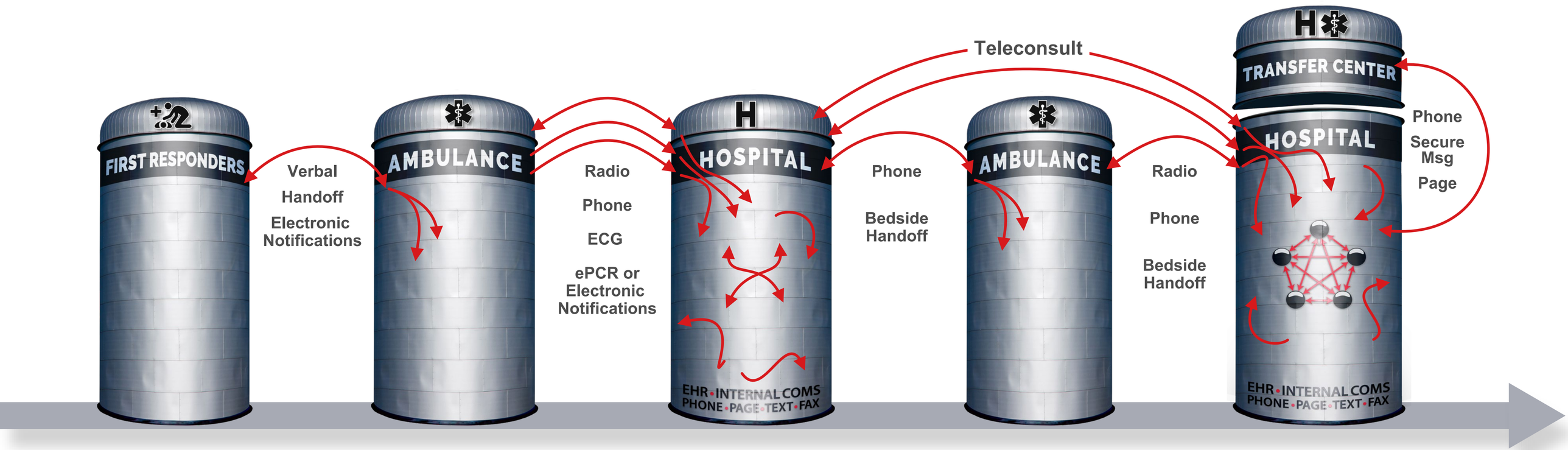
Exhib

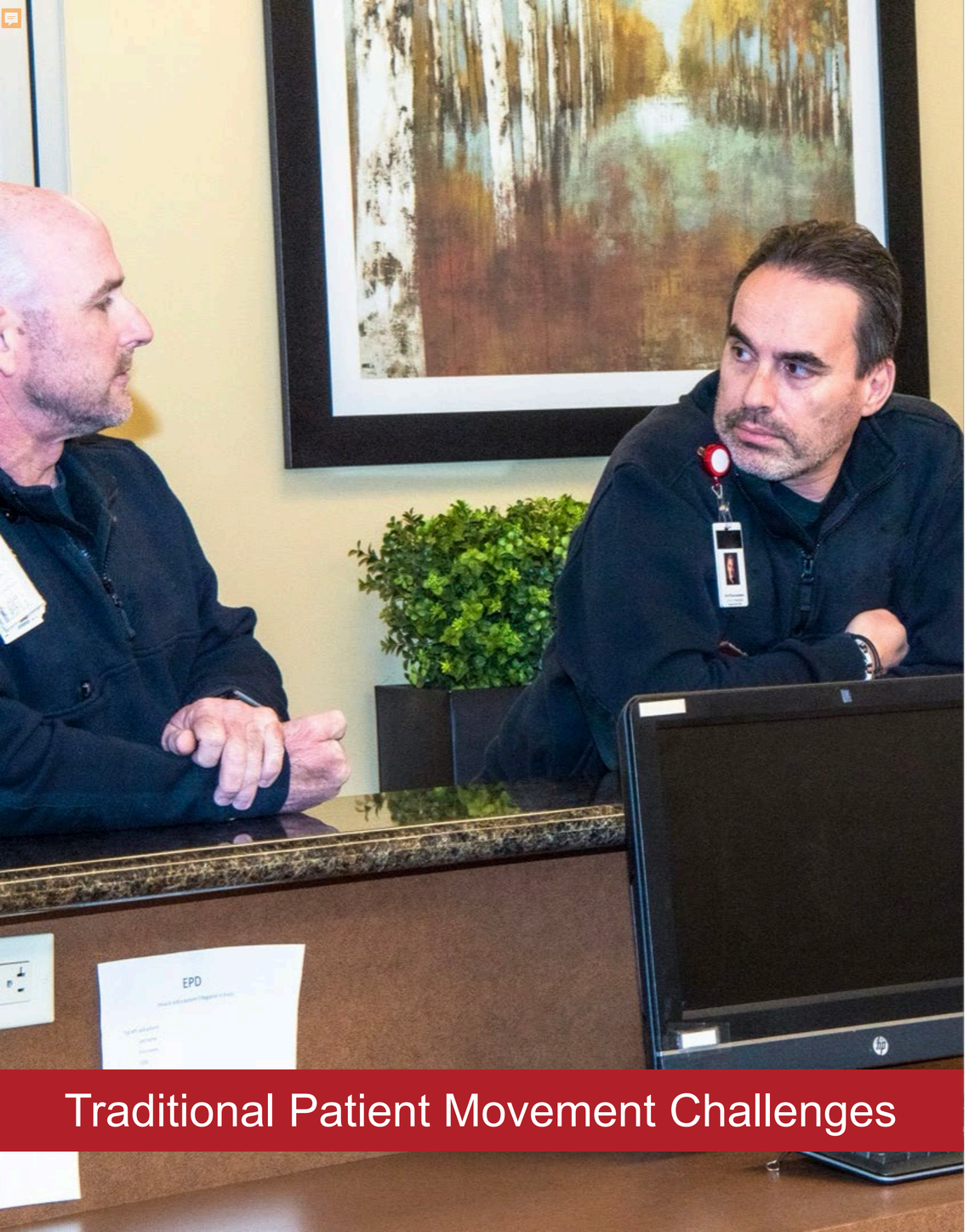
Traditional Patient Movement



Each Red Arrow Represents a Separate Communication Channel

COMMUNICATION CHANNELS: Numerous

CAM 25-0943
Exhibit 3
Page 2 of 11



Traditional Patient Movement Challenges

EMS – Daily Use

- Wouldn’t it be great if FRO could hand off report digitally? Most of my patient report could be done already.
- How long do I have to wait for the ED to answer? I need to get back to patient care!
- I gave a solid report, but no one was ready when I got there.
- I’m not going to log into something else just to see ED availability.
- I wish I knew they were on the wall for an hour at that facility.
- I sent the ECG. What do you mean you can’t find it? Did it transmit? Is the system down?
- Why can’t I just take a photo of the med list or important info?
- Call report. REPEAT at the front door. REPEAT at bedside. REPEAT when the doc shows up. REPEAT in ePCR…
- Can I go straight to the Cath Lab or CT?
- Whatever happened to that patient?
- I wish I could add more info after I left the scene or ED.
- We wish we had more information for billing. Says every EMS admin ever…

