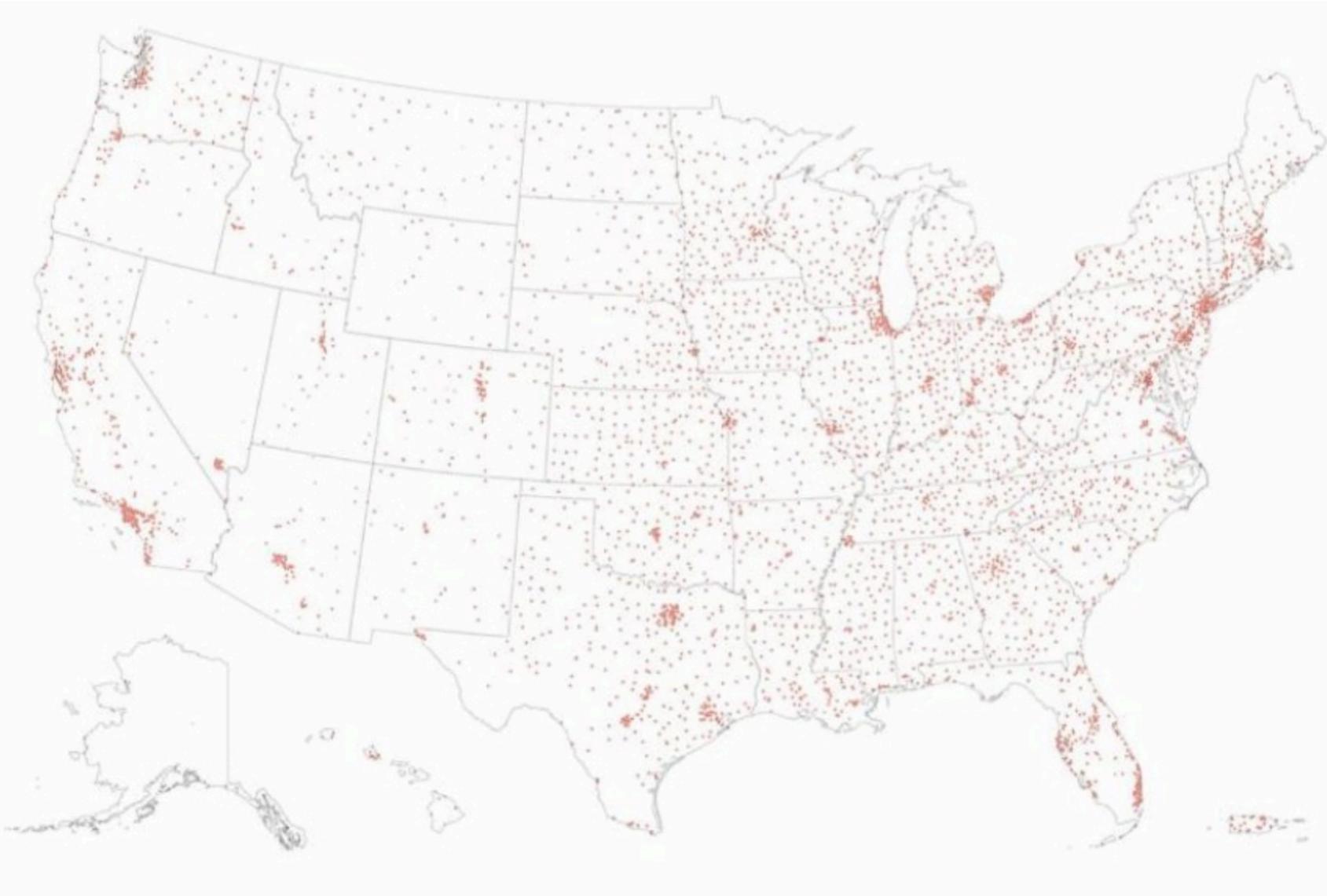


# vital

Vital: UI + AI layer for all hospitals  
Starting point: Own the emergency dept

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justin@vitaler.com

# Emergency is a massive source of new patients



- 40% are new to health system
- 70% of all hospital admits
- 70% of new diagnoses  
(...and subsequent treatment plans)
  
- 5250 EDs
- 140M visits / yr in US & increasing
- ~\$2000 avg visit => \$300B  
(25% of all hospital spend)

