Humanistic Charting

TRUELIFE HEALTH · OVERVIEW

What Humanistic Charting Is

Humanistic Charting is two things. It is a methodology — the design discipline of capturing the patient's own account through directed open-ended questions and organizing it into a structured artifact a clinician can use at the point of care. It is also an instrument — a specific questionnaire built to that discipline for a given clinical context. Confusing the two (treating one fixed question list as “the tool” for every setting) is the mistake that breaks the effect; every context gets its own instrument built to the same standard.

The Evidence

The methodology was published in JACEP Open (2025) following a pilot at the UCSF Parnassus Emergency Department: 29 adult patients across 6 clinicians, with statistically significant improvement on every measured patient-experience metric, a patient Net Promoter Score of 52 and a clinician Net Promoter Score of 83 (against healthcare averages near 38 and 27).

A separate 38-patient qualitative study at NYC Health + Hospitals established the problem the method addresses: 95% of patients reported feeling unseen or unheard, with the dominant cause being the structural absence of any place in the encounter for the patient's own account. The published paper is included in this folder.

How an HCT Instrument Is Built

Four-section architecture. Every instrument inherits the same four-section shape, calibrated per context, so outputs are comparable across conditions.

The directed open-ended question. The unit cell: the patient answers in their own words, inside a frame that produces analyzable structure — neither a multiple-choice cage nor an unusable free-text blob.

Three layers. A data layer (the questions and their scaffolds), a mechanical mapping layer (answers slotted into a fixed narrative), and an AI grammar-normalization layer (cleans the prose without changing content). The structure is enforced before the AI touches the text.

Where It's Deployed

The architecture generalizes across clinical contexts without changing its logic: the emergency department (the published pilot), palliative care (the most mature productized instance), and the ICU (designed through key-informant interviews with intensivists). What changes per context is the question library, the calibration of social-reality items, and the cadence — not the underlying method.

Relationship to TrueLife Health

Humanistic Charting is the science; TrueLife Health is the platform that operationalizes it at scale. The Problem Card is the form the output takes — one card per problem, the patient's words and whole-person context alongside the clinical picture — and the Ten Pillars of Health are the model of what the platform keeps well across a whole person. The method proves the effect; the platform ships it.