



Alcidion Group Limited

Investor Update

August 2016

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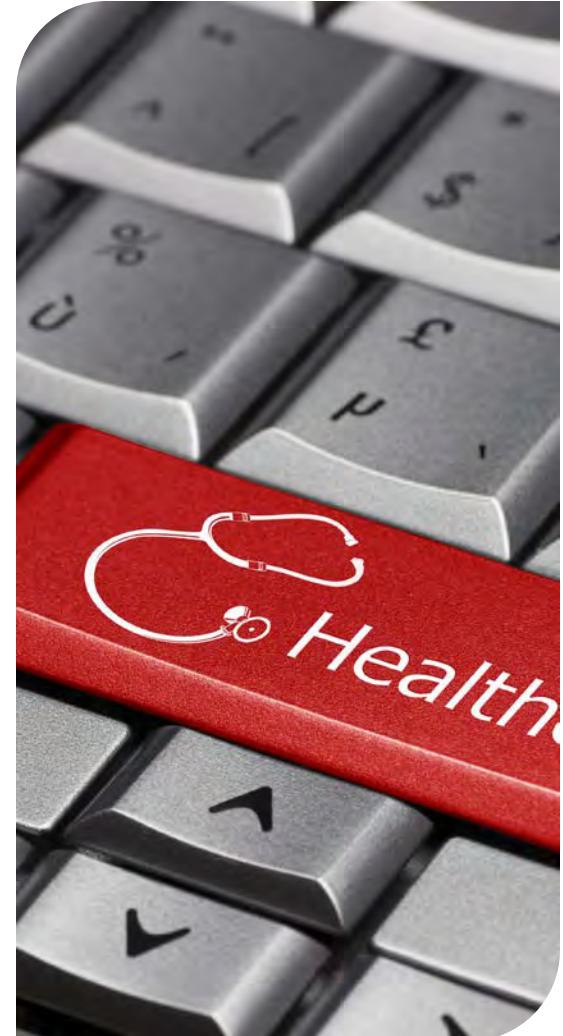
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PART 1: SHAREHOLDER UPDATE

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- 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

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- 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.

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ALCIDION

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

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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 Buzzia

- 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

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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 ?

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ALCIDION OVERVIEW

- Alcidion 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.
- Alcidion 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





HIGHLIGHTS FY16

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- 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.





HIGHLIGHTS FY16

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- 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.





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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

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Customer Demand

- Increased cost pressure drives the need to quantifiable ROI.
- Demand for systems drives base of service growth.
- Ongoing regulatory requirements (ISO, FDA, MDD, MMA).
- Patient Satisfaction / Safety.
- Clinician Satisfaction / Safety.
- Workflow & Bed Management.
- Healthcare Group Consolidation, driving standardization across healthcare.
- Ward Pull versus Ward Push.
- Growing market opportunity for Clinical Decision Support and Mobility Solutions within healthcare.
- Growing Incidences of Medication Errors
- Requirement to meet the criteria of "Meaningful Use" to receive incentives by the US Federal Government encourage the adoption of EHR

Technology

- Growing demand for integrated Clinical Decision Support Solutions with EHR and CPOE.
- Technological revolution in Clinical Connectivity.
- Rising demand for analytical solutions.

Demographics / Economy

- Demographics
 - Rise in ageing population
 - Longer life expectancy
 - Growth in comorbidities
 - Elderly people stay off site
- Regional Trends
 - USA, APAC & Latin America economic growth triggers new Capital Expenditure.
 - Growth in patient consumerism for quality care
- Economic Cycle
 - Series of recessions.
- Cost Pressure in Health care;
 - Government initiatives that promote the adoption of Clinical Decision Support.
 - Increase focus on work efficiency.
 - Shortage of clinicians.



Challenges

- Growing concerns over security.
- Integration challenges.
- Costs incurred while integrating.
- Alert fatigue.
- Fragmented End-User Market

STRATEGIC DIRECTION

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- 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

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“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

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

Nathan Buzzia
Allure Capital



- 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

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- 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.



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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.