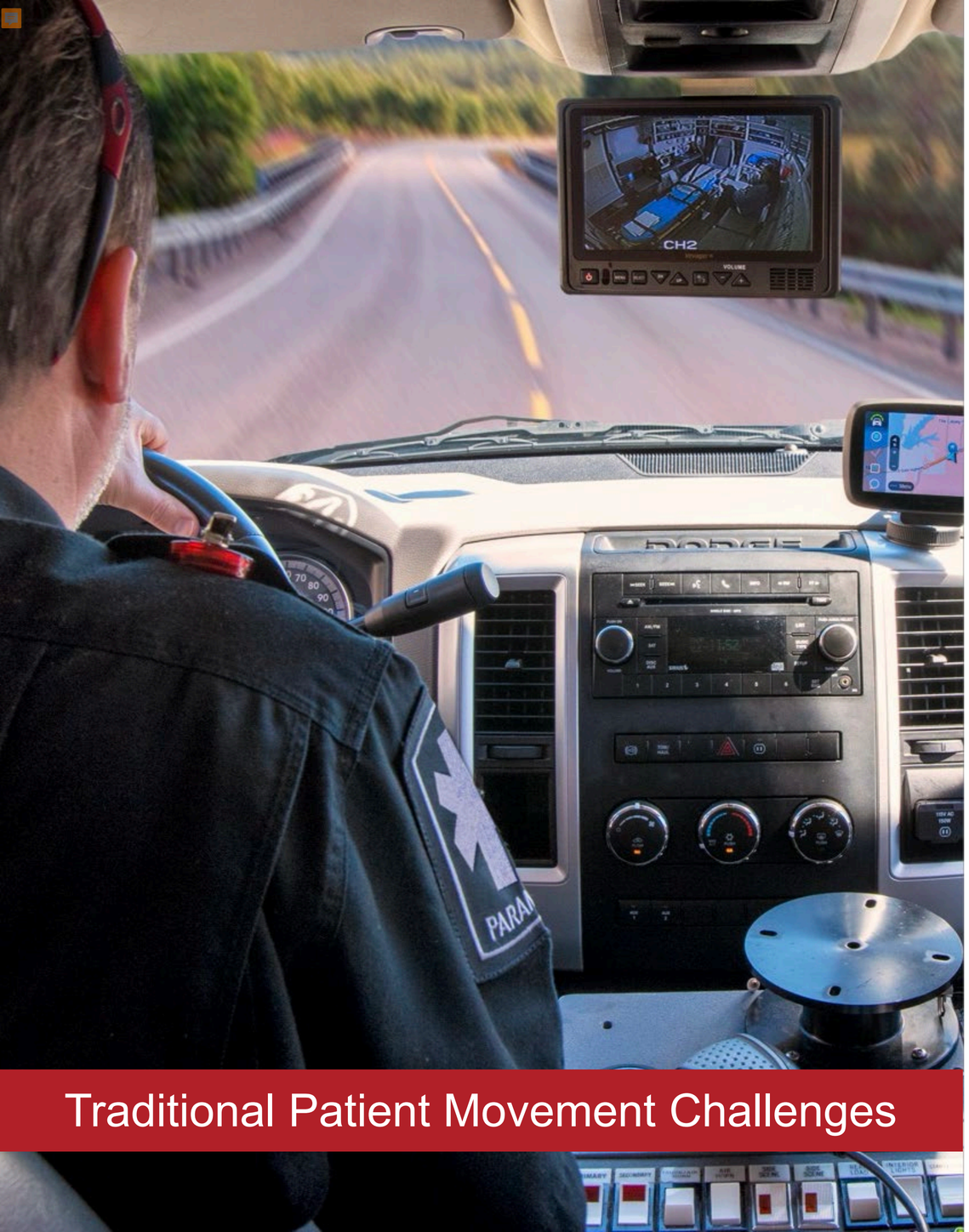
Traditional Patient Movement Challenges

EMS - Incidents

- What's my username and password for this system? I haven't logged on in months.
- How do I use this system again? We only use it during incidents.
- There are so many different tools to connect with different groups in the region.
- Where are the triage tags?
- These triage tags always fall off the patients.
- I'm not going to log into something else just to see ED availability.

LEADERSHIP

- How many patients have gone to each facility, including self-arrivals?
- There is a lack of situational awareness across all participating individuals and organizations.
- We can't track John/Jane Doe patients and always have duplicates or missing records.

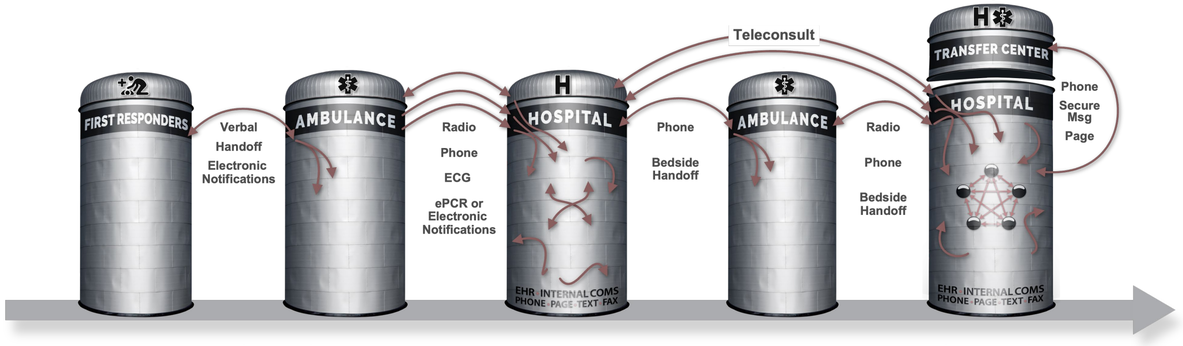


Traditional Patient Movement Challenges

Interfacility Transport Crew

- Where do I go?
- It is difficult to get an updated ETA to the correct people.
- It is hard to provide an update in patient condition if there are significant changes en route – especially during long transports.
- It is difficult to get communication back from the facility about room changes or other pertinent updates.

