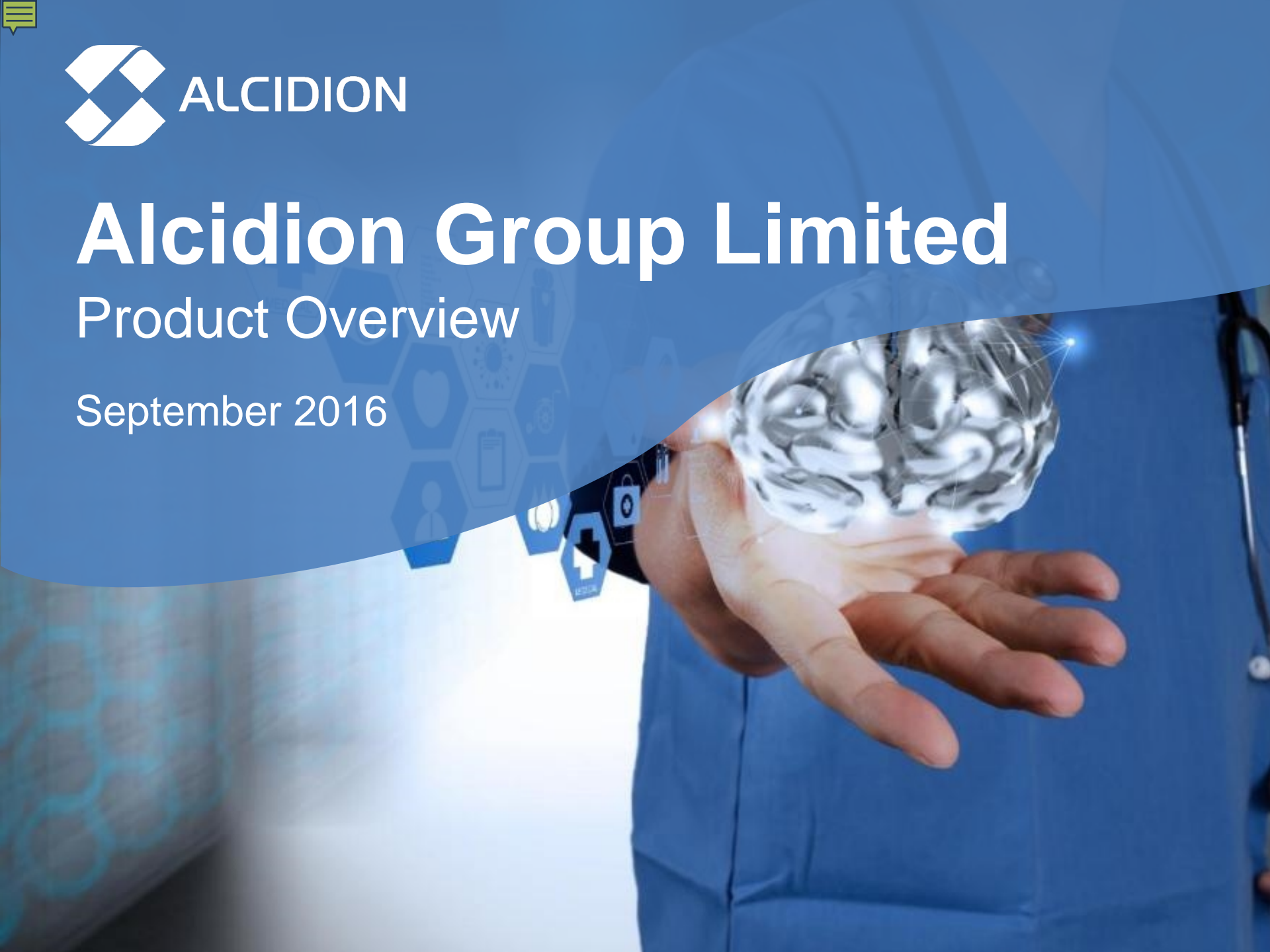




Alcidion Group Limited

Product Overview

September 2016



Disclaimer

This presentation has been prepared by Alcidion Group Limited (the "Company"). It does not purport to contain all the information that a prospective investor may require in connection with any potential investment in the Company. You should not treat the contents of this presentation, or any information provided in connection with it, as financial advice, financial product advice or advice relating to legal, taxation or investment matters.

No representation or warranty (whether express or implied) is made by the Company or any of its officers, advisers, agents or employees as to the accuracy, completeness or reasonableness of the information, statements, opinions or matters (express or implied) arising out of, contained in or derived from this presentation or provided in connection with it, or any omission from this presentation, nor as to the attainability of any estimates, forecasts or projections set out in this presentation.

This presentation is provided expressly on the basis that you will carry out your own independent inquiries into the matters contained in the presentation and make your own independent decisions about the affairs, financial position or prospects of the Company. The Company reserves the right to update, amend or supplement the information at any time in its absolute discretion (without incurring any obligation to do so).

Neither the Company, nor its related bodies corporate, officers, their advisers, agents and employees accept any responsibility or liability to you or to any other person or entity arising out of this presentation including pursuant to the general law (whether for negligence, under statute or otherwise), or under the Australian Securities and Investments Commission Act 2001, Corporations Act 2001, Competition and Consumer Act 2010 or any corresponding provision of any Australian state or territory legislation (or the law of any similar legislation in any other Jurisdiction), or similar provision under any applicable law. Any such responsibility or liability is, to the maximum extent permitted by law, expressly disclaimed and excluded.

Nothing in this material should be construed as either an offer to sell or a solicitation of an offer to buy or sell securities. It does not include all available information and should not be used in isolation as a basis to invest in the Company.

Future matters

This presentation contains reference to certain intentions, expectations, future plans, strategy and prospects of the Company. Those intentions, expectations, future plans, strategy and prospects may or may not be achieved. They are based on certain assumptions, which may not be met or on which views may differ and may be affected by known and unknown risks. The performance and operations of the Company may be influenced by a number of factors, many of which are outside the control of the Company. No representation or warranty, express or implied, is made by the Company, or any of its directors, officers, employees, advisers or agents that any intentions, expectations or plans will be achieved either totally or partially or that any particular rate of return will be achieved.

Given the risks and uncertainties that may cause the Company's actual future results, performance or achievements to be materially different from those expected, planned or intended, recipients should not place undue reliance on these intentions, expectations, future plans, strategy and prospects. The Company does not warrant or represent that the actual results, performance or achievements will be as expected, planned or intended.

PROFESSOR MALCOLM PRADHAN

- 20 years experience in Medical Informatics.
- MBBS University of Adelaide.
- PhD Medical Informatics, Stanford University.
- Founding fellow of the Australasian College of Health Informatics (ACHI).
- Adjunct Professor at the University of South Australia.
- Previously Associate Dean of IT (Health) and Director of Medical Informatics, University of Adelaide.
- Clinical Lead within the Australian Government's National e-Health Transition Authority (NeHTA).



Dr. Malcolm Pradhan
Director
Chief Medical Officer
MBBS, PhD, [FACHI](#)

THE PROBLEM

- Hospitals and health systems are struggling to cope with increasing demand.
- Pressure to deliver services more efficiently.
- Organisational inefficiency results in substantial additional running costs.
- Administration requirements are growing; leaving less time for diagnosis, treatment and care.

