Ambient Clinical AI — Room Readiness Survey

Characterize the room before the pilot, so a later result is attributable to something.

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Room / type: ..... **Surveyed by:** ..... **Date:** .....

A clean transcript is not a clinically accurate note. The failure that matters happens at the summarization step, not the transcription step. Measure corrections, missed speakers and added or omitted facts — not word error rate.

ROOM SURVEY

- [ ] Room type, dimensions, surface treatment
- [ ] Background noise measured under occupied conditions
- [ ] Microphone location, pickup pattern, distance to speakers
- [ ] Device position, mounting, moves between encounters?
- [ ] Network coverage and segmentation at point of use
- [ ] Power and charging, including overnight behavior
- [ ] Cleaning protocol — does the device tolerate it?
- [ ] Physical security and tamper exposure
- [ ] Login method and how long it takes
- [ ] Capture indicator, mute control, stop control
- [ ] Workflow for a conversation that must not be captured

CONDITIONS THAT CHANGE OUTPUT

- [ ] Reverberation from hard, cleanable surfaces
- [ ] Continuous HVAC noise; intermittent corridor noise
- [ ] Distance and orientation to the microphone
- [ ] Overlapping speech — caregiver or interpreter present
- [ ] Masks, soft voices, patients who are unwell
- [ ] Rolling workstations that move the microphone
- [ ] Privacy outside the door

None of these are model problems. Any of them can show up in model output.

CAPTURE STATE

- [ ] Visible from where the patient sits
- [ ] Changes visibly when capture starts and stops
- [ ] Stopping is immediate, no menu
- [ ] Someone entering mid-encounter can tell
- [ ] Clinician can confirm without breaking the conversation
- [ ] Notice readable from the chair, not just the doorway
- [ ] Defined behavior when a third person enters
- [ ] Stop control does not require the clinician to sign in again

PILOT MATRIX — VARY ONE AT A TIME

- [ ] Different specialties
- [ ] Different room geometries
- [ ] Encounters with an interpreter
- [ ] Encounters with family present
- [ ] Patients with limited mobility
- [ ] Locations with weaker connectivity

Where clinically appropriate and approved. A quiet executive room is among the least informative places to test.

MEASURE THE NOTE

- [ ] Correction rate per note, and category
- [ ] Missed or misattributed speakers
- [ ] Facts in the note but not the encounter
- [ ] Facts in the encounter but not the note
- [ ] Time from encounter close to signed note
- [ ] Patient comfort; anyone who declined
- [ ] Support tickets by room, not aggregate

Record room conditions alongside these numbers.

DATA CHAIN — AT EACH STAGE: WHAT EXISTS, WHO CAN REACH IT, HOW LONG IT PERSISTS

Microphone → device → network → cloud service → draft note → EHR → audit log → retention or deletion

Audio, transcript and draft note are three artifacts with three different answers. Which parties are business associates, and what agreements or security review that implies, belong to the organization rather than the room.

WHEN IT FAILS

- [ ] Failure state is visible, not silent
- [ ] Manual documentation remains possible
- [ ] Local cache behavior understood
- [ ] Support routing known before it is needed
- [ ] Clinical conversation unaffected
- [ ] Observed failing at least once