EMERGCONNECT

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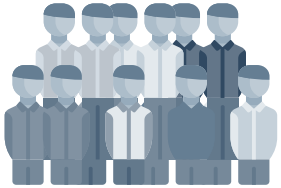
The **Problem**

Patient Navigation

40% - 60% Non-Emergency Patients in ER
Many Patient Options



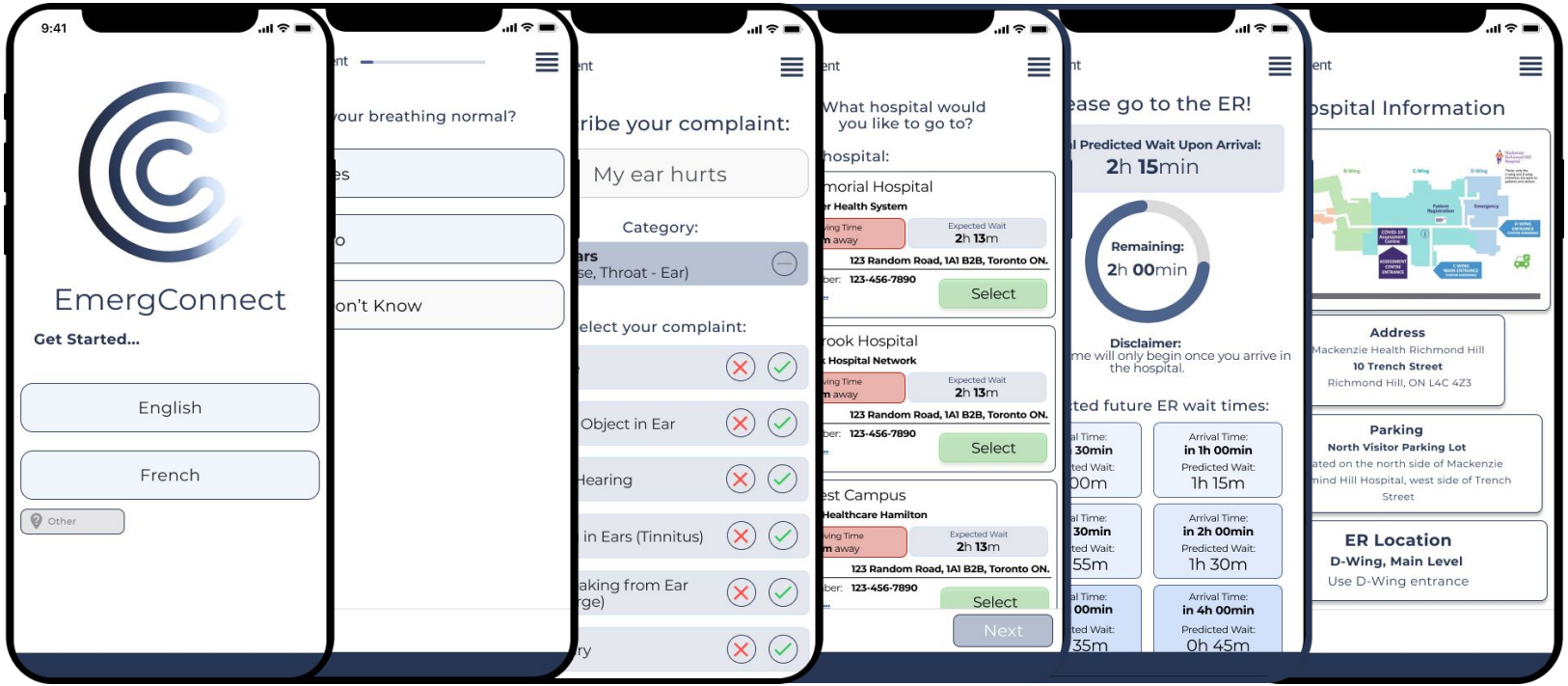
ED Overcrowding & Discomfort

Significant Staffing Shortages

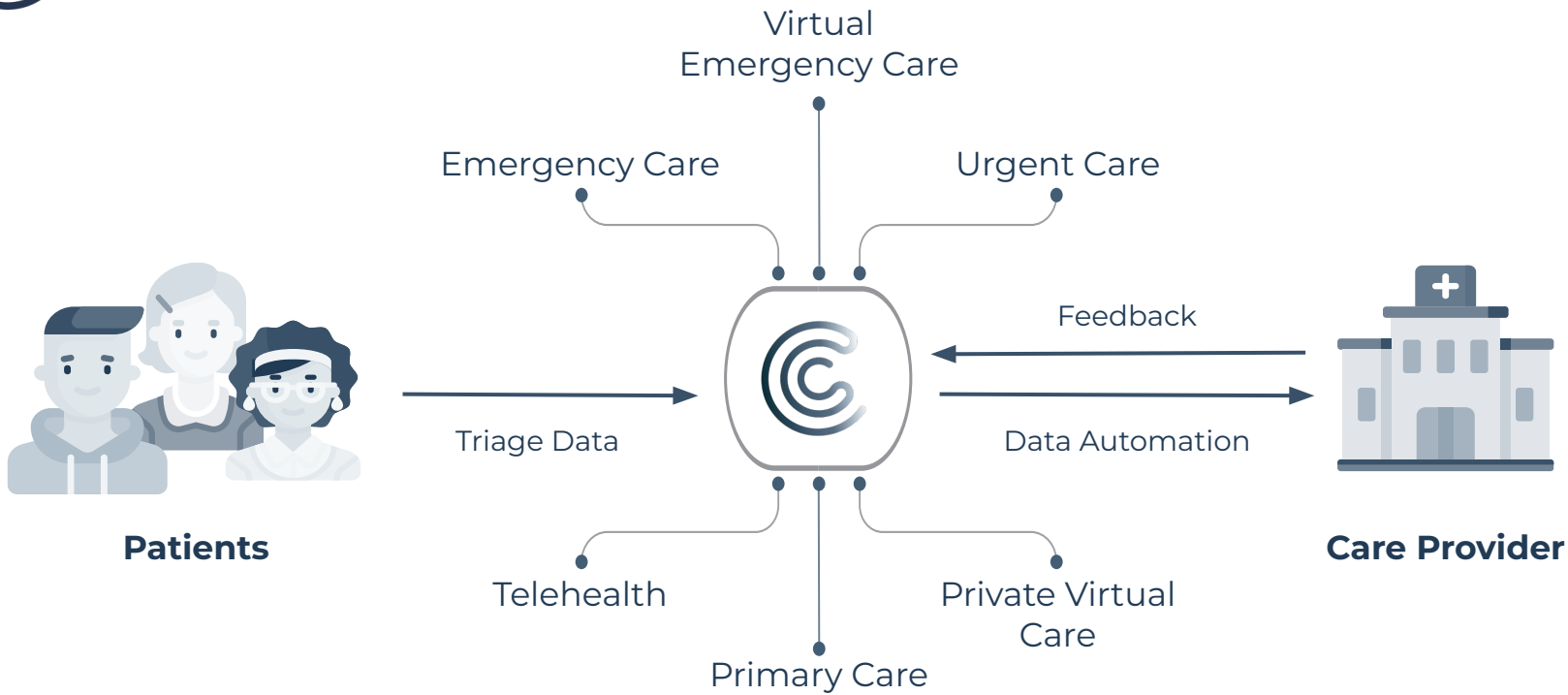
EmergConnect

Digital Front Door

Patient Self-Assessment, Registration, and Individualized Wait Time Predictions.



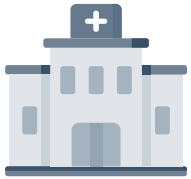
The **Vision**


Virtual
Emergency Care
Emergency Care
Urgent Care
Feedback
Triage Data
Data Automation
Patients
Care Provider
Telehealth
Private Virtual
Care
Primary Care
AI Driven Patient
Navigation

The **Patient Journey**

EMERGCONNECT 1-click

Patient engages with EmergConnect



Patient arrives at the ER

Expedited Triage

Patient waits for physician
With increased communication

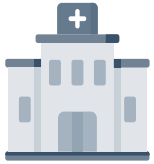
Alternative care options

Features

Automated Registration

Reliable Remote Triage Data Collection

Individualized Wait Time Predictions



Clinical Redirection

Passive & Active Load-Leveling

EmergConnect Portal or EMR Integration

Patient Facing

Improving

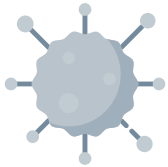
Patient Satisfaction

Access to Care

Timeliness of Care

Reducing

Patient Stress



Infectious Disease Spread
(COVID-19)

Provider Facing

Automated Clerical Tasks

Automated Data Input

Reliable Triage for Virtual ED

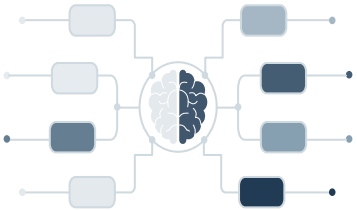
Redirecting Patients to Less Expensive Care

Decreased Overall Wait Times

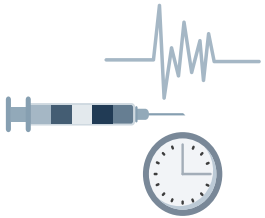
Reduced Marketing Spend

How **EmergConnect** works

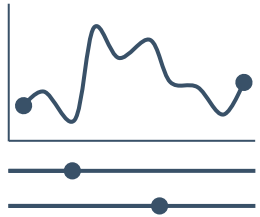
Mobile patient intake & triage platform



AI & ML analytics



Triage Scores
Triage Analysis
Rule Out
Wait Time Prediction
more...



EmergConnect Portal and/or Hospital API
Electronic Medical Record App

Traction

The Ottawa Hospital
L'Hôpital d'Ottawa

Sunnybrook

William Osler Health System

St. Joseph's Healthcare Hamilton

Why EmergConnect?