Up to
40%
lab results not seen

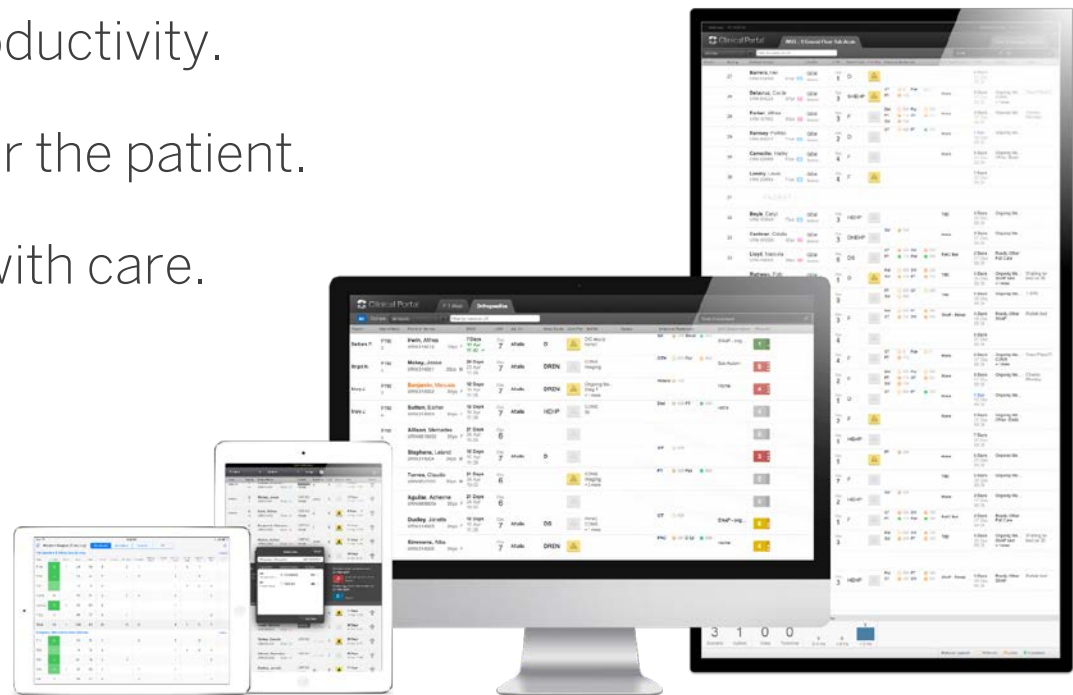
Adverse Events
15%
multi-day episodes

Clinicians spend
30%
of time with patients

Non compliance
30%
to guidelines

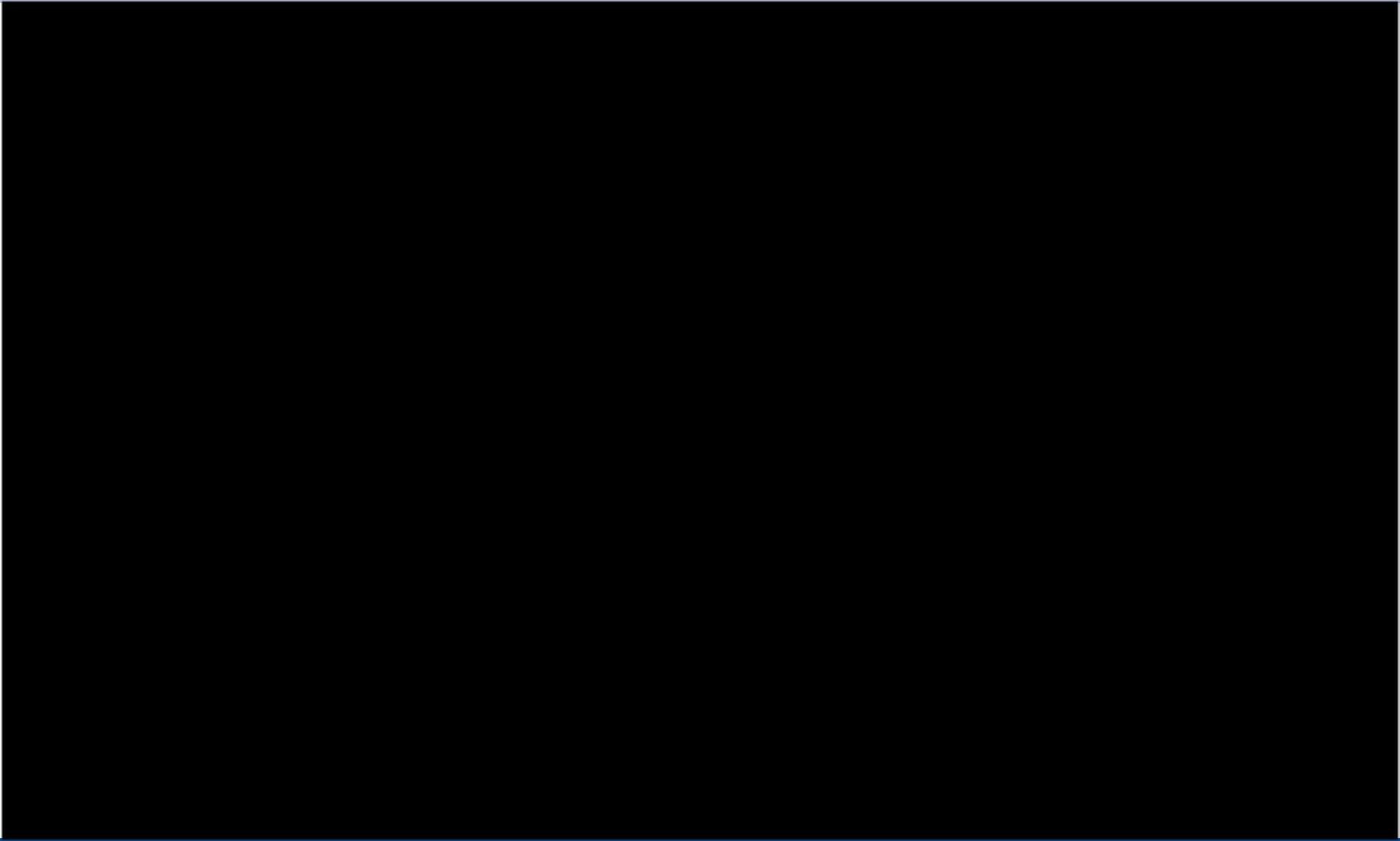
Intelligent Health Informatics technology that will;

- Alcidion's approach is components work together to create task specific solutions.
- Improve efficiency and productivity.
- Deliver better outcomes for the patient.
- Reduce costs associated with care.
- Manage clinical risk.
- Reduce flow problems.
- Provide decision support.





