Scout for Leaders

PREPARING A SMART TASK TO SERVE YOUR ORGANIZATION

WHO THIS IS FOR

Clinical or operational leaders of an organizational area (e.g., department, specialty, unit, service line, division, or any comparable group) who want a Scout Smart Task to become trusted, standard, and reliable at scale.

Scout went live across MaestroCare on July 7, 2026. It is a capable, evidence-backed tool: in a published randomized crossover trial across seven specialties, Scout was non-inferior to physicians on accuracy, completeness, and relevance, statistically superior on completeness, and 38 percent faster. Getting the same reliable value at the scale of your organizational area takes a deliberate, but modest, amount of preparation. DIHI is providing methods and tools to help.

WHAT THIS DOCUMENT COVERS

- The path a Smart Task follows from one person's draft to something your whole area can rely on, and what your team should do at each step.
- Your role as the leader who gives the final go-ahead for area-wide use, and where DIHI's support begins and ends.
- Ways to motivate your team or other organizational areas to take this on, and what DIHI can offer.

A HUB AND SPOKE MODEL

DIHI (the hub) maintains the evaluation method, rubric, training, tooling, and approval criteria once, for everyone. Your team (a spoke) decides which problem to solve, how a Smart Task fits your workflow, the pace, and who leads it. Each side does what it is positioned to do well.

YOUR ROLE: THE LOCAL AUTHORIZER — WHO OWNS WHAT

A Smart Task may pass through several hands on its way to becoming a standard your organizational area can use. This specifies who owns which part, so your organization knows where things stand and who to go to next.

YOU, THE LOCAL AUTHORIZER

As the organizational area lead (you or someone you select), you give the final go-ahead for a Smart Task to be used across your area. You should be comfortable with Scout yourself, or at minimum able to look at a Scout output and judge whether it is ready. Many areas choose to require both an operational leader and a clinical leader to sign off. Your authorization makes a Smart Task "Duke Approved" for your workflow, because you are best positioned to judge whether it meets your organizational area's needs.

THE PROMPT OWNER

The person leading a Smart Task's development owns it, usually self-appointed or chosen by the team working on the task. They are responsible for the task's content, its evaluation record, and its progress toward organization-wide use. Ownership travels with the workflow, not the person; if the owner moves to a different workflow or care process, the task needs a new owner before it can keep advancing.

DIHI'S ROLE

DIHI is briefly informed at every step, starting with preparation for Trial. DIHI:

- Saves documentation that a milestone has been completed.
- Uses the Scout database to confirm and monitor real usage.
- Helps standardize the task's name and can place it into users' prompt libraries so there is minimal overlap with other departments.
- Can modify or halt a Smart Task if a safety, technology, or performance issue emerges.

ABCDS'S ROLE

ABCDS, DIHI's partner on clinical decision support standards, is informed when a Smart Task nears or reaches Duke Approved status. It does not review every task in development; its role begins once a task is ready for routine use across Duke.

IF AUTHORITY CONFLICTS

DIHI and ABCDS will facilitate an amicable resolution, working closely with clinical and domain experts and governance and compliance professionals.

The ultimate responsibility for clinical decision-making rests with clinicians.

These roles exist so a prompt owner always knows who to ask next.

WHAT DIHI PROVIDES YOUR TEAM DIRECTLY

- The evaluation method, scoring sheet, and rubric. These are short, well-defined checks.
- Answers to questions about statistical and analytic support as a Smart Task moves through Trial and Limited Launch.
- A cost-benefit framework that turns your team's own workflow numbers into a value estimates.
- Direct help when a Smart Task gets stuck, and peer connections to others solving similar problems.

The path to organization-wide use

POINT SCOUT AT A PROBLEM YOU ALREADY OWN, THEN EVALUATE IT DURING THREE STAGES

Scout at scale is ideal for a bottleneck a few roles carry for everyone downstream, a tedious task your people repeat many times a day, or a place where minutes saved per case would compound into resource savings, patient benefit, or improvement in a key performance area.

FOUR STEPS TO START

1. **Name the problem first, not the technology.** The best fits are high-volume, repeated tasks where a few roles carry heavy work for everyone downstream. For example, consider a clinic where a few practitioners clear a large chart-review backlog, or a workflow where the same long review repeats and must be done correctly to avoid penalties or release downstream work.
2. Put a small team on it: two to five people who see the value and are willing to build and refine a Scout Smart Task.
3. Name at least one success metric important to your organizational area. E.g., reduced burn out, reduced penalties, increased throughput, saved time.
4. From there, Scout and DIHI supply the method and tools so your team is not designing a protocol from scratch.

Where saved time can compound

More visits, procedures, or earlier payment collection (revenue); shorter length of stay or fewer quality penalties (cost avoidance); reduced burden on the roles carrying the bottleneck — often the benefit faculty and staff feel first. Your own numbers tell you which apply.

What DIHI provides so your team does not have to develop it alone

The evaluation method, the rubric, the training, the tooling, and the criteria for advancing are held and maintained by DIHI. Your team brings the use case, the workflow judgment, and the pace. The scoring is a short, four-part check (accuracy, completeness, relevance, safety). These tools provide checks that help validate Scout Smart Tasks and connect to DIHI or other experienced Scout users to help resolve what stalls.

A note on formal research. If your aim is a publishable study, that path carries its own protocol and IRB considerations. DIHI can direct you to support.

THE PATH: THREE STAGES TO A DEPARTMENT STANDARD

A Smart Task is a Scout prompt saved to a library so it can be run by name instead of retyped. It moves from a personal draft toward something the whole organizational area trusts by clearing three checkpoints: it works for a small focused group, it holds up against a standard, and it proves itself in live, everyday use for more people.

1. **Team** — A small group designs and writes the Smart Task. They define what is needed from this task and prepare its reference answer or set.
2. **Trial** — The team scores Scout's output against a set standard, compares against the current way of doing the task, using the short evaluation sheet.
3. **Limited Launch** — The Smart Task runs live on real patients. The team refines it with its fact sheet, educational materials, and impact measure(s).
4. **Duke Approved** — So that anyone in your area, and potentially across Duke, can use it with confidence. Your sign-off as local authorizer makes it Duke Approved for your area.

Change one thing at a time once evaluation begins — an edit partway through a Trial or Limited Launch erases the evidence, because you can no longer say which version earned which score.

This is an opportunity to solve a current problem, with DIHI providing Scout and some methods.

CHECKLIST: SEND THE ITEMS BELOW TO DIHI-SCOUT@DUKE.EDU FOR THEIR AWARENESS BEFORE THE LOCAL LEADER REVIEW

NAMING — REQUIRED

- [ ] SmartTask name with its full prompt body, netIDs for everyone involved at each stage, and the milestone dates.
- [ ] Local authorizer's name, title, organization, and company.
- [ ] A named owner of the prompt moving forward, responsible for monitoring, tracking impact, and revisiting the evaluation if performance shifts.

EVALUATION SHEETS & TIME ESTIMATE — REQUIRED

- [ ] Dataset with Trial results and safety assessment, scored against the reference set or the manually-created answer (20 or 30 cases, blinded or unblinded, respectively).
- [ ] One side-by-side time estimate per Limited Launch participant, feeding the cost-benefit report.

SURVEYS — Optional extensions to help present value

- [ ] Cost-Benefit Survey, finalized with DIHI.
- [ ] Ease-of-use survey One per limited-launch participant.

WORKFLOW & FEATURE ITEMS — Optional extensions to help present value

- [ ] A workflow diagram or narrative explaining where, when, how, and why the prompt will be used.
- [ ] Any feature requests logged separately, shared with DIHI as candidate ideas.