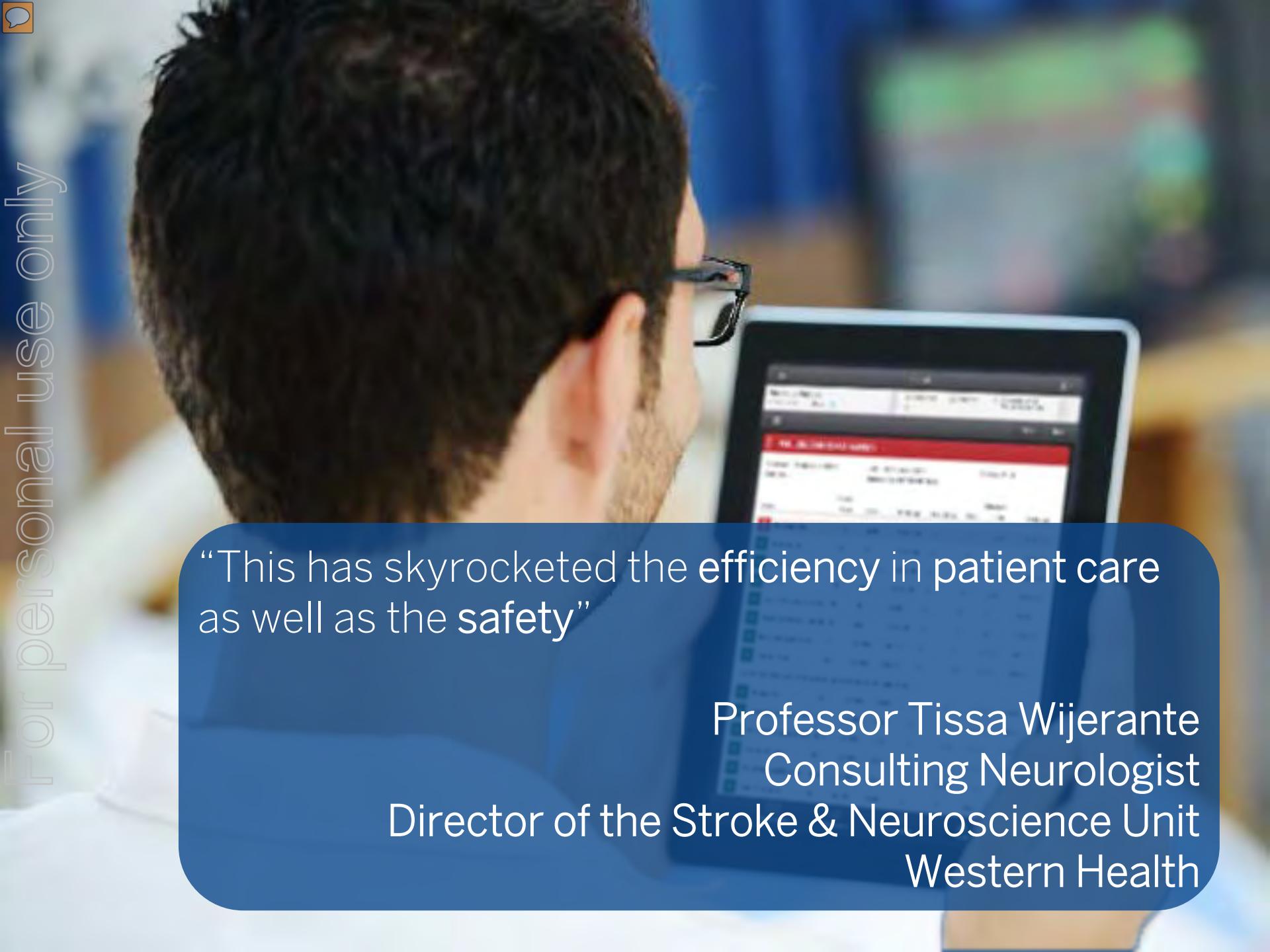


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“The systems assists in safe and effective patient care by identifying patients who are at risk”

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

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ALCIDION

Market Opportunity





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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).



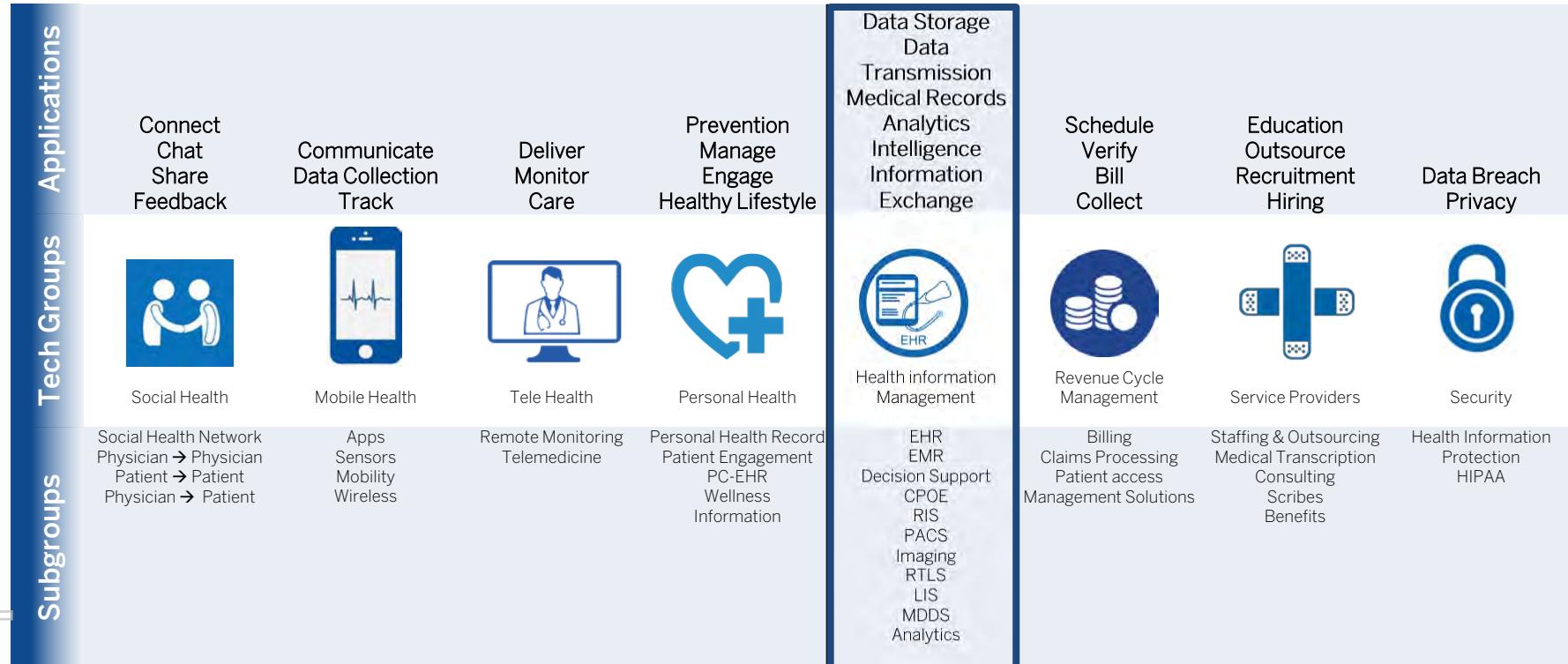


WHAT EXACTLY IS DIGITAL HEALTH ?

For Healthcare Information Technology

Consumer Centric Technologies

Practice Centric Technologies



Digital Health is very broad

THE STARS ARE ALIGNING FOR DIGITAL HEALTH

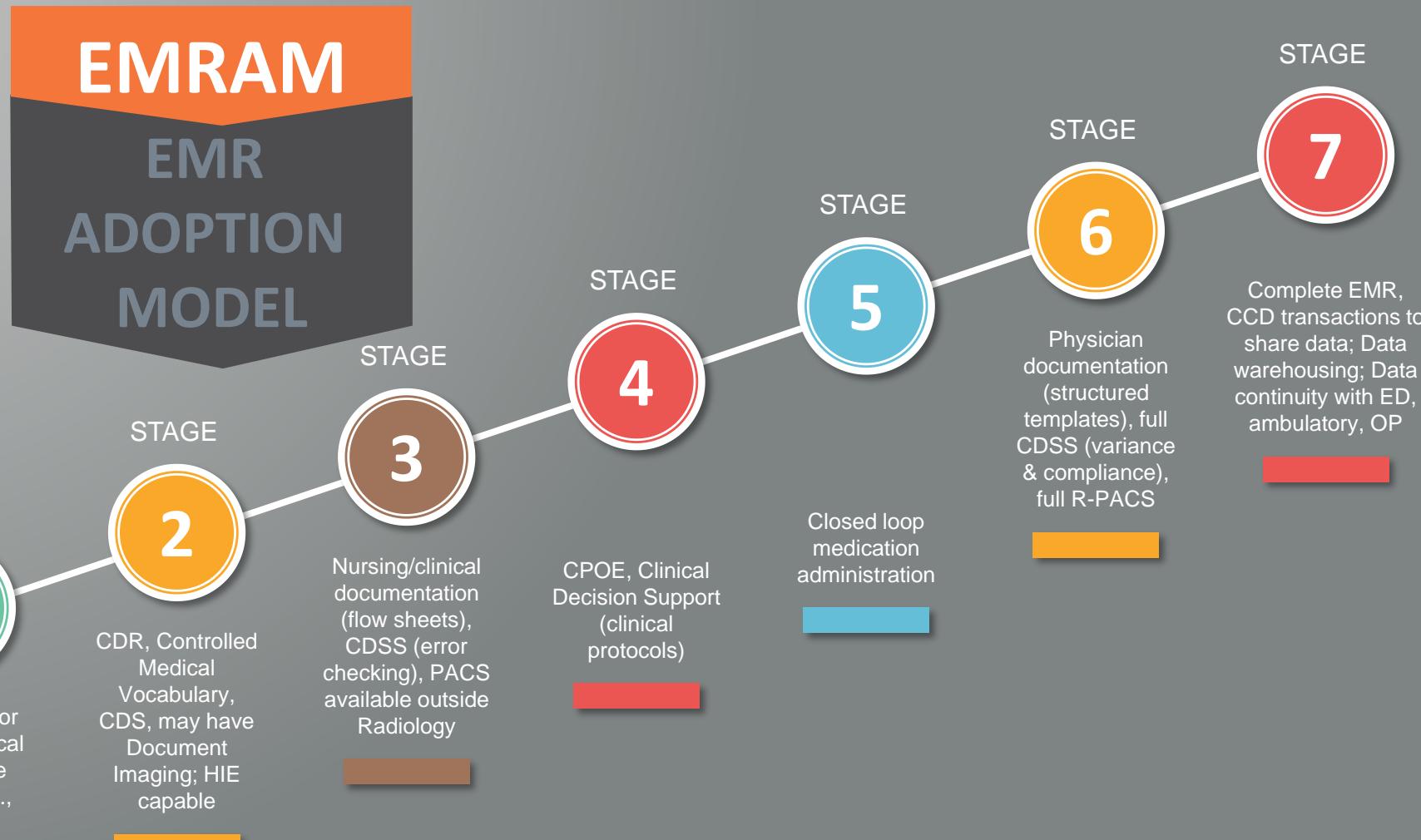
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- Global adoption of the “Electronic Medical Records Adoption Model (EMRAM)”, supported by government funding.
- The rise of interoperability and global standards.
- Mobile Health technology is growing from \$USD6.9b market to \$USD23b market by 2017.
- 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

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CROSS REGIONAL EMRAM SCORE DISTRIBUTION

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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	3.1%			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



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ALCIDION

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Product Overview



PRODUCT OFFERING

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Miya ED

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

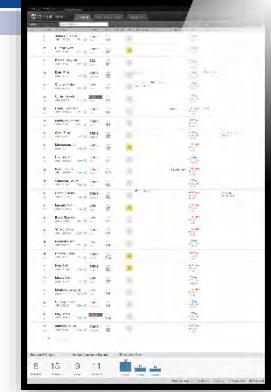
ALCIDION'S MIYA PLATFORM

For Personalized Clinical Administration



Miya Platform
Data Integration, Analysis, e-Guidance

Journey Board



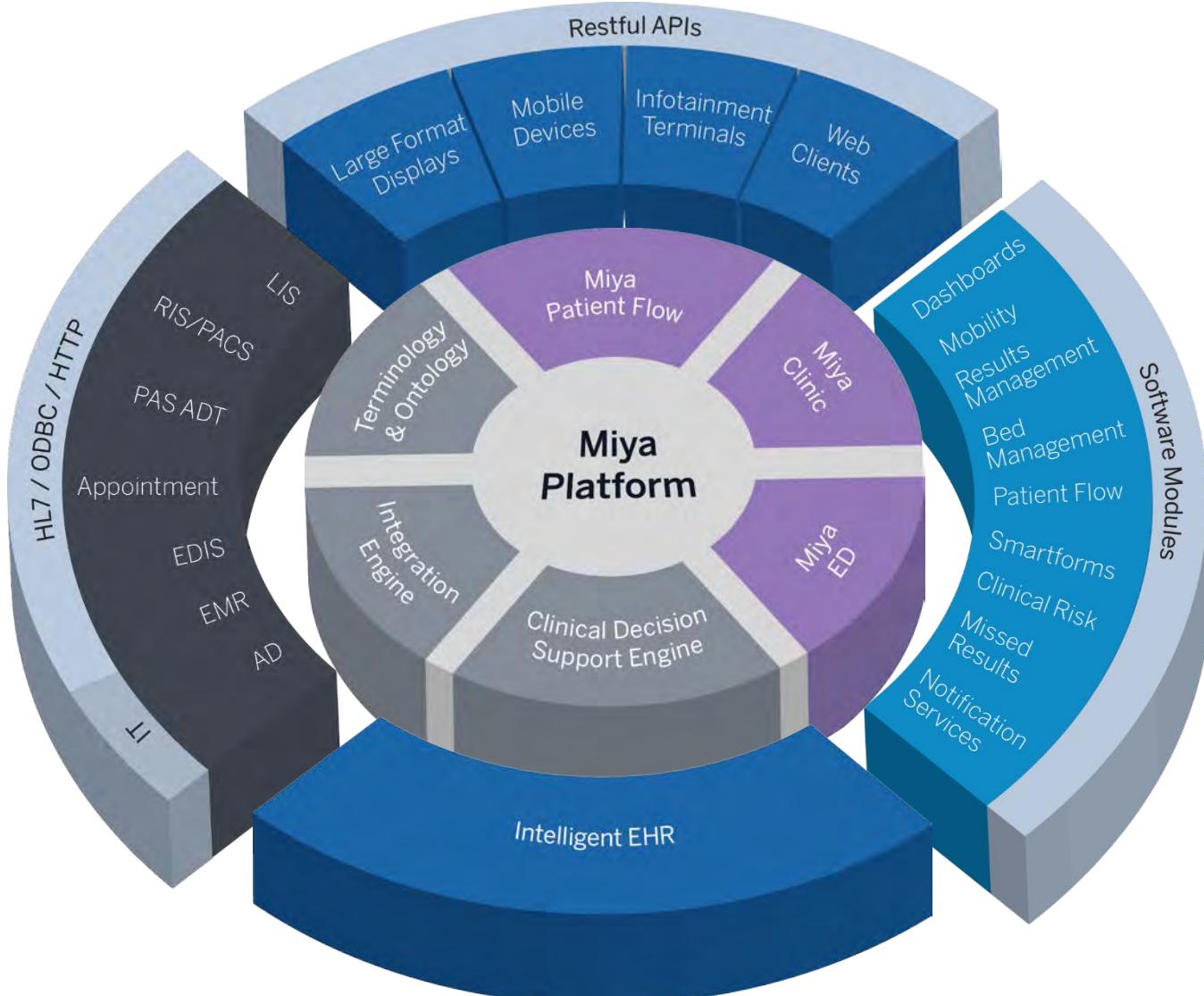
PC/ Infotainment



Mobility



MIYA OVERVIEW



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PRODUCT

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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	●					

