



Of all of the HIT systems, Nurse Call provides the most direct connection between patients and caregivers.

at a fraction of the cost & IT footprint.



Centralized, Multi-Tenant Design

True enterprise-grade nurse call with high availability architecture lessens IT footprint, complexity & Total Cost of Ownership (TCO).



Flexibility & Scalability

Cost-effective, software-based architecture enables hospitals to grow as technology & requirements evolve. Embedded middleware capability limits unnecessary, additional software purchases.



Purpose-Built For Clinicians & Patients

Our focus is centered entirely on streamlining clinical workflow that enables hospital staff to provide the most efficient and informed response to patient needs & safety.

DIFFERENTIATORS BY ROLE

Clinical Leadership (Flexibility, Easy-To-Configure)

- **Purpose-Built for Clinicians & Patients** Our focus is centered entirely on streamlining clinical workflow that enables hospital staff to provide the most efficient and informed response to patient needs & safety.
- **Comprehensive Reporting** Contiguous data set combining NC requests, RTLS location & staff workflow enables continuous improvement, monitoring of rounding effectiveness, patient satisfaction & patient safety
- **Configurable Operational Modes** Offering different modes within a single deployment (Unit-based, direct-to-caregiver, centralized or hybrid modes).
- Two -Way Workflow Ability to Accept, Reject & Auto-Escalate Alerts. Ex. Notification is sent to RN that is busy with another patient, RN has the ability to reject workflow, system automatically escalates notification to next care team member
- Customizable Clinical Workflows Ability to configure messages by priority & define these workflows based on Unit (not hospital-wide).
- **Reduction in Alarm/Alert Fatigue** Ability to distinguish each patient call request based on acuity, condition, need as well as policy to dispatch the appropriate resource (triage).
- **Clinical Consultation & Training** Our clinical consultants work with clinical staff to develop workflows, correct issues, deploy best practices & assist in training/support. Offering pre and post-deployment assessments of workflow configuration.

Clinical Staff (Easy-To-Use, Non-Obtrusive, Reduction of Alerts/Alarms)

- **Triaged Patient Requests** 64% of Nurse Calls do not require an RN. The use of centralized call-center to direct notifications to the appropriate caregiver alleviates unnecessary alerts.
- **Notifications with Context** Native integrations with ADT & mobile technology combined with triage adds actionable intelligence to NC notifications (patient name/room #/request type/etc.).
- Role-Based Cancellation of Alerts/Alarms RTLS can be used to automatically cancel alarms when entering room, rather than having to interact with in-room hardware devices. Roles are defined by request type (ex: only an RN can cancel a pain med request).

IT Leadership (Evolved Technology, Future-Proof)

- **Centralized, Multi-Tenant Design** True enterprise-grade nurse call with high-availability architecture lessens IT footprint, complexity & Total Cost of Ownership (TCO). Easier to maintain, upgrade & service.
- **Full API vs. TAP** Track data from system-to-system and device-to-device across entire connected care workflow More detail within reporting through elimination of unnecessary silos.
- One Throat To Choke NC/RTLS/Mobile workflow standardized under single vendor relationship. Rather than working with multiple vendors to develop new solutions and resolve issues, the IT team can work directly with CAS R&D.

Facilities, Biomed/Support (Reliability & Supportability)

- **Home Run Cabling** High-Reliability: if one room goes down, only that room is affected, rather than everything downstream from the failure. Homerun configuration also allows for lower total cost of installation by avoiding schedule delays.
- **Plug & Play Hardware** Hot-swappable hardware does not require configuration or dip switches to change when replacing equipment.
- Asynchronous Deployment We do not require contiguous floors to be available to our deployment teams on a given day of install

C-Level (Reduced Overall TCO, Built for Enterprises)

- **Flexibility & Scalability** Cost-effective, software-based architecture enables hospitals to grow as technology and requirements evolve.
- **Embedded Middleware** Limits unnecessary, additional software purchases for nurse call adjacent technology (Mobile/RTLS/ADT/etc.).
- Centralized Call Center Less stress on Unit-Based staff, answer all NC requests within seconds, enterprise-wide
- **Built for Enterprises** Centralized, multi-tenant design, high-availability architecture, embedded middleware & reporting capabilities enables standardization of patient-to-caregiver communications across entire enterprise.