CUSTOMER TESTIMONIAL





ALCIDION

Product Overview



PRODUCT OFFERING

MiyaED



Clinical Dashboards



Results Management



Miya Mobile



Missed Results Tracking



Miya Smartforms



Miya Orders

MiyaClinicals



Clinical Dashboards



Results Management



Miya Mobile



Missed Results Tracking



Miya Smartforms

MiyaPatient Flow



Clinical Dashboards



Bed Management System



Miya Mobile



Electronic Journey Boards



Department Metrics



Miya Smartforms

MiyaClinic



Clinical Dashboards



Results Management

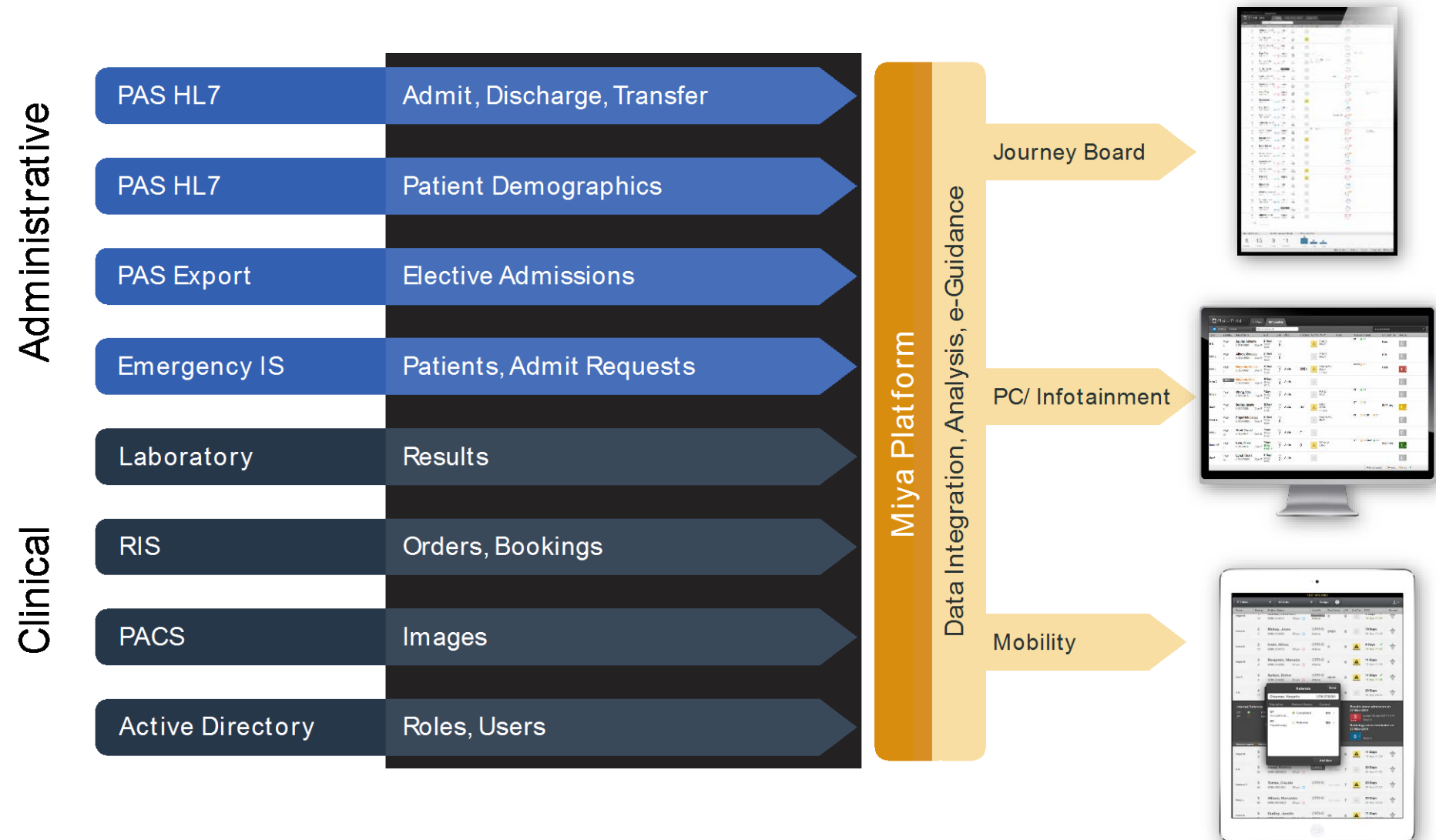


Miya Smartforms

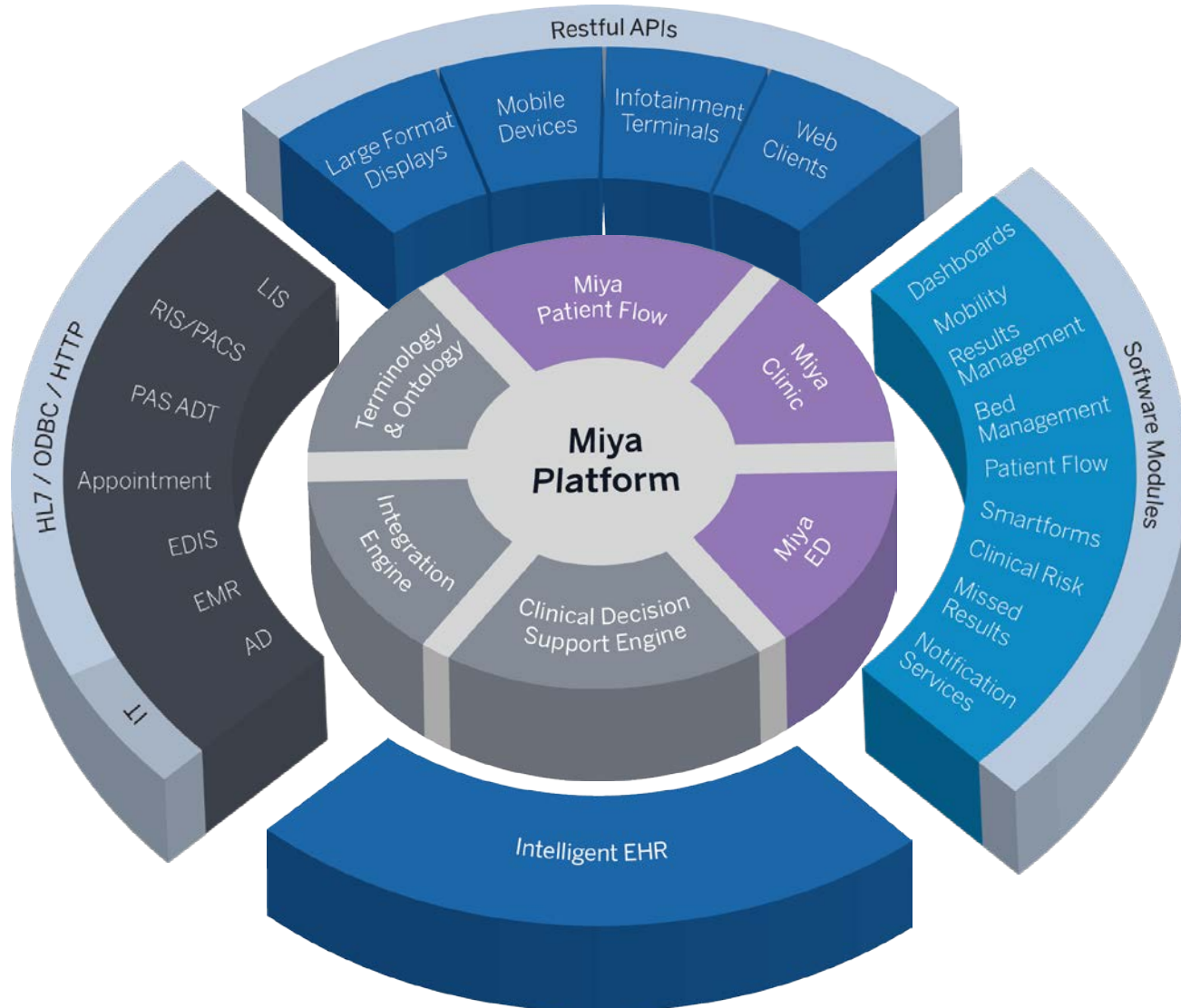


Referral Management

ALCIDION'S MIYA PLATFORM



MIYA OVERVIEW



EMERGENCY DEPARTMENTS – THE PROBLEM

- Emergency Departments are high stress, chaotic environments.
- Increasingly complex patients.
- High turnover in staff, so senior staff must carefully supervise juniors.
- National targets (NEAT) require patients to be discharged within 4 hours.
- Time is critical.









Miya ED provides a set of clinical dashboards that allow your Emergency Department team to identify and act upon clinical risks as they arise – both during an ED admission or post discharge.

Key benefits

- Highlight key risks.
- Improve patient safety.
- Detect and manage high risk lab results that arrive after the patient has been discharged.
- Activate best practice guidance.



Miya ED

-  Clinical Dashboards
-  Results Management
-  Miya Mobile
-  Missed Results Tracking
-  Miya Smartforms
-  Miya Orders



MIYA ED CLINICAL DASHBOARD

SecondScreen		Area	All Areas	Filter	All Patients	Sort	Area / Bed	Set	My View	Home
Area / Bed	Name & Details	Triage	LOS	Results						
Adults 3	Garner, Ellis URN 1046399 Dr MIDDLETON	M 29y	3	10:25 hours	EtOH 15:00 09 Apr	Parac 14:58 09 Apr	Bchem 14:58 09 Apr	FBE 14:58 09 Apr	4 of 4 unread	
Adults 5	Blackburn, Merrill URN 262653 Dr KARPATIAKIS	M 30y	4	5:18 hours					No unread	
Adults 6	Macias, Arline URN 975822 Dr	F 21y	5		XRay 23:59 09 Apr				0 of 1 unread	
Adults 9	Garner, Linda URN 1048696 Dr MIDDLETON	F 27y	4	4:23 hours	XRay 23:47 09 Apr	XRay 23:35 09 Apr	Ddim 22:50 09 Apr	FBE 21:10 09 Apr	Bchem 21:10 09 Apr	CK 21:10 09 Apr
Adults 11	Rios, Corine URN 1047742 Dr KARPATIAKIS	F 55y	4	5:18 hours	Umicr 22:00 09 Apr	FBE 20:07 09 Apr	Bchem 20:07 09 Apr	Amy 20:07 09 Apr	Umicr 19:05 03 Apr	CT 17:37 03 Apr
Adults 20	Schwartz, Debbie URN 181574 Dr MIDDLETON	F 51y	4	4:52 hours	Bchem 22:50 09 Apr	FBE 22:50 09 Apr	Umicr 21:40 09 Apr			
Adults 21	Vega, Lynnette URN 708659 Dr	F 36y	4	5:31 hours	Trop 15:00 06 Apr	XRay 12:42 06 Apr	XRay 12:40 06 Apr	Trop 11:30 06 Apr	FBE 11:30 06 Apr	Bchem 11:30 06 Apr
Adults 22	Rodriguez, Claire URN 967204 Dr KARPATIAKIS	F 21y	4	5:03 hours	FBE 09:00 09 Apr	bHCG 00:00 09 Apr	Bchem 00:00 09 Apr			
Adults 24	Alvarado, Madelyn URN 194293 Dr MIDDLETON	F 41y	2	13:01 hours	CT 17:51 09 Apr	CT 17:51 09 Apr	CRP 12:45 09 Apr	Bchem 12:45 09 Apr	FBE 12:45 09 Apr	
Adults 25	Suarez, Junior URN 923492 Dr MIDDLETON	M 77y	4	4:11 hours	Umicr 22:50 09 Apr	FBE 22:50 09 Apr	Bchem 22:50 09 Apr			
Adults 27	Fuentes, Bridgette URN 416092 Dr KARPATIAKIS	F 87y	3	7:19 hours	Bgrou 22:25 09 Apr	CT 21:40 09 Apr	XRay 20:05 09 Apr	Bchem 19:30 09 Apr	Amy 19:30 09 Apr	FBE 19:30 09 Apr
Adults 28	Hensley, Gilda URN 1026702 Dr TOVEY	F 78y	5		CT 22:47 09 Apr	XRay 22:41 09 Apr	CT 21:52 09 Apr	XRay 21:51 09 Apr		
Adults 33	Rowland, Valerie URN 480651 Dr MIDDLETON	F 73y	5		FBE 23:00 09 Apr	Coag 23:00 09 Apr	Coag 23:00 09 Apr	Bchem 23:00 09 Apr	INR 23:00 09 Apr	
Adults 34	Payne, Doreen URN 194529 Dr MIDDLETON	F 70y	3	11:31 hours	CT 21:53 09 Apr	CT 21:53 09 Apr	XRay 16:31 09 Apr	XRay 16:20 09 Apr	BGas 15:11 09 Apr	Amy 13:40 09 Apr

SecondScreen V3.5.1.157

Logout Blight, Sam (Consultant)
ED SH Consultant

Disclaimer Missed Results Print Report

Showing 14 of 45 patients

Scroll Up Scroll Down

MIYA ED RESULTS MANAGEMENT

Sort Area / Bec

SecondScreen		Area	All Areas	Filter	My View	Home
Area / Bed	Name & Details	Triage	LOI			
Adults 3	Garner, Ellis URN 1046399 Dr MIDDLETON	M 29y	3	10:23 hours	Parac 14:58 09 Apr	4 of 4 unread
Adults 5	Blackburn, Merrill URN 262653 Dr KARPATIAKIS	M 30y	4	5:11 hours	Bchem 14:58 09 Apr	no unread
Adults 6	Macias, Arline URN 975822 Dr	F 21y	5			0 of 1 unread
Adults 9	Garner, Linda URN 1048696 Dr MIDDLETON	F 27y	4	4:23 hours	Bchem 21:10 09 Apr	8 of 8 unread
Adults 11	Rios, Corine URN 1047742 Dr KARPATIAKIS	F 55y	4	5:18 hours	Umicr 22:00 09 Apr	10 of 10 unread
Adults 20	Schwartz, Debbie URN 181574 Dr MIDDLETON	F 51y	4	4:52 hours	Bchem 22:50 09 Apr	3 of 3 unread
Adults 21	Vega, Lynnette URN 708659 Dr	F 36y	4	5:31 hours	Trop 15:00 09 Apr	7 of 7 unread
Adults 22	Rodriguez, Claire URN 967204 Dr KARPATIAKIS	F 21y	4	5:03 hours	FBE 00:00 09 Apr	3 of 3 unread
Adults 24	Alvarado, Madelyn URN 194293 Dr MIDDLETON	F 41y	2	13:01 hours	CT 17:51 09 Apr	4 of 5 unread
Adults 25	Suarez, Junior URN 923492 Dr MIDDLETON	M 77y	4	4:11 hours	Umicr 22:50 09 Apr	3 of 3 unread
Adults 27	Fuentes, Bridgette URN 416092 Dr KARPATIAKIS	F 87y	3	7:19 hours	Bchem 19:30 09 Apr	11 of 12 unread
Adults 28	Hensley, Gilda URN 1026702 Dr TOVEY	F 78y	5	4h	CT 22:47 09 Apr	4 of 4 unread
Adults 33	Rowland, Valerie URN 480651 Dr MIDDLETON	F 73y	5	4h	FBE 23:00 09 Apr	5 of 5 unread
Adults 34	Payne, Doreen URN 194529 Dr MIDDLETON	F 70y	3	11:31 hours	CT 21:53 09 Apr	7 of 8 unread

SecondScreen V3.5.1.157

Logout Blight, Sam (Consultant) ED SH Consultant Disclaimer Missed Results Print Report Showing 14 of 45 patients Scroll Up Scroll Down

MIYA ED MISSED RESULTS TRACKING

Missed Results Tracking

0 - 2 Days
2 - 4 Days
All of Unit
By Doctor
Follow-ups

Currently viewing AE [Change Unit](#) [Logout](#)

