

**CEO
CFO**



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**Not Just a Patients Amenity Company for Movies and Internet,
CareView Communications, Inc. with their Patient Monitoring System
is Helping Hospitals, Nursing Homes and ALCs Establish
a Safer Environment at a Lower Cost**

**Healthcare
Medical Appliances & Equipment
(CRVW-OTCQB)**

CareView Communications, Inc.

**405 State Highway 121 Bypass
Suite B240
Lewisville, TX 75067
Phone: 972-943-6050**

**Samuel A. Greco
Chief Executive Officer**

BIO:

Mr. Greco joined the Company as Chief Executive Officer in September 2007. Greco, a seasoned healthcare executive has over 30 years of experience in the provider sector of healthcare as a hospital and integrated network CEO, CFO and COO.

Greco has operated in organizations from 200 beds to multi-facility networks of over 2,000 beds. He was the Sr. Vice President of Financial Operations for Columbia/HCA responsible for the financial operations of that \$30+ billion Company which at the time had over 300 hospitals and 125 surgery centers. Greco was instrumental in establishing the supply chain management departments (today HealthTrust Group Purchasing Group) at Columbia/HCA and building that to the standard within the industry. Greco co-founded Healthcare Partners Investments in 2004, a physician owned integrated network in Oklahoma City.

Greco's time and experience in the healthcare industry has helped CareView gain insight to products that

would benefit its customers and access to those in decision making positions.

Mr. Greco is married, with two sons.

Company Profile:

CareView has created a proprietary high-speed data network system that can be deployed throughout a health-care facility using the existing cable television infrastructure. This network supports CareView's Room Control Platform (RCP) and complementary suite of software applications designed to streamline workflow and improve value-added services offered to customers. Real-time bedside monitoring and point-of-care video monitoring and recording improve efficiency in a safer environment, while limiting liability, and entertainment packages and education enhance quality of stay. This technology may also act as an interface gateway for other software systems and medical devices moving forward. CareView is dedicated to working with all types of hospitals, nursing homes, adult living centers and selected outpatient care facilities domestically and internationally. Corporate offices are located at 405 State Highway 121 Bypass, Suite B-240, Lewisville, TX 75067. More information about the Company is available on the Company's website at www.careview.com.

**Interview conducted by:
Lynn Fosse, Senior Editor
CEOCFOinterviews.com**

CEOCFO: Mr. Greco, what attracted you to CareView Communications?

Mr. Greco: As a hospital operator, you always look for things that will help your operation from several points of view. My background is hospital operations and I always tend to ask, "What will help me grow my business, control my costs, enhance quality, impact my safety and patient satisfaction?" I always try to look at those four or five areas on a regular recurring basis. I had just left a situation where I was running an IDN and really stumbled on CareView Communications as a favor to one of my physician partners. However, the more I looked at CareView the more impressed I was, because it provided hospitals, nursing homes and ALCs, but primarily hospitals, with the opportunity to have a low-cost solution for high-tech opportunities. As an operator, I had not seen much of that and most of the opportunities I saw in technologies required a fairly significant investment, and complicated interfaces. So you always had to make those capital choices of, "Do I buy a piece of equipment I need for a given department, or do I invest in infrastructure?" After looking at this, I thought this had the opportunity to provide hospitals with the ability to do both of these. So I accepted the challenge of joining the team.

CEOCFO: How has CareView changed and developed under your leadership?

Mr. Greco: To say it has changed because of me is a stretch. A key individual in this organization certainly is Steve Johnson. He is the president and chief operating officer of the company, more importantly he is the crea-

tor of our system. Steve had the vision to take a technology that made sense in other industries and apply it to healthcare. What we always tried to do was access what already exists in the hospital and Steve had come up with the plan to access the existing infrastructure in a hospital. If you go into any hospital in the country, they all have a telephone, they all have a television, and they all have a nurse call system. Only 30% have CAT-5 to the room, which means for 70%, if you want some high-speed alternatives, you have to run wire. What the CareView System™ did was utilize existing infrastructure the CareView System can work with no additional investment, so leveraging that was very important. That meant we could visit hospitals and introduce our system without them having to invest in enhancing their infrastructure, without having to access the IT network, which are probably already crowded with either applications that are currently running or applications that hospitals want to obtain. It was very important to us to make sure that we capitalize on that, and then to focus on the challenges of a hospital today. We have always viewed our applications as clinical in nature. Prior to my arrival I think the communication to the industry was that we were more of a patient amenity application, offering things like first run movies, and access to the internet; competing with some folks that do those things on patient televisions or patient services. We do that because we have a computer in every room and a high-speed network that runs on the existing coaxial network, but our primary focus was to help nursing to establish a safer environment for hospitals. We help the hospitals improve the quality of services and the results of the services that we provide.

CEOCFO: Do most hospitals have a system in place now that the CareView System will replace or ,because of the cost involved in installing are most hospitals without something like this for the nursing station?

Mr. Greco: Our primary purpose today is patient safety. What we do is we install cameras and a unique

computer in a patient's room. We then provide a monitor at the nurse station. Within fifteen minutes, we can install a room and it usually takes a day or so to get the infrastructure in place. Now nursing can see the activity in every patient room that they are responsible for. Of course, patients have to consent to this, but we are completely HIPAA compliant beyond all the firewalls that are necessary and the patient is always in charge. We immediately provided those extra set of eyes to keep an eye on the patient. Our primary focus, since October 1st of 2008, is to help hospitals prevent falls, and we have come up with a very unique application called virtual bedrails. On a touch screen at the nursing station, with his or her finger, the nurse can draw a line on each side of the bed, and they have now engaged virtual bedrails. If that patient goes outside those lines, an alarm goes off at the nursing station.

We have perhaps the most cost-effective opportunity to improve safety, quality, and better utilize the nursing staff, which is a very expensive commodity to hospitals.

- Samuel A. Greco

Now falls are not prevented because hospitals hire very fast nurses who hear an alarm and run down the hallway to a patient room. We believe falls are prevented because a nurse can hear and see something that is going on in the patient room, such as the patient is struggling to get out of bed and begins to move their leg outside the bed, or perhaps is still wobbly from anesthesia, or is aged, or has other factors that would suggest they were at risk for a fall. At that moment that the alarm goes off at the nursing station, the nurse can engage the nurse call system and ask the simple question ... "what are you doing?" In that instance, falls are usually prevented, because the patient generally stops their activity and responds to the call. The nurse can then ask the patient to stop what you are doing, and let them know that he or she will be right there, in a calm organized fashion. In the hospitals that we have been in, we have cut falls by in some cases up to 50%. That I think is the primary motivation for hospitals to utilize this, plus there is no capital

expenditure required from them. We install simply and easily. We do not have to interface with existing IT systems; we are completely stand-alone. We provide all the equipment and teach someone to use our system in about thirty minutes. Finally, we have some exciting new offerings that will reduce hospital existing costs.

CEOCFO: Who is using your CareView System today?

Mr. Greco: Mostly hospitals. We have not installed our first nursing home yet, