Artisight

Andrew Gostine, MD, MBA
Chief Executive Officer

Agenda

❑ Artisight Platform
❑ AI Adoption Strategy
❑ AI Development Strategy
❑ Areas of Deployment
    ❑ Procedural Locations
    ❑ Patient Rooms
    ❑ Clinics and Hospital Tracking

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AI-Enabled Sensor Platform

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Platform and Applications

Computer Vision

Voice Recognition

Ultra-Wideband RTLS

Non-Contact Vitals

LLM's

Clinic Coordination

OR Coordination
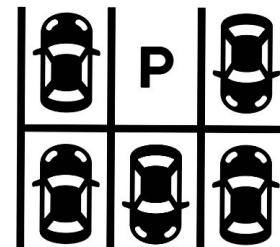
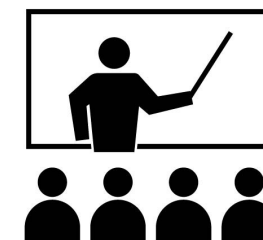1:100 Fall Prevention
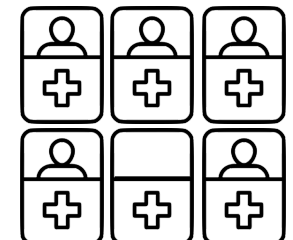
TeleHealth

Intraop TeleConsult

Remote Nursing

Smart Parking

Surgical Ed & QI

Capacity Mgmt

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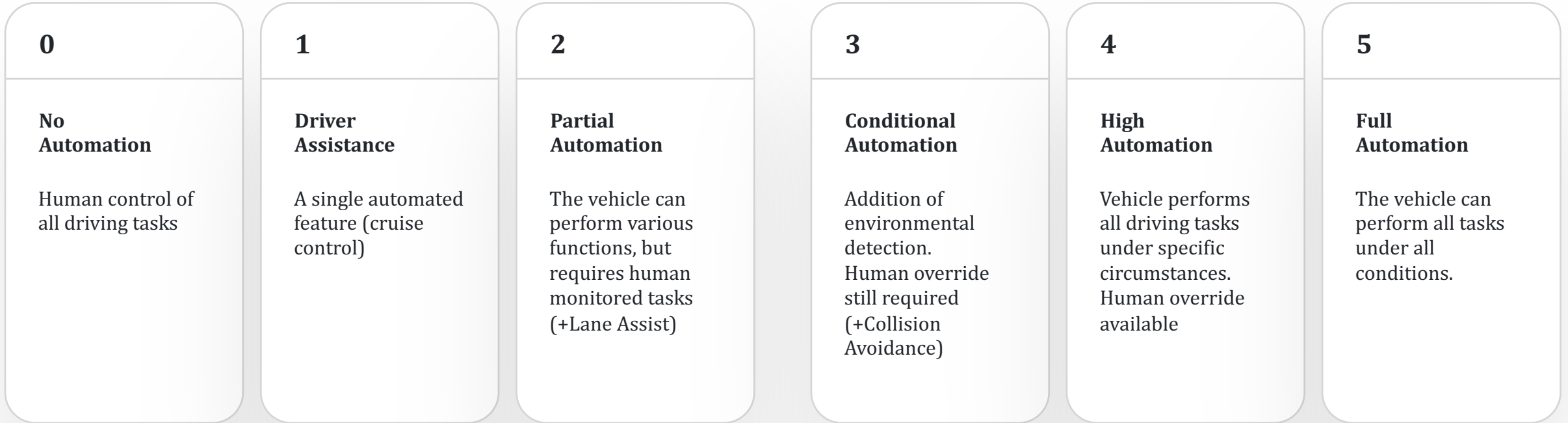
Platform Installation

Operating Room of the Future

Patient Room of the Future

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AI Development Strategy

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Levels of Autonomous Driving

