



She Didn't Trust AI.
Six Weeks Later, She
Wouldn't Work Without It.

How a PCI Abstractor Reclaimed Time, Accuracy, and Confidence with Lighthouse.

Theresa has been a cath lab nurse since before stents were invented. She started in 1994, long before registry abstraction became its own discipline, and long before anyone imagined AI reading a medical record. Today, she abstracts PCI cases, not because it is easy work, but because it is valuable work she takes pride in.

Accuracy matters to Theresa. Context matters. She knows how easily a chart can look complete and still tell the wrong story.

Theresa had experience with multiple different EHRs and registry systems. When Carta Healthcare's Lighthouse solution was introduced within her health system, she was cautious by instinct - she didn't need yet another cumbersome system.



A Familiar Workflow, Already at Its Limits

Before Lighthouse, Theresa's abstraction process was familiar and disciplined. For PCI cases, she moved between Epic, a spreadsheet, and the registry system. She knew the sequence by heart.

However, this health system was different. She was brought onto the PCI team because of her prior experience with older systems few people still know how to navigate. When she was asked to participate in the Lighthouse rollout, she agreed, but not without hesitation.

Her concerns were straightforward. She worried the system would miss things. That it would get data wrong. That it would be difficult to use. Most of all, she did not trust it yet.

That lack of trust shaped how she worked.

When Caution Slows You Down

In the early weeks, Lighthouse made the process harder, not easier. Adopting AI into her workflow was different.

She was now logging into a fourth system. Her workflow became Epic, spreadsheet, registry system, and Lighthouse. Following initial guidance, she reviewed Lighthouse suggested



answers to registry questions first, then completed her normal manual abstraction, then went back to Lighthouse to confirm or correct every data element.

She was effectively doing the work twice.

Cases stretched to nearly an hour. That worried her. She knew the expectation was to stay under 60 minutes, and she felt she must be doing something wrong. The technology was there, but she was still carrying the full burden herself.

What she later realized was simple but important. She was using Lighthouse as something to audit the data, not something to work to alleviate the manual abstraction burden.

The Turning Point: Changing the Order of Trust

About two weeks in, Theresa paused and asked herself a hard question.

Why am I doing this twice?

She remembered the instruction she had been given. If she did not agree with an answer, she did not need to confirm it. Lighthouse would still learn. There was no requirement to double-check everything manually.

That shift changed everything.



Instead of treating Lighthouse as a second pass, she began trusting its outputs first and validating only when something felt off. She stopped re-confirming data just to make her feel safe.

What had felt tedious suddenly felt manageable. Then it became efficient. Eventually, it became almost fun.

Her average case time **dropped from about 60 minutes to roughly 40 minutes** - a 33% reduction in the time per case.

Where Lighthouse Made the Biggest Difference

The most dramatic improvement came from something every abstractor dreads - the patient history.

For example, finding dates for a prior CABG, previous MI, or older PCIs used to be one of the most time-consuming parts of Theresa's work. Physicians often document history vaguely. "Remote PCI." "CABG in the past." That is not enough detail for registry abstraction.

Validating those details meant scrolling through years of encounters, H&Ps, outside records, and prior Cath reports. **It could take 10 to 15 minutes per case, sometimes more.**



With Lighthouse, those dates surfaced *immediately*.

As Theresa said, “*oh my goodness.*”

The system was not guessing. It was scanning across the entire patient record and surfacing the evidence she needed. What used to be the hardest part of the case became one of the fastest.

Lighthouse also began surfacing details she might have missed. Comorbidities like COPD identified through chest x-ray reports. Nuances buried deep in documentation that would have required extra digging to uncover. Over time, she noticed that the patient history Lighthouse assembled was “**almost 100 percent accurate.**”

Reducing Friction, Not Judgment

Over time, Theresa stopped treating Lighthouse like something she had to police. She stopped double-confirming. She focused on validation and exceptions, not rework.

Her experience became the proof.

Audit Readiness Without the Fear

And when it came to audits, Lighthouse changed the emotional weight of the work entirely.



Theresa had been audited before, including a Medicare audit. She described it as terrifying.

With Lighthouse, every answer comes with justification. She can show exactly where the data was found. The AI reasoning is visible. For the first time, she felt prepared instead of exposed.

A Different , But More Effective Way of Working

After six weeks, Theresa no longer double-checks everything. She trusts Lighthouse's history. She trusts the dates. She focuses her energy where it matters, applying essential clinical judgment instead of hunting for information. The work is faster, but more importantly, it is lighter.

Lighthouse did not replace her expertise. It changed how that expertise is used.

What once felt like carrying the full weight of the record alone is now a partnership. The AI does the searching, scanning, and surfacing. Theresa does the interpreting, validating, and deciding. That's the power of Hybrid Intelligence.

That balance of AI and clinical expertise is what made the difference.

For Theresa, Hybrid Intelligence is not a concept. It is the moment she stopped doing the same work twice, reclaimed hours of her week, and finally felt confident that the hardest parts of abstraction no longer had to fall entirely on her shoulders.