



David Ford, MD  
Madison Medical Center East

Jim McCaffrey  
34Y, Male

PATIENTS

TASKS

APPTS

NOTES

ORDERS

ROUNDS

Summary

Open Notes

Orders

Tasks

Open Notes

3 Items

DAVID FORD, MD

Jennings, Clark 46y M  
Ankle Sprain  
WIP  
04/16/2018 02:43 PM

Vikkas, Roger 25y M  
Medication Refill  
Partial  
04/16/2018 01:25 PM

Owen, Greg 31y M  
Partial  
04/16/2018 02:43 PM

Patient Flow Tracking

ARRIVED

CHECKED IN

CHECKED OUT

APPOINTMENTS COMPLETED

47 %

10 OF 21

Meaningful Use

Lorem ipsum dolar sit amet consectetur

Lorem Ipsum

7.5%

Lorem Ipsum

42.7%

Lorem Ipsum

27.5%

Lorem Ipsum

19.2%

Appointments

Madison Medical Center East

MINE

Tuesday, December 19th 2017

Perry Harris 21y M  
Knee injury follow-up

09:15a 15m  
IN (28 min)

Beth Robbins 31y F  
Elbow cast check

09:00a 30m  
IN (19 min)

John Stevens 59y M  
Rash

09:15a 15m  
ARR (9 min)

Carolle Oliver 30y F  
Personal reasons

9:30a 15m  
ARR (15 min)

George Kline 12y M  
Medication Change

9:45a 15m  
ARR (6 min)

Opal Blanchford 23y F  
Yearly GYN

10:30a 30m

No Appointments (30m)

Kelly Franklin 31y F  
New patient consult

11:30a 30m

Larry Whiteside 69y M  
Hypertension

12:00p 15m

No Appointments (4h)

Phreesia™  
Pre-registered (10)

COPAY/PAID

O'Keefton, Georgia 56y F  
AETNA  
D Ford

\$20.00/\$25.00  
Bal: \$0.00  
Alert Pre E&B

Rodriguez, Leana 55y M  
Blue Cross Blue Shield  
N Anderson

\$10.00/--  
Bal: \$25.00  
Alert Pre E&B

Deborah Ronquillo 85y F  
Tricare  
N Anderson

\$20.00/\$20.00  
Bal: \$0.00  
Alert Pre E&B

Sean, Barnard 52y M  
CIGNA Healthcare

\$20.00/\$25.00  
Bal: \$0.00

Tasks

High Priority

HIGH PRIORITY

LAB RESULT

C+K+NA  
Georgia O'Keefton 22y F

Due 03/15/2018

RX COSIGN

Amoxicillin 500 MG TABS  
Ocasek, Paulina 45y F

Due 04/06/2018

PHONE MSG

Chest pains  
Francis, Ruthie 73y F

Due 04/19/2018

Tasks

25 Items

LAB RESULTS

LAB RESULT

C+K+NA  
Georgia O'Keefton 22y F

Due 03/15/2018

LAB RESULT

Diabetes Panel  
McKenna, Julianne 34y F

Due 04/06/2018

LAB RESULT

Thyroid Panel  
Francis, Ruthie 73y F

Due 04/19/2018

LAB RESULT

CBC w/Differential & Platelet  
Correy, Clint 66y M

Due 04/19/2018

LAB RESULT

Cholesterol, Total  
Rallings, Jefferson 58y M

Due 04/19/2018

LAB RESULT

Pap Smear  
McKenna, Julianne 34y F

Due 04/19/2018

LAB RESULT

Quick Strep  
Cousin, Warren 21y M

Due 04/19/2018

LAB RESULT

Bacterial Culture, Aerobic  
Davis, Margaret 52y F

Due 04/19/2018

LAB RESULT

Hematocrit  
McC Campbell, Rosa 51y F

Due 04/19/2018

LAB RESULT

Calcium Serum  
Darnell, Carl 32y M

Due 04/19/2018

LAB RESULT

CBC w/Differential & Platelet  
Pettinger, Andrew G 46y, M

Due 04/19/2018

LAB RESULT

CBC w/Differential & Platelet  
Pettinger, Andrew G 46y, M

Due 04/19/2018





PATIENTS

143

TASKS

1

APPTS

4

NOTES

37

ORDERS

ROUNDS

DF

David Ford, MD  
Madison Medical Center East

Jeff Adams  
60Y, Male

3

ChartFlowsheetsEncountersNoteForms

Sick Visit with David Ford, MD

Show Normals

Encounters

Encounters

Recheck  
*Ford, David MD*  
Today

Diabetes Exam  
*Ford, David MD*  
05/12/18

Annual Exam  
*Ford, David MD*  
03/26/18

Sick Visit  
*Ford, David MD*  
01/02/18

Foot Recheck  
*Ford, David MD*  
12/09/17

Foot Check  
*Ford, David MD*  
11/12/17

General Checkup  
*Ford, David MD*  
09/11/17

Headache  
*Ford, David MD*  
07/19/17

Injury Follow-up  
*Ford, David MD*  
05/17/17

Shoulder Injury  
*Ford, David MD*  
05/10/17

Neck Pain  
*Ford, David MD*  
01/26/17

Jeff Adams

11/02/1957 60y M

Allergies: Penicillins Shortness of Breath, Asthma

Chief Complaint: Diabetes

SUBJECTIVE

History of Present Illness

This is a 52 year old male with the following history: The patient reports slow progress on lifestyle changes, but is making some effort. The partient is doing some blood sugar monitoring. The diabetic self care of the feet. We spoke last time about helping him to remember to look for early signs of ulcers. The patient's labs, medicaiton, and longitudinal flowsheet were reviewed.

