Omni MD
Digital Healthcare Innovators

OMNIMD AI MEDICAL SCRIBE

Your 30-Day Launch Checklist

Every action. Every owner. Every week. The implementation work no vendor onboarding deck covers.

−13 min	**21.2%**	**4.15 min**
EHR time saved per clinician per day *JAMA multisite · 8,581 clinicians · 5 health systems*	Reduction in burnout at 84 days *JAMA Network Open · Mass General Brigham / Emory*	Saved per patient encounter *Cooper University Healthcare implementation*

The technology is not the variable. The implementation is. This checklist is built for the physician, the practice manager, and the health system leader who owns the outcome.

PRE-LAUNCH
7 Days Before Go-Live

Lay the Foundation

Non-negotiable conditions that must be met before a single note is generated.

- [ ] **1 Get legal consent opinion in writing**
Covers your state's specific obligations for ambient recording - not just HIPAA. Must be a written document, not an email or verbal confirmation.
Owner: Legal & Compliance

- [ ] **2 Define your 4-question consent workflow**
When is consent obtained? What is the patient told? What if they decline? How is it documented in the chart?
Owner: Practice Manager

- [ ] **3 Verify EHR integration level with vendor in writing**
Copy-paste (L1), import-confirm (L2), or ambient population (L3). Confirm in writing and align outcome expectations. The JAMA multisite study used L3 across all 5 health systems.
Owner: IT / Vendor

- [ ] **4 Pull your documentation baseline from EHR timestamps**

Avg note time, after-hours documentation time, and time-to-completion per physician. This is your before number. Value not measured before you start cannot be proven after.
Owner: Practice Manager

- [ ] **5 Select 3–5 pilot physicians - choose respected peers, not just enthusiasts**
Must cover high-volume visit types and explicitly commit to the 30-day calibration window. The opinions that shape a medical staff come from physicians whose judgment others trust.
Owner: Medical Director

- [ ] **6 Brief pilot cohort in person for at least 90 minutes**
Cover week-by-week expectations, what good progress looks like, what to escalate and to whom, and why imperfect Week 1 notes are Expected, not a sign the tool is failing.
Owner: Implementation Lead

- [ ] **7 Walk every exam room for acoustic issues**
Note HVAC, reverb, and proximity problems. Adjust noise thresholds for known problem rooms before any patient encounter. This takes about 2 hours and prevents weeks of unexplained accuracy variance.
Owner: IT / Implementation Lead

WEEK 1 — Days 1–7

Calibrate Before You Scale

What the AI learns in Week 1 is what it keeps producing in Week 3. Get this right now.

- [ ] **1 Build purpose-built templates per physician or specialty**
Pull 15–20 signed notes per physician. Match their actual note structure - sections included, order, sentence style. Not a modified default. This takes 4–6 hours per specialty and is the single highest-leverage task in the entire 30 days.
Owner: Implementation Lead

- [ ] **2 Load custom vocabulary - 30 terms per physician**
Specialty procedures, drug names, device names, institution acronyms. 30 minutes per physician prevents weeks of recurring note errors that erode physician trust faster than almost anything else.
Owner: Each Physician

- [ ] **3 Complete 5 test encounters before going live**

Physician reviews AI output immediately after each. Most naturally adjust their speaking habits after seeing one or two outputs: completing sentences, pausing between sections, narrating conclusions rather than the thinking process.
Owner: Each Physician

- [ ] **4** **Write and distribute the note review protocol**
Agreed answers before first live encounter: generation time, who reviews first, latest sign time, which error types require immediate escalation vs. routine correction.
Owner: Impl. Lead + Physicians

- [ ] **5** **Launch error log as a shared spreadsheet**
Track: date, physician, encounter type, error category, root cause. 60 seconds per entry. This is your Week 2-3 configuration driver and the primary tool for identifying patterns that drive improvements.
Owner: Implementation Lead

- [ ] **6** **Verify billing workflow compatibility**
Confirm downstream systems pulling from fields the AI now populates: billing, referrals, population health. Billing teams have found note structure changes disrupted CPT documentation gaps that went undetected for weeks.
Owner: Billing / IT

WEEK 2 — Days 8–14

Measure the Right Things

Manage by data, not sentiment. The numbers tell you what to fix before it becomes permanent.

