ClearProtocol®

Healthcare Software-as-a-Service
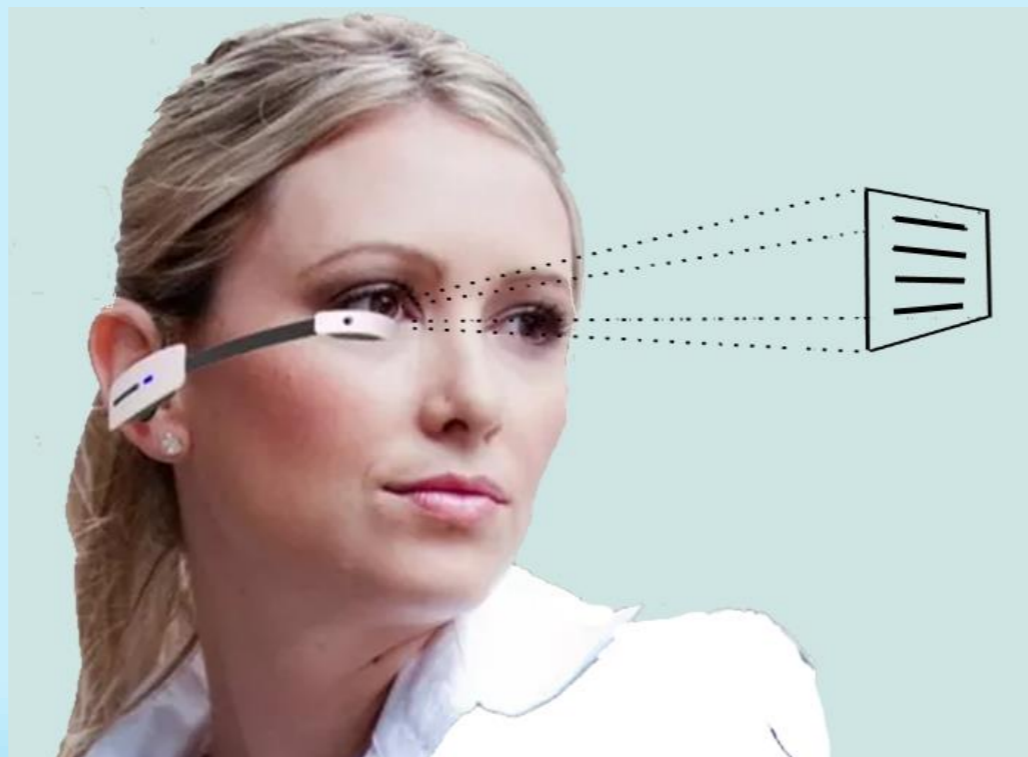
