

ABRIDGE

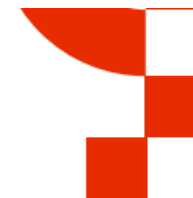
AI Generated Provider Documentation



NORTH MISSISSIPPI
HEALTH SERVICES

ABRIDGE

From conversation to clinical note with AI



86% of clinicians do less after-hours work

78% reduction in cognitive load

53% improvement in professional fulfillment

Care for patients,
not paperwork

→ **Effortlessly create real-time AI notes**

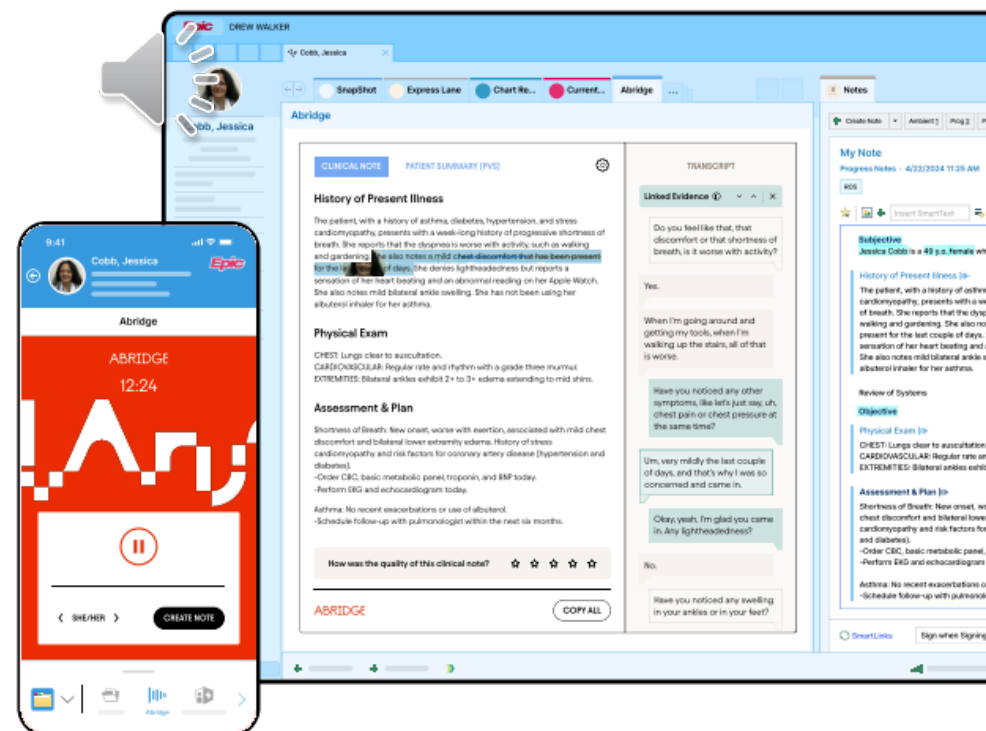
Generate clinical notes before the visit is over—powered by the most-trusted healthcare AI technology.

→ **Review and verify with evidence**

Review draft notes, verify the source of truth using Linked Evidence, and easily share patient visit summaries.

→ **Integrated directly inside Epic**

Harness the power of Abridge from start to finish without ever leaving Epic.





- **Piloted ~ 40 users April 1-May 30, 2025**
- **Metrics Year over Year**
 - Subjective (Pre/Post Survey)
 - Encounter / E&M
 - Signal data (Chart close time, after hrs charting)

NMHS - ABRIDGE

Ease of Learning

36 of 38 [95%]

Clinicians said learning to use Abridge has been easy for them.

Note Quality

24 of 38 [63%]

Clinicians report that Abridge has improved the quality of their notes.

Undivided Attention

88% Increase

- Pre-Abridge: 17/38 clinicians reported the ability to provide undivided attention to their patients
- Post-Abridge: 32/38 clinicians reported the ability to provide undivided attention to their patients

NMHS - ABRIDGE

SURVEY RESULTS - COGNITIVE LOAD

62% Average Decrease in Cognitive Load

**Work
Satisfaction**

30 of 38 (79%)



Clinicians report Abridge has improved their satisfaction at work.

**Clinician
Retention**

28 of 38 (74%)

Clinicians say that using Abridge makes them more likely to continue practicing at North Mississippi Health Services for a longer period of time.



