

## Standard CareSight Integration List 2022

- **Green** = easy to stand up without additional development time
- **Yellow** = CareSight has experience with that platform, but site level details warrant discovery to determine level of effort required
- **Orange** = Level of effort is unknown. Pursue these ONLY if strategically required and we can bake discovery/development costs into the engagement

Data Source Platform	Notes	Level of Effort
<i>Rauland Responder 5</i>	<ul style="list-style-type: none"> <li>• The most evolved integration we have</li> <li>• Prefer using the R5app server as the data source, but can be done using RRS instead</li> </ul>	Regular out-of-the-box install of the CarePoint Reader on the customer side
<i>Rauland Enterprise</i>	<ul style="list-style-type: none"> <li>• Database schema populates a “site” specific column which we can filter off of at an “enterprise” level</li> </ul>	Regular out-of-the-box install of the CarePoint Reader on the customer side if we use the main app server. <ul style="list-style-type: none"> <li>• We have no experience working as an overlay from the BI component. If we have to coexist with BI, some discovery is required.</li> </ul>
<i>Rauland Responder IV</i>	<ul style="list-style-type: none"> <li>• If with NAM, same as Responder 5</li> <li>• If no NAM, requires an NCDATA and low-level middleware (CareSight can provide an appliance from LSI to do this at relatively low cost)</li> <li>• Level of reporting detail is limited to what’s flowing through R4. Still useful, especially for forensic follow-up or response time details</li> </ul>	<ul style="list-style-type: none"> <li>• If NCDATA and existing middleware, easy</li> <li>• May require a premise-based appliance or VM to connect to the NCDATA</li> <li>• If LSI or other middleware to be provide, cost can be highly variable</li> </ul>

<p><i>Connexall</i></p>	<ul style="list-style-type: none"> <li>• We have a ton of experience with Connexall reporting</li> <li>• Customers usually have multiple integrations, so anything that flows through Connexall is fair game</li> <li>• Requires the Connexall CDC (database client→SQL server, typically bundled)</li> <li>• Useful reporting requires the proper Connexall-side aliasing (database categorization), which we are super experienced with and can either do, counsel the customer to do, or instruct Connexall on what's required</li> </ul>	<p>Regular out-of-the-box install of the CarePoint Reader on the customer side</p> <ul style="list-style-type: none"> <li>• In recent years, Connexall has forced the customer to exclusively use their services for any kind of configuration, but mostly kept customers ignorant maintenance wise</li> <li>• Aliasing can be very difficult to understand and clunky to configure</li> </ul>
<p><i>Cerner CareAware</i></p>	<ul style="list-style-type: none"> <li>• CareAware is Cerner's equivalent of Connexall (or similar) and when it's in place, it is typically enterprise, and not limited to just nurse call</li> <li>• Cerner uses RTLS for its capacity management solution, but doesn't have a good way of using caregiver/nurse call location data, so, the opportunity is to use both the Cerner transactional data AND the data from nurse call or RTLS directly as a secondary contextual data source</li> </ul>	<ul style="list-style-type: none"> <li>• Depends on Cerner's cooperation with the customer. Cerner is able to land the CareAware data in an Oracle database (Cerner is owned by Oracle); however, they might try to disrupt this. Customer can always say MedStar is doing this (one of Cerner's largest customers)</li> <li>• There can be significant discrepancies between Cerner's version of the "truth" of an alarm/alert, and what might be triggered at the nurse call level (theoretically, nurse call should be considered the system of record time stamp wise).</li> </ul>
<p><i>Stanley HUGS</i></p>	<ul style="list-style-type: none"> <li>• Systems tend to be standalone at an IDN or building level. We can uniquely provide</li> </ul>	<p>Regular out-of-the-box install of the CarePoint Reader on the customer side</p>

	<p>enterprise level reporting across multiple standalone systems</p> <ul style="list-style-type: none"> <li>• HUGS uses SQL for reporting and Yale New Haven Health is a very good customer reference</li> </ul>	
<i>Sonitor Sense</i>	<ul style="list-style-type: none"> <li>• CareSight has worked closely with Sonitor corporate and has API level access to the RTLS transaction data.</li> <li>• They provide no usable reporting, and only keep transactional data for a limited window of time.</li> <li>• We have an already built monitoring and reporting offer for tags and infrastructure that can be easily deployed on top of an existing Sense server</li> </ul>	Regular out-of-the-box install of the CarePoint Reader on the customer side
<i>Vocera Voice</i>	<ul style="list-style-type: none"> <li>• CareSight has multiple installs of many years standing. We understand their data well</li> <li>• If they are an endpoint for integration via their VMI API (typically the default) there's a ton of usable data available, even if we don't have access to the middleware that is feeding Vocera</li> </ul>	Vocera is changing out its "Voice" reporting schema which we have yet to work with
<i>Philips IEM (aka legacy Emergin)</i>	<ul style="list-style-type: none"> <li>• Still a lot of this out there. Their data structure is very robust and very useful for reporting and is heavily underutilized</li> <li>• We had a complete deployment of this over multiple years, but deep financial issues on the customer side kept them from renewing</li> <li>• We have a very good solution, especially if there Philips monitors, telemetry and/or Vents tied to this</li> </ul>	May require some discovery

