Human Oversight & Clinical Escalation Procedure

Artifact 5 | NorthStar Health Network

NorthStar Health Network is a fictional regional health system comprising 12 hospitals, 70 outpatient facilities, approximately 18,000 employees, and roughly 3 million annual patient encounters. All systems, metrics, incidents, vendors, and findings in this portfolio are simulated.

Meaningful Human Oversight

Human oversight must be designed into the clinical workflow rather than added as a label. Reviewers need authority, context, time, and a documented path to disagree with or override AI output.

Sepsis Alert Workflow

Step	AI action	Human responsibility	Evidence captured
1. Score generated	Calculates risk from current EHR inputs	No action yet; data freshness is visible	Model version, timestamp, input completeness
2. Threshold crossed	Creates alert	Assigned nurse or clinician reviews patient context	Alert recipient, time, acknowledgment
3. Clinical assessment	Displays contributing factors / limitations	Clinician performs independent assessment	Assessment note / disposition
4. Decision	No autonomous treatment authority	Clinician decides whether to escalate, test, treat, or dismiss	Action taken; override / dismissal reason
5. Safety backstop	Continues monitoring	Clinical concern may override low model score at any time	Rapid-response / escalation record

Override Categories

Override / disposition	Examples	Required review
Accepted alert	Concern confirmed; sepsis workup initiated	Routine monitoring
Clinically dismissed	Alternative explanation; recent procedure; known baseline abnormality	Sampled QA review
Escalated despite low score	Clinician sees deterioration not captured by model	Priority safety review; potential false negative
Workflow failure	Alert not received, not acknowledged, or delayed	Operational incident review

Clinician Competency Requirements

- Understand intended use, limitations, and populations validated.
- Know the score is not a diagnosis and does not replace clinical judgment.
- Recognize data freshness / missingness indicators.
- Know how to document disagreement and escalate safety concerns.
- Know who can pause the tool and how to report suspected model failures.

Patient-facing AI recourse

For the patient portal chatbot, any symptom, medication, diagnosis, urgent-care, complaint, hardship, or safety-related conversation must route to a human-approved pathway. The chatbot must not create a false impression of autonomous clinical authority.

Oversight effectiveness measures

Measure	Target
Alert acknowledgment within 30 minutes	≥ 90%
Override / dismissal reason completion	≥ 95%
False-negative clinical escalations reviewed	100%
Clinician safety complaints triaged	Within 1 business day
Training completion before access	100%