

Before the next patch cycle

Six questions for health tech engineering, QA, security, and compliance leaders. Mark each question Yes, Partly, or No. Every box that is not a Yes marks a gap to close before the next advisory arrives.

1

☐ Yes ☐ Partly ☐ No

Which clinical and patient-data flows would hurt most if a fix broke them, and does automated regression cover them?

Good looks like a risk-tiered list of critical flows, each with an automated regression run on every patch.

2

☐ Yes ☐ Partly ☐ No

Does every fixed flaw have a retest case in the permanent suite?

Good looks like a retest linked to each fix and kept in the suite, so a closed flaw stays closed.

3

☐ Yes ☐ Partly ☐ No

How quickly does a smoke suite tell the team that a release broke something?

Good looks like results within minutes of every merge, while the author still remembers the change.

4

☐ Yes ☐ Partly ☐ No

Which third-party components does the product depend on, and which tests run when one of them changes?

Good looks like a current component inventory, or SBOM, mapped to the test suites that protect each function.

5

☐ Yes ☐ Partly ☐ No

Can the team produce, for any patch, the record of what changed, what was tested, and who approved it?

Good looks like one place that holds the finding, the fix, the tests, the results, and the approval.

6

☐ Yes ☐ Partly ☐ No

If the people working on patches changed next month, what would remain in the system of record?

Good looks like runbooks, tests linked to fixes, and handoff notes written while the current person is still there.

Want a second set of eyes? A 30-minute strategy call with SQA² is open to anyone who asks. No email gate on the checklist.