PeriGen® Patient Safety Business Case

The Next Generation deserves a Next Generation EFM



Your Labor & Delivery Challenges

- Improve outcomes/unit metrics
 - Prospect metrics cited here
 - Control unnecessary cesarean sections
 - Reduce NICU admissions & need for fetal resuscitation
- Management tools that supply visibility of patient status & clinical performance
- Standardize care
 - Common terminology, better communications
 - Minimize variation in reading the EFM tracing
 - Support new nurses as they learn EFM interpretation
 - Prevent "interpretation drift"
- Improve productivity, more patient time
 - Improve data sharing across systems
 - Make entry easy
 - Provide comprehensive care information at point of care and in EMR
 - Customized reporting
 - Eliminate double entry

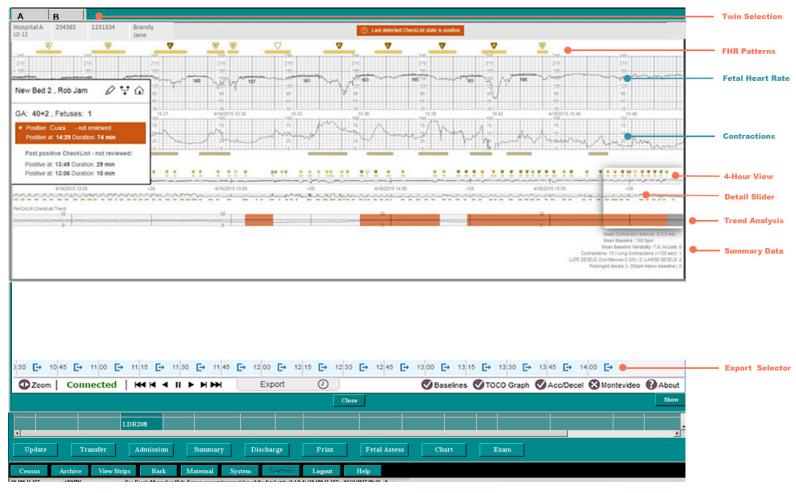


Improve Outcomes

- Unique research-driven tools designed to aid assessments of fetal heart rates & labor progress
- Only EFM associated with research showing:
 - 52% reduction in NICU transfers
 - 54% reduction in fetal resuscitations
 - Stabilization of cesarean section rate despite increase in complexity of patient population
 - 36.6% reduction in time spent in uterine tachysystole

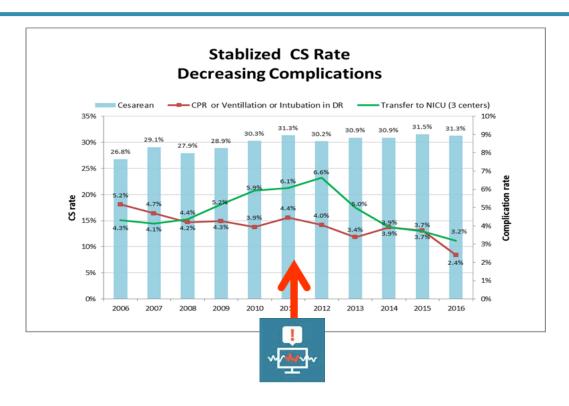


PeriGen EFM Analysis





Impact on Cesareans & NICU Admissions

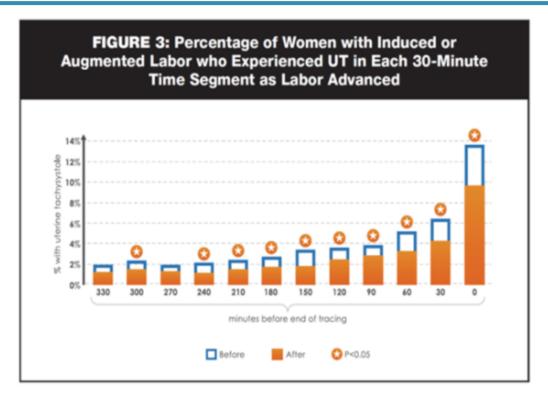


Despite sharp increases in risk factors associated with childbirth complications, one system saw NICU admissions and resuscitations decline and the rate of cesareans remain stable after implementation of PeriGen software

*Samuel Smith MD, Lynette Philip RN, Adi Zmiri MD, Emily Hamilton MD, Thomas Garite MD "HIT and clinical synergy: A decade of decreasing NICU admissions & stabilizing cesarean rates" Becker's Health IT & CIO Review, Dec. 20, 2016



Impact on Uterine Tachysystole



Study of 10,518 term labors found a 36.6% reduction in time spent in uterine tachysystole for patients receiving oxytocin