Traditional Patient Movement

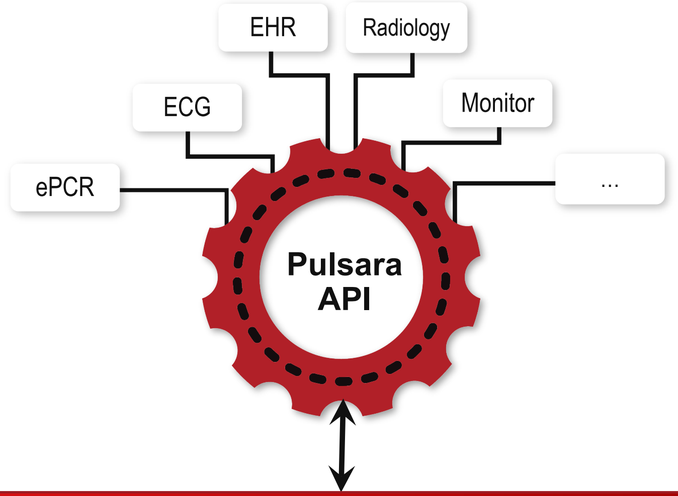


Each Red Arrow Represents a Separate Communication Channel

Patient Movement with pulsara®

3 STEPS

1) Create Channel
2) Build Team
3) Communicate



UNIFIED CARE TEAM

EMS: Quick Facts

DEVICE

- Strongly recommend Apple or Android smartphones, or Apple Tablets
- Supported devices and web browsers
- Safe to use on personal device. Nothing permanently stored on device. Including photos.

WORKFLOW

- Scan, photo, voice to text normal Prehospital Report.
- Fire and forget. Get back to patient care.
- Asynchronous communication.
- Others can assist.
- Scan to handoff.
- Forward instead of repeat.

INTEGRATIONS: DETAILS

- All major ePCRs, including AngelTrack, Beyond Lucid, Digitech, EPR, ESO, ImageTrend, ZOLL RescueNet
- Cardiac Monitors: Philips, ZOLL

