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AUSTRALIAN HEALTHCARE AI SUMMIT · 9 JULY 2026

From patient experience to the orchestration of care

Oneview's three-year AI journey

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Chief Executive Officer · Oneview Healthcare

Oneview

the connected care experience company

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THE PATH WE'LL WALK TODAY

01 **The capacity problem**
CLINICAL CAPACITY CRISIS

02 **Our three-year journey**
SEIZING THE AI OPPORTUNITY

03 **Ovie: the bedside orchestration layer**
WORKFLOW INTEGRATION

04 **Proof, trust & economics**
EVIDENCE OF VALUE · THE ECONOMICS OF AI

05 **Why we win, and why now**
RIGHT TO WIN · DEFENSIBILITY · SHAREHOLDER VALUE

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THE PROBLEM

Healthcare doesn't have an AI problem.

It has a capacity problem.

AI earns its place in a hospital for one reason: it gives time back to people who have run out of it.

US$187B

Projected healthcare AI market by 2030 · ~37% 10-yr CAGR (WEF)

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SIZE OF THE PROBLEM

A trillion-dollar problem, hiding inside America's largest expense line.

US healthcare spending
2024, 18.0% of US GDP
$5.3T

▼ **31% is hospital care**

Hospital care spending
Largest single category of health spend
$1.6T

▼ **labour is 56% of total hospital costs**

Nursing labour cost
30%+ of hospital costs, the largest occupational category
$480B+

Sources: CMS National Health Expenditure Accounts, published in *Health Affairs* (Dec 2025); Beauvais et al., *Risk Management and Healthcare Policy* (2023); American Hospital Association, *2025 Cost of Caring*.

THE COST OF THE GAP

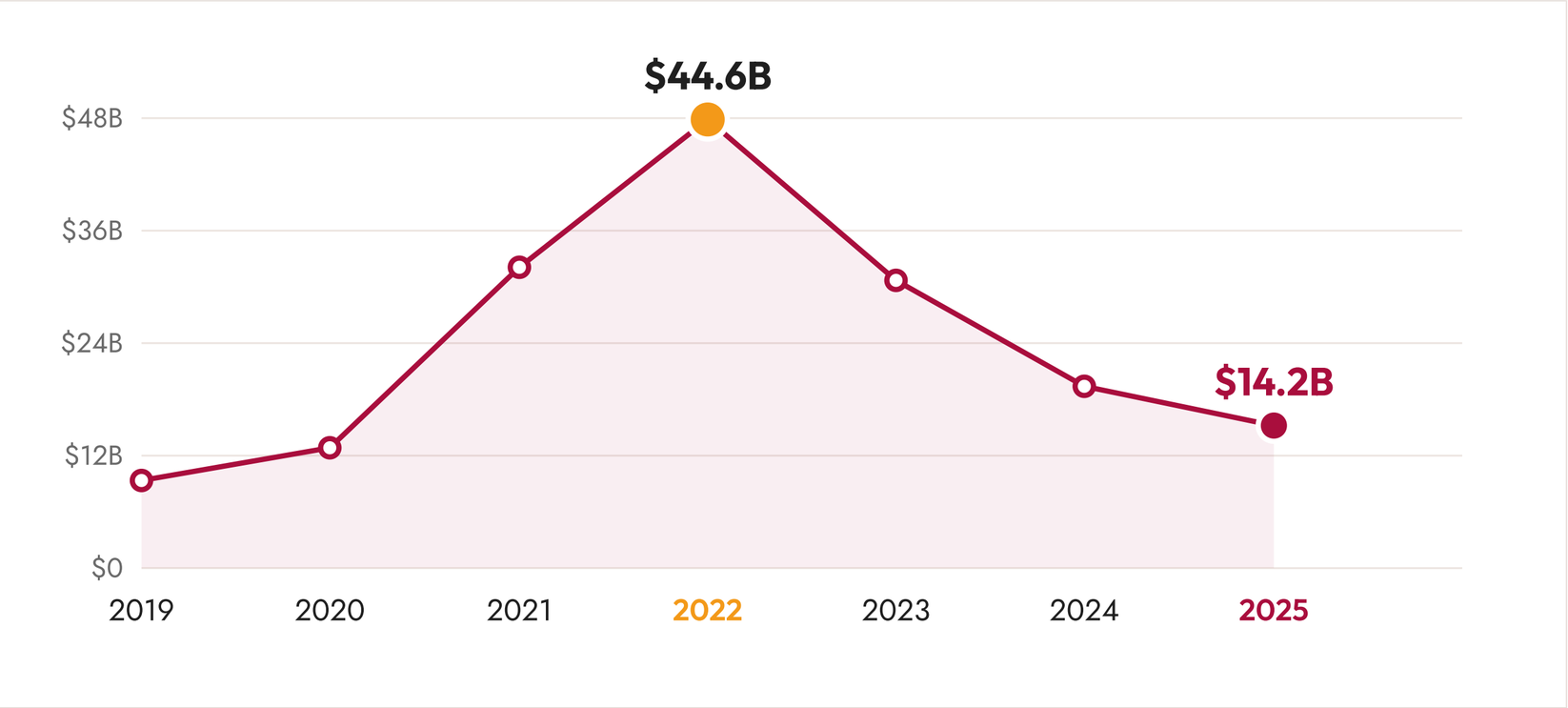
Hospitals rented the capacity they couldn't hire.

