VALUE OBSERVATIONS

▸ **1. Join up systems,** automate core functions and streamline processes

　　▸ **Value** = Lean, operational cost savings improved customer affection & satisfaction from family members

▸ **2. Data exchange & brokerage model** serving TransitCare for door to door & inside the door, then white brand to similar businesses plus organisations with large membership base and community groups,

　　▸ **Value** = Expand footprint, broaden customer types to include extended family financial support, leverage trust, safety, secure, timely & personalised responsive, ability to attract philanthropic investment

▸ 3. **Member owned for profit social enterprise** operated by TransitCare expanded team with capacity to self fund gaps of affordability

　　▸ **Value** = Ability to focus on the the original intend and intensified problems with ability to shape government policy, greater self determination, responsibility and community capacity to care

WHAT IS THE ALINGMENT VALUE

▸ **1. To the federal government for TransitCare and any party that adopts its solution**

    ▸ Shift much of the cost, burden and responsibility of transportation to the individual, extended family and the broader community whilst maintaining the safety envelope

    ▸ Minimise some of the transition pain with regard to financial risk should the supply of services to the door cease in a given region, risk of public perception regarding any decline of quality of service and the ability to fast track the optimisation of service deliver operations.

    ▸ Provide an environment where meaningful comprehensive reporting of service delivery can be provided alone with the benchmarking of value outcomes for recipients of funding

    ▸ Evidence that the policy has dramatically improves the efficacy of service delivery and its effectiveness.

WHAT IS THE ALINGMENT VALUE

▸ **2. To any large member based organisation or group including insurance, church owned age care & human services oriented NGO's or charities and chronic disease support groups**

  ▸ Provide a mechasium to aggregate the collective purchasing power of the combined members either via the retail TransitCare branded service or via its own white branded service offerings.

  ▸ Enable a trusted brokerage environment to match aggregated demand with supply in a manor to group purchase at wholesale cost with a % of the savings going towards the social enterprise to offset the reduction of funding from government

  ▸ Ability to leverage this newfound ability to aggregate economic, social and political power to influence both the public and private sectors associated with the transportation needs of a family or service provider

  ▸ The capacity to extend the scope of supply to include delivery of medical supplies, pathology, blood, food (groceries or pre prepared meals) and other related products or services including insurance, furnial, legal, taxation, holidays and care giving services

WHAT IS THE ALINGMENT VALUE

▸ 3**. To any individual, advocate extended family or community (geographical or common interest)**

  ▸ Leverage the existing trust bank to extend the notion of secure, safe caring community based transportation to the kerb, door or room to include any person, advocate, family or community who can pay or where others will pay for a personalised service.

  ▸ This would enable options to include, do it for me as I/we would, keep me/us informed at all times, know and understand them, if circumstances change including delays do what every it takes to complete the intended task, reappoint them if required, manage the details and optimise there travel and appointments as required, help them socialise and provide support of any requested extra care based needs.

  ▸ Provide an option where a qualified nurse or legally reconised advocate can advise the driver, call centre or dispatch on what to do should a medical condition manifest on what action to take that is based upon direct access to their personal health record and medical accepted medical protocol

WHAT IS THE ALINGMENT VALUE

- 4**. To any member of the for-profit social enterprise**

    - Free app

    - Real time information & reporting

    - Information for tax and/or accountant

- 4**. To any shareholder of the for-profit social enterprise**

    - **Purchase 3rd party products & services at wholesale price (less % of the savings)**

    - **Ownership and control of a service that is critical for the safety and peace of mind and is regarded as being almost scared because of its beneficial influence on government and the sector and capacity to keep service delivery honest, transparent, effective and safe.**

WILL BECOME AN ETHICAL MEMBER OWNED FOR PROFIT SOCIAL ENTERPRISE (EXAMPLE STATEMENT)

That enables us all to;

Unlock the value of families and communities coordinating their collective care and support for loved ones (in a trusted and secure environment) Improving the ability to make informed chooses;

Of what care options are available form the public services and through the power of collective bargaining, getting more value from the fast expanding private health care service offerings

Plus reducing the collective self harm to our loved ones by reducing;

The avoidable errors of our health system and the global trends of harmful products that impact our health

Also through greater collaboration

Enabling a shift towards lifestyles that embrace fresh, clean and healthy alternatives

Some of the hotspots of pain reduction in the day in the life of a driver scenario

Typical pain type and score at each part of the process

Betty is 92 and recently had a fall severely affecting her mobility. She has a dizzy episode during the journey to her specialist which her Dr stated in her records would require a GP visit and not to the hospital unless she becomes unconsciousness

Betty's daughter books after 10 min wait on hold

Her trip is scheduled but no record exists in the system of her mobility time requirement of 20mins to load

Driver assistance is required from the living room to help with walking frame so a call is required for confirmation of consent to enter home

Discussion & search finds consent

Yes

No

Request to re book both clinical appointment and travel & acquire consent to enter home

Driver continues with the existing 3 passengers (plus Betty) for the scheduled journey but advises control that his 6th passenger may not make the appointment and requests they get picked up by another vehicle

After 5th passenger is picked up Betty complains of being dizzy and asked to be taken to see her Dr as advised.

