



Digital Healthcare Software Platform Solutions & Capabilities

Overview

CareMonitor is an enterprise grade, comprehensive, scalable and secure end-to-end cloud based, shared care and population health management software solution with real time remote monitoring and telehealth capability linking healthcare providers with patients.

Collaborate and proactively manage care

It enables healthcare teams to seamlessly collaborate, proactively manage care and take preventative action. Through seamless integration with a range of clinical management systems (e.g. electronic medical records (EMRs), patient administration systems (PAS) and other third-party source systems). CareMonitor makes it very efficient to coordinate clinical pathways, care planning and patient engagement.

Co-designed by clinicians and patients

CareMonitor has been co-designed by clinicians and patients from ground up. The development of CareMonitor takes a fresh design centered perspective and was based on the core principles of Neighbourhood Health model. It facilitates co-ordination of care of patients across different care settings, enabling dispersed team-based care and empowering the patients in the management of their health.



Transforming healthcare
through **digital innovation**

Awards

Recognised for excellence in digital health innovation, our awards reflect our commitment to improving healthcare delivery.



Recognised as digital health innovators by the Australian Digital Health Agency

CareMonitor was recognised in June 2020 as an Innovation Challenge champion by the Australian Digital Health Agency. We're honoured for this recognition as we continue to champion digital health innovation to provide a healthier future for patients through connected healthcare.

The Australian nominee for the World Summit Awards Global Competition 2020 in the Health & Well-Being Category.



CareMonitor was chosen as the Australian nominee for the World Summit Awards Global Competition 2020 in the Health & Well-Being category. The award is in recognition of making a positive local and social impact in the context of United Nations sustainable development goals.

Our Solutions



Shared Care & Community Electronic Medical Record (cEMR)

Eliminates data siloes across multidisciplinary and shared care teams.



Hospital in the Home

Enhance patient outcomes and hospital efficiency with CareMonitor's Hospital in the Home solution.



Chronic Disease Management

Intuitive, personalised and connected digital healthcare for patients managing long-term health challenges, delivered in the home.



Perioperative Support

Digitally enabled patient support to navigate referral through to pre-op assessment and into post-discharge phase.



Health & Wellbeing Programs

Evidence-based interventions that aim to positively influence behaviour change by supporting self-management and informed decision making regarding health and wellness.

Features & Capabilities

CareMonitor's extensive range of features and capabilities are used as building blocks to devise solutions that address the unique challenges each healthcare provider is met with.

Digitally Enabled Multidisciplinary Team Care

Using a range of tools to securely collaborate, monitor, and manage patient health, CareMonitor creates a safe and secure space to accommodate multidisciplinary teams and effective shared patient care.



Digital Care Pathways

Provide consistency in quality of care across the patient population by using SMART care plans. There are currently over **50 disease specific care plans** in the platform which can be completely customised, or clinicians can create new health pathways from scratch.

The screenshot displays the careMonitor interface for a patient named Longterm Lenny (DOB: 01 Aug 1950, 71 Years). The left sidebar shows navigation options: The Health Concierge, Dashboards, CareMonitor (selected), Patients, Diabetes, Coordination, Operation, Alerts (51), Pending Tasks (9612), Reports, and Referrals Dashboard. The main content area shows a care plan for Hypertension with the goal: 'Prevent heart attack, stroke, damage to organs'. The care plan includes three metrics: Cholesterol (Target: <= 4.0, Frequency: 6_MONTHLY), Blood Pressure (Target: < 140/90, Frequency: DAILY), and Weight (Target: < 80, Frequency: WEEKLY). Each metric has associated goals, management instructions, and alert ranges. For example, the Blood Pressure metric has a goal to 'Keep blood pressure within the target range' and management instructions to 'Take Medications as Prescribed; Low salt diet - with less than 2000mg sodium a day'. The alert ranges for Blood Pressure are: Min: 105/50, Max: 140/90 (green), Min: 97/40, Max: 150/100 (yellow), and Min: 20/10, Max: 200/180 (red). The interface also includes a 'Schedule Preventive Health' button and a 'Care Plan Options' dropdown.

