OPSIAN

Illustrative sample report

Operations audit Healthcare

A regional group of outpatient clinics: patient intake, scheduling, staffing and records, under health-data obligations.

Prepared by
Opsian Technologies LLC

Engagement
Operations audit, fixed scope

Owned by
The client organisation

This sample shows the structure and depth of an Opsian audit. The organisation is invented: every name, system, figure and finding in it is illustrative and none is taken from any client. A real audit is written from your own operation and delivered as a document your organisation owns and can take to any builder.

Executive summary

Care is careful. The paperwork around it is not joined up.

The group runs five clinics on an electronic health record, a separate scheduling system, a staffing spreadsheet and paper intake forms. Clinicians are well supported in the room. Before and after the visit, the same patient details are captured and checked several times, by hand.

3×
times demographics and insurance details are typed per new patient (illustrative)

14%
of booked appointments missed or rebooked at short notice (illustrative)

5 systems
plus paper forms and spreadsheets hold patient or staff data (illustrative)

2
access questions the group could not answer from its own logs (illustrative)

What we found

- **Intake is captured on paper and retyped.** Forms are completed in the waiting room, then entered into the scheduling system and the health record separately.
- **Scheduling does not see staffing.** Appointment templates are built weeks ahead while the rota lives in a spreadsheet, so sick leave is found at the start of the session.
- **Referrals arrive by fax and email.** They are scanned into the record without entering a referral queue, and urgent ones depend on someone noticing.
- **Consent is recorded unevenly.** Treatment consent is on file; consent for messaging and data sharing is not recorded per patient.
- **Access to records is logged but not reviewed.** The health record keeps an access log nobody reads, and the scheduling system keeps none.

Recommendation. Make intake the first record. Capture the patient once, before the visit, against the appointment, and let scheduling, the health record and billing read from it. Connect the rota to the schedule before anything is automated. Phase one is scoped on page 6.

The four questions

Every audit answers the same four questions, none of them about AI.

They are asked of the people who run the operation, on the floor, before any system is proposed.

1 Where does the data originate?

Reachable in real time, or only as an export?

Source	What it holds	Access	Observation
Electronic health record (EHR)	Clinical notes, orders, results	Integration, real time	The clinical record of truth, not the administrative one
Scheduling system	Appointments, templates, reminders	Export, nightly	Holds its own copy of patient demographics
Paper intake forms	History, insurance, consents	Paper, then retyped	Typed into two systems by front-desk staff
Staffing spreadsheet	Rota, leave, cover	File, shared drive	Not visible to whoever builds the schedule
Referral inbox	Letters, faxes, emails	Inbox and scanner	Read in arrival order, not by urgency
Billing and claims system	Charges, claims, denials	Export, weekly	Denials traced back to intake errors by hand

2 What decisions are being made?

By whom, on what evidence, and how long does each one take?

Decision	Owner	Evidence used	Cycle time
Can we see this patient this week?	Scheduling team	Templates, without the rota	Minutes, per call
Is this referral urgent?	Practice manager	The letter, once found	Hours to days
Who covers a missing clinician?	Clinic lead	The spreadsheet and phone calls	Each morning
Is the patient's information complete?	Front desk	The paper form	At check-in, unrecorded
Resubmit or write off a denied claim?	Billing lead	The claim and a phone call	Weeks

3 Where does it fail today?

How is failure detected, and who absorbs it?

Failure	Severity	How it is detected	Who absorbs it
Urgent referral waits in the inbox	High	A follow-up call from the referrer	The patient, and the clinic's standing
Session runs without a clinician	Medium	The morning of the clinic	Patients, rebooked
Insurance details typed wrongly	Medium	A denied claim, weeks later	Billing
Reminder sent to an old number	Low	A missed appointment	Scheduling, as an empty slot
Record opened without a care reason	High	Not detected	The group, if it is challenged

4 What must be reconstructable?

What obligation exists if a decision is challenged?

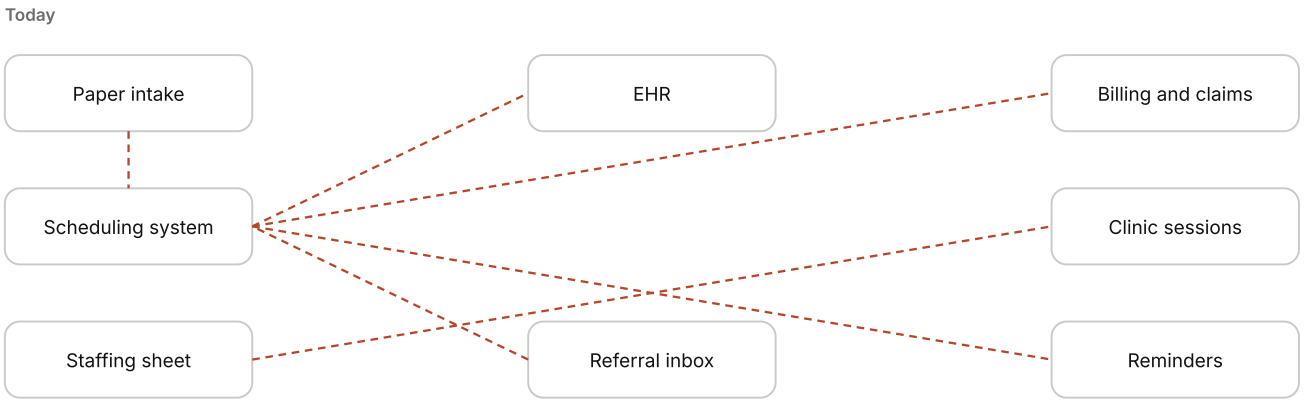
Obligation	What must be shown	Can it be shown today?
Health privacy law (access, disclosure, patient rights)	Who viewed or shared a patient's record, and why	No for scheduling data
Patient consent	What this patient agreed to, and when	Partly treatment only
Referral handling	When a referral arrived and when it was acted on	No
Claims and billing rules	That what was billed matches what was delivered	Partly
Clinical staffing standards	Who was on duty for each session	Mostly from the rota

Reading the answers together. Questions one and four point at the same gap. Patient details, consent and referrals are handled with care, but none is captured as a record at the moment it arrives, so the group cannot show what happened when asked. That is the finding everything else in this audit follows from.