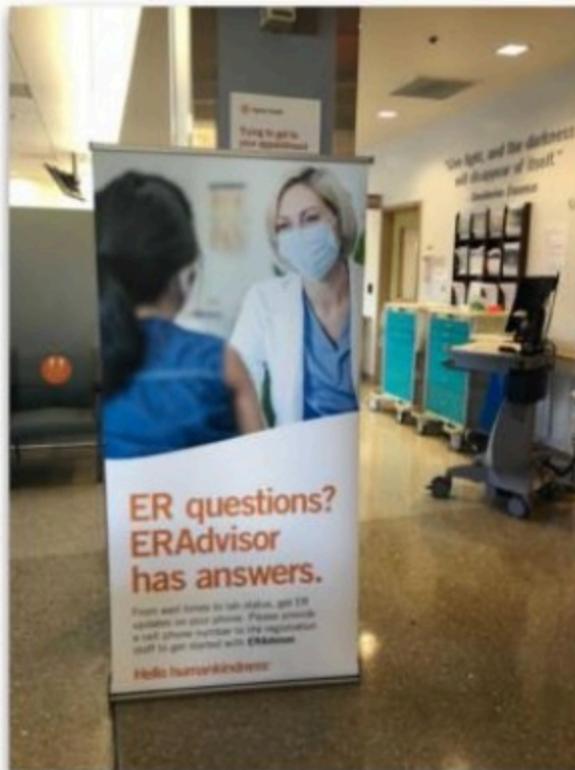
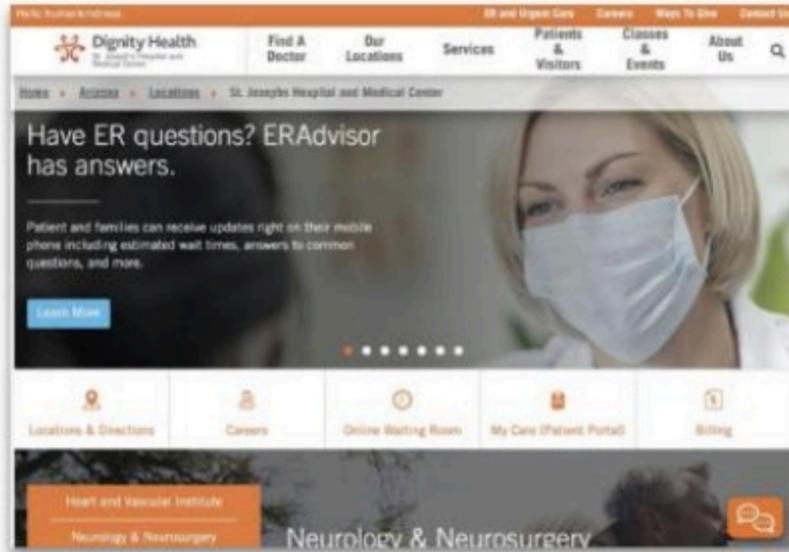


## Yet utterly neglected

- 20% lower patient satisfaction
- 90% fail to get follow-up care
- No time to communicate with patients and families

ED is typically thought of as money “loser”. With AI + retention, Vital turns it into a profit center.

# Vital solves for patient experience, clinical operations & increased revenue



**ER questions?  
ERAdvisor  
has answers.**

Please provide a cell phone number to the registration staff to get started with **ERAdvisor**.

- 🕒 View estimated wait times
- 👤 Share your visit timeline with family
- ❓ Get answers to common questions
- 📄 Get updates on lab status
- 📅 Schedule follow-up visits
- 🚫 No sign-up or app download needed

Hello humankindness™

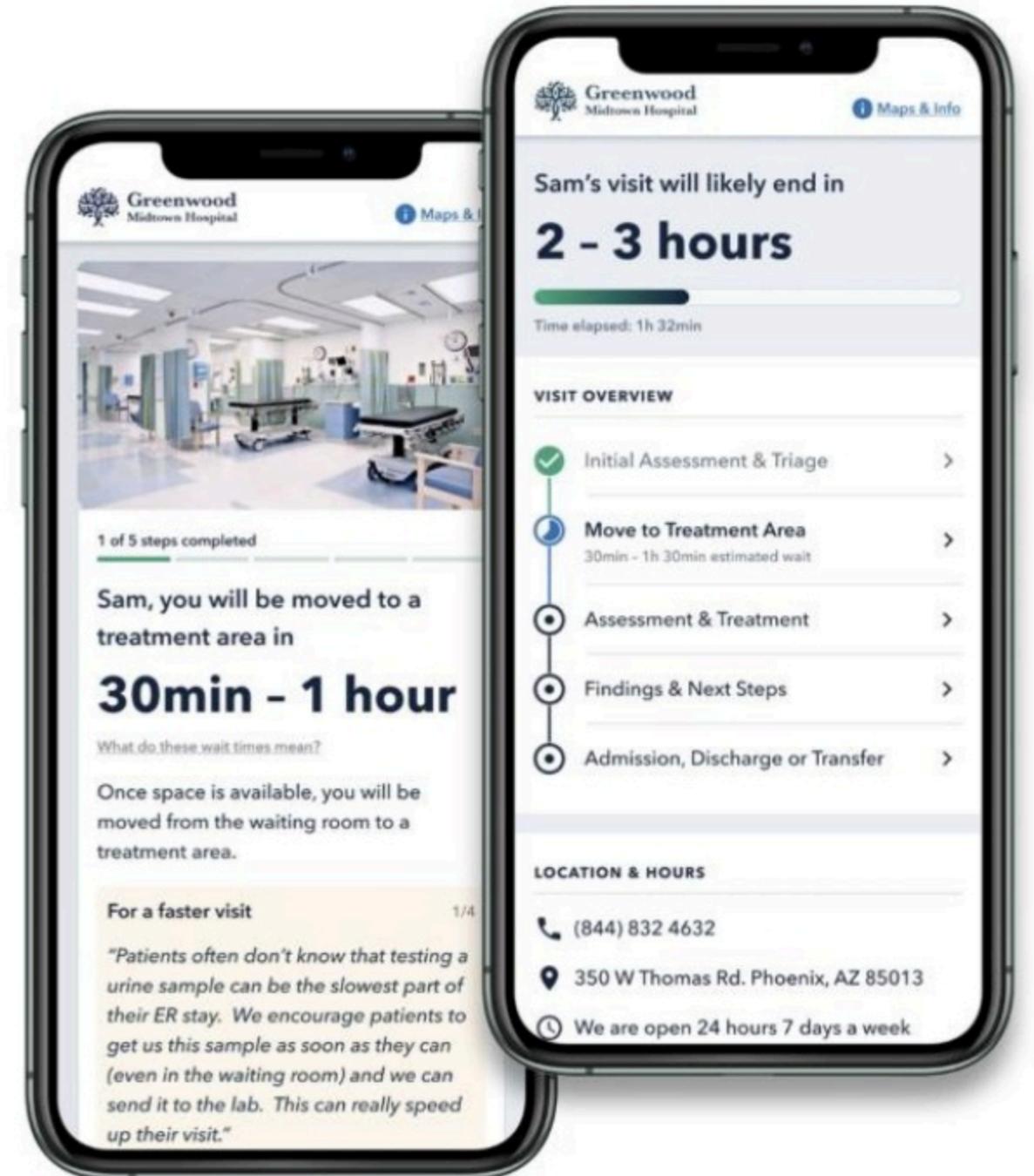
Dignity Health.

