



Alcidion Group Limited

Investor Update

August 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.

- Shareholder Update
 - Introduction to panellists.
 - Alcidion Value Proposition.
 - Achievements since listing.
 - Strategic Direction.
 - Investor Relations update.
 - Commercialisation Strategy.
 - North American Market Entry.



PART 2: ALCIDION OVERVIEW

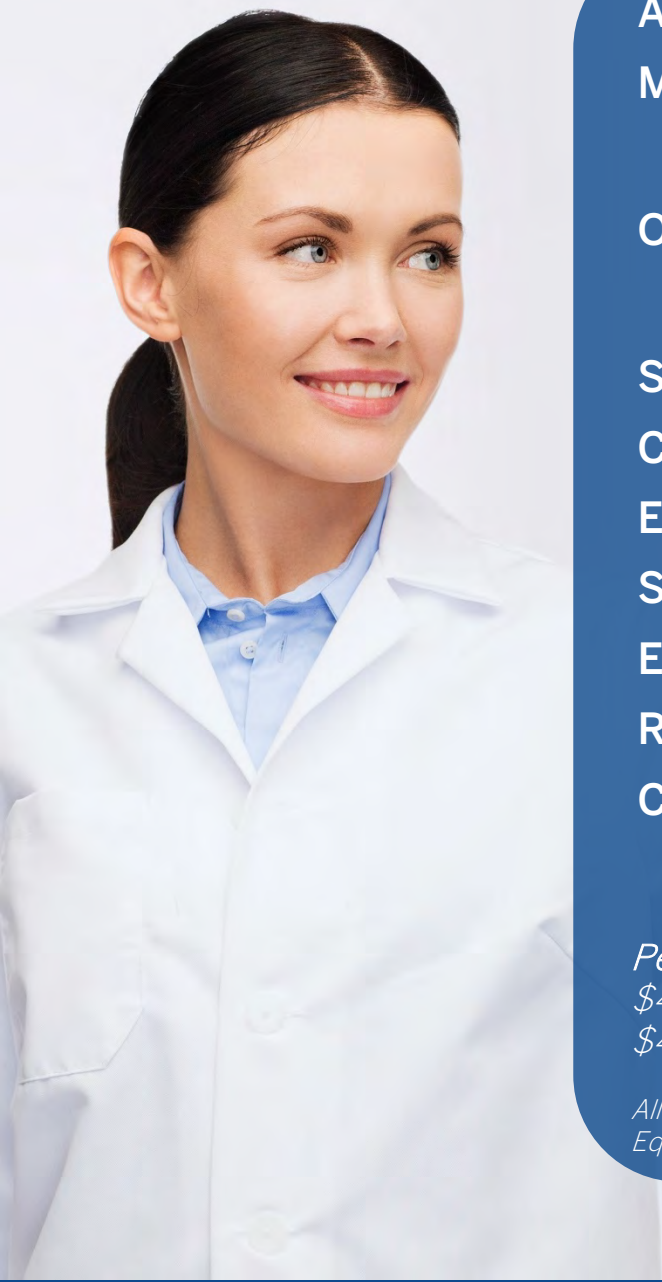
- Western Health Case Study
- Market Opportunity
 - Global State of Health IT.
 - EMR Adoption Model.
- Q&A
- Product Overview¹
 - Miya Architecture.
 - Miya Patient Flow.
 - Miya Access.
 - Miya Mobile.
 - Miya ED.
 - Miya Orders.
 - Miya Clinic.

¹Not presenting during today's Webinar, but included within the presentation deck.





Shareholder Update



ASX Ticker

ALC

Market Capitalisation

\$35m

Ownership

40% Founders

15% BlueSky Private Equity

9% Owned by Employees

6% Allure Capital

Share Price

5.80c

Cash on hand

\$5.84m

Enterprise Value

\$29m

Shares on Issue

603m

Employees

32 x FTE

Revenues FY16

\$4.02m

Cumulative R&D Investment

~\$18.60m

Performance Shares

*\$4m in script on achieving \$10m in TTM revenue by 29/2/2018 and;
\$4m in script on achieving \$15m in TTM revenue within 29/2/2019.*

All financial data has been rounded as of 30 June 2016

Equity data accurate as of 31 August 2016



EXECUTIVE DIRECTORS



**Chief Medical Officer
Prof. Malcolm Pradhan**

- Formal qualifications in medicine complimented by a PhD in Medical Informatics from Stanford University.
- Founding fellow of the Australasian College of Health Informatics.
- Associate Dean of IT & Director of Medical Informatics at the University of Adelaide.
- Clinical Lead within the Australian Government's National e-Health Transition Authority.



**Chief Executive Officer
Mr. Ray Blight**

- Formal qualifications include a Bachelor of Technology, Bachelor of Economics and a MBA.
- Former CEO of the South Australian Health Commission and Chair of the Health Ministers' Advisory Council
- Consultant to the World Bank.
- Chairs the University of SA IT & Mathematical Sciences Advisory Board.



**Executive Director
Mr. Nathan Buzza**

- Former founder & CEO of Clinical Middleware provider, Commtech Wireless.
- EY "Entrepreneur of the Year".
- BRW in the Fast100 for three consecutive years.
- Western Australia IT & telecommunications Life Time achievement Award for contribution to the IT community.
- Previously the second largest shareholder of Azure Healthcare ([ASX:AZV](#)).



NON-EXECUTIVE DIRECTORS



**Non-Executive Director
Mr. Brian Leedman**

- Formal qualifications include a Bachelor of Economics and a MBA.
- Co-Founder of Resapp Health ([ASX:RAP](#)).
- Co-Founder of Oncosil Medical ([ASX:OSL](#)).
- Co-Founder of Imugene ([ASX:IMU](#)).
- WA Chairman of AusBiotech.
- Previously Marketing Manager at Ernst & Young.



**Non-Executive Director
Mr. Nick Dignam**

- Formal qualifications include a Bachelor of Commerce, Bachelor of Law and a Masters of Applied Finance.
- Investment Director of BlueSky ([ASX:BLA](#)), a listed alternative asset manager with \$1.7b of assets under management.
- Responsible for originating new investment opportunities, working with portfolio companies to deliver growth and managing exit processes.
- Joined Blue Sky from Catalyst Investment.



**Non-Executive Director
Mr. Josh Puckridge**

- Formal qualifications include a Bachelor of Commerce.
- Director of Cicero Advisory Services.
- Executive Director of Red Gum Resources.
- Formerly Executive Director and Chief Executive of Discovery Resources Limited.
- Founding Director of Windward Resources Limited([ASX:WIN](#)).
- Non-Executive Director of Top Tung Limited .

WHERE WE HAVE COME FROM ?



- Alcidity is a provider of intelligent informatics for high performance healthcare:
 - Safer for patients because clinicians are alerted to emerging clinical risk;
 - Faster delivery of care because service barriers are identified and;
 - Improved productivity because clinicians save time in accessing key data and documenting their decisions and observations.
- By providing clinicians with decision support tools and prompting care guidance in accordance with hospital approved clinical protocols, patient clinical outcomes may be improved.
- Alcidity is intending to revolutionize the healthcare industry, by providing an agnostic Clinical Information System that resides over the top of the existing systems.



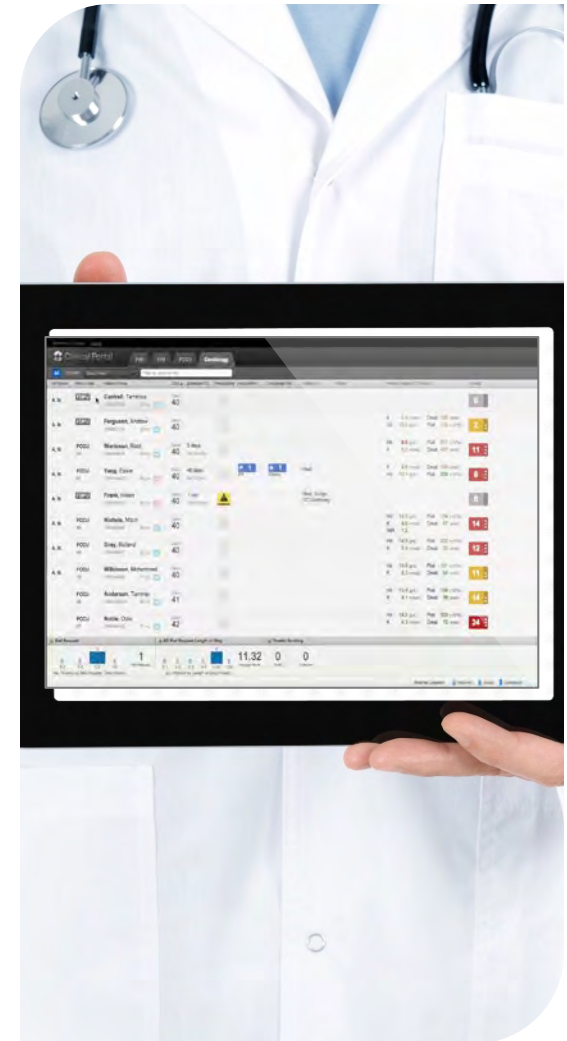
WHAT DOES ALCIDION DO ?

- Hospitals are built upon a complex eco-system of disparate Clinical Information Systems.
- Alcidion's Miya platform integrates disparate Clinical Information Systems to identify emerging clinical risk and push this clinical intelligence to the care team via a continuum of mobile and desktop devices.
- Under the stewardship of our CMO, Professor Malcolm Pradhan and CEO Ray Blight, the former Chief Executive of the SA Health Commission, Alcidion has invested over \$18m in the development of the Miya Platform.
- The technology is already deployed and operational at Western Health, Northern Territory Health Department, Tasmania Health and the Royal Melbourne Hospital.