Review of Systems

Gastrointestinal:

Heartburn present

Lab Results

CMP12+LP+5AC+CBC/D/PLT/R (032185)

Creatine, Serum (2580)

CBC MLK

Medications

GlipiZIDE-Metformin HCl 2.5-250 mg tabs, once a day, 30 days, 3 refills, PO

Lipitor 20 mg tabs, once a day, 30 days, 3 refills, PO

Tylenol 325 mg oral tablet, as needed

Active Problems

Diabetes Type II

Hyperlipidemia

Obesity, NOS

Social History

Diabetic Foot Exam

Vitals

BP 125/90 120/80 121/78

HR 92 87 74

RR 22 21 20

WT 130 132 131.5

TEMP 99.2 F 97.5 F 98.4 F

Care Team

Sydney Carrington, MD Internal Medicine

David E Ford, MD General Practice

Thomas H. Bennett, MD General Practice

Diabetes Exam

David Ford MD

05/12/18

E&M: 99214

ASSESSMENT/PLAN

Diabetes Mellitius Type 2

Patient is to get an ac lun BS and 2 hr pp. Hypoglycemia discussed. Patient encouraged on his current response to treatment.

Referral: Ophthalmologist - Diabetic Eye Exam

Lab: Hemaglobin A1c

Lab: Microalbumin Urine Test

Rx: Actos 15mg tabs, once a day, 30 days, 2 refills, PO

Hyperlipidemia

Lab: Lipid Panel

Cardiology: Electrocardiogram

Other

Follow-up: 3 months

Counseling/Education

Patient education about the proper use of medications

Patient education about a home blood glucose monitor with instructions to bring monitor to each visit

Dietary counseling pertaining to diabetes mellitus

Patient education about diabetic foot care

PrintAmend









David Ford, MD

Madison Medical Center East

Maddie McKenna

2m15d, Female

Chart

Flowsheets

Encounters

Note

Forms

Sick Visit with David Ford, MD

PATIENTS

143

TASKS

1

APPTS

4

NOTES

37

ORDERS

ROUNDS

Order

Administer

Record History

View Schedule

Registry

CONSENTED 1/1/18

Immunizations

Order Immunizations

Pediatric

1/1/18

2/1/18

3/1/18

4/1/2018

5/1/18

6/1/18

7/1/18

10/1/18

1/1/19

4/1/19

HepB

Last 2/1/18

2 months ago

RV1

Last 2/1/18

2 months ago

DTap

Last 2/1/18

2 months ago

Hib

Last 2/1/18

2 months ago

Other

Typhoid

HepA

+ Add other vaccine

SHOW ALTERNATES

Today

3 mos

Due

VACCINE

ORDER

NOT GIVEN

PREV HX

RV1

Dose 2 of 2

DTap

DTaP - IPV

Dose 2 of 4

Refused - Parent

Lorem ipsum dolor sit amet

Efficacy concerns

Out of stock

Philosophical objection

Refused - Parent

Refused - Patient

Religious objection

Safety concerns

Contraindicated

Immune

Series Complete

Hib

Dose 2 of 4

Cancel

Save

Menu

Patients

L23Tasks

Appts

2Notes

Orders

Rounds

Facesheet

Documents

Flowsheets

Care Plan

Note

Orders/Charges

OB Chart

Vitals

Growth Charts

Preterm

36 Weeks

Print

Vitals Graphs

Growth Charts

WHO CHARTS

CDC

☒Weight/Age (0-36m)

☒Length/Age (0-36m)

☐Weight/Length (0-36m)

☐Head Circumference/Age (0-36m)

☐Weight/Age (2-20y)

☐Stature/Age (2-20y)

☐Weight/Stature (2-5y)

☐Body-Mass Index (2-20y)

Vitals

Growth Charts

CDC: Length/Age (0-36m)

CDC: Weight/Age (0-36m)

AGE (Date)	HEIGHT (%)	WEIGHT (%)	BMI
8w (12/20/11)	22 in / 55.88 cm (32)	12.44 lbs / 5.64 kg (78)	18.07 kg/m <sup>2</sup>
-3d (10/18/11)	21.4 in / 54.36 cm (99)	10.06 lbs / 4.56 kg (99)	15.44 kg/m <sup>2</sup>