- Hospitals need volumes  
⇒ *\$7m+ in new revenue @ 4 Emory EDs*
- Patients need communication  
⇒ *50-60% usage today*
- Doctors & nurses need time and assistance  
⇒ *13.min visit length decrease*  
⇒ *1500 fewer questions/mo*

# Product Suite & Demo

# Vital: Patient (ER Advisor™) (60+ hospitals)

- AI-powered wait times
- Multi-lingual (Spanish, Mandarin & more)
- Labs & imaging education
- Tips for a faster visit
- Facility maps, visitor policy & more
- Clear follow-up post-ED



No download required.

Used by **50-60%** of patients with phones.

**97%** satisfaction rating!

No training. Powered by signals from your EHR.

# Vital: Follow-Up AI (10 hospitals)

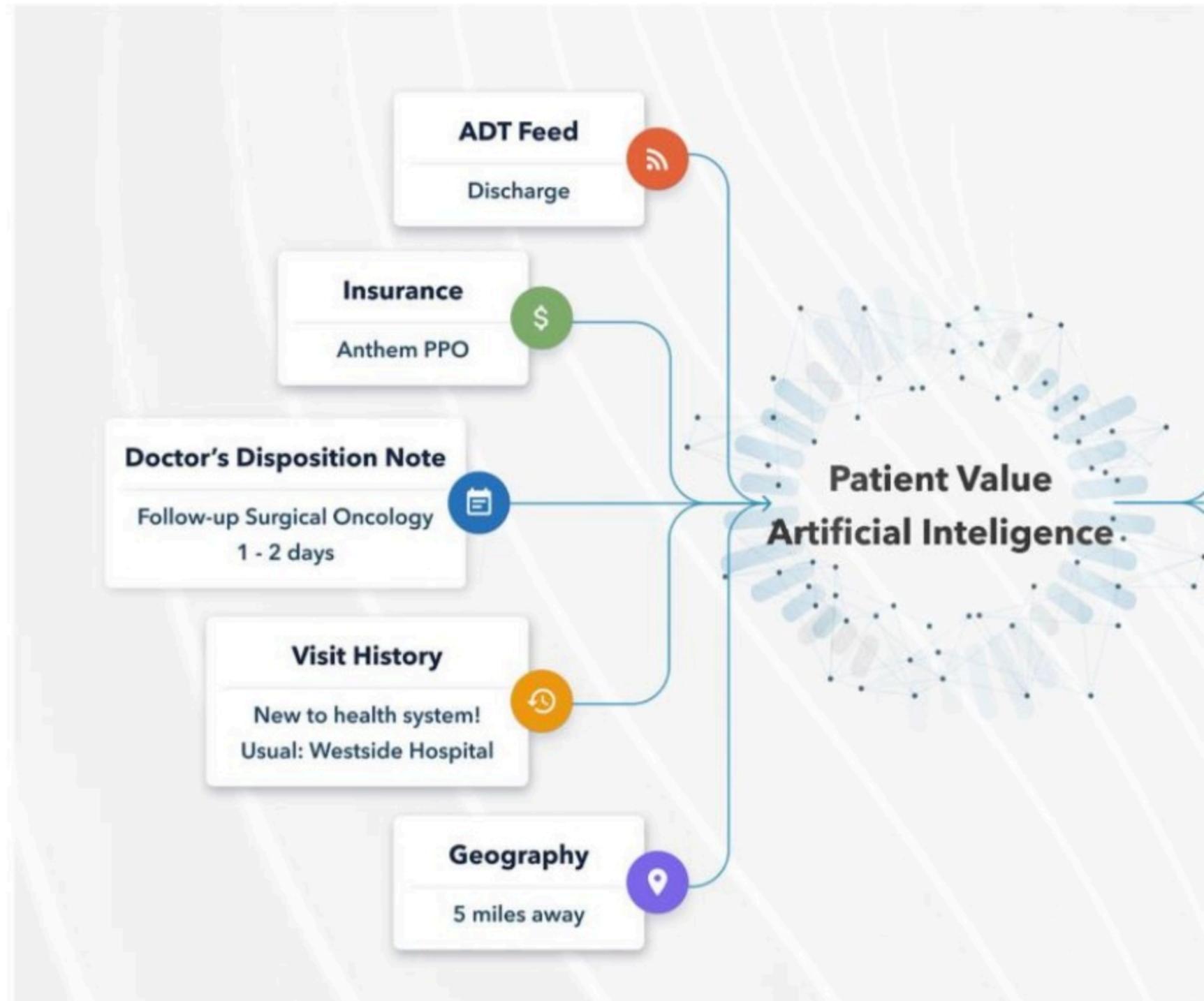
- Use AI to identify “high value” follow-ups
- High value: human call
- Medium: automated
- Low: SMS



Emory Results (4 EDs):

1000 new patients / month

\$5m+ new, immediate revenue...more downstream



# Vital: Clinical (2 hospitals)

- Lite mobile EHR
- Manage patient service requests
- AI-powered alerts
  - Admission likely
  - Readmission risk
  - Missed billing

The screenshot displays the Vital: Clinical mobile EHR interface. The main screen shows a patient list for Greenwood Hospital Midtown with columns for Room, Patient, and Last Seen. A patient, Clara Kelsen, is highlighted. A detailed view of Clara Kelsen is shown on the right, including her name, age, gender, and primary complaint. Below this, there are sections for 'Possible Procedure Codes' and 'Admission Likelihood: High' with associated clinical data points.

