

The Full Fifteen Pillars *Assessment*

Forty-five questions, three for each pillar · Renee C. Portee

PRACTICE OR ORGANIZATION

COMPLETED BY

ROLE

DATE COMPLETED

AI TOOL OR TOOLS ASSESSED

How to use this worksheet

This worksheet helps you find out how many of the pillars are actually standing in your practice, and what to do about the ones that aren't.

These are the same questions I use when I conduct an AI governance risk assessment. There are three for each pillar, forty-five in all. Answer **Yes** only if the answer meets the SOP Standard: in writing, owned by an accountable person, and reviewed on a schedule. Use **Partial** when something exists but doesn't yet meet that standard. Use **No** when it doesn't exist.

For every answer, write down where the evidence lives and who owns it. For every Partial or No, write down the corrective action and the date you'll review it again. The columns are there so this becomes a working plan, not just a score.

Four pillars are marked **critical**: Authorization, Human Authority, Escalation, and Data Handling. A gap in any of them on a tool that's touching patients needs attention first, no matter how the rest of your answers look.

Take it once on your own. Then hand it to your front desk coordinator and a clinical assistant, and compare. Where their answers differ from yours, trust the floor, and find out why.

TIER ONE: BRINGING AI IN

1. Current State
2. Staff Voice
3. Patient Impact
4. Preplanning
5. Rollout Discipline
6. Training Cadence

TIER TWO: GOVERNING AI ONCE IT'S IN

- | | |
|------------------------------------|-----------------------------------|
| 7. Authorization CRITICAL | 12. Audit Trail and Proof |
| 8. Human Authority CRITICAL | 13. Integration |
| 9. Escalation CRITICAL | 14. Data Handling CRITICAL |
| 10. Monitoring and Alerts | 15. Regulatory Alignment |
| 11. Ongoing Review | |

The SOP Standard governs every pillar: in writing, owned by an accountable person, and reviewed on a schedule.

Current State

- 1** Have you mapped your current processes, including who is accountable for each one and who monitors it, before introducing AI into them?

ANSWER	EVIDENCE AND OWNER	ACTION AND REVIEW DATE
☐ Yes		
☐ Partial		
☐ No		

- 2** Can you produce a complete inventory of every AI tool in your practice, including vendor-embedded AI and staff-adopted tools, within 24 hours?

ANSWER	EVIDENCE AND OWNER	ACTION AND REVIEW DATE
☐ Yes		
☐ Partial		
☐ No		

- 3** For every AI system that touches patient data, has someone reviewed whether the BAA and related agreements fit what the system does today?

ANSWER	EVIDENCE AND OWNER	ACTION AND REVIEW DATE
☐ Yes		
☐ Partial		
☐ No		

Staff Voice

1 For each AI tool in use, were the staff who use it consulted, either before it was adopted or, if that was missed, through a documented consultation since?

ANSWER	EVIDENCE AND OWNER	ACTION AND REVIEW DATE
☐ Yes		
☐ Partial		
☐ No		

2 Were their concerns documented, and did leadership respond to them?

ANSWER	EVIDENCE AND OWNER	ACTION AND REVIEW DATE
☐ Yes		
☐ Partial		
☐ No		

3 Were staff told what was decided and why?

ANSWER	EVIDENCE AND OWNER	ACTION AND REVIEW DATE
☐ Yes		
☐ Partial		
☐ No		

Patient Impact

1 Has every AI system been classified by the worst realistic consequence it could have for a patient?

ANSWER	EVIDENCE AND OWNER	ACTION AND REVIEW DATE
☐ Yes		
☐ Partial		
☐ No		

2 Is the level of governance on each system matched to that consequence?

ANSWER	EVIDENCE AND OWNER	ACTION AND REVIEW DATE
☐ Yes		
☐ Partial		
☐ No		

3 Has anyone considered how patients will experience the tool, including whether they know AI is involved?

ANSWER	EVIDENCE AND OWNER	ACTION AND REVIEW DATE
☐ Yes		
☐ Partial		
☐ No		

Preplanning

- 1** For each AI tool in use or in planning, is there a written workflow impact analysis covering every affected role, done before go-live or completed since as part of a reauthorization review?

