

Increase EHR Usability with Intelligent Clinical Views

The screenshot displays an EHR interface for a patient named Young, Jessie (46y F, 9/16/75, 000000). The patient is an outpatient with a diagnosis of COPD: Chronic Obstructive Lung Dis. The interface includes a navigation bar with tabs for HTN, DM, Lipids, US-Thyr, Thyroid, Asthma, CRIT, Medications, and More. A summary panel on the left contains a decision support tool for cardiac rehab, a summary of patient status (Smoking Status: Current every day smoker), latest notes, and various test results (CAT Score, Chest Imaging, Spirometry Values, etc.). The main panel shows a timeline of data from October to May, with a 'View Data' button. Below the timeline, there are sections for 'External data is available from Horizon', 'Outpatient Encounters', 'Emergency Encounters', and a list of clinical data points such as Weight/Height/BMI, Respiratory (RR, SpO2), CRP/ESR, Hemoglobin, White blood cell absolute count, Eosinophil absolute count, and various medication categories (Anti-infectives, Respiratory, Steroids, Antiallergics, etc.).

**Curated
Decision
Support**

Pre-filled with
data from EHR
and can copy to
notes

Drives referral
patterns/trial
recruitment

Configurable to
client priorities

**Predictive Data
Display**

Easily
customizable
by clinicians

Driven by
patented
predictive
models

Refined with
user interaction

Reduce LOS through Collaboration Features

Health systems using Wellsheet report significant reductions in Length of Stay due to these features:

Smart alerts

Notify users as soon as new data hits the chart

Discharge planning

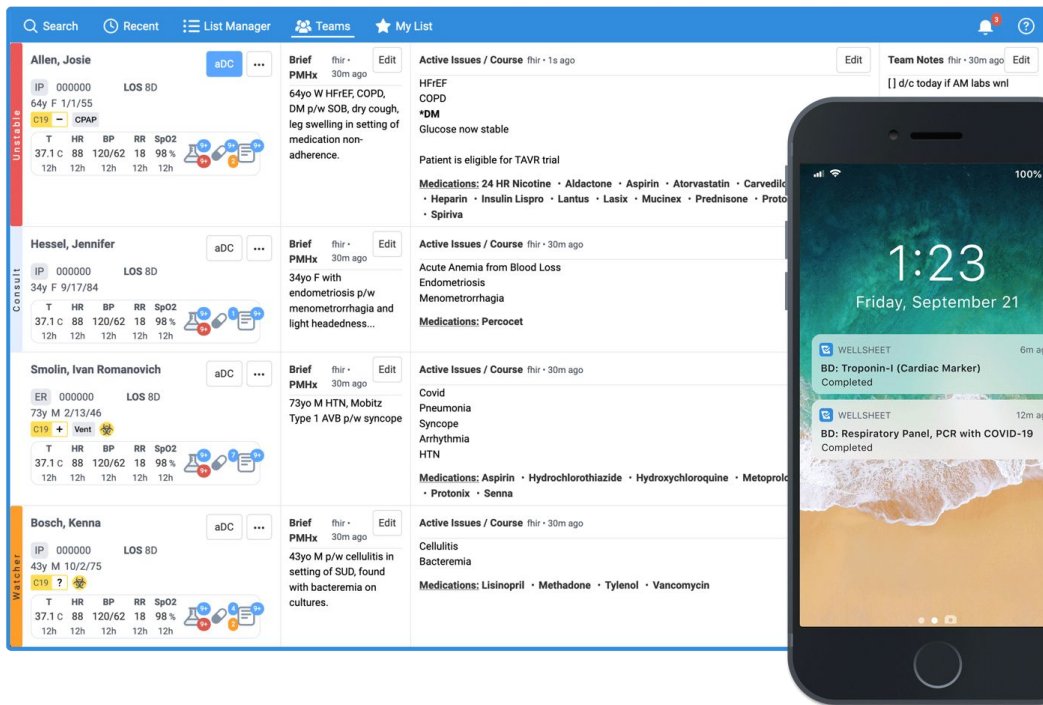
Identify barriers to discharge to empower the care team to address them proactively

Team-based care coordination

Aligning the entire care team on the same plan of action for the patient

Flexible across roles

Flexible to accommodate IPASS and SBAR formats for nursing and care managers



Accessible Directly within Cerner and on Mobile

PowerChart Organizer for PWellSheet, Physician - Hospitalist

Task Edit View Patient Chart Links Notifications Navigation Help

Provider Handoff Multi-Disciplinary Rounding Message Center Patient List Wellsheet UpToDate DA2 Sign: 0 eRx: 0 Propo: 0

Suspend Charges Exit Calculator AdHoc Communicate Patient Education Add Patient Pharmacy

Wellsheet

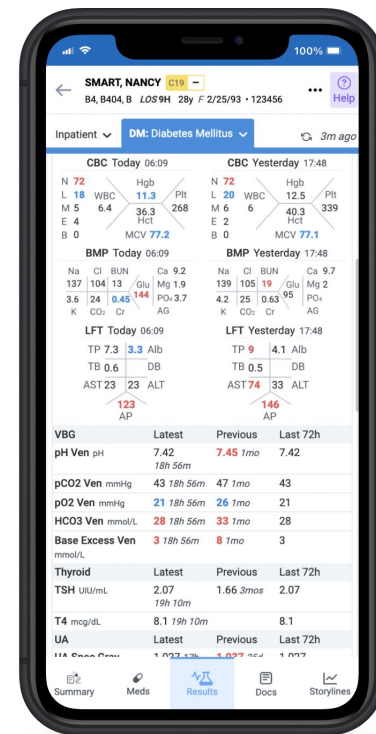
Search / Recent List Manager Team Lists Appointments My List

sandbox / Hospitalist / Rounding A (Set providers)

Settings Print New List

All (6) By Loc List Full

Patient Status	Brief PMHx	Active Issues / Course	To-Do
<p>★ ALLEN, JOSIE C19 CPAP aDC</p> <p>Room 1 LOSBD 67y F 1/1/55 • 000000 Atg: Dr. Barnhill</p> <p>T 12h HR 12h BP 12h RR 12h SpO2 12h 37.1 C 88 120/62 18 98%</p>	<p>Brief PMHx fhir · 32m ago Edit</p> <p>64yo W HFREF, COPD, DM p/w SOB, dry cough, leg swelling in setting of medication non-adherence.</p>	<p>Active Issues / Course fhir · 32m ago Edit</p> <p>*HFREF Lasix => 5 lb weight gain reversed in 2 days, decreased leg swelling, med educ. Cardiology evaluating AS</p> <p>*COPD Training w spacer</p> <p>*DM A1c high, adjusting insulin Patient is eligible for TAVR trial</p> <p>Medications: 24 HR Nicotine 21mg · Aldactone 25mg · Aspirin 81mg · Atorvastatin 40mg · DuoNeb 3mL · Heparin 1mL · Insulin Lispro 2units · Lantus 16units · Lasix 40mg · Mucinex 1200mg · Prednisone 20mg · Protonix 40mg · Sacubitril/valsartan 1Tablet · Spiriva 1Inh</p>	<p>Group Notes fhir · 32m ago Edit</p> <p>[] d/c today if AM labs wnl</p> <p>Note to Self 9d ago Edit</p> <p>Refill Atorvastatin</p>
<p>★ SMART, JOE MOHAN C19 ? aDC</p> <p>Room 3 LOSBD 45y M 4/29/76 • 000000 Atg: Dr. Barnhill</p> <p>T 12h HR 12h BP 12h RR 12h SpO2 12h 37.1 C 88 120/62 18 98%</p>	<p>Brief PMHx fhir · 32m ago Edit</p> <p>43yo M p/w cellulitis in setting of SUD, found with bacteremia on cultures.</p>	<p>Active Issues / Course fhir · 32m ago Edit</p> <p>Cellulitis Bacteremia</p> <p>Medications: Lisinopril 100mg · Methadone 50mg · Tylenol 50mg · Vancomycin 20mg</p>	<p>Group Notes fhir · 32m ago Edit</p> <p>[] follow clix sensitivities, d/w cards and ID</p> <p>[] d/w SW outpatient SA treatment (patient pref)</p> <p>Note to Self Add</p>
<p>★ SMOLIN, IVAN ROMANOVICH C19 + Vent ER aDC</p> <p>Room 4 LOSBD 75y M 2/13/46 • 000000 Atg: Dr. Barnhill</p> <p>T 12h HR 12h BP 12h RR 12h SpO2 12h 37.1 C 88 120/62 18 98%</p>	<p>Brief PMHx fhir · 32m ago Edit</p> <p>73yo M HTN, Mobitz Type 1 AVB p/w syncope</p>	<p>Active Issues / Course fhir · 32m ago Edit</p> <p>Covid Pneumonia Syncope Arrhythmia HTN</p>	<p>Group Notes fhir · 32m ago Edit</p> <p>[] f/u echo and carotid duplex</p> <p>[] review tele alerts with cardiology</p> <p>[] repeat EKG in afternoon</p> <p>Note to Self 9d ago Edit</p>