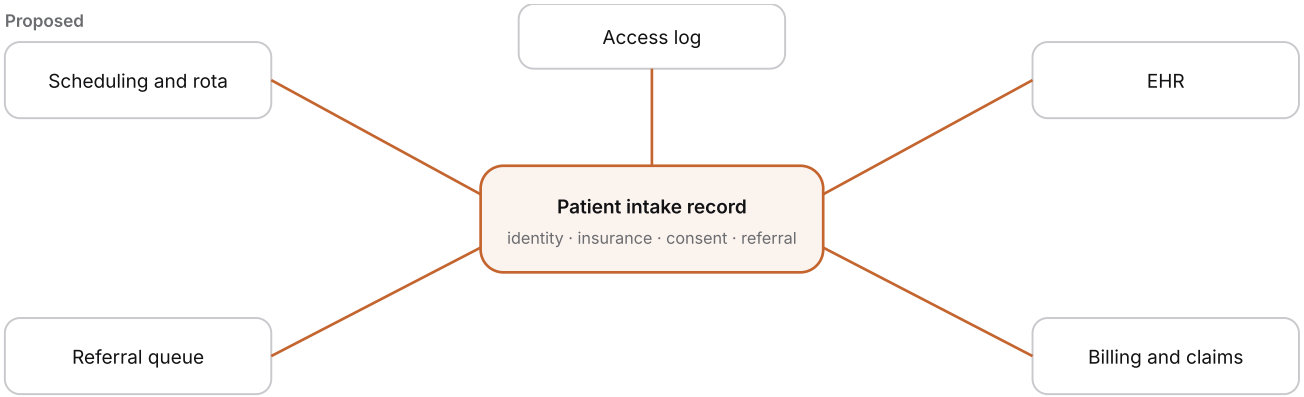
Data map

Today, every system holds part of the patient.

Each line is a hand-off made by retyping, scanning or exporting. The proposed state puts one intake record at the centre and lets each system read from it.



Dashed lines: retyped, messaged or exported by hand



Solid lines: read from one record, every read and write logged

Prioritised roadmap

A phased path, each phase useful on its own.

Phases are ordered by what the operation cannot do safely today. Nothing is switched off on day one, each phase delivers value before the next begins, and the organisation decides whether and when to continue.

Phase 1 · Intake

One record before the visit

- Digital intake against the appointment, reviewed by staff
- Consent recorded per patient, by purpose
- Demographics and insurance written once to each system

Phase 2 · Schedule and staff

Schedules that see the rota

- Rota and leave visible to scheduling
- Referrals read into a queue for clinical review
- Every change to a schedule or referral logged

Phase 3 · Decisions and access

Bounded, recorded decisions

- Rules for cover, overbooking and claim follow-up written down
- Clinical judgement stays with clinicians
- Access to records reviewed on a set schedule

What we recommend not building. An AI symptom checker and automated clinical triage were on the original wish list. Both would shape clinical decisions on top of records that do not yet agree with each other, and neither belongs in an operations project. Revisit patient-facing automation after phase two, with clinical leadership.

Measures for each phase

Phase	Measured by	Baseline from this audit
Intake	Entries typed by hand per new patient	3 (illustrative)
Schedule and staff	Sessions disrupted by staffing; days from referral to action	Not currently measurable
Decisions and access	Access questions answerable from the logs	0 of 2 (illustrative)

What an audit delivers

A document your organisation owns.

The audit stands on its own. You can build from it with Opsian, with another builder or in-house, and in some cases its conclusion is that nothing should be built yet.

Delivered

- The four questions, answered for your operation
- A map of every data source and hand-off
- A decision register and a failure register
- The obligations that must be reconstructable, and the gap against each
- A prioritised roadmap with measures, including what not to build

How it runs

- Fixed scope, agreed before it starts
- Time on the floor with the people who run the operation
- Read-only access to the systems in scope
- A working session to walk through the findings
- Your data stays yours; nothing is retained after delivery without agreement

After the audit

Three ways to work with Opsian. The audit is where most engagements start; the roadmap above is written so that any of them can pick it up.

Engagement	What it is	Terms
Audit	A structured examination of the operation, delivered as a document you own.	Stands on its own. Where most engagements start.
Build	Architecture, engineering and delivery, with an evaluation harness and handover documentation.	Fixed scope. Scoped from the audit findings.
Embedded team	Opsian engineers operating as your AI function, on an ongoing basis.	Ongoing. Scaled to the operation.

Book an audit

The audit is a paid, fixed-scope engagement. Tell us about the operation and we come back with the scope, the timeline and who from Opsian will run it.

opsian.io/solutions#audit · hello@opsian.io

Opsian Technologies LLC is a US company. Delivery and infrastructure are based in the United States, and Opsian works for clients wherever they operate. This sample is illustrative: the organisation is invented, systems are named only by category, and its names, figures and findings are not taken from any client.