WHAT IS THE MIYA PLATFORM ?

- An E-Health guidance platform:
 - to consolidate clinical information and patient data from multiple sources across the hospital
 - focused on patient clinical risk and surfacing clinical data relevant to the patient's current clinical context
 - to process best practice, clinical protocols to push guidance to the care team on best choices for patient care
- Pushes risk rated clinical information to the care team, at the point of care.
 - Pushes best practice guidance to the care team, to prompt on the best choices for patient care.
 - Delivers data/guidance ubiquitously across the hospital via web portals, large digital displays (Journey Boards) and mobile iPads
- Specific apps to solve specific problems (ED, bed management, pathology ordering) share the one platform



- As of 30 June 2016 the Company held \$5.65m in cash.
- As of 31 July 2016 the Company held \$6.51m in cash, excluding the provision for the \$1m R&D Tax Incentive.
- At the completion of the RTO of Naracoota Resources Limited, the Company held \$6.758m in cash.
- The Company invested an estimated \$2.24m in Research & Development in FY16, primarily focussed on CPOE.
- The Company avails itself of the Federal Government R&D Tax Incentive programme, that provides a 45% cash rebate for qualifying R&D Expenditure.
- The Company commenced its commercialisation strategy, which in broad terms will see the Alcidion Sales Team systematically engage the continuum of Australian and New Zealand healthcare organisations, whilst simultaneously seeking Value Added Resellers and Strategic Partnerships.
- Alcidion executed a \$2.35 MoU with Western Health, signifying the transition of our Patient Flow and Bed Management applications from Pilot Site to commercial utilization.



- The Company appointment of Mr. Brian Leedman to the Board.
- The Company is presently re-aligning its resources towards increasing expenditure in Sales & Marketing and reducing expenditure in R&D.
- Alcidion made significant progress over the course of the past year in the investigation, adoption and integration of industry standard technologies into its Miya Platform and Integration Engine.
- Alcidion invested \$1.5m developing a Computerized Physician Order Entry (CPOE) platform, in the form of a Best Practice Pathology Ordering product that automates the electronic ordering of pathology for ED physicians.
- Alcidion maintains its focus on expanding its operations into the North American marketplace.
- Alcidion has entered into a non-binding discussion with a major North American healthcare technology provider.
- Alcidion announced that its strategic partner, FUJIFILM had received a purchase order for an intelligent Cardiovascular Information System (iCVIS) for Sunshine Hospital.

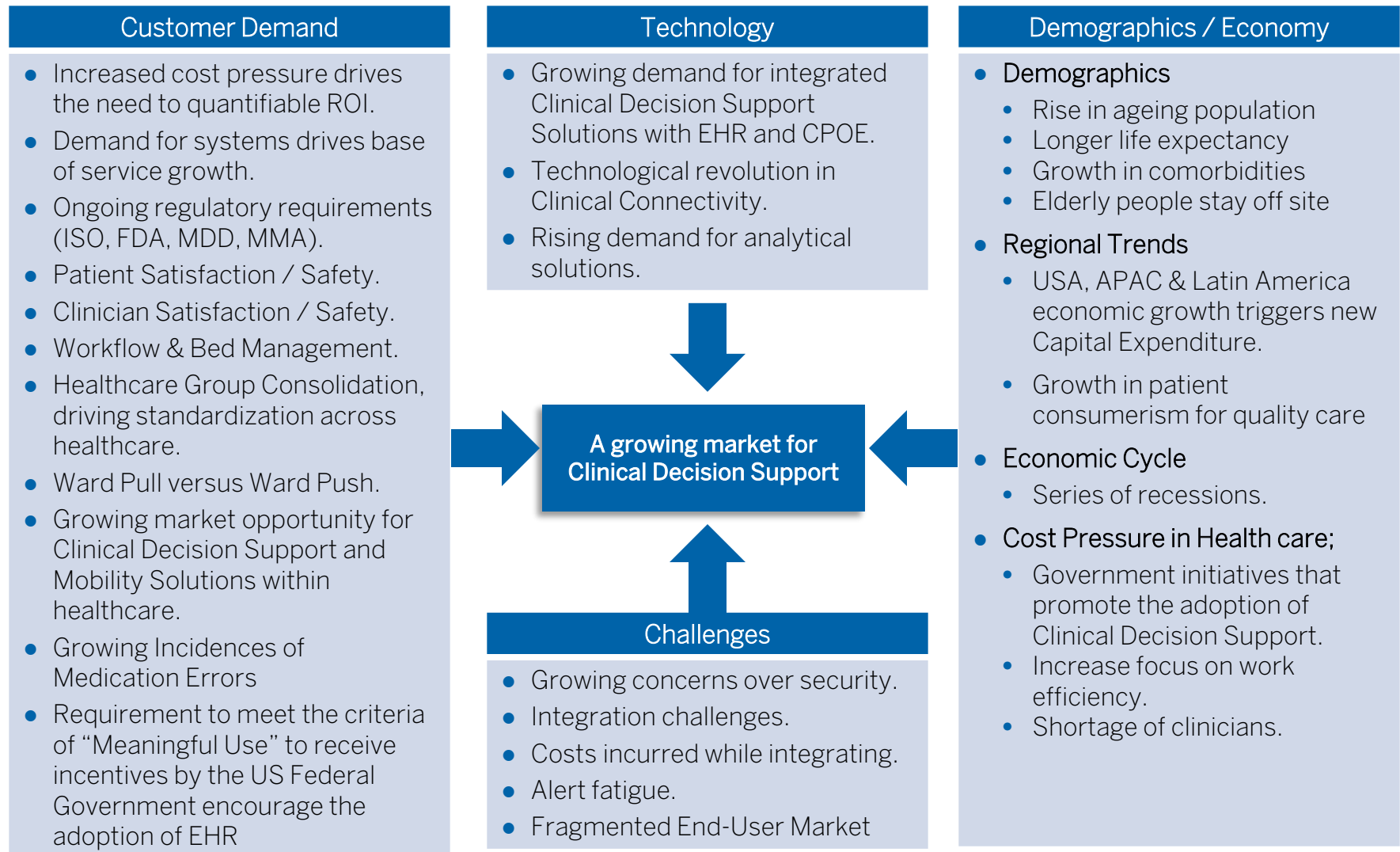


REVERSE TAKEOVER UPDATE

- Alcidion listed at 5.40c on the 29/2/2016.
- When Alcidion listed on the ASX, the company had 602m shares on issue, consisting of:
 - 400m Shares Alcidion Shareholders.
 - 138m Shares Original NRR Shareholders.
 - 64m Shares \$2.00m Capital Raise.
- The Company completed the Reverse Takeover of Naracoota Resources. Both Naracoota Resources Limited and Alcidion Corporation Pty Ltd incurred substantial one-off legal, accounting, corporate advisory and compliance expenses.
- This included a one off, non-cash expense of \$1.10m relating to listing expenses associated with reverse merger of Naracoota Resources, associated with the recognition of the carried for losses of NRR.
- The company incurred one off, cash expense of \$600k of expenses directly relating to the transaction.



MULTIPLE KEY DRIVERS OF MARKET GROWTH



STRATEGIC DIRECTION

- Transition the company from a private entity to a publicly listed business and secure funding to commercialize the product portfolio.
- Transition the existing pilot installations to commercial deployments.
- Productize the Miya Platform and develop toolsets to facilitate rapid deployments and on site configuration.
- Develop an extensive marketing capability, inclusive of promotional materials and develop brand equity across the continuum of healthcare.

FY15/16

- Rebalance the organization from its core focus of engineering to a balanced business with a significant sales and marketing capability;
- Accelerate the selling and delivery of the Miya Platform across Australia & New Zealand.
- Commercialize Alcidion's CDSS and SmartForms platforms within the domestic market.
- Forge strategic partnerships within the healthcare ecosystem.
- Secure a North American Pilot site by the end of FY17.

FY16/17

- Target a total of 40 hospitals across Australia and New Zealand, to compliment the existing 11 installations.
- Implement QSR820 and registered with the FDA as a Class II FDA 510(k) cleared device.
- Elevate and build the Alcidion brand in the United States.
- Establish an office in the United States by January 2018.

FY17/18

A man with short brown hair, wearing a white button-down shirt and blue jeans, is sitting in a brown leather armchair. He is smiling and has his hands clasped in his lap. He is wearing a watch on his left wrist and brown suede shoes. The chair is positioned in front of a large window that looks out onto a city skyline. The floor is covered with a blue and white patterned rug.

“At BlueSky we meticulously evaluate every opportunity. Alcidion ticked all the boxes: Mobile, Healthcare, Information Technology, coupled with an internationally recognized Management Team.”

Nick Dignam
Investment Director
Blue Sky Private Equity

BlueSky
Alternative Thinking

“What really struck me about Alcidion was the deep seated passion of the founders to fix healthcare – coupled with their impeccable qualifications”

Nathan Buzza
Allure Capital



INVESTOR RELATIONS UPDATE

- Alcidion has five primary blocks of shareholders:
 - The Alcidion Corporation Shareholders.
 - New shareholders investing in the medical informatics business.
 - The original NRR Shareholders.
 - The shareholders from the \$2m Capital Raise.
 - Day (Short Term) Traders.



INVESTOR RELATIONS UPDATE

- As part of the RTO of ALC, NRR Raised \$2.00m through a full form prospectus and the issue of 64.52m shares at 3.10c per share.
- Since Alcidion listed on the ASX, the following reflects the shareholder movement:
 - Of the 400m shares issued to the Alcidion shareholders, **no shares** have been divested.
 - Of the 64m shares issued under the prospectus, **54m shares** have been divested.
 - Of the 138m shares owned by NRR shareholders, **73m shares** have been divested.
- The above provides the company with a very clean registry.