ANSWER	EVIDENCE AND OWNER	ACTION AND REVIEW DATE
☐ Yes		
☐ Partial		
☐ No		

- 2** Does each AI tool have written hard stops, with an owner for each one?

ANSWER	EVIDENCE AND OWNER	ACTION AND REVIEW DATE
☐ Yes		
☐ Partial		
☐ No		

- 3** Is there a documented pilot plan for every new tool, and a documented rollback plan for every tool in use?

ANSWER	EVIDENCE AND OWNER	ACTION AND REVIEW DATE
☐ Yes		
☐ Partial		
☐ No		

Rollout Discipline

1 Is each AI tool monitored against specific, predefined indicators and a baseline, and if no baseline was captured before go-live, has one been established since?

ANSWER	EVIDENCE AND OWNER	ACTION AND REVIEW DATE
☐ Yes		
☐ Partial		
☐ No		

2 Is there a named person with the authority to pause or modify an AI system's use?

ANSWER	EVIDENCE AND OWNER	ACTION AND REVIEW DATE
☐ Yes		
☐ Partial		
☐ No		

3 When vendors push updates, is there a process to evaluate the change and inform staff before it affects their work?

ANSWER	EVIDENCE AND OWNER	ACTION AND REVIEW DATE
☐ Yes		
☐ Partial		
☐ No		

Training Cadence

- 1** Does everyone using an AI tool have documented initial training, completed before they used it or, if that was missed, confirmed since through a documented competency check?

ANSWER	EVIDENCE AND OWNER	ACTION AND REVIEW DATE
☐ Yes		
☐ Partial		
☐ No		

- 2** Is there a scheduled rhythm of ongoing AI training beyond annual compliance?

ANSWER	EVIDENCE AND OWNER	ACTION AND REVIEW DATE
☐ Yes		
☐ Partial		
☐ No		

- 3** Is training differentiated by role?

ANSWER	EVIDENCE AND OWNER	ACTION AND REVIEW DATE
☐ Yes		
☐ Partial		
☐ No		

Authorization

CRITICAL

Critical pillar. A gap here on a tool that's touching patients needs attention first, no matter how the rest of your answers look.

- 1** Has every AI system in your practice been approved in writing by the clinical or operational leader who owns the work it touches, not just by IT or whoever manages the contract?

ANSWER	EVIDENCE AND OWNER	ACTION AND REVIEW DATE
☐ Yes		
☐ Partial		
☐ No		

- 2** Is the approved scope of each system documented, along with the performance evidence the approval relied on?

ANSWER	EVIDENCE AND OWNER	ACTION AND REVIEW DATE
☐ Yes		
☐ Partial		
☐ No		

- 3** Is your default that no AI operates without that approval?

ANSWER	EVIDENCE AND OWNER	ACTION AND REVIEW DATE
☐ Yes		
☐ Partial		
☐ No		

Human Authority

CRITICAL

Critical pillar. A gap here on a tool that's touching patients needs attention first, no matter how the rest of your answers look.

- 1 For every AI system, is it written down which outputs must be approved before they act, which are reviewed after they act, and which are sampled, and who holds that authority?

ANSWER	EVIDENCE AND OWNER	ACTION AND REVIEW DATE
☐ Yes		
☐ Partial		
☐ No		

- 2 Does that person know they hold it?

ANSWER	EVIDENCE AND OWNER	ACTION AND REVIEW DATE
☐ Yes		
☐ Partial		
☐ No		

- 3 Is it written down what happens when AI output and professional judgment disagree?

ANSWER	EVIDENCE AND OWNER	ACTION AND REVIEW DATE
☐ Yes		
☐ Partial		
☐ No		

Escalation

CRITICAL

Critical pillar. A gap here on a tool that's touching patients needs attention first, no matter how the rest of your answers look.

- 1** Does every staff member, on every shift, know exactly who to contact the moment an AI system produces something wrong, including after hours?

ANSWER	EVIDENCE AND OWNER	ACTION AND REVIEW DATE
☐ Yes		
☐ Partial		
☐ No		

- 2** Is there a documented response, including who decides whether to pause the system?