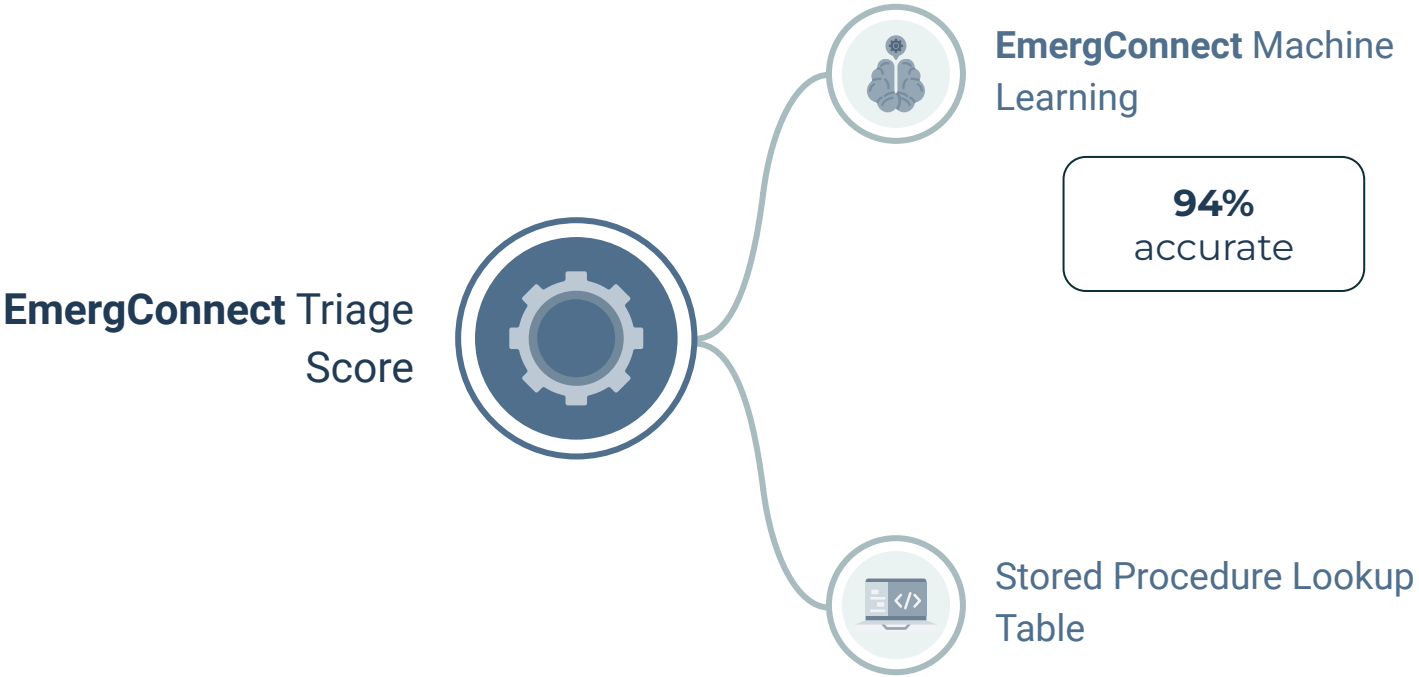
EmergConnect AnyIntegration®

Unique Patient Benefits

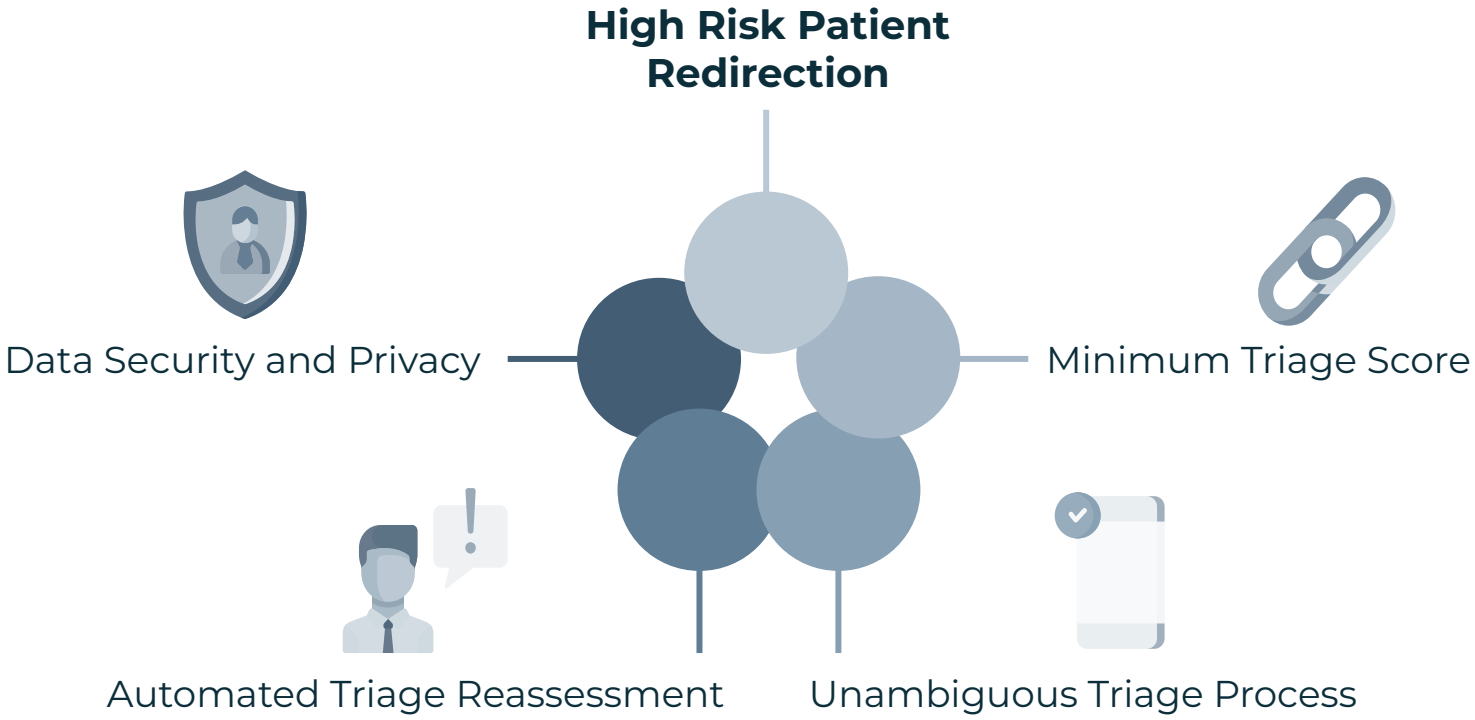
Wait Time Prediction

Hospital Workflow Integration

How **EmergConnect** Predicts Risk



Liability / **Risk** Management



and more...