RM	PATIENT	LAST SEEN
21 ICU	Song, Bao 51, F Fall with laceration to forehead	Wed
3SW	Scheirlinck, Dominic 26, M Disorders of respiratory sound, NEC	Invite
5G ICU	Nye, Morris 88, M Knee pain, ache, soreness, discomfort	4:17pm
6FL SURG	Kelsen, Clara 31, F Fall with laceration to forehead	2:23pm
8T-S	Jones, Matthew 54, M Swelling of leg	Yesterday
ED CDU	Orlin, Stormy ##, M/F Chills	2:23pm
ENDO SERV	Neligan, Mike 15, M Symptoms of teeth and aums	Invite

**GREENWOOD HOSPITAL MIDTOWN** Alerts On

**All Patients** Watchlist

Showing 63 patients: [24 hrs. Beds](#)

**Kelsen, Clara 31, F** 6FL SURG  
Fall with laceration to forehead

Message Notepad

Notes Tests **Predictions** Billing

Based on patients of similar age and complaint, you may want to consider:

**Possible Procedure Codes**

- Critical care (99291-99292): "possible acute coronary syndrome" +1.5 RVU
- Laceration repair (12001-12007): "used a suture with a butterfly stitch" +0.85 RVU

**Admission Likelihood: High**

- Age is "46"
- Troponin is "positive"
- Emergency Medical Note says "... labored,

Patients Alerts Wait Times Reports

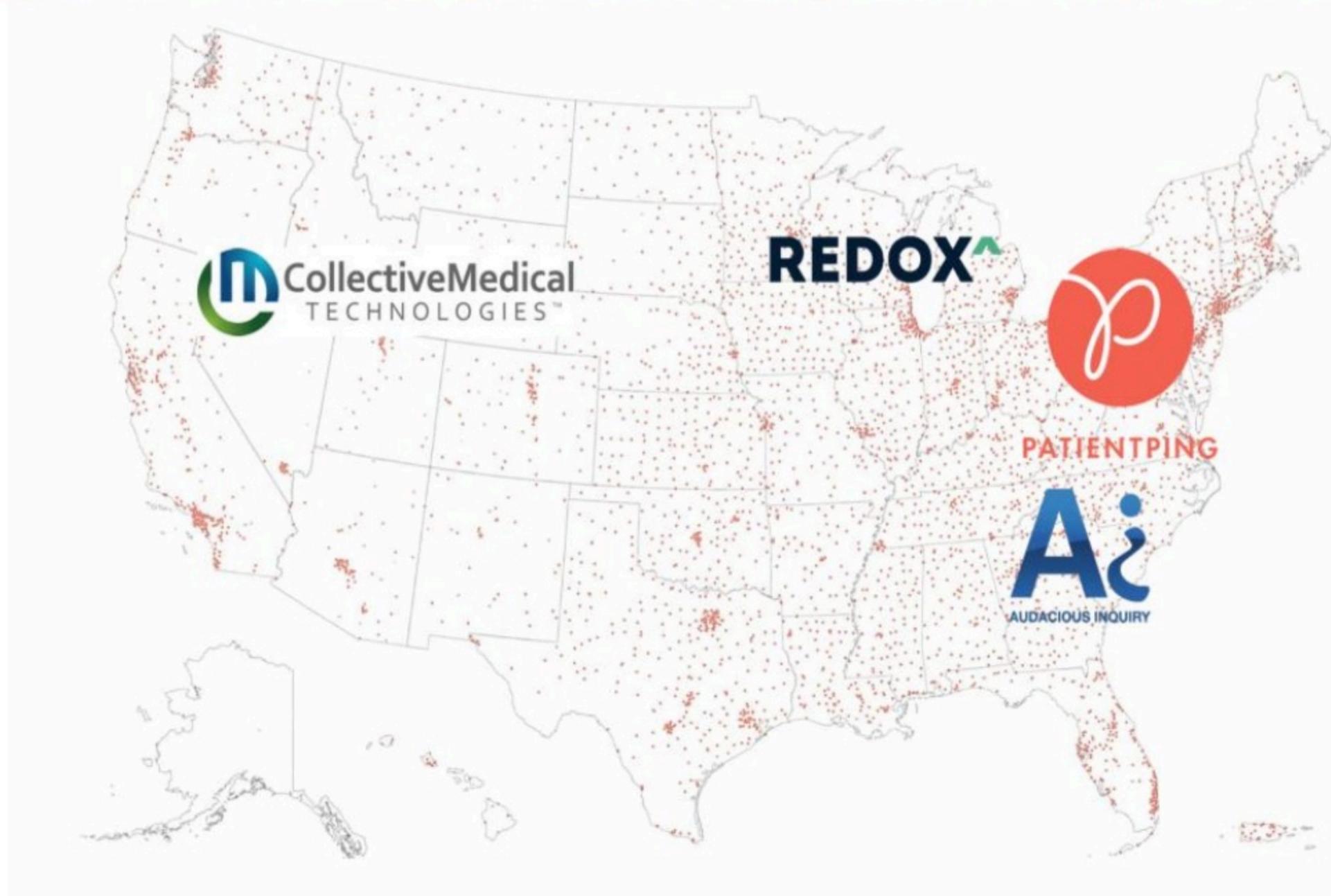
AI trial identified \$3m/yr/ED in missed supply billing, \$1m+/yr/ED in missed critical care billing.