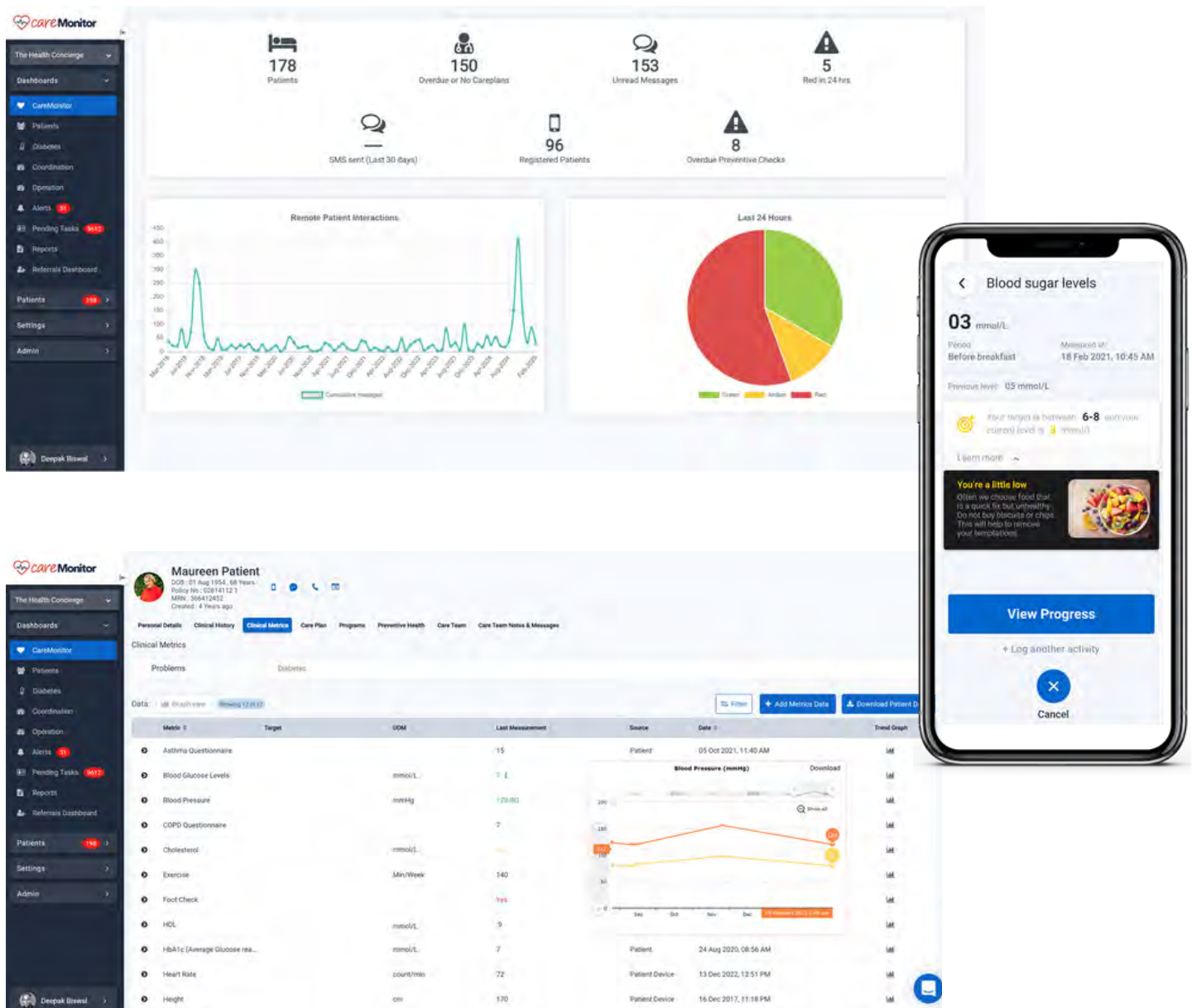
Benefits

- Patient care coordination by multidisciplinary teams.
- Combine multiple care plan templates to account for multi-morbidities in a single care plan.
- Dashboard display and task management.
- Request assessments and measurements from patients via published care plans and programs.
- Boost care plan adherence and patient engagement with telehealth and virtual care.

