

AI governance. Evidence. Decisions. Action.

NovaMed Analytics / DiagnosticAssist AI
Illustrative assessment report - extended executive sample

See what an assessment can deliver.

An executive view backed by specific findings, evidence references, risk treatment details, ownership, closure requirements, and a practical improvement roadmap.

Report detail	Sample basis
Organization	NovaMed Analytics, Inc. - used only as a demonstration case
Review period	February-June 2025, as described in the supplied example
Scope	AI governance of DiagnosticAssist and its clinical data pipelines and integrated imaging component
Source package	NovaMed AI Governance Architecture, Executive Edition v3.0
Assessment status	Illustrative document review. No client interviews, source-system testing, or independent audit performed.
Report purpose	Show the depth and structure of an AICS assessment deliverable; no client determination or certification is issued.

What is inside

Executive interpretation / scope and evidence / risk treatment analysis / four detailed findings / a proposed 90-day roadmap / closure and reporting criteria.

All company details, people, numerical examples, and operating events are demonstration content from the supplied case. Proposed recommendations are clearly identified. This sample is not a statement about an actual organization or an AICS client result.

The executive view

The case describes a well-developed governance design with unresolved operating evidence and inconsistencies in management reporting.

Source-reported indicator	Interpretation for decision-makers
82% readiness	Reported in the example executive summary. The scoring inputs and aggregation method are not demonstrated sufficiently to independently reproduce this result.
68% supplier governance	The lowest displayed domain score in the source scorecard. Use it as a prompt for targeted review, not an independently validated measurement.
6 critical baseline risks	February register: 6 critical, 13 high, 6 medium. These are inherent baseline scores, not a current residual-risk profile.
9.4 to 6.1 percentage points	The example describes a smaller rural/urban accuracy gap in Q2 monitoring. Improvement does not establish closure or acceptable residual exposure.

The decisions this report supports

First, reconcile the risk register and governance reporting before relying on the headline readiness percentage. Second, prioritize data-use authorization and clinical fairness evidence. Third, strengthen supplier change assurance so an external component change cannot bypass internal validation and documentation.

What appears established in the case

The package describes named risk owners, an impact assessment, treatment decisions, a statement of applicability, monitoring activity, internal audit, and management review. It also distinguishes current residual exposure from target residual exposure in its treatment plan. These are useful foundations for a traceable governance process.

What remains unresolved

The supplied document contains incompatible active-risk counts, unfinished treatment work, a data re-use concern, and supplier assurance gaps. Described implementation is not equivalent to independently tested control effectiveness. Readiness conclusions should be qualified until these matters are resolved.

Recommended management direction

Continue improvement work within the agreed scope. Require evidence of closure for the highest-impact findings before making external readiness claims. This sample makes no certification, deployment, or legal approval decision.

Scope and evidence basis

A defensible assessment explains what was reviewed, what was excluded, and where evidence remains incomplete.

In this review	Boundary
AI system	DiagnosticAssist clinical decision support, its data pipelines, and third-party imaging integration, as described in the case.
Governance materials	Context, risk methodology, baseline register, treatment plan, impact assessment, SoA, traceability, change log, calibration, and operation loop.
Excluded	FinOps assessment, technical model evaluation, patient-record inspection, clinical validation, legal interpretation, and certification audit.
Evidence available	One supplied HTML package containing documentary descriptions and tables. Referenced logs, contracts, datasets, approvals, and operational records were not separately inspected.

Evidence terminology used in this sample

Label	Meaning
Document-supported	The statement appears in the supplied package. This does not independently establish that an operational activity occurred.
Needs corroboration	The package refers to an artifact or result, but its underlying record was not supplied for this review.
Reviewer recommendation	A proposed action or verification step derived from a documented gap; it is not completed client work.

Evidence an actual engagement would request

Current risk-register export and change history; approved scoring method; supplier contract and version notifications; release validation and model cards; data lineage and authorization records; monitoring extracts; internal audit workpapers; corrective-action records; management review decisions.

Scope changes

New systems, new deployment contexts, material model changes, or additional regulatory questions should trigger an agreed scope review. Additional services and follow-up reviews are optional and separately agreed; this sample implies no required multi-year engagement.

Risk exposure and treatment

Keep baseline, current estimated residual, and target scores separate. A planned reduction should never be presented as a verified outcome.

Risk / ID	Baseline	Current*	Target*	Case status
Data quality / R-004	16	12	8	In progress
Bias / R-005	20	16	12	In progress
Patient harm / R-009	15	10	10	Implemented
Regulatory exposure / R-010	15	13	10	In progress
Clinical accuracy / R-012	15	9	9	Implemented
User understanding / R-018	16	12	8	In progress

* Values transcribed from the example treatment plan. These are case estimates and targets, not independently measured residual risk. Later calibration and change-log entries need reconciliation.

Why this matters

The bias treatment remains in progress with a current estimated score of 16 against a target of 12. The case also reports an improvement in the observed accuracy gap, but neither number alone demonstrates that agreed fairness or clinical acceptance criteria have been met.