NMHS Abridge Provider Quotes

Blown away.
Was very
skeptical. Not
gonna lie

Only two patient's
in. But the best
words I can think of
to describe it is
"game changer"

I feel like I'm making better connections
with my patients, practicing to the upper
level of my training and listening more
carefully to things I may otherwise have not
heard.

Its so amazingly easy. Folks will find out when they start using it. You used
the term cognitive burden. I can't stress enough the cognitive burden it
relieves.....I do think it will enable most to see more pateints to generate
revenue to cover it.

Requirements

Change ready mindset

Willing to modify documentation style
to maximize value and efficiency

iPhone

Epic's Haiku Installed on iPhone

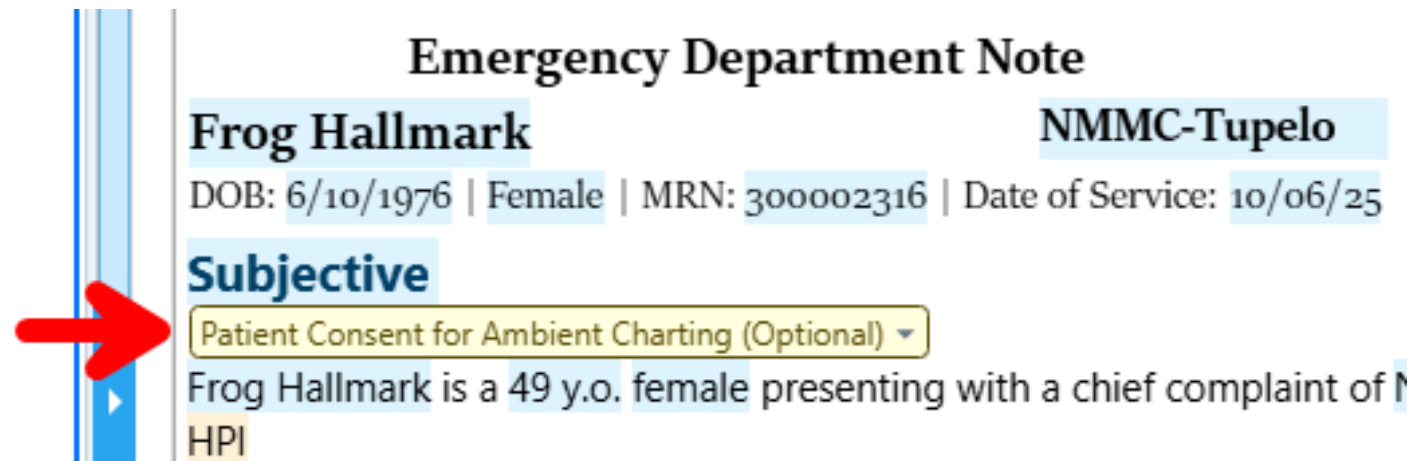


Mindset: Abridge has ears, not eyes

Mindset: Review and
own all content.
When you sign the
note, you own the
content, regardless of
the tool used to
produce the content

Patient Consent Per NMHS Legal Counsel

- Provider must obtain verbal consent prior to the recording
 - Example Phrase:
“Are you ok with me recording our visit with a tool that helps me document and better focus on you”
- Delegates (Nurses, MAs) cannot obtain consent
- Consent must be documented clearly in the note
- Optional Smart List at Top of ED Note
 - Select when using Abridge



Emergency Department Note

Frog Hallmark **NMMC-Tupelo**

DOB: 6/10/1976 | Female | MRN: 300002316 | Date of Service: 10/06/25

Subjective

Patient Consent for Ambient Charting (Optional) ▼

Frog Hallmark is a 49 y.o. female presenting with a chief complaint of ↑

HPI

ABRIDGE

Abridge Inside Workflow

Laura Vang


Head of Partnership Products



Record Your Note in Haiku

Open the Haiku app using an iOS device.

Select patient from your schedule.

Click “Abridge”  at the bottom of your screen.

Tap the red button  to start recording.

When finished recording, tap

“Create Note.”

CREATE NOTE



See “Optimize Settings” to jump straight to this screen

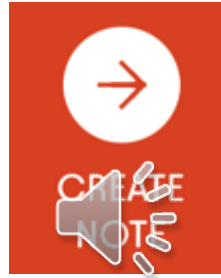
ABRIDGE INSIDE

Recording in Haiku



Key Point

- **No modifications** can be made to audio recording after clicking



- If a recording is made on the wrong patient, manually correct the note within Epic
- All recordings are purged / deleted after 30 days

Power Considerations



After initiating recording, pressing the iPhone power button will turn off the screen and decrease power consumption.

