TOBY'S SECTION

Slide 1 **Title**:

- Good evening, thanks for joining us today.
- My name is Toby and I'm joined by my business partners, Valerie, Hargun and Bladen.
- We're excited to present our solution, but first I'd like to start off by framing the problem we're tackling.

Slide 2 **The Problem**:

- If you would indulge me, I'd like you to picture yourself on a road trip to Melbourne. You have a loved one in the passenger seat; partner, parent, child - anyone you care about.
- Suddenly, a kangaroo jumps out in front of your car. Instinctively, you swerve to avoid it, but you veer off the road and into a tree. Everything goes black. 10 seconds later, you wake, and see your loved one unconscious in the seat next to you.
- Panicked and distraught, you scramble to call 000. No service. You pull your partner from the wreckage and try to wake them, but they're not breathing. You have no first aid training, and no idea how to perform CPR. It's getting late and you can't see any cars on the horizon.
- *Pause for dramatic effect…*

Slide 3 **The Problem (pauses for effective between each statistic)**:

- Less than 5% of Australians have formal first aid training. (https://www.flyingdoctor.org.au/nswact/news/five-every-hundred-australians-knows-first-aid-flying-doctor-says-needs-change/)
- In the twelve months leading up to April of this year, there were 1,296 deaths on Australian roads, over three quarters of which were in remote areas. That's 986 human lives lost. https://datahub.roadsafety.gov.au/progress-reporting/monthly-road-deaths
- Around two thirds of Australia's land mass does not have cell reception.
- The scenario I just described is all too common in our country. We want to do something about it.

Slide 4: **The Solution**:

- While I introduce EchoPulse, we are going to show you a demo of a user receiving life-saving guidance.
- *Next slide, play demo*

Slide 5: **DEMO VIDEO**:

- EchoPulse is a conversational AI that operates entirely on device.
- Designed to replace an emergency services operator in the event that the user is too remote to call emergency services.

- To do this accurately as possible, users will interface entirely verbally through a mobile phone app
- This LLM uses an open source model such as Gemma 2B.
- Now, small LLMs have high chance of hallucinating, obviously unacceptable for our use
- Therefore all decision-making and advice will be outsourced to our rule based AI called Echo Core.
- The LLM will interface with Echo Core and relay guidance to the user as spoken word.
- Dramatically reduces odds of hallucination and allows the app to operate with less computational strain and storage costs
- EchoPulse will ask questions to diagnose the issue then walk the user through providing first aid they may not be trained in, such as CPR
- It will be able to field questions from the user and provide justification for its suggestions
- Any questions that cannot be answered by Echo Core will be answered with 'I am not equipped to answer that question', rather than an potentially incorrect LLM response.

I will now hand over to Valerie to discuss the road to an MVP, our market validation process. and market opportunity.

VALERIE'S SECTION

Slide 6: We currently have a wireframe prototype for our MVP. Our team consists of one developer-designer, and marketing and financial specialists. To reach a functional MVP, we'll need to onboard an AI specialist and have ongoing consultations with medical professionals to develop our core. If we can't get an AI specialist, we'll use a scripted voice-guided prototype like Twine or low-code apps to simulate user experience. We'll also need to maintain discussions with lawyers to address legal ramifications.

Slide 7: Since EchoPulse provides medical instructions in critical situations, we take the legal and ethical implications very seriously. We'll consult legal professionals with backgrounds in medicine to guide us. This includes preparing clear terms of use and legal disclaimers in situations where the app is used and the person doesn't survive.

Slide 8:
We conducted interviews with civilians and healthcare professionals. Most interviewees claimed that they'd hesitate in an emergency because they lack clear guidance. A Calvary Adelaide Hospital nurse confirmed that panic from untrained bystanders is common and stressed that rapid, early intervention is crucial.

Slide 9:
All interviewees responded positively to EchoPulse's core feature of real-time, voice-guided instructions. Some suggested on-screen animations to complement voice prompts, which is

something we’re looking into. Overall, the insights confirmed demand for the app and shaped our focus on offline access and clear voice guidance.