# Strategy & Key Insights

# ⚠ Hospitals IT is a major bottleneck

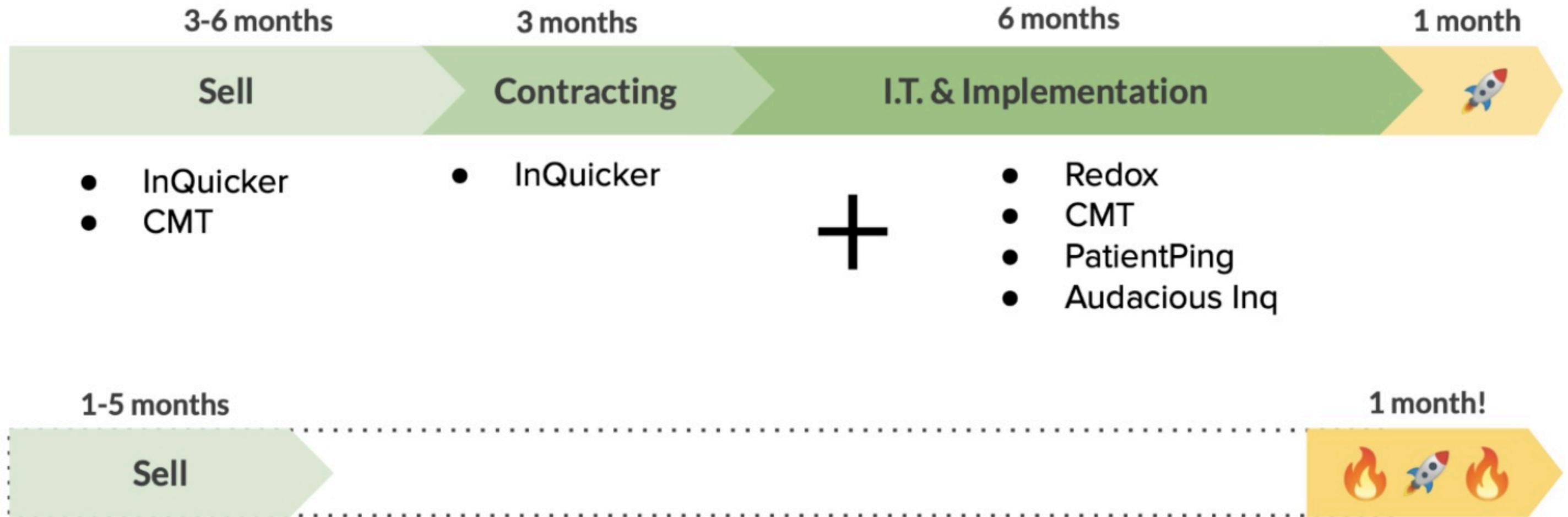
⇒ ~60% of US market can use Vital “no-IT-required”

By piggybacking existing connectivity, we can deploy in a days.



# ! Hospital sales cycle is 12-18 months

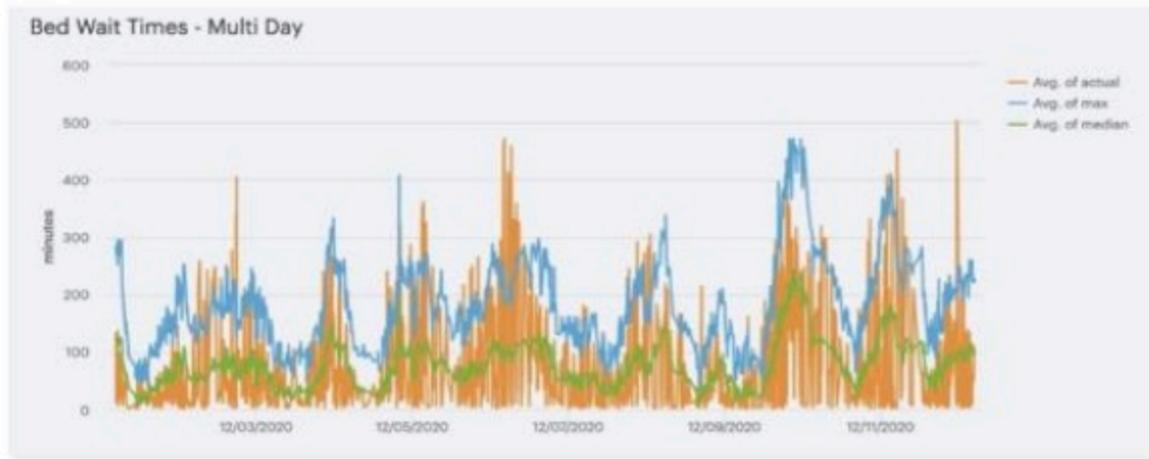
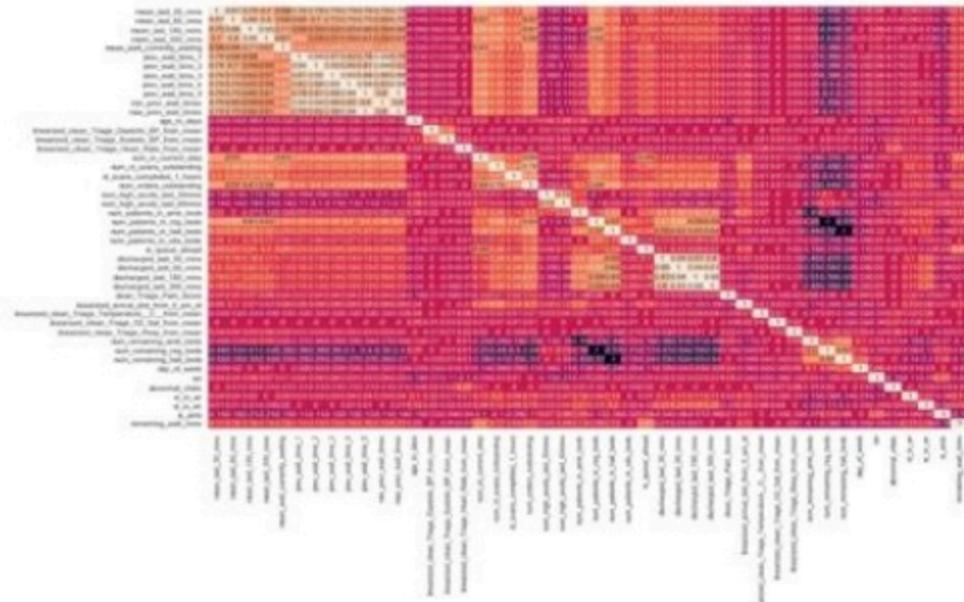
⇒ We have reduced it to 2-4 months



