Masimo Patient SafetyNet*

Remote Monitoring and Clinician Notification System





Patient SafetyNet in Action

When You Leave the Room, You'll Still Be There

Patient SafetyNet is a remote monitoring and clinician notification system which displays near real-time information from any connected Masimo device at a central station and allows for alarms and alerts from bedside devices to be sent directly to clinicians



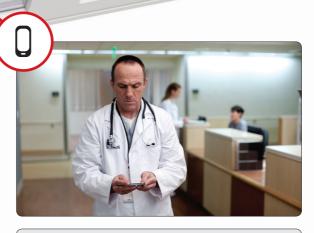
Bedside Device Connectivity

Continuous and noninvasive measurements from devices securely sent to Patient SafetyNet



Customisable View Station

Monitor up to 40 patients at a glance with choice of Icon and/or Numeric Views, to quickly investigate patient alarms and review trend data from a central monitoring station



Mobile Clinician Notification

Alarm notifications are sent directly to clinicians



Simplified Workflow with ADT IntegrationInterfaces with hospital HL7 Admit, Discharge, and
Transfer (ADT) system for simplified patient association

Seamless Data Transfer

Data from connected devices is automatically sent to EMRs

Solutions to Support Patient Safety

Continuous Monitoring

- > According to the Anesthesia Patient Safety Foundation (APSF), post-operative patients should have oxygenation monitored by continuous pulse oximetry¹
- > Using industry-leading Masimo SET® and upgradeable rainbow SET™ technologies, Masimo bedside devices provide continuous and noninvasive monitoring of oxygen saturation, pulse rate, respiration rate, total haemoglobin, and other clinically-valuable measurements



Rad-97

Radical-7

Alarm Management

- > In a study comparing three pulse oximetry technologies, Masimo SET® demonstrated the highest sensitivity and specificity in identifying desaturation events during conditions of motion and low perfusion²
- > Patient SafetyNet enables the customisation of alarm and notification thresholds to meet clinical requirements, while avoiding nuisance alarms





Real-time Clinician Notification

Patient SafetyNet sends actionable patient alarms directly to qualified clinicians for immediate patient assistance



Configure alarm thresholds and delays by patient population to manage alarms



Clinician is notified remotely of alarm at the bedside



If primary clinician does not respond, the alert is escalated to additional clinicans

Simplifying Workflows with Connectivity Solutions



Bedside Patient Association via ADT

Scan patient wristband using a barcode scanner attached to the Root device (or select patient from drop-down list) to associate the patient, device, and clinician at the bedside





Direct Integration into EMR



Vital Signs Monitoring

Root with integrated, noninvasive blood pressure and temperature monitoring sends patient vital signs data directly to the EMR



Electronic Charting

Patient SafetyNet interfaces with hospital EMR system using HL7 for automated documentation of patient data

Connectivity Options

Automatic data transfer from medical devices to the EMR could improve productivity and reduce the likelihood of transcription errors³



Root + 3rd Party Standalone Devices

Root's built-in Iris™ ports act as a connectivity hub for 3rd party standalone devices



Patient SafetyNet

Patient SafetyNet converts all Masimo and 3rd party standalone device data into HL7



EMR

Patient SafetyNet automates data transfer from multiple devices to the EMR

A Custom-Tailored Solution

Patient SafetyNet can be configured to support your individual patient populations and alarm management strategies

Partnership

A dedicated, field-based team of experts partners with your team to configure the right solution to meet your goals

Integration

Our team creates a solution that succeeds within the framework of your existing devices, technology, and IT infrastructure

Collaboration

Our project managers liaise with other vendors, such as EMR vendors, to streamline communication between all parties and collectively meet deadlines

Risk Management

Our network engineers conduct network performance testing to ensure the system meets the minimum requirements for continuous monitoring

Performance

Our network engineers partner with your IT department and network administrators to assess performance and provide remediation, if necessary

Execution

Our clinical specialists work side-by-side with your nurses and clinicians to provide thorough, hands-on training

"The implementation of the Patient SafetyNet system was successful due to the collaborative efforts put forth by Crouse Hospital IT and Masimo. The Masimo team has a vast knowledge of systems, networking, and clinician needs. They were always supportive of our needs and their passion and dedication are second to none. By choosing Masimo, we received a great system, great people, and a great partner."