- [ ] **1** **Track completion rate by physician AND encounter type**
Overall rate hides critical gaps. A 90% overall rate with 55% on complex encounter types is a 55% problem wearing a 90% mask. Diagnose the cause: activation failure, technical failure, or encounter-type configuration gap.
Owner: Implementation Lead

- [ ] **2** **Track error rate by note section - not overall accuracy**
85% accuracy concentrated in Assessment and Plan is a documentation liability and a physician trust issue. Section-level patterns tell you whether the fix is speaking habits, template config, or a vendor limitation.
Owner: Implementation Lead

- [ ] **3** **Pull individual EHR documentation timestamps and compare to baseline**

Documentation time often increases in Week 2 before dropping. This is expected, but must be shown to physicians as a trajectory. A physician who sees a line moving in the right direction stays engaged. One who just sees current numbers may not.
Owner: Implementation Lead

- [ ] **4 Individual staff check-ins on Day 10 - one-on-one only**
Rate 1–5: workload change, role clarity, process confidence. Group meetings produce the loudest person's opinion and silence from everyone else. A cluster of low scores in one area tells you exactly where the workflow redesign is incomplete.
Owner: Practice Manager

- [ ] **5 Track every patient consent comment or concern**
Every question or concern in Week 2 reveals whether your consent language is actually working before you expand to a larger cohort.
Owner: Front Desk / MAs

- [ ] **6 Billing integrity check on Day 12**
Coding team reviews 20 AI-generated notes for primary CPT codes. Check E&M complexity, ROS elements, exam documentation, MDM detail. Finding gaps in Week 2 gives you a configuration window. Finding them in Month 3 means weeks of claims already submitted.
Owner: Billing / Coding Team

WEEK 3 — Days 15–21: Address the Human Problems

The novelty has worn off. This is where adoption either solidifies or quietly contracts.

- [ ] **1 Private 20-minute conversation with every pilot physician**
(1) What is the single most time-consuming part of their note review right now? (2) Which encounter type are they using the scribe least for, and why? (3) What would they do with their time if the tool saved exactly what it promised? Write down every answer.
Owner: Implementation Lead

- [ ] **2 Resolve every friction point raised within 48 hours**
Speed of response signals this is a two-way relationship, not a rollout where physicians are expected to adapt to a fixed system. Physicians who feel heard stay engaged. Ones who do not quietly contract their usage to simpler encounters.
Owner: Impl. Lead + Vendor

- [ ] **3 Identify and engage the skeptic directly - not around them**

Diagnose the real concern: patient safety, medical education, or throughput concern in disguise. Each requires a different response. Avoidance fails every time, and their concern is already shaping hallway conversations.
Owner: Medical Director / CMO

- [ ] **4** **Separate what you can fix internally from what goes to the vendor in writing**
Internal: speaking habits, template config, workflow changes. Escalate to vendor: completion rate below 80% after 2 weeks, systematic section errors across multiple physicians, EHR integration failures, note generation latency adding time.
Owner: Implementation Lead

- [ ] **5** **Check for adoption contraction patterns**
If a physician is using the scribe for fewer complex cases, intervene now. The contraction spiral (fewer complex uses, less savings, less usage, negative peer signal) is preventable at Week 3. It is not recoverable at Month 2.
Owner: Implementation Lead

WEEK 4 — Days 22–30

Build What Lasts

These decisions determine whether this is still working in Month 6 or quietly unraveling.

- [ ] **1** **Complete the formal governance policy**
Written answers on: consent workflow, audio retention, BAA subprocessors, attestation responsibility, approved documentation types, exclusions (psychiatric, trauma, informed consent discussions), escalation process, and blind-signing prevention standards.
Owner: Compliance + Medical Director

- [ ] **2** **Notify your malpractice carrier**
Disclose the AI documentation program, review protocol, attestation process, and consent framework. Get their position in writing before a claim arises, not during one. Most carriers respond with no concerns, a documentation request, or a specific endorsement requirement.
Owner: Risk Management / Admin

- [ ] **3** **Build the expansion sequencing plan with written readiness criteria**
Before each new cohort: completion rate above 85%, stable error rates across high-volume encounter types, consent workflow auditable, EHR integration validated with no outstanding issues, policy framework approved by compliance.
Owner: Impl. Lead + Leadership