Showing patients with results on Thursday, 08 November 2012

Edit Filter
Showing All
Surname
Ascending

Barber, Elvia
UR 137013
Gender Female Age 75y Disposition D/C for 36 d, 20:17 h

Contact
Summary
Activity Log
Follow Up

4 unread, 0 for follow up

TSH

DIFF

HB

TROP

UEC

16:07 08-Nov

13:15 08-Nov

13:15 08-Nov

13:15 08-Nov

13:15 08-Nov

Follow Up

No Action

Follow Up

No Action

Follow Up

No Action

Follow Up

No Action

Follow Up

No Action

Beach, Lamont
UR 2224440
Gender Male Age 44y Disposition D/C for 36 d, 22:25 h

Contact
Summary
Activity Log
Follow Up

7 unread, 0 for follow up

CV

CXR

CXR

DIFF

GHA

GHG

14:17 08-Nov

14:17 08-Nov

13:32 08-Nov

12:20 08-Nov

12:20 08-Nov

12:20 08-Nov

Follow Up

No Action

Follow Up

No Action

Follow Up

No Action

Follow Up

No Action

Follow Up

No Action

Follow Up

No Action

XGC

12:20 08-Nov

Follow Up

No Action

Bernard, Marlon
UR 120354
Gender Male Age 38y Disposition D/C for 37 d, 42 m

Contact
Summary
Activity Log
Follow Up

2 unread, 0 for follow up

KNEL

KNEL

12:51 08-Nov

12:45 08-Nov

Follow Up

No Action

Follow Up

No Action

Bradshaw, Fran
UR 254284
Gender Female Age 43y Disposition D/C for 36 d, 16:29 h

Contact
Summary
Activity Log
Follow Up

6 unread, 0 for follow up

DIFF

FILM

HB

HCG

LFT

UEC

20:55 08-Nov

20:55 08-Nov

20:55 08-Nov

20:55 08-Nov

20:55 08-Nov

20:55 08-Nov

Follow Up

No Action

Follow Up

No Action

Follow Up

No Action

Follow Up

No Action

Urea Electrolytes Creatinine
D9948013 C007B 1
Barber, Elvia
UR 137013
Gender Female Age 75y

Ordered: 13:15 08 Nov 2012
Completed: 13:15 08 Nov 2012
Status: A

Assay	Value	Units	Ref Range
Sodium new	140.8	mmol/L	135.0-145.0
Potassium	4.90	mmol/L	3.50-4.50
Total CO2	14.2	mmol/L	22.0-32.0
Urea	46.3	mmol/L	3.0-8.0
Creatinine IDMS	131	umol/L	60-100
eGFR	50	mL/min/1.73m2	

UEC Comment
Moderate haemolysis - Potassium may be artefactually raised by up to 2 mmol/L

Haemolysis index

110

Icterus index

<2

Turbidity index

<20

Urea/Creatinine ratio

48

Urea Electrolytes Creatinine (Heparin plasma)

Sodium	140.8	mmol/L	(135.0-145.0)
Potassium	4.90 +	mmol/L	(3.50-4.50)
Total CO2	14.2 -	mmol/L	(22.0-32.0)
Urea	6.3	mmol/L	(3.0-8.0)
Creatinine (IDMS)	131 +	umol/L	(60-100)
eGFR	50	mL/min/1.73m2	

Moderate haemolysis - Potassium may be artefactually raised by up to 2 mmol/L

2012

Date Collected
27/11
Time Collected
23:50
Reference

V 3.0.0.69 © Alcidion Corporation 2012

ALCIDION

No SIM

4:04 pm

Not Charging

Area

All

Doctor

All

Risk

All

Triage

All

My View Not Set

Collection List

Sam Blight

Location

Patient Details

Triage

First Seen

LOS

Attending Doc

Orders / Collect

Recent Panels

EEMU

Benton, Lane

E7

HRN2304550

45y

M

2

Seen

5 min / 10m

2d 7hr

Gomez

UEC

00:52 14 Jun

HB

00:52 14 Jun

DIFF

00:52 14 Jun

INR

00:52 14 Jun

8 of 8 unread

Demographics

Visit History

Results

Orders

FTrack

Brooks, Harris

FT1

HRN515033

47y

M

4

2d 7hr / 60m

2d 8hr

Gomez

Majors

Brooks, Tim

M12

HRN930094

71y

M

2

Seen

15 min / 10m

2d 7hr

Gomez

UEC

02:49 17 Jun

LFT

02:49 17 Jun

CMP

02:49 17 Jun

CRP

02:49 17 Jun

21 of 21 unread

Paeds

Burt, Benita

P1

HRN1049400

3y7m

F

4

2d 5hr / 60m

2d 6hr

Gomez

Paeds

Cannon, Jolene

P2

HRN1048236

3y9m

F

3

Seen

20 min / 30m

2d 12hr

Gomez

Resus

Dalton, Madge

R1

HRN503268

58y

F

2

Seen

5 min / 10m

2d 7hr

Gomez

WR

Deleon, Carole

AEW

HRN477141

31y

F

4

2d 5hr / 60m

2d 6hr

Gomez

Majors

Delgado, Florine

M9

HRN241713

74y

F

4

Seen

25 min / 60m

2d 7hr

Gomez

UEC

05:33 05 Jun

LFT

05:33 05 Jun

TSH

05:33 05 Jun

FT4

05:33 05 Jun

10 of 10 unread

Majors

Dodson, Andres

M2

HRN143838

40y

M

2

Seen

15 min / 10m

2d 22hr

Gomez

MIYA ED ORDER SETS

Trent, Georgina

URN 972623 DOB 12-Apr-1981 31 yo F

Triage

3

Area: Fast Track

Bed: 12

Address

123 Main Street
Darwin

P: (04) 83 878 839

M: -

W: 9472 3847

Current Episode

Emergency Department
27-Nov-2015 13:45

Order Sets

Order Tracking

Episode Order History

Q Filter by Order Set or Test Name or Presenting Code

Consider for presenting problem: Fever

Fever requiring investigation with significant travel history

UEC GLUC, Ca/Phos/Alb, FBC, Urine MCS

BC

Oncology patient (febrile neutropenia)

UEC GLUC, Ca/Phos/Alb, FBC, Urine MCS, BC

Related Order Sets

Pneumonia (requiring admission)

UEC GLUC, Ca/Phos/Alb, FBC

BC

Pylonephritis

UEC GLUC, Ca/Phos/Alb, FBC, Urine MCS, β -HCG

BC

Fever for investigation

UEC GLUC, Ca/Phos/Alb, FBC, Urine MCS

BC

Septic joint (suspected)

UEC GLUC, Ca/Phos/Alb, FBC, Urine MCS

BC, Urate, G&H

Other

Abdominal pain severe (upper/epigastric)

UEC GLUC, Ca/Phos/Alb, FBC, Urine MCS, Trop, Lipase, β -HCG

BC

Abdominal pain severe (lower)

UEC GLUC, Ca/Phos/Alb, FBC, Urine MCS, β -HCG

BC

Back pain atraumatic

UEC GLUC, Ca/Phos/Alb, FBC

BC

Cerebrovascular accident

UEC GLUC, Ca/Phos/Alb, FBC, Urine MCS

Coags, Trop

Cellulitis (requiring admission)

UEC GLUC, Ca/Phos/Alb, FBC

BC, CRP

Chest pain - suspected ischaemic heart disease

UEC GLUC, Ca/Phos/Alb, FBC, Trop

Confusion/Syncope

UEC GLUC, Ca/Phos/Alb, FBC, Urine MCS

Trop

Diabetic Ketoacidosis

UEC GLUC, Ca/Phos/Alb, FBC, Urine MCS

BC, Trop, Urate

"Urine MCS" Re-order not recommended Show

Other Orders

Next

Your Orders

Order Sets

Septic joint (suspected)

Remove ×

UEC GLUC, Ca/Phos/Alb, FBC, Urine MCS

BC, Urate, G&H

Other Orders

0 Other Orders

Previous Orders (Last 48 hours)

This Episode

Fever for investigation, Pneumonia

Ordered by Dr. J. Elliott 30min ago

FBC

Ca/P

Trop

UEC G

Urine

LFT

Scheduled by Dr. J. Elliott in 7hr

Trop

Ordered by Dr. J. Elliott 40min ago

Trop

Results not ordered in Miya

FBC

1d 12h ago

18-Aug-2015 11:30

Previous Episodes

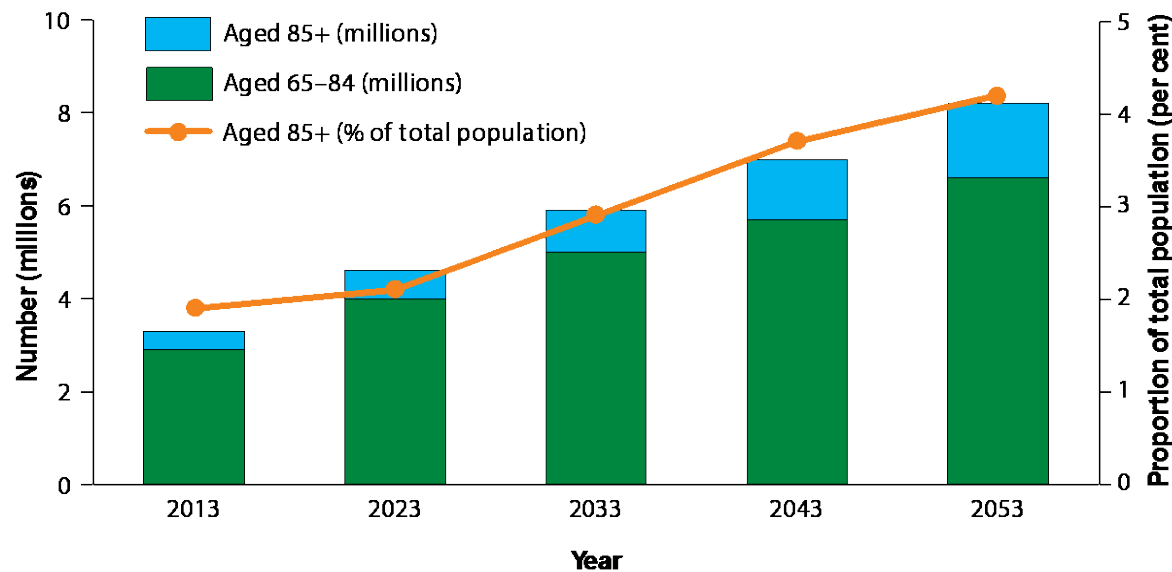


Miya ED adds value to existing ED information systems and delivers significant service performance improvement.

- Patient treatment commences an hour earlier, leading to faster recovery.
- Redundant test orders are reduced – 5% savings in ED pathology costs (ED's typically consume about 40% of the pathology orders in an acute general hospital).
- Critical (abnormal) test results are properly witnessed for follow-on action – without Miya ED around 40% of test ordered are not read (and 18% of these will be critical).
- Miya ED saves ED Heads/Senior Consultants several hours a day.
- Care team satisfaction with Miya ED is very high – rated at better than 80% compared to other clinical systems at around 30%.
- Miya ED is installed in Royal Melbourne, Royal Darwin, Alice Springs, Footscray, Sunshine and three other public hospital ED's.