NORTH AMERICAN COMMERCIALIZATION OVERVIEW

- Alcidion is committed to expanding its operations into the United States, as quickly as commercially viable.
- 95% of North American Hospitals are yet to achieve EMRAM level 7 and as a result this would appear to be a decade long opportunity.
- Prior to establishing a direct presence in the United States, there are a number of prerequisites to maximise the return on this investment.
- Establish an installation base across more than 5% of the Australian Market (i.e 40+ Hospitals) to demonstrate product reliability, interoperability, scalability and sustainability to demonstrate the scalability and replicability of the Product Group in the United States.
- The adoption and implementation of QSR 820 to obtain FDA Clearance as manufacturer and specification developer of a Class II Medical Device.



Systematically progress through the continuum of health in Australia / New Zealand.

- Healthcare ICT Consultants.
- Strategic Partners.
- Hospitals.
- State Health Departments.
- District Health Boards.
- Local Health Boards.
- Private Hospital Groups.
- “Systematically Progress” translates to measured weekly progress in terms of:
 - Phone calls.
 - Face-to-face meetings.
 - Customer Profiling.
 - Written Proposals / Quotations.
 - Sales Pipeline Growth.
- Shadowing of Sales Engagement.



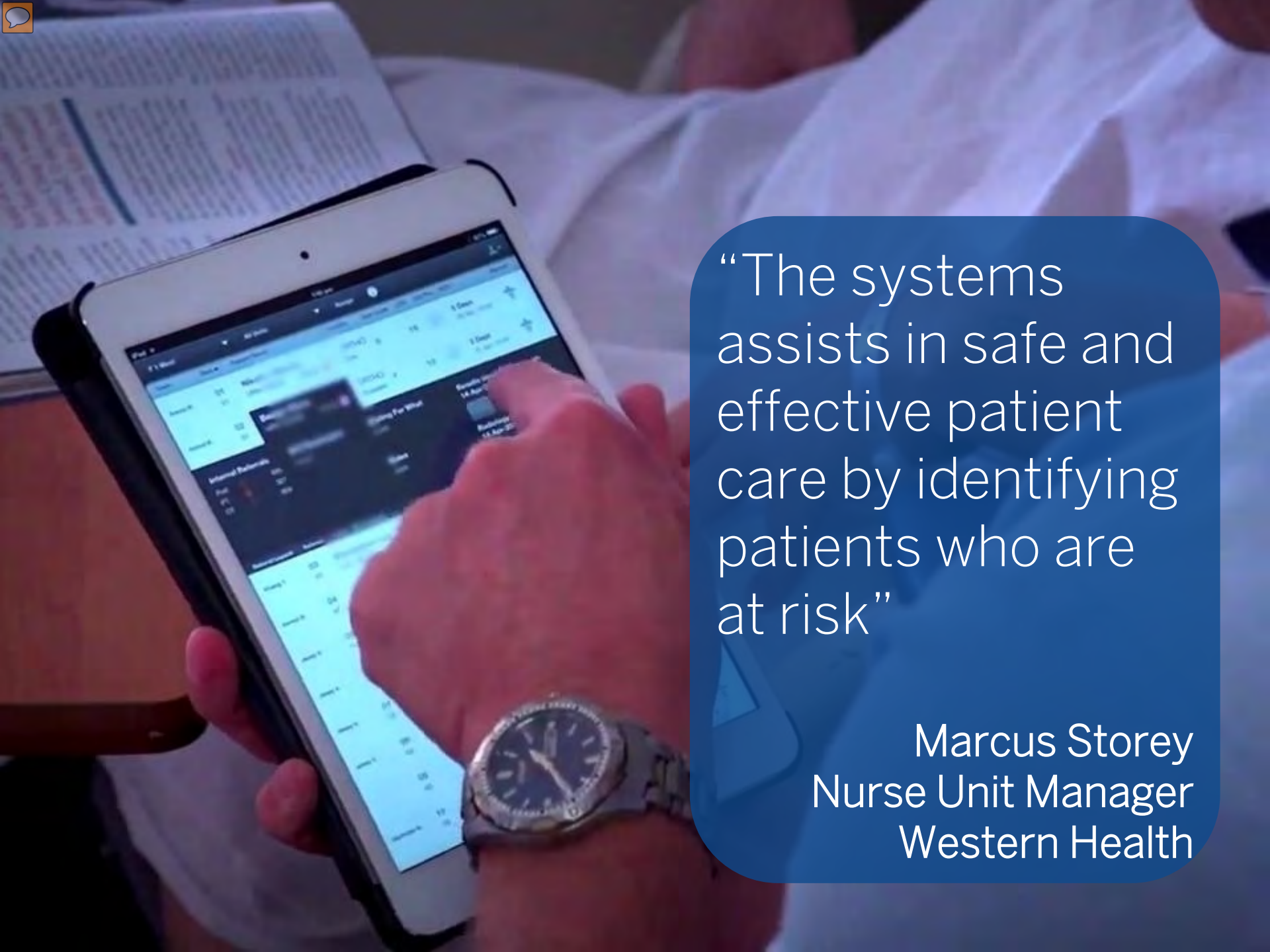
Target Demographics

- ~8 x Health Departments.
- ~10 x Major Healthcare Consultancy Firms.
- ~15 x Major Strategic Partners.
- ~262 x Hospitals with more than 100 beds.
- ~111 x Emergency Departments.
- ~30 x FUJIFILM Synapse Customers (AU).

Initial focus of meeting the eHealth Departments and Private Hospital Groups.

Target of 15 Presentations per month.





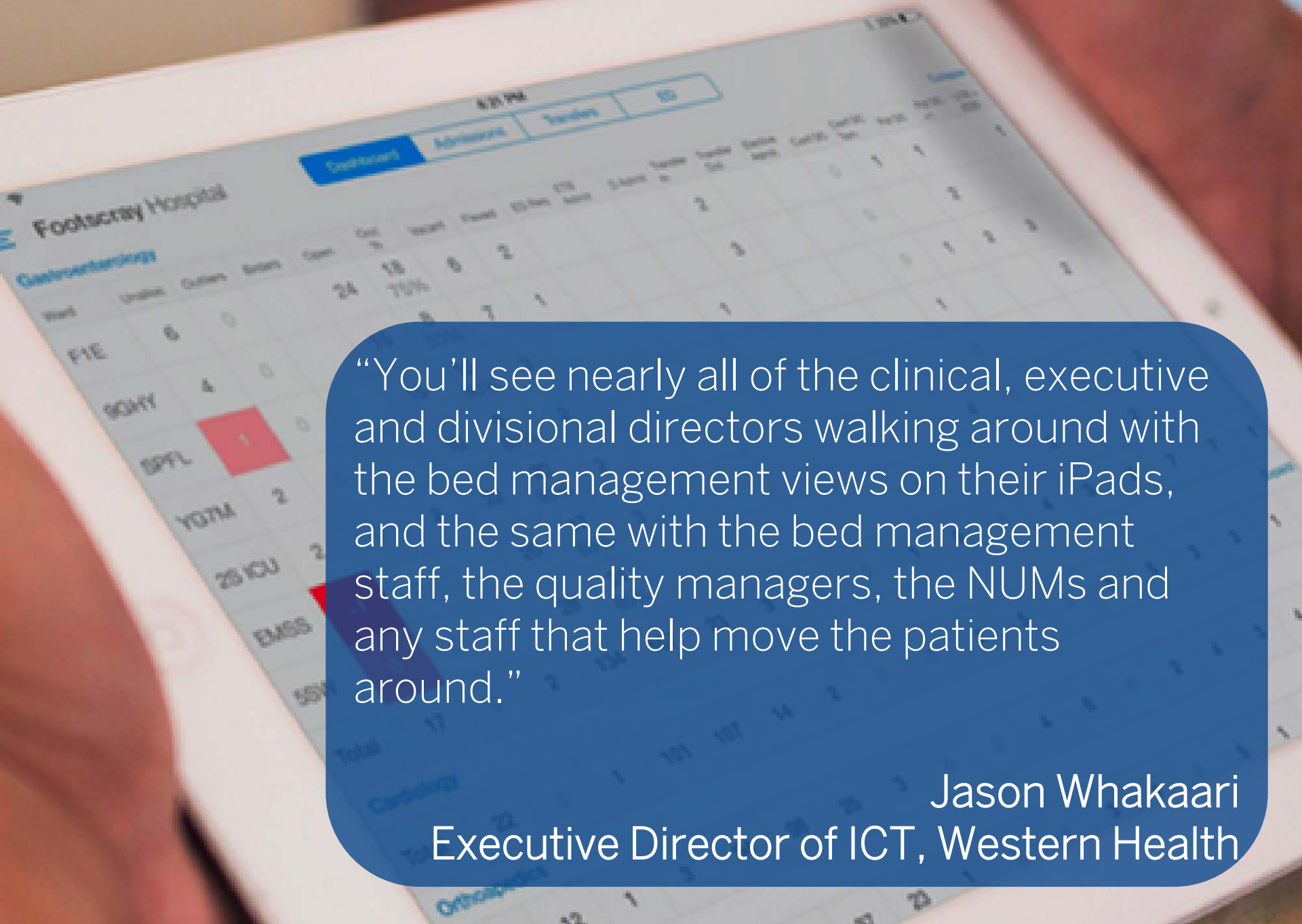
“The systems assists in safe and effective patient care by identifying patients who are at risk”

Marcus Storey
Nurse Unit Manager
Western Health



“This has skyrocketed the efficiency in patient care as well as the **safety**”