Real Time Remote Patient Monitoring

Keep patients healthy and in their comfort of their own home.

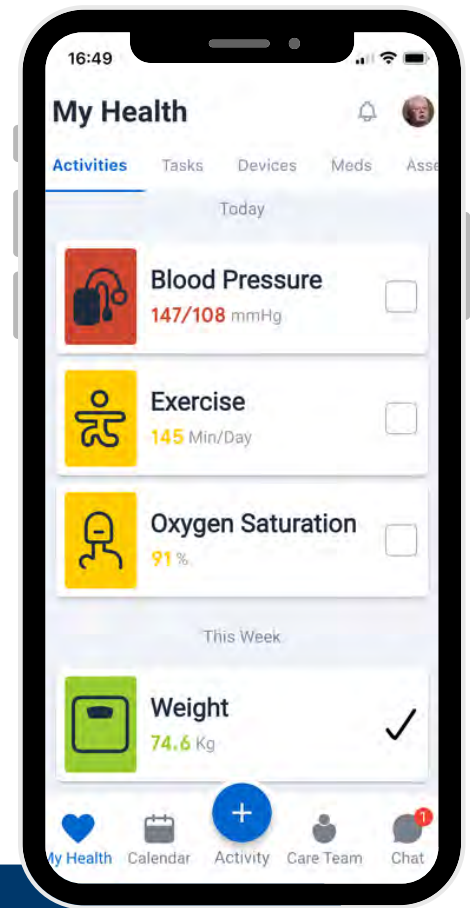
Our comprehensive RPM solution allows healthcare teams to detect and treat irregularities or fluctuations in a patient's state - interventions that lead to better outcomes while avoiding costly hospitalisation due to complications.



Device Integration

When it comes to Virtual Care and Remote Patient Monitoring programs, there are various device strategies implemented. We support programs that: provide device kits, support Bring Your Own Device (BYOD), and any combination in-between.

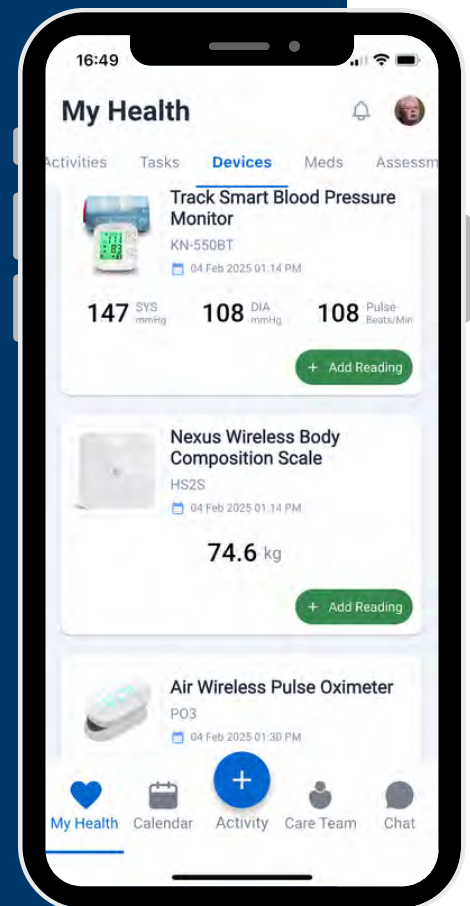
We are device agnostic and will work with clients to integrate with devices already on hand or in circulation with patients. We have strong relationships with device providers and support implementing device programs where they connect effortlessly out of the box.



Our patient mobile app integrates with various medical-grade devices. This is achieved using direct Bluetooth integration or via Apple Health/ Google Fit integration.

CareMonitor continuously reviews new devices for their integration suitability and implements those that will have widest and most meaningful impact across our partnerships.

Configuration to establish custom, bespoke integrations to other remote monitoring devices available if required.



