

From the Ambulance to the Bedside

A pre-hospital telemedicine provider brings its proven stroke platform inside the hospital, putting a remote neurologist in every room through mobile carts powered by iotum's audio and video APIs.

The Customer

Max Life, Advanced Telemedicine for Pre-Hospital Diagnosis and Care, first partnered with iotum to put live, doctor-controlled video inside ambulances. Emergency physicians could evaluate high-risk stroke patients before they ever reached the hospital. That work proved something important: when every minute counts, the fastest path to a diagnosis is a clear video connection to the right specialist.

Now Max Life is bringing that same system inside the hospital. Its largest customer, a major Florida university health system, is converting space in newly acquired hospitals into walk-in stroke centers and rolling out Max Life telestroke carts to support them.



A Max Life telestroke cart with overview and PTZ cameras.

The Vision

Put a neurologist at every bedside without putting a neurologist in every building. Max Life wanted a roll-in unit any stroke center could deploy quickly, that doctors would enjoy using, and that could scale far beyond a single health system.

The Challenges

Stroke care is a race against time, and neurologists are scarce. Staffing a specialist around the clock at every hospital is enormously expensive, and many facilities simply cannot do it.

Mobile stroke units have shown what fast, remote diagnosis can do, but at roughly \$1 million per unit they depend on funding that is not always there. Max Life saw one early program shut down when needed upgrades could not be funded. A lower-cost format was needed to bring the same capability to more patients.

Inside the hospital, the obstacles were different. Clinicians face long logins and layers of enterprise IT before they can connect, and every new system has to must clear the health system's security and compliance review. Browser-based kiosks added their own headaches: Chrome updates, sometimes several a day, threatened the always-on, auto-connect experience doctors rely on.

The Solution

Max Life took everything that worked in the ambulance and put it on a cart. Built with cart manufacturer Howard Medical, each unit pairs a medical-grade Tegar all-in-one PC with an overview camera and a pan-tilt-zoom (PTZ) camera the remote physician controls directly.

Stroke diagnosis depends on detail, so Max Life configured camera presets at the foot of the bed. When staff roll the cart into a room, the neurologist can immediately zoom in on the patient's eyes, facial features, and responsiveness.

Behind every cart is iotum's audio and video infrastructure. Each cart has its own dedicated virtual meeting room (VMR), so connecting is as simple as opening the room. Max Life's web application, hosted in AWS, calls iotum's APIs and wraps cleanly into native iOS, Android, Mac, and Windows apps, now approved in each app store. That move takes browser update issues off the table.

The carts run on the hospital's Wi-Fi but sit outside its internal infrastructure. Clinicians get a fast connection, and Max Life's platform stays independent of the health system's network.

AT A GLANCE

12

cart locations covered by one
neurologist

1

dedicated iotum VMR per cart

4

native apps: iOS, Android, Mac,
Windows

~\$1M

cost of a single mobile stroke
unit



Carts are assembled by Howard Medical and shipped ready to roll into stroke centers.

The Result

One neurologist, wherever they happen to be, is now on call for 12 cart locations. Instead of staffing a neurologist at each site, the health system covers them all from one, a shift Max Life estimates saves millions of dollars in overhead.

Doctors and end users consistently point to one thing: speed. No long login sequence and no hunting for the right system. Roll the cart in, and the specialist is in the room.

The rollout keeps growing. The health system recently ordered two more carts, Max Life is building another stroke ambulance, and two carts are headed to the U.S. Virgin Islands through the health system's work there. Because each cart is a self-contained unit with its own VMR, the model can scale from a dozen locations to thousands.

DRAFT QUOTE: PENDING MAX LIFE APPROVAL

"We basically took what was in the ambulance and just put it on the cart. All the doctors, all the end users, that's what they like about it, because it's fast."

"Rather than having a neurologist at 12 locations, they have it at one location. And each cart has its own VMR, so you can just imagine if we rolled out thousands of these."

Matt Humbert

Max Life, President

Built on iotum

Max Life did not take a prebuilt meeting app off the shelf. It built a purpose-designed clinical product on top of iotum's video APIs, letting iotum handle the plumbing while Max Life focused on the experience doctors and patients need. It is a clear picture of what the platform becomes in the right hands, in healthcare and anywhere real-time audio and video can change an outcome.

iotum offers easy-to-use, safe and secure, high-quality audio and video. Use any device to connect with zero-download, browser-based technology, or build it into your own product with iotum's APIs.

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Review Notes

Everything in this draft comes from the Max Life call transcript. These items need confirmation before the piece goes out.

Confirm with Max Life

- Quote: Matt's last name and title, and approval of the stitched quote (lightly cleaned from his own words on the call).
- "Saves millions of dollars in overhead": Matt's estimate. OK to publish as stated?
- Cart count (12) and new orders (two more carts, another stroke ambulance, three new VMRs): still current?
- Permission to name partners Howard Medical and Teguvar (spelled "Teguard" in the transcript; confirm).
- U.S. Virgin Islands mention: OK to include?
- Health system kept generic per request. Confirm Max Life and the customer are comfortable with the description.
- Security language: the ambulance use case cited HIPAA compliance and AES256. Confirm whether the same applies to the carts before adding.

Photos

- Customer branding on the cart bases was cropped out and a door nameplate was blurred. Request approved, unbranded photos or written permission if we want the full images.

Opportunities to strengthen

- Matt cited a lifetime per-patient savings figure for curbside stroke diagnosis, but the number is garbled in the transcript. Get the exact figure and source.
- Peplink published an article on Max Life's ambulance connectivity. Cross-promote once Max Life sends it.
- Suggested interview questions: time from cart roll-in to specialist connected; consults per month; impact on door-to-treatment times; deployment time per cart; why IoT for the cart rollout.