FOR HOSPITALS, CLINICS AND MEDICAL OFFICES
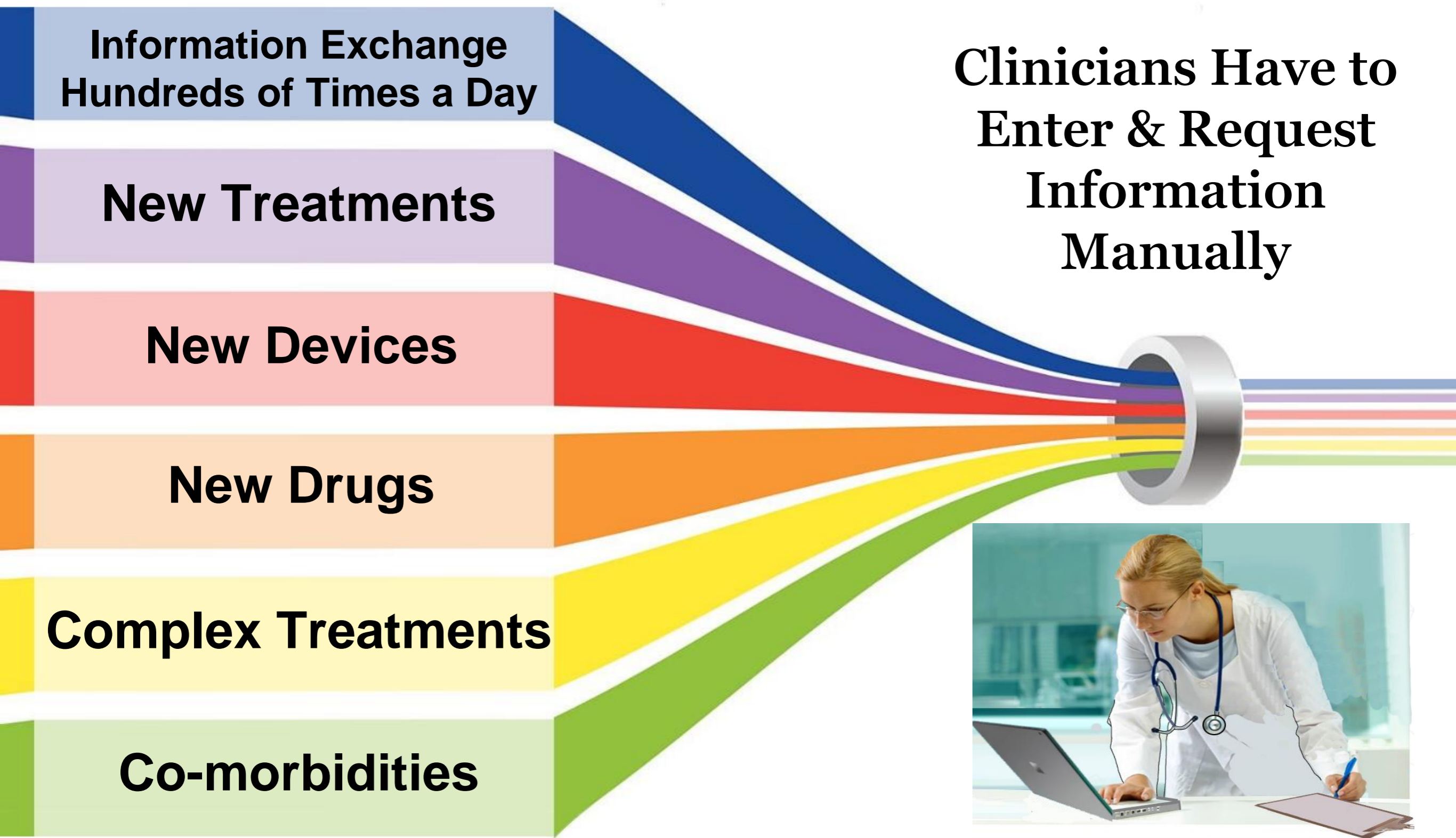
EXISTING METHODS