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- [ ] **4** **Calculate ROI from your own EHR timestamp data**
Pull physician documentation hours before vs. after. Show individual trajectory lines, not just endpoints. Show also the count of notes signed with minimal or no edits compared to Week 1. The trajectory matters as much as the number.
Owner: Implementation Lead

- [ ] **5** **Run Day 10 vs. Week 4 staff check-ins and share the comparison**
Most implementations never do this. Acknowledging improvement in staff workload clarity and confidence builds goodwill that matters when expansion hits and staff are asked to adapt again.
Owner: Practice Manager

- [ ] **6** **Brief expansion cohort physicians before their first day**
Physicians who know what Week 1 actually feels like stay engaged through it. Physicians who expected the demo get disillusioned. The difference in framing is often the difference between a pilot that builds confidence and one that falls apart.
Owner: Implementation Lead

- [ ] **7** **Document everything independent of any single person**
Policy, training materials, vendor contacts, error tracking process, expansion plan - all in shared documents so the rollout survives a champion departure. Cleveland Clinic scaled to 4,000+ active users in 15 weeks because the foundation was built correctly first.
Owner: Implementation Lead

✓ Day 31 Readiness Check

If most of these are yes, what you have built will hold under scale.

- [ ] Every pilot physician has documentation time data showing improvement from Week 1 to Week 4
- [ ] Completion rate is above 85% for the highest-volume encounter types
- [ ] Note review protocol has written standards, assigned ownership, and 4 weeks of error log data
- [ ] Billing team reviewed AI-generated notes and confirmed documentation integrity for primary CPT codes
- [ ] Patient consent workflow is documented, consistently implemented, and auditable
- [ ] Malpractice carrier has been notified of the AI documentation program
- [ ] Policy framework addresses consent, attestation, approved doc types, escalation, and blind-signing prevention

- ☐ Sequenced expansion plan exists with written readiness criteria for each cohort
- ☐ Individual conversations with every pilot physician surfaced the real concerns, not just the expressed ones
- ☐ Expansion cohort physicians briefed on what their first 30 days will actually feel like

Why 12,000+ Providers Trust OmniMD AI Medical Scribe

Because documentation should disappear into the background, not consume the foreground of care.

✓ **98.65% Transcription Accuracy**
Purpose-built for clinical language, not adapted from general AI. Specialty-specific vocabulary, multi-speaker recognition, and real-time note generation that physicians actually trust to sign.

✓ **Works with Any EHR - No Switching Required**
Integrates with your existing EHR workflow without ripping and replacing systems. OmniMD connects at the API level, so notes land where they belong without a manual copy-paste step.

✓ **Built-In Compliance and Privacy Framework**
Every ambient session is governed by HIPAA-compliant BAA, state-specific consent support, and audit-ready documentation trails. Not an afterthought. Engineered from day one.

✓ **Specialty-Matched Templates Out of the Box**
20+ specialty templates built from real clinical documentation patterns, not generic defaults. Cardiology, orthopedics, internal medicine, behavioral health, and more arrive pre-configured for how physicians in those specialties actually document.

✓ **Dedicated Implementation Support - Not Just Onboarding**
A dedicated customer success team stays with you through your first 30 days and beyond. Not a help desk. A team that knows your physicians, your EHR, and your specific implementation configuration.

✓ **Proven ROI Across Every Practice Size**
From solo practitioners to multi-site health systems. Cooper University Healthcare saved 4.15 minutes per patient. Implementations using OmniMD for 50%+ of encounters see up to 3x the documentation time reduction compared to low-frequency users.

Start Your Free 7-Day Trial Today

No EHR switching. No setup fees. See your first AI-generated note in under 60 seconds.

https://omnimd.com/ai-medical-scribe-demo/

Evidence sources: JAMA Internal Medicine (8,581 clinicians, 5 health systems) · JAMA Network Open (Mass General Brigham / Emory, 1,430 clinicians) · Cooper University Healthcare · Peterson Health Technology Institute (March 2025) · Cleveland Clinic implementation data. For educational purposes only. Consult legal counsel before deploying ambient AI documentation.