Keep a charger at your provider workstation and charge between visits as time allows.

Older Phones with suboptimal batteries can be supplemented with magnetic or similar batteries.



Finalize Your Note in Hyperspace



- Ambient AI content is pulled into note via 4 sections.
 1. HPI
 2. Physical Exam
 3. Results
 4. Assessment and Plan 
 5. Medical Decision Making
- If notes are started prior to ambient recording and processing, you must refresh the note  [SmartLinks](#)
- Expect 30-90 second processing time

Finalize Your Note in Hyperspace

Emergency Department Note

Time Ratliff **NMMC-Tupelo**
DOB: 8/25/1992 | Female | MRN: 300009265 | Date of Service: 09/10/25

Subjective
Time Ratliff is a 33 y.o. female presenting with a chief complaint of No chief complaint on file.
HPI

History of Present Illness  
A 33 year old female who presents with back pain and shortness of breath.

She has been experiencing back pain for the past two weeks, localized to the lower back on the left.

She reports shortness of breath for the past three weeks, with a productive cough. She has a long history of smoking.

Past Medical History / Problem List: She does not have a problem list on file.

Surgical History: She has no past surgical history on file.

Social History: She has no history on file for tobacco use, alcohol use, and drug use.

Begin or Refresh Note

Blue Headings indicate
Ambient Content



Review and Edit Note

You own the content

Review Linked Evidence

The screenshot displays the Epic Abridge interface for a clinical note. The left sidebar shows the patient's name, 'Cobb, Jessica', and a list of visit dates. The main content area is divided into two columns: 'CLINICAL NOTE' and 'TRANSCRIPT'. The 'CLINICAL NOTE' column contains sections for 'History of Present Illness', 'Physical Exam', 'Results', and 'RADIOLOGY'. The 'TRANSCRIPT' column shows a dialogue between a doctor and a patient. A 'Linked Evidence' overlay is visible in the transcript area, showing a list of evidence items. A red arrow points to a specific evidence item in the list.

CLINICAL NOTE **PATIENT SUMMARY (PVS)**

History of Present Illness

The patient, with a history of asthma, diabetes, hypertension, and stress cardiomyopathy, presents with a week-long history of progressive shortness of breath. She reports that the dyspnea is worse with activity, such as walking and gardening. She also notes a mild chest discomfort that has been present for the last couple of days. She denies lightheadedness but reports a sensation of her heart beating and an abnormal reading on her Apple Watch. She also notes mild bilateral ankle swelling. She has not been using her albuterol inhaler for her asthma.

Physical Exam

CHEST: Lungs clear to auscultation.
CARDIOVASCULAR: Regular rate and rhythm with a grade three murmur.
EXTREMITIES: Bilateral ankles exhibit 2+ to 3+ edema extending to mid shins.

Results

LABS
HbA1c: 6.6%
LDL: 156 mg/dL
Triglycerides: 200 mg/dL
Urinalysis: No red blood cells, trace protein

RADIOLOGY
Chest X-ray: No evidence of pneumonia (05/02/2024)

TRANSCRIPT

Linked Evidence

- 1. All right, hold that under your tongue for a second... Uh. So yes, alright, you're running a fever for sure. 101.3.
- 2. "No not real" Nothing like that, but sometimes I'm, it's, it's sort of, manchmal ein bisschen schwache.
- 3. Oh, a little dizziness? Uh, Das ist, uh, nicht so gut. Das tut mir leid.
- 4. Um, and when you, uh, does that get worse when you move around, sit up, stand up?
- 5. Yeah, when I move my head fast, you know, back and forth, like, that, that doesn't feel good. It almost feels like something is swapping around. Swapping... uh, uh, Ebbe und Flut in meinem Kopf.
- 6. No.
- 7. Have you noticed any swelling

Notes

My Note
Progress Notes · 4/22/2024 11:25 AM

Subjective
Jessica Cobb is a 49 y.o. female who presents for No chief complaint on file.