IMPROVISED USE OF CONSUMER ELECTRONICS LIKE IPADS, SMARTPHONES, AND PCS IS IMPRACTICAL IN THE CLINICAL SETTING

EXISTING METHODS

CLINICIANS HAVE NOT BEEN GIVEN
THE RIGHT TOOL FOR WHAT THEY DO

THE BOTTLENECK IMPACTS ALL OF HEALTHCARE

Information Exchange Hundreds of Times a Day

New Treatments

New Devices

New Drugs

Complex Treatments

Co-morbidities

Inefficiency

Clinician Fatigue

Errors

Harm to Patient

Longer Hospital Stays

High Costs
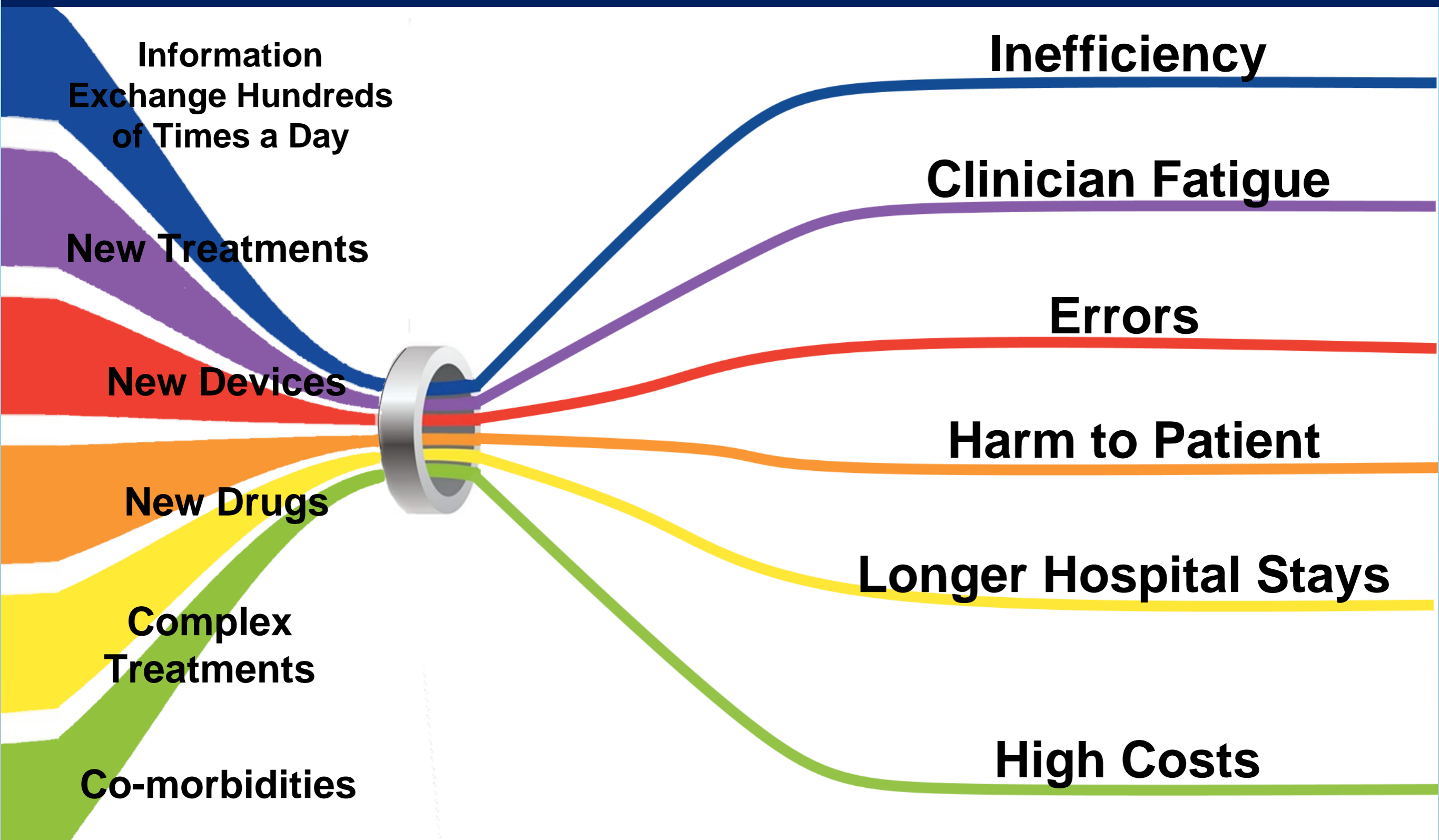
THIS WAS THE INSIGHT WHICH LED TO THE CONCEPT OF CLEAR PROTOCOL