AGE (Date)	HEIGHT (%)	WEIGHT (%)	BMI
2y 5m (03/30/14)	35 in / 88.9 cm (33)	29 lbs / 13.15 kg (56)	16.64 kg/m <sup>2</sup> (65)
8w (12/20/11)	22 in / 55.88 cm (22)	12.44 lbs / 5.64 kg (74)	18.07 kg/m <sup>2</sup>
-3d (10/18/11)	21.4 in / 54.36 cm (98)	10.06 lbs / 4.56 kg (99)	15.44 kg/m <sup>2</sup>



**Darlene Abner**  
06/08/2016 23m F

Facesheet Documents Flowsheets Care Plan Note Orders/Charges OB Chart



Vitals

Growth Charts

Preterm  
36 Weeks



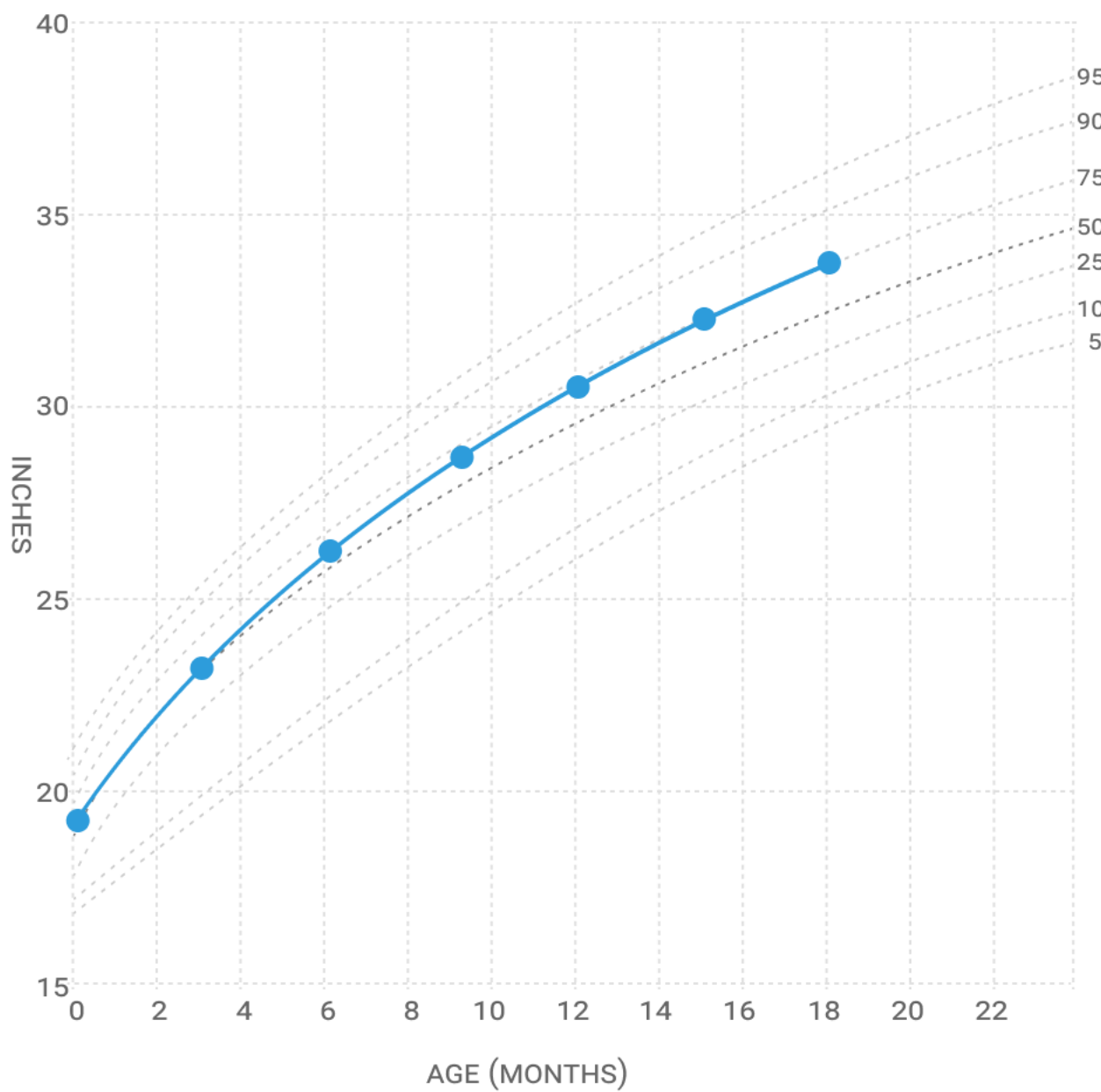