INPATIENT HOSPITAL FLOW – THE PROBLEM

- The Ageing population is putting an increased load on hospitals
- Increasingly complex patients are harder to manage and coordinate
- Team based care puts an extra burden on logistics



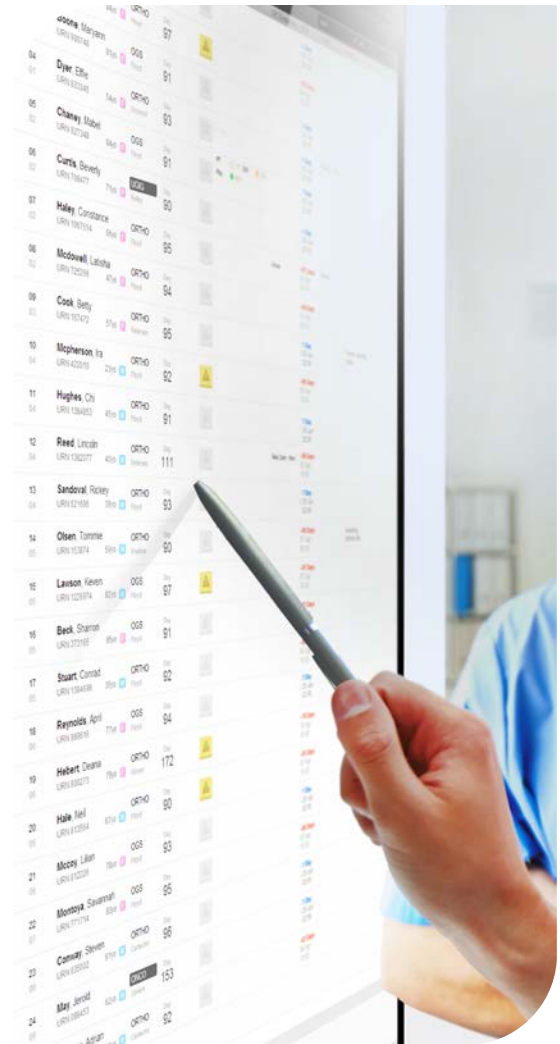
Note: Data are as at 30 June. Data presented for 2023 onwards are based on population projections (series B).

Sources: AIHW analysis of ABS 2013a, 2013j.

Miya Patient Flow is an e-health guidance system that optimises the patient journey through powerful electronic journey boards, a mobile EMR, Mobile Bed Management and an intelligent monitoring system.

Key benefits

- Reduction in organisational inefficiency and cost
- Efficient use of beds for patients
- Effective clinical outcomes while increasing productivity
- Improved NEAT Compliance
- Improved WIES Target Compliance



Miya Patient Flow



Clinical Dashboards



Bed Management System



Miya Mobile



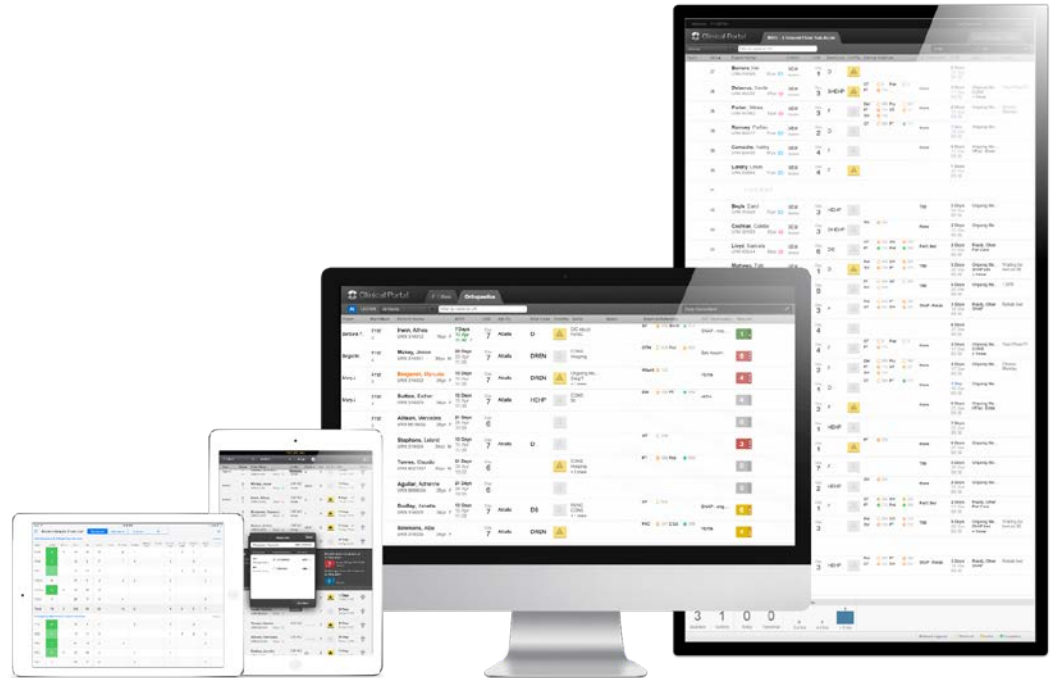
Electronic Journey Boards



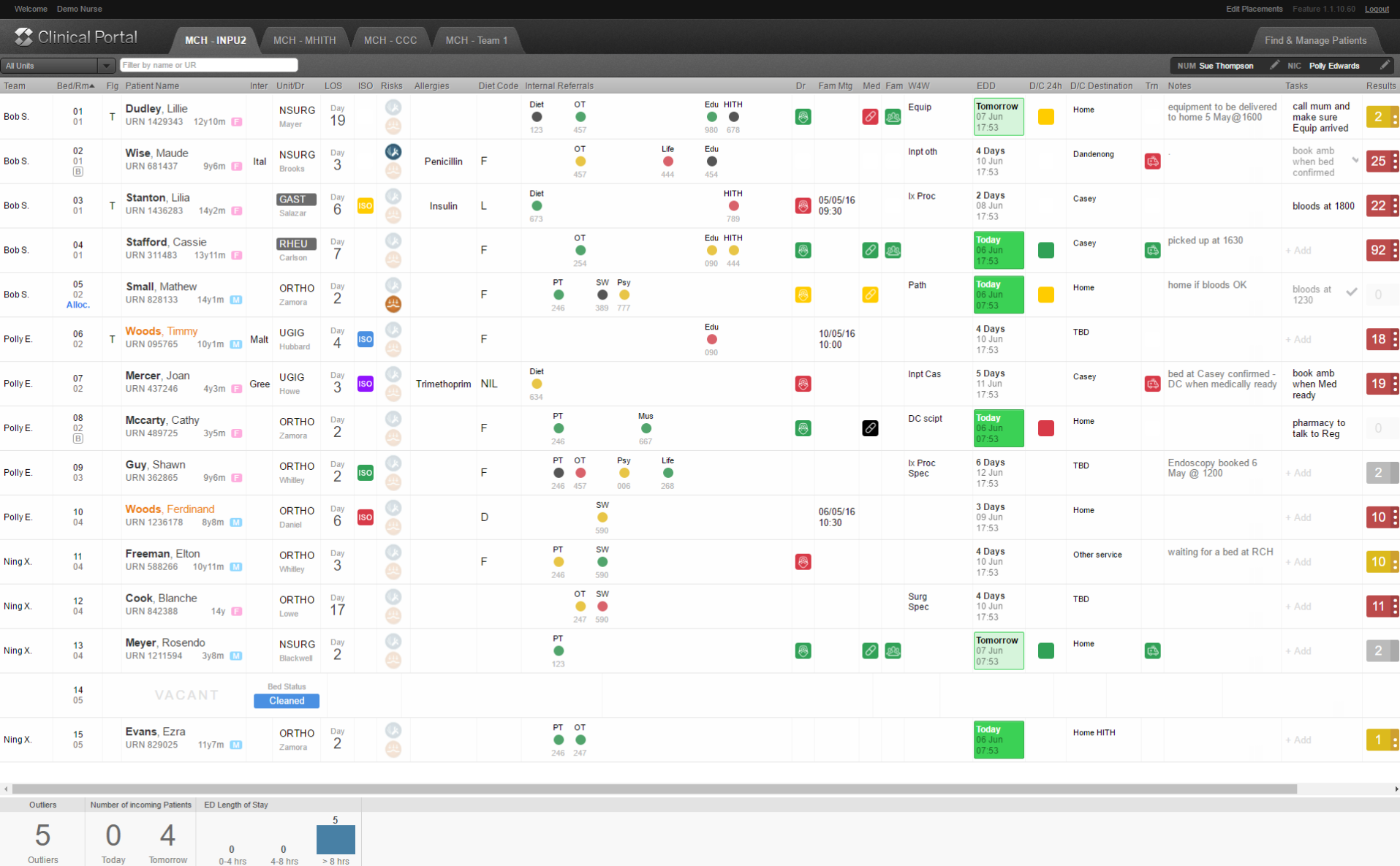
Department Metrics



Miya Smartforms



MIYA PATIENT FLOW CLINICAL DASHBOARD AND WHITEBOARDS



MIYA PATIENT FLOW CLINICAL DASHBOARDS

Welcome Sean Colyer

Miya **Clinical Dashboard** LGH - LGHDPU RHH - RHHW1B LGH - Cardiology **RHH - Cardiology**

All Outliers All Wards Filter by name or THCI

Team	Ward/Bed	Patient Name	Att. Dr.	LOS	Cnt Pre	Internal Referrals	D/C Dest.	EDD	W4W	Comments
RHHW...	R11-4	Allen2, Luke2 THCI U902JG3	21y M	Day 7		Diet 555 AUD 000 PT 666		-4 Days 09 Sep 06:04		
RHHW...	R19-2	Valdez, Nora THCI 967760								

Internal Referrals

Allen2, Luke2 THCI U902JG3

Discipline

Social Work (SW)

Social Work (SW)

Referral Status

Select Status

- Referred
- Active
- Completed

Comments

Discharging soon may need additional support

Save Cancel

Discharge Planning

WH community follow-up required on discharge?

☒ Yes ☐ No

> 1 chronic / complex medical conditions?