Matt Mahoney, Project Manager - IT, Crouse Hospital, Syracruse, NY

Long-term Implementation Results

In this example, Patient SafetyNet and Masimo bedside devices were implemented in a top research hospital to address the need for continuous monitoring and alarm management in general care areas

2007 – Pilot Implementation in 36-bed Orthopaedics Unit

In two studies reviewing the one-year pilot, researchers found:

- > 48% reduction in ICU Transfers, saving 135 ICU days per year⁴
- > An average of 4 alarms per patient per day4
- > 65% reduction in Rapid Response Team activations in surgical units5*
- > \$1.48 million USD opportunity cost savings in the post-surgical unit due to reduction in ICU transfers^{5**}

2009 – Expansion into General Care Units

Following the initial implementation:

- > Patient SafetyNet with Masimo bedside devices was expanded to cover more than 200 inpatient beds in all medicine and surgical units^{6***}
- > Researchers found **0 preventable deaths** or brain damage due to respiratory depression from opiods, over a five year period⁵

2016 – Collective Analysis

Investigators found improvements from the pilot implementation were sustained over ten years in most units, despite increases in patient acuity and occupancy⁶:

50%
Reduction in unplanned

transfers6

60%

Reduction in rescue events⁶

An average of

alarms per patient per day⁶

^{*}The calculation of reduced rapid response activations by 65% was based on reduction of rescue events from 3.4 per 1000 discharges to 1.2 per 1000 discharges. ** Based on 36-bed unit. ***Except for Psychiatry and Labor and Delivery Units.

How to Configure Your Patient SafetyNet

Choose Your Care Areas and Components

- > Number of Beds to Monitors
- > Number of Views in Each (Limit 200 instruments and 10 views per appliance)





Patient SafetyNet View

Patient SafetyNet Appliance

Choose Your Patient Monitors



Root with Radius-7



Root with Radical-7



Rad-97



Radical-7

Leverage Your Existing IT Infrastructure

Wireless Configuration Support

> IEEE Standard: 802.11 a, b, g

> Encryption: TKIP, AES

Wired Configuration Support

> Ethernet: Standard IEEE 802.3





/ireless

ss Wired

Choose Your Notification Platform

Masimo Dedicated Paging System

3rd Party Gateway (Allows 3rd party messaging with gateways that comply to TAP1.6/1.8 over ethernet or HL7)



Masimo Paging System



3rd Party Gateway

Connect to EMR Interface (Optional)

Patient SafetyNet incorporates the Masimo Iris Gateway™, which enables 2-way, HL7 based connectivity to clinical/hospital information systems



Patient SafetyNet Specifications

PATIENT SAFETYNET APPLIANCE	
Communications AC Power	Proprietary Linux 2.0 KernelRedundant Gigabit 10/100/1000 BaseT Ethernet NICsRedundant Power Supplies (110 - 240 VAC, 50/60 Hz)Redundant Power Supplies (110 - 240 VAC, 50/60 Hz)

PATIENT SAFETYNET VIEW	
Display	
DEVICE SPECIFICATION	

Refer to Root, Radius-7, Rad-97, and Radical-7 Operator's Manuals

¹ Weinger MB, et al. *APSF Newsletter.* 2011;26(2):21-40. ² Shah N et al. *J. Clin Anesth.* 2012 Aug; 24(5):385-91. ³ The Value of Medical Device Interoperability. West Health Institute. 2013. ⁴ Taenzer AH et al. *Anesthesiology.* 2010 Feb; 112(2):282-287. ⁵ Taenzer AH et al. *Anesthesia Patient Safety Foundation Newsletter.* 2012. ⁶ McGrath SP et al. *The Joint Commission Journal on Quality and Patient Safety.* 2016 Jul;42(7):293-302.