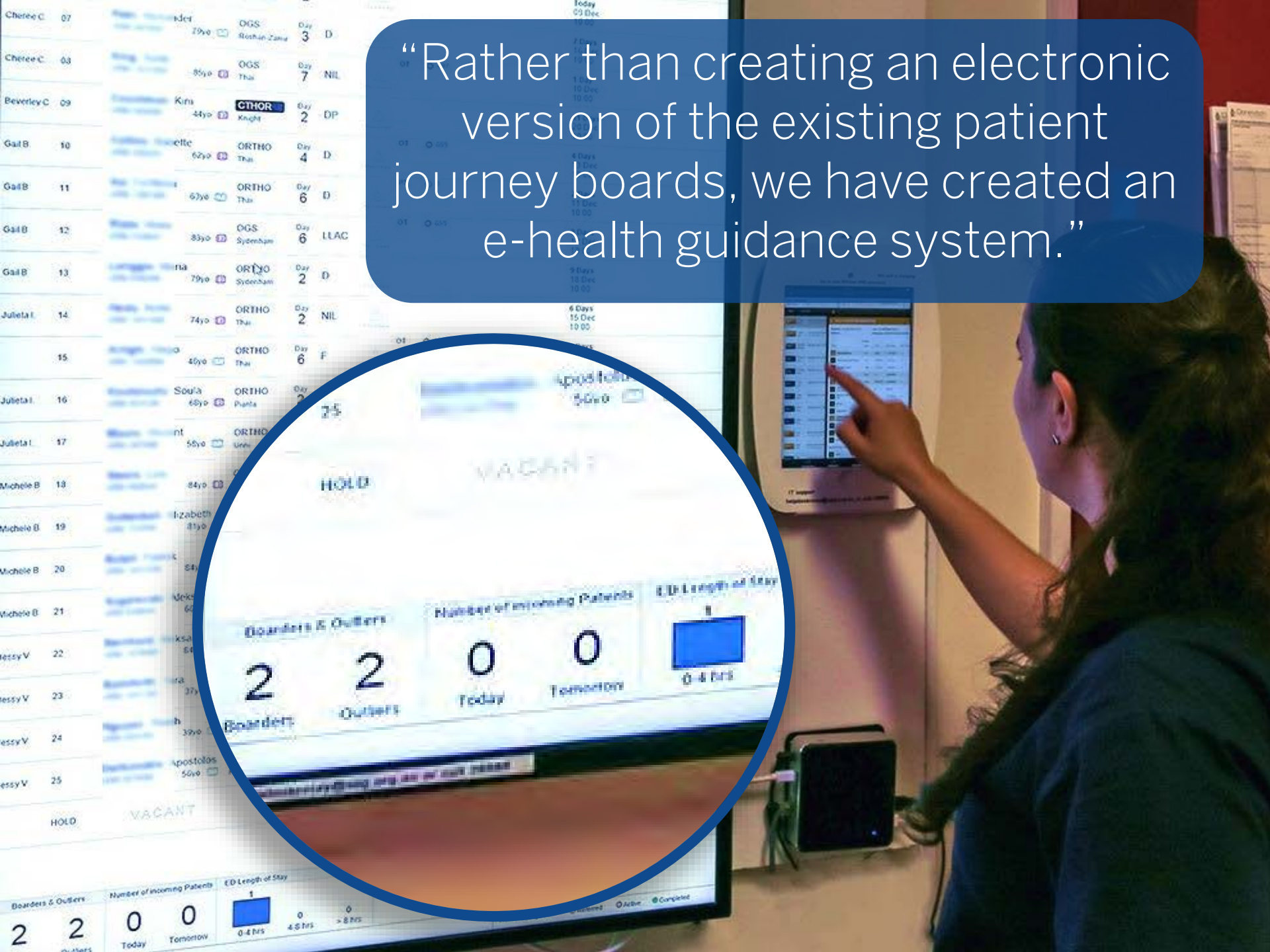
Professor Tissa Wijerante
Consulting Neurologist
Director of the Stroke & Neuroscience Unit
Western Health



“You’ll see nearly all of the clinical, executive and divisional directors walking around with the bed management views on their iPads, and the same with the bed management staff, the quality managers, the NUMs and any staff that help move the patients around.”

Jason Whakaari
Executive Director of ICT, Western Health

“Rather than creating an electronic version of the existing patient journey boards, we have created an e-health guidance system.”





CUSTOMER TESTIMONIAL



Market Opportunity



WHY IS DIGITAL HEALTH SUCH AN EXCITING INVESTMENT OPPORTUNITY ?

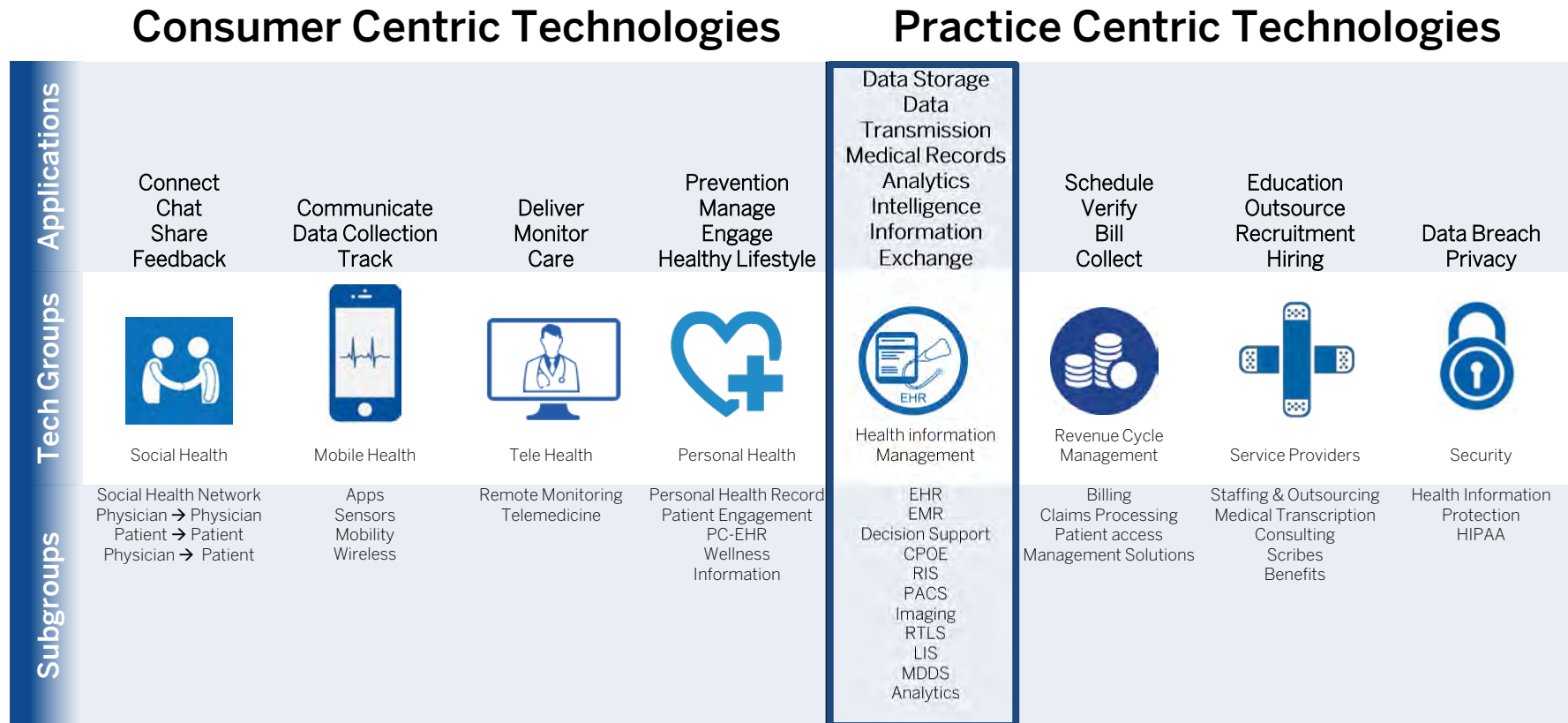
- The global population is aging, resulting in a dramatic and unparalleled increase in population, complex patients with multiple co-morbidities.
- The United States spends 18% of GDP on Healthcare, representing over \$USD3.0 trillion dollars annually, which is set to grow to 37% by 2050.
- Global expenditure on Healthcare IT is \$USD40.4b, growing to \$USD56.7b by 2017.
- The Obama Administration introduced the Patient Protection & Affordable Care in 2010, mandating that all US hospitals upgrade their Clinical Information Systems.
- This Act stipulates that healthcare providers must demonstrate the meaningful use of health IT by 2016 or face a reduction in Medicare reimbursements.
- One third of all hospitals in the USA are planning to invest in Patient Flow Solutions (Capsite, division of HIMSS).





WHAT EXACTLY IS DIGITAL HEALTH ?