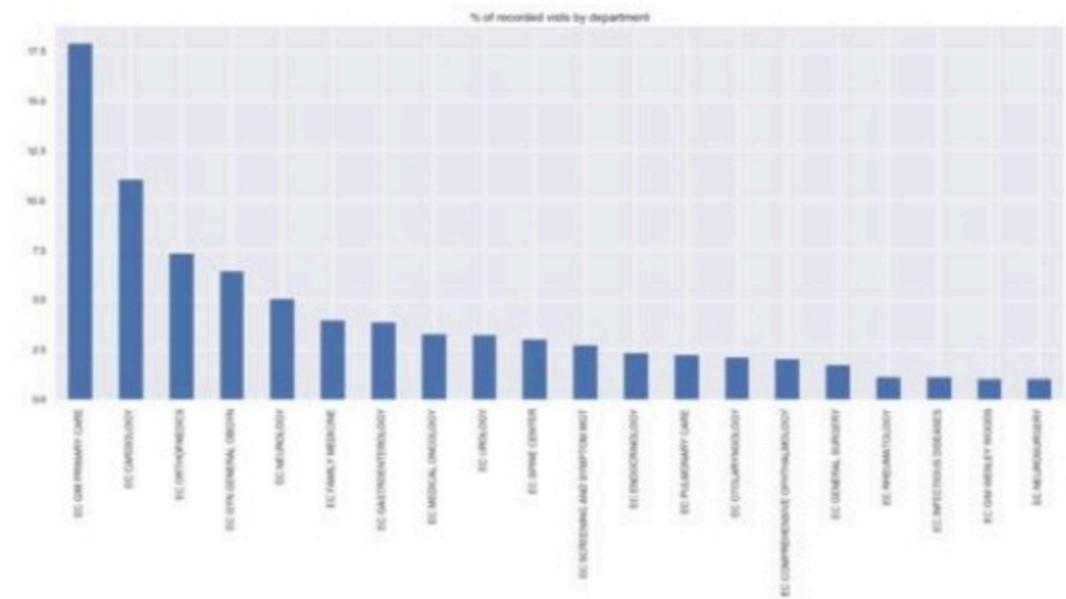
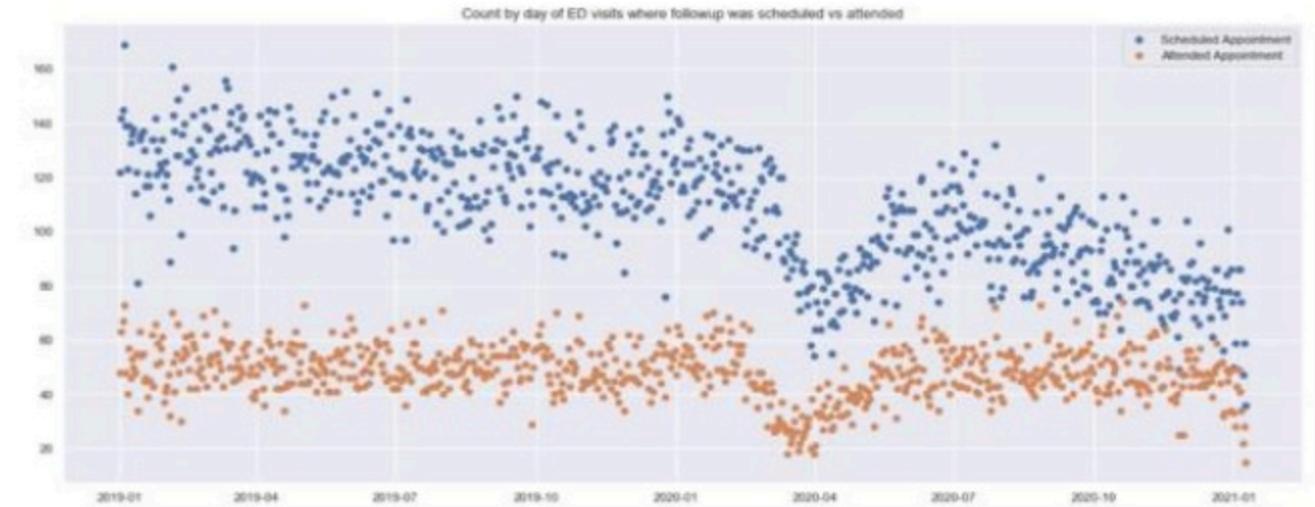
# 10 AI models developed