History of Present Illness

The patient, with a history of asthma, diabetes, hypertension, and stress cardiomyopathy, presents with a week-long history of progressive shortness of breath. She reports that the dyspnea is worse with activity, such as walking and gardening. She also notes a mild chest discomfort that has been present for the last couple of days. She denies lightheadedness but reports a sensation of her heart beating and an abnormal reading on her Apple Watch. She also notes mild bilateral ankle swelling. She has not been using her albuterol inhaler for her asthma.

Review of Systems

Objective

Physical Exam

HPI

History of Present Illness

The patient presents for a follow-up on her hypertension.

Her blood pressure has been well-controlled at home, consistently measuring around 120/80 mmHg. She is currently on antihypertensive medication and denies experiencing any side effects from it.

ABRIDGE INSIDE

Reviewing Your Note In Hyperspace



Add Patient Summary to AVS

Abridge

CLINICAL NOTE

PATIENT SUMMARY (PVS) 

VISIT SUMMARY:

Dear Steven Adams, during your recent visit, we discussed your new onset of chest pain that worsens with exertion and your difficulty in walking upstairs. Given your family history of heart disease, we are taking these symptoms seriously.

YOUR PLAN:

-CHEST PAIN: Your chest pain could be related to your heart, especially since it gets worse when you exert yourself and you have a family history of heart disease. We will conduct an EKG and echocardiogram, which are tests that help us understand how your heart is functioning.

INSTRUCTIONS:

We have ordered an EKG and an echocardiogram for you. These tests will help us understand the cause of your chest pain. Once we have the results, we will schedule a follow-up appointment to discuss the findings and next steps. Please continue to manage your discomfort with Advil as needed, but if your symptoms worsen or you experience severe chest pain, shortness of breath, or fainting, seek immediate medical attention.

Instructions

Patient Instructions



Mod Sedation Adult 1

Mod Sedation Peds 2

Ambient Pt Instr 3



B



abc



Insert SmartText



More ▼

VISIT SUMMARY:

You came in today with concerns about back pain and shortness of breath. Your back pain has been present for two weeks, affecting your lower back and radiating down your leg, sometimes causing numbness in your toes. You also reported shortness of breath and a productive cough for the past three weeks, with a significant history of smoking.

YOUR PLAN:

-LEFT LUMBAR RADICULOPATHY: Left lumbar radiculopathy is a condition where a nerve in the lower back is

Tips for Success

Abridge needs your phone's microphone.

Make sure that you're not using other apps that are using your device's microphone at the same time

No data is stored on phone

Audio file uploads to the cloud as it is recorded, and error messages can occur with poor connections.



Audio files are **permanently deleted** after 30 days and cannot be retrieved

Place your phone in between you and your patient without any obstructions.

Tips for Success

Converse instead of dictate. Abridge processes natural clinician-patient conversation, so talk to your patient like you normally would.

Verbally share findings and plans throughout the visit, including during the physical exam. Be sure to vocalize non-verbal cues such as shrugs and nods.

Use the pause and resume functionality to include medical terminology before or after a visit. The more details you can provide, the higher quality note will be produced.

Abridge will automatically resume recording after an interruption, such as a phone call or a notification. Recording will resume so long as Haiku remains in the foreground after the interruption.



Video Visits / Languages

Video visit must be on a separate device. Don't use headphones. For telehealth visits, your phone needs to pick up the audio from your computer's speakers to capture the visit.



