NEYQOR

CLINICAL INTELLIGENCE PLATFORM

One patient.
One clinical context.

A company and platform overview of NeyQor's direction: clinical context, evidence, workflow and human authority brought together through one coherent architecture.

Safe by design - fast by architecture

01 · WHY NEYQOR

Healthcare has changed. The clinical workspace has not changed enough.

Modern care produces more information than ever, while clinicians still spend significant effort reconstructing the patient story across separate systems and workflows. NeyQor is built around a different premise: the problem is not simply more data. It is coherent, attributable clinical context.

Fragmented clinical work

Records, medication information, results, monitoring and documentation can exist across separate surfaces.

Context is the missing layer

Identity, source, time, provenance and review state determine whether information can be trusted in context.

Clinical time matters

Technology should reduce searching and repetitive documentation rather than add another isolated workflow.

Human authority remains human

AI may assist with synthesis and drafting; interpretation, approval and clinical action remain human.

02 · CLINICAL COMMAND CENTER

The patient context becomes the workspace.

The Clinical Command Center is NeyQor's visual centre: a clinical workspace organised around the patient, current state, change over time, evidence and bounded AI assistance.

PATIENT	CURRENT STATE	CHANGE	TIMELINE	EVIDENCE	AI ASSISTANCE
Identity Care setting	Clinical focus Vitals	What changed Review state	Events Across time	Source Provenance	Context surfaced Human review

One patient. One clinical context.

The interface hierarchy follows clinical work rather than exposing disconnected product modules.

Illustrative, not diagnostic

Public product visuals demonstrate workflow concepts and do not represent real patient data or autonomous clinical decisions.

03 · WORKFLOW VALUE

Less searching. Less documenting. More clinical time.

SMART SBAR

Authorised sources → Patient context → S/B/A → Clinician completes R → Approve.

AI JOURNAL DRAFTS

Clinical context → structured draft → Review → Edit → Sign. The draft is never presented as autonomously signed.

CLINICAL DECISION SUPPORT

Change detected → Evidence → Temporal context → Consider reviewing → Human decision.

CLINICAL TIMELINE

Longitudinal information is organised around time, source and review state so change can be understood in context.

04 · SMART SBAR

From authorised sources to an approved handover.

Smart SBAR is designed to reduce repetitive retrieval and structuring work while preserving source visibility and clinical review.

AUTHORISED SOURCES	PATIENT CONTEXT	S / B / A	CLINICIAN R	APPROVE
Record Medication Timeline	Identity Evidence Time	Situation Background Assessment	Recommendation Human completion	Review Approval

Connected-source functionality remains conditional on lawful, authorised technical integration and source access.

05 · EVIDENCE ARCHITECTURE

Trust is architectural.

NeyQor's product thesis is that clinical intelligence should sit above a reusable trust foundation rather than operate independently from the information beneath it.

01	02	03	04 · NEYQOR CORE	05	06
Clinical Evidence	**Identity & Authority**	**Provenance**	**Canonical Clinical Context**	**Clinical Workflows**	**AI Assistance**

Evidence before inference · Human authority remains human · Fail closed

06 · SAFETY & EVIDENCE

Clinical AI should never require blind trust.

Evidence before inference

Assistance begins with attributable information and visible context.

Human authority remains human

Clinical responsibility is not transferred to the model.

Fail closed

Where safety requires certainty, unresolved conditions should not silently become trusted state.

Source-linked context

Source, time and provenance should remain visible where they matter to clinical review.

Är det inte säkert för vården, bygger vi det inte.

Minsta nödvändiga förändring, maximalt verifierad effekt.

07 · MEDTECH JOURNEY

Built for a healthcare system in transition.

01 · The reality Fragmented clinical systems and repeated reconstruction of the patient story.	**02 · The need** A patient context that preserves identity, authority, evidence, provenance and time.
03 · NeyQor Evidence-centric infrastructure supporting multiple clinical workflows.	**04 · The change** Less friction around clinicians, while interpretation and clinical action remain human.
05 · The future Continuity of care around a shared context layer rather than another isolated application.	**How we build** Clinical precision. Engineering restraint. Human authority.

08 · INVESTORS

Enter through workflow. Expand through context. Scale as a platform.

NeyQor's expansion logic begins with concrete workflow value and compounds through a reusable trusted clinical context layer.

FRAGMENTATION	WORKFLOW WEDGE	TRUSTED CONTEXT	MULTIPLE PRODUCTS	PLATFORM
Disconnected clinical work	SBAR Documentation CDS	Identity · Authority Provenance · Evidence Time	Shared clinical surfaces	Clinical operating layer

Land → **Expand** → **Platform.** The defensibility is not the language model; the trusted clinical context layer is the foundation.

09 · EVIDENCE & RESULTS

Built to prove value - without inventing it.

The public evidence surface is intentionally prepared for validated pilot information without publishing unsupported performance claims.

PILOT STATUS · RESERVED

Deployment and validation status can be published when supported.

WORKFLOW VALIDATION · RESERVED

Measured workflow outcomes can be added after validation.

CLINICAL REVIEW · RESERVED

Review methodology and accountable clinical oversight can be documented.

NO INVENTED NUMBERS

Until evidence exists, the absence of a number is more credible than an unsupported claim.

Not another isolated clinical application.

NeyQor is evolving toward a shared clinical operating layer where patient identity, authority, evidence, provenance and temporal context can support multiple clinical workflows.

NeyQor does not replace the clinician. It removes friction around the clinician.

Clinical precision Context should be understandable, attributable and reviewable.	**Engineering restraint** Do not change a safe, verified path merely to make it look newer.
Human authority AI assistance remains bounded by responsible clinical review.	**Platform direction** Documentation, handover, patient intelligence, monitoring, multimodal information and AI can share one architecture.

TAKE NEYQOR WITH YOU

Explore the NeyQor overview.

This QR is a design-stage concept. It does not claim a live public brochure address. Once the permanent public /brochure URL is confirmed, the QR can be replaced without changing the brochure design.

SCAN TO EXPLORE NEYQOR

One patient. One clinical context.

Safe by design - fast by architecture.

QR destination: public URL pending

Healthcare has enough data.
What it needs is context.

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