Vitals Graphs Growth Charts

WHO CHARTS

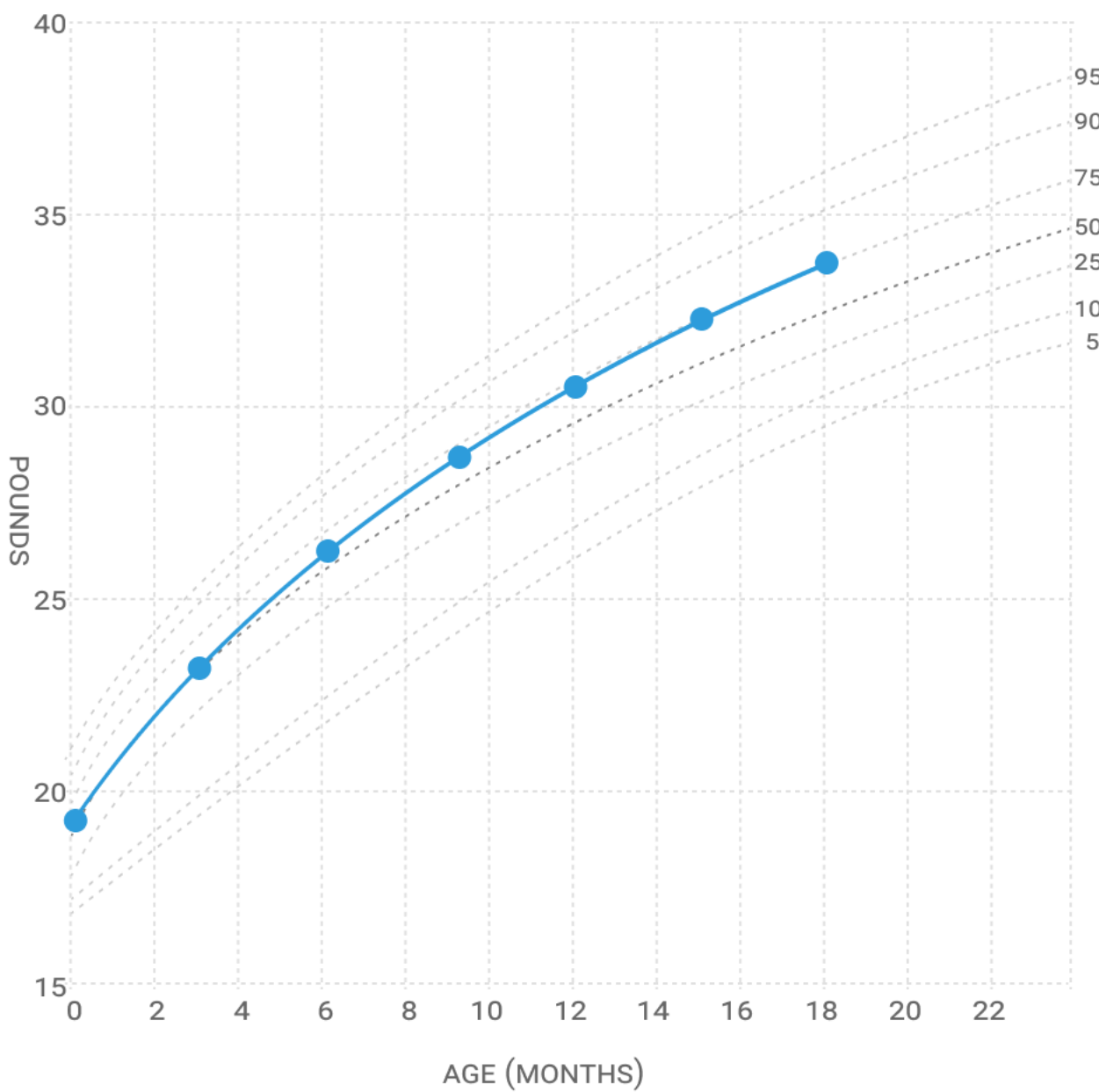
CDC

- ☒ Weight/Age (0-36m)
- ☒ Length/Age (0-36m)
- ☐ Weight/Length (0-36m)
- ☐ Head Circumference/Age (0-36m)
- ☐ Weight/Age (2-20y)
- ☐ Stature/Age (2-20y)
- ☐ Weight/Stature (2-5y)
- ☐ Body-Mass Index (2-20y)

CDC: Length/Age (0-36m)



CDC: Weight/Age (0-36m)



AGE (Date)	HEIGHT (%)	WEIGHT (%)	BMI
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Menu

Patients

123Tasks

2Appts

Notes

Orders

Rounds

1?