US contract & travel nurse staffing revenue, in billions USD

$8.7B
2019 baseline

$44.6B
2022 peak

$14.2B
2025 estimate



Contract nursing spend surged over 5x during the pandemic before hospitals aggressively cut premium labour costs post 2022.

Source: Staffing Industry Analysts (SIA)

THE GAP THAT STAYED

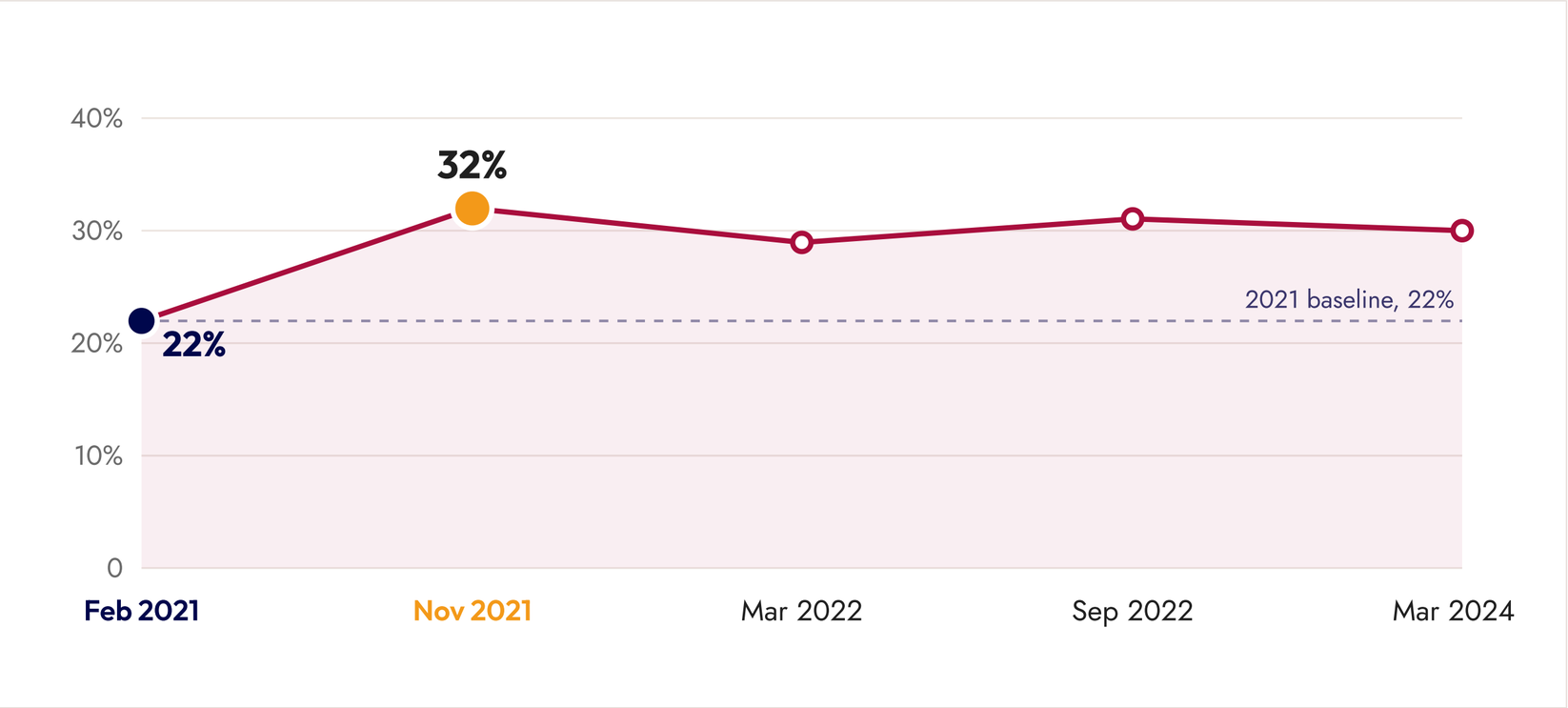
The money problem eased. The people problem didn't.

Frontline US RNs who say they may leave direct patient care within the year

22%
Feb 2021 baseline

32%
Nov 2021 peak

~30%
Mar 2024 latest



Unlike contract-nursing spend, intent to leave the bedside never fully receded; it remains roughly 8 to 10 points above the original 2021 baseline three years later.

Source: McKinsey & Company, Frontline Nursing Survey (2021–2024) · *6-month horizon

