

The Al Post-Surgical Recovery Assistant

"Solving the multi-billion dollar problem of preventable post-surgical readmissions by achieving the goal of continuous, intelligent patient monitoring"

Hack to the Future

Elijah Yoon Haresh Murugesan Arihant Aneja Abdul Rizwan



THE PROBLEM: High Cost of Going Home

Core Fact 1(The Danger)

• Post-Discharge Blind Spot: Patients suffer dangerous complications at home, including Surgical Site Infections (SSIs), poor Medication Adherence, and missed distress signs. <u>A</u>

Core Fact 2 (The Consequence)

• This leads to 20% of surgical patients being readmitted—a direct cost of \$17 Billion annually in the US. 💸

Core Gap (The Challenge)

• The Logistical Barrier: Clinicians face a massive logistical and data challenge that prevents effective, continuous monitoring outside the hospital.



THE SOLUTION: A Virtual Recovery Nurse

CLIENT

Patient Mobile App: The Data Collector. Captures multi-modal data using smartphone sensors: Computer Vision (CV), Natural Language Processing (NLP), and Accelerometer/Sensor Fusion.

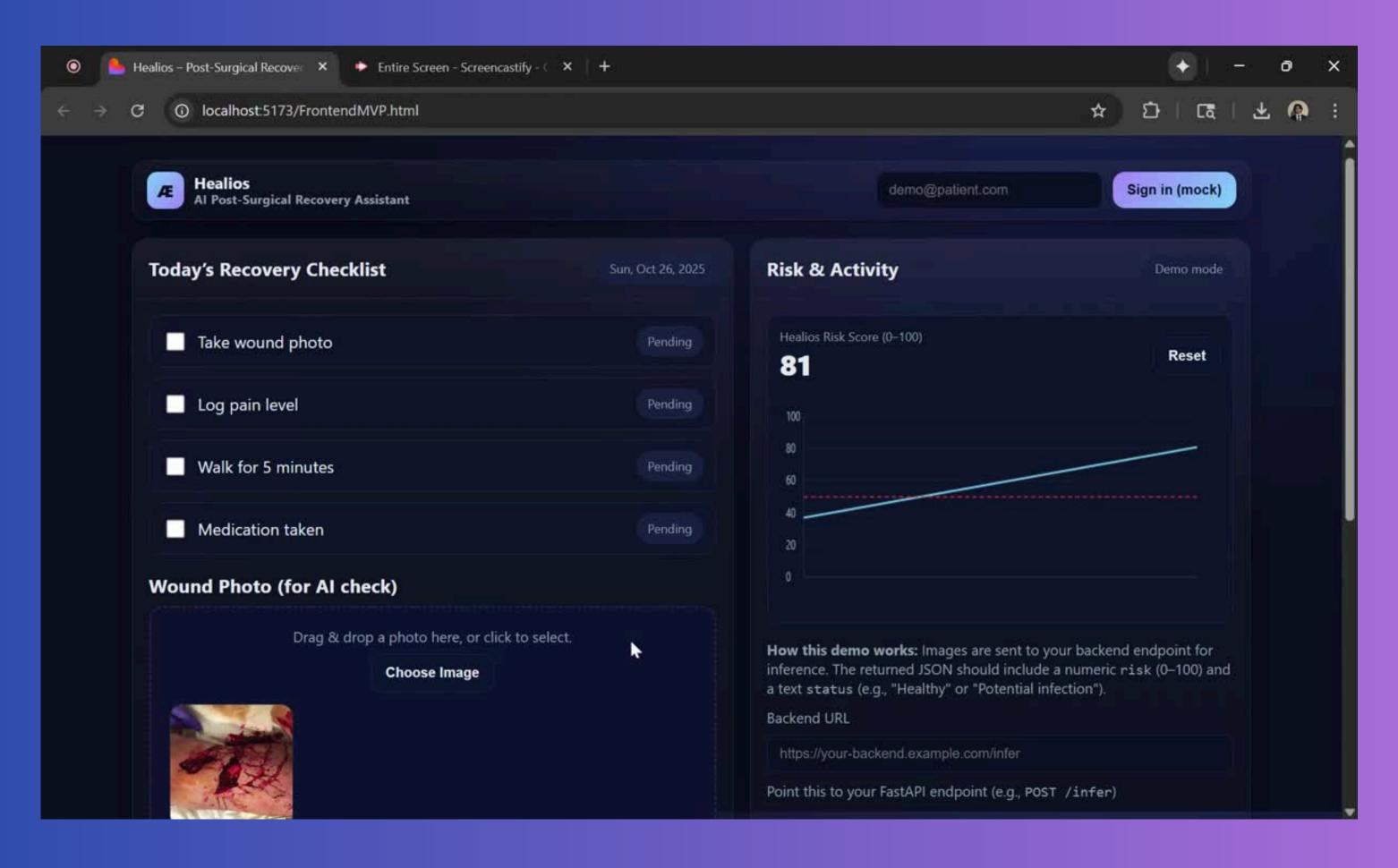
CLINICIAN

Clinician Dashboard: The Risk Engine.
The platform aggregates data and delivers Al-derived insights, sorting the patient list to prioritize the highest-risk patients first.

MVP: Computer Vision (CNN) → Surgical Wound Infection Detection

Image → AI → Warning

LIVE DEMO: Al Diagnostic Proof of Concept



INNOVATION: Leveraging Alto Triage Risk