PHASE 1: EMS to ED & INCIDENTS

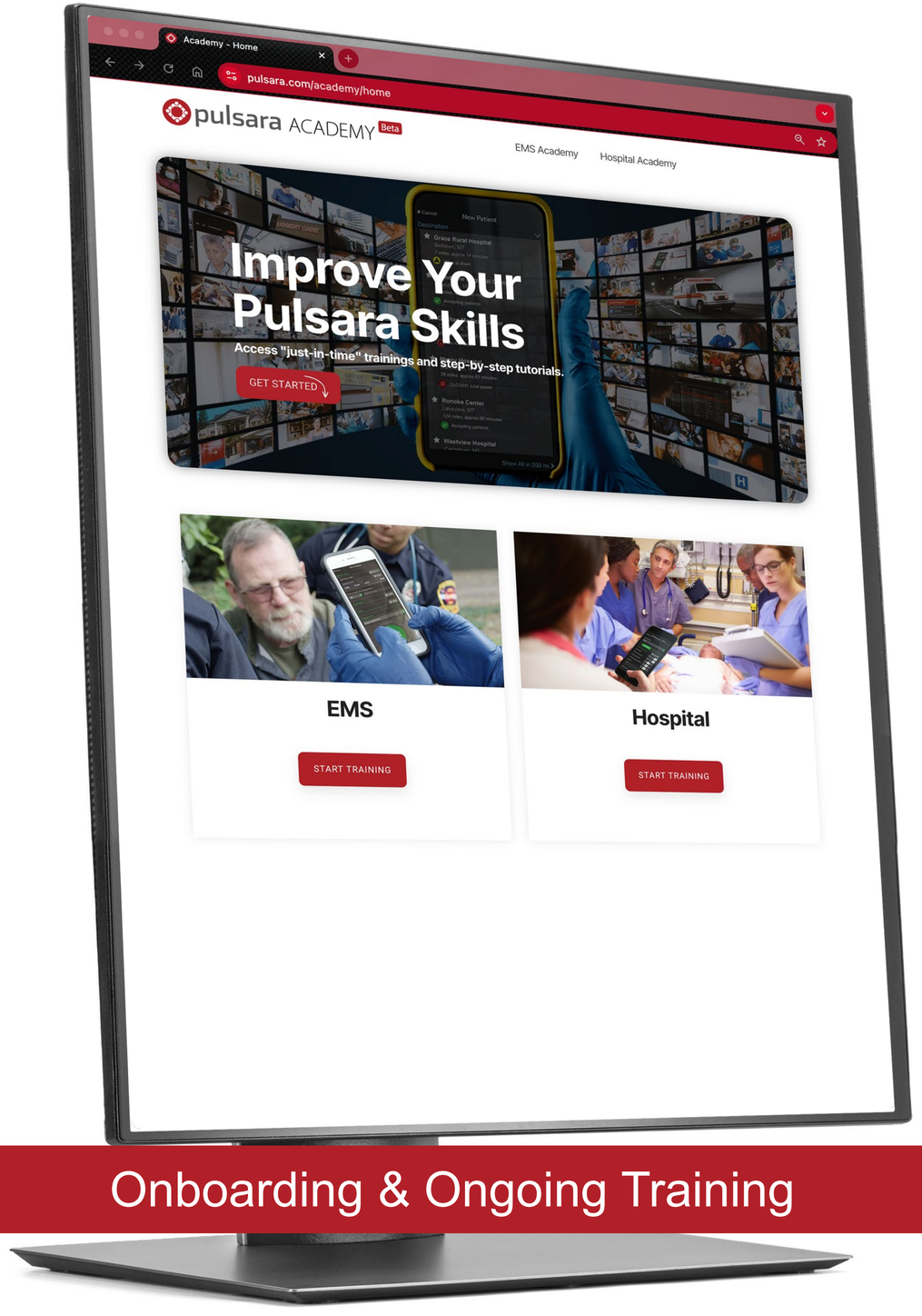
Hospital Requirements

MINIMUM

- People / Team: Receive Prehospital Report
  - Team: ED (EMS Acknowledge)
  - Device - Supported devices and web browsers
    + Single iPhone, iPad, or Android Phone. Web Browser Option

OPTIMIZE

- Additional Teams
- Workflow



Onboarding & Ongoing Training

Pulsara Academy / Training

CONTENT

- Socialization
- Pulsara Basics (conceptual)
- How To
- Demos
- Just In Time Training Assets

CONSUME AS NEEDED

- Videos
- Printable / PDF
- Power Point

OPTIONS

- Download & Customize
- Link to your LMS

UNIFIED CARE TEAM - Benefits

EMS

Asynchronous Communication: "Fire and forget" prehospital report with scan, photo, and voice-to-text workflow.

Reduce Data Entry Burden: Better information with less typing and tapping using multimedia reports.

Convert Communication to Documentation: Pull your communication into ePCR.

Stop Repeating Yourself: Hospital staff can access all information via app or web browser. They can even print the Pulsara Summary Report.

Improved Destination Selection: Assistance in choosing the most appropriate destination based on distance, capabilities, and availability.

ED Bypass Protocols: Direct patients to appropriate areas (specific ED Room, Cath Lab, CT, IR, OB, etc.) when needed, reducing delays.

Pre-registration: Hospitals can often pre-register patients for smoother transitions - armbands, stickers…

Safer, More-efficient Handoff: Streamlined handoffs from first responders to transport, EMS to ED, and EMS to specialty areas.

Faster Turnaround Times: Reduced EMS turnaround and wall times with efficient communication and coordination.

Better Feedback and Data: Access to additional data for billing and patient outcomes, improving care and documentation.

Unified Patient Movement System: Same tool for daily use, MCI, mass evacuation, and mass gatherings.

Next Steps

STATE RESOURCE PAGE

- Overview / Executive Summaries / Demos
- Who is on the Network
- Implementation / Training Resources
- IT Resources
- SIGN UP FORM
- Demo / Have Question Request

GET SIGNED UP TO GET IN THE QUEUE

- This does not commit you to fully onboarding or a timeline.
- Pulsara will work with you and your region to coordinate timeline for training and regular daily use.