THE SOLUTION
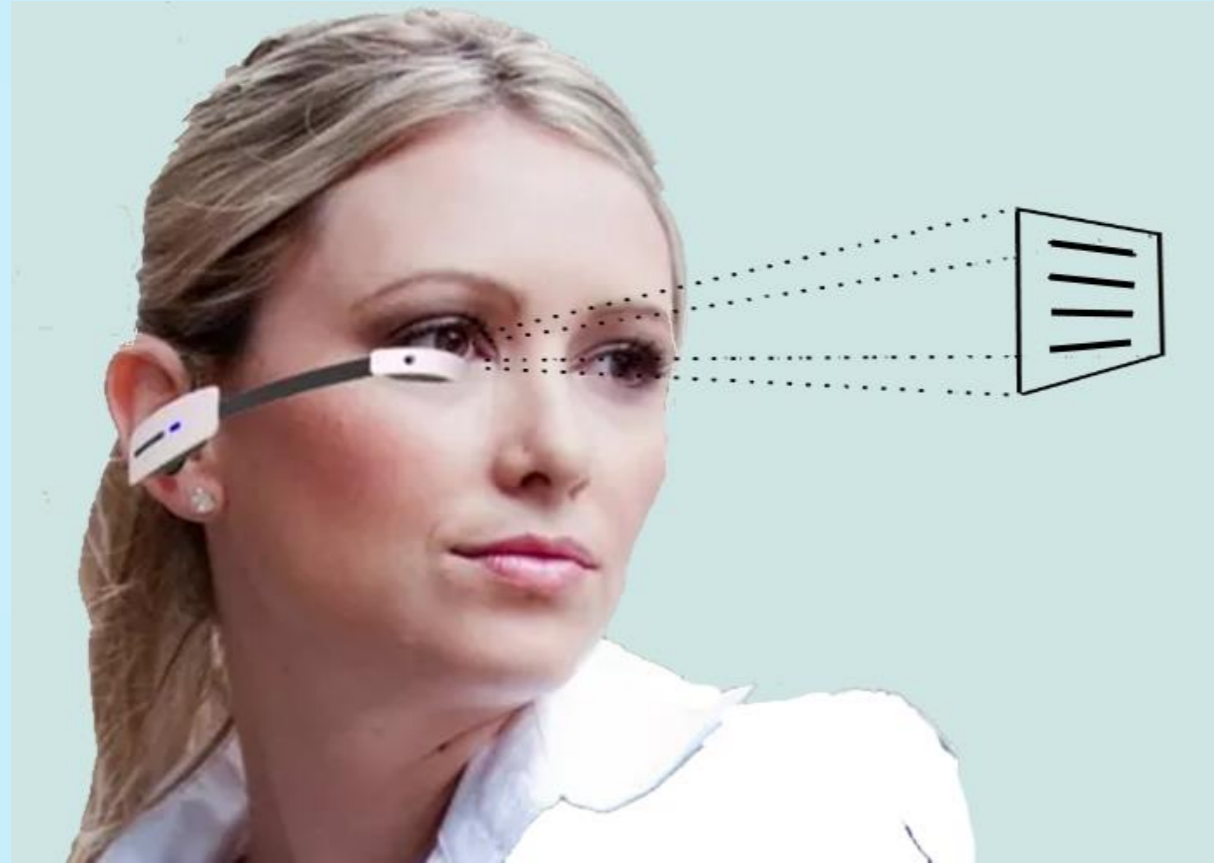
ClearProtocol® ✔

Contemporaneous Validation for Clinical Practice

- WITH CLEAR PROTOCOL®, DOCTORS AND NURSES ON THEIR ROUNDS CAN EASILY VALIDATE CLINICAL PROCEDURES, HANDS-FREE. PATIENT RECORDS UPDATE AUTOMATICALLY.

- USING OUR WEARABLE DEVICE, THE CLINICIAN SELECTS
- A PROCEDURE ON THE CLEAR PROTOCOL VOICE-ACTIVATED PLATFORM, WHICH THEN LOGS THE COMPLETED STEPS IN REAL TIME.

- CLEAR PROTOCOL® MEETS ALL THE ACCEPTED REQUIREMENTS FOR HEALTHCARE INFORMATION TECHNOLOGY.
(AHRQ 2020, AHRQ 2019, CDC 2020)

Clear Protocol® vs. Existing Validation Methods

The "Five Rights" of Clinical Decision Support (AHRQ 2020)	iPad Smartphone	Laptop Desktop	Clear Protocol
The right information	✅	✅	✅
To the right person	?	?	✅
In the right intervention format	❌	❌	✅
Through the right channel	❌	❌	✅
At the right time in the workflow	❌	❌	✅

CLEAR PROTOCOL WAS DESIGNED FROM THE BEGINNING TO VALIDATE CLINICAL PROCEDURES, HANDS-FREE, IN A PRACTICAL WAY.

- Saves doctors and nurses valuable hours

  - Leads to cost reduction

  - Reduces malpractice liability

  - Promotes patient safety

ClearProtocol®

Clear Protocol® can help prevent

- "Sepsis is a Preventable Public Health Problem" Approximately 1 million cases annually (KEMPKER, 2018)

- Medication errors …injure approximately

1.3 million…annually in U.S. (WHO 2017)

- There are 440,000 deaths a year (JAMES 2013) and between 5 to 9 million seriously harmed (DISCH 2014) from preventable medical errors in hospitals.

THIS IS NOT ABOUT ALTRUISM ONLY. THE HIGH LEVEL OF SOCIAL IMPACT RELATES TO BUSINESS POTENTIAL.