Pillar 1. Full-Spectrum CV:

 Move beyond classification to use Image Segmentation (U-Net) to objectively track wound size (healing vs. stagnation) and tissue type.

Pillar 2:

Remote Vitals (rPPG): Extract heart and respiratory rate from simple face video.
 Innovation: Using RNN/LSTMs to filter out motion and lighting noise—the biggest challenge for real-world rPPG.

Pillar 3:

• Sensor Fusion & Predictive AI: The ultimate goal is an LSTM/Transformer model that fuses all data streams (CV, NLP, Vitals, Adherence) to deliver the dynamic Readmission Risk Score (0-100).

OHI/O Focus:

• Ethical & Fair Triage: Al is designed to mitigate human cognitive bias in triage. Crucially, it provides a Warning to augment care, not a final Diagnosis to replace the clinician.

IMPACT & EXECUTION: \$17B Problem Solved in 48 Hours

Financial Impact:

• Our solution directly targets preventable readmissions, saving hospitals \$12,000–\$20,000 per avoided incident.

Goal:

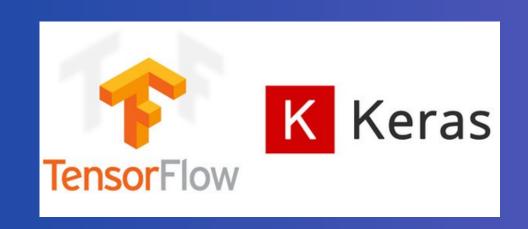
Reduce targeted readmissions by 30%.

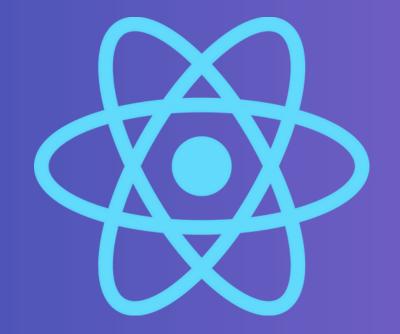
Patient Value:

 Aegis transforms care from reactive to proactive, prioritizing human effort where it matters most via Al triage.

Execution:

 In 48 hours, we built an end-to-end operational pipeline—from mobile capture to a cloud-served Deep Learning inference (MobileNetV2)—demonstrating robust technical capability under pressure.









THANKYOU