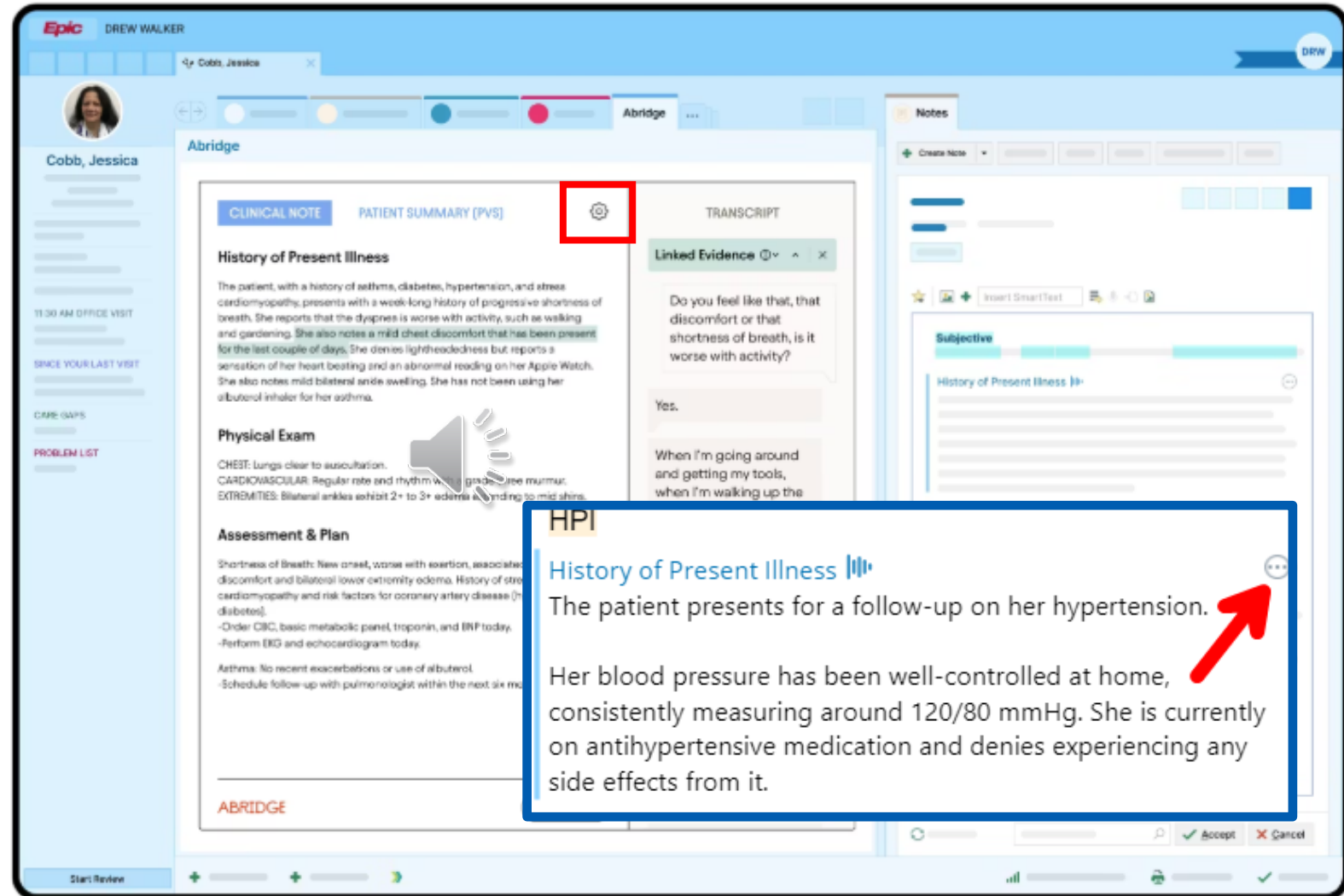
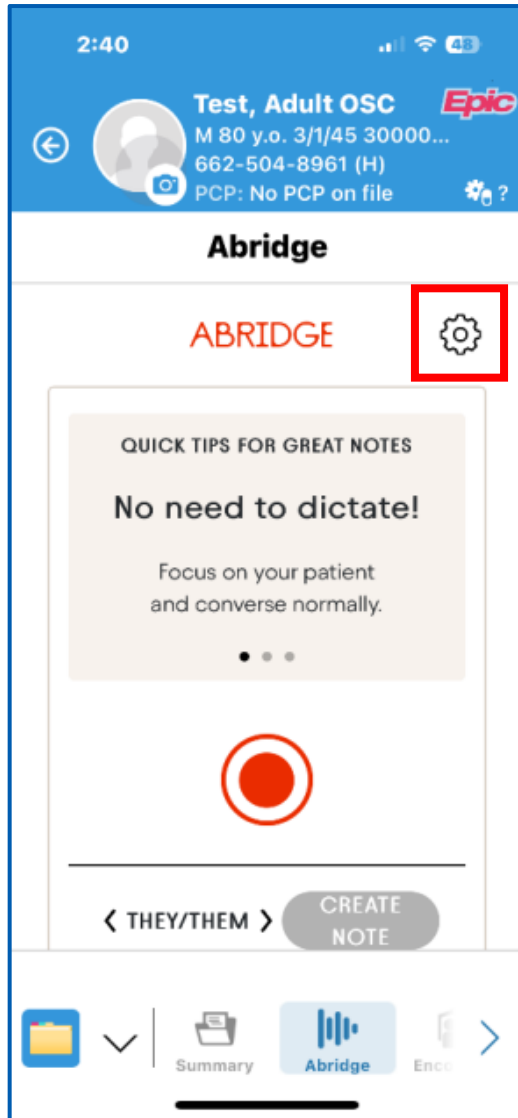
Abridge supports 28 languages spoken by either the provider or the patient. The note will be generated in English.