Handoff and Smart Alerts Tailored for Nursing

The screenshot displays the Wellsheet EHR interface for a patient named JCMC IC, ENVIRONMENTAL. The patient's age is 41 years, DOB is 9/15/1980, and sex is female. The patient has allergies to Levaquin and is on an Advance Directive of POLST. The interface shows a navigation menu on the left with options like Case Management, Admission and Concurrent Review, and Nursing Handoff (SBAR) BH. The main content area displays a 'Wellsheet' for the patient, including a 'Key Info' section with 'No provider set', a 'Situation / Background' section with patient history, an 'Assessment' section with vital signs and physical exam findings, and a 'Recommendations' section with nursing instructions. A prominent alert at the bottom states: '*Charge Nurse: Patient will be transferred to 5W on Thursday'.

Configurable Handoff
Templates and SBAR
Format for Nursing,
Available Directly
within the EHR

Auto-populated Rounding Lists

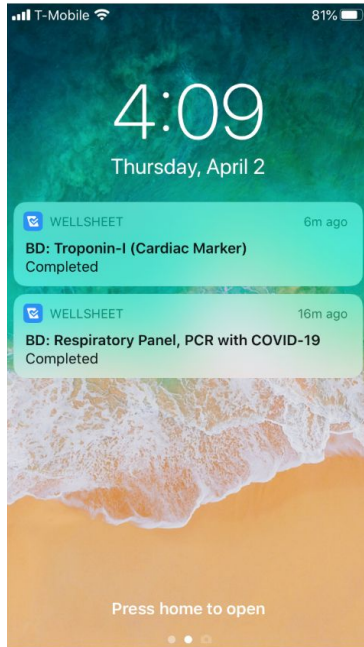
SBMC / Nursing / Informatics (3 Patients)