⇒ 5 published papers on AI/NLP in ED

### Wait time prediction



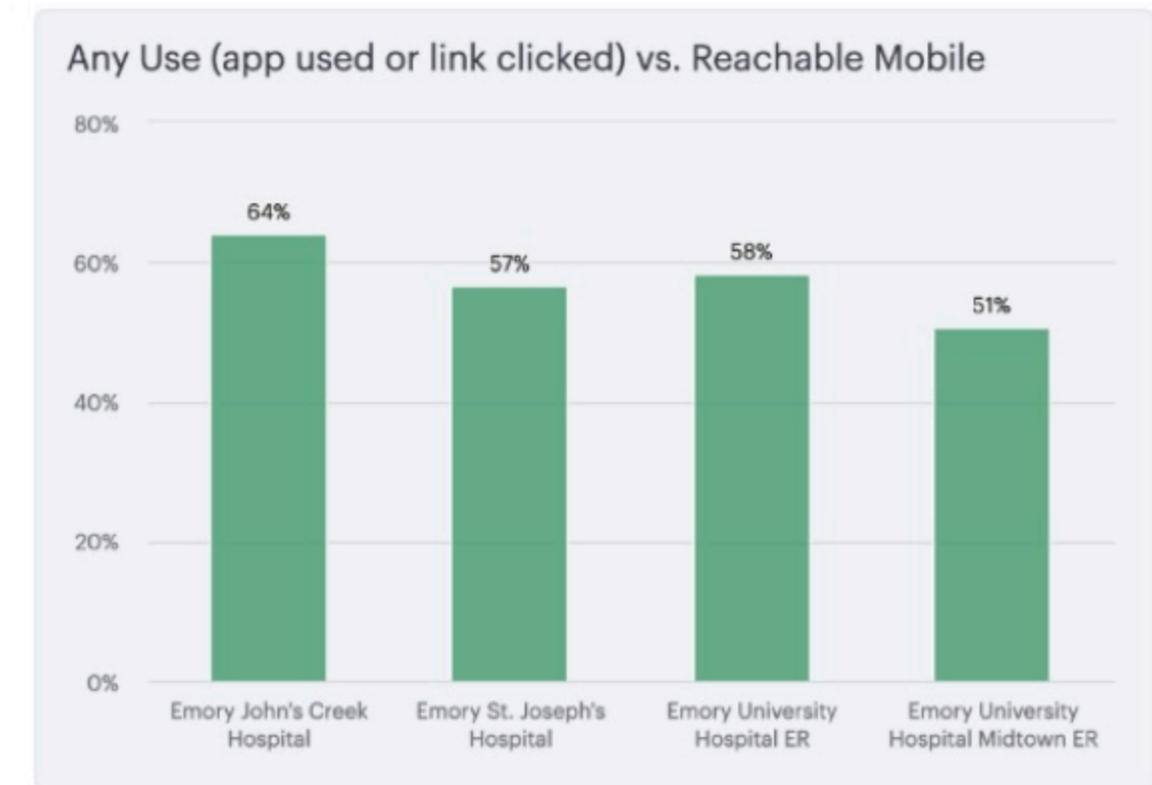
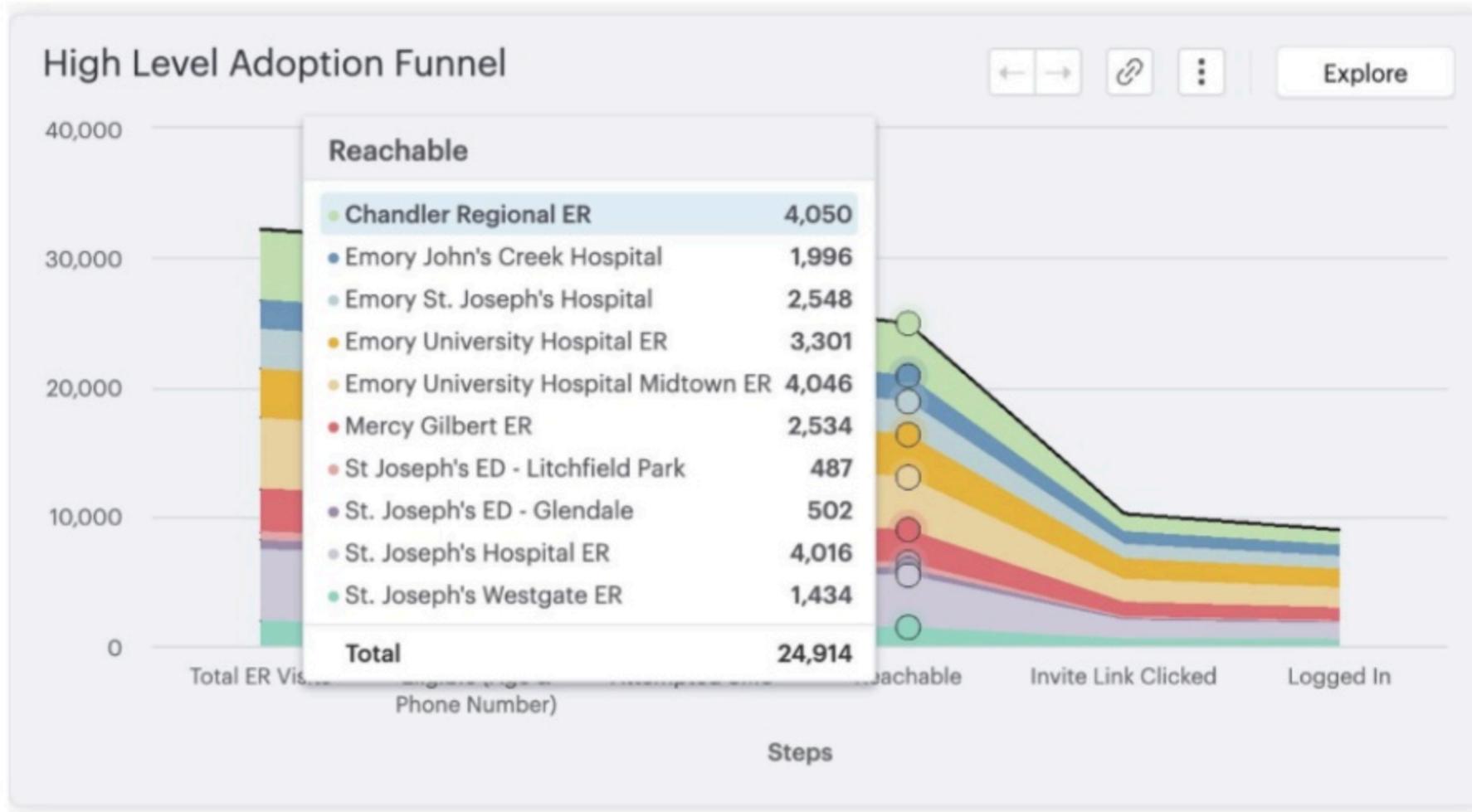
### Follow up visit modeling