BOTTOM-LINE IMPACT

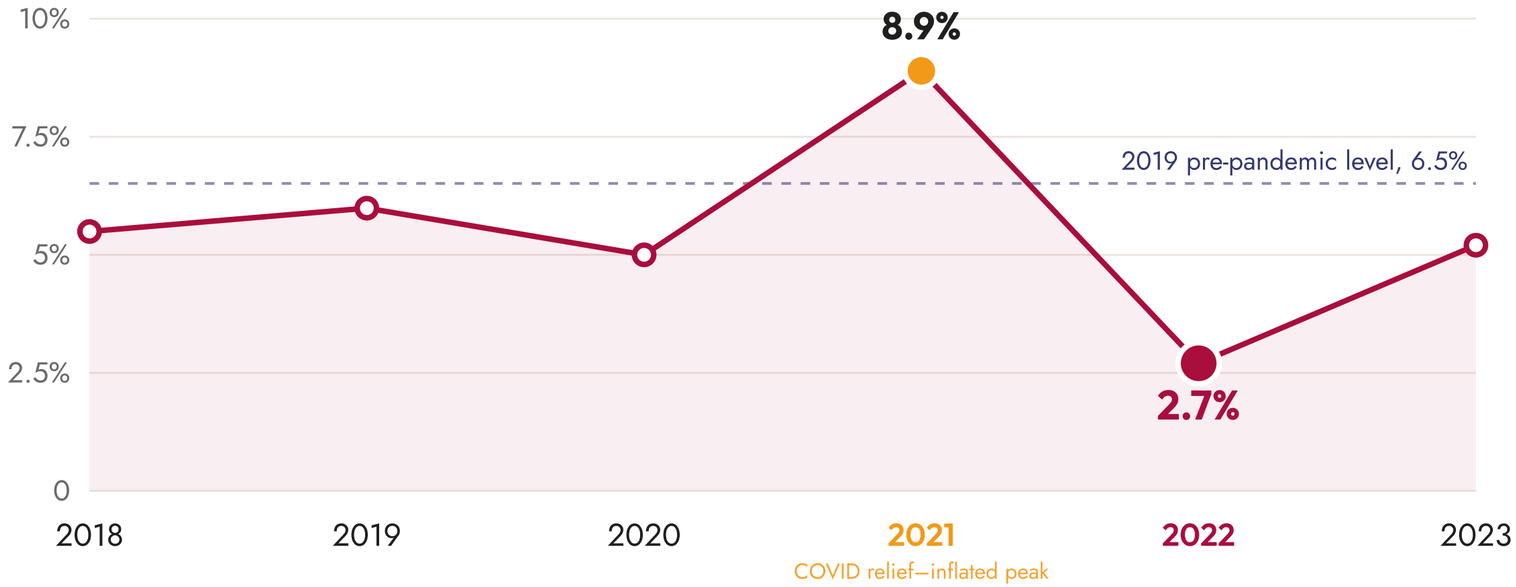
The cost of nursing shows up on the bottom line.

Aggregate US hospital operating margin, 2018–2023

2.7%
2022 collapse. Nursing wage inflation was one of the largest contributing factors.

5.2%
2023 rebound, still below 2019 levels; the pressure hasn't fully resolved.

~4.9%
Full-year 2024 median margin, still below pre-pandemic and softening again through 2025.



Even with COVID relief funds, margins swung violently, then settled below where they began; nursing cost inflation ran straight through the middle of it.

Sources: KFF analysis of RAND Hospital Data (Levinson, Godwin, Neuman, 2024); Kaufman Hall National Hospital Flash Report (2024–2025)

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We cannot hire our way out. Technology is the only answer.

Workforce shortages

Not enough clinicians for the demand we already carry.

Clinician burnout

The people we have are leaving faster than we can replace them.

Aging demographics

Over-65s are doubling in the United States by 2040.

Rising patient expectations

Patients expect the experience they get everywhere else.

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Oneview's three-year AI journey.

2023

Where can AI create value?

THE CATALYST

Oxford University Executive Leadership Programme, *AI for Business*. The lens that opened the journey.

2024

How do we become AI-enabled?

Rebuilding how the company works: data, governance and teams ready to ship AI responsibly.

2025–2026

How do we make the room orchestrate care?

From connected to coordinating: the bedside orchestration layer for hybrid care that anticipates, orchestrates and personalises.

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Before AI, we built world class integrations.

The Connected Care Platform gives AI its two ingredients: data and workflow triggers.

Primary focus on patient experience

Delivering competitive differentiation for the most discerning health systems on four continents.

Data, for context

A decade of real-time patient, environmental and operational data at the bedside.

BMS integration and service requests

Each time a nurse-call event is avoided saving between 2 and 10 minutes of nursing time per request

The Connected Care Platform

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THE LONG GAME

Enterprise healthcare moves at the speed of trust.

You cannot shortcut it. You earn it, one health system, one care team, one year at a time.

TRUSTED BY DISCERNING US HEALTH SYSTEMS

UCSF Health — Since 2014

BJC HealthCare — Since 2016

NYU Langone Health — Since 2018

Inova — Since 2024

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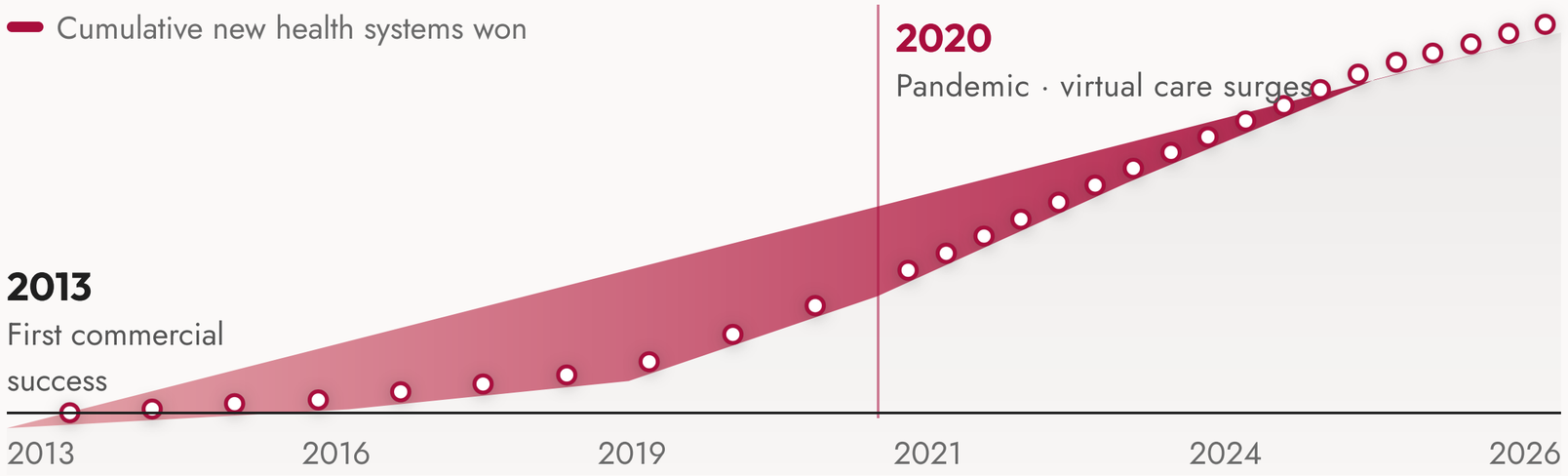
CUSTOMER ACQUISITION