Nicole Anderson, MD

Morningstar Medical Group

Julianne McKenna

10/08/1983 34y F

Facesheet

Documents

Flowsheets

Care Plan

Note

Orders/Charges

OB Chart

Vitals

Julianne McKenna

Print

Settings

Vital Signs	09/07/17 01:23pm	03/13/17 03:30pm	01/12/17 01:30pm	11/17/16 10:30am	08/07/16 04:10pm	05/02/16 12:38pm	02/12/16 01:33pm	12/17/15 02:44pm	10/24/15 09:22am	07/27/15 01:31pm	04/12/15 10:30am	
SITTING												
Blood Pressure mmHg	120/84 L	120/84 L	120/84 L REG	120/84 R	120/84 L	120/84 L	120/84 L	120/84 L	120/84 L	120/84 L	120/84 R	
Heart Rate bpm	78 REG	78 REG	78 REG	78 REG	78 IRREG	78 REG	78 REG	78 REG	78 REG	73 REG	80 REG	
STANDING												
Blood Pressure mmHg	120/84 L	120/84 L	120/84 L	120/84 L					120/84 L			
Heart Rate bpm	78 REG	78 REG	78 REG	78 REG					78 REG			
SUPINE												
Blood Pressure mmHg	120/84 L	120/84 L	120/84 L	120/84 L								
Heart Rate bpm	78 REG	78 REG	78 REG	78 REG								
UNSPECIFIED												
Blood Pressure mmHg	120/84 L	120/84 L	120/84 L	120/84 L								
Heart Rate bpm	78 REG	78 REG	78 REG	78 REG								
Respiratory Rate bpm	22	22	22	22	22	22	22	22	22			
Temperature °F	98 TYMPANIC	98 TYMPANIC	98 TYMPANIC	98 TYMPANIC	98.9 ORAL	98 TYMPANIC	98 TYMPANIC	98 TYMPANIC	98 TYMPANIC			
Height in	65	65	65	65	65	65	65	65	65	65	65	
Weight lbs	132	132	132	132	132	132	132	132	132	132	133	
BMI kg/m^2	22	22	22	22	22	22	22	22	22			
BSA m^2	1.66	1.66	1.66	1.66	1.66	1.66	1.66	1.66	1.66			
Waist Circ. in	27	27	27	27	27	27	27	27	27			
Oxygen Sat %	95	95	95	95	95	95	95	95	95			
Peak Flow L/min	20	20	20	20	20	20	20	20	20			
Flow Rate L/min   FiO2 % O2 Device	22   100% NASAL CANNULA	22   100% NASAL CANNULA		22   100% NASAL CANNULA	22   100% NASAL CANNULA	22   100% NASAL CANNULA	22   100% NASAL CANNULA	22   100% NASAL CANNULA	22   100% NASAL CANNULA			
Pain Level	3/10	3/10		3/10	3/10				3/10			
Pain Level Note	Hurts real bad.											
Vitals Notes	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua.		Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua.			Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua.		Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua.	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua.			

UB|MD

INTERNAL MEDICINE

PRIMARY & SPECIALTY CARE

For emergencies, please call 911

Nicole Anderson

10/08/1983 34y F

My Dashboard

2 My Health Records

My Care

1 Appointments

1 Messages

Visits

My Bill

Medications

Forms Library

Patient Education

My Profile

Access Log

Care Plan

Tracker

Virtual Visit

Blood Pressure

+ ADD

110 Systolic 80 Diastolic

120									
110									
100									
90									
80									
70									

Activity

+ ADD

110 Minutes week of 12/02/18

Walking	30 min	12/07/18 11:30 am
Stretching	10 min	12/07/18 11:20 am
Walking	30 min	12/06/18 10:00 am
Stretching	10 min	12/06/18 9:50 am
Walking	30 min	12/05/18 10:40 am

Food

◀ Today 12/07/18 ▶

+ ADD

Dinner

12/07/18 7:0 pm

Salmon, sweet potato, green beans

Lunch

12/07/18 11:30 am

Grilled chicken salad

Breakfast

12/07/18 8:00 am

Scrambled egg, whole wheat toast, grapefruit

Weight

Weekly ▼

+ ADD

155 Pounds

155						
154						
153						
152						
151						
150						

Pain Tracker

+ ADD

2 Throbbing / Hand Right

12/07/18 7:10 pm

10 Sharp / Upper Arm Left

11/22/18 11:30 am

6 New / Headache

11/12/18 11:30 am

Sleep

+ ADD

7 Hours average per night

10						
9						
8						
7						
6						
5						

Live Chat

Casey M.

Care Nurse License #1324235

CM

Hi Nicole! Please be sure to record your food intake for the last few days. Thanks!

Oops! Sorry, I will do that now.

NA

CM

No problem! Have a great day!

Type message here ...

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Greenway Health

Putting Possibility into Practice



Nicole  
Self

Tom  
Spouse

Adam  
Child

Allison  
Child



## My Health Status

as of 06/21/20



Height  
**5'8"**

Weight  
**160** lbs

BMI  
**22** kg/m

Temp  
**99.2°** F

Blood Pressure  
**128/89**

Heart Rate  
**165**/min

Respiratory Rate  
**123**/min

View All

Download My Health Data



## Messages

07/12/20 **NEW**  
**Your latest lab results are in.**

Hi Nicole, we wanted to let you know that your recent ...

06/23/20  
**Appointment Reminder!**  
A friendly reminder that you have an appointment sched...

11/02/19  
**Time to schedule your wellness checkup.**  
Hello Nicole, It's time to schedule your annual wellness ...

