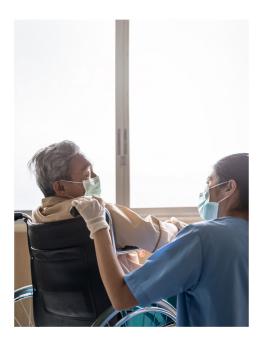


Redefining the healthcare experience with a connected circle of care

A team-based approach: Our virtual care platforms enable patient-centred care and remote monitoring





Connecting clinicians and patients through pathways of care

With an aging population and the increased need for complex care management, the demand for healthcare has reached a critical point. Without the right tools in place, healthcare providers can be overwhelmed with managing complex patient cases, effectively communicating within the circle of care and navigating the crucial patient transitions in care that optimize health outcomes and prevent unnecessary hospitalizations.

Patients can experience these challenges at all stages in their journey -- care disruptions, ineffective communication, poor care transitions and inadequate education.

The outcomes can be detrimental. It often means patients cycle through the healthcare system repeatedly without improvements to their health and well-being.

The cure is connection

At Aetonix, we recognize the enormous strain on all levels of healthcare systems. By developing easy-to-use telehealth platforms, our solutions focus on what really matters -- effective and efficient care. Since 2014, we deliver the solutions for clinicians to enhance the experience and outcomes for their patients with chronic, acute, and critical care needs. Our intuitive, virtual care platforms provide effective care pathways, telehealth, and remote patient monitoring.





aTouchAway™: The all-in-one, secure digital solution for complex care management

aTouchAway™ is an innovative software platform built to manage the care of chronic and complex patients. It is the only home health platform that offers secure video and text communications, a robust Workflow Engine, integrated Care Plan management, and comprehensive reporting dashboards – all in one secure digital platform.

At the centre of our platform is the Care Pathway - an evidence-based approach to a patient's care plan. It maps out each step of a patient's care sequence to clearly communicate what action must happen and when for the best possible health outcomes. To optimize the patient's journey, the Care Pathway provides the multidisciplinary healthcare team with workflows, forms and educational resources. These customizable and tailored care pathway packages keep each person in the circle of care -- including the patients and families -- aware and engaged to improve overall health outcomes.





Guiding chronic disease management

Clinicians need to track patients' recovery and stay up-to-date on their care plans to ensure optimal outcomes. This becomes increasingly difficult with chronic care patients who have complicated needs. We provide a fully-integrated platform that connects, monitors, and guides patients from the comfort of their own homes.



Prevent hospital readmissions

Patients with multiple chronic conditions are often readmitted to hospital as a result of unexpected changes to their health. Engaging and monitoring these patients helps to detect problems early and avoid unnecessary readmission.



Better care outcomes

Educating patients, engaging them in their own care, and taking timely actions all contribute to better health outcomes.



Reduce costs

In-person patient visits can add unnecessary time to your schedule and additional administrative costs. Reducing in-person visits by leveraging online assessments and consultations increases efficiency and minimizes expenses.

Seamless care transitions

Hospital stays are lonely and scary. Whether a patient is transitioning from the ICU to a ward, or from hospital to home, the continuity of care is essential. By keeping the circle of care connected to their patients through PHIPA & HIPAA secure digital communications and personalized care plans, the patient is empowered and transitions to the right level of care at the right time for improved outcomes.



Enables better recovery

A clear plan for continuity of care supports better recovery, with stronger patient engagement.



Reduces length of stay

With a program in place to facilitate communication and continuity, patients can transition through their journey sooner, without disruptions to their care.



Boosts organizational efficiency

Improved communication between the healthcare team minimizes lost time and optimizes time spent delivering the patient care.

Reaching isolated patients

Living in a remote location or having a health condition that makes it difficult to leave home, can make it a challenge to access care and spend meaningful time with families and friends. That's why Aetonix designed innovative solutions to keep patients connected and engaged -- not only with their care providers, but their loved ones as well.



Reduces social isolation

A key factor in delivering a high-level of care for a successful recovery is to ensure patients stay connected with their circle of care: caregivers, loved ones, and professionals.



Improves health outcomes

When one-on-one visits are not possible, virtual contact offers essential connection. Our protocols guide clinical teams in providing remote care and keeping patients aligned with their care plan.



Prevents readmissions

Providing remote care to isolated patients reduces the incidence of preventable hospital readmissions — reducing healthcare costs and most importantly, keeping patients safe and supported in the comfort of their home.



Monitoring home patients

Patients with chronic health concerns often require assistance with day-to-day care at home. From basic medication alerts to sensors that detect falls, we help healthcare professionals optimize their time by developing custom programs to guide and coach patients, all while monitoring their health and safety at home.



Care maintenance

Coach patients through evidence-based care pathways and convenient telehealth to help them adhere to their care plan.



Safety

From the safety of home, we connect patients and caregivers with the rest of the circle of care to ensure consistent access and support for the best possible outcomes.



Proactive care

By monitoring patients' condition and staying connected with their healthcare team, clinicians can proactively adjust care plans to guide patients toward better outcomes.







Changing lives

Aetonix has revolutionized the way healthcare professionals, patients and families experience healthcare. Our commitment to a person-centred and team-based approach where every member of the circle of care can be coached, guided, and engaged sets us apart. At Aetonix, we believe in a connected environment that enables the healthcare team to focus on each patient's journey for the best health outcomes possible.

Proven success

Our virtual care solutions are being used by more than 250 hospitals and tens of thousands of patients globally. Aetonix's flagship product - aTouchAway™- has seen measurable success in managing complex care patients and ensuring care delivery.

The Queensway Carleton Hospital (QCH) and Arnprior District FHT in Ontario implemented aTouchAway™ for chronic care patients with the goal of bringing the clinic to patients' homes to reduce dependency on the health system. Using the Diabetes and Chronic Obstructive Pulmonary Disease (COPD) Care Pathway workflows, 86% of patients believed their symptoms were better managed and they felt less anxious because of the easy access to their circle of care.



Using the aTouchAway COPD Care Pathway, we have been able to support our patients at home with required respiratory and oxygen therapy, managing them safely and avoiding unnecessary hospital or clinic visits. aTouchAway proves to be effective in augmenting patient care while expanding team capacity and saving travel time for our organization.

Miriam Turnbull
VP & GM at ProResp



Reimagine how you deliver healthcare

Contact us today to learn more about how Aetonix can help you and your organization deliver the best care experience.



