WORK SAMPLE 01 / EXECUTIVE TRANSFORMATION

Enterprise Technology Risk & Cost Optimization

A decision-ready portfolio assessment for CFOs, CIOs and operating executives

EXECUTIVE PREMISE

Healthcare organizations can invest heavily in technology while lacking a reliable view of application ownership, renewal commitments, redundant functionality and recovery coverage. The first decision is not which system to replace. It is which exposure to validate, which contract to challenge and which accountable leader will act.

REPRESENTATIVE SCENARIO | ENTIRELY FICTIONAL

A regional care network operates 96 business and clinical applications with a hypothetical $2.4 million annual application spend. In this constructed example, 21 applications lack a confirmed accountable business owner and eight high-criticality applications have no tested secondary coverage. Finance has asked for a decision brief before the next budget cycle.

$111K	$20K	37.0%	9.8 mo
Annualized cost reduction opportunity	Modeled first-year net cash benefit	Modeled first-year financial ROI	Simplified modeled payback from kickoff

Base-case amounts are fictional decision-model outputs, not observed savings, actual contracts, client outcomes or industry benchmarks. Benefit realization begins after four months in the modeled scenario.

THE EXECUTIVE DECISION

Approve a limited, evidence-led remediation program only after contract rights, current spend, operating dependencies and continuity safeguards are verified. Prioritize genuinely avoidable expense; do not count hypothetical risk reduction or released staff time as cash savings.

WHAT ACCU-HEALTH WOULD DELIVER

Diagnostic	Management output	Decision enabled
Portfolio census	Application, owner, vendor and contract register	Identify responsibility gaps
Criticality review	Operational dependency and backup coverage map	Protect essential service continuity
Economic screening	Cancellable expense and concession scenarios	Separate opportunity from realized savings
Execution design	90-day owner-led plan and CFO evidence gates	Authorize only defensible actions

This is an independently constructed work sample. It contains no employer-specific inventory, contract details, vendor screenshots or protected implementation artifacts.

METHOD / UNDERSTAND BEFORE OPTIMIZING

From scattered applications to an accountable portfolio

We use an original five-step diagnostic to connect technology facts to executive decisions. Interviews, contract evidence, system logs and operational confirmation are required before any proposed action becomes a funded recommendation.

Step	Assessment activity	Output
1. Establish truth	Reconcile contract records, active application list and actual users	Version-controlled portfolio census
2. Name owners	Confirm business owner, technical lead and executive escalation	Ownership and decision-rights map
3. Map exposure	Classify criticality, recovery support, integration and clinical dependencies	Risk-based continuity register
4. Challenge spend	Compare overlapping capabilities; verify cancelability and pricing options	Net realizable benefit pipeline
5. Authorize change	Sequence actions with safeguards, accountable owners and evidence tests	90-day execution mandate

ILLUSTRATIVE DIAGNOSTIC REGISTER | SYNTHETIC RECORDS

ID / capability	Criticality	Signal	Proposed control
P-014 / Patient scheduling	High	Backup role untested	Test recovery; name secondary
C-021 / Clinical documentation	High	Business owner disputed	Resolve approval authority
F-039 / Finance reporting	Medium	Function overlaps with another service	Compare usage and retention
W-051 / Workforce scheduling	Medium	Renewal approaching	Validate true exit provisions
I-062 / Data exchange	High	Single knowledgeable analyst	Cross-train and exercise failover
A-086 / General administration	Low	Duplicate functionality suspected	Verify retirement candidate

WHY THIS IS MORE THAN AN IT INVENTORY

A software list describes the estate. A decision register reveals the operating obligations, renewal deadlines, risk owners and financial choices that executives can act upon. A candidate for retirement stays a candidate until clinical, compliance, records-retention, data-access and contractual checks are complete.