Healthcare Information Technology

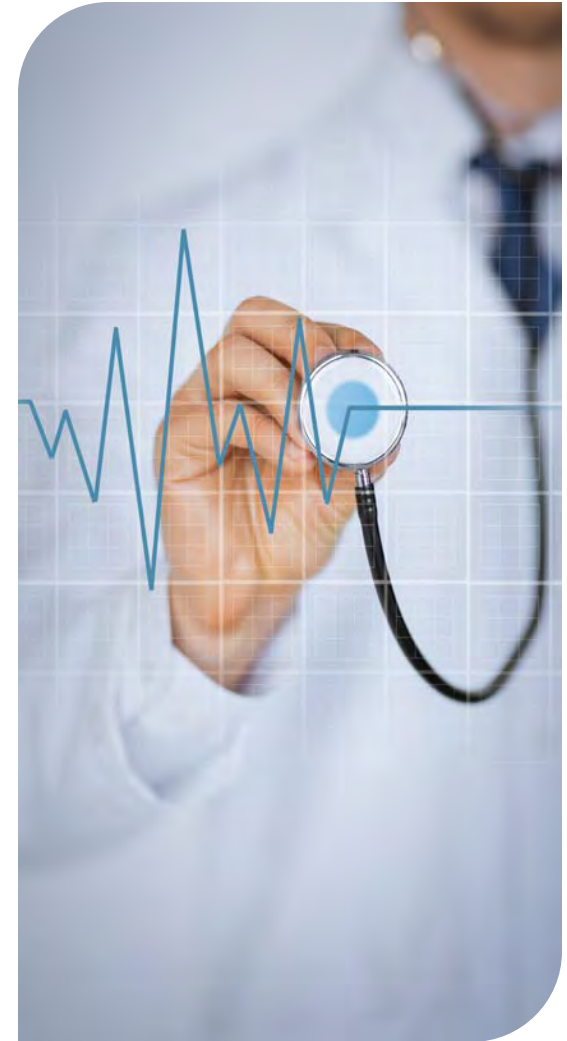


Digital Health is very board



THE STARS ARE ALIGNING FOR DIGITAL HEALTH

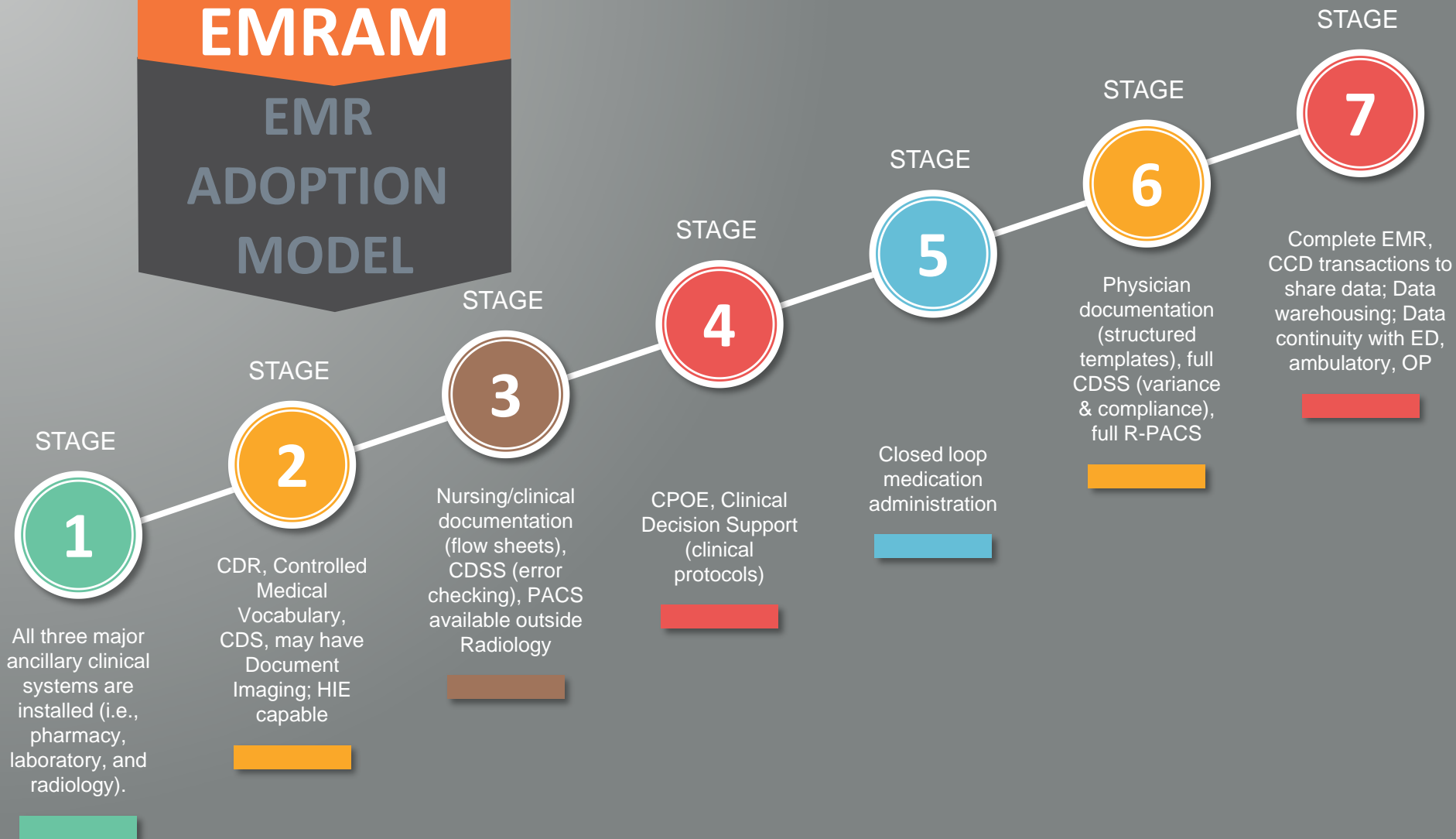
- Global adoption of the “Electronic Medical Records Adoption Model (EMRAM)”, supported by government funding.
- The rise of interoperability and global standards.
- Mobile Health technology is growing from \$USD6.9b market to \$USD23b market by 2017.
- Apple introducing HealthKit and Research Kit, coupled with the launch of powerful mobile tablets.
- FDA Regulating the environment.
- Global Government allocating funds to Digital Health:
 - The United States government has set aside more than \$USD20 billion in stimulus funds to implement Electronic Health Records nationwide
 - The United Kingdom has allocated £4 billion to transition the National Health Service into a paperless environment (7th Feb 2016).
 - Australian Digital Health Agency formed 27th Jan 2016.
- The adoption of Digital Health encourage the adoption of Digital Health – a self fulfilling prophecy.



EMR ADOPTION MODEL

EMRAM

EMR ADOPTION MODEL



CROSS REGIONAL EMRAM SCORE DISTRIBUTION

Stage	Asia Pacific	Middle East	United States	Canada	Europe
Stage 7	0.4%	0.0%	3.7%	0.2%	0.3%
Stage 6	3.2%	11.5%	22.2%	0.8%	3.1%
Stage 5	7.4%			0.9%	28.3%
Stage 4	1.7%			3.3%	6.8%
Stage 3	0.5%			31.4%	2.7%
Stage 2	3.2%			30.6%	32.7%
Stage 1	4.6%			14.2%	8.6%
Stage 0	48.2%			18.7%	17.6%

96.30% of the
8,000 Hospitals in
the United States
are yet to reach
EMRAM Stage 7





ALCIDION

Product Overview



PRODUCT OFFERING

MiyaED

Build a team based approach to managing clinical risk

Clinical
Dashboard &
ED Whiteboards

Results
Management

Missed Result
Tracking

Miya ID

Miya Orders

Miya Patient Flow

Create a safer, more efficient patient journey.

Electronic
Journey Boards

Department
Metrics

Miya Mobile:
Mobile EMR

Miya
Smartforms®

Clinical Portal

Miya Access Bed
Management
System

Miya Orders

Miya Clinic

Mitigate risks and streamline your Outpatient Department

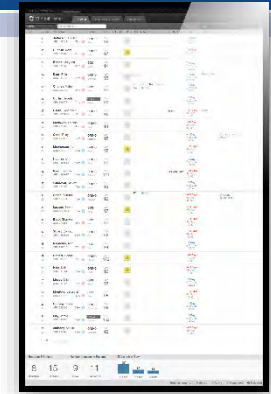
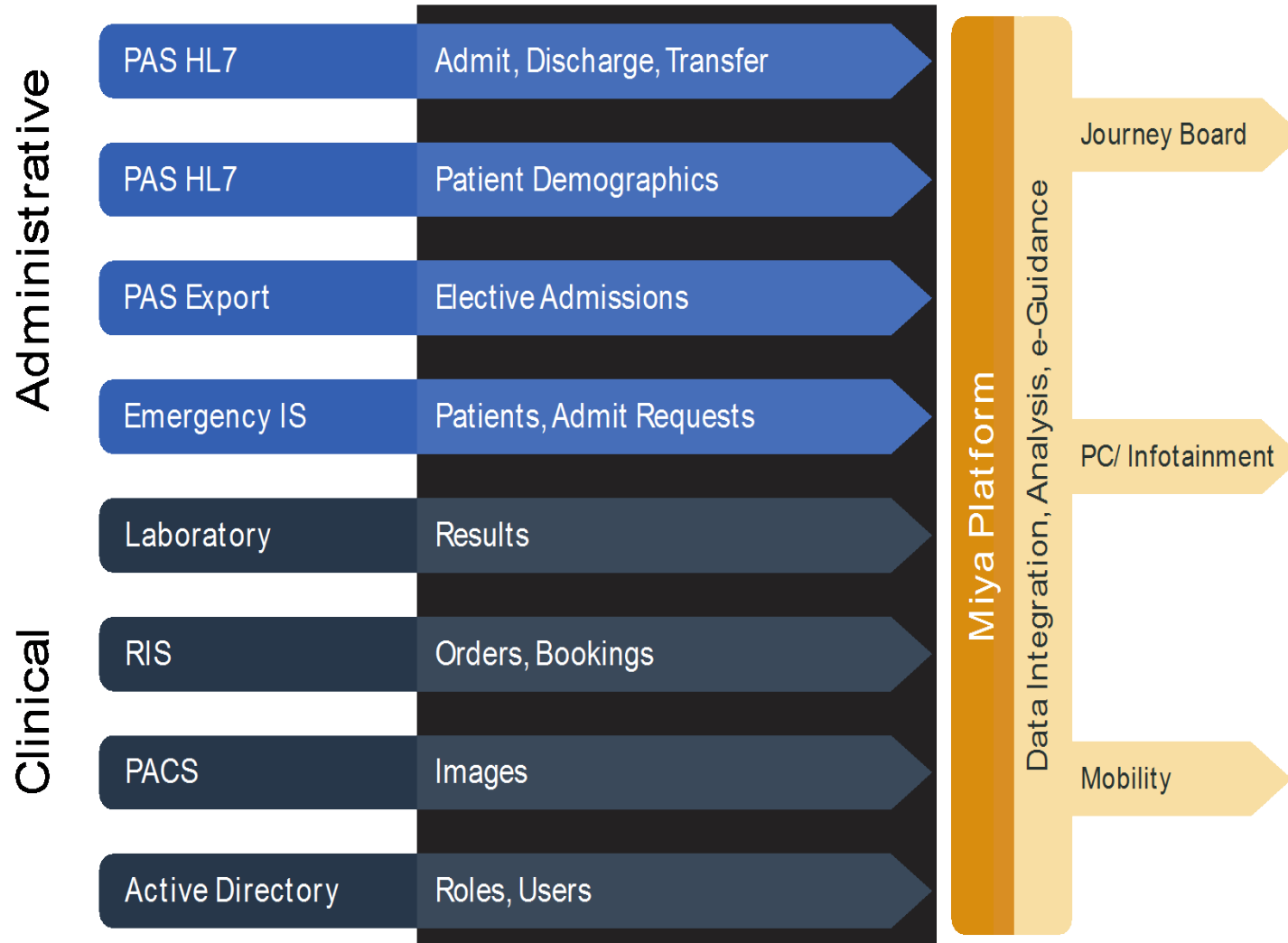
Referral
Management
System