Digital Health Surveys & Risk Assessments

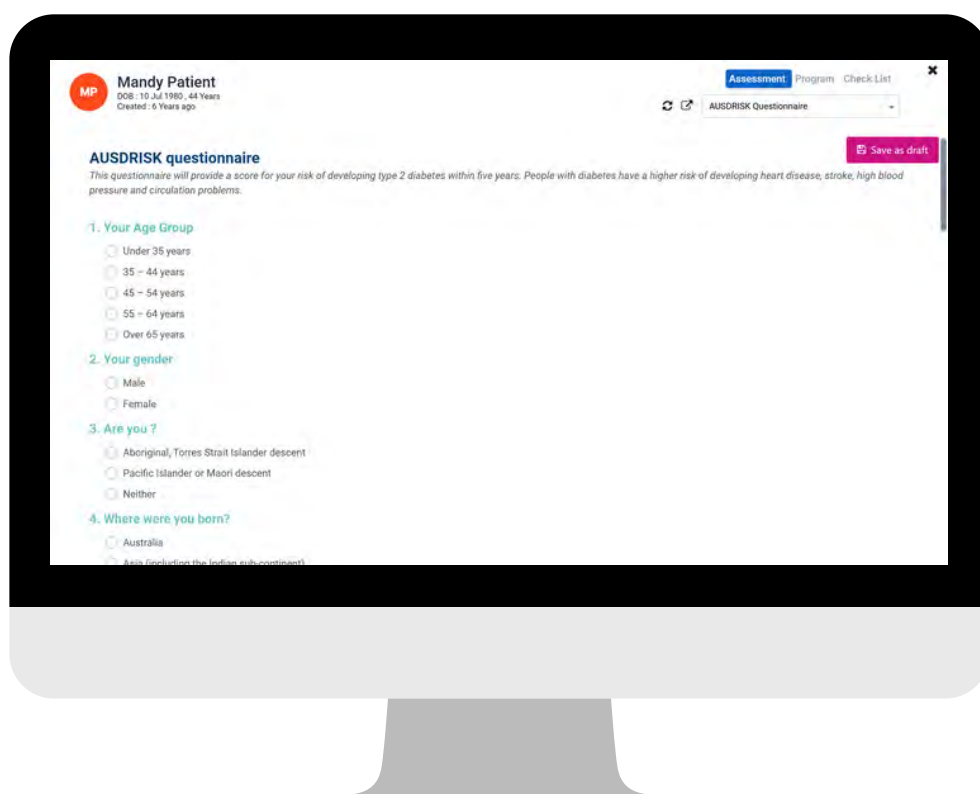
CareMonitor streamlines patient onboarding and improves care delivery by offering various assessment options and risk stratification capabilities.

Providers can efficiently assess patient eligibility and criteria, select the appropriate program pathway, and identify at-risk patients for intervention, reducing ED presentations and preventing the risk of hospitalisations.



The screenshot shows a 'Patient Dashboard' with a table of patients. The table has columns for Name, Condition, Blood Glucose, Blood Pressure, Weight, Cholesterol, Exercise, HDL, LDL, Triglycerides, Kidney Func., HbA1c, Steps, BSL Readings, BMI, FEV1/FVC, and PVDs. The data is as follows:

Name	Condition	Blood Glucose	Blood Pressure	Weight	Cholesterol	Exercise	HDL	LDL	Triglycerides	Kidney Func.	HbA1c	Steps	BSL Readings	BMI	FEV1/FVC	PVDs
Anastasia Abbott	Chronic Lung Disease/Osteoarthritis	128/66	114/8	4.5			0.9	3.0	1.2		44		7.0	35.1		1
Ashley Ackerman	Ischaemic Heart Disease/Atrial Fibrillation...	7.2	120/74	409	3.6		1.1	1.1	3.6		40		7.3	34.4		1
Felix Adams	Vascular Disease/General Health...	133/86	88	4.0		180	1.4	2.3	0.7			130		28.6		1
Jason Aherm	Hypertension/Ischaemic Heart Disease...	4.3	122/77	36.4	5.1		1.5	3.0	1.3				4.0	31.5		1
Tamara Alberts	General Health	4.6	129/77	91.4	5.8	92			1.3			10773		28.3		1
Madelaine Abbott	Thyroid Disease/Diabetes...	9.3	126/79	114.6	3.0		1.3	1.1	1.3		49		11.9	39.0		1
Ricarda Aherm	Obesity/Overweight		123/82	170	5.2		1.1	4.0	1.9		30			61.2		1
Benjamin Abbott	Dyslipidaemia/Obes	7.8	115/84	113.6	4.0		1.0	2.6	1.1		34		7.1	35.1		1
Simon Morrison												0				1
Angela Smith	Chronic Lung Disease/Anxiety...	9.8	109/81	123.0	3.9		1.4	1.4	1.6	31	6.6	0	7.6	37.9	2.06	3.1