ClearProtocol®

- B2B Recurring Revenue – In a Stable Industry

- Efficient Use of Capital - Scalable SaaS

- Patent Protection

- Every caregiver in every hospital, clinic, and private practice is a potential user of the Clear Protocol system
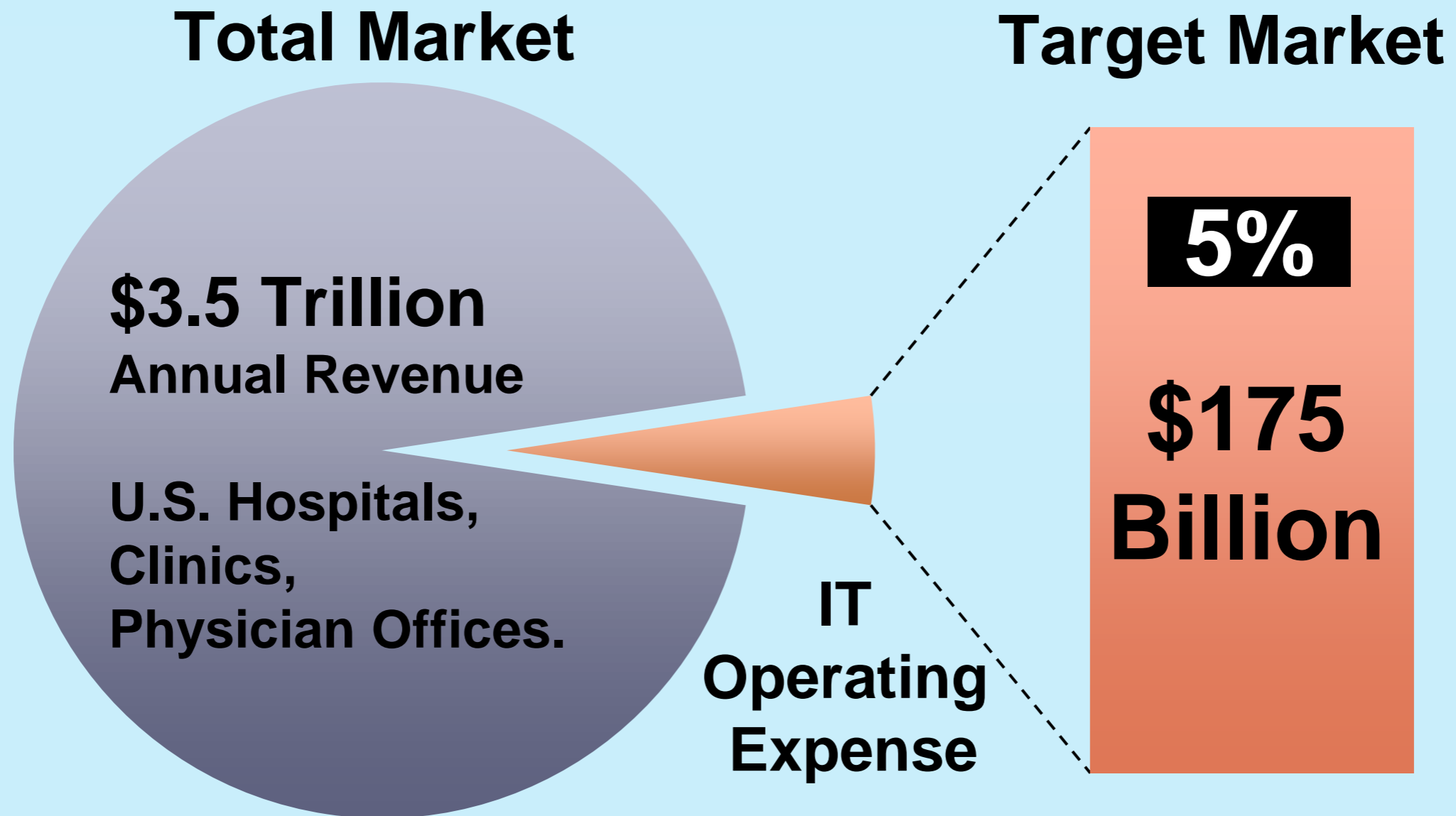
INTELLECTUAL PROPERTY

ClearProtocol® ✓

- U.S. Patent issued 2019, additional patents pending

- "Clear Protocol" trademarked, name usable in any industry

- Matching ".com" Domain

- Matching social media "@ClearProtocol"

- Software copyrighted

- Trade secrets maintained

HOSPITALS, CLINICS AND PHYSICIAN OFFICES
COMBINED IT EXPENDITURES: APPROXIMATELY $175 BILLION.

Total Market

Target Market

$3.5 Trillion
Annual Revenue

U.S. Hospitals,
Clinics,
Physician Offices.

IT
Operating
Expense

5%

**$175
Billion**

Near term addressable market:
personally contacting hospitals in Southern California.

RECURRING REVENUE:

PER BED - OR PER USER - SITE LICENSE SUBSCRIPTIONS

(SEPARATE CHARGES FOR CUSTOMIZATION, INSTALLATION, AND TRAINING).

Founders & Advisors

AT CLEAR PROTOCOL, WE ARE SYSTEM INTEGRATORS WHO KNOW MORE THAN JUST HARDWARE AND SOFTWARE.

