AI scribe rollout card

Fill in one card per ambient scribe rollout, before it widens past its first service. Fill in what you know; every blank line gets an owner and a date. Any blank line means: not ready to widen.

QUESTION	ANSWER	OWNER / BY WHEN
First service, and why it goes first (documentation load against face time)		
Who writes the notes there, and who holds the licenses		
Champions in the first wave		
Note bar: what it is, and which clinician panel signed it		
How the bar was tested (unedited scribe notes against clinician-written notes, on what instrument)		
Editing rate we expect, and what a collapse toward zero means		
Consent asked aloud, data and retention concerns answered, logged where		
Role-play with a test patient before live visits, run by whom		
Vendor contract read (training on patient data, retention, security) by whom		
Success terms set before scaling (which numbers, by when)		
Measured from day one: time in the record, after-hours work, editing rate		
Where the freed hours should go, decided by whom		
Day 30: who has it, and what was measured		
Day 60: who has it, and what was measured		
Day 90: next service, only if the bars held		
Stop rules (editing rate at zero, scribe conflicts inside the EHR), and who can stop it		
Decision and date	☐ WIDEN ☐ HOLD ☐ STOP Date _____ Signed _____	

AI scribe rollout card

Example (fictional): cardiology group rolling out an ambient scribe

QUESTION	ANSWER	OWNER / BY WHEN
First service, and why it goes first (documentation load against face time)	Cardiology at Riverbend Clinics: new-patient visits run about 40 minutes and the referral letters after them are the longest notes in the group	n/a
Who writes the notes there, and who holds the licenses	The 2 nurse practitioners write most notes; all 7 clinicians in the service hold licenses, NPs and champions first	n/a
Champions in the first wave	1 cardiologist and 1 NP who used the pilot daily	n/a
Note bar: what it is, and which clinician panel signed it	A 3-clinician panel scores unedited scribe notes against clinician-written notes on a standard note-quality scale; bar: no worse than hand-written; signed 12 Nov	n/a
How the bar was tested (unedited scribe notes against clinician-written notes, on what instrument)	60-note silent comparison in October; scribed notes at parity on 8 of 9 scale items	n/a
Editing rate we expect, and what a collapse toward zero means	About 1 in 3 notes edited in month one; near zero means errors are being missed, not effort saved	n/a
Consent asked aloud, data and retention concerns answered, logged where	Script asks aloud, answers retention and security, logs the answer in the visit record	n/a
Role-play with a test patient before live visits, run by whom	Yes: 2 practice visits per clinician, run by the clinical operations lead	n/a
Vendor contract read (training on patient data, retention, security) by whom	**Blank: not ready**	Compliance counsel, by 12 Dec
Success terms set before scaling (which numbers, by when)	8 in 10 records closed within 2 business days; after-hours note time down 30%; editing rate between 1 in 5 and 1 in 2	n/a
Measured from day one: time in the record, after-hours work, editing rate	EHR audit dashboard live from day one; weekly report to the medical director	n/a
Where the freed hours should go, decided by whom	Medical director wants the hours in direct patient slots; noted, not yet enforced	Medical director, ongoing
Day 30: who has it, and what was measured	7 clinicians; editing rate 1 in 3, consent logged in every sampled visit	n/a
Day 60: who has it, and what was measured	Whole cardiology service, 11 clinicians; note time down about 25%, chart time flat	n/a
Day 90: next service, only if the bars held	Endocrinology proposed; bars held so far	n/a
Stop rules (editing rate at zero, scribe conflicts inside the EHR), and who can stop it	Rules named; who can stop it **Blank: not ready**	Medical director, by 5 Dec
Decision and date	**☐ WIDEN ☒ HOLD ☐ STOP · Date 28 Nov · "Contract unread and nobody named to stop it."**	Medical director