The screenshot shows the 'AUSDRISK questionnaire' for 'Mandy Patient' (DOB: 10 Jul 1980, 44 Years, Created: 6 Years ago). The questionnaire is titled 'AUSDRISK questionnaire' and includes a 'Save as draft' button. The questions are:

- 1. Your Age Group**
 - ☐ Under 35 years
 - ☐ 35 - 44 years
 - ☐ 45 - 54 years
 - ☐ 55 - 64 years
 - ☐ Over 65 years
- 2. Your gender**
 - ☐ Male
 - ☐ Female
- 3. Are you?**
 - ☐ Aboriginal, Torres Strait Islander descent
 - ☐ Pacific Islander or Maori descent
 - ☐ Neither
- 4. Where were you born?**
 - ☐ Australia
 - ☐ Born elsewhere (the Indian subcontinent)

Engage Patients on Their Terms

Connect with patients through their preferred channels, In-App Messaging, SMS, email, phone, or video calls.

Support patients in managing their health with CareMonitor's easy-to-use smartphone app (iOS and Android). Send health assessment questionnaires (PREMs & PROMs), share educational content, conduct video consultations, and track patient progress between visits. Provide care that is flexible and tailored to individual needs.

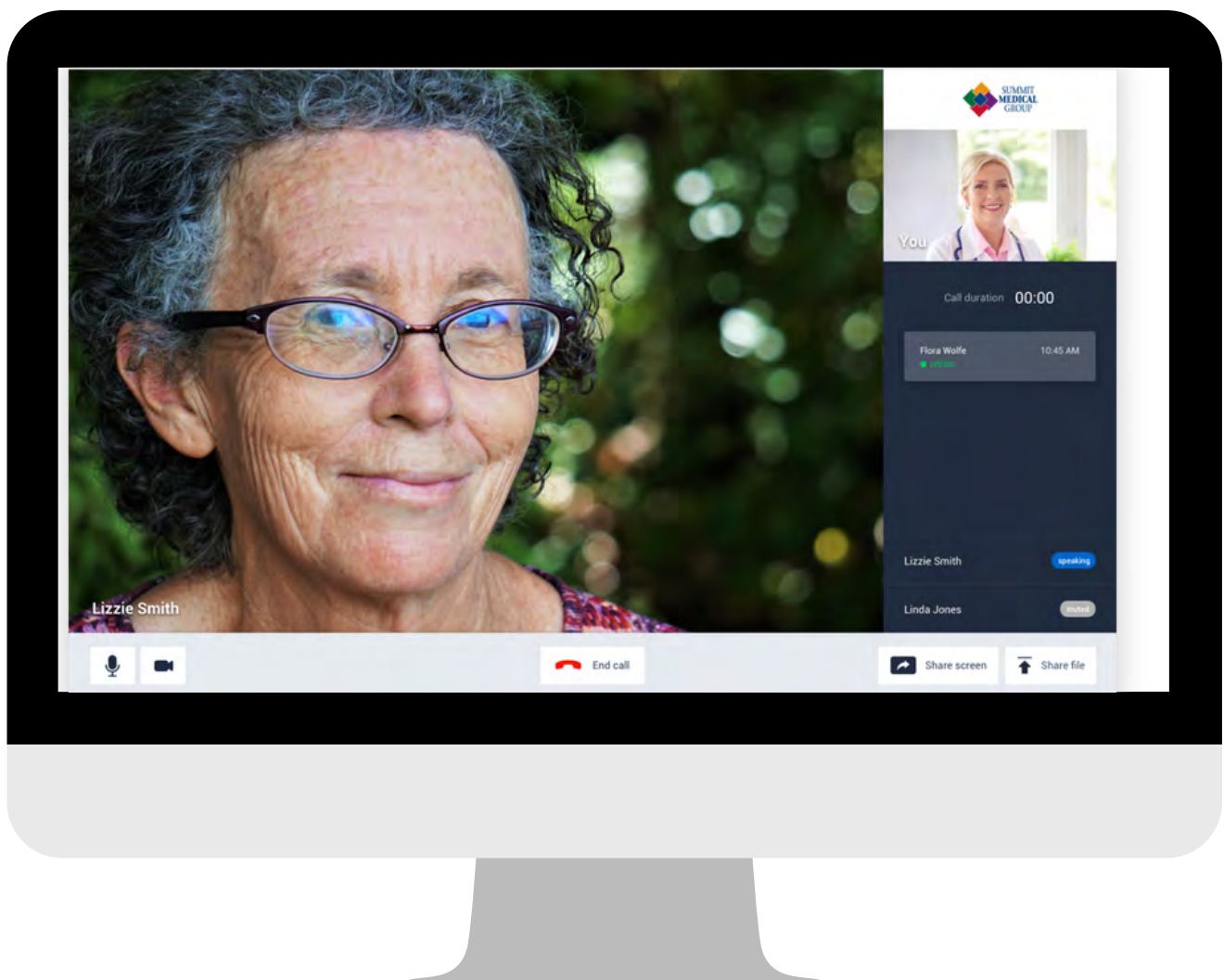


Telehealth & Virtual Care

Break down access barriers with live video, audio, instant messaging + real time file sharing.

With no need for installations or sign-up screens, accessing telehealth has never been simpler. From one-on-one consultations to conferences up to 100 participants, CareMonitor® provides the framework for effective collaboration.

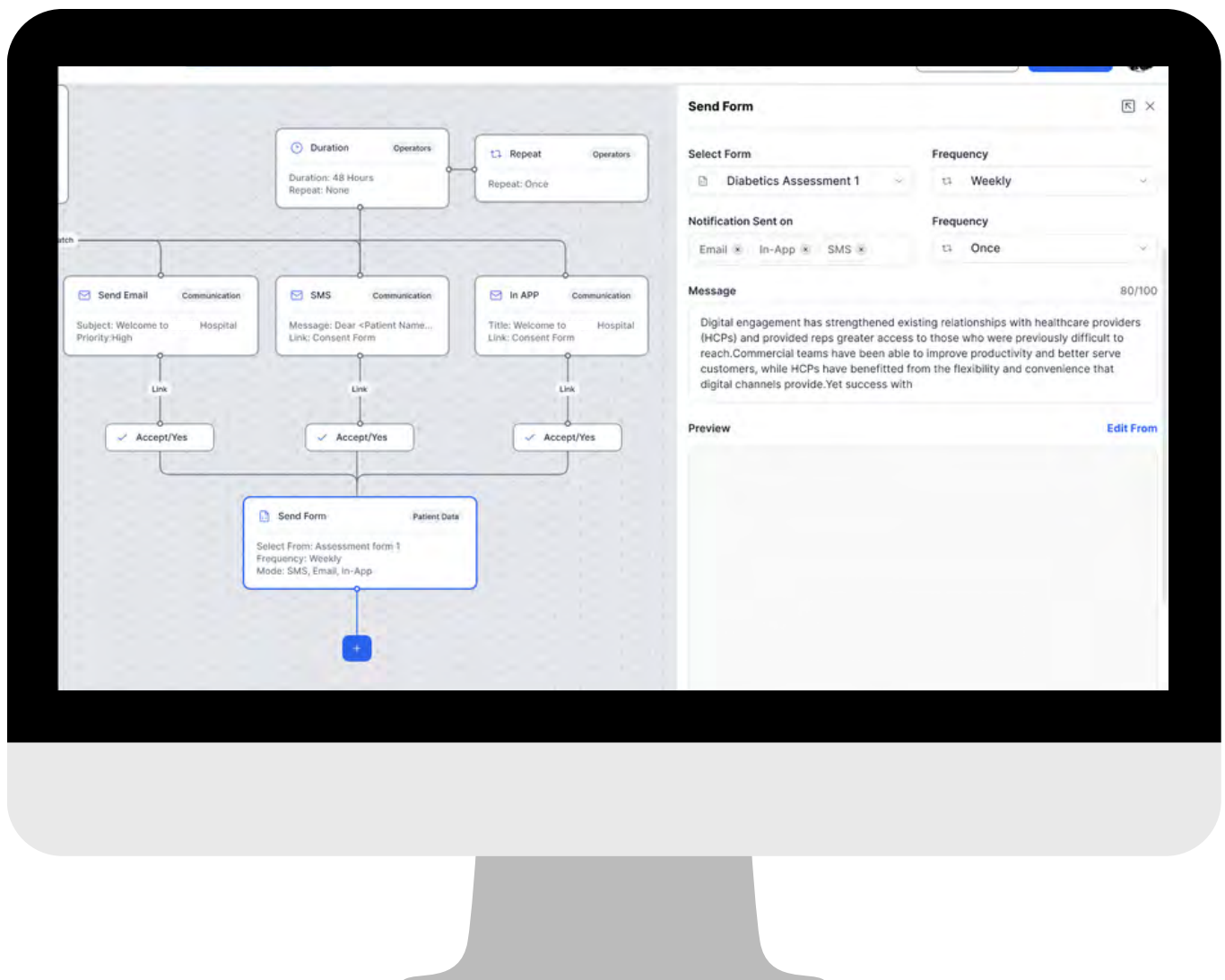
- Built-in clinical portal and patient app.
- Realtime file sharing.
- Supports survey links at session end for continuous feedback.
- Encrypted end-to-end using AES-256.
- Extensive reporting capabilities.



