

DATA AND AI READINESS ASSESSMENT

ACME Health

Knowledge assistant over clinical protocols and support documentation, for the care-coordination team.

● Proceed with conditions OVERALL 2.5 / 4

PREPARED FOR

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PREPARED BY

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ASSESSMENT

Three weeks
Five working sessions

READOUT

Live, with the sponsor
Week 3, day 15

Illustrative sample. ACME Health is a fictional company and every figure in this document is invented to show the structure, depth and tone of a real assessment report. A real report runs to about thirty pages; this excerpt shows the five sections a sponsor reads first.

The assistant is buildable in a quarter. The knowledge base is not ready for it.

ACME Health runs a telehealth scheduling and patient-intake platform used by 61 clinics in the UK. The company has 140 staff and has run on AWS since 2021, on a multi-account foundation with infrastructure as code. Its 38 care coordinators answer clinicians' and patients' questions about protocols, eligibility and scheduling rules by searching a wiki, an exported document library and 14 months of ticket history. The platform team has a working Bedrock prototype that answers protocol questions on demo data. The board has asked when it ships.

We assessed one use case, a **knowledge assistant over internal protocols and support documentation** for the coordination team, against the eight readiness dimensions on the next page, and mapped it to two patterns: **Semantic layer for AI**, with **Data governance** cross-cutting.

● Verdict: proceed with conditions

Six of eight dimensions score 2 or better. The one that scores 1, AI-specific preparation, blocks the use case until three conditions are met. All three fit inside the first phase of the roadmap.

01 Curate the knowledge base before anything is indexed

1,900 documents contain 14 protocols in three conflicting versions, none with a named owner. The assistant would answer confidently from the wrong one.

02 Build the evaluation set before the pilot

150 real coordinator questions with reviewed answers and a written definition of a wrong answer. No release without a pass rate against it.

03 Sign off the data handling

No patient records in the knowledge base, enforced at ingestion. Inference over PrivateLink only, customer-managed KMS keys, 30-day log retention, DPIA addendum.

COST OF THE STATUS QUO

£412K

per year of coordinator time spent searching, at 6.2 hours a week each

AWS RUN COST, TARGET DESIGN

\$2,860

per month at 38 users and 1,100 curated documents

PAYBACK

Month 9

from kickoff, with benefits ramping from month 4

FIRST PRODUCTION RELEASE

Month 3

internal only, behind the gate on the roadmap

What the roadmap delivers

- ✓ **Months 0 to 3.** Curated knowledge base, evaluation set, the assistant in production for coordinators.
- ✓ **Months 3 to 6.** Protocol currency pipeline, second knowledge base, automated evaluation on every change.
- ✓ **Months 6 to 12.** Patient-facing intake assistant, gated on the measured results of the first two phases.

WHAT "NOT YET" WOULD HAVE LOOKED LIKE

Had the knowledge base been unrecoverable, or the sponsor unable to act inside twelve months, the verdict would say so and list what has to change. This one did not: the blockers are three weeks of work, each with a named owner.

Readiness scorecard

Eight dimensions scored 0 to 4 from the interviews, the read-only estate review and the document sample. Scored for this use case, not for the company.

DIMENSION	1	2	3	4	SCORE
Data availability Protocol library, support macros and 14 months of ticket history are all exportable. The wiki export needs a one-off cleanup of 300 orphaned pages.					3 / 4
Data quality Documents are well written and consistently structured. Fourteen protocols exist in three conflicting versions with no owner of record.					3 / 4
Data currency Protocols change quarterly. The wiki lags the clinical governance board's decisions by four to eight weeks, so the freshest answer is not the one on record.					2 / 4
AI-specific preparation No curated knowledge base, no chunking or metadata strategy, no evaluation set, no written definition of a wrong answer. This is the condition on the verdict.					1 / 4
Architecture readiness Multi-account foundation, infrastructure as code, PrivateLink already in use for Bedrock. No vector store or ingestion pipeline yet.					3 / 4
Governance and security A DPIA exists for the platform but not for an assistant. Retention, access and export rules for the knowledge base are undefined.					2 / 4
Skills and operating model Strong platform team. Nobody owns prompt evaluation or knowledge base curation, and both are recurring jobs, not projects.					2 / 4
Organisational readiness Executive sponsor, a budget line for this year and a named coordinator lead who has already volunteered the evaluation questions.					4 / 4
OVERALL					
2.5 / 4					Proceed with conditions

4 · Ready Nothing to do for this use case.	3 · Minor Closed inside the first phase without changing the plan.	2 · Foundation Work in the 3 to 6 month phase; the pilot can run without it.	1 · Blocking The use case does not ship until this is fixed.
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Semantic layer for AI: wiki to governed knowledge base

One of the two patterns mapped for this use case; the full report carries the same page for Data governance. What we found, what the roadmap builds, and the work in between with an owner and a phase for each line.

CURRENT STATE

- 1,900 documents across a wiki, a document library export and ticket history; about 40% duplicated or superseded.
- Fourteen protocols in three conflicting versions, no owner of record, no effective dates.
- Prototype retrieves over raw page text with no metadata, so it cannot tell a draft from the current version.
- No evaluation set. "It answered well in the demo" is the only quality signal.
- Ticket history contains patient identifiers and has never been screened.

TARGET STATE

- A curated knowledge base of about 1,100 documents, one current version per protocol, owner and effective date as metadata.
- Ingestion pipeline with a patient-data screen at the door: anything that fails is quarantined, never indexed.
- Chunks and embeddings in Aurora PostgreSQL with pgvector, retrieval filtered by version and date.
- 150-question evaluation set run on every knowledge base change, with a pass threshold that gates release.
- Inference over PrivateLink, customer-managed keys, guardrails on both prompt and answer.

