The Quadrant Company

QC.02 // OPERATEGY // Q-TIP

Four Weeks to an AI Scribe Pilot Your Privacy Officer Approves

Vendors selling ambient documentation, software that listens in the exam room and drafts the note, promise hours back to every physician. The independent evidence is more modest, and in places it contradicts itself. Here is the four week pilot that answers your clinicians and your privacy officer in the same month.

SERIES Q-Tips · READ 5.5 min · STATUS Board approved

You know which clinics run late and which notes are still open on Friday. Then a vendor proposal reaches your inbox on a Tuesday. The software listens in the exam room, writes the note, hands hours back to every physician, and pays for itself by the second quarter. Two of your busiest clinicians have already emailed asking when they get it, and your privacy officer has one question that is not about hours saved. Who keeps the recording, and for how long?

Nobody ever handed you a way to answer both questions in the same month, and you can close that gap in four weeks, most of which have nothing to do with the software itself.

Where the record splits

Narrative reviews and observational write ups report meaningful reductions in documentation time. Those designs report what happened without a group to compare it against. Controlled cohort and randomized data report something more modest, including tools that failed to beat usual care by a statistically significant margin and settings where fee for service clinicians saw little practical gain. Vendor materials promise dramatic time cuts and more appointment slots.

After hours charting, the evening and weekend work clinicians call pajama time, splits the same way. One controlled study found after hours EHR time got significantly worse for clinicians using an ambient tool, which suggests the work moved somewhere else and never disappeared. Institutional pilots elsewhere reported less after hours charting and more notes finished the same day. Nobody has settled why they differ, and the usual explanations are specialty mix, workflow redesign, and what each site counted.

Quality and safety are unsettled in the same way. Some studies score notes drafted by AI as more complete and better structured than typed ones, and so do some evaluations run by the vendors themselves. A controlled cohort analysis found no measurable improvement in documentation or patient experience. A randomized trial documented occasional clinically significant inaccuracies and one mild safety event, while still concluding the tools could go live without large scale harm.

The regulatory question matters more to you than to the vendor. Vendors sell these products as HIPAA eligible services, a category that describes how patient information is handled under contract, and never as medical devices. Defenders say that fits a tool whose only job is supporting documentation. Critics say the classification lets software with indirect clinical impact skip FDA safety review, which moves responsibility

onto the health system and onto the clinician who reviews and signs the note. State recording laws and emerging litigation may demand more than a contract does.

What practitioners report

What follows comes from clinicians and IT leaders posting publicly, so weigh it as field experience. Across r/HealthInformatics and r/generativeAI, pilots are described as deliberately small: a handful of clinicians, sometimes two products tested side by side, before anyone discusses a broad rollout. The common setup has an industry name, human in the loop, and it means the software drafts, the clinician edits, and nothing reaches the chart until the clinician reviews and signs it.

The hardest practical complaint, reported in r/medicine, is editing burden. When the draft needs too much correction, the pilot stops saving time and starts burning goodwill. In r/FamilyMedicine, a clinician described missing Epic integration causing the assessment and plan, the reasoning section of the note, to drift from the billing codes, an operational problem long before it is a technology problem.

One post reported a dramatic drop in documentation time and strong clinician conversion, while another reported adoption below half of the pilot group and an underwhelming return. A hospital thread described editing overhead heavy enough that the pilot was abandoned, which is an outcome your own pilot has to be free to reach.

On privacy, participants in r/HealthcareAI and r/HealthTech call these tools safe when properly configured, while others insist on strict controls, a signed contract, and minimized data flow. The distance between those two answers is whether the speaker assumes enterprise safeguards are already in place, and yours go into the contract in writing before the first recording.

Consent practice is not uniform either, and the spread of models is a policy question before it is a compliance failure. Threads in r/nursing describe verbal scripts, intake forms, Epic flags, annual consent, waivers, and opt out models, a range that reflects local policy and the absence of any settled standard.