An implemented treatment status describes an action in the case. Closure should additionally require evidence that the action works, that remaining exposure is understood, and that the accountable owner has accepted the outcome.

Baseline rating distribution

Rating	Count	Share of 25 baseline risks
Critical (15-25)	6	24%
High (10-14)	13	52%
Medium (5-9)	6	24%
Low (1-4)	0	0%

Reporting rule

Do not mix inherent risk, estimated residual risk, target risk, and calibrated risk in one chart. Identify the effective date and scoring basis for every management view.

Finding 01 / Reporting integrity

The example risk register does not reconcile across its baseline, change log, and calibration summary.

Finding field	Assessment detail
Reference / priority	G-01 / High - reviewer priority for this demonstration
Evidence basis	NM-AIMS-RIS-001; NM-AIMS-RIS-CHG-001, section 2; NM-AIMS-RMM-CAL-001, section 4.
Documented condition	The baseline lists 25 active risks. The change log records 2 added, 2 closed, and 1 retired, while claiming 26 current active risks. On that stated basis, $25 + 2 - 2 - 1 = 24$. The displayed post-calibration counts total 27 ($5 + 13 + 9 + 0$).
Business implication	Leaders cannot confidently determine the current exposure set or explain movements between reporting periods. The inconsistency weakens traceability of the readiness narrative.
Evidence confidence	High for the numerical inconsistency within the supplied document; underlying system state remains unverified.

Recommended action

Establish one dated risk-register snapshot. Record each added, closed, retired, and reclassified risk as a row-level change with its effective date and approval. Recompute active counts and rating totals from that snapshot; reconcile the scorecard, change log, and management review presentation to the same source.

Proposed owner and closure evidence

Accountable role: Chief AI Officer. Working owner: AI Governance Lead. Closure package: reconciled register, change ledger, approved scoring basis, corrected reporting tables, and reviewer recomputation showing that active rows equal the published totals.

What completion looks like

One reporting date, one active population, and matching totals across the register and executive report. No conflicting figures remain unexplained; historical snapshots are retained.

Finding 02 / Data-use authorization

The case identifies reuse of research-consent data in another model context without a documented fresh authorization review.

Finding field	Assessment detail
Reference / priority	G-02 / High - potential affected-person and data-governance impact
Evidence basis	NM-AIMS-OPERATE-001, internal audit finding NC-001; linked risk R-027 in the change log.
Documented condition	The example audit describes training data collected under one research-consent agreement being used in the radiology module without a documented fresh consent review.
Business implication	The organization may be unable to demonstrate that the new use aligns with the documented authorization basis. Associated model, data, and stakeholder impacts need investigation.
Evidence confidence	Document-supported issue. Consent terms, records, legal analysis, and affected model lineage were not supplied.

Recommended action

Trace the affected data to source agreements, dataset versions, training jobs, and deployed model versions. Obtain a documented review from the appropriate legal and data-governance owners. Establish an interim decision for the affected use and record any remediation, revalidation, or communication obligations they determine.

Proposed owner and closure evidence

Accountable role: Chief AI Officer, with General Counsel and the Director of Data Science. Closure package: use-to-authorization mapping, documented review decision, affected-system assessment, implemented corrective action, and independent confirmation that the data-use gate covers future changes.

Decision boundary

This finding does not conclude that a law was violated or prescribe a clinical deployment decision. Those determinations require the underlying records and appropriate specialists. The assessment recommendation is to resolve and evidence the authorization basis.

What completion looks like

Every identified downstream use has a documented, reviewed authorization basis and an approved disposition. The corrective action addresses the cause, not only the individual data-use instance.

Finding 03 / Fairness and oversight

The case describes improving demographic performance, while its own records show the gap is not yet closed.

Finding field	Assessment detail
Reference / priority	G-03 / High - clinical fairness and affected-person exposure
Evidence basis	NM-AIMS-AIIA-001, bias assessment; R-005 treatment; NM-AIMS-OPERATE-001, Q2 monitoring.
Documented condition	The impact assessment reports a 9.4 percentage-point rural/urban accuracy gap. Q2 monitoring reports 6.1 percentage points after data diversification. R-005 treatment remains in progress.
Business implication	An improving aggregate result may conceal uneven performance across sites, subgroups, or conditions. Leaders need evidence that mitigation and oversight are effective within the intended use.
Evidence confidence	Document-supported figures. Test populations, metric definitions, uncertainty estimates, and evaluation artifacts were not supplied.

Recommended action

Define the performance measure, comparison populations, acceptance criteria, and escalation thresholds. Require reproducible evaluation results with sample sizes, relevant subgroup coverage, limitations, and review decisions. Link any release decision to the updated impact assessment and residual-risk acceptance.

Oversight question worth testing

The case reports stable physician override rates of 14-17% and an observation that monitoring focuses on unusually low override. Evaluate whether unusually high override, subgroup differences, and site-specific signals should also trigger investigation; avoid treating one aggregate range as proof of safe use.

Proposed owner and closure evidence

Accountable role: Clinical Advisory Board with the Director of Data Science. Closure package: approved criteria, reproducible evaluation, monitoring and escalation records, updated AIIA, and documented acceptance or further treatment of residual exposure.