View All

New Message



## Appointments

SEPTEMBER 22, 2020

**11:30 am**

### Wellness Evaluation

Dr. David Ford  
12345 Main Street  
Tampa, FL 32622

 [Directions](#)

Note: Please bring a photo ID and complete the following form prior to your visit:  
[Health History Form](#)

View All

New Appointment



## Bill

Outstanding balance

**\$235.53**

Payment due by September 14, 2020

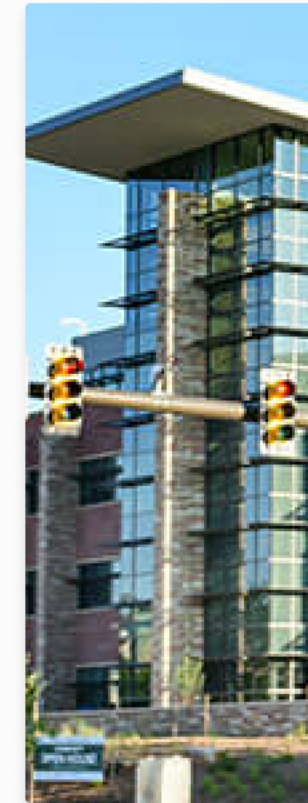
### Pay Over Time

Your next payment is scheduled on:

**October 14, 2020**

Statements

Pay Now



Schedule an Appointment



Send a Message



Renew a Medication



Chat with the Medical Staff



Link a Device



Schedule a Telehealth Call



Pay My Bill



Download My Health Data



Edit My Login Details



Update My Information



[Add Modules](#)

Select from our library of modules.



# MEDICAL CLINIC



*For emergencies, please call 911*



**Nicole Lee Anderson** ▼

10/08/1971 | 48y | F

## My Bill

Outstanding balance

**\$235.53**



Select your method of payment:



Bank of America ...5232

Exp. 12/2020



American Express ...9999

Exp. 05/2021



Add a new card

Payment Date\*

07/25/19

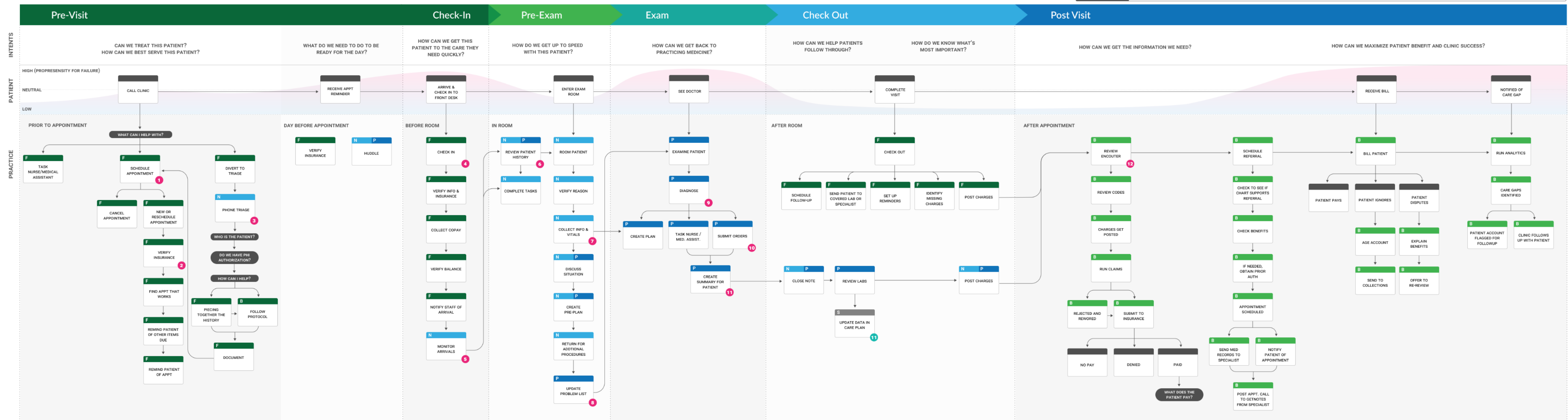


Payment Amount\*

**Pay Now**



## CLINICAL JOURNEY: PRESENT

**1 SCHEDULING LACKS FLEXIBILITY**

- Can't easily identify first available by desired clinic, provider, day/time
- Different kinds of symptoms/patients require more time
- Can't save chief complain until appointment is scheduled
- Irregularity of provider schedules
- Rescheduling requires restarting the process

**2 COMPLICATIONS OF INSURANCE**

- Memorization of insurance plan discrepancies
- Patients do not understand their insurance
- Insurance verification is unreliable

**3 COMPLICATIONS OF PHONE TRIAGE**

- Challenging to juggle charts and flow sheets
- Need to balance listening, diagnosing, educating and documenting
- Lack of appointment availability when needed

**4 CHECK-IN IS A POINT OF FAILURE**

- When check-in is rushed, things get missed
- Changes in demographics don't get pushed to other family members
- Payments either not taken or taken when they shouldn't be

**5 STAYING AWARE OF PATIENT MOVEMENTS THROUGH CLINIC**

- MA's and providers refreshing screen until patient checks in
- Busy times and multi-tasking can mean missing a patient arrival
- MA and provider need real-time communication

**6 CHARTS ARE A DISORGANIZED RECORD OF PATIENT HEALTH**

- Difficult for providers to know what's most pertinent in the chart
- Inconsistencies and inaccuracies created by having too many hands in the note
- Too much noise "bullshit" in the note
- Lack of prioritization in assessments
- Faxes, results and imaging are stored haphazardly
- Same kind of information can be found in too many different places (e.g. tasks, orders, docs, imaging)