History of EmergConnect

Initial Idea

Initial Idea:
Unify healthcare records for all using digital health

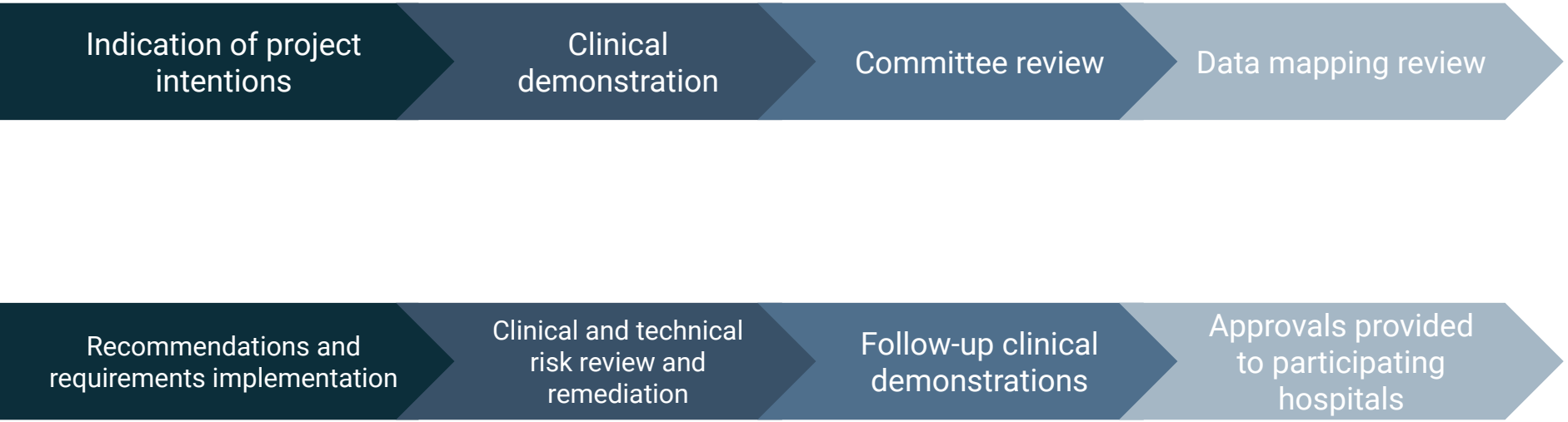
Health Venture Program - McMaster

Second Idea:
Patients wait at home before coming into the ED

Hospital Approval Process

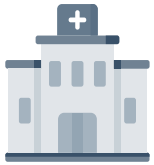
Project Intention	Clinical Champion Identification	Research Protocol Development	REB Submission and Review	Impact Assessment / Departmental Approvals
External development of project intention and high-level plan.	Identification of clinical research at local institution interested in acting as principal investigator.	Coordination with PI(s) and/or external researchers as to scope, objectives, and logistics of research study for validation of digital health.	Research ethics board (REB) submission. For innovative digital health, several full board reviews may be required. Clinical trials ontario is an option. Identified problem: Inconsistencies between REBs.	All impacted hospital departments must approve. These include but are not limited to: Innovation, Clinical Departement, Nursing, Registration, IT/IS, Privacy, Legal/Risk. External assessments required include: Privacy Impact Assessment, Threat and RIsk Assessment, Penetration Testing, SOC2 Type 1 & 2 (Timeline Dependent)

Provincial Approval Process



National organizations including NENA and the national triage council were consulted as part of this review.

Final Product



Phase 1:

In-ED use for patients with data transfer automation for nurses.

Phase 2 :

At home use with data transfer automation for nurses.

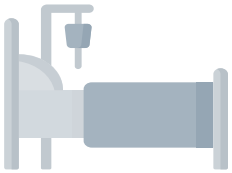
Phase 3 :

Patient self-direction and data transfer automation integration with virtual care and in-person care.

Future Development Plans

Length-of-Stay Prediction

Clinical Test Predictions / Recommendations



Admission Predictions

The EmergConnect **Vision**

Centralized digitally enabled same day urgent/ emergent care for all patients.

Reinventing the **ER**!

Get in touch!

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