

# Time to be Healthcareful<sup>®</sup>

Dialogue overview

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# Laborious referral processes create risk and increase costs

## Clinicians and patients suffer, health services struggle

Referrals are difficult	MDT Panels are laborious	Everyone runs to deadlines	Patients get lost in system
Referrals are difficult to make unless you know already	Referrals often are 2-line emails to MDT coordinators with little context	Lists grow longer every year	Patients not always aware
Referrals delegated to staff lead to loss of nuance and importance	Clinicians send reports manually, in emails	MDT chairs roll a quarter of cases to the next meeting for review – no way to progress the case until the next meeting	Patients not kept informed
Teams track referrals manually	MDT agenda with patient details are created manually	MDT coordinators busy filling in gaps to keep the MDT functioning	Patients don't know what to expect.
Questions to MDT panel are not clear	Monitoring is manual, often done by clinicians and nurses with coordinators doing the tracking	Contacting patients to proceed care delayed if patient unaware	Huge anxiety with a new cancer diagnosis
	Follow-up is usually by email	Teams miss targets	Patients just want to 'speak to the doctor'
	Emails get missed		

**“If medical error were a disease, it would be the third-largest killer in the UK.”**

BMJ analysis (2016)

This is unacceptable

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## How Multi-Disciplinary Teams run today in an example hospital

20+ Cancer MDTs per week consume 4,000 clinician hours

20% of referrals rolled-over as incomplete e.g., missing radiology or pathology and this delays treatment

Most information is verbal and not documented which means it is not presented clearly or completely for all to review

Uneven participation so quality of discussion is lower

Outcomes are not tracked against recommendations

Each month, 1-3 patients are harmed due to being lost in the system

# MDT failures lead to patient harm

## Reports show only a small part of the problem

We underestimate the issues and the impact

In one Teaching Hospital:  
over two years, 160+ significant  
reports

64 cases of Major Harm  
29 cases of Near Misses

Since the system under-reports the  
problems, these numbers can be  
multiplied 5-fold

Hospitals and insurers face millions  
of dollars in litigation costs and  
settlements due to mishaps

# Our solution is DIALOGUE

## Everyone benefits from a simpler solution

### Who

Clinicians have more time for patient care, and one platform for collaboration across medical departments and hospitals for more effective diagnosis and treatment.

Hospitals reduce patient risk and improve the quality of treatment through effective multi-mind medicine and research, improving patient outcomes.

Patient outcomes are based not just on what is the matter, but what matters to the person.