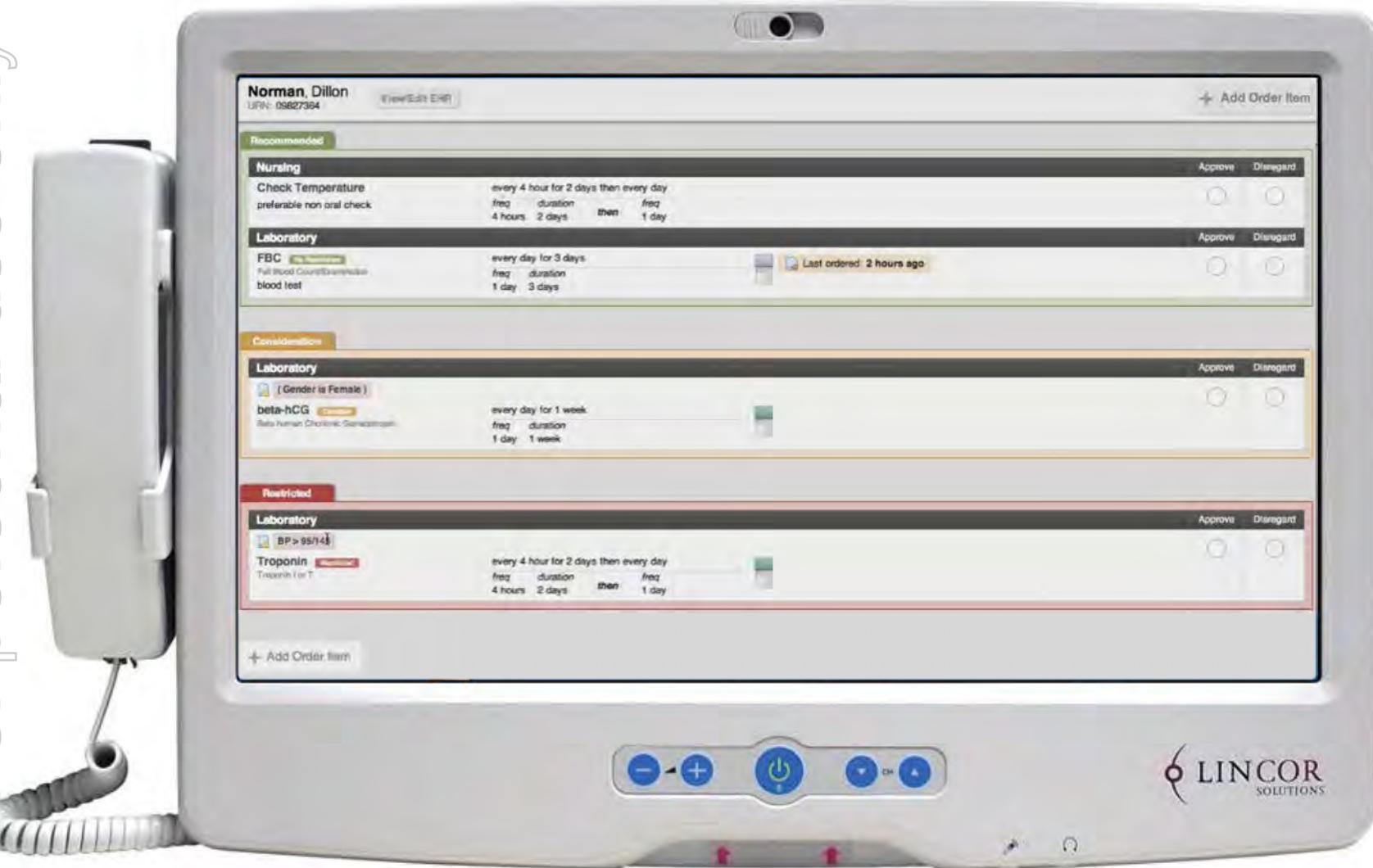
MOBILITY: NATIVE IOS APP

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SMARTFORMS

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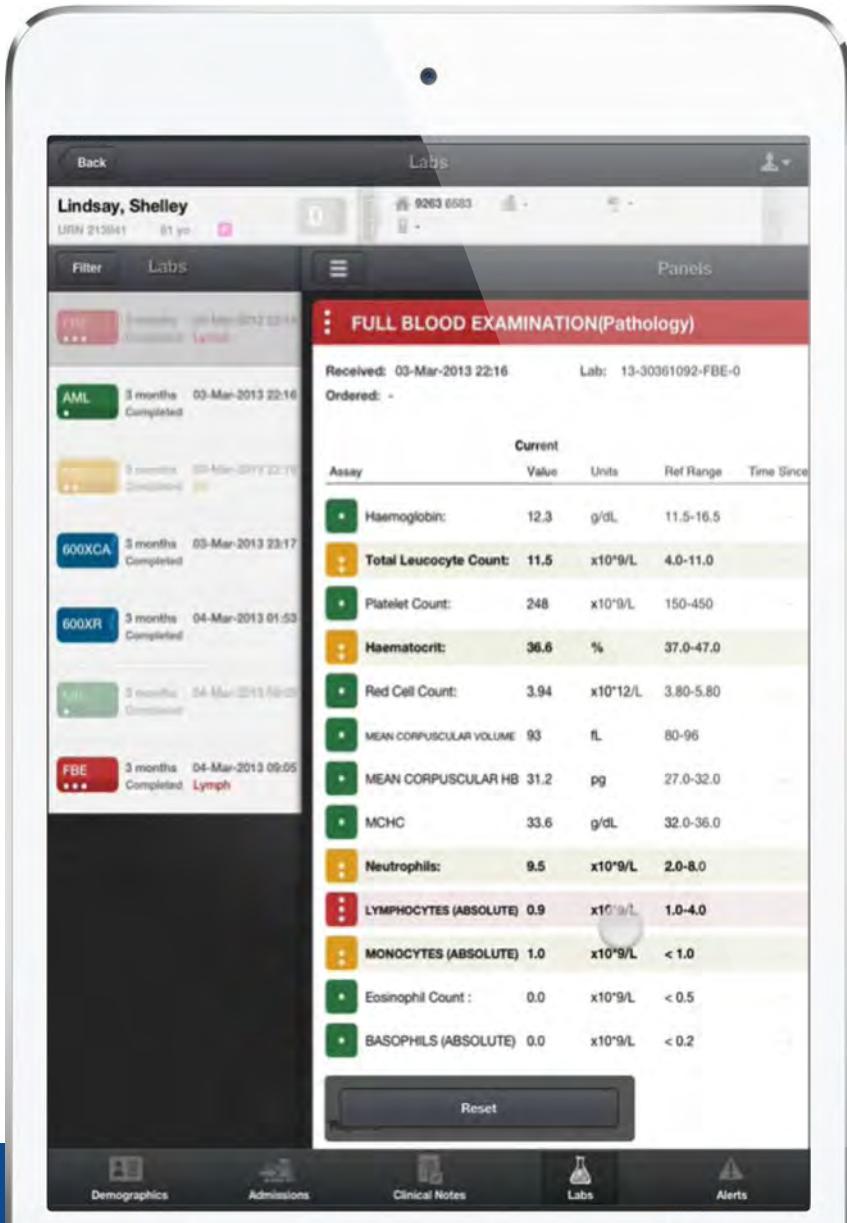


LINCOR
SOLUTIONS

SOLUTIONS
LINCOR

VISION OF THE FUTURE: MOBILE SMARTFORMS

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MIYA RESULTS VIEWING

Mckay, Jesse
URN314001 35yo Male DOB 02-Apr-1979

P 24665799 Address
M — 2 Serrata street Caramba
W 8785757 Waterville SA 5567

GP & NDIS LOS Admitted Unit 7 days
28-Mar-2014 Orthopaedics

Results

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

Received: 02-Apr-2014 18:18 Ordered: - Lab: 1007-test-735842
Status: Final Ordered by: PETER RITCHIE

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

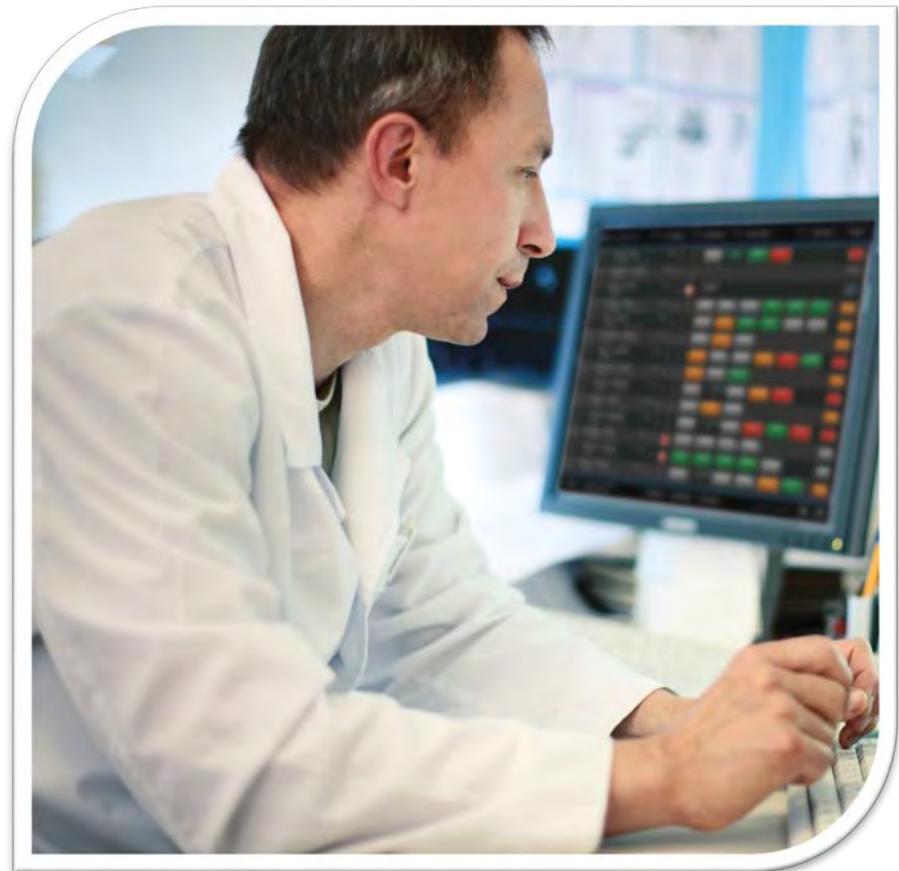


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“ Miya ED provides a set of clinical dashboards that allow your Emergency Department team to have a dedicated display for risk management by augmenting your existing EDIS.