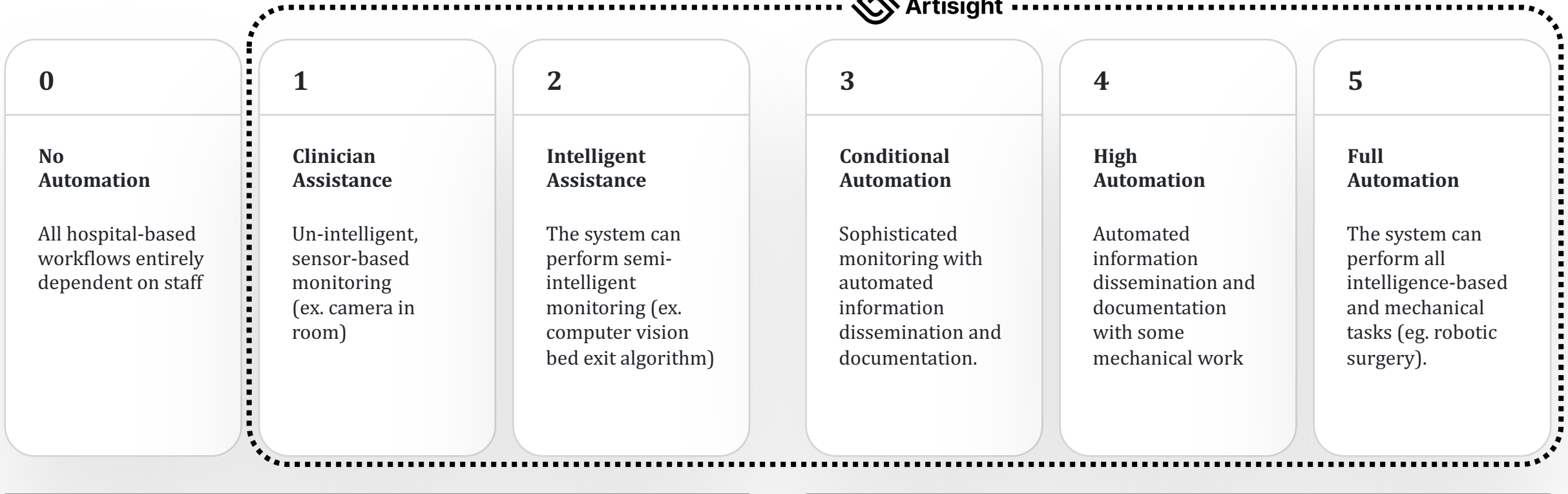| 0	1	2	3	4	5
No Automation	**Driver Assistance**	**Partial Automation**	**Conditional Automation**	**High Automation**	**Full Automation**
Human control of all driving tasks	A single automated feature (cruise control)	The vehicle can perform various functions, but requires human monitored tasks (+Lane Assist)	Addition of environmental detection. Human override still required (+Collision Avoidance)	Vehicle performs all driving tasks under specific circumstances. Human override available	The vehicle can perform all tasks under all conditions.

Human-monitored environment with increasingly automated work

Automated work with increasingly AI-monitored environment

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Levels of Autonomous Healthcare

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0	1	2	3	4	5
No Automation	**Clinician Assistance**	**Intelligent Assistance**	**Conditional Automation**	**High Automation**	**Full Automation**
All hospital-based workflows entirely dependent on staff	Un-intelligent, sensor-based monitoring (ex. camera in room)	The system can perform semi-intelligent monitoring (ex. computer vision bed exit algorithm)	Sophisticated monitoring with automated information dissemination and documentation.	Automated information dissemination and documentation with some mechanical work	The system can perform all intelligence-based and mechanical tasks (eg. robotic surgery).

Human intervention with increasingly automated monitoring or diagnosis

**Automated monitoring or diagnosis with increasingly automated intervention**

"Getting to [Level 5 Automation] is the goal for AVs, because the advantages of taking the driver completely out of the equation are clear and compelling. Not so in health care. In fact, quite the contrary, as the doctor-patient relationship is critical to outcomes. Moreover, augmentation systems are far easier to develop and deploy and can be ready to use in years, not decades."