Driver assesses the situation as a potential emergency but asked call centre to phone her daughter for instructions and confirmation of the Dr's instructions

The daughter's phone number and address have changed and no record can be found so advises the driver to treat the matter as an emergency

Upon confirming that Better is still dizzy they park in a safe spot and call an ambulance and attend to Betty to provide assurance and comfort

Due to distance and traffic conditions a decision is made to transport all other passengers by taxi including one who uses a wheelchair

Call centre case manages each passenger to existing appointment having received agreement from GP practice for one passenger to have appointment shifted by one hour and factored this into the pickup schedule

Call centre is advised by driver that Betty has been picked up by ambulance and all passengers except one requiring a wheelchair service have been dispatched.

Call centre seeks confirmation of ETA and then cancels booking and then advises driver to return passenger to home and request family make new appointment

Call centre attempt to contact Betty's daughter to ask her to attend hospital and pick up Better or book a ride.

Manual rescheduling of all new changes and requirements made

How much of the operational pain experienced today can be converted into measurable valet each stage

Green = As is, today ●

Blue = What they expect

Red = Stage one optimisation

Black dotted = Stage two brokerage model

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1. Role = Driver
Pain point = Additional time at pickup
Pain criteria = Time (16 mins)
Value = 0-5-7-10

2. Role = Driver
Pain point = Wait time when communicating with dispatch pain
Pain criteria = Tine= 4 mins x 4 = 16mins
Value = 2-6-5-8

3. Role = Driver
Pain point = Decision points re customer care versus staying on schedule pain
Pain criteria = Stress= 8/10
Value = 2-6-8-9

4. Role = Driver
Pain point = Should passenger go home, go to Dr or call an ambulance & stop vehicle
Pain criteria = Risk & liability of incorrect assessment 9/10
Value = 1-3-7-10

5. Roles = Passenger
Pain point = Will I get to my appointment
Pain criteria = Anxiety 8/10
Value = 2-5-6-10

6. Roles = Passenger
Pain point = Taxi experience
Pain criteria = Dislike service experience 9/10
Value = 1-4-5-8

7. Roles = Advocate (Daughter)
Pain point = Call to book
Pain criteria = Wait time (10mins)
Value = 0-4-6-10

8. Roles = Advocate (Daughter)
Pain point = Call to update information
Pain criteria = Annoyance creates hang up3/10
Value = 0-4-6-10

9. Role = Specialist Reception
Pain point = Reschedule appointment
Pain criteria = Frustration 10/10
Value = 0-8-9-10

10. Role = Taxi operations
Pain point = Cancellation of wheelchair taxi en-route
Pain criteria = Annoyance due to costs 9/10
Value = 1-3-6-10

11. Role = Dispatch operator
Pain point = Re calibrating the scheduling
Pain criteria = Time 20 mins x two = 40mins
Value = 0-4-5-9

12. Role = Dispatch manager
Pain point = Comprehending the scheduling status within a time frame to act efficiently
Pain criteria = Uncertainty 9/10
Value = 1-4-6-10

13. Role = Dispatch manager
Pain point = Recalibrating the scheduling
Pain criteria = Disruption 8/10
Value = 2-5-5-9

14. Role = Call Centre operator
Pain point = Interrogating all required systems when contact or status data is missing or incorrect
Pain criteria = Felling of being ineffective 9/10
Value = 1-4-6-10

15. Role = Call Centre operator
Pain point = Case managing passengers
Pain criteria = Time 60 mins x two = 180min
Value = 0-4-5-9