The pandemic changed the trajectory.

In the seven years to 2019, Oneview won 10 health systems. In the five years since the pandemic, it has won nearly twice as many.



10

new health systems

2013–2019 · seven years

18

new health systems

since 2021 · five years

MARQUEE WINS SINCE 2021

Sharp HealthCare | **Nicklaus Children's** | **Inova** | **Rady Children's**

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THE DIGITISATION OF CARE

We started by digitising the everyday workflow.

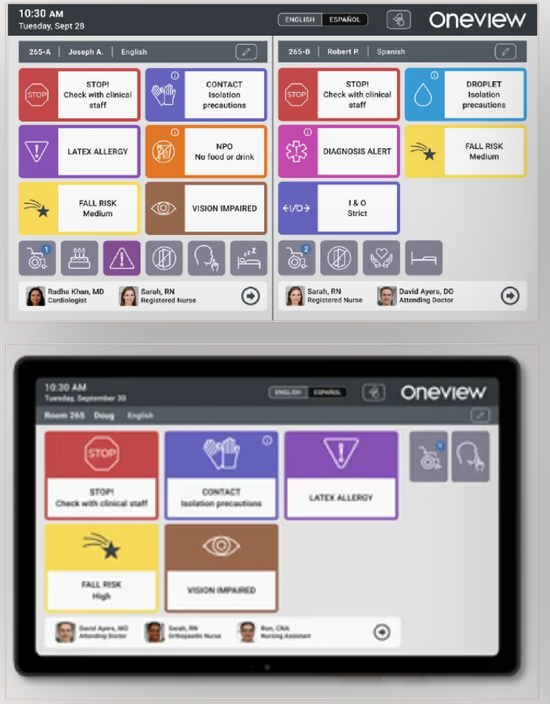
The pandemic exposed the paper still running the ward. Nurses were too stretched to keep manual whiteboards and door precautions current, so it often came down to a sticky note. We built two products in response.

A digital door sign & whiteboard

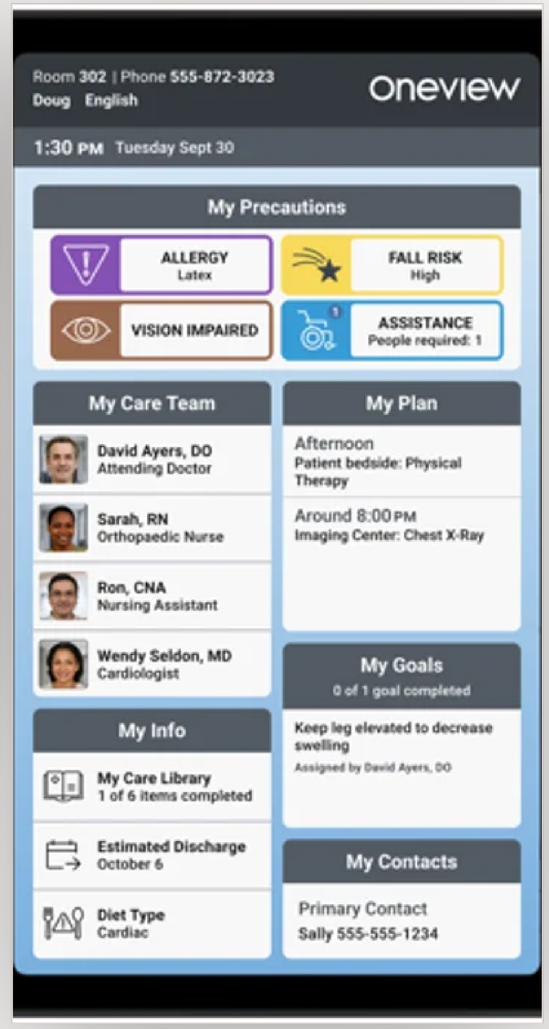
Replacing the marker board and the sticky note outside every room.

Integrated with the EHR, in real time

Precautions and isolation status update automatically, no manual step for the care team.



Digital door sign



Digital whiteboard

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THE VIRTUAL CARE REVOLUTION

Virtual care is rewiring the inpatient model.

74%

of hospital leaders say virtual nursing will become integral to acute inpatient care, up from 66% a year earlier.

THE VIRTUAL INTEGRATED CARE MODEL

Admissions & discharge
Full remote assessment via 2-way video.

