creation	P-003 blocks any clinical order set invocation without tripartite auth confirmation token
No alert injection	P-003 verifies that every nurse-call or paging system message has a valid Sacred Pause™ completion record
No raw sensor data transmission	P-003 enforces anonymisation gate — only structured {state, timestamp, room_id} may leave Jetson boundary
No model-to-model escalation	P-003 prevents any LLM from triggering a second AI system — all escalations must originate from human action

HL7/FHIR Integration Pathway

The only permitted integration between NGEyeCare™ and hospital IT systems is via a locally-routed HL7/FHIR message on a private VLAN. This message may only be generated after:

- The Sacred Pause™ has elapsed.
- The Tiger .1x Key™ tripartite authentication has been completed.
- The P-003 Non-Agentive Filter has verified the message structure.
- The message is tagged with the authorising clinician ID, event ID, and Sacred Pause™ completion timestamp.

```
FHIR Observation Resource (post-.1x Key™ authorisation):  
{  
  resourceType: "Observation",  
  status: "final",  
  code: "fall-event-detected",  
  subject: {reference: "Patient/[anonymised-ward-id]}},  
  effectiveDateTime: "[event_timestamp]",  
  valueString: "FLOOR_LEVEL state detected — clinician-authorized",  
  performer: {reference: "Practitioner/[clinician_id]}},  
  extension: [{sacred_pause_ms: 250, auth_method: "tripartite"}]  
}
```

Chapter 3: Ward-by-Ward Deployment Sequence

Ward Type	Priority	Minimum Patent Set	Extended Stack	Sovereignty Audit Frequency
Geriatric / Rehabilitation	Highest	P-001 + P-004 + WM003 + WM006 + WM007	WM001 (vitals)	Monthly + post-incident
Psychogeriatric / Memory Care	Highest	P-001 + P-004 + WM003 + WM006 + WM007	WM006 extended zone mapping	Monthly + post-incident
General Medical	High	P-001 + P-004 + WM003 + WM007	WM001 (vitals)	Monthly
Post-Surgical / HDU	High	P-001 + P-004 + WM003 + WM007	WM002 (surgical relay), WM004	Monthly
OT / Procedure Room	Highest	P-001 + P-004 + WM003 + WM007	WM008 + WM009 + P-003 filter	Pre-procedure + monthly
ICU	Highest	P-001 + P-004 + WM003 + WM007	Full WM-series + P-003	Weekly + post-incident

The 10-Point Sovereignty Audit at Hospital Scale

At hospital scale, the 10-Point Sovereignty Audit must be run across all deployed units simultaneously. A hospital-wide Sovereignty Dashboard is maintained with real-time status of all 10 audit points for each deployed ward. Any single audit failure in any ward triggers a system-wide review.

"Constitutional compliance is not ward-by-ward discretion. It is hospital-wide or it is not constitutional."

Edwin Koh Wui Kiat (Tiger) · Founding Father, Non-Agent AI 2.0™

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