Justin Norden, MD, MBA, MPhil
NEJM, What AI in Health Care Can Learn from the Long Road to Autonomous Vehicles, March, 2022
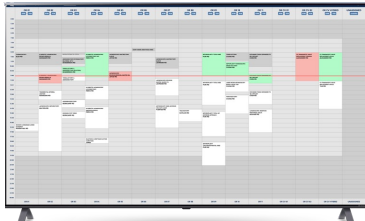
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Operating Room Applications
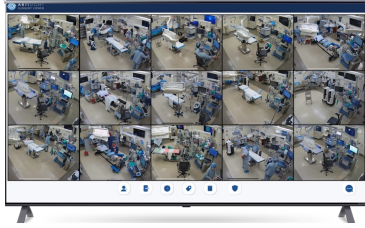
Level 1: Artisight Operating Room Monitoring™

- Artisight sets up video and audio streaming to enable nurses and physicians to monitor patients and surgical procedure progress in the operating rooms. This eliminates blind spots in workflows and provides an increase in operating room throughput. Small increases in throughput yield large ROI's.
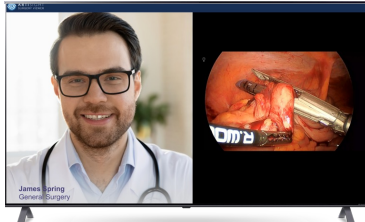

Level 2: Artisight Intraoperative TeleConsultation™ and Artisight Translator Connect™

- Artisight sets up video and audio streaming to enable surgeons and anesthesiologist to talk to patients and staff from anywhere in the world. This reduces friction, enables new care models, increases contact between patients and clinicians, eliminates the need for bedside staff to perform clerical tasks, and improves patient outcomes.
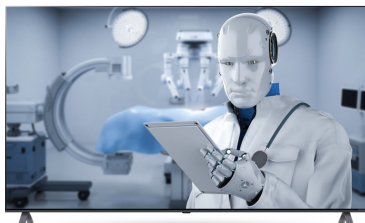

Level 3: Artisight OR Coordination™

- Hospitals use Artisight's OR Coordination capabilities as an air traffic control system for the operating rooms. This software complements the remote monitoring of operating rooms to drive greater throughput and financial ROI.
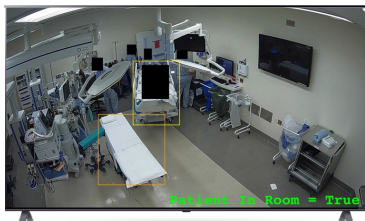
Level 4: Artisight Ambient Co-pilot™

- Artisight's computer vision and voice recognition services start ambiently monitoring the operating room and patients to complete clinical documentation and coordinate throughput semi-autonomously. This allows hospitals to start scaling the above solutions across the entire health system.

Level 5: Artisight Full Ambient Artificial Intelligence™

- Artisight's co-pilot evolves to coordinate and monitor OR's fully autonomously. The AI handles patient monitoring, procedure length predictions, nursing and physician documentation, and charge capture for billing documentation and collections. This results in maximum OR efficiency.
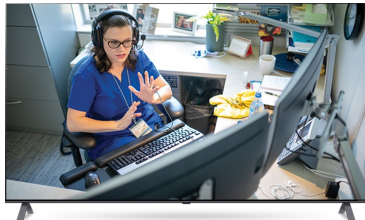
Patient Room Applications

Level 1: Artisight Remote Patient Monitoring™

- Artisight sets up video and audio streaming to enable bedside nurses to monitor their patients. This eliminates blind spots in patient monitoring to prevent patient harm. Results from Artisight's deployment at Guthrie: https://www.healthcareitnews.com/news/guthrie-clinic-reduces-nurse-turnover-25-13-ai-platform
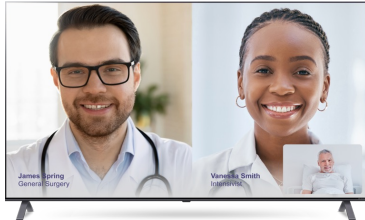
Level 2: Artisight TeleConsultation™ and Artisight Translator Connect™

- Artisight sets up video and audio streaming to enable bedside physicians to talk to their patients from anywhere in the world. Reduces friction, increases contact between patients and clinicians, and improves patient outcomes. Results from Artisight's deployment at WellSpan: https://www.wellspan.org/news/story/wellspan-uses-ai-to-improve-patient-safety-address-nursing-burnout/N12897