☐ Yes ☒ No

Likely difficulty with daily activities on discharge?

☐ Yes ☒ No

Existing community based service(s)?

☐ Yes ☒ No

Likely to have difficulty with caring responsibilities?

☐ Yes ☒ No

Complex family or social issues?

☐ Yes ☒ No

Actions

Referral to Allied Health

☒

Discuss with Community Services Consultant

☒

Discuss with SNAP Team

☐

Orientation to Ward - Ensure patient / carer is orientated to the ward

☐ Handpiece (call bell, TV, radio, lights)

☒ Meal times / visiting times

☒ How to give feedback

☐ Location of toilet / communal dining room / gym / garden

☒ Storage of valuables (refer to Patient Valuables Form AD375)

☐ Education brochures provided

Skin Integrity

Must be completed within 8 hours of admission

Verbal consent of skin inspection ?

☐ Yes ☐ No

Skin inspection performed?

☒ Yes ☐ No

Date/Time Completed:

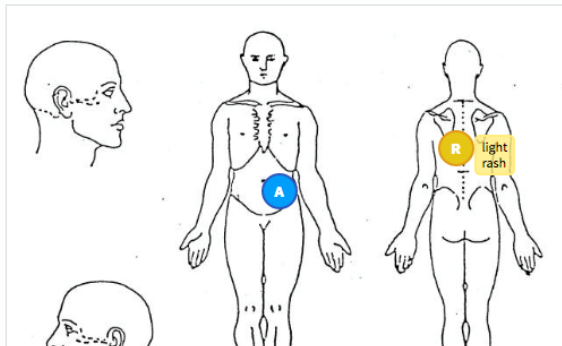
13-Sep-2016 00:00

Is skin intact?

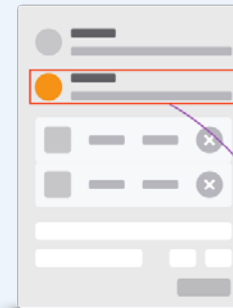
☐ Yes ☒ No

Click to add annotation

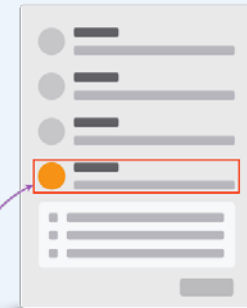
- A** Abrasion
- B** Bruise
- E** Excoriation
- R** Rash
- PI** Pressure Injury
- ST** Skin Tear
- SW** Surgical Wound



Form 1



Form 2



Concept Store

Snomed-CT AU, ICD, etc

MIYA ACCESS BED MANAGEMENT

iPad 4:21 PM 22%

Western Hospital [Footscray] Dashboard Admissions Transfers ED

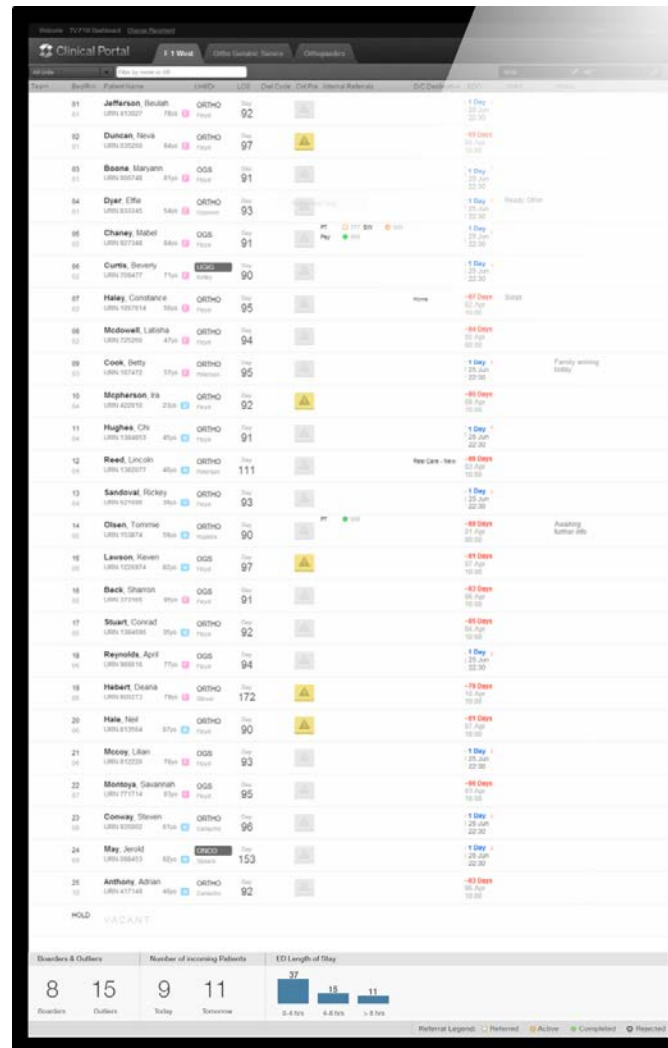
Peri Operative & Critical Care Services Collapse

Ward	Unalloc	Blders	Open	Occ	Vacant	Closed	ED Admit	D Admit	Elective Admit	Transfer In	Conf DC Today	Pot DC Today	Conf DC Tom	Pot DC Tom	Transfer Out
F1W	3	1	24	18	6		2	1			0	1	1		
F2W	4		15	8	7		1	3			1		2		
F3E	1		15	12	3						0	1	2	3	
FCCU	0		10	8	2		2	2			2			2	
FDUROL	3	2	22	20	2						1				
FICU	-1		20	17	3		4				0			2	
Total	10	3	106	83	23		10	6			4	2	5	7	

Emergency, Medicine & Cancer Services Collapse

F1E	5		15	8	7			3			1		2		
F2B	1		15	12	3						0	1	2	3	
F2C	4		24	18	6		2				0			2	
F2D	2	2	22	20	2			1			1				
F2E	-1		20	17	3			4			0			2	

ELECTRONIC JOURNEY BOARDS



METRICS AND PREDICTIVE ANALYTICS



Elective Orthopaedics Dashboard

Change ▾

Exit Fullscreen

1 West Occupancy (Live)

Occupied Beds



Boarders



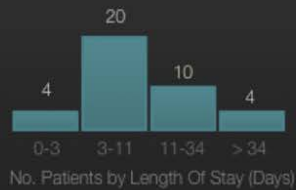
Elective Surgery Admissions This Month - Live

Elective Surgery Admissions

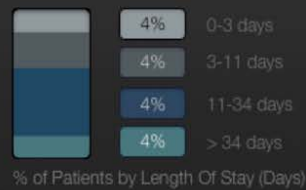


Hip Replacements This Month (Live)

LOS Distribution

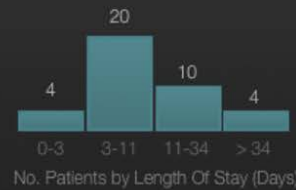


LOS Percentage

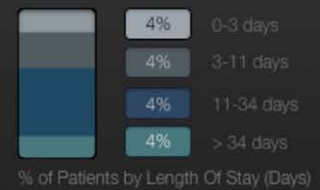


Knee Replacements This Month (Live)

LOS Distribution



LOS Percentage



1 West Infection Control

Patients with VRE Positive Results



Patients with Gram Positive Results



Radiology Metrics (Last 24 Hours)

Time from Film available to Report



11:34 Monday December 3

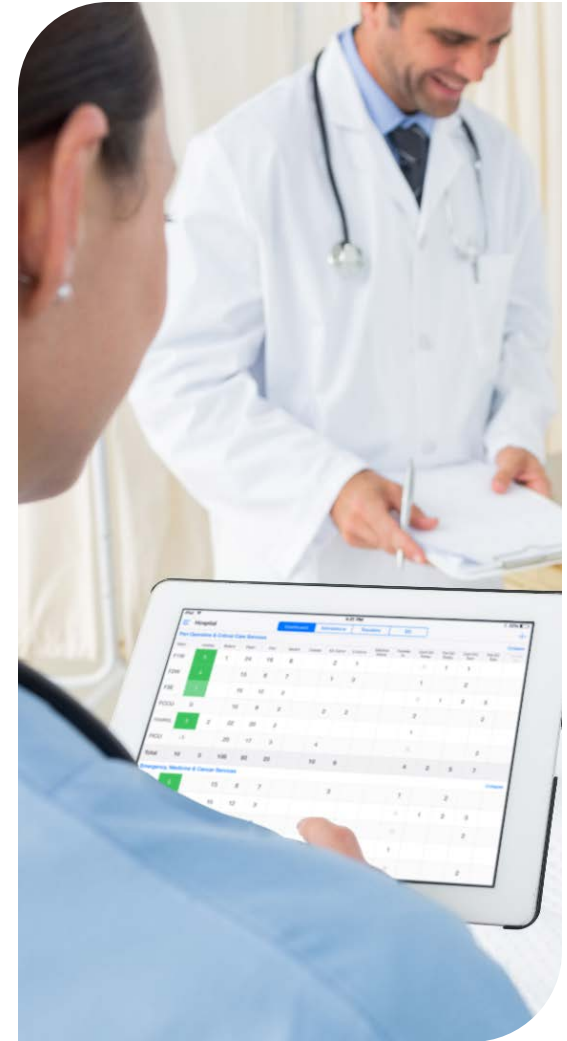


IMPROVE YOUR PATIENT FLOW

Some key results The Royal Darwin Hospital have seen since the introduction of Patient Flow;

- The number of patients discharged by midday increased from 23% to 27%.
- The number of patients moved to a ward within four hours increased from less than 20% to 41%.
- RDH processed 59% of patients within the ED in the 4 hour target, an increase of 10%.

Source: <https://www.aci.health.nsw.gov.au/ie/projects/readi>



OUTPATIENT SERVICE – THE PROBLEM

- Outpatient departments are overwhelmed with referral requests.
- Difficult to organise, triage and optimise queues for their patients – which can result in poor patient health outcomes.
- Clinicians find it difficult to determine when a patient should be discharged from a clinic in order to make room for a patient on the waiting list.
- Significant time is lost filling in paperwork, often with the same data repeated across different forms.



Miya Clinic optimises your outpatient processes from referral through to discharge ensuring best practice, high quality care. Outpatient services include minor procedures, medical consultations and allied health interventions (e.g. physio).

