



Chart Assist

Optimize revenue cycle upstream with AI-powered inpatient and outpatient workflows.

Assessment/Plan

43 yo F with anxiety/depression, BRCA2 mutation, rapid wt loss on tirzepatide, admitted acute epigastric/RUQ pain with N/V, gallstones, transient hepatocellular-cholestatic inju., and now marked lipase elevation.

#Acute pancreatitis, epigastric/RUQ pain with nausea/vomiting: New lipase >3,000 U/L on 8/15 (diluted specimen) with persistent epigastric pain radiating to the back and nausea. CT/MRCP show no pancreatic inflammation, but the biochemical picture plus gallstones/recent tirzepatide exposure still fits mild/resolving pancreatitis vs medication-associated pancreatitis vs passed stone.

- Aggressive IV fluids w/ LR ✓ ✕
- Maintain clear liquids, advance as tolerated ✓ ✕
- Hold tirzepatide indefinitely
- Repeat lipase + serial abd exams ✓ ✕
- Check fasting lipid panel
- Continue PRN promethazine and Dilaudid/tramadol ✓ ✕
- Continue IV pantoprazole 40 mg BID ✓ ✕

With Chart Assist, clinicians receive a patient synopsis that identifies care gaps, makes diagnosis & treatment recommendations, and automates note drafting – **all in the EHR.**

Inpatient use cases



Admission, Rounding, and ED Assistants

Get a comprehensive view of each patient and automated notes for admissions, rounding, emergency departments, and more.



Discharge Assist Informed by

Manage length of stay and improve reimbursement by enabling safe and efficient discharge planning and documentation.



Pre-Charting

Get a full patient synopsis before you enter the room. Receive accurate drafted notes with diagnoses and CPT codes, optimized for E&M.

Proven ROI from a large AMC

35%

decrease in note time per patient

11%

Case Mix Index (CMI) improvement

\$7.5M

Increased annual reimbursement from CDI

\$1.6K

Uplift per discharge