Challenges of traditional respiratory monitoring methods

**FALSE ALARMS**

**LAGGING INDICATOR**
**SOF RESPIRATORY CHANGES**

**FAILED EXTUBATIONS**

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**THE PROBLEM**

**TRADITIONAL METHODS OF RESPIRATORY STATUS MONITORING**

Methods for accurate non-invasive monitoring of changes in respiratory status are limited

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<tr>
<th>CARE AREA</th>
<th>SAFETY CONCERNS</th>
<th>COST</th>
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<tr>
<td><strong>PACU</strong></td>
<td>• Respiratory complications are the most common major problem in the immediate postoperative period</td>
<td>PACU delays $475/hr Unplanned escalation in level of care ($1000-$8000)</td>
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<td><strong>ICU</strong></td>
<td>• Without continuing to monitor ventilation after extubation, extubation decisions are often delayed, leading to increased occurrences of Pneumonia. Early ICU discharge can lead to unplanned ICU readmissions</td>
<td>$4,500+ per ICU day per patient Hospital Acquired Pneumonia $39,828 per patient</td>
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| **PROCEDURAL SEDATION** | • Sedation Leads to 60% of adverse events  
• Capnography and Pulse Oximetry are in use, but inadequate to prevent Respiratory  
• Depression. Respiratory Rate alone misses >80% of Respiratory Depression | Procedure room; recovery room delay ($58/min; $400/hour) Unplanned escalation in level of care ($1000-$8000) |
| **GENERAL FLOOR**  | • 60% of code blue calls occur within 12 hours of PACU discharge  
• 40-50% of arrests are respiratory in nature  
• Alarm fatigue due to false alarms continues to be a clinical challenge in perioperative settings | $43,000 per Adverse Respiratory Event |

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*Note: The table above provides a summary of the challenges and safety concerns associated with traditional respiratory monitoring methods along with estimated costs related to these issues.*
**THE SOLUTION**

**EXSPIRON 2XI NON-INVASIVE RESPIRATORY VOLUME MONITORING SYSTEM**

Respiratory Volume Monitoring (RVM) has been demonstrated to provide the most direct measurement of respiratory status and the earliest indicator of changes in respiratory status.

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<tr>
<th>CARE AREA</th>
<th>2XI POTENTIAL BENEFITS</th>
<th>ESTIMATED COST SAVINGS</th>
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| **PACU**             | - Minute ventilation monitoring provides the earliest warning of changes in respiratory status²  
                        - Reduces PACU length of stay from 3 hours to 1.7 hours³  
                        - Confidently release patients faster, even difficult to assess OSA patients | $24,100/yr cost avoidance per device                |
| **ICU**              | - Confident assessment of need for reintubation can reduce ventilator time            
                        - Saves an estimated 1.5-2 days on a ventilator for reintubations    
                        - Decreased ICU length of stay                                      | $33,044/yr cost avoidance per device                |
| **PROCEDURAL SEDATION** | - Respiratory Volume Monitoring detects changes in respiratory status on average 71 minutes before SpO21  
                        - Extra safety for post-procedure monitoring of high risk pulmonary and OSA patients. | $26,844/yr cost avoidance per device                |
| **GENERAL FLOOR**    | - Avoidance of Respiratory Rapid Response  
                        - Calls Confident assessment of the need for NIPPV  
                        - Confident decision support of escalation of care                  | $14,300/yr cost avoidance per device                |
Mission

We enable clinicians to quickly, accurately, and continuously assess a patient’s respiratory status delivering safer more cost-effective care.

Vision

Improve patient safety while making caregivers lives easier by establishing a new standard of care in respiratory monitoring

Promise

Establish Respiratory Volume Monitoring (RVM) as the most essential, informative and complete way to assess respiratory status while building a strong high growth company that consistently delivers value to patients, clinicians, customers, employees and shareholders.