Key benefits

- Improve Clinician productivity
- Reduce clinical risk
- Reduce the number of attendances per patient
- Reduce waiting times



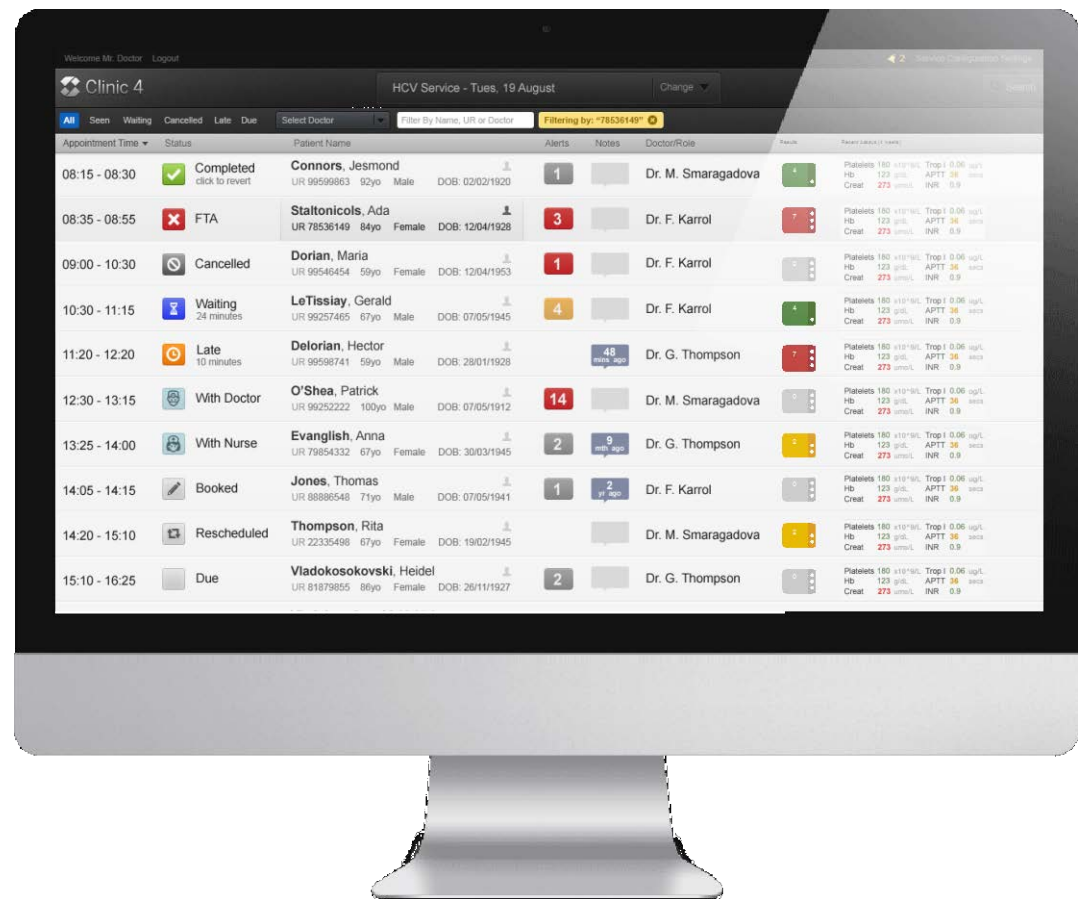
Miya Clinic

 Clinical Dashboards

 Results Management

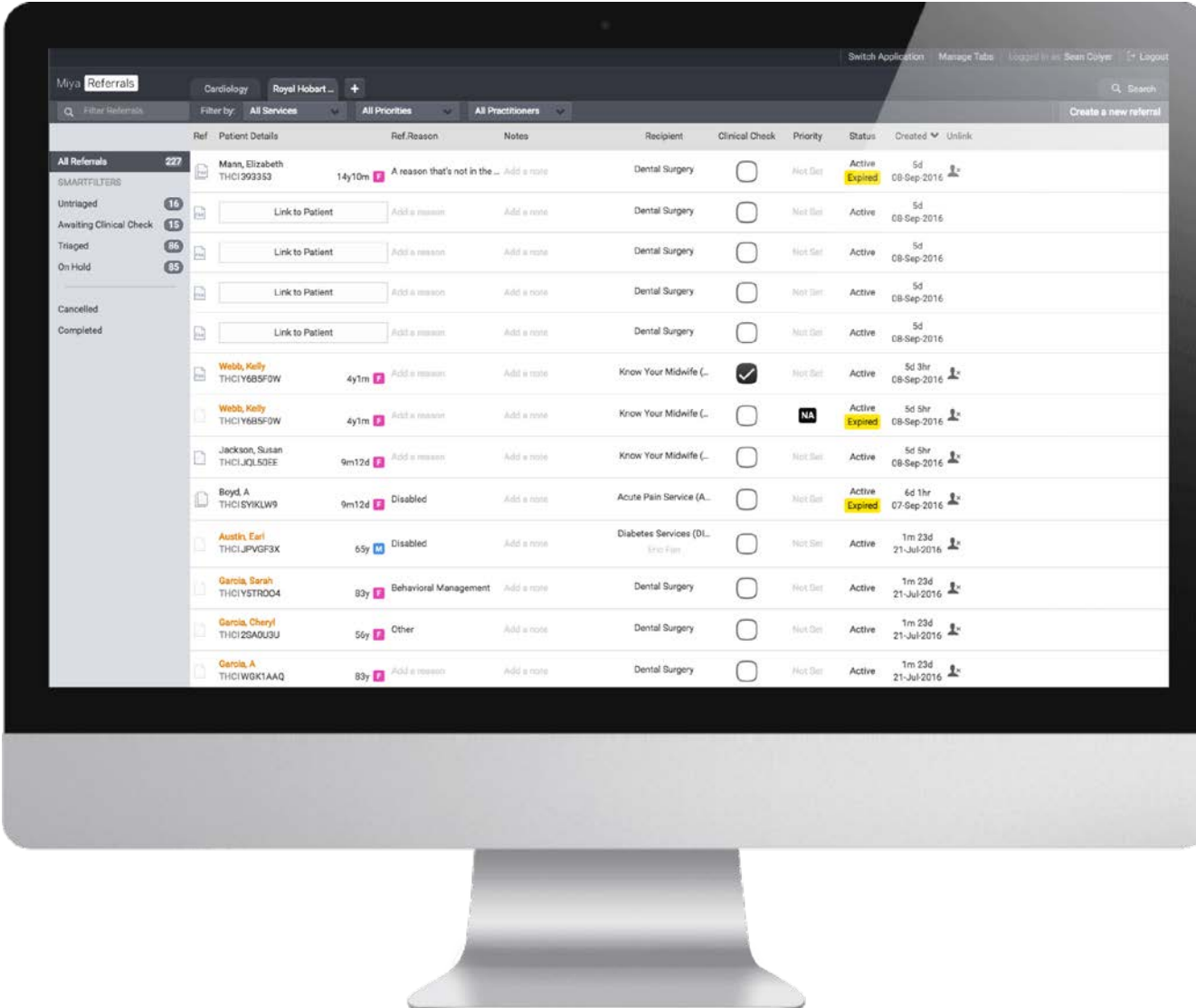
 Miya Smartforms

 Referral Management



Health Network Name	
Tuberculosis Screening Form	
<input type="checkbox"/> TB Health Undertaking: Humanitarian Entrant	<input type="checkbox"/> TB Health Undertaking: Migrant
<input type="checkbox"/> Contact Tracing	<input type="checkbox"/> Baseline
Clinical History	Actions
Has the patient had an abnormal chest X-ray?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the patient have a past history of TB?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Cough > 3 weeks	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Night sweats	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Weightloss	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Fatigue	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pain	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Lumps	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Other symptoms	
<input type="checkbox"/> Pregnant?	<input type="checkbox"/> Any known TB contacts?
<input type="checkbox"/> Received live vaccine in past 4 weeks	
Other conditions	
Previous BCG?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Scar sighted?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Previous Mantoux?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Past TB History	Past Treatment History
Year of diagnosis	2001
<input type="checkbox"/> Extrapulmonary	<input checked="" type="checkbox"/> Pulmonary
Immunosuppressed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diagnosis Source:	
<input type="checkbox"/> Sputum	<input type="checkbox"/> Bronchoscopy
<input checked="" type="checkbox"/> Urine	<input type="checkbox"/> PCR
<input type="checkbox"/> Gastric Aspirate	<input type="checkbox"/> DNA
<input type="checkbox"/> Other	
Date	
Date Commenced	02-Feb-2016 00:00
Isoniazid Dose	
Ethambutol Dose	
Rifampicin Dose	
Pyrazinamide Dose	
Other	
Treatment Completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Resistance:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
Mantoux Skin Test	BCG Administration
Date Given	
Date Given	

REFERRAL MANAGEMENT



Miya Referrals

Cardiology Royal Hobart ...