ClearProtocol® ✔

- Our Team has Experience and Degrees in Nursing, Corporate Finance, Project Management

- PhDs in Healthcare Informatics, Computer Science, and Engineering

- A passion for Assistive Technology and building businesses

- Authoring scientific research in this area

WE HAVE THE RIGHT SKILLS AND KEY INSIGHTS TO ENSURE THAT CLEAR PROTOCOL IS AN EFFECTIVE TOOL FOR CLINICIANS AS WELL AS BUSINESS SUCCESS.

TEAM

Marie L. Kestone, RN., Co-founder
Having lost close friends, 19 and 34 years old, from routine hospital stays, and not to mention her years of experience as RN at Southern California hospitals, Marie was inspired to co-found a Health IT enterprise.

ClearProtocol®✓

Ernest M. Kestone, CEO, Co-founder
When a friend's mother developed infections upon consecutive hospital visits, an idea was born to assist in verifying every clinical procedure using digital technology. A life career in a highly regulated, business environment provided Ernest with the technical know how.

ClearProtocol®✓

TEAM ADVISORS, Page 1/3, click on photo for LinkedIn profile.

**Matthew Turk, PhD. President,
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PhD Media Arts & Sciences, MIT Media Lab.
MS, Electrical Engineering/Robotics, Carnegie Mellon.
BS Electrical Engineering, Virginia Tech.

Founding member of Microsoft's Vision Technology Group. IEEE Fellow. IAPR Fellow.
Founder of Caugnate, an Assistive Tech. startup.

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PhD Health Informatics, National University at Athens, Greece
RN, Nursing, National University at Athens, Greece

Research and teaching experience in Health Informatics, focusing on Health Information Systems, databases and data analysis in healthcare, and Assistive Technologies.

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Emerging Company & Venture Capital Attorney

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PhD., Psychology, Hofstra University

Dr. Werber teaches graduate students at UCLA on how to communicate effectively and persuasively.
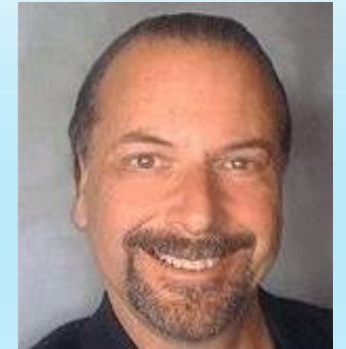
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Doctor of Medicine, University of Illinois at Chicago
BA Biology, Cornell University

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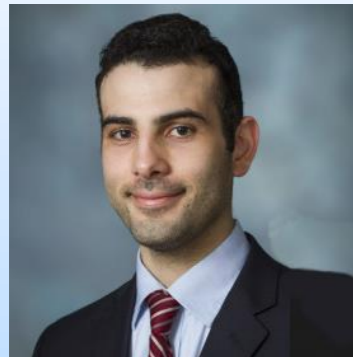
Raed Zuhour, MD, BChE
Resident Doctor, Radiation Oncology Department, University of Texas Medical Branch

Doctor of Medicine, University of Texas Health, San Antonio
BS Chemical Engineering, University of Illinois at Urbana-Champaign

Passionate about quality improvement, patient safety, and leveraging advances in information technology to improve patient care and research.

Ernest M. Kestone
CEO, Co-founder
Clear Protocol, Inc.

ClearProtocol®

Contemporaneous validation of clinical practice.

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WE ARE ACTIVELY LOOKING TO COLLABORATE

WITH ACCREDITED INVESTORS. THANK YOU!

REFERENCES

AHRQ, 2020 The statement was made in reference to Clinical Decision Support (CDS), the area of Healthcare IT for Clear Protocol®. The Clinical Decision Support (CDS) Five Rights model states that we can achieve CDS-supported improvements in desired healthcare outcomes if we communicate:

1) The right information: evidence-based, suitable to guide action, pertinent to the circumstance.
2) To the right person: considering all members of the care team, including clinicians, patients, and their caretakers.
3) In the right CDS intervention format: such as an alert, order set, or reference information to answer a clinical question.
4) Through the right channel: for example, a clinical information system (CIS) such as an electronic medical record (EMR), personal health record (PHR), or a more general channel such as the Internet or a mobile device.
5) At the right time in workflow: for example, at time of decision/action/need.
   Source: https://healthit.ahrq.gov/ahrq-funded-projects/current-health-it-priorities/clinical-decision-support-cds/chapter-1-approaching-clinical-decision/section-2-overview-cds-five-rights Accessed June 3rd, 2020.

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