Medication management
Remote reconciliation and cross-check.

Mentoring & tele-proctoring
Senior RNs coach bedside staff.

Monitoring & safety
24/7 observation across many rooms.

Patient & family education
On-demand counselling and planning.

Coordination & escalation
Rapid support from the virtual hub.

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THE CONNECTED PATIENT ROOM

Patient room technology enables the virtualisation of care.

PANDEMIC

Virtual care on tablets

Virtual rounding

Virtual visitation

Virtual interpretation

ADOPTING

Virtual care on the TV

Bi-directional camera

Virtual nursing

Observation to prevent falls

EMERGING

Augmented care with AI

Always-on monitoring

Ambient-voice assistant

Computer vision for risk

A single bedside platform, a pathway to augmented care.

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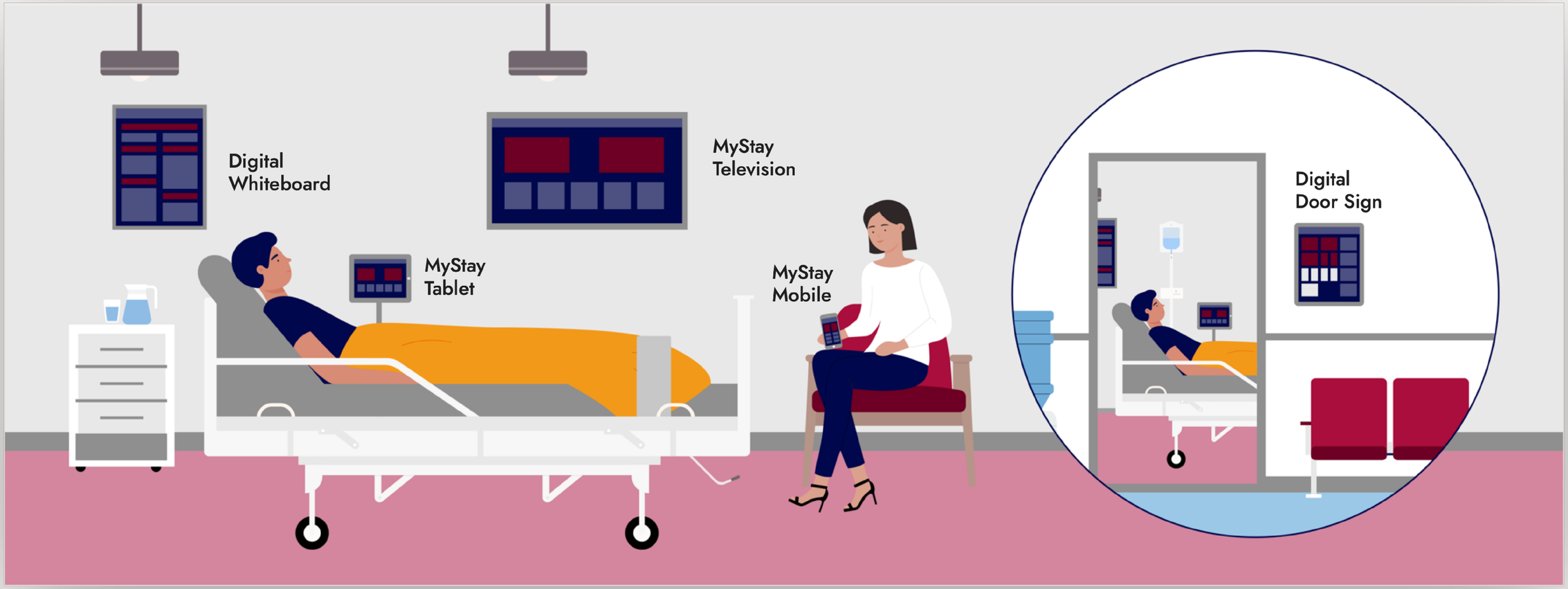
WHERE IT ALL COMES TOGETHER

The Connected Care Experience room.



Digital whiteboard | MyStay television | MyStay tablet | MyStay mobile | Digital door sign

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MEET OVIE

THE EVOLUTION OF OVIE

From voice assistant to agentic AI.

STAGE 01
Voice Assistant

→

STAGE 02
Context Engine

→

STAGE 03
Workflow Orchestration

→

STAGE 04
Agentic AI

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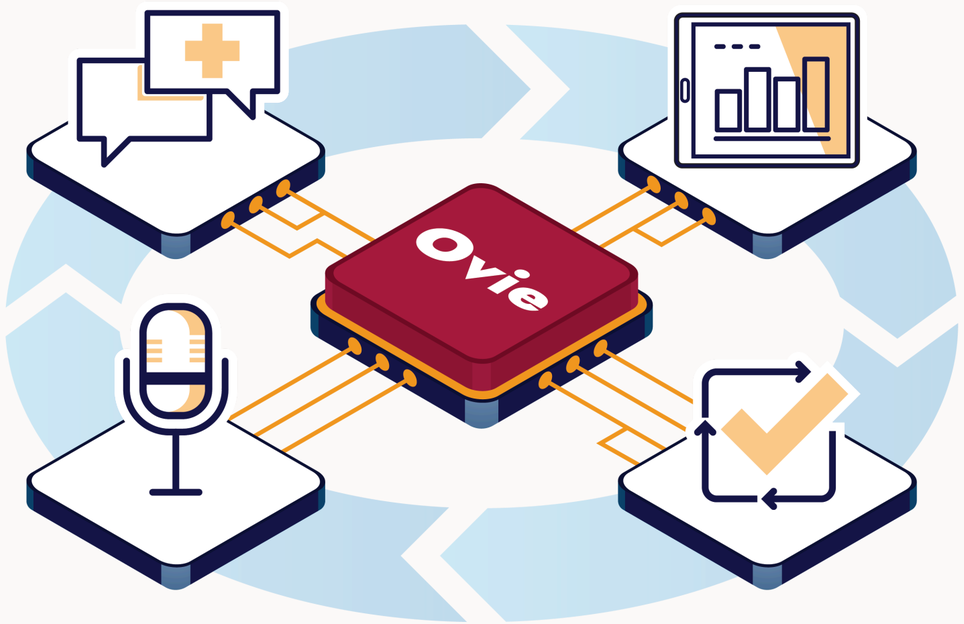
THE OVIE ECOSYSTEM