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.

”



PRODUCT OVERVIEW MIYA ED

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- 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

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“ 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. ”

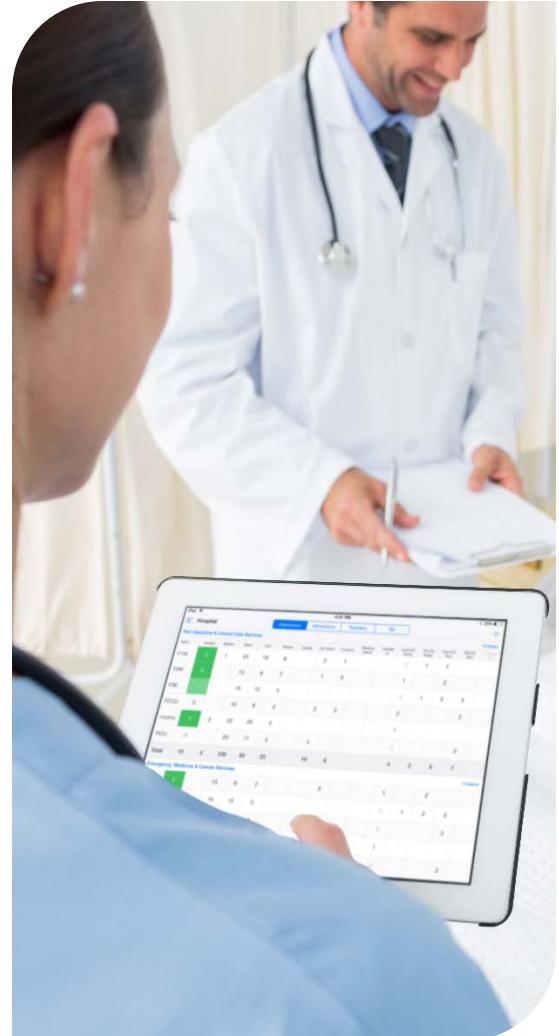


PRODUCT OVERVIEW

MIYA PATIENT FLOW

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- 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.



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Patient Rows
updated when
patients are
admitted,
transferred or
discharged

Patient ID	Last Name, First Name	Gender	Age	Status	Location	Wait Time	Notes
37	Barrera, Abel	GEM	10m	D	ED	8 Days (7 Days 89:30)	Ongoing Med., Waiting for bed + 1 more
29	Daganzo, Cecilia	GEM	10y	S	DHEHP	2 Days (2 Days 89:30)	Ongoing Med., Waiting for bed + 1 more
38	Parker, Althea	GEM	10y	F	OT	2 Days (1 Days 89:30)	Ongoing Med., Waiting for bed
28	Ramsey, Portia	GEM	11y	T	OT	8 Days (10 Days 89:30)	Ongoing Med.
36	Camacho, Harley	GEM	11y	F	OT	8 Days (7 Days 89:30)	Ongoing Med. (Prior - ends)
33	Landry, Laverne	GEM	11y	F	OT	7 Days (7 Days 89:30)	
31							
32	Boyle, Daryl	GEM	12y	S	HEDP	TBD	Ongoing Med.
39	Cochrane, Colette	GEM	12y	S	DHEHP	2 Days (2 Days 89:30)	Ongoing Med.
43	Lloyd, Maricela	GEM	12y	S	DB	2 Days (2 Days 89:30)	Ready, Other Med Care
34	Matthews, Patti	GEM	12y	D	OT	8 Days (9 Days 89:30)	Ongoing Med., SHAF bed + 1 more
35	Gomez, Janellie	GEM	12y	T	OT	5 Days (5 Days 89:30)	Ongoing Med., OT bed
38	Malik, Alvinette	GEM	12y	F	OT	3 Days (3 Days 89:30)	Ready, Other Med bed
39	Pena, Helene	GEM	13y	S	OT	8 Days (7 Days 89:30)	
37	Le, Terry	GEM	13y	F	OT	2 Days (2 Days 89:30)	Ongoing Med., OT bed + 1 more
38	Vinson, Olivia	GEM	13y	S	OT	2 Days (2 Days 89:30)	Ongoing Med.
39	Memroe, Jayson	GEM	13y	D	OT	4 Days (3 Days 89:30)	Ongoing Med.
43	Norman, Claude	GEM	13y	F	OT	8 Days (7 Days 89:30)	Ongoing Med., OT bed - ends
41	Dalton, Dionic	GEM	14y	S	HEDP	TBD	7 Days (7 Days 89:30)
37	Lewis, Keith	GEM	14y	T	OT	8 Days (7 Days 89:30)	Ongoing Med.
42	Hammond, Tony	GEM	14y	F	OT	5 Days (5 Days 89:30)	Ongoing Med.
43	Warren, Gabriel	GEM	14y	S	HEDP	2 Days (2 Days 89:30)	Ongoing Med.
44	Holcomb, Theron	GEM	14y	F	OT	2 Days (2 Days 89:30)	Ready, Other Med bed
44	Waters, Chaswick	GEM	14y	T	OT	5 Days (5 Days 89:30)	Ongoing Med., Waiting for bed on 20.
45							
46	Pate, Austin	GEM	15y	S	HEDP	Pat or	OT bed + 1 more
47							

Rows are
configurable if
required

Summary
metrics:
patients waiting
in ED, boarders,
outliers



MIYA MOBILE

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The screenshot displays the MIYA MOBILE mobile application interface. At the top, there are navigation buttons for 'Carrier' (with signal strength), 'F 2 East' (selected), 'All Units' (dropdown), 'Assign' (button), and a battery indicator at '100%'. The main area shows a list of patient assignments across various beds:

