MULTIPLE TECHNOLOGIES IN ONE SECURE APP

- Alerts + notifications with GPS tracking
- Online medical control with video streaming
- Vitals capture + one-click mobile telemedicine
- Share data safer + quicker
- One-click mobile telemedicine
- EKG management from any monitor

“ I CAN DO A MORE THOROUGH EVALUATION, MAKE A BETTER DIAGNOSIS, PROVIDE BETTER CARE, AND BETTER ANSWER THE QUESTION, WHAT DO WE NEED TO DO FOR THIS PATIENT? ”

- Dr. Dan Godbee, Medical Director, East Baton Rouge EMS

Learn more at general-devices.com/mobiletelemedicine

201.313.7075
info@general-devices.com
THE SINGLE BIGGEST PROBLEM IN COMMUNICATION IS THE ILLUSION THAT IT HAS TAKEN PLACE

-George Bernard Shaw (1856-1950)

MOST COMMON USES OF GD e-Bridge

- Unified 12-Lead Management
- Alerts, Notifications and Chat
- Interactive Mobile Telemedicine
- EMS Tracking with Live ETA
- Forms Initiated from The Field
- MIH/CP Team Communications
- Firstnet Communications
- Live Video Streaming
- Acute Care Management
- AMA Refusals
- Mass Casualty
- Post Opp Care
- Mental Health
- Vitals Capture
- EMS Answering
- Medical Direction
- Transfers
- Overdose
- Patient Handoff
- Burns
- STEMI
- Stroke
- Sepsis
- Trauma
- SOS

VALUE YOU WILL GAIN WITH GD e-Bridge

- Cross team communication
- Resolve disputes + prove patient treatment refusals
- Shorten door-to-treatment times by accessing
- Virtually place physicians at the trauma scene
- Remote access to the EMS Radios
- Event Case Management
- Reduce patient handoff time
- Easy QA to pinpoint bottlenecks
- Online medical control

Interoperability
Streamline and Share Data
Today's ePCRs, EMRs, EHR's, etc. operate independently. This leads to data entry, redundancy, unnecessary data transport, data errors and incomplete data. GD can work with you on creating a single, unified and bidirectional data stream.

Benchmarking
Continuous Performance Improvements
A mobile telemedicine solution is only as good as its performance level. As a hospital or EMS organization, you want to be able to benchmark your metrics to assess ongoing performance for improvements, training and accreditations.

Feedback
Closed-loop Performance Tracking
In order to make continuous performance improvements, understand what is working and what is not. The best way to understand this, aside from creating and reviewing specific performance reports, is to hear from the rest of the team on the case.

Use Your Own Device: GD e-Bridge™ is Device + Operating Systems Agnostics

Your device is safe and nothing is stored on the device itself.
HOSPITAL, EMS, COMMUNITY HEALTHCARE AND PUBLIC SAFETY CAN NOW WORK SMARTER, FASTER AND MORE PROACTIVELY WITH THE MOST CONFIGURABLE AND COMPREHENSIVE MOBILE TELEMEDICINE, MEDICAL COMMUNICATIONS AND ACUTE CARE WORKFLOW MANAGEMENT SOLUTIONS.

MOBILE INTEGRATED HEALTHCARE OR COMMUNITY PARAMEDICINE (MIH/CP) PROGRAM WITH LIVE STREAMING, TELEMEDICINE, CONFERENCING AND MUCH MORE

• Increases the comfort level of participating physicians in MIH/CP.
• Makes the MIH/CP service line more attractive to potential partners.
• Prevents unnecessary transports or hospital re-admissions.
• Records and documents activities for quality, training and legal purposes.
• Enhances patient care and the patient experience by enabling them to speak with doctors while in the comfort of their own home.

Team Communication, Information + Documentation
Securely Share patient data anywhere for faster + more efficient patient handoff + time to treatment

Learn more at general-devices.com/mobiletelemedicineline
General Devices (GD) enables smarter patient care by empowering hospitals, EMS, mobile integrated healthcare, community paramedicine, and public safety responders with the most comprehensive, interactive, configurable, affordable, and integrated medical team communication and mobile telemedicine solutions. Offering benefits unmatched in the industry including enhanced workflows, minimized risks, reduced costs, and improved patient outcomes, GD’s innovative solutions help more than 15,000 patients’ lives daily. Learn more at general-devices.com.

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