<i>World Class Software Interop Wizard</i>	<ul style="list-style-type: none"> <li>• WCS can provide CareSight with both API level access or direct database access for reporting purposes</li> <li>• Due to the LSC/WCS relationship, one can expect a high degree of cooperation</li> </ul>	We haven't done this yet, but assume it will be done.
<i>Vizabli</i>	<ul style="list-style-type: none"> <li>• Vizabli can provide CareSight with both API level access or direct database access for reporting purposes</li> <li>• Due to the LSC/Vizabli relationship, one can expect a high degree of cooperation</li> </ul>	We haven't done this yet, but assume it will be done.
<i>Helpp.ai</i>	<ul style="list-style-type: none"> <li>• Helpp can provide CareSight with both API level access or direct database access for reporting purposes</li> <li>• Due to the LSC/Helpp relationship, one can expect a high degree of cooperation</li> </ul>	We haven't done this yet, but assume it will be done.
<i>Capsule</i>	<p>Capsule is likely the best potential source of clinical alarm data and is the market leader for MDI (most customers already have their MDI)</p> <ul style="list-style-type: none"> <li>• Requires the addition of either: <ul style="list-style-type: none"> <li>○ Advanced Integration module (1x cost)</li> <li>or</li> <li>○ Capsule Surveillance (subscription)</li> </ul> </li> </ul>	We haven't done this yet, but Capsule corporate is very cooperative and is ready to do this with us. They don't have any kind of ongoing managed service on the reporting side.
<i>Ascom Telligence Nurse Call</i>	<ul style="list-style-type: none"> <li>• If no existing report server, requires Activity Log license (part # and pricing below).</li> <li>• If Unite Analyze server is in place, we can attach to it and read directly</li> </ul>	<p>Ascom data tends to be raw, so this requires some level of discovery to determine actual level of effort.</p> <p>If there's no Ascom report server, we recommend including the cost for an appliance to act as a destination for "log" data (can be virtual or physical).</p>

	<table border="1"> <thead> <tr> <th>Part #</th> <th>Description</th> <th>MSRP</th> </tr> </thead> <tbody> <tr> <td>UAM-LACJAAAA</td> <td>Lic: Analyze, Activity Log</td> <td>\$1,574.55</td> </tr> <tr> <td>AWS1425</td> <td>Ascom Unite Analyze</td> <td>\$16,474.55</td> </tr> </tbody> </table>	Part #	Description	MSRP	UAM-LACJAAAA	Lic: Analyze, Activity Log	\$1,574.55	AWS1425	Ascom Unite Analyze	\$16,474.55	
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AWS1425	Ascom Unite Analyze	\$16,474.55									
<i>Ascom Unite</i>	Same as above, as their middleware uses the same framework as nurse call	Same as above, as their middleware uses the same framework as nurse call									
<i>Jeron</i>	<ul style="list-style-type: none"> <li>The newer Provider 790 platform use SQL for reporting and we have done a proof of concept against their database structure</li> </ul>	There's a ton of their older non SQL-based systems. The oldest systems tend to be standalone, often a floor/unit level and standing up an entire hospital with the legacy technology would be kludgy									
<i>Accutech Cuddles</i>	<ul style="list-style-type: none"> <li>Pulse is their newer platform, but still very new. The older Cuddles platform may be deployed with a separate server for each floor/unit, requiring multiple integration points</li> <li>Accutech corporate is very cooperative and recently introduced us to one of their large enterprise accounts</li> </ul>	<ul style="list-style-type: none"> <li>Very straightforward, but will require multiple discovery to understand the server/infrastructure mix</li> <li>These systems tend to also include connectivity to a 3rd party access control system. Should that be involved, will require discovery</li> </ul>									
<i>Westcom</i>	Theoretically, they use SQL server; however, assume that there would be development work required.	Unknown, requires discovery.									
<i>Hillrom</i>	Theoretically, they use SQL server; however, assume that there would be development work required.	Unknown, requires discovery.									
<i>Epic</i>	Unknown	Too broad to understand without further									

		discovery
<i>Vocera Engage</i>	We have good inside contacts and a lot of historical experience with Vocera, but we've yet to integrate with their middleware platform.	Unknown, requires discovery.
<i>Spok</i>	We have had ongoing discussions with Spok and they would be cooperative if we had an opportunity; and we would a	Unknown, requires discovery.