Team	Bed	Patient Name	Unit/Dr.	Diet Code	LOS	Cnt Pre	EDD	Record
		URN 777077 58 yo	Mclaugh...				16 Oct, 12:00	
Lead Nurse	11	Pickett, Raymundo URN 1126697 64 yo	ONCO Mclaugh...	D	31	1 Day	16 Oct, 12:00	
Lead Nurse	12	Hoover, Leonel URN 237098 78 yo	ONCO Mclaugh...	NIL	24	⚠️ 4 Days	19 Oct, 12:00	
Lead Nurse	13	Calderon, Jasper URN 190702 56 yo	ONCO Mclaugh...	No code	23	1 Day	16 Oct, 12:00	
Lead Nurse	14	McCullough, Nicholas URN 1394698 65 yo	GAST Deleon	LS	32	1 Day	16 Oct, 12:00	
Lead Nurse	15	Banks, Maynard URN 935294 48 yo	GAST Marks	LS	29	2 Days	17 Oct, 12:00	
Lead Nurse	16	Pickett, Ana URN 1407002 44 yo	ONCO Mclaugh...	SHEP	28	4 Days	19 Oct, 12:00	
Lead Nurse	17	Sweet, Lacy URN 056655 60 yo	ONCO Mclaugh...	VEG	24	1 Day	16 Oct, 12:00	
Lead Nurse	18	Cantrell, Janelle URN 028975 64 yo	GAST Marks	DLS	36	Today	15 Oct, 12:00	
Lead Nurse	19	Williamson, Tim URN 1050634 43 yo	URO David	HAL	24	⚠️ 2 Days	17 Oct, 12:00	

To the right of the patient list, there is a 'Metrics' section with the following data:

- Boarders & Outliers:** 3 Boarders, 4 Outliers
- Number of incoming Patients:** 0 Today, 0 Tomorrow
- ED Bed Requests Length of Stay:** A bar chart showing 5 patients with a length of stay between 4-8 hrs.
- No. Patients by Length of Stay (Hours):** A bar chart showing 0 patients for 0-4 hrs, 0 for 4-8 hrs, and 5 for > 8 hrs.



MIYA ACCESS (BED MANAGEMENT)

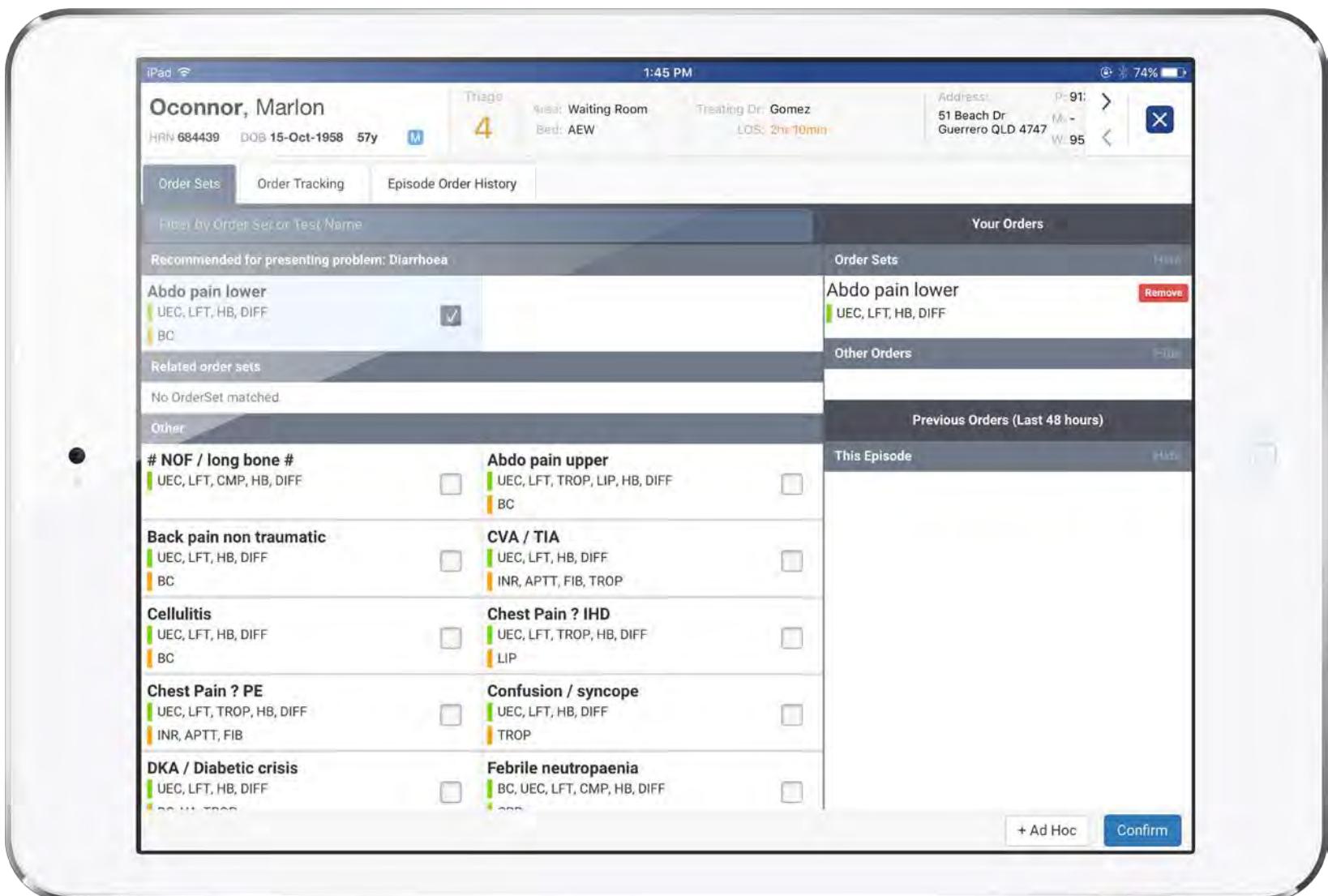
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The image shows a smartphone displaying the MIYA Access Bed Management application. The screen has a light gray background with a header bar at the top showing 'Carrier' with signal strength, '5:13 PM', and '100%'. Below the header is a title 'Access Glance' and a subtitle 'Western Hospital'. A navigation bar below the title includes tabs for 'Dashboard' (which is selected and highlighted in blue), 'Admissions (17)', 'Transfers (1)', and 'ED'. On the right side of the screen, there is a 'Collapse All' button. The main content area is a grid table titled 'Bed Status' with 11 columns: Ward, Units, Beds, Open, Occupied, Vacant, Closed, ED Admit, D Admit, Electric Admit, Transfer In, Discharge Today, Pmt DC Today, Cont DC Total, Pmt DC Total, and Transfer Out. The rows represent different wards: F1E, F2B, F2C, F2D, F2E, F3A, F4W, FCHEM, FDPU, FDU, and FEOU. The 'Units' column uses color coding: green for F2B, F2C, F2D, F2E, F3A, F4W, FCHEM, FDPU, and FEOU; yellow for F1E; and red for FDU. The 'Occupied' column shows values ranging from 1 to 20. The 'Vacant' column shows values ranging from 1 to 12. The 'Closed' column shows values ranging from 0 to 1. The 'ED Admit', 'D Admit', 'Electric Admit', 'Transfer In', and 'Discharge Today' columns are all empty. The 'Pmt DC Today' and 'Cont DC Total' columns show values of 5 for most wards, except for F4W which shows 2. The 'Pmt DC Total' column shows values of 5 for most wards, except for F4W which shows 2.