Workflow Management

Improve efficiency of clinical workflow using built-in health pathways templates for major disease categories and the ability to create and assign health programs, services and tasks to team members.

CareMonitor also supports providers to automate patient reminders, communicate with patients via SMS, secure in-app messaging, email and telehealth.

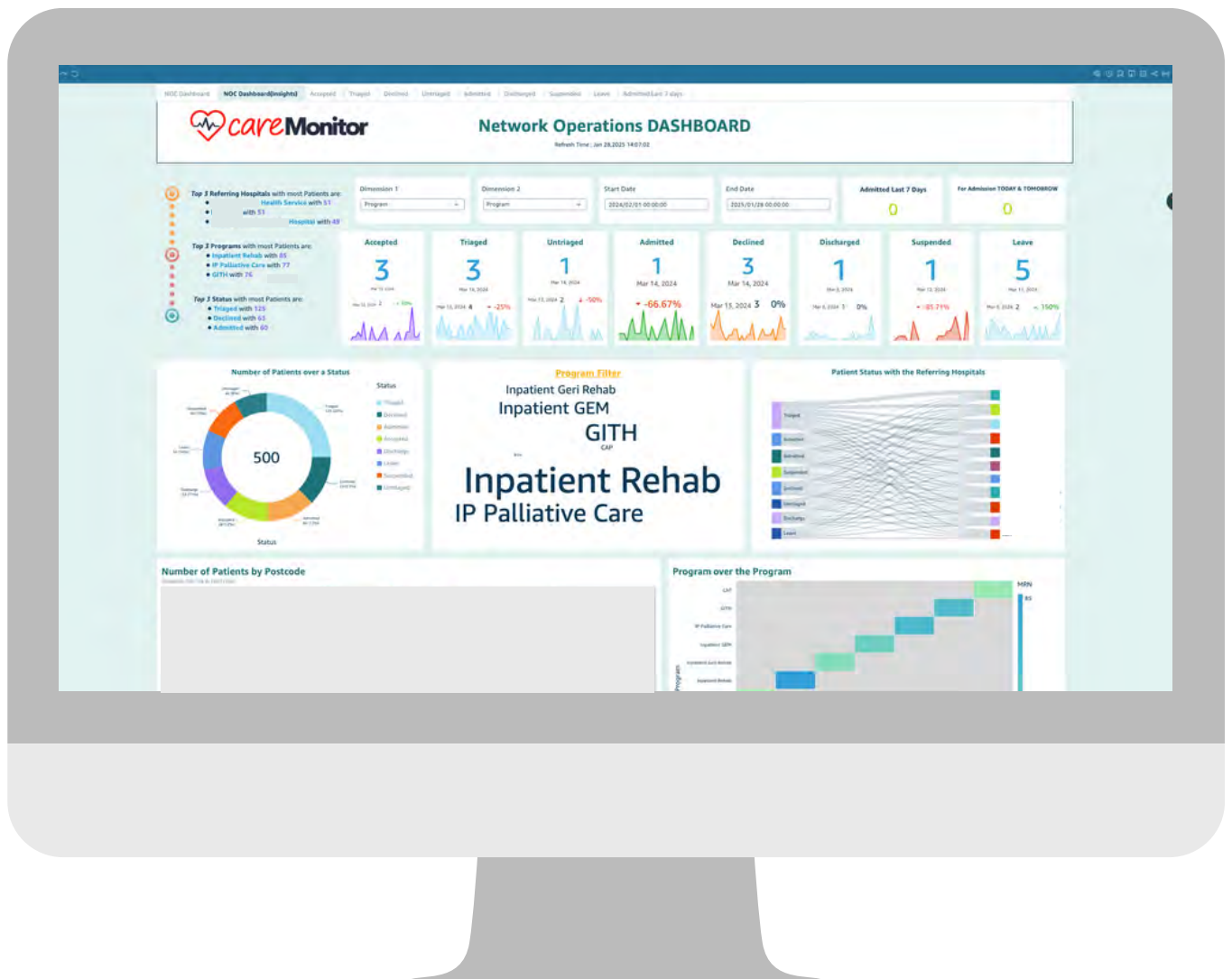


Cohort Management Dashboard & Reporting

Access real-time insights to monitor patient outcomes, identify and address care gaps within the patient population and improve health outcomes.

Advanced analytics and reporting to link and aggregate data (including across multiple sites) to provide comprehensive clinical cohort analysis.

Design and create custom live dashboards for executive, management or operational teams. You can also import data from other systems so you can have oversight all facets of your programs from CareMonitor.



Fully Integrated Platform

Our vision is a seamless flow of information between healthcare providers at each step of the process– from initial consultation to diagnosis and medication, and ongoing care support.

Our range of interoperable protocols including **HL7, FHIR, REST, SOAP and more** support seamless integration between electronic medical records (EMRs), patient administration systems (PAS) and other third-party source systems.