Level 3: Artisight Remote Nursing Assistance™

- Hospitals use the Artisight platform and apps to enable bedside clinicians to work with remote clinicians. Remote clinicians make bedside clinicians 127% more clinical productive. This productivity gain reduces the number of clinical staff needed by 15.2%. Results from Artisight's integration with Epic Systems: https://www.epicshare.org/share-and-learn/guthrie-virtual-nursing

Level 4: Artisight Ambient Co-pilot™

- Artisight's computer vision and voice recognition services start monitoring patients and documenting clinical care for the bedside staff. This allows hospitals to scale this service across the entire health system. Results from Artisight's AI co-pilot at Avera Health: https://www.beckershospitalreview.com/digital-health/avera-health-plans-to-expand-virtual-nursing-to-37-hospitals.html

Level 5: Artisight Full Ambient Artificial Intelligence™

- Artisight's co-pilot evolves to fill the role of the remote nurse completely. The AI handles patient monitoring, patient predictions, nursing and physician documentation, and charge capture for billing documentation and collections. Results published in *Nature* by Artisight co-founder Eric Oermann, MD: https://www.nature.com/articles/s41586-023-06160-y

The Last Mile of AI is Local

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Explainable AI

Fall Prevention – Atrium Health

Race Composition

Non-Hispanic White	60%
Hispanic	18%
Black or African American	13%
Asian	6%
Other	3%

Sex Composition

Male/Female	53/47%

Age Composition

<18	4%
18-35	12%
35-55	18%
55-65	29%
>65	37%

Time of Day Composition

10p-5a	25%
5a-10a	25%
10a—5p	25%
5p-10p	25%

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Privacy

dEpid/dt Consulting, Inc.
Statistical De-Identification Privacy Solutions

October 21, 2019

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Chief Executive Officer
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2370 Dorina Drive
Northfield, IL 60093

Tim Koby PhD, MBA
Chief Science Officer
Whiteboard Coordinator, Inc.
2370 Dorina Drive
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Artisight, Inc. d/b/a
Whiteboard Coordinator, Inc.
2370 Dorina Drive
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Dear Dr. Gostine and Dr. Koby:

As you know, Artisight, Inc. d/b/a Whiteboard Coordinator, Inc. (hereafter Whiteboard) has engaged my services to conduct statistical disclosure review and analyses of Whiteboard's Permanent Video Database (with data elements as described in Appendix A, the "Data") in order to: (1) determine whether this Data could be considered "statistically de-identified" under the Expert Determination method[i] found at Section 164.514 of the HIPAA privacy rule, promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA Privacy Rule"),[2] and (2) identify any statistical disclosure control conditions or assumptions which would be necessary to support the foregoing.

I. _Overview._ This letter includes a summary of the results of my statistical disclosure review and analyses and my Expert Determination regarding the statistical de-identification of the Data. You may share this letter with any interested parties, including for purposes of providing them with information on Whiteboard's HIPAA de-identification activities described herein or informing them of **my Expert Determination that the proposed Data complies with the statistical de-identification provisions in Section 164.514 of the HIPAA Privacy Rule**[1]. This letter will also serve as my verification to you that (i) I am an expert possessing substantial knowledge of the theoretical, statistical and scientific principles and methods of statistical disclosure control, (ii) I have considerable practical experience in the application of such statistical disclosure limitations,

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[1] The term "Expert Determination" was first introduced by the Department of Health and Human Services Office of Civil Rights in their November 26, 2012 document "_Guidance Regarding Methods for De-identification of Protected Health Information in Accordance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule_". The implementation specifications for this method are found at 45 CFR Section 164.514 (b)(1)(i-ii), Prior to the use of this new term, de-identification achieved in compliance with the requirements of Section 164.514 (b)(1)(i-ii) was commonly referred to as "statistical de-identification".

[2] Section 164.514 (b)(1)(i-ii) of the HIPAA Privacy Rule specifies that health information is not individually identifiable if "A person with appropriate knowledge of and experience with generally accepted statistical and scientific principles and methods for rendering information not individually identifiable: (i) Applying such principles and methods, determines that the risk is very small that the information could be used, alone or in combination with other reasonably available information, by an anticipated recipient to identify an individual who is a subject of the information; and (ii) Documents the methods and results of the analysis that justify such determination;"
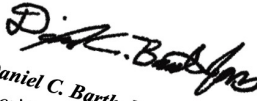

October 21, 2019
Page 5

environment of "reasonably available" data which could be used in data intrusion attempts. Finally, so as to confirm that the conclusions of these de-identification determination analyses supporting these findings will still hold in the future and have not been altered by important changes in demographic characteristics that constitute the quasi-identifier variable sets, it is recommended that re-analysis for statistical disclosure risks be performed every three years, so long as the Data is still being used.