Filter Referrals Filter by: All Services All Priorities All Practitioners

Search

Create a new referral

	Ref	Patient Details	Ref.Reason	Notes	Recipient	Clinical Check	Priority	Status	Created	Unlink
All Referrals 227		Mann, Elizabeth THCI293353	14y10m	A reason that's not in the ...	Dental Surgery	<input type="checkbox"/>	Not Set	Active Expired	5d 08-Sep-2016	
SMARTFILTERS		Link to Patient	Add a reason	Add a note	Dental Surgery	<input type="checkbox"/>	Not Set	Active	5d 08-Sep-2016	
Untriaged 16		Link to Patient	Add a reason	Add a note	Dental Surgery	<input type="checkbox"/>	Not Set	Active	5d 08-Sep-2016	
Awaiting Clinical Check 15		Link to Patient	Add a reason	Add a note	Dental Surgery	<input type="checkbox"/>	Not Set	Active	5d 08-Sep-2016	
Triaged 86		Link to Patient	Add a reason	Add a note	Dental Surgery	<input type="checkbox"/>	Not Set	Active	5d 08-Sep-2016	
On Hold 85		Link to Patient	Add a reason	Add a note	Dental Surgery	<input type="checkbox"/>	Not Set	Active	5d 08-Sep-2016	
Cancelled										
Completed										
		Webb, Kelly THCIY685F0W	4y1m	Add a reason	Know Your Midwife (...)	<input checked="" type="checkbox"/>	Not Set	Active	5d 3hr 08-Sep-2016	
		Webb, Kelly THCIY685F0W	4y1m	Add a reason	Know Your Midwife (...)	<input type="checkbox"/>	NA	Active Expired	5d 5hr 08-Sep-2016	
		Jackson, Susan THCIJQL50EE	9m12d	Add a reason	Know Your Midwife (...)	<input type="checkbox"/>	Not Set	Active	5d 5hr 08-Sep-2016	
		Boyd, A THCISYIKLW9	9m12d	Disabled	Acute Pain Service (A...	<input type="checkbox"/>	Not Set	Active Expired	6d 1hr 07-Sep-2016	
		Austin, Earl THCIJPVGF3X	63y	Disabled	Diabetes Services (DL...	<input type="checkbox"/>	Not Set	Active	1m 23d 21-Jul-2016	
		Garcia, Sarah THCIVSTR004	83y	Behavioral Management	Dental Surgery	<input type="checkbox"/>	Not Set	Active	1m 23d 21-Jul-2016	
		Garcia, Cheryl THCI2SAOU3U	56y	Other	Dental Surgery	<input type="checkbox"/>	Not Set	Active	1m 23d 21-Jul-2016	
		Garcia, A THCIWGI1AAQ	83y	Add a reason	Dental Surgery	<input type="checkbox"/>	Not Set	Active	1m 23d 21-Jul-2016	

- Australia's public hospitals provide around 26 million outpatient services annually.
- Australia's outpatient services are considered inefficient - with average attendance per patient being more than twice as high as in the UK.
- The pressures on outpatient's services will increase as public hospitals seek to reduce the cost of inpatient services.



CLINICAL RISK – THE PROBLEM

- Outpatient departments are overwhelmed with referral requests.
- Difficult to organise, triage and optimise queues for their patients – which can result in poor patient health outcomes.
- Clinicians find it difficult to determine when a patient should be discharged from a clinic in order to make room for a patient on the waiting list.
- Significant time is lost filling in paperwork, often with the same data repeated across different forms.








Miya Clinicals is a suite of applications and services that integrate existing health IT infrastructure. It enables clinicians to respond faster to emerging risks by pushing this information to them on dashboard views.

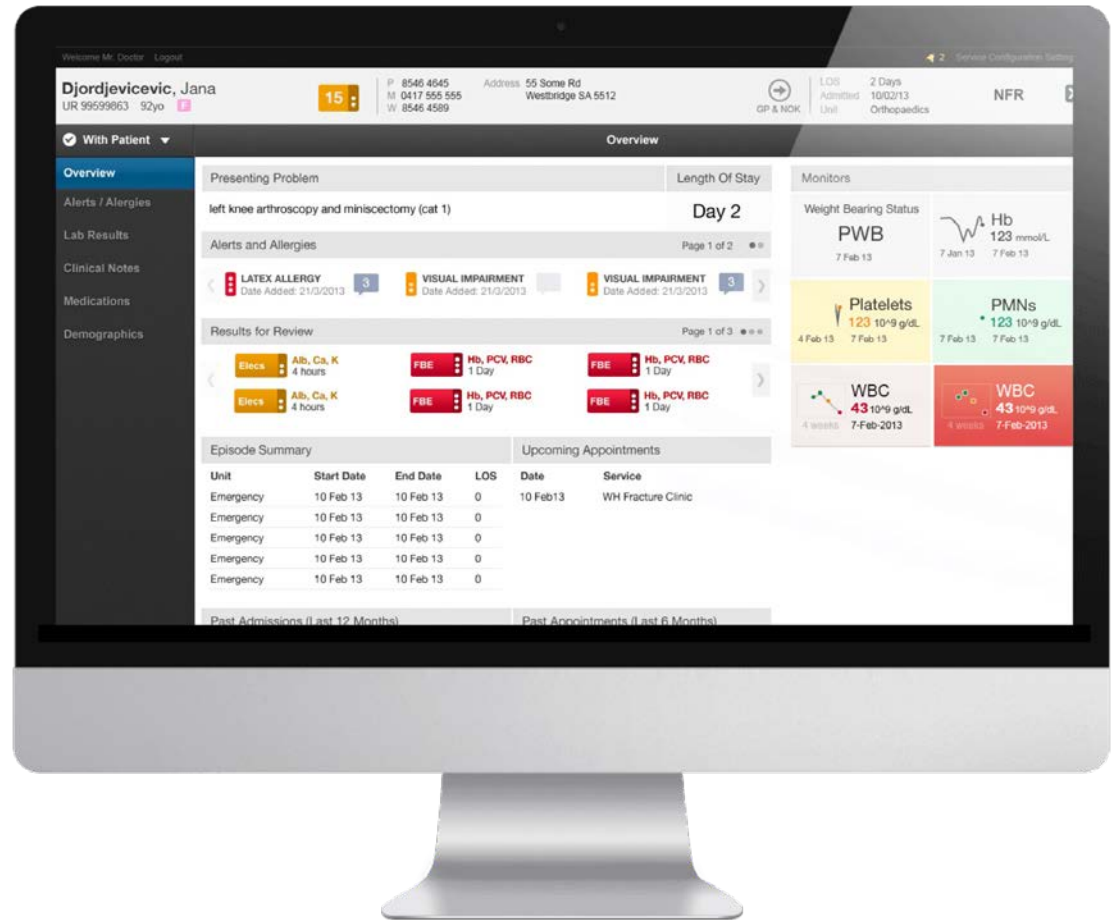
Key benefits

- Better patient outcomes



Miya Clinicals

-  Clinical Dashboards
-  Results Management
-  Miya Mobile
-  Missed Results Tracking
-  Miya Smartforms





COHORT IDENTIFICATION VIA TAGGING

- Identify patients that are candidates for CDM, trials
- Patient lists are dynamically created
- Build custom workflows for cohort management

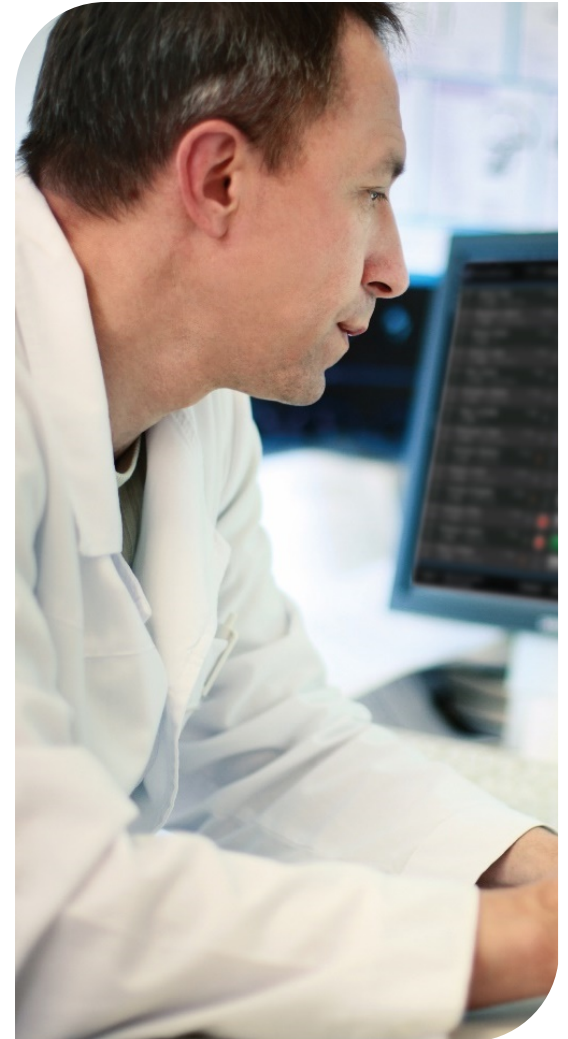
Miya Patient Flow Overview Referrals

Showing Physiotherapy View

Select Specialty: PT OT Diet SW HITH Psy Filter: All referred active completed rejected Sort: name

Patient Details	Unit/Ward	LOS	EDD	Internal Referrals	Referral Status	Hours	Notes
Hemby, Ellen URN 051032936 80yo F	Renal S3E	DAY 7	EDD 4	PT Diet SW	referred	37 h	
Southwell, Sanora URN 079191571 66yo F	Ortho S4W	DAY 9	EDD 4	PT OT HITH Psy	referred	33 h	
Coplan, Fermin URN 021042746 58yo M	Ortho F1E	DAY 8	EDD 5	PT Diet	referred	31 h	
Poehler, Myles URN 031215512 60yo M	Ortho F1E	DAY 8	EDD 4	PT OT Diet HITH	referred	24 h	
Grange, Willy URN 023649294 68yo M	Ortho S4E	DAY 9	EDD 2	PT Psy	referred	24 h	
Richeson, Darrick URN 010082463 55yo M	GenMed S3E	DAY 6	EDD 2	PT OT Diet HITH	referred	23 h	
Carbonneau, Jaye URN 071863977 82yo F	GenSurg F1W	DAY 10	EDD 2	PT OT Psy	referred	23 h	
Parrilla, Antony URN 085959790 67yo M	Ortho F1W	DAY 8	EDD 2	PT Diet SW	referred	22 h	
Sutphin, Christia URN 041280751 78yo F	GenSurg S3E	DAY 8	EDD 3	PT Diet HITH	referred	21 h	
Rients, Norberto URN 055456158 62yo M	GenSurg S4W	DAY 8	EDD 4	PT Diet	referred	19 h	

- Major focus on CDSS improvements
- Better use of machine learning (ML)
- Improved cloud integration
- User driven metrics and notifications
- Easier to create SmartForms to assist with custom workflows





QUESTIONS ?

THANKS FOR JOINING US

- Detect and alert clinicians to impending clinical risks and flow problems.
- Display information in a highly visible way.
- Provide visibility to clinicians about patient's state and progress.
- Monitor laboratory feeds for new results, assign clinical risk ratings.
- Foster a team approach to care.
- Identify high risk lab results for patients, regardless of admission status.
- Management of inbound referrals, assisting with clinical decision making and data capture.



- Arrange an onsite demonstration
- Product suite information
- Quotes and pricing
- General questions



Dr. Bow Tauro
Business Development Manager
bow.tauro@alcidion.com