HOSPICE AI GOVERNANCE

A practical checklist for responsible hospice AI workflows

Use this worksheet to document ownership, assess risk, protect information, define human review, test performance, monitor quality, and prepare for incidents before an AI workflow goes live.

Use this checklist for	Keep these boundaries clear
Clinical documentation support, CTI and recertification preparation, IDG workflows, compliance review, admissions, patient context, and operational use cases.	AI output is a draft or support artifact. Qualified professionals remain responsible for source verification, clinical judgment, compliance decisions, corrections, and final approval.

Workflow profile

Organization

Workflow name

Executive owner

Operational owner

Clinical / compliance reviewer

Review date

Suggested risk tier

- [ ] Lower impact - non-patient administrative drafting or general education support
- [ ] Moderate impact - clinical documentation, IDG preparation, or patient communication support
- [ ] Higher impact - eligibility, certification, coverage, coding, billing, compliance, or audit support

Decision	Approved	Approved with conditions	Not approved

Governance and risk review

Complete each section with the people responsible for the workflow, not only the software buyer.

01 Ownership and permitted use

Define the exact job the workflow may perform and the decisions it may not make.

- [ ] A named executive sponsor and operational owner are accountable for the workflow.
- [ ] Permitted users, roles, locations, and use cases are documented.
- [ ] Excluded uses and prohibited decisions are written in plain language.
- [ ] Clinical, legal, compliance, privacy, security, and quality stakeholders reviewed the use case as appropriate.
- [ ] The EHR or other designated system remains the system of record.

02 Risk tier and impact

Match the depth of controls to the potential effect on patients, clinicians, payment, and compliance.

- [ ] The workflow is assigned a documented risk tier with a rationale.
- [ ] Potential harm from inaccurate, incomplete, biased, delayed, or unsupported output is assessed.
- [ ] The organization has considered effects on eligibility, certification, care planning, billing, audits, and patient communication.
- [ ] Higher-impact uses require stronger testing, review, monitoring, and escalation.

03 Information governance and security

Use the minimum information needed and only within approved tools and agreements.

- [ ] Permitted and prohibited data types are defined, including protected health information.
- [ ] Minimum-necessary, access, encryption, retention, deletion, logging, and transmission practices are documented.
- [ ] An appropriate business associate agreement and other required contracts are in place.
- [ ] Subprocessors, model providers, hosting locations, and data-use terms are understood.
- [ ] The incident-notification process and timing are contractually clear.

Workflow, testing, and monitoring

04 Human review and source verification

Human review must be specific enough to operate consistently under real workload pressure.

- [ ] A qualified reviewer is named for every output type.
- [ ] The reviewer can compare the draft with the encounter and relevant source information.
- [ ] Required checks cover accuracy, completeness, patient specificity, internal consistency, and unsupported content.
- [ ] Clinical judgment, eligibility determinations, compliance decisions, corrections, and final approval remain with responsible professionals.
- [ ] Escalation criteria are defined when the output or source is unclear, conflicting, or high risk.

05 Representative testing and acceptance

Test the whole workflow with realistic users, sources, edge cases, and review expectations.

- [ ] Acceptance criteria and failure thresholds are documented before testing begins.
- [ ] Testing includes representative disciplines, use cases, patient complexity, accents, speakers, source quality, and exception conditions.
- [ ] Reviewers record material omissions, unsupported statements, attribution errors, inconsistencies, and workflow failures.
- [ ] Testing confirms the workflow does not overstate eligibility, compliance, or clinical conclusions.
- [ ] Results, corrections, residual risks, conditions, and approval decisions are retained.

06 Monitoring and incident response

Approval is the start of ongoing oversight, not the end of the review.

- [ ] Quality, adoption, correction, exception, escalation, and value measures are selected.
- [ ] Monitoring cadence reflects the workflow risk and volume.
- [ ] Users know how to report unsafe, inaccurate, inappropriate, or privacy-related output.
- [ ] The organization can pause the workflow, preserve evidence, notify responsible parties, and correct affected records or processes.
- [ ] Material incidents and patterns trigger root-cause review and reapproval where needed.

People, vendors, and change control

07 Training and workflow adoption

Training should match each role's permissions, decisions, review duties, and escalation path.

- [ ] Users understand permitted use, prohibited use, privacy, limitations, and the required review process.
- [ ] Reviewers practice source comparison and correction using representative examples.
- [ ] Managers know how to monitor use without encouraging unsafe shortcuts or automatic acceptance.
- [ ] Training completion, competency checks, refreshers, and support resources are documented.

08 Vendor due diligence

Confirm how the product behaves today and how material changes will be communicated.

- [ ] Supported and excluded use cases are stated accurately.
- [ ] The organization can control workflows, templates, roles, permissions, and approvals.
- [ ] The vendor explains data handling, model behavior, performance limits, updates, and incident response.
- [ ] Service levels, support, export, termination, deletion, and continuity expectations are documented.
- [ ] Marketing, regulatory, security, and performance claims have been independently reviewed where appropriate.

09 Change review and reapproval

Reassess the workflow when technology, evidence, rules, or actual use changes materially.

- [ ] Material vendor, model, prompt, template, source-system, integration, or policy changes trigger review.
- [ ] New roles, use cases, data types, locations, or decision impacts require approval before use.
- [ ] The review cadence accounts for regulation, guidance, incidents, quality trends, and user feedback.
- [ ] Retired workflows are removed from access and related records are handled according to policy.

Approval notes and conditions

Reference guide

Questions to carry into the final review

- [ ] Would a clinician or compliance leader understand exactly what this workflow may and may not do?
- [ ] Can a reviewer efficiently compare every important output with the relevant source?
- [ ] Are the controls realistic during normal workload, after-hours coverage, and staff turnover?
- [ ] Can the organization detect and respond to recurring errors before they create wider risk?
- [ ] Is there evidence that the workflow improves a meaningful outcome without shifting burden or risk elsewhere?

Official resources

NIST AI Risk Management Framework - airc.nist.gov/airmf-resources/airmf/
NIST Generative AI Profile (NIST AI 600-1) - nvlpubs.nist.gov/nistpubs/ai/NIST.AI.600-1.pdf
HHS Artificial Intelligence Strategy - hhs.gov/sites/default/files/hhs-artificial-intelligence-strategy.pdf
HHS Health Information Technology guidance - hhs.gov/hipaa/for-professionals/special-topics/health-information-technology/
ASTP/ONC Patient Engagement Playbook - playbook.healthit.gov/playbook/pe/full/

Important

This checklist is educational and does not replace legal, privacy, security, clinical, compliance, accreditation, payer, or regulatory review. Each hospice organization is responsible for its own policies, contracts, decisions, records, and oversight.

Move from one-off prompts to governed hospice workflows

Prompted helps hospice organizations create approved AI workflows for documentation, CTI and recertification, IDG, compliance review, patient context, admissions, and operations while keeping the EHR as the system of record.

Request a hospice demo at thinkprompted.ai/contact-us