Slide 10: Our target audience is primarily people who live or work remote, as well as remote tourists. People in these groups often have minimal exposure to technology, and due to the extreme time-sensitive nature of the situation in which the app will be used, it’s critical that it's simple to use.

Slide 11: One of our main competitors is palmEM, a medical reference app designed to provide quick, evidence-based information. They advertise AI integration, but they aren’t emergency-oriented and are targeted towards healthcare professionals.

Slide 12: Another competitor is the Red Cross First Aid App which offers a range of basic first aid advice. However, its design is leaning more toward general education and broad emergency coverage. While EchoPulse also provides text-based instructions, we differentiate ourselves through a streamlined, emergency-focused user experience.

Slide 13: For funding, we intend to rely on kickstarter to raise capital. Once we’re up and running, we’ll continue operating under a donations model. We don’t want EchoPulse to be locked behind a paywall and advertising is out-of-the-question. If required, we’ll consider introducing a small one-time payment to install the app. In future, we plan to establish partnerships with EPIRB manufacturers like Garmin to integrate EchoPulse directly into their product.

Slide 14: After the Kickstarter campaign in the first phase, we’ll seek grants from health and innovation funds in the second phase. By the third phase, we aim to partner with companies like Garmin to integrate EchoPulse into their products.

Slide 15: If you have questions, we’d love to hear from you. Let’s save lives and improve outcomes together. Thank you for listening.

Q&A Notes

- Gemma 2B:
- 4bit should run on most modern smartphones
- 8bit will run on flagship smartphones
- Users can download the model depending on the capability of their device
- 4 bit model is around 1.5GB and 8 bit is around 3GB

We conducted interviews with both regular individuals as well as professionals in the healthcare industry.

A civilian interviewee stated that they wouldn't be comfortable helping during a medical emergency, primarily due to a lack of training. This pattern was observed amongst other interviewees as well. A nurse from the Calvary Adelaide Hospital further confirmed that the hesitation is widespread, stating that most bystanders are likely to panic due to a lack of guidance. They also emphasised the importance of early bystander intervention, as time is critical in medical emergencies.

Slide 18: When questioned about the resolvement of the issue, interviewees strongly supported the solution EchoPulse provides. They indicated that implementing voice-guided instructions is a feature they are highly drawn towards, confirming our decision to implement this feature. One interviewee suggested the addition of animations, helping them act accordingly to avoid making mistakes.

The professionals were also asked about the importance of validating EchoPulse. The nurse placed strong emphasis on this as the instructions need to be accurate to ensure correct instructions are being delivered during high stress situations.

Meeting Notes

- Describe the story and journey of EchoPulse (include made up personal experience that supports the concept), more storytelling.
- Less words on slides
- Target market should be discussed after the demo, interview feedback should be discussed in the middle, funding should be discussed at the end-people's skills, contacts
- We should discuss what sets us apart from competitors using a graph like this, describe why we're better than the other apps:

Brand	AI-driven	Offline access
Echopulse	✅	✅
PalmEM	✅	❌
Red Cross	❌	❌

- The start of the presentation script is too wordy, and should be more direct.
- We need specific statistics in the motivation section e.g. "only 5% of the population know first aid, out of 1200 people in remote areas 10% of those died last year". Demonstrate knowledge on the stats of remote Australia
- Remove JTBD, it's too academic. The presentation should be more of a business pitch Discuss a bit about EPIRB
- Mention market size and how many live in remote areas or deaths if relevant
- Instead of "Questions" on the last slide include contact details, and a catch line to end it e.g. we're looking to raise 50M blah join us on the journey, save lives! Ty for watching
- Include logo on the bottom corners of all slides (done). Images/diagrams can be added
- Remove "Market Opportunity" slide (done)
- For market validation we should've talked to remote councils– how they can adapt to the technology and use our system

Suggested layout for the start: 1. Relevant statistics 2. "What if there was a better solution to save lives" 3. Personal Story 4. "What if we could reduce deaths to X, the amount of money it would save" 5. Demo

Here is the Pitch Deck with Segmentation Elements (note add milestones to the elements not shown on wheel)

What Alex sent me