The four weeks

Week one. The fence and the baseline. Before the tool records anything, you settle what the pilot will not touch and what your numbers look like today. Put in writing that the tool drafts documentation and does nothing else for the duration of the pilot. Your cohort is a handful of volunteers in one or two specialties. Capture your starting numbers before anything records a patient: current after hours EHR time, how long notes take to close, and how many close the same day. A baseline collected after go live is not a baseline. You write the stop rules now, the conditions that end the pilot, before anyone is attached to them.

Week two. The contract and the security review. No patient information goes into the system until you have signed the business associate agreement, HIPAA's name for the contract that makes the vendor legally accountable for it. Get "you may not train on our data" into the contract itself, never into an email. Then run the vetting list IT leaders in r/ITManagers describe: where the data lives, how long it is kept, how it is encrypted, what gets logged, which subcontractors touch it, and whether you can audit it afterward.

Week three. Consent and the EHR test. Pick one consent model, write the script, and have counsel check it against your state's recording law, because a state statute can demand more than the vendor's contract does. Then test the tool inside your EHR on the note types your clinicians actually write, and confirm the assessment and plan still supports the codes you bill.

Week four. The comparison and the decision. Track editing time per note, after hours EHR time, and the share of the cohort still working in the tool weekly, then set each number beside your week one figures. Hold

the stop rules you already wrote, and set your thresholds off your own baseline instead of somebody else's benchmark.

Guardrails

A signed contract before the first recording. Without a signed business associate agreement, the HIPAA contract that makes a vendor accountable for patient information, you are handing patient data to a company that owes you nothing.

The clinician stays the author. The person who reviews and signs the note owns it, clinically and in the legal record, and the software that drafted it is a scribe and never a signer. You supply the judgment and the signature. The tool supplies the typing, and mastering that division is what the four weeks are for.

Documentation only, for all four weeks. Diagnosis and treatment recommendations belong to a different risk category and a different review path, and neither one belongs inside a pilot that runs for four weeks.

Named access to the recording, with a log that proves it. Recordings, transcripts, and the notes built from them each need their own access rules and their own audit trail, a log of who opened what and when.

A clean exit for any clinician who wants one. Someone who opts out of the pilot is handing you information, and adoption you had to push for tells you nothing about whether the tool earns its place.

Editing time is the number to trust. Time saved is usually the vendor's number, calculated the vendor's way, and the minutes your clinicians spend correcting a draft are what predicts whether they are still working this way in six months.

Stop rules written on day one. Poor note quality, adoption falling off, workflow friction, and an unresolved security answer should each carry a named threshold and a named person who can call it.

The short version

Four weeks is enough to learn whether this works at your site, and it is not enough to settle whether it works in general, because the published evidence is still split. A month is also short enough that you may only be watching the novelty, so treat a good week four as provisional and keep measuring into the quarter. Measure the editing burden without rounding it down, and keep the authority to stop.

Get the playbook

You don't have to assemble the four week pack yourself. Email the word PILOT to info@thequadco.ai and we will send the four week pilot pack: the baseline sheet, the stop rules template, and the consent script your counsel can mark up.

Sources

- https://www.reddit.com/r/HealthInformatics/comments/1rce4ek/we_cut_opd_documentation_time_from_15_minutes_to/
- https://www.reddit.com/r/generativeAI/comments/1v1seeb/the_pitt_had_an_interesting_take_on_ai_in/
- https://www.reddit.com/r/Maine/comments/1jbvmdj/ai_in_healthcare_innovation_or_invasion/
- https://www.reddit.com/r/nursing/comments/1tdwe2j/mayo_clinic_is_using_ai_to_listen_to_emergency/
- https://www.reddit.com/r/HealthcareAI/comments/1sfogr2/how_are_people_validating_hipaa_compliance_on/

- https://www.reddit.com/r/ITManagers/comments/1p5iteg/our_checklist_for_vetting_ai_meeting_tools_in/
- https://www.reddit.com/r/HealthTech/comments/1s616w3/the_hipaa_blind_spot_in_ai_agents_that_nobody_is/
- https://www.reddit.com/r/medicine/comments/1jpkozl/httpswwwstatnewscom20250402ambientscribesaimedicin/
- https://www.reddit.com/r/FamilyMedicine/comments/1dsa1e1/does_anyone_have_any_experience_with_ai_scribes/