IV. _Conclusion._ So long as (a) the Data to be used is limited to only those data elements set forth in Appendix A; and (b) the general conditions and assumptions set forth in Part III hereof remain satisfied, it is my professional finding that the risk is very small that the Data to be used, alone or in connection with other reasonably available information by the anticipated recipients, to identify an individual who is a subject of such data, and accordingly it is my opinion that the Data meets the requirements for Expert Determination of statistical de-identification as set forth in Section 164.514 of the HIPAA Privacy Rule, thereby satisfying the conditions set forth in Sections 164.514 (a)-(b)(1) of the HIPAA Privacy Rule.[8]

This Expert Determination remains effective until October 21, 2025, unless there are any substantive changes in the external data environment, changes in regulatory definition of Expert Determination of statistical de-identification, changes in the availability of technologies that importantly facilitate the conduct of re-identification attacks, changes in the data elements contained in this Data stream, or changes to the de-identification policies, procedures and practices that are used to manage and control re-identification risks for this Data in which case a new evaluation of statistical de-identification will be required. Continued annual reviews of these considerations will be a part of this ongoing Expert Determination de-identification process.

dEpid/dt Consulting Inc.,

By:

Daniel C. Barth-Jones, M.P.H., Ph.D.
President, dEpid/dt Consulting, Inc.
and
Assistant Professor of Clinical Epidemiology
Department of Epidemiology
Mailman School of Public Health
Columbia University

The Only KLAS Ranked Smart Hospital Vendor

KLAS RESEARCH | Healthcare IT Insights

Emerging Company Spotlight

Artisight Smart Hospital Platform 2024

Improving Patient Care with an AI-Driven Virtual Care Platform

Emerging Insights Report | **July 2024**

Artisight Smart Hospital Platform Customer Experience: An Initial Look

Distribution of Overall Performance Score
Based on individual respondents, not unique organizations

▼ # of individual respondents

	Dissatisfied (<70.0)	Satisfied (70.0–89.9)	Highly satisfied (90.0+)
	0	0	10

▶ Respondent score (100-point scale)

Artisight Smart Hospital Platform Performance Overview
All standard software performance indicators

Overall performance score (100-point scale) (n=7)

2024 Best in KLAS software average: **79.6**

0.0 **93.4*** 100.0

Software grading scale (1–9 scale)

A+ = 8.55–9.0	B+ = 7.65–7.91	C+ = 6.75–7.01	D+ = 5.85–6.11	F = <5.22
A = 8.19–8.54	B = 7.29–7.64	C = 6.39–6.74	D = 5.49–5.84	
A- = 7.92–8.18	B- = 7.02–7.28	C- = 6.12–6.38	D- = 5.22–5.48	

Note: Percentages are calculated based on individual respondent counts, not unique organizations.

Outcomes Expected by Customers

- ⊘ Achieved
- ⭐ Unexpected outcome
- ⧖ Pending
- ⊗ Not achieved

- ✓ Increased nurse satisfaction
- ✓ Improved patient safety
- ✓ Fewer sitters required

Adoption of Key Functionality *Number of interviewed organizations using functionality (n=7)*

AI services: Includes localization training, fall-risk AI services, and surgical video anonymization — **7**

Patient room: Includes nurses' station, remote observer/remote sitter, remote/virtual nursing, and telehealth — **7**

Ambient listening: Voice recognition/NLP services (command-based workflows such as enabling privacy mode, requesting a remote nurse, or triggering a staff duress alert) — **6**

Professional services/change management: Artisight's PMO process leads customers through business, clinical, and technical workflows and their overall implementation, expansion, and ongoing client success activities — **4**

Time to See Outcomes

- ■ Immediately
- ■ Within 6 months
- ■ 6–12 months
- ■ Over 12 months
- ■ No outcomes yet