Four products. One intelligence.



Ovie Engage LAUNCHED AT VIVE

Context-aware patient prompts on the home screen.

Ovie Voice PILOT 2026

Natural-language interaction, now on MyStay TV.

Ovie Console IN DEVELOPMENT

Real-time operational visibility, mission control for care.

Ovie Rounds 2027

Guided experience rounding, proactive not reactive.

HOW OVIE WORKS

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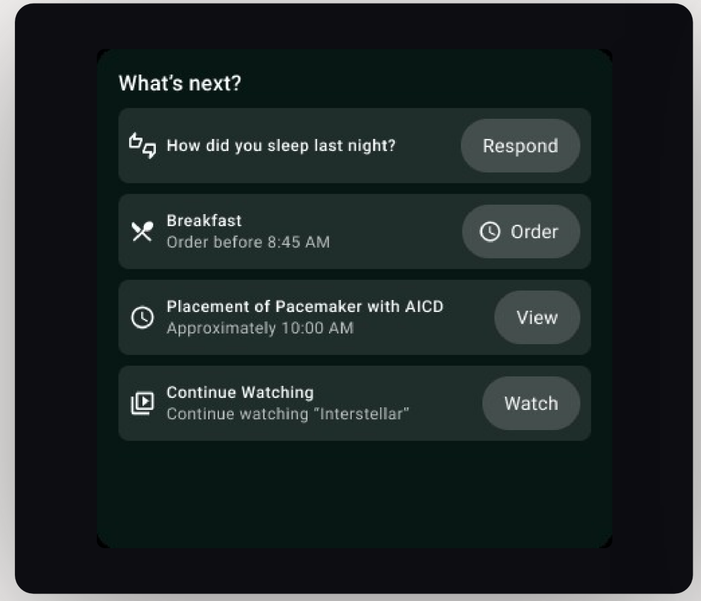
Turning everyday signals into coordinated action.

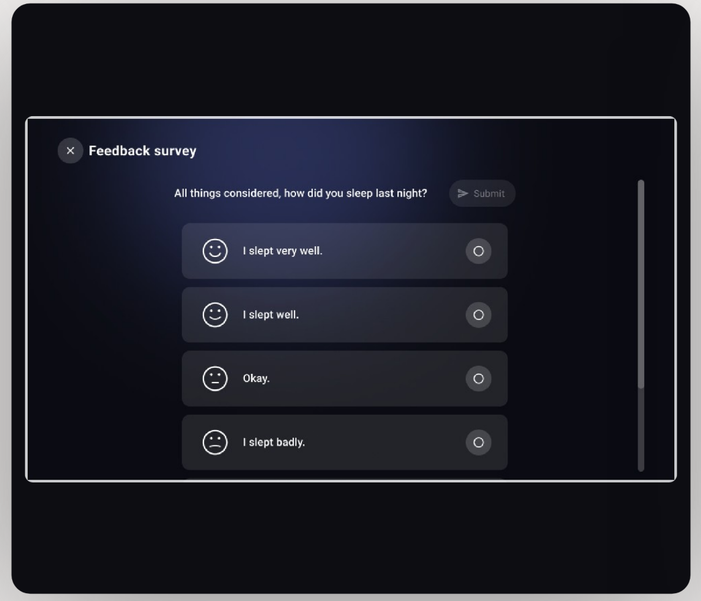
One real flow: a patient sleep check, from prompt, to response, to a prioritised nurse action.

1 · OVIE ENGAGE



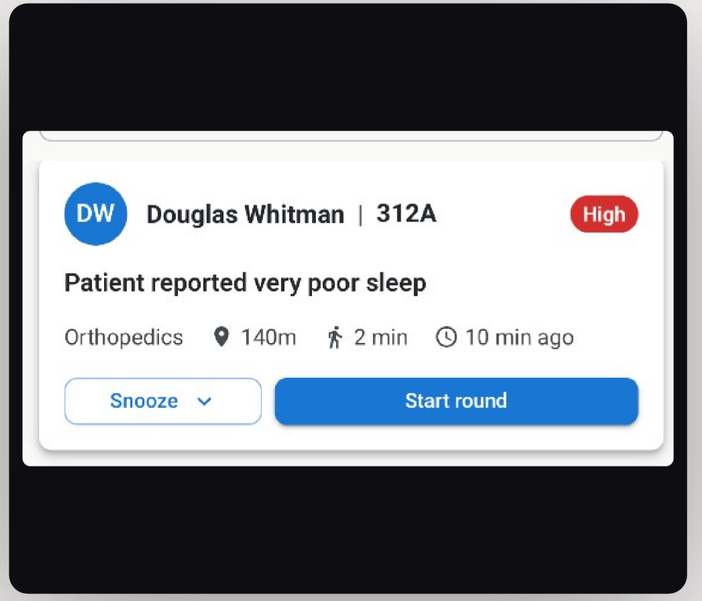
Ovie prompts the patient on their own TV.