Simplicity is safety

Safer care is cheaper care

No patients lost in the system

### Other benefits for

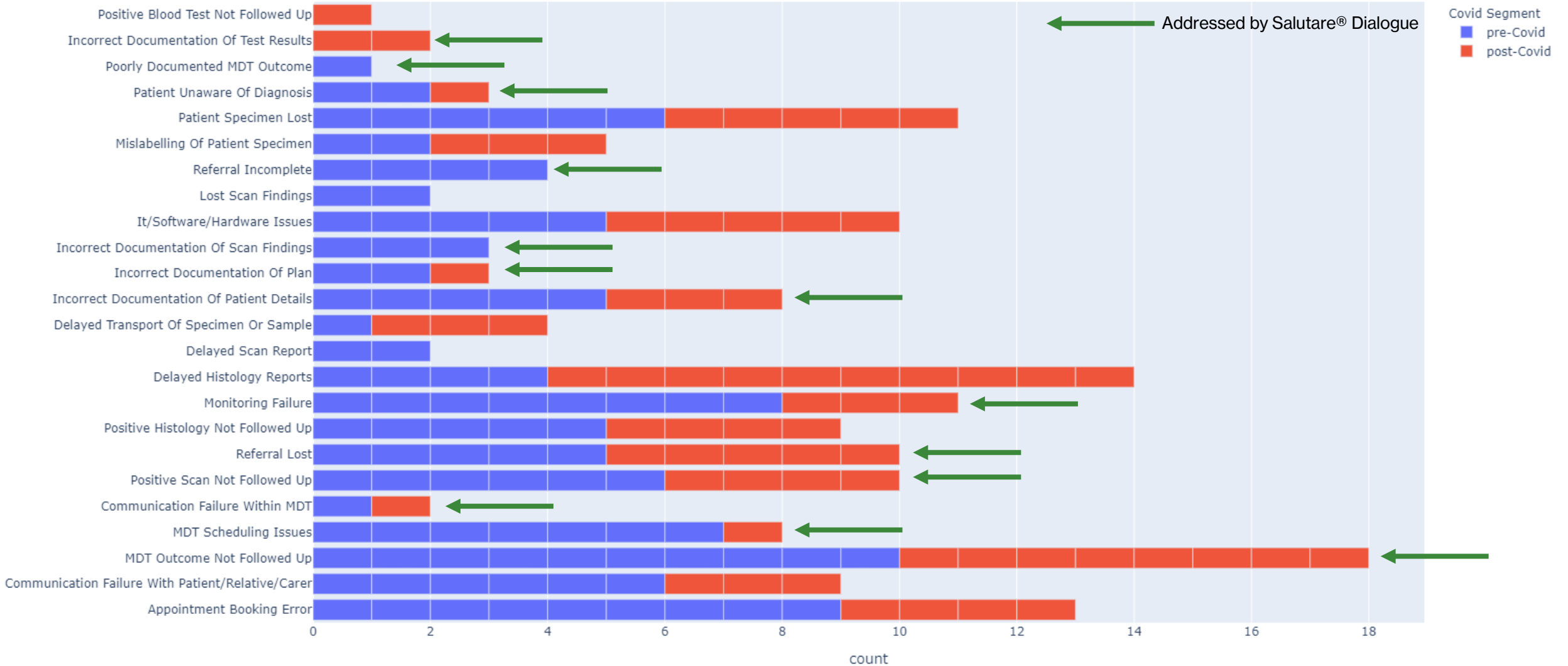
Pharmaceutical industry  
Identify patients for clinical research

Automated monitoring of the safety of new medicines (Medicines Monitor)

Referral and assessment of patients for new drugs by multi-mind panels

Healthcare regulators  
Improved information governance and safer use of medicines

# Salutare® DIALOGUE addresses clinician and patient risks in MDTs



# Dialogue simplifies patient referrals for discussion

## For clinicians, coordinators, and administrators

Simple referral to local, regional, or national MDT panel with clear questions for each case

Manage referrals virtually and review from any internal or external location

Track with alerts and reminders so that patients are not lost in the system

Easy transfer of radiology, pathology, and important investigations

Single discussion panel with all relevant info in one place

Automated MDT report summary and upload to EPR systems

Automated Monitoring  
Patients streamlined, and reduce delays

Patients suitable for clinical research identified and referred



# “Simplicity is Safety”

Joe Cheesman (2023)

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# Dialogue MDT Referral and Discussion

## No patients lost in the system

Many patients need discussion at an MDT meeting to recommend investigation or treatment

Dialogue captures important information and creates the referral necessary for the efficient running of an MDT meeting.

A full audit trail and tracking means no patients lost in the system.

Local, Regional or National

Cancer and Non-Cancer MDTs

Create a simple referral with key questions asked.

Launch from hospital EPR

PDF of referral uploaded to EPR

Automate transfer of radiology and pathology for regional referrals

Capture full audit trail and information for national reporting

Creates list for MDT discussion simply

MDTs can track their performance

# Dialogue Inter-Hospital Referral

## No patients lost in the system

Patients are frequently referred to specialist units within a hospital or to external Trusts.

Processing these take up huge amounts of clinician time.

Dialogue captures key information and creates a referral. This removes the need for multiple phone calls and creates an audit trail.

Local, Regional and National referral to specialist units

Simple referral with key questions asked.

Launched from hospital EPR

Copy and paste key results onto platform without need to integrate EPRs

Automate transfer of radiology and pathology for regional referrals

PDF of referral uploaded to local EPR and to specialist team portal for upload to the receiving EPR system.

Creates database for Specialist teams to track referrals and performance

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# Dialogue Monitor

## No patients lost in the system

Many patients with a cancer diagnosis or chronic disease or potentially hazardous medications need long term monitoring.

Dialogue automates regular monitoring and generates the test requests with digital blood forms or radiology requests as indicated. Critical alerts for abnormal results to team.

It removes the need for regular clinic appointments to manually undertake monitoring of patient safety, and frees up clinic time with a patient initiated follow up request function.