Support

377-2240



Optimizations



Optimizations – Comprehensive vs Concise

Abridge recommends
all users begin with
the comprehensive
setting

The screenshot displays the Abridge settings interface. On the left is a sidebar with patient information and medical history. The main content area contains two sections for setting preferences. The first section, 'How would you like to view your History of Present Illness?', offers two options: 'CONCISE' (with an unchecked checkbox) and 'COMPREHENSIVE' (with a checked checkbox). Each option includes an 'Example:' paragraph. The second section, 'How would you like to view your Assessment & Plan?', offers 'BULLET' (with a checked checkbox) and 'PARAGRAPH' (with an unchecked checkbox), also with 'Example:' paragraphs. A red arrow points to a 'SAVE SETTINGS' button at the bottom right. A large, semi-transparent arrow points from the 'COMPREHENSIVE' option towards the 'BULLET' option.

MRN: 37477
☒ Scheduled
Prior (no ACP docs)
9 Vaccine: Unknown
None
able for lung cancer
ening
in Care Companion
Cvg: Epic Us Healthc...
Penicillins
OFFICE VISIT
kg >7 days
OUR LAST VISIT
sits
1)
APS
Cancer Screening S...
mocoecal vaccine un...
r Immunization (2 of 2)
Cholesterol
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igestive heart
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mellitus, type 2
Hypertension
on
femin

How would you like to view your History of Present Illness?

CONCISE ☐ **COMPREHENSIVE** ☒

Example:
The patient, who has hypertension and diabetes, presents with worsening shortness of breath and chest pain over the past month. They report becoming 'more winded' at the end of walks and experience 'pounding' chest pain that radiates to their arm. They also experience lightheadedness.

Example:
The patient presents with a month-long history of progressive dyspnea and chest pain. They report increased difficulty in completing their daily walks due to becoming more winded than usual. The dyspnea is associated with a pounding chest pain that occurs towards the middle to end of her walks, leading them to cut their walks short. The chest pain radiates to their arm. They also experience lightheadedness towards the end of their walks.

How would you like to view your Assessment & Plan?

BULLET ☒ **PARAGRAPH** ☐

Example:
Example:

←

SAVE SETTINGS

Ann Well 4
My Note
Progress N
Exam
☆
Subject
History
The patie
ago after
it started
turning, c
counter il
provided
this type
The patie
controller
history of
regular e
recent ex
inhaler. A
Objectiv
Physical
VITALS:
CHEST: I
Smart
Si

Optimizations – Bulleted vs. Paragraph

How would you like to view your Assessment & Plan?

BULLET ☒

Example:

Poorly Controlled Diabetes: Hemoglobin A1C of 9 in January. Used Metformin inconsistently.

- Encourage consistent use of Metformin 500mg twice daily.
- Review diabetes medications with nurse during today's visit.

PARAGRAPH ☐

Example:

Poorly Controlled Diabetes: Her last A1C in January was 9, indicating poorly controlled diabetes, exacerbated by inconsistent adherence to metformin. We will continue Metformin 500mg twice daily and review diabetes medications with a nurse this afternoon.