FINANCE / GROSS OPPORTUNITY IS NOT REALIZED SAVINGS

The business case and the investment test

The model deliberately separates contract-related cash opportunity from operational resilience and workforce capacity. All figures below are original synthetic assumptions. Each potential dollar must pass a finance validation gate before it becomes a reportable benefit.

12-month model	Downside	Base case	Upside
Annualized duplicate contract reductions	$19,200	$63,000	$102,000
Annualized independent price concessions	$14,000	$48,000	$84,000
Annualized cash savings opportunity	$33,200	$111,000	$186,000
First-year realized savings after ramp	$16,600	$74,000	$139,500
First-year advisory, change and monitoring cost	$60,000	$54,000	$59,000
First-year net financial benefit	($43,400)	$20,000	$80,500
First-year financial ROI	(72.3%)	37.0%	136.4%
Simplified payback from project start	27.7 mo	9.8 mo	6.8 mo

Method: Annual duplicate reduction = candidate count x annual spend x contractually realizable share. Price concessions use a separate, non-overlapping contract set. First-year benefit = annualized savings x months remaining after ramp / 12. ROI = (first-year realized savings - first-year program cost) / first-year program cost. Payback is a simplified full-cost-up-front calculation, with no discounting or working-capital adjustments.

BASE-CASE ASSUMPTIONS

Cost-reduction lever	Illustrative input	Annualized output
Duplicate subscriptions	5 candidates x $18,000 x 70% realizable	$63,000
Independent vendor pricing lines	3 contracts x $32,000 x 50% concession	$48,000
Ramp and one-time investment	4-month delay; $18k advisory + $28k changes + $8k monitoring	$54,000 cost

SEPARATE DECISION BENEFITS | EXCLUDED FROM CASH ROI

The example additionally models possible internal capacity recovery and reduced disruption exposure, but neither is an audited cost reduction. A finance leader would only recognize labor savings after corresponding paid cost is actually eliminated. Avoided incidents remain risk estimates, not booked savings.

EXECUTION / OWNERS, GATES AND EVIDENCE

A 90-day plan executives can authorize

Window	Action and accountable sponsor	Exit evidence
Days 01-30	CIO and Finance confirm app census, key contracts, ownership gaps and criticality.	Reconciled baseline; accountable owner for each priority item.
Days 31-60	Business owners and Procurement validate duplicate capability, exit rights and negotiated options.	Signed cancellation/renewal analyses; dependency and privacy review.
Days 61-90	Operations and IT execute approved changes, verify continuity and capture finance evidence.	Service-owner acceptance; invoices, credit memos and vendor notices.

EXECUTIVE PERFORMANCE SCORECARD

Measure	Evidence / reporting rule
Business ownership coverage	Share of active applications with named business decision owner; verify quarterly.
Critical backup readiness	Percentage of high-criticality applications with demonstrated secondary coverage.
Contract savings recognized	Terminated charges or approved price changes visible in invoices and general ledger.
Change-related service disruption	Monitor incident rate, service recovery and residual clinical / operations risk.
One-year net cash benefit	Finance-approved avoided spend less project and recurring first-year costs.

DECISION RIGHTS AND FINANCIAL SAFEGUARDS

- Finance validates baseline cash spend, timing, accounting treatment and whether reductions are incremental.
- Operations, clinical leadership and IT authorize any retirement only after safety, data, integration and continuity checks.
- Procurement confirms actual renewal dates, cancellation rights, concessions and contract non-overlap.
- The executive sponsor approves the 30/60/90 roadmap and owns benefit verification after handoff.

WHAT THIS DEMONSTRATES ABOUT HOW WE WORK

Accu-Health connects executive priorities to operating evidence: define the decision, expose ownership and risk, model economic choices, validate controls, and hand off a practical execution plan. The value proposition is decision quality and accountable implementation, not a guaranteed savings percentage.

Disclosure: Fictional organization, application records, financial model and time frames. No client, employer, software vendor, historical implementation or realized financial result is represented. Actual engagement scopes and returns depend on client data, contract terms and authorized work.