2 · FEEDBACK SURVEY



The patient answers in their own time, no nurse involved.

3 · STAFF ESCALATION



A poor-sleep answer escalates to the nurse as a prioritised round.

One patient signal, captured, prioritised and routed, with no nurse chasing it.

INSIDE OVIE

Intelligence & hospital-integration architecture.

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USER EXPERIENCES

Patients & families
Voice · education · meals · service

Care team
Escalations · requests · actions

Hospital leadership
Insights · rounding · analytics

▲

OVIE PRODUCTS

Voice | Engage | Console | Rounds | Flows

▲

Ovie Intelligence Engine

AI FOUNDATION
Azure OpenAI · multi-model · agentic framework

INTELLIGENCE SERVICES
RAG · intent · orchestration · routing · recommendation

GOVERNANCE & SAFETY
ISO 42001 · audit trail · human escalation · privacy

Hosted within Oneview's Microsoft Azure environment

▲

CONTEXT FABRIC

Integration & Context Fabric HL7 / FHIR · API gateway · event processing · real-time patient, environmental & operational context

▲

HOSPITAL SYSTEMS

Epic | Oracle Health / Cerner | Meditech | Dietary | Care communication | RTLS | Virtual care | Building & IoT | Interpreter services | Patient education

40+ integrated healthcare systems & operational data sources

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WHY OVIE IS DIFFERENT

Not a chatbot. A system a hospital will run.

- ✓ Built specifically for healthcare
- ✓ Real-time patient context
- ✓ Clinical-grade privacy & security
- ✓ EHR-agnostic — Epic, Cerner & Meditech
- ✓ AI governance — ISO/IEC 42001
- ✓ Compliments human care model

An intelligence & orchestration layer for the smart patient room.

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WHERE OVIE FITS

AI-augmented hybrid care.

HIGHER COST
LOWER
AVAILABILITY

Floor nurse Physical care · urgent care · "at-the-elbow" support

Virtual care Complex education · virtual workflows, meds to beds, admission & discharge, dual sign-off

HIGHER
AVAILABILITY
LOWER COST

Ovie AI Comfort needs · common questions · basic education · personalised, multi-lingual connection, always on

Ovie is part of the care team, augmenting, not replacing, human care.

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EVIDENCE, NOT DEMOS

Proof of value across the care equation.

Measured against baseline, at the bedside, on live wards, the outcomes a health system's board, its clinicians and its CFO each hold us to.

PATIENT OUTCOMES

Engagement & understanding

Activation of the bedside experience; comprehension of care plan and discharge.

Experience & safety

HCAHPS-aligned experience; comfort and call-light needs resolved faster.

CARE TEAM OUTCOMES

Time returned to care

Non-clinical requests deflected from the nurse; minutes returned per shift.

Load & retention

Fewer interruptions and documentation burden, tracked against intent-to-leave.

HOSPITAL OPERATIONS

Throughput & length of stay

Faster admission and discharge workflows; beds turned sooner.

Cost per shift

Reliance on premium agency labour reduced as virtual care scales.

HOW WE VALIDATE — Baseline → Controlled deployment → Continuous monitoring → Clinical review

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OPERATING DISCIPLINE

Operationalising AI is the hard part.

Anyone can demo a model. Few can ship it safely, repeatedly, at enterprise scale.

The AI-SDLC

Our governed factory for shipping AI, human sign-off at every gate.

Design → **Validate** → **Deploy** → **Monitor**

ISO/IEC 42001

The discipline, audited, not asserted. AI management, certified.

From the demo room to the ward.

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DUAL AI STRATEGY

We run AI on two fronts.

AI IN THE PRODUCT

Ovie

The bedside orchestration layer your patients and care teams experience every shift.

AI AT ONEVIEW

How we run the company

AI-SDLC
The same governed factory, applied internally.

AI Transformation programme
Lifting every team, build, deliver, support, commercial.

Athena · Patient Schedule
A capability built & validated through the AI-SDLC, proof the factory works.

Operationalise AI in your own house, and you build better AI for everyone else's.

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BRINGING OUR PEOPLE WITH US

The journey started inside our own walls.

The hardest part of adopting AI isn't the technology, it's the fear. So we made learning about AI part of everyone's job, and made the case for what it really changes.

AI learning sessions

Regular, hands-on sessions open to every team, demystifying the tools and building real fluency.

Communities of practice

Peer groups sharing what works, so the best ideas travel fast across the whole company.

External speakers

Voices from outside Oneview on how AI is redefining our industry, our work and our lives.

Personal learning goals

Every employee sets formal AI learning objectives with their manager, the same as any development goal.

AI won't take our people's jobs. It gives them back the time to do the work that matters.

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WHERE GOOD DEALS GO TO DIE

Most hospital AI projects fail. We start on the other side of the gate.