Clinical
Dashboards

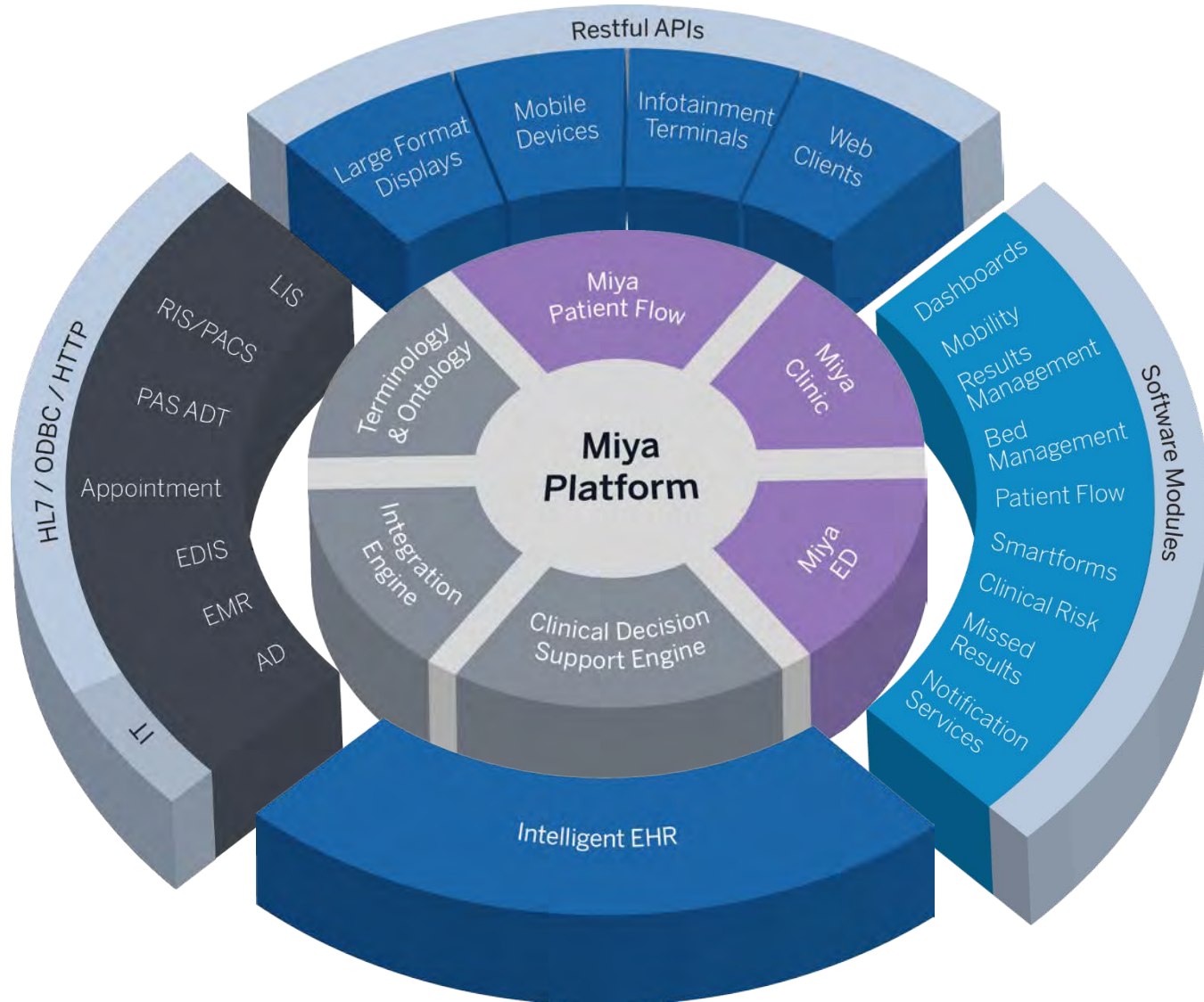
Miya
Smartforms®

Results
Management

ALCIDION'S MIYA PLATFORM



MIYA OVERVIEW



PRODUCT

Product	Roadmap	Under Development	Alpha Release	Beta Release	Pilot Installation	Commercial
iCVIS						●
Miya Patient Flow						●
Miya Access					●	
Miya Mobile						●
Order Sets				●		
Smartforms		●				
Miya ED						●
Miya Clinic				●		
Miya Metrics	●					
Miya AI	●					

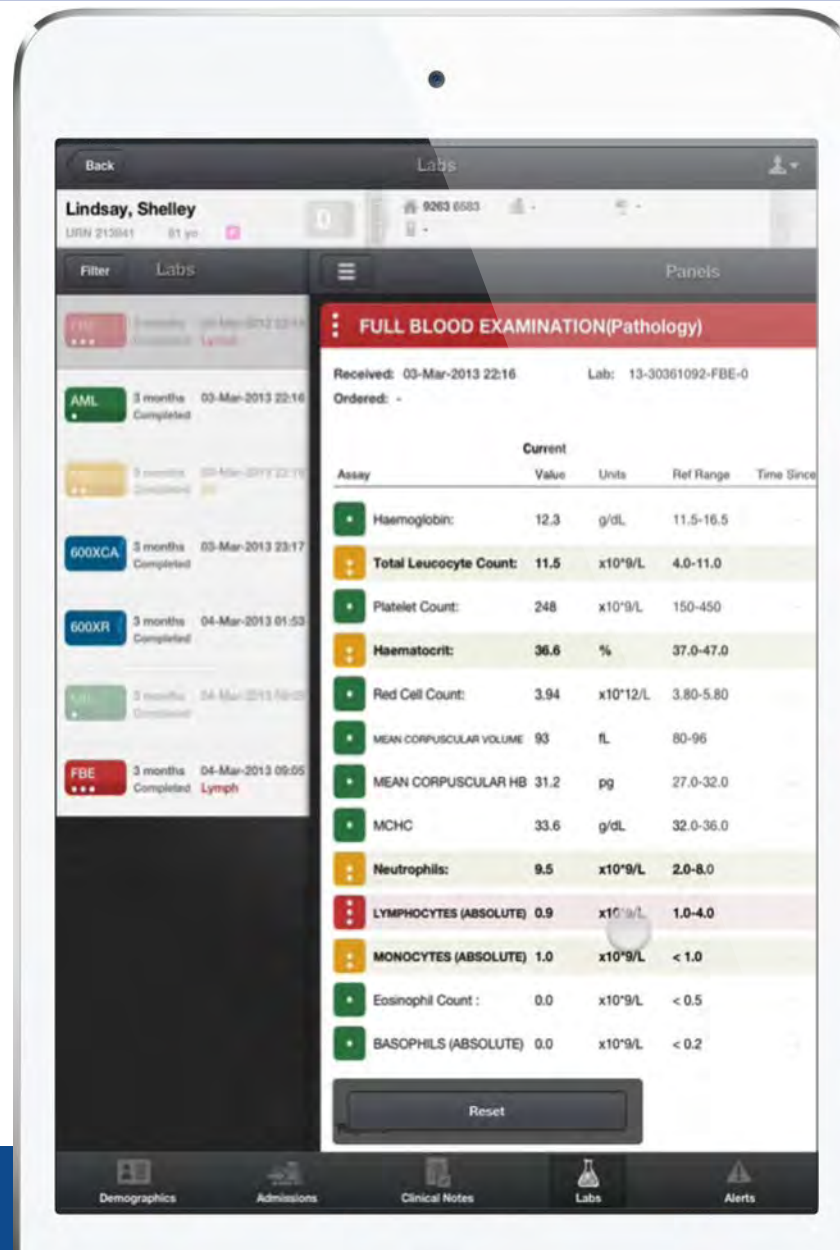
MOBILITY: NATIVE IOS APP



SMARTFORMS



VISION OF THE FUTURE: MOBILE SMARTFORMS



MIYA RESULTS VIEWING

Mckay, Jesse

URN314001 35yo Male DOB 02-Apr-1979

P 24665799

M —

W 8785757

Address

2 Serrata street Caramba

Waterville SA 5567



LOS
Admitted
Unit

7 days
28-Mar-2014
Orthopaedics



Results

Filters

All Critical Abnormal Normal Unrated Radiology

FBE



22 hours
Status: Final

02-Apr-2014 18:18
Hb, MCHC

Brain...

1 day
Status: Ordered

01-Apr-2014 18:18

Ches...

1 day
Status: Final

01-Apr-2014 17:18

Ches...