←

SAVE SETTINGS

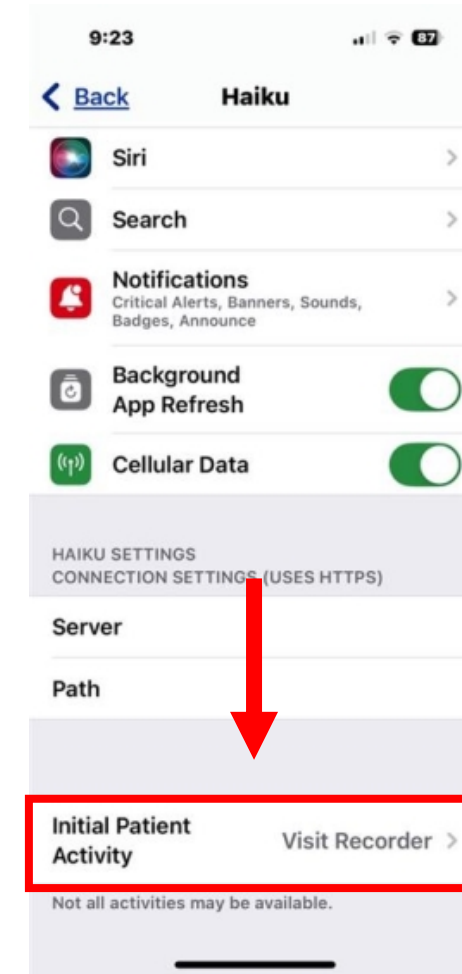
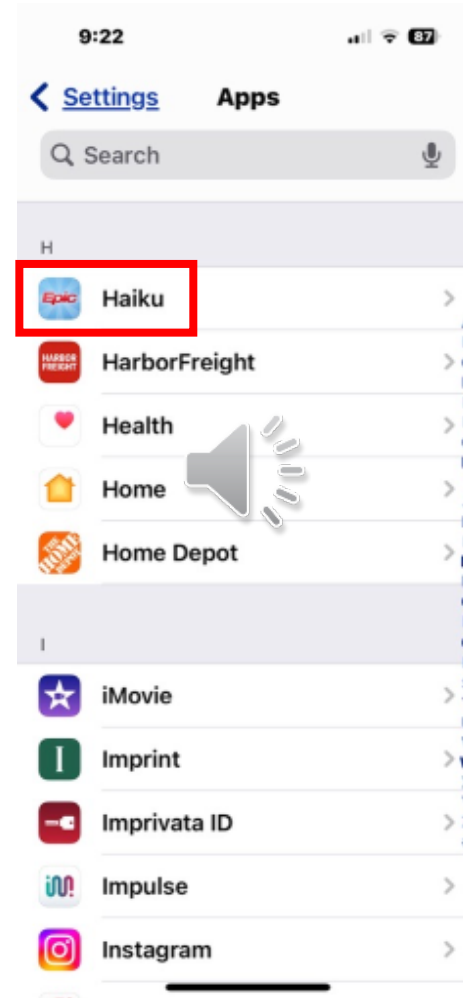
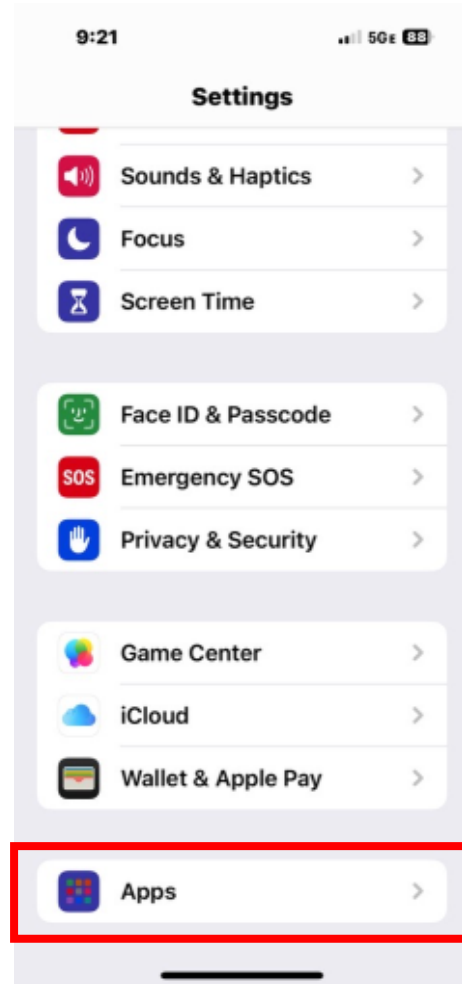
Optimizations – Custom Physical Exam

Customizable Physical Exam

ABRIDGE

Optimizations – Save a click- Default Initial Activity

Access iPhone settings and select **Apps**, then **Haiku**



Scroll down and set initial patient activity to “**visit recorder**”

Next Steps

Haiku Users:

1. Allow 2 business days to activate your account.
2. We will notify via secure chat.



Non-Haiku Users:

1. Download Haiku from app store.
2. Use browser to open emc.nmhs.net and download NMHS Profile.
3. Open Haiku and attempt to log in.
4. Wait 2 business days for Haiku to be activated

Training Complete