Simple process to initiate monitor with customisation e.g., 3 monthly rather than 6 monthly tests.

Launched from hospital EPR

PDF of monitoring plan that is emailed to patient and uploaded to EPR

Alerts sent to central team, responsible consultant, GP and possibly the patient.

Frees up clinic time and removes need for patients to visit the hospital unnecessarily

A new way to lead Multi-Disciplinary Teams and Referrals

Clinicians see the relevant information, raise participation, quality of discussion and decision-making

Patients kept informed, participate in their care, know where they are in process

Managers and Chairs gain insights with cohort reports for national reporting and outcomes

# How we keep patients safe

Healthcareful® means patients are not lost in the system

Up to a half of all outpatient appointments are to monitor patients for development of complications due to chronic disease, medications, or cancer

Patients get lost to follow up

Solving a fundamental problem

Simplified, automated common tasks for outpatient monitoring

## Monitor

A fifth of patients that turn up for blood tests are turned away for lack of a form

Patients get lost in diagnostics

Solving a fundamental problem

Scalable online service that simplifies collection and lets patients go where they want, when they want.

## Clearinghouse

A third of patients who develop complications or disease are not referred in a timely manner

Patients get lost in referral

Solving a fundamental problem

A single place for 'multi-mind medicine' dialogue and referrals

## Referral

**Healthcareful®  
means patients  
are not lost**

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# Team and Strategy

## Executive team

Our clinicians and software developers understand technology's transformative power for healthcare.



**Chris Dial**  
Co-Founder, CEO

An ex-senior executive from Microsoft.

Led the development of software companies across Europe and the US.



**Prof. Kevin Moore**  
Co-Founder, CMO

A Professor of Medicine, hepatologist and clinical pharmacologist, and biochemist [B.Sc. and Ph.D]

More than 100 publications with an H-index greater than 65. Led teaching of therapeutics at UCL and course creator and director for Applied Medical Sciences.



**Dr Ameet Bakhai**  
Research, CSO

A nationally leading clinical researcher and cardiology consultant.

Experience in clinical trials and digital innovations in the NHS. A researcher with a history of change and innovation in the hospital and healthcare industry.

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# Our Solution

## Healthcareful® for better outcomes

Salutare software creates Referral, Diagnosis and Monitoring across healthcare systems.

Salutare flips healthcare's focus to Referral and Monitoring

Effective Monitoring and Referral have the greatest impact for patients

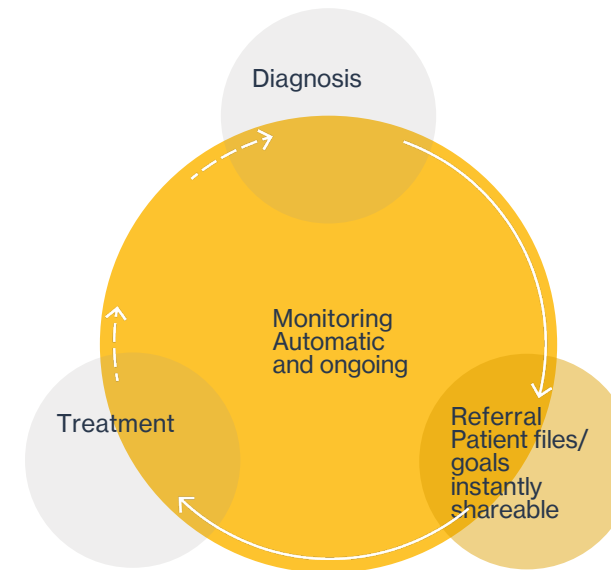
The care pathway transitions from linear and reactive to circular and proactive

Quality patient information is shared in one place

Patients are automatically monitored and continually informed about their care

A simple, effective, and efficient system

Circular healthcare with Salutare software



# Salutare:

# Certifications

## Our current partners

Three years of investment and work to gain important certifications



NHS Digital Toolkit

NHS Digital certifications on DSP Toolkit, SPINE access for patient records



Care Quality Commission

Passed certification and approval for private blood testing service with public offers: thePharmacyClinic



Cyber Essentials Certified

Core digital safety and privacy management in place



Crown Commercial Service

Accepted and approved both major products for purchase by UK public organizations