2 days
Status: Final

01-Apr-2014 16:18

FBE



2 days
Status: Final

01-Apr-2014 13:18
MCHC

FBE



2 days
Status: Final

01-Apr-2014 12:18
MCHC

FBE



2 days
Status: Final

01-Apr-2014 11:18

FULL BLOOD EXAMINATION

Graphs

Received: 02-Apr-2014 18:18

Status: Final

Ordered: -

Ordered by: PETER RITCHIE

Lab: 1007-test-735842

Assay	Current			Previous			
	Value	Units	Ref Range	Time Since	Value	Units	Ref Range
Haemoglobin:	17	g/dL	11.5-16.5	1d 5hr	15	g/dL	11.5-16.5
Haematocrit:	47	%	37.0-47.0	1d 5hr	47	%	37.0-47.0
Red Cell Count:	4.8	x10 ¹² /L	3.80-5.80	1d 5hr	4.5	x10 ¹² /L	3.80-5.80
MCHC	43	g/dL	32.0-36.0	1d 5hr	42	g/dL	32.0-36.0
MEAN CORPUSC...	95	fL	80-96	1d 5hr	93	fL	80-96
MEAN CORPUSC...	33	pg	27.0-32.0	1d 5hr	31	pg	27.0-32.0
Total Leucocyte C...	7	x10 ⁹ /L	4.0-11.0	1d 5hr	7	x10 ⁹ /L	4.0-11.0
Platelet Count:	375	x10 ⁹ /L	150-450	1d 5hr	375	x10 ⁹ /L	150-450

BLOOD FILM: Red cells, white cells and platelets are within normal limits.

Neutrophils:	5	x10 ⁹ /L	2.0-8.0	1d 5hr	5	x10 ⁹ /L	2.0-8.0
LYMPHOCYTES (...)	3	x10 ⁹ /L	1.0-4.0	1d 5hr	3	x10 ⁹ /L	1.0-4.0
MONOCYTES (AB...	0.05	x10 ⁹ /L	< 1.0	1d 5hr	0.05	x10 ⁹ /L	< 1.0
Eosinophil Count:	0.3	x10 ⁹ /L	< 0.5	1d 5hr	0.3	x10 ⁹ /L	< 0.5
BASOPHILS (ABS...	0.14	x10 ⁹ /L	< 0.2	1d 5hr	0.14	x10 ⁹ /L	< 0.2



“

Miya ED provides a set of clinical dashboards that allow your Emergency Department team to have a dedicated display for risk management by augmenting your existing EDIS.

Miya ED can be used to highlight key risks, activate best practice guidance for common problems and detect and manage high risk lab results that arrive after the patient has been discharged.

”



- Miya ED adds value to existing ED information systems and delivers significant service performance improvement, for example, with Miya ED in the Northern Territory:
 - Patient treatment commences an hour earlier – early intervention leads to faster recovery and better clinical outcomes.
 - 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 – they do not need to manually check laboratory/patient records for missed abnormal results.
 - 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 Royal Melbourne, Royal Darwin, Alice Springs, Footscray, Sunshine and three other public hospital ED's.



MIYA PATIENT FLOW

“

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

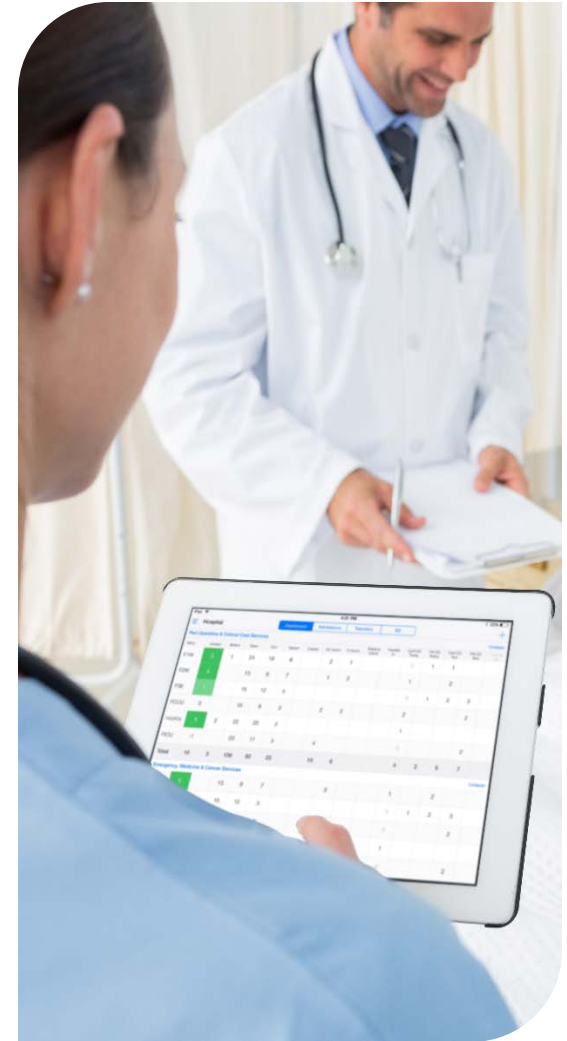
”

