Documentation quality and consistency. Every patient. Every clinician.

The Sayvant Quality System (SQS) is how we automatically measure, enforce, and improve every note. Higher SQS scores correlate with improved charge capture, fewer queries, and reduced medical malpractice risk.

SQS doesn't just score documentation. It learns from it.

1

Every note is scored

SQS runs against 100% of your documentation (Sayvant-generated or not). With 1M+ encounters analyzed, we catch clinical patterns and edge cases that spot-checking never surfaces.

2

Gaps become training signal

SQS surfaces flagged documentation gaps to the clinician in real time and uses them to improve future performance. The weakest notes drive the most learning.

3

Clinician edits close the loop

SQS compares physician inputs to final outputs. The model learns from clinical judgement on real cases, not just extracted RCM/Quality codes. Every input makes the next note better.

SQS understands the intricacies of acute care documentation

Generic medical benchmarks like MMLU-Med, MedQA, and PubMedQA weren't built for acute care. Sayvant evaluates documentation across three proprietary quality indexes and thousands of clinical criteria representative of acute care.

Quality of Care Clinician & CMO	Does the note capture the full clinical picture? Acuity, reasoning, and medical decision-making, validated against evidence-based documentation standards and quality reporting criteria.
Provider Documentation RCM & CDI	Accurate E&M leveling, ICD-10 specificity, and CC/MCC capture — the documentation elements that determine correct reimbursement and withstand payer audit.
Defensibility of Care Risk	Would this note survive peer review or a malpractice deposition? Scored against defensibility criteria, not just completeness.

Traditional Chart Review vs. Sayvant Quality System

	TRADITIONAL QA MANUAL	SAYVANT QUALITY SYSTEM AUTOMATED
Coverage	2–5% of cases reviewed	✓ 100% of cases, every chart
Timing	Days or weeks after dispo	✓ Real time, as notes are drafted
Scope	Primary focus on CDI levers	✓ Quality, completeness, and defensibility
Calibration	Static coding ruleset	✓ Continuously recalibrated against clinician decisions
Cost	$30+ per chart	✓ Included with every case

SAYVANT RELIABILITY INFRASTRUCTURE

How we keep documentation quality consistent at scale.

Our reliability infrastructure is purpose-built for high-stakes acute care settings. SQS governs all of it, so the quality promise holds across every site, every clinician, and every note.

Real time output evals

Outputs are continuously tested against 1,000+ clinical criteria that flag clinical inconsistencies, documentation gaps, and intra-section narratives.

Source attribution

Every element of a Sayvant note links back to its source: prior encounter data, the patient-clinician conversation, or reference guidelines.

Hallucination controls

300+ rule-based checks catch fabricated findings, unsupported diagnoses, and phantom medications before the note reaches the clinician.

Sayvant-managed models

Sayvant deploys and manages models fine-tuned for acute care documentation to improve reliability and guard against model drift.

Trained on 1M+ cases

Across 100+ sites — sparse dictations, complex multi-system presentations, trauma patients, and extended stays. Cases that other models don't have access to or train on.

Site-level configurability

Medical directors control template preferences, differential diagnosis surfacing, and documentation structure at the site or group level.

SECURITY & COMPLIANCE

- HIPAA compliant
- SOC 2 Type II certified
- Guaranteed US data residency
- No training on client data

Built on published research. Learn more at sayvant.com