**7 KEEPING INFORMATION CURRENT**

- Medications list needs manual review and upkeep
- Manual entry/transcription of paperwork
- Unaware of records from other providers/ER unless patient informs
- Onus is on patient to remember what they did and when
- Providers need their own notes and reminders about patients (e.g. alcoholic)

**8 PREVENTATIVE CARE MANAGEMENT IS HIGHLY MANUAL**

- Lapses/gaps don't show on patient summary
- Current alerting system creates noise for other roles
- Care managers have to hand hold providers & patients to ensure things are completed about patients (e.g.alcoholic)

**9 DOCUMENTATION IS A BURDEN ON THE PROVIDER**

- EHR has made doctors feel like data entry people
- Transcription and documentation minimizes time spent developing relationship with patient
- Custom templates can result in garbage info if not manually removed by provider
- Shortcuts like using a previous note as a starting place create potential for inaccuracies
- Coding diagnoses is time consuming and often left blank
- Longer patient visits add stress to documentation time

**10 WRITING ORDERS IS TEDIOUS**

- Writing a prescription and ordering a prescription are two separate processes
- Online and local pharmacies can create confusion
- Labs are difficult to code and order

**11 MAKING PATIENT SUCCESSFUL AT HOME**

- There is not an easy or consistent way to provide instructions to patients
- Nurses are limited to a set character limit on the portal
- Unclear what portion of the note will go to patient summary
- Patient summary won't print until note is signed (may be only Prime Suite)

**12 WHAT PROVIDERS HATE THE MOST IS WHAT MAKES BACK OFFICE SO HARD**

- Too much onus on the provider to understand billing codes and insurance requirements
- Unfinished notes or unspecified diagnosis slows down coding and billing
- Lack of specificity in diagnoses and codes slows down referrals
- Missing diagnosis codes slows down lab

Addressing pain points 2, 9, 10 will also fix this pain point.

**OVERALL****13 TASKING NOT PRIORITIZED/ORGANIZED**

- Tasks come in throughout the day and are not organized in any way
- Tasks and phone messages are bottom to top making it hard to follow the trail
- Difficult to get back on track when interrupted by a call

**14 SYSTEM DOESN'T REFLECT ACCURATE OR CURRENT STATUS**

- System doesn't show who is working on what so staff have to communicate further
- System doesn't show when provider has completed tasks or posted charges (have to manually check)
- Notes added to a completed task are not surfaced to provider (e.g. referral denials)
- If waiting for important lab result, have to create a task to remember to follow up

**15 REDUNDANCIES AND BLACK HOLES IN THE SYSTEM**

- Information needs to be added to multiple places manually
- Inconsistent information and display between "base" and "EHR"
- Same kind of information can be found in too many different places
- Workflow is siloed, non-linear and inflexible

**16 LACK OF MODERN SYSTEMS IMPACTS QUALITY OF CARE**

- The lower tolerance generation needs innovation and change more quickly
- Patients expect records to be shared between providers
- No machine learning and limited logic means much has to be done manually





# Sabrina

PATIENT

“ Help me figure out where to go to care for my healthcare needs. ”

**What I want:**  
I have so many things to try an keep up with. I want insi goals that are easy for me to understand and follow. I v exactly what are the next steps in my plan, and next vis information.

**What I need:**  
I need an easy to use portal so I can keep up with my g interventions. I also want a better way to stay in contac care coordinator .

**Frustrations**  
Don't make me have to tell everyone the same thing o

TODAY

4

health concerns / problems

10

interventions to keep track of

3

barriers to my care

Make sure I **understand** what you are telling me.



# Dr. Natalie

GENERAL CARE PHYSICIAN

“ I want the computer to do more for me. ”

**What I want:**  
**Goals** should be **imported automatically** when I assign concerns, and with no duplications. Also present me with goals & interventions based on conditions I select.

**What I need:**  
**A comprehensive document to send home with my pat** It should be easy understand and help them follow their between visits. If they are not following their plan, then w doing?

**Frustrations**  
I hate having to **manually input so much data** in so man places in the software. Don't make me leave the Progress

TODAY

31

chronic patients to see

75

goals to be created

22

orders waiting to review

Show me **what's new** in the chart, so I can be ready to meet with my patient.



# Jason

CARE COORDINATOR

“ So much of my time is spent preparing for meeting with patients. ”

**What I want:**  
Case coordination is currently handled via phone, but incorporaing **telemedicine would be ideal**. It would allow me to keep track of my patients face to face.

**What I need:**  
Care plan needs to be a 'living document'; a continuation of patient progress. When I open one, I want it to **pull in everything current**, with an emphasis on changes. Like medication dosage or order results.

**Frustrations**  
**Don't make me look in several different places** to scrub the patient chart before meeting with my patient. Help me **quickly filter for the data I need**, and don't make me **document twice**.