0% | 5 | 1 | 1 | 100%

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Patient Room

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Patient Room

Epic MyChart Bedside Hosted by Artisight
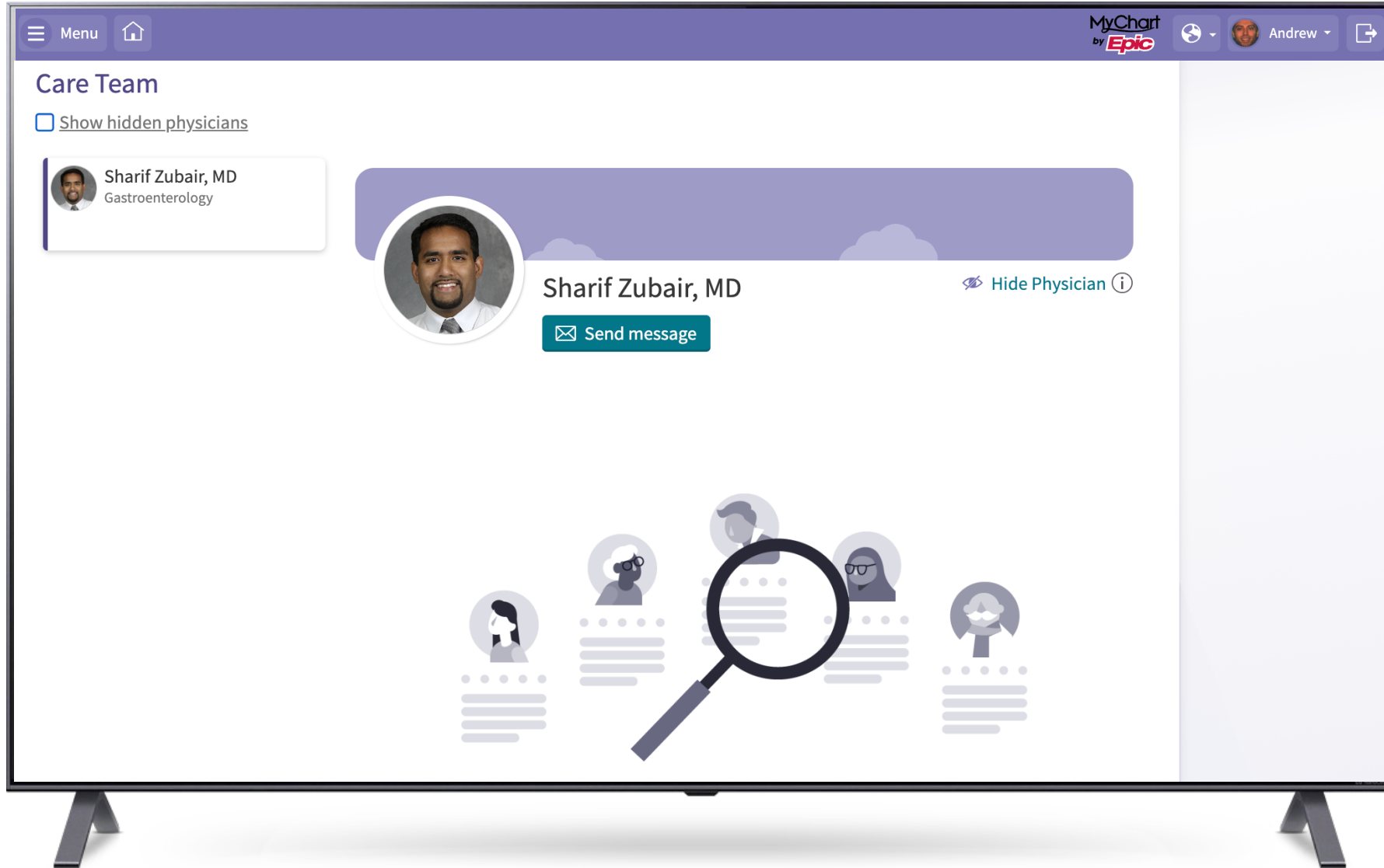
Epic Native Applications

TeleMonitoring

TeleConsult

James Spring
General Surgery

Vanessa Smith
Intensivist

Artisight

Translation Services