Ward	Units	Beds	Open	Occupied	Vacant	Closed	ED Admit	D Admit	Electric Admit	Transfer In	Discharge Today	Pmt DC Today	Cont DC Total	Pmt DC Total	Transfer Out
F1E	2	26	21	20	1	0	0	0	0	0	0	5	5	5	0
F2B	1	24	25	24	1	0	0	0	0	0	0	5	5	5	0
F2C	1	36	25	24	1	0	0	0	0	0	0	4	6	6	0
F2D	1	19	20	19	1	0	0	0	0	0	0	5	5	5	0
F2E	2	26	28	26	2	0	0	0	0	0	0	5	5	5	0
F3A	5	14	20	14	6	0	1	0	0	0	0	5	5	5	0
F4W	17	17	17	17	0	0	0	0	0	0	0	2	5	5	0
FCHEM	17	19	8	11	0	0	0	0	0	0	0	0	0	0	0
FDPU	14	14	14	14	0	0	0	0	0	0	0	0	0	0	0
FDU	4	4	4	4	0	0	0	0	0	0	0	0	0	0	0
FEOU	12	12	12	12	0	0	0	0	0	0	0	0	0	0	0
GRAND	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

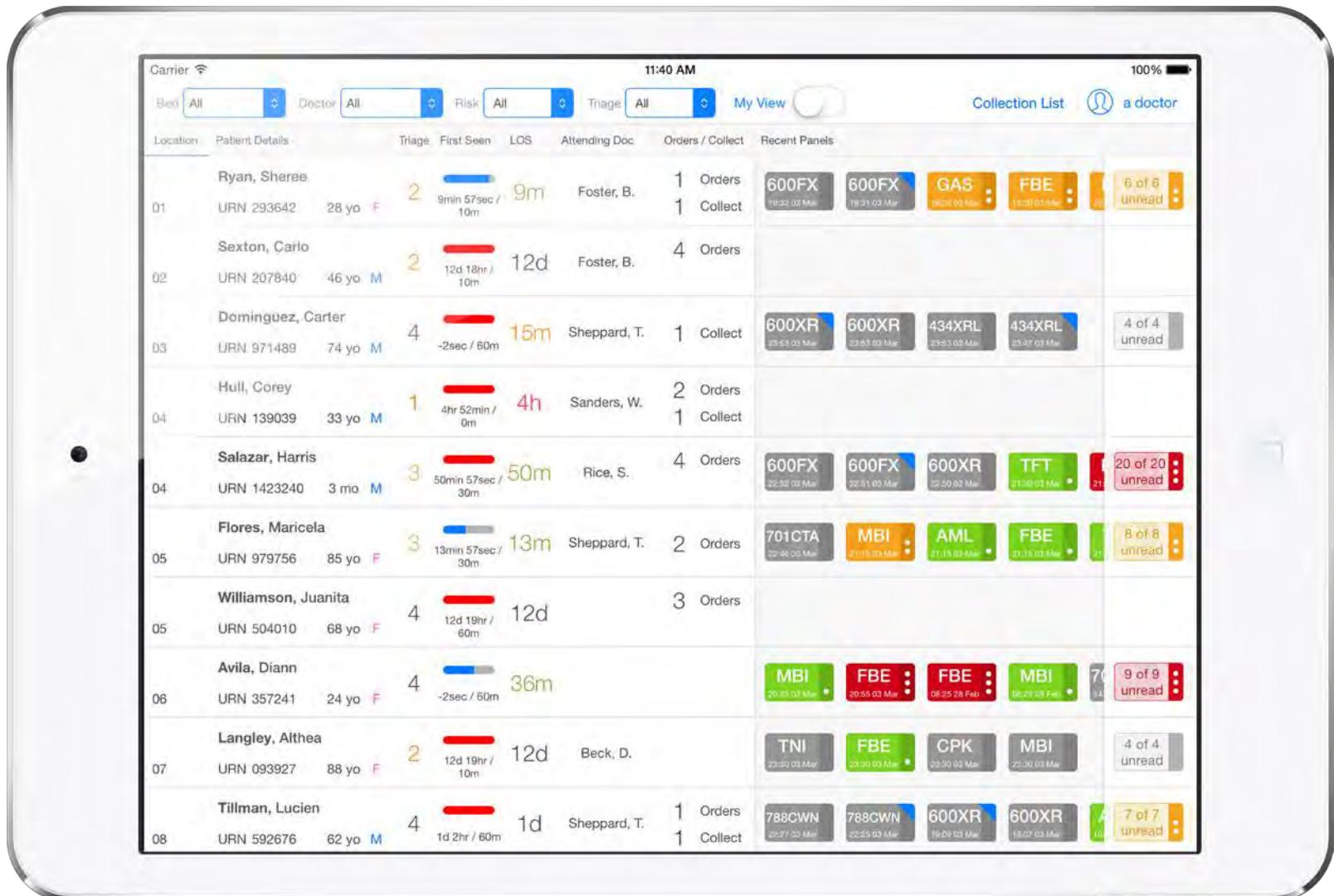
MIYA ORDERS

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ALCIDION

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“ 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

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- 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.



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QUESTIONS ?