TODAY

125

care plan patients

346

goals to keep track of

42

phone calls to make

**Help me prioritize** with risk scores, insurance plans, and data to make decisions on who I focus on.





Get Started

Overview

Design Philosophy

Usability

Text and Tone

Accessibility

Branding

Typography

Colors

Logos

Icons

Components

Accordion

Alerts

Badge

Buttons

Charts

Checkbox

Chips

Data Tables

Date Picker

Drawer

Dropdown

Filters

Inputs

Lists

Modal

Popovers

Progress Indicators

Radio Button

Right Hand Panel

Search

Slider

Switch

Tabs

Toast

Tooltip

Tree View

Widgets

Navigation

Context Menu (Right Click)

Pagination

Side Navigation

Top Navigation

Layout

Understanding Layout

Pixel Density

Responsive Layout Grid

Spacing

Component Behavior

Dark Mode


Overview


The Greenway Elements Design System encompasses design patterns and components for all Greenway products. These patterns and components create a consistent look and feel throughout the entire Greenway ecosystem.


Our Mission


To improve lives through innovative solutions.

Our Values


- 


**Excellence**  
Deliver high-quality solutions on time, every time.
- 


**Agility**  
I am willing to learn, adapt, and execute faster, with flexibility and resourcefulness, as our business evolves.
- 

**Service**  
I know my customers’ needs and market requirements, and I take the initiative to act on them.
- 

**Integrity**  
I understand the right thing to do, I do the right thing, and I raise my hand when I see something that is not right.

- 

**Accountability**  
I take total ownership to resolve issues and improve processes, and I don’t stop until I see the intended results.
- 

**Business Acumen**  
I build my skills and industry knowledge to address business opportunities in ways that deliver quality results.
- 

**Respect**  
I show positive regard for the points of view and contributions of others.

Product Priorities

#1 User Experience

Provide our customers with the best user experience for all employees.

**Engaging and Intuitive.** Engage our entire workforce with a consistent, interactive user experience across all functional modules.


**Tailored for Productivity.** Allow users to organize screens, dashboards and features in the way that enables them to be most productive.

**Mobile.** Leverage HTML 5 technology and responsive design principles so that users can have the optimal experience with each of their devices.

Warning

#D14900


RGB 209, 73, 0



Critical

#B50000


RGB 181, 0, 0



Information

#007CBE


RGB 0, 124, 190



Success

#0D870D


RGB 13, 135, 13



Confirmation

#333333

RGB 51, 51, 51



Warning

#D14900

RGB 209, 73, 0



Critical

#B50000

RGB 181, 0, 0



Information

#007CBE

RGB 0, 124, 190



Success

#0D870D

RGB 13, 135, 13



Confirmation

#333333

RGB 51, 51, 51



h color name on what product it is used for.

Portal, Portal Admin

AA Fail

Pink\*

#BD009B

RGB 189, 0, 155

\*Only use for visualizations and icons

Orange\*

#EE6C4D

RGB 238, 108, 77

\*Only use for visualizations and icons

AA Fail

Pink\*

#BD009B

RGB 189, 0, 155

\*Only use for visualizations and icons

Orange\*

#EE6C4D

RGB 238, 108, 77

\*Only use for visualizations and icons

AA Fail

Orange\*

#EE6C4D

RGB 238, 108, 77

\*Only use for visualizations and icons

Blue

#007CBE

RGB 0, 124, 190

AA

AA Fail

Pink\*

#BD009B

RGB 189, 0, 155

\*Only use for visualizations and icons

Orange\*

#EE6C4D

RGB 238, 108, 77

\*Only use for visualizations and icons

AA

Critical

#F7E7E6

RGB 247, 231, 230

AA

Informational

#E6F2F9

RGB 230, 242, 249

AA

tions. Inputs are used to get information and guide people with

used

Input Label\*


Hint text



Input

Input Label

Phone number




Input Label

Hint text



Input Label

Hint text



Input Label

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Hint text




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Input Label

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Input Label

Hint text



Input Label

Hint text



Input Label


Hint text



Required Field

Input Label\*


Hint text



Phone Number

Input Label


Phone number



Paragraph Text Input

Input Label

Hint text




Autocomplete Input

Allows the user to enter information and selections adjust accordingly.

Label

Hint



Label

David

Adams, David MD

Ford, David MD

Gurd, David MD

Input Error

Input Label\*

Hint text



Error message

Error message

Error message

Error message

Error message

Error message

Error message

Error message

Error message

Error message

Error message

Error message

Error message

Error message

Error message

Error message

Error message

Error message

Error message

Error message

Error message

Error message

Error message


Error message

Input Anatomy

Default State

Input Label

Hint text



Input Height

34 pixels

Regular 14px


Border 1px #E1E1E1

Radius 5px

Focused State

Input Label


Hint text



Border 2px #007CBE


Really Long Text

Reallylonginputtextforexample



Input Label\*

Some text



Error message

Icon: 18px #999999

Border 2px #B50000

Roboto Regular 14px #B50000

Icon 16px #B50000


Input Label

Hint text



Input Label

Hint text



Input Label

Hint text



Input Label

Hint text



Input Label

Hint text



Input Label

Hint text



Quick text icon always appears at top right for paragraph text  
Icon: 20px Padding bottom 10px #007CBE

For text areas that could have a vertical scroll bar, move the microphone icon 10 pixels from scrollbar to allow for spacing.