



KI im Netzwerk-Einsatz Aidoc <> reif & möller

Alexander Böhmcker

VP Europe

8 Dec 2022



THANK YOU!!

Aidoc - Rapid Growth with Proven Results



10 CE Marks (14 UKCA)





400 Employees 75% in Al & Dev



>50
Abstracts & Papers

































Quality assurance



Reduced Turnaround Time

ROCHESTER

Reduction in LoS



Yale NewHaven **Health**

EverlightRadiology



Leading Provider of AI for Enterprise Imaging



Radiology Tailored Al Modules

Quality assurance Prioritize patients Increase efficiency

10 radiology AI modules



Cross-Specialty Care Coordination Solutions

Get the right patients and data, in the hands of the right clinicians

2 Al-triggered workflows



aiOS™ & Platform

Single interface point 3rd party products

7 partners



How It Works – Always on Al





Broad Set of Notification Options





Worklist Integration

Radiology Workstation

Smartphone App

Comprehensive Solution Portfolio + Al OS

Commercially Available (CE)





ICH



Bone (CT & XR)



Vascular (CT)

Pulmonary embolism

RV/LV ratio*



Abdomen (CT)

Intraabdominal

free gas



Chest (CT & XR)

Pneumothorax (XR)

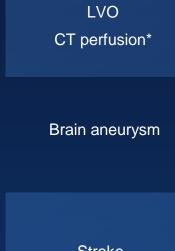


Breast (2D & 3D)

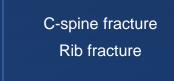
SAFETY NET

COORDINATION

CARE







Bone fractures (XR) *

Incidental PE

suppression (CT)*

Lung nodules (CT) Breast lesion detection * Vessel















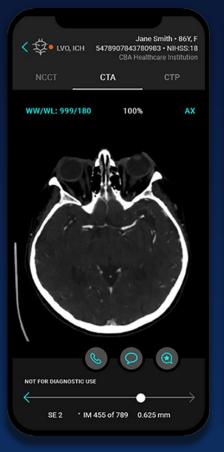


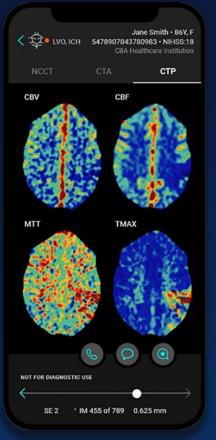


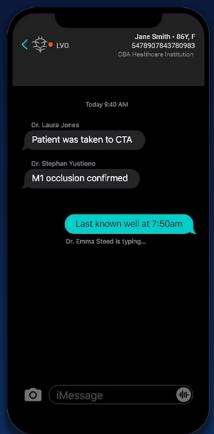
Stroke Care Coordination











Futureproof aiOS™ Platform





Value Contribution of Aidoc Solutions



QUALITY ASSURANCE



PRIORITIZING URGENT CASES



INCREASE EFFICIENCY



IMPROVING OUTCOME

Quality Assurance through Al

	Institution	Country	% of enhanced detection with Al	Link
ICH	reif & möller NETZWERK FÜR TELERADIOLOGIE	Germany	5%	<u>In Process</u>
PE	I M A D I S	France	10%	Link to paper
Incidental PE	Region Halland Hallands sjukhus	Sweden	78%	Link to paper
C-spine fracture	เรลโฮ	Netherlands	16%	Link to abstract
Ribs fracture	→ Universitätsspital Basel	Switzerland	37%	Link to paper



Case Study: ICH patient that was not triaged

EMERGENCY | MALE | AGE 70

CLINICAL INDICATION: Fell down 5 steps

FINDINGS AS DETAILED IN REPORT:

- 1. Brain: No evidence of acute intracranial abnormality. Chronic ischemic changes including infarcts, some of which are new
- 2. No evidence for acute cervical spine fracture or traumatic subluxation.

MISSED DETECTION IMPLICATIONS

Small left temporal subdural hemorrhage was initially missed.



Implication

EMERGENCY | MALE | AGE 70

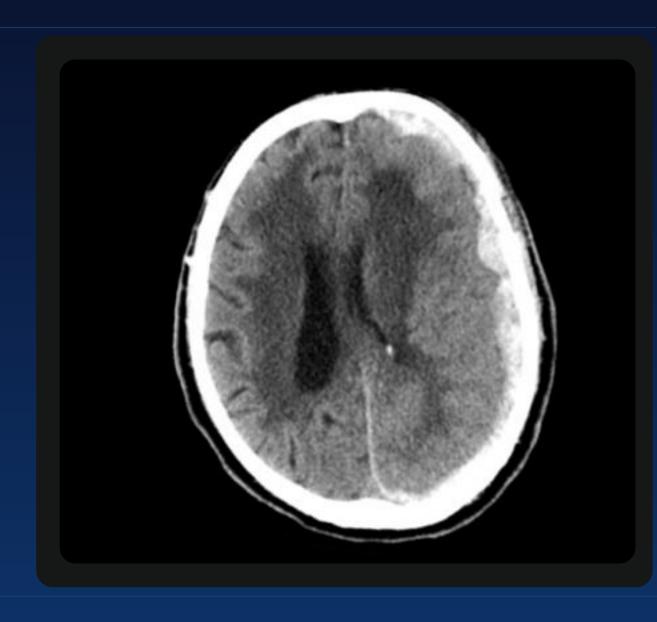
CLINICAL INDICATION: Fell down 5 steps

FINDINGS AS DETAILED IN REPORT:

- Brain: No evidence of acute intracranial abnormality. Chronic ischemic changes including infarcts, some of which are new
- No evidence for acute cervical spine fracture or traumatic subluxation.

MISSED DETECTION IMPLICATIONS

Patient came back 6 days later. Interval report noted: Large 12 mm left subdural hematoma extending along the entire left cerebral convexity, with left-to-right midline shift of up to 9 mm.



Implication Cont.

EMERGENCY | MALE | AGE 70

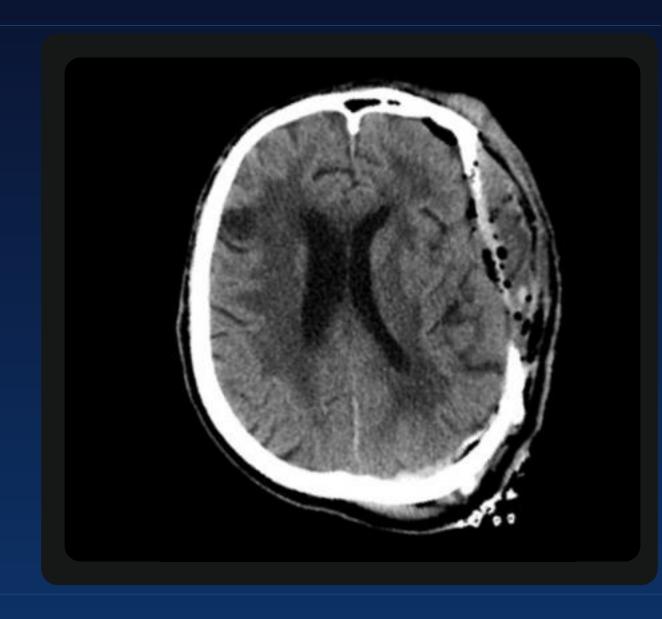
CLINICAL INDICATION: Fell down 5 steps

FINDINGS AS DETAILED IN REPORT:

- Brain: No evidence of acute intracranial abnormality. Chronic ischemic changes including infarcts, some of which are new
- No evidence for acute cervical spine fracture or traumatic subluxation.

MISSED DETECTION IMPLICATIONS

Patient was emergently taken for decompressive craniotomy with no change in neurological deficits and lethargy after the procedure.



Prioritizing Urgent Cases

Expedite care for outpatients with acute pathologies

Preventing patients with acute findings from leaving the facility



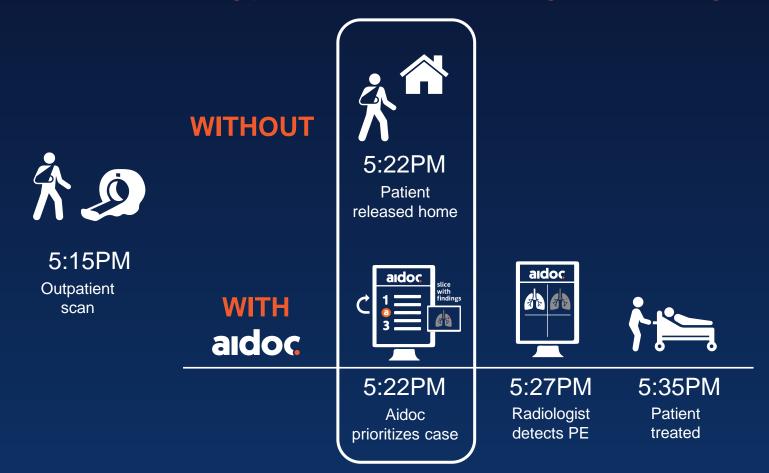
5:15PM

Outpatient scan

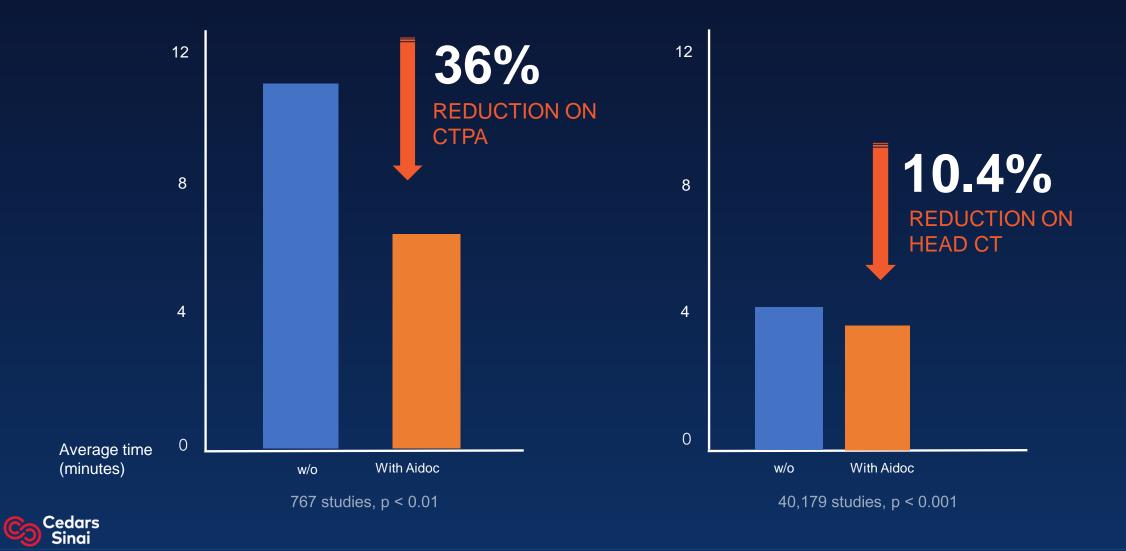
Prioritizing Urgent Cases

Expedite care for outpatients with acute pathologies

Preventing patients with acute findings from leaving the facility



Increasing Efficiency





Enterprise Al Partner





aidoc

Thank you.

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Back up slides

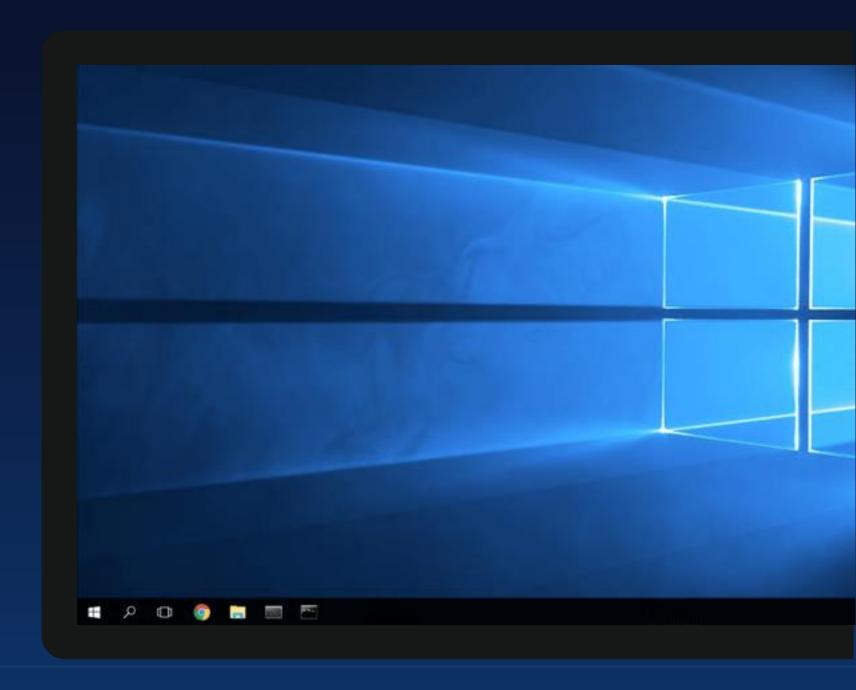
Aidoc Applikation Demonstration

Functionalities:

- 1. Prioritization of acute cases before reporting
- 2. Al contextual information during reporting
- 3. Quality assurance after reporting



1. Prioritization of acute cases



2. Al contextinformation duringreporting



3. Qualityassurance afterreporting