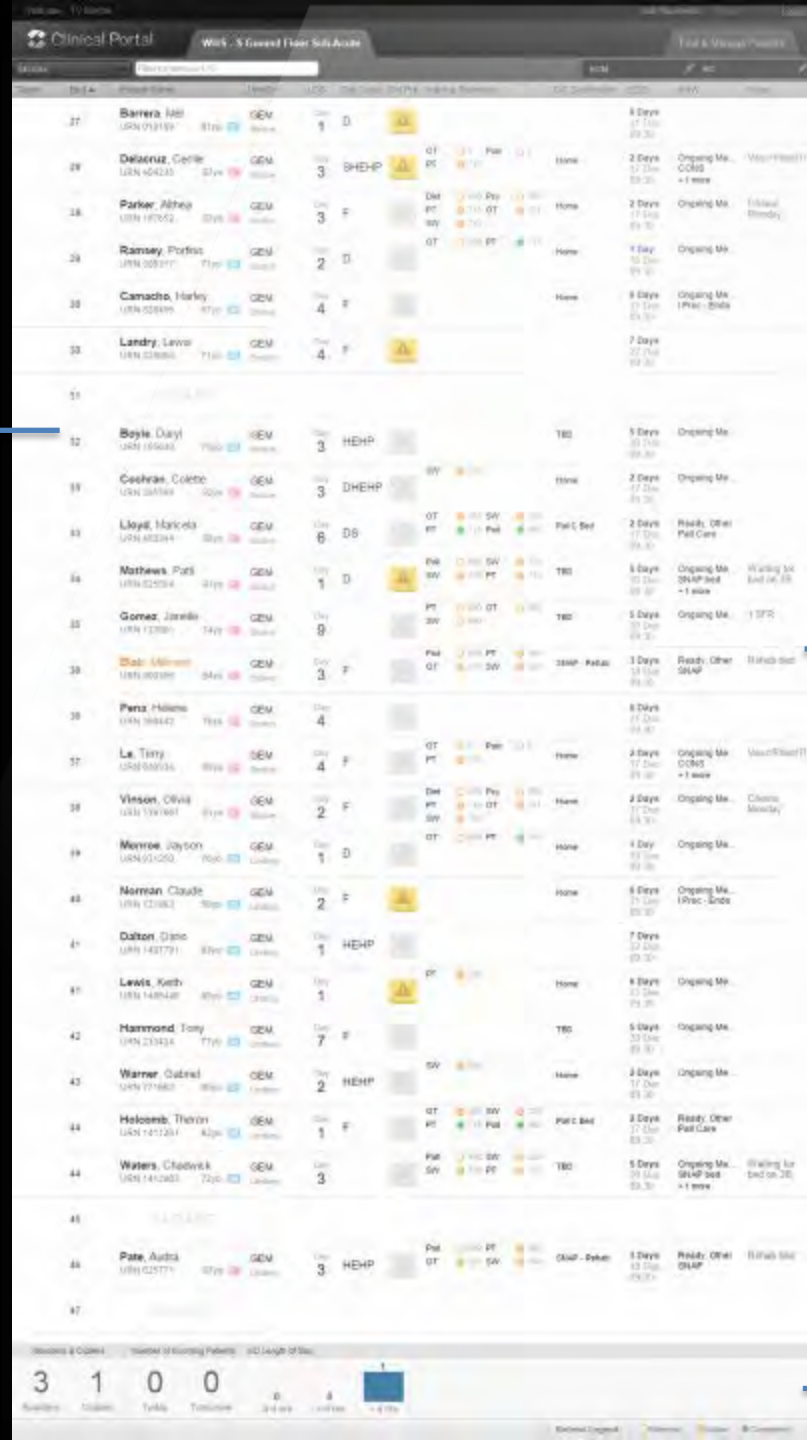


PRODUCT OVERVIEW

MIYA PATIENT FLOW

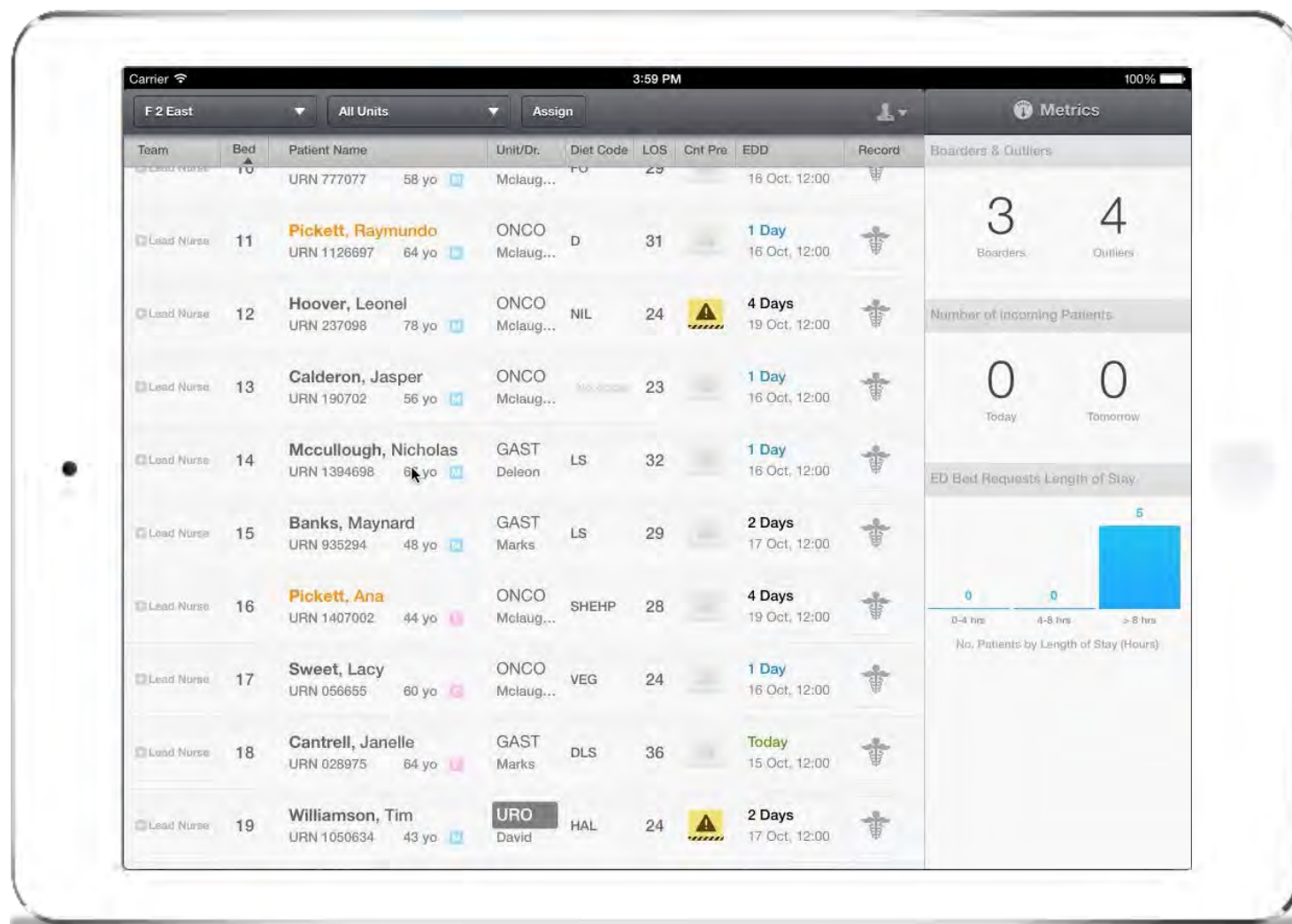
- Miya Patient Flow guides the care team in optimising a patient's journey through the hospital services.
- Miya Patient Flow supports the efficient use of hospital beds/resources whilst providing effective clinical outcomes for patients – it has appeal to both executive management and clinical staff in hospitals.
- There are approximately 750 public hospital and 610 private hospitals in Australia - all hospitals are under budget pressure to make efficiencies whilst preserving patient safety and the quality of clinical outcomes.
- Miya Patient Flow is now in production at Royal Darwin and Alice Springs hospitals and has been given preferred product status for a Hospital Operations Centre solution at Palmerston North hospital in New Zealand and presently under consideration by a large Private Hospital Group in Australia.





- Rows are configurable if required





MIYA ACCESS (BED MANAGEMENT)

Carrier 5:13 PM 100%

Access Glance

Western Hospital

Dashboard Admissions (17) Transfers (1) ED

Collapse All

Ward	Unalloc	Enders	Open	Occ	Vacant	Closed	ED Admit	D Admit	Elective Admit	Transfer In	Cent DC Today	Pot DC Today	Cent DC Tom	Pot DC Tom	Transfer Out
F1E	-2	26	21	20	1		2		1			5		5	
F2B	1	24	25	24	1							5		5	
F2C	1	36	25	24	1							4		6	
F2D	1	19	20	19	1							5		5	
F2E	2	26	28	26	2							5		5	
F3A	5	14	20	14	6		1					5		5	
F4W	17		17		17										
FCHEM	11		19	8	11							2		5	
FDPU	14		14		14										
FDU	4		4		4										
FEOU	12		12		12										

MIYA ORDERS

iPad 1:45 PM 74%

Oconnor, Marlon Triage 4
HRN 684439 DOB 15-Oct-1958 57y M
Wait: Waiting Room Treating Dr: Gomez
Bed: AEW LOS: 2hr 10min
Address: 51 Beach Dr Guerrero QLD 4747 P: 91
M: - W: 95

Order Sets Order Tracking Episode Order History

Filter by Order Set or Test Name

Recommended for presenting problem: Diarrhoea

Abdo pain lower
UEC, LFT, HB, DIFF
BC ☒

Related order sets
No OrderSet matched

Other

# NOF / long bone # UEC, LFT, CMP, HB, DIFF <input type="checkbox"/>	Abdo pain upper UEC, LFT, TROP, LIP, HB, DIFF BC <input type="checkbox"/>
Back pain non traumatic UEC, LFT, HB, DIFF BC <input type="checkbox"/>	CVA / TIA UEC, LFT, HB, DIFF INR, APTT, FIB, TROP <input type="checkbox"/>
Cellulitis UEC, LFT, HB, DIFF BC <input type="checkbox"/>	Chest Pain ? IHD UEC, LFT, TROP, HB, DIFF LIP <input type="checkbox"/>
Chest Pain ? PE UEC, LFT, TROP, HB, DIFF INR, APTT, FIB <input type="checkbox"/>	Confusion / syncope UEC, LFT, HB, DIFF TROP <input type="checkbox"/>
DKA / Diabetic crisis UEC, LFT, HB, DIFF BC, CMP, TROP <input type="checkbox"/>	Febrile neutropaenia BC, UEC, LFT, CMP, HB, DIFF TROP <input type="checkbox"/>

Your Orders

Order Sets
Abdo pain lower
UEC, LFT, HB, DIFF

Other Orders

Previous Orders (Last 48 hours)

This Episode

+ Ad Hoc

MIYA ED MOBILE

Carrier

11:40 AM

100%

Bed

All

Doctor

All

Risk

All

Triage

All

My View

Collection List

a doctor

Location	Patient Details			Triage	First Seen	LOS	Attending Doc	Orders / Collect	Recent Panels
01	Ryan, Sherree	URN 293642	28 yo F	2	9min 57sec / 10m	9m	Foster, B.	1 Orders 1 Collect	600FX 18:22 03 Mar 600FX 19:31 03 Mar GAS 18:22 03 Mar FBE 18:22 03 Mar 6 of 6 unread
02	Sexton, Carlo	URN 207840	46 yo M	2	12d 18hr / 10m	12d	Foster, B.	4 Orders	
03	Dominguez, Carter	URN 971489	74 yo M	4	-2sec / 60m	15m	Sheppard, T.	1 Collect	600XR 23:53 03 Mar 600XR 23:53 03 Mar 434XRL 23:53 03 Mar 434XRL 23:53 03 Mar 4 of 4 unread
04	Hull, Corey	URN 139039	33 yo M	1	4hr 52min / 0m	4h	Sanders, W.	2 Orders 1 Collect	
04	Salazar, Harris	URN 1423240	3 mo M	3	50min 57sec / 30m	50m	Rice, S.	4 Orders	600FX 22:02 03 Mar 600FX 22:01 03 Mar 600XR 22:59 03 Mar TFT 21:30 03 Mar 20 of 20 unread
05	Flores, Maricela	URN 979756	85 yo F	3	13min 57sec / 30m	13m	Sheppard, T.	2 Orders	701CTA 22:46 03 Mar MBI 21:15 03 Mar AML 21:15 03 Mar FBE 21:15 03 Mar 8 of 8 unread
05	Williamson, Juanita	URN 504010	68 yo F	4	12d 19hr / 60m	12d		3 Orders	
06	Avila, Diann	URN 357241	24 yo F	4	-2sec / 60m	36m			MBI 20:23 03 Mar FBE 20:55 03 Mar FBE 08:25 28 Feb MBI 08:25 03 Mar 9 of 9 unread
07	Langley, Althea	URN 093927	88 yo F	2	12d 19hr / 10m	12d	Beck, D.		TNI 22:30 03 Mar FBE 22:30 03 Mar CPK 22:30 03 Mar MBI 22:30 03 Mar 4 of 4 unread
08	Tillman, Lucien	URN 592676	62 yo M	4	1d 2hr / 60m	1d	Sheppard, T.	1 Orders 1 Collect	788CWN 22:27 03 Mar 788CWN 22:25 03 Mar 600XR 19:59 03 Mar 600XR 19:07 03 Mar 7 of 7 unread

“Miya Clinic Outpatient Software and Referral Management System saves clinical time and effort spent searching for relevant data during clinics, and optimises your outpatient processes from referral through to discharge ensuring that patients receive best practice, high quality care, while reducing clinical risk.”



PRODUCT OVERVIEW

MIYA CLINIC

- Miya Clinic provides clinical decision support for Doctors treating ambulatory patients in the Outpatient services of a hospital – Outpatient services include minor procedures, medical consultations/diagnosis and allied health interventions (e.g. physio).
- 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 for example.
- The pressures on outpatient's services will increase as public hospitals seek to reduce the cost of inpatient services.
- Miya Clinic has recently been redeveloped to provide clinical decision support to improve Doctor productivity and help reduce the number of attendances per patient – a new product to address a major problem in public hospital services.