Finding 04 / Supplier change assurance

An external AI component needs a traceable change-review process that connects notifications, validation, and documentation.

Finding field	Assessment detail
Reference / priority	G-04 / High - inherited model and operating assurance
Evidence basis	R-024 supply-chain risk; NM-AIMS-OPERATE-001, vendor notifications and model-card audit finding NC-002.
Documented condition	The case describes the risk of an imaging vendor changing its model without advance notice. It also describes a logged vendor change that was not reflected in the radiology model card.
Business implication	A logged notification alone does not ensure the change reaches impact review, testing, user disclosures, and release records. Unaligned artifacts can weaken incident investigation and accountability.
Evidence confidence	Document-supported descriptions. Contracts, notification logs, validation results, and model cards were not separately inspected.

Recommended action

Create a supplier-change intake with a named internal owner. Link each notification to the affected component version, impact decision, validation or documented rationale for no revalidation, release approval, model-card update, and monitoring adjustment where needed.

Proposed owner and closure evidence

Accountable role: VP Engineering, supported by Procurement and Legal. Closure package: supplier responsibilities, change notification record, version-to-system mapping, review decision, updated documentation, and a sampled change walkthrough that demonstrates all required gates were completed.

Source consistency to resolve

The example audit narrative calls a vendor reassessment overdue in June against a Q3 target. Confirm the actual due date before repeating an overdue claim. A deadline discrepancy is a reporting question, not evidence of a missed obligation.

What completion looks like

A reviewer can follow one supplier change from notification through its documented disposition and resulting artifacts, with no unexplained gaps between systems.

A proposed 90-day roadmap

An actionable report turns findings into accountable work. The windows below are proposed planning periods, not contractual deadlines.

Window / priority	Action and proposed owner	Required outcome
Days 0-15 / G-01	AI Governance Lead reconciles risk snapshots and reporting; CAO approves the basis.	One dated active-risk population and corrected management tables.
Days 0-30 / G-02	General Counsel and Data Science trace affected data uses and agree an interim disposition.	Reviewed authorization basis and a recorded decision for each identified use.
Days 16-45 / G-03	Clinical Advisory Board and Data Science define fairness criteria and assemble reproducible evaluations.	Criteria, evaluation evidence, limitations, and documented residual-risk decision.
Days 16-60 / G-04	VP Engineering implements supplier-change gates with Procurement and Legal.	Version-linked review, validation disposition, and updated model documentation.
Days 46-75 / All	Owners submit closure evidence; a reviewer tests the corrective actions against defined criteria.	Accepted evidence, remaining gaps, and any retest requirements recorded separately.
Days 76-90 / All	CAO brings remaining exposures and decisions to management review.	Approved priorities, owners, residual-risk decisions, and next reporting date.

Dependencies and resource choices

Risk reporting depends on an agreed snapshot and scoring basis. Data-use closure depends on source agreements and lineage. Fairness evaluation depends on representative data and clinical acceptance criteria. Supplier assurance depends on version visibility and agreed responsibilities. Leadership should allocate capacity to these dependencies before setting completion dates.

A one-time assessment with optional follow-up

The initial report identifies findings and recommended next steps. Any additional review, retesting, implementation support, or revised report is separately scoped and agreed. No three-year commitment or mandatory renewal is implied.

Closure, measurement, and limits

The report should tell a client what to produce, how progress will be evaluated, and what the assessment does not establish.

Finding	Suggested progress measure	Closure test
G-01	Unreconciled risk-count differences	Zero unexplained differences for the approved reporting snapshot.
G-02	Identified downstream data uses with reviewed authorization mapping	Every identified use has an approved disposition and supporting record.
G-03	Evaluation completeness against approved criteria	Reproducible evidence, documented limitations, and approved residual-risk decision.
G-04	Sampled supplier changes with a complete review trail	Notification, version, impact decision, required validation, and documentation reconcile.

Status language

Open: evidence or corrective work is outstanding. In progress: action is underway, but closure criteria are unmet. Ready for review: the owner has submitted a closure package. Closed: an authorized reviewer has accepted the evidence against the agreed criteria. Accepted residual exposure should be recorded explicitly rather than confused with elimination of risk.

Source and assessment limitations

Source: NovaMed_AI_Governance_Architecture_Executive_Edition_v3 (1).html, supplied for this sample. References use document identifiers and named sections because the HTML has no fixed original pagination. No referenced operational artifact was independently obtained. No interviews, technical testing, clinical evaluation, or certification audit were performed.

The case mixes February baseline, March impact assessment, June change-log and calibration, and Q2 operating narratives. This report keeps those dates visible and flags contradictions rather than combining them into a current authoritative result. Standards mappings in the supplied case are not validated here; this sample is not a clause-level conformity determination.

The client value

A useful deliverable gives leaders a clear decision view and gives working teams specific evidence requests, accountable owners, and closure criteria. A concise executive section is supported by enough detail to explain each recommendation and to guide the next action.

Sample only

This document demonstrates report depth and presentation. Actual report content, findings, scoring, deliverables, and follow-up services depend on the agreed assessment scope and evidence reviewed.