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The Leader's Guide to Rolling Out AI

Your role in making sure AI works for your providers and your patients

Pilots prove the technology works. But when it comes to scaling AI across a clinical organization, the technology is rarely the variable. Your providers and patients are. This checklist is designed to help clinical and operational leaders ensure AI is implemented in a way that works on the ground, not just on paper.

1. Alignment From Day One

Get clinical, executive, technical, and vendor stakeholders aligned before rollout begins

- ◯ Write down what "failure" looks like before you launch. Most teams never define it.
- ◯ Involve clinicians and operators in the same conversations from day one. The order changes what problems get solved first.
- ◯ Ask your vendor what they're accountable for after go-live. If the answer is "nothing," that's your gap.

2. Frictionless or Forgotten

If it disrupts the workflow, it won't get used—no matter how good it is

- ◯ Talk to the clinicians who piloted it. Ask what they stopped doing, not just what they started.
- ◯ Run every tool through the micro-friction test: time saved, clicks added, workflow interrupted.
- ◯ Check how flags get resolved. One left unanswered kills trust in every flag after it.

3. Precision Earns Trust

Technology should augment clinical judgment, not replace it

- ◯ Test new tools with your most skeptical provider first, not your most excited one.
- ◯ Ask if this is reducing remakes, chair time, or complaints. No answer means no proof yet.
- ◯ Ask how a flag was explained. "The AI said so" gets ignored. "It affects this outcome" doesn't.

4. Measure Adoption, Not Deployment

Real adoption shows up on the floor, not in a dashboard

- ◯ Track adoption at the provider level. Aggregate numbers hide the real gaps.
- ◯ Check in with your quiet providers, not just your vocal ones. Silence usually means they've decided against it.
- ◯ Identify early adopters and empower them to champion the rollout.