WHY HOSPITAL AI PROJECTS FAIL

- ✕ **No workflow integration**
  Bolted on beside the nurse's real tools, so it goes unused.
- ✕ **No clinical champion**
  No one on the ward owns it; pilots stall after the demo.
- ✕ **Weak governance**
  Fails the CIO's first question; never clears procurement.
- ✕ **No demonstrable ROI**
  Can't be tied to labour, throughput or experience.
- ✕ **Procurement friction**
  New vendor, new security review, a 12–18 month cycle.

WHY ONEVIEW IS DIFFERENT

- ✓ **Already in the room**
- ✓ **Already integrated**
- ✓ **Already trusted**
- ✓ **Already operational**

We don't begin the adoption cycle. We begin already through it.

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THE RIGHT TO WIN

Why Oneview can move faster than a healthcare AI startup.

A NEW AI STARTUP MUST BUILD	ONEVIEW ALREADY HAS
✕ Needs to win customers	✓ Existing health-system customers
✕ Needs to build integrations	✓ 40+ live EHR & system integrations
✕ Needs to earn trust	✓ Certified, approved-vendor trust
✕ Needs a deployment footprint	✓ Installed bedside footprint
✕ Needs to own the workflow	✓ Existing workflow ownership

For startups, healthcare has more challenges than most industries.

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THE ECONOMICS OF AI

The economics work on both sides of the contract.

CUSTOMER-SIDE ECONOMICS

Labour savings
Less reliance on premium agency and travel nurses.

Workflow efficiency
Faster throughput, shorter stays, beds turned sooner.

Virtual-care enablement
One clinician supporting many rooms, safely.

ONEVIEW-SIDE ECONOMICS

Faster development
The AI-SDLC ships more product per engineer.

Lower cost to serve
Delivery and support scale without matching headcount.

Product velocity with quality
Revenue grows faster than the cost to produce it.

The result: operating leverage and margin expansion as we scale.

21% revenue growth, FY25

~6.8 yr average contract, recurring revenue

Land & expand cost-to-serve falls as the AI-SDLC scales

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THE COMMERCIALISATION MODEL

How AI becomes revenue, not just functionality.

Layered onto the land-and-expand engine that already drives our growth, across three levers of shareholder value.

Acquire

Product differentiation
AI at the bedside wins competitive deals rivals can't match.

New workflow categories
AI opens use cases well beyond the original patient experience footprint.

Expand

Premium AI capabilities
Ovie capabilities layered onto the existing installed base.

Virtual-care expansion
More beds, more wards, more sites per health system.

Retain

Retention & renewals
Every AI workflow deepens the integration and raises switching costs.

Customer lifetime value
Longer contracts, more endpoints, higher value per system.

Customer growth, expansion and retention, the three engines of shareholder value.

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THE AI RECKONING

Software is being re-rated. Every app is under the microscope.

The market is sorting every software company into one of two piles: AI winner or roadkill.

−29%

ASX Tech Index, 12 months to June 30

NASDAQ 100	**+30%**
ASX 200	**+3%**

FEAR 01

Barriers fall

AI makes software cheap to build, features are cloned in a weekend.

FEAR 02

Seats stall

AI flattens headcount growth, seat-based pricing wobbles.

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COMPETITIVE THESIS

The winner won't be the model provider.

Foundation models are commoditising. Strategic value migrates up the stack, to whoever owns the room the AI runs in.

COMMODITISING

Foundation models

Interchangeable, price-competitive, available to everyone, including us.

VALUE MIGRATES →

WHERE VALUE ACCRUES, THE LAYER THAT OWNS THE ROOM

- **Workflow ownership**
- **Enterprise trust**
- **Operational context**
- **Deep integrations**
- **Deployment footprint**

Owning the model is a race to the bottom. Owning the room is the moat.

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Global generalists, incumbents, or someone else?

Four kinds of competitor. Each owns one slice of the room. None owns the bedside control point.

Global generalists frontier-model players

Broad AI, no clinical context.

Powerful models with no bedside, no integrations, no trust relationship.

Industry incumbents Epic

Owns the record, not the room.

The EHR of record; the patient-facing bedside experience layer isn't theirs.

Point solutions HelloCare · TigerConnect / Vibe

One slice, riding on a screen.

Virtual care or clinical messaging, not the installed control point or deep integrations.

Sensing players Artisight

Sensing, not the experience.

Computer vision, but no patient experience layer and no installed base to sit on.

The real threat is fragmentation. The answer is one control point - from Oneview

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Five walls AI can't code around.

Any one is a barrier to entry. Together, they are the moat.

01	**Regulation & compliance**	HIPAA business associate; ISO/IEC 42001, first ASX-listed company certified. Years to clear.
02	**Integration & switching cost**	Wired into EHR, nurse call, dietary. Average contract ~6.8 years, you don't rip that out.
03	**Domain data & expertise**	A decade of hospital-specific data and clinicians on the team, context AI can't fake.
04	**Physical bedside infrastructure**	Screens and devices in the room. A rival must replace hardware, not just ship code.
05	**Enterprise trust**	Approved vendor, on GPO contracts, land-and-expand. Newcomers face 12–18-month cycles.

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WHY NOW

01	02	03	04	05
Capacity crisis worsening	Virtual nursing accelerating	AI maturity improving	Digitisation at scale	Oneview already deployed

We are not building an AI product.

We are turning the patient room into an orchestration platform.

AI is the catalyst.

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AI will not replace the human touch.

It will help restore time for it.

Thank you.

James Fitter
Chief Executive Officer · Oneview Healthcare
oneviewhealthcare.com