ANSWER	EVIDENCE AND OWNER	ACTION AND REVIEW DATE
☐ Yes		
☐ Partial		
☐ No		

- 3** Is there a defined process for informing patients who were affected?

ANSWER	EVIDENCE AND OWNER	ACTION AND REVIEW DATE
☐ Yes		
☐ Partial		
☐ No		

Monitoring and Alerts

1 Are there defined thresholds that trigger an alert when an AI system behaves outside its expected range?

ANSWER	EVIDENCE AND OWNER	ACTION AND REVIEW DATE
☐ Yes		
☐ Partial		
☐ No		

2 Do high-risk alerts reach an authorized clinical or operational owner promptly, through a channel they will actually see, rather than defaulting to IT or a shared inbox?

ANSWER	EVIDENCE AND OWNER	ACTION AND REVIEW DATE
☐ Yes		
☐ Partial		
☐ No		

3 Has the alert path, including the backup, been tested?

ANSWER	EVIDENCE AND OWNER	ACTION AND REVIEW DATE
☐ Yes		
☐ Partial		
☐ No		

Ongoing Review

1 Does every AI system have a scheduled review date, an assigned reviewer, and a written standard it is measured against?

ANSWER	EVIDENCE AND OWNER	ACTION AND REVIEW DATE
☐ Yes		
☐ Partial		
☐ No		

2 Does every review produce a written report that goes to a named decision-maker, with each action assigned an owner and a due date?

ANSWER	EVIDENCE AND OWNER	ACTION AND REVIEW DATE
☐ Yes		
☐ Partial		
☐ No		

3 Do review findings lead to documented decisions, including justified decisions to continue unchanged, and are the resulting actions actually completed?

ANSWER	EVIDENCE AND OWNER	ACTION AND REVIEW DATE
☐ Yes		
☐ Partial		
☐ No		

Audit Trail and Proof

1

Can you produce a record of what an AI system did, what a human decided in response, and which authorized person decided it, for any given day?

ANSWER	EVIDENCE AND OWNER	ACTION AND REVIEW DATE
☐ Yes		
☐ Partial		
☐ No		

2

Is that record tamper-evident, protected from being edited or deleted after the fact, and retained for as long as your requirements demand?

ANSWER	EVIDENCE AND OWNER	ACTION AND REVIEW DATE
☐ Yes		
☐ Partial		
☐ No		

3

Is the audit trail itself audited on a schedule, with a documented remediation plan, owner, and follow-up whenever gaps are found?

ANSWER	EVIDENCE AND OWNER	ACTION AND REVIEW DATE
☐ Yes		
☐ Partial		
☐ No		

Integration

1 Do you know every system each AI tool is connected to?

ANSWER	EVIDENCE AND OWNER	ACTION AND REVIEW DATE
☐ Yes		
☐ Partial		
☐ No		

2 Is each AI tool's access role-based, defined by what that role's task actually requires, rather than inheriting everything the user's login can reach?

ANSWER	EVIDENCE AND OWNER	ACTION AND REVIEW DATE
☐ Yes		
☐ Partial		
☐ No		

3 Is integration access reviewed when systems or staff change?

ANSWER	EVIDENCE AND OWNER	ACTION AND REVIEW DATE
☐ Yes		
☐ Partial		
☐ No		

Data Handling

CRITICAL

Critical pillar. A gap here on a tool that's touching patients needs attention first, no matter how the rest of your answers look.

- 1** For every AI system, can you say where patient data goes, how it is stored, who can see it there, and how long it stays?

ANSWER	EVIDENCE AND OWNER	ACTION AND REVIEW DATE
☐ Yes		
☐ Partial		
☐ No		

- 2** Do you know whether any vendor or third party uses your patients' data to train models, and has that full journey been checked against your agreements, with qualified counsel where needed?

ANSWER	EVIDENCE AND OWNER	ACTION AND REVIEW DATE
☐ Yes		
☐ Partial		
☐ No		

- 3** Are patients told up front, in plain language, when AI is involved in their care, with written consent for tools like AI scribes as this book recommends, and has that notice and consent process been reviewed against the laws where you practice?