Actions that close the gap

#	ACTION	OWNER	PHASE	EFFORT
01	Curate the knowledge base. Deduplicate 1,900 documents to about 1,100; resolve the 14 conflicting protocols with the clinical governance lead; assign an owner and an effective date to each.	ACME clinical ops, with safeINIT	QUICK WIN · M1-2	3 weeks
02	Ingestion, chunking and embeddings. S3 to Bedrock Knowledge Bases to Aurora pgvector, protocol version and date carried as metadata, patient-data screen at ingestion.	safeINIT	QUICK WIN · M1-2	2 weeks
03	Evaluation set and release gate. 150 real questions with reviewed answers, a written definition of a wrong answer, a pass threshold, and a run on every knowledge base change.	Coordinator lead, with safeINIT	QUICK WIN · M2	2 weeks
04	Guardrails and data handling. PrivateLink-only inference, customer-managed KMS keys, 30-day log retention, Bedrock Guardrails on prompt and answer, DPIA addendum.	safeINIT, with the DPO	QUICK WIN · M2-3	1 week
05	Currency pipeline. Subscribe ingestion to the governance board's publication step so the four-to-eight-week wiki lag disappears.	ACME platform team	FOUNDATION · M4	1 week

AWS SERVICES IN THE TARGET DESIGN

Amazon Bedrock (Knowledge Bases, Guardrails)

Claude and Titan Embeddings on Bedrock

Aurora PostgreSQL with pgvector

Amazon S3

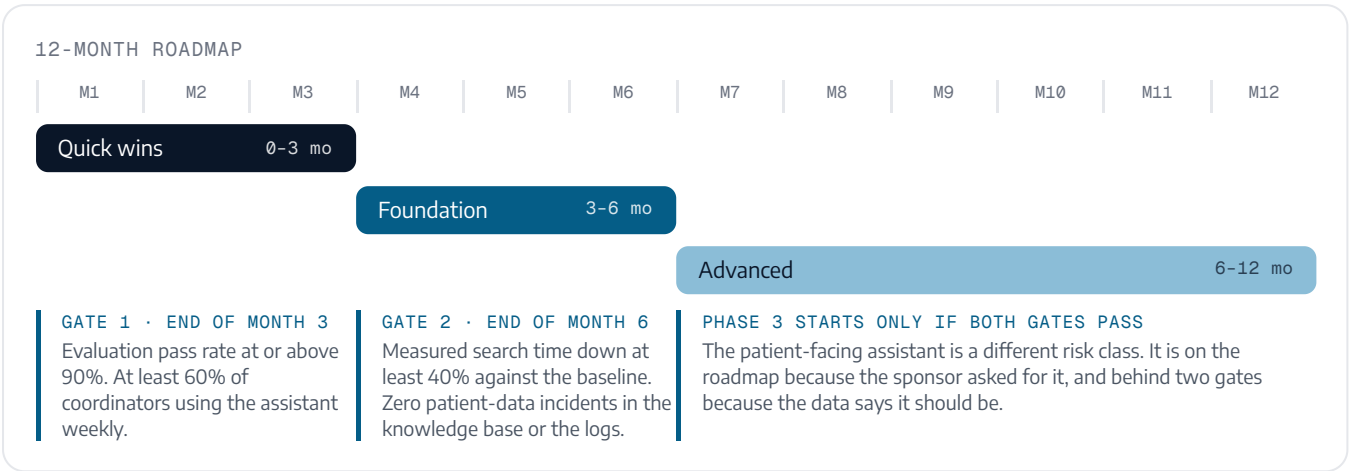
AWS Lambda

AWS PrivateLink

AWS KMS

Amazon CloudWatch

Twelve months, two gates, one number to check



QUICK WINS · 0-3

Assistant live for coordinators

- Knowledge base curated, evaluation set built
- Ingestion, retrieval, guardrails in production
- Internal only, one team, measured weekly

FOUNDATION · 3-6

Make it stay correct

- Currency pipeline from the governance board
- Second knowledge base: support macros and scheduling rules
- Evaluation automated on every change; DPIA addendum signed

ADVANCED · 6-12

Patient-facing intake assistant

- Scoped, priced and risk-assessed in month 6
- Separate knowledge base, separate guardrails
- Draft-reply agent inside the ticketing tool

Business case

LINE	YEAR 1	YEARS 2 AND 3, EACH	BASIS
INVESTMENT: WHAT ACME SPENDS			
Build, quick-win phase (safeINIT, one-off)	-£58,000	-	Fixed scope, priced from actions 01 to 04
AWS run cost at target design	-£27,400	-£27,400	\$2,860 a month: Bedrock, Aurora, Lambda, PrivateLink, KMS, logging
Internal time: curation, evaluation, maintenance	-£18,000	-£6,000	Coordinator lead and clinical ops, then a quarterly review
Total investment	-£103,400	-£33,400	
RETURN: WHAT ACME GETS BACK			
Recovered coordinator time	+£132,000	+£226,000	55% of the £412K baseline; year 1 ramps from month 4
Net (return minus investment)	+£28,600	+£192,600	Payback in month 9 from kickoff. Three-year net about £410,000.

WHAT A REAL ONE LOOKS LIKE

Your estate, your numbers, a verdict you can act on in three weeks.

Two kickoff slots in October, readouts before the end of November. The 30-minute call decides whether it fits.

Book 30 minutes with Cosmin

safeinit.com/ai-readiness-assessment