aidoc

Aidoc is a pioneering force in clinical AI. Powered by our proprietary aiOS™, we analyze and aggregate medical data to enable care teams to operationalize the unexpected and work seamlessly with a continued focus on the patient. Aidoc AI is always on, running in the background to change the foreground.

HEALTHCARE REALITIES TODAY

Rising Costs
Total expenses up 19%, driven by inflation and labor shortages[1]

Missed Revenue Potential
Less than 40% of providers adhere to radiologist recommendations for follow-up exams[2]

Overlooked Diagnosis
1 in 18 ED patients receive an incorrect diagnosis[3]

THE AIDOC DIFFERENCE

Exclusive aiOS™ Platform
- **Timely:** Fully automated 24/7 monitoring and notification
- **Interconnected:** Real-time alerts of time-sensitive cases, built-in risk stratification and a mobile imaging viewer to facilitate cross-department communication
- **Scalable:** A single platform that integrates within native workflow and IT infrastructure

Built for Integrations
- Reliably deploy and run enterprise AI at scale from a unified platform that coordinates and deploys algorithms, connects to existing systems (PACS, EHR, scheduling, etc.) and creates a seamless user experience

Largest Library of FDA-cleared Algorithms
- 13 FDA-cleared Aidoc developed algorithms, plus seven partner apps
- Solutions covering 75% of patient populations

Aidoc Impact
- Used in more than 1,000 medical centers
- 2M patients analyzed each month
- Utilized in 7 of the top 10 U.S. hospitals
- 100+ clinical studies

IMPACTING PATIENTS AND CARE TEAMS

See what Aidoc can do at your facility.

26% Reduction in LoS Cedars-Sinai, PE[4]

9.8% Reduction in ED LoS Yale New Haven Health, ICH[5]

55% Turnaround Time Reduction University of Rochester, ICH[6]

1. National Hospital Flash Report: December 2022 | Kaufman Hall. (2023, January 4). https://www.kaufmanhall.com/insights/research-report/national-hospital-flash-report-december-2022 **2.** Hansra, S. S., Loehfelm, T. W., Wilson, M., & Corwin, M. T. (2021). Factors Affecting Adherence to Recommendations for Additional Imaging of Incidental Findings in Radiology Reports. Journal of the American College of Radiology, 18(2), 233–239. https://doi.org/10.1016/j.jacr.2020.02.021 **3.** Diagnostic Errors in the Emergency Department: A Systematic Review. (n.d.). Effective Health Care (EHC) Program. https://effectivehealthcare.ahrq.gov/products/diagnostic-errors-emergency/research **4.** Petry M, Lansky C, Chodakiewitz Y, Maya M, Pressman B. Decreased Hospital Length of Stay for ICH and PE after Adoption of an Artificial Intelligence-Augmented Radiological Worklist Triage System. Radiol Res Pract. 2022;2022:2141839. Published 2022 Aug 18. doi:10.1155/2022/2141839 **5.** Davis, M. J., Rao, B. M., Cedeño, P. A., Saha, A., & Zohrabian, V. M. (2020). Machine Learning and Improved Quality Metrics in Acute Intracranial Hemorrhage by Noncontrast Computed Tomography. Current Problems in Diagnostic Radiology, 51(4), 556–561. https://doi.org/10.1067/j.cpradiol.2020.10.007 **6.** Wismueller et al. (2020) A Prospective Randomized Clinical Trial for Measuring Radiology Study Reporting Time on Artificial Intelligence-Based Detection of Intracranial Hemorrhage in Emergent Care Head CT. Proceedings Volume 11317, Medical Imaging 2020: Biomedical Applications in Molecular, Structural, and Functional Imaging; 113170M doi: 10.1117/12.2552400