ANSWER	EVIDENCE AND OWNER	ACTION AND REVIEW DATE
☐ Yes		
☐ Partial		
☐ No		

Regulatory Alignment

- 1** Is someone assigned to track changes in AI-related regulation, licensing board guidance, and accreditation standards?

ANSWER	EVIDENCE AND OWNER	ACTION AND REVIEW DATE
☐ Yes		
☐ Partial		
☐ No		

- 2** Is that tracking done on a set schedule, weekly as this book recommends, with each change translated into what it means for your policies, training, agreements, and AI tools?

ANSWER	EVIDENCE AND OWNER	ACTION AND REVIEW DATE
☐ Yes		
☐ Partial		
☐ No		

- 3** When rules change, is there a documented process to check the impact across all fifteen pillars, including going back to vendors and reviewing agreements when their tools are affected?

ANSWER	EVIDENCE AND OWNER	ACTION AND REVIEW DATE
☐ Yes		
☐ Partial		
☐ No		

YOUR RESULTS

Results at a Glance

Count your answers for each pillar. Three yeses mean the pillar meets the SOP Standard.

PILLAR	YES	PARTIAL	NO	MEETS SOP STANDARD
TIER ONE: BRINGING AI IN				
Current State	_____	_____	_____	☐
Staff Voice	_____	_____	_____	☐
Patient Impact	_____	_____	_____	☐
Preplanning	_____	_____	_____	☐
Rollout Discipline	_____	_____	_____	☐
Training Cadence	_____	_____	_____	☐
Tier One subtotal (18 questions)	_____	_____	_____	
TIER TWO: GOVERNING AI ONCE IT'S IN				
Authorization CRITICAL	_____	_____	_____	☐
Human Authority CRITICAL	_____	_____	_____	☐
Escalation CRITICAL	_____	_____	_____	☐
Monitoring and Alerts	_____	_____	_____	☐
Ongoing Review	_____	_____	_____	☐
Audit Trail and Proof	_____	_____	_____	☐
Integration	_____	_____	_____	☐
Data Handling CRITICAL	_____	_____	_____	☐
Regulatory Alignment	_____	_____	_____	☐
Tier Two subtotal (27 questions)	_____	_____	_____	
Total (45 questions)	_____	_____	_____	

Critical items first

Any Partial or No on Authorization, Human Authority, Escalation, or Data Handling, for a tool that's touching patients. List each one, its owner, and its next review date.

Reading Your Results

Critical items first. Any Partial or No on Authorization, Human Authority, Escalation, or Data Handling, for a tool that's touching patients, is your first priority. A strong total doesn't offset it.

Then each pillar. Three yeses mean the pillar meets the SOP Standard. Zero yeses means none of its three requirements yet meets the full standard, which isn't the same as nothing existing. Use your Partial and No answers to tell incomplete controls from missing ones. A count can't tell you why a pillar falls short. Your evidence column can. Treat these as a summary of your answers, not a verdict.

Then the tiers. A weak Tier One suggests AI came in without a foundation. A strong Tier One with a weak Tier Two suggests the AI got in the right way, but some of the controls that govern it once it's running are missing or incomplete. Remember that the tiers organize the work. They don't schedule it.

Close gaps from the past, too. A question about a missed step, like staff consultation or training before go-live, doesn't have to stay a permanent no. Consult the staff who use the tool now, check current competency, or put the tool through a fresh authorization review. Document it, and the answer changes.

Then take it again. Close the earliest gap you can, put it in writing, name its owner, and put its next review on the calendar. Come back to this worksheet every few months.

What this is, and isn't. This is a practice-based self-assessment drawn from my own experience. It has not been formally validated, and its thresholds have not been tested to predict safety or compliance. A high score doesn't mean a tool is safe to deploy or that your practice is compliant. It is a structured way to gather evidence and start the right conversations. For legal and regulatory conclusions, work with qualified professionals.

NEXT REVIEW DATE

REVIEW OWNER

Governance isn't a score you earn once. It's a standard you keep.

READER BONUS

The Governance Prompt Pack

beforeyoutrustit.com/bonus

TRY IT LIVE

Governance Lab

governancelab.app