# Results

# Vital used by 50-60% of all patients\*

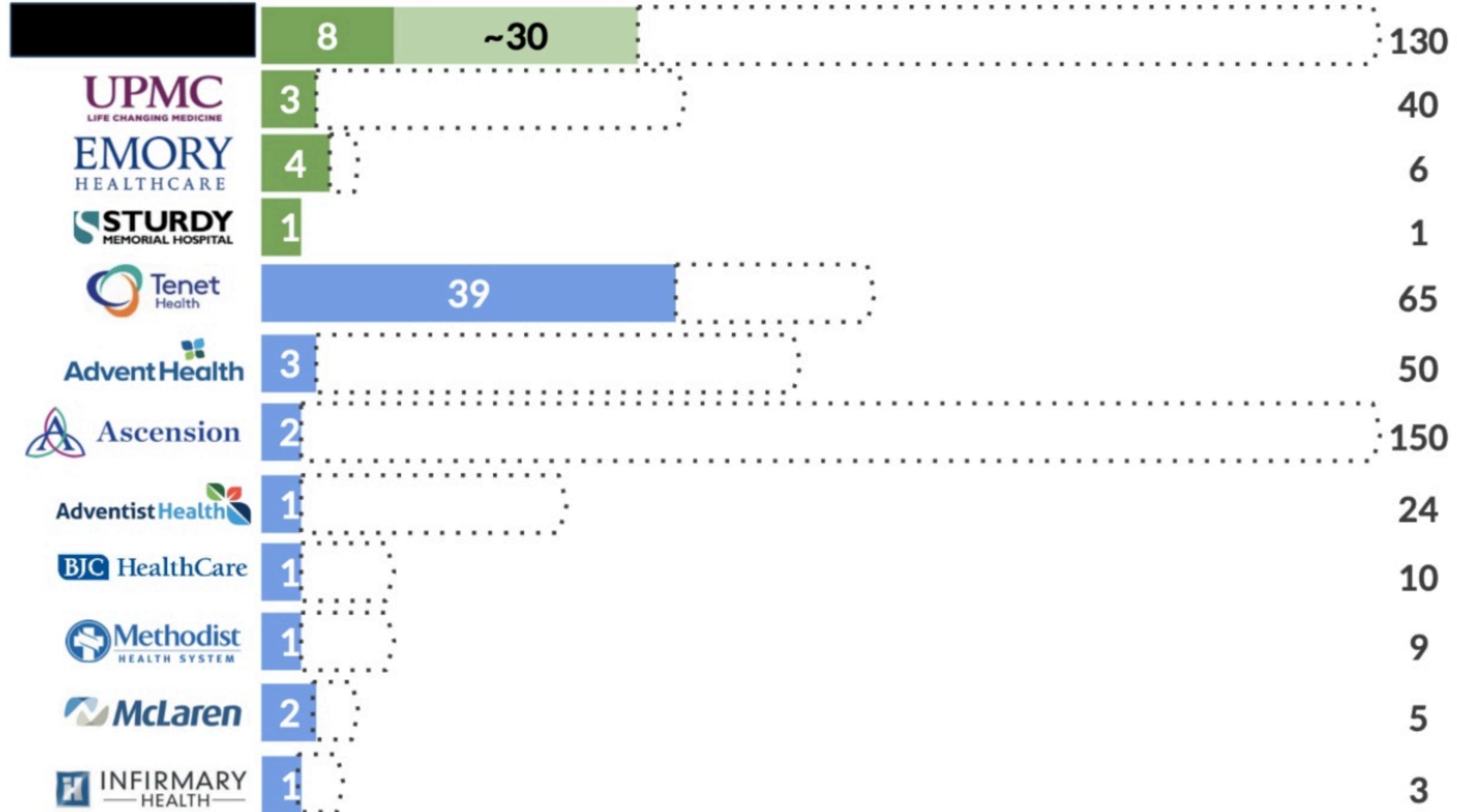
- Now: 250k patients + family / yr
- End Q2 '21: ~400k/yr
- End Q4 '21: ~1M+ / yr



\* For patients with mobile number

# 67 Hospitals, 13 Health Systems

Expansion to 480+ hospitals (9% of US market)



\* Green: contracted; Light Green: in contracting; Blue: pilots started; Dotted: Expansion opportunity