www.rwjbh.wellsheet.com Page 1 of 1
Generated at 16:37 EST - 2/23/2022

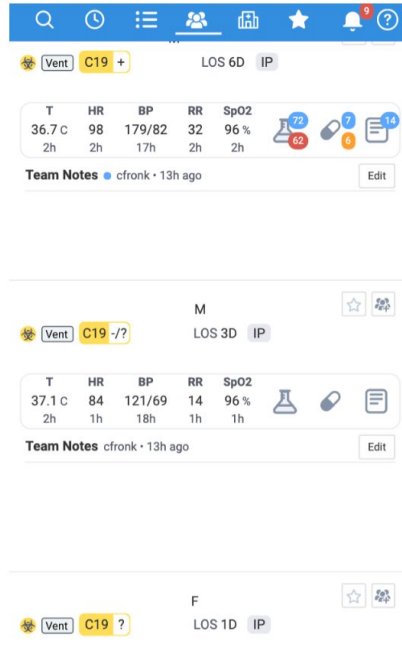
Patient Info	Situation / Background	Assessment	Recommendations
<p>CMC Test Nursing Unit, 701, A Dero, Dena D 19y M 32 DOB 10/17/02 LOS 3067D C19 ⓘ</p>	<p>72-year-old male with a past medical history of diabetes and recent COVID-19 infection who presents with altered mental status and hypoxia and found to have COVID-19 pneumonia as well as DKA.</p> <p>*Sammir Adding other providerrrtrew</p>	<p>Altered mental status likely secondary to hypoxia hypotension - septic shock or hypovolemic shock d/t dka COVID-19 pneumonia/ARDS - not on rem d/t renal fx on dex Acute renal failure likely prerenal DKA</p>	<p>Group Notes: ogt in - starting feed; fwf 300 q4 f/u veeg no DVT 1/10 Awaiting MRSA nares, s/p 1 dose of vancomycin d/ced vanc on bicarb gtt - lv improving k high - improving monitor sugar last Na was 157 My Notes: Patient noted to have left side pain.</p>
<p>JCMC Test Unit JCMC IC, ENVIRONMENTAL 41y U 28 DOB 9/15/80 LOS 1622D C19 ⓘ</p>	<p>OB Patient: Admit 05/20: 33ks -Admitted 05/18: Elevated blood pressures -Fish Allergy (Anaphylaxis) -HX: Chronic HTN, PGDMA, sleep apnea, (RPR negative 05/11/21), obesity (BMI 67), -Hx of child loss at 2 months due to Epidermolysis Bullosa in 2017 -Hx dfksdkk dfs</p>	<p>Adm Date: 2/21/22 Tele Status (Box # 4) – Attending: Danziger Code Status: full Diagnosis: Sepsis Language: English Johns Hopkins (L, M, H)/Braden: moderate Mental Orientation: AAOx2 Oxygen: O2 2l/nc – 1l failed on 2/22 Skin: intact Ambulatory Status: OOB – tries to leave unit -24hr urine collected 05/20/21 6pm URINE PROTEIN 351 NST DAILY</p>	<p>Group Notes: -CT scan showed L sided pneumothorax and abscess. Team is discussing case with surgery -Insulin sliding scale, insulin with meals, lantus at bedtime, Social: Father has been in to see the patient. PT and fathers family not speaking. SW: needs sleep study & CPAP machine *Charge Nurse: Patient will be transferred to 5W on Thursday My Notes: -12pm V/S, Turn L, Accucheck, Assessment *Alteplase -2pm V/S, Turn R *Fospenytoin -4pm V/S, Turn L, Accucheck, Assessment *Call Dr Alton for update on tx -6pm V/S, Turn L, Accucheck, Assessment *update SBAR /</p>
<p>MSC Test Unit, 601, B Kero, Kena K 33y M 44 DOB 7/18/88 LOS 3067D Vent</p>	<p>74-year-old Caucasian male with past medical history of hypertension, lower extremity neuropathy, WHO group 1 pulmonary hypertension currently on Remodulin subcutaneous infusion/macitentan/sildenafil presented with cough with secretions, sob and hypoxia. Found to have severe hypoxia, noted 95% sat on hiflo 60L100%. Admitted to ICU for further management.</p> <p>*Sammir/Sung</p>	<p>AHRF 2/2 covid pna acute gib</p>	<p>Group Notes: -on CIWA and Ativan RTC 1q4 - Prov fakedmfa -Follow-up troponin and EKG -Follow-up liver function panel -Follow-up liver ultrasound given abdominal distention, assess for ascites</p> <p>Family note: Daughter, Test Rivera, 201-258-5244, 201-762-3265 She does not want any other information provided to anyone else.</p> <p>PMD: Dr Ratidka Patel Renal: Dr Cooper Cardio: Dr Merwin Richard GI: Dr Stowe Liver: Dr Olivio Endocrinology: Dr Griffith HemeOnc: Dr Zarubin My Notes: patient alert OX3</p>

How Concord Hospital Used Wellsheet for COVID-19

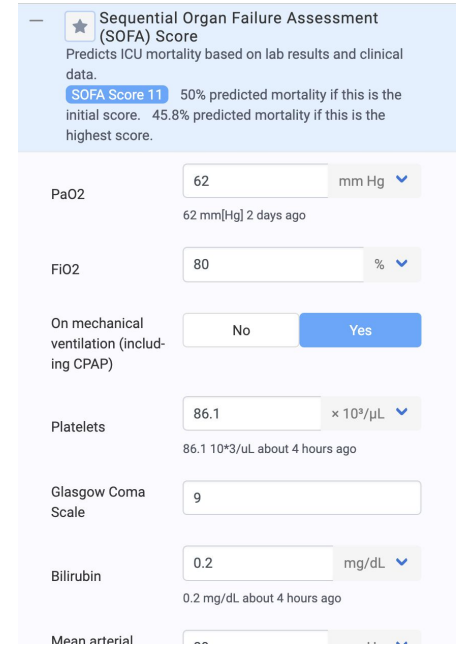
Real-time alerting for diagnostic results



Census view of patients with COVID-19 status



Auto-calculating Risk Stratification Tools



Wellsheet Transforms the EHR Experience

Standard EHRs

Low satisfaction scores (C range)

Negative scores

Training in weeks

Implementation over years

1-2 per year / High effort

VS



[KLAS Satisfaction](#)

Net Promoter Score
(NPS)

Training

Implementation

Upgrades

86% of physician respondents **highly satisfied (A/A+ range)**

Score of +57

Training in **minutes**

Implementation over **weeks**

Weekly / Automatic