# Document Metadata

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## **Purpose**

To ensure human-in-the-loop decision authority is preserved in all clinical or operational decisions influenced or generated by GenAI systems.

## **Scope**

Covers all GenAI systems supporting documentation, diagnostics, triage, administrative routing, or care recommendations in patient-facing or safety-relevant contexts.

## **Policy Statement**

GenAI systems must augment—not replace—human decision-making. Accountable individuals must review outputs, validate appropriateness, and retain authority for high-impact actions or recommendations.

## **Roles and Responsibilities**

• Clinical Leads: Review GenAI outputs in patient charts, diagnoses, and orders.

• Workflow Designers: Ensure GenAI systems flag uncertain or high-risk content.

• AI Ethics Board: Monitor automation bias, deskilling, and decision displacement trends.

## **Implementation Phases**

### **Must Do**

• Require human sign-off for GenAI-driven content used in patient records or billing (AI RMF GOVERN-5.2).

• Flag AI-generated content in user interfaces (AI 600-1 §2.4.1).

• Provide override and feedback tools for clinical staff.

### **Should Do**

• Conduct audits on human review compliance for high-risk decisions.

• Provide training on automation bias and prompt-risk awareness.

• Design decision pathways with fallbacks and escalation triggers.

### **Recommended**

• Monitor reviewer agreement rates and flag excessive overrides.

• Establish accountability registries linking AI suggestions to human approvers.

• Log user feedback to improve model alignment and trustworthiness.