16. Role = Call Centre operator
Pain point = Dealing with customer frustration
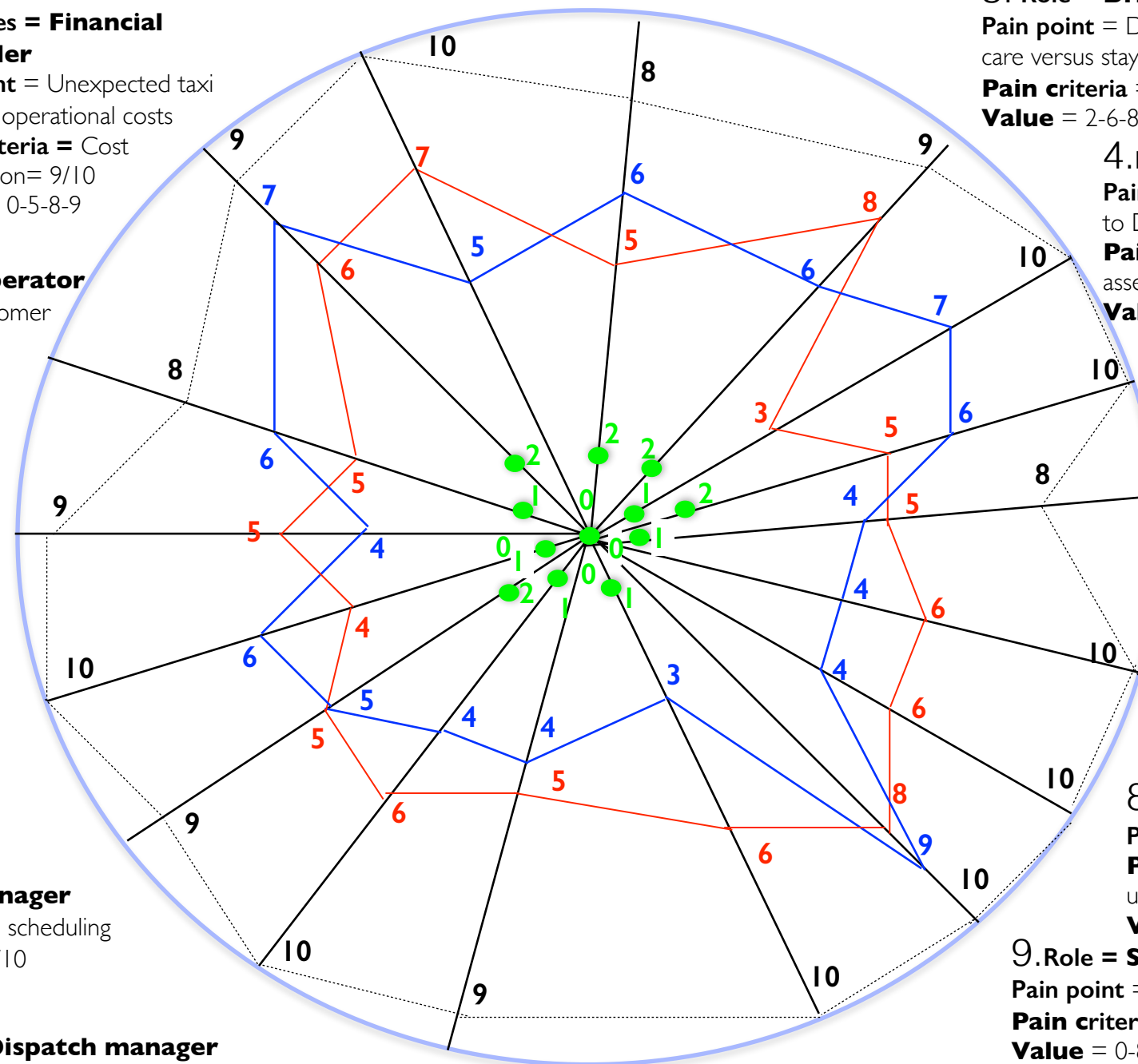**Pain criteria** = Stress 9/10
Value = 1-5-6-8

17. Roles = Financial controller
Pain point = Unexpected taxi ($175) & operational costs
Pain criteria = Cost optimisation= 9/10
Value = 0-5-8-9

Sell to Membership Strategy

Leveraging the global trends of crowd sourcing, communities of common interest & demand aggregation

Peak body groups

NGO Member based

IGA

Local

Health product industry

Insurance

Medical orgs

Church owned membership based org

Financial

Sporting (Olympic type sponsors)

Baby ind

Gov funded health programs & communication channel spend

Consortia; Funding Mass membership Infrastructure

Joint Venture

New Social Enterprise

Governance enforcement elected body

Principles & governance framework

Shareholding

Board

Management

Brokerage

Cash

Members

Sponsorship

Operational services

Subscription marketing model and channel management

My Condition Fraternity

3Teir Government & insurance funded support

My social & support network

My Condition Community

Me

My Family

Service delivery organizations

Related organizations we are members of

My Physical Community

The Country I live in

My Region

Target market for Full Membership (Shareholders) IPO formula

Sell to subscribers at 20% to 50% of the verified tangible annual value to each active subscriber (Estimated vary from $500 to $3,,000 savings on fixed costs per year depending on the number of services available plus the level of discount arranged via aggregation brokering) Note the intangible value to each party connected to the person needing care is what makes this model work and this too can be measured and evaluated.

Target market for free subscriptions

Aging
Chronic management - Cancer, Diabetes, Dementure etc
Acute management
Birth
Target numbers of each country vary depending on the speed of adoption by organizations who see value in collaboration that have the ability to to sign up their own membership base.