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CareMonitor has replaced ten other legacy systems. It has made the complex simple and personalised our service so our providers within NALHN can concentrate on providing streamlined services and treatments to support and improve patient outcomes in Aged Care, Rehabilitation and Palliative Care (ACRPC) services.

ARINDAM CHAUDHURI – EXECUTIVE DIRECTOR OF DIGITAL HEALTH NORTHERN ADELAIDE LOCAL HEALTH NETWORK



Serious About Security

We take our responsibility as custodians of patient and provider data very seriously.

Our ISO 27001 certification validates that our information security management system is robust, effective, and reliable, and that we have implemented the highest levels of security practices to protect provider and patient information. All our data is hosted locally in Australia.



System Performance & Scalability

As a 24 x 7 SaaS (Software as a Service Provider) CareMonitor provides high system availability and reliability. We use AWS Auto Scaling to maintain optimal application performance and availability, even when workloads are periodic and unpredictable.

We continually monitor our applications to make sure that they are operating at the desired performance levels. When demand spikes, our system automatically increases the capacity of constrained resources to maintain a high quality of service.

Trusted By

CareMonitor is relied upon across Australia and beyond by hospitals, Primary Health Networks, health insurers, community care providers (government and private), pharmaceutical companies, universities and more.





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Get in Touch



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