

HealthServe™
Real-time healthcare service quality and patient experience management

Company fact sheet

Healthserve is a new mobile service bringing healthcare executives real-time tools and systems to manage and sustain world-class quality and revenue. We deliver the first-ever, single view into quality service performance across the healthcare value chain.

Our single-view spans caregiver engagement to patient satisfaction and quality, including inter and intra-organization benchmarking.

We measure and report service quality and caregiver engagement through a customizable series of friendly 30-second-interactions accessed from a common tablet, phone or workstation. These are delivered via patient exit/rounding surveys and caregiver (doctors, nurses, and back office and front office administrative staff) daily check-in apps.



Both sides of the healthcare delivery service are monitored in real-time, enabling close management and adjustment of quality efforts, policies and programs. It becomes the “daily pulse of healthcare service quality and engagement” across the organization.

Predicting revenue impact is a reality of the new healthcare quality accountability measures. We leverage the carrot-and-stick provisions of the Affordable Care Act to provide essential, timely, high quality data and services that are currently unavailable in the market, and which are essential for effective financial stewardship of healthcare enterprises.

\$4.1 Billion+ Market: Based on CDC and industry data, the minimum total addressable U.S. market for the initial service quality and engagement services for hospital patients, outpatient clinics, extended care and nursing homes is estimated to exceed \$4.1 billion (recurring).

Enterprise Model: The Service is delivered as a cloud-based enterprise subscription. Pricing is based on patient activity and size of the healthcare organization. We do not collect patient identifiable information so there is no HIPAA, HRIS or HCAHPS impact or data used. This enables immediate deployment.

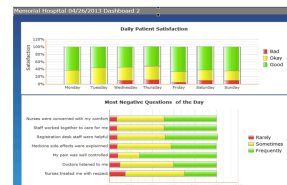
Market Service Category	\$ (Recurring)
Hospital In-Patient	595 million
Emergency	442 million
Outpatient & Ambulatory	2.23 Billion
Total Recurring	3.26 billion

Problem: Healthcare organizations deliver their products through people, yet they lack effective systems and methods of “listening” and “responding” in current periods to improve their service quality. All of the equipment, technology and science don’t outweigh the direct impact on service quality of the front-line caregivers.

For this reason, service quality improvement is directly tied to the caregivers’ performance, engagement level and customer care or “bedside manner” as in no other industry.

CFO & Board-level Issues: Historically healthcare organizations were driven 100% by fee- for-service. In the context of healthcare reform (Affordable Care Act), clinical outcomes, engagement, and “customer experience” now matter. Hospital “Value-Based Purchasing” (VBP) is one way this will be enforced by the marketplace. The financial impact of what needs to be changed is just now becoming clear. CEOs and CFOs and their Boards simply have no tools or systems with which to proactively estimate revenue reimbursement swings and for their line executives to take action in the current period to remediate, if necessary.

Billion Dollar Risks: Billions of dollars are now in play in the form of penalties and bonus payments from Medicare reimbursements. Commercial payors are rapidly adopting similar methodologies. Reimbursements are being increasingly



tied to performance and the quality of care, as opposed to the traditional fee-for-service paradigm.

In this new environment, healthcare organizations are being held accountable for quality measures for which they have no effective data collection capabilities and diagnostic infrastructure to interpret. These organizations understand the link between caregiver engagement and service quality, but have no real-time, comprehensive system of insight.

Traction: The Company has been operating the service in a large university healthcare organization for over five months with excellent results and praise from executive management and staff. Lift in employee engagement at one organization was over 13% in 4 months. The Company will deploy in September 2020 at the University of California, San Diego, and is discussing a similar pilot at USC Health, as well as a production rollout at Sharp Healthcare. UC San Diego is our current reference site, and will later deploy to multiple hospitals in the UC system. They will also conduct definitive academic & clinical research based on our data.

Competition: There is limited direct competition to the company's offering. There is no dominant service provider in our category. Current (legacy) players on the patient side use post-visit paper surveys or telephone calls, with the predominant method being paper. It is widely accepted that there are data quality, self-selection bias, non-response and timing issues with this method. Following the input from early customers, WorkersCount moves customers beyond the legacy 40 year-old process and is now engaging institutions that demand much broader and deeper information (in real time) that includes caregiver data and brings it all into real-time views and insights.

The Company's quality benchmarks will soon use HCAHPS and other government standards, including Hospital VBP. Along the way, our current services provide industry leaders the financial and quality visibility and diagnostic insight they require immediately, and for which there is no current solution.

Team: The founding team is comprised of experienced start-up entrepreneurs with expertise in analytics, social media, software and big-data. Industry expertise spans healthcare, software and enterprise business intelligence applications, including mobile and social. Advisors fill-out the essential expertise needed in the medical and healthcare industry finance.

Financing: The Company is seeking a financing round of \$1.0 million, which will carry the business to cash-flow breakeven on a monthly basis. This will enable the team to complete key development milestones necessary to scale the cloud infrastructure for wider implementations, as well as further automate key features and enterprise onboarding.

The company has been privately funded to date and was incorporated in 2020. There are 5 team members. Offices are in La Jolla, CA.

Questions/inquiries:
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