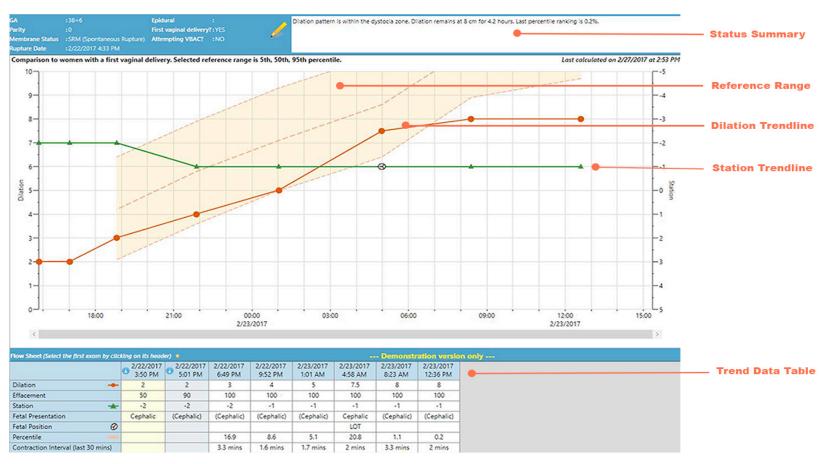
Smith S, Bunting C, Hamilton E. Using Intelligent Electronic Fetal Monitoring Software to Reduce latrogenic Complications of Childbirth. JHIM 2014;28(4):28-33



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The PeriGen Curve TM

A real-time, adaptive view of labor progress that can be used earlier in labor





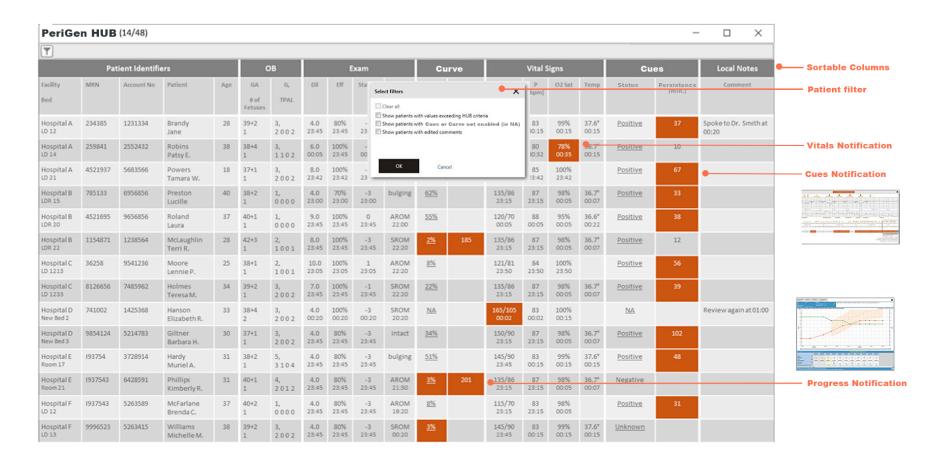
L&D Management Tools

Interactive early warning dashboard to identify patients meeting defined EFM, vitals, and/or labor progress parameters for priority review





PeriGen HUBTM





PeriGen Reporting

Reporting designed to provide the metrics & benchmarks needed to enable patient safety program improvement





Standardize interpretation & care

- Based on NICHD terminology to facilitate communication
- Supports new nurses as they learn EFM interpretation
- Promotes assessment agreement
 - Helps overcome "assessment drift"
 - Unified view of trends of concern



Impact on Standardization

Patterns 2.01	Human Reported inter- observer Proportion of Agreement %	PeriWatch Cues Proportion of Agreement %	PeriWatch Cues Detection Rate (Sensitivity) %
Variable decelerations	27-60	84	94
Late decelerations	24-48	68	96
Early decelerations	31-55	83	74
Prolonged decelerations		85	91
Accelerations	52-56	99	68
Contractions		94	83

Compared to agreement between clinicians, PeriGen's analytic software showed an increased rate of agreement with assessments by experts as well as an increased rate of detection.



Improved unit productivity

- Data collection at time of monitor connection
- All documentation on the strip
- Complete data view & flow out of and into EMR
 - Vitals, EFM, assessments/observations, meds
- Pop-up alerts
- Elimination of double charting
 - Windowed views of EMR & EFM on single monitor
- Keyword search
- Prenatal to NICU Level 3 documentation
- 96 hours of data stored, even when EMR down



The Company We Keep

Some of today's top patient-safety focused health systems & hospitals in America use PeriGen to support better perinatal decision making

























Why PeriGen Now?

- Help improve outcomes
 - Your metrics, your goals
- Gain visibility of clinical performance
- Help standardize care
- Help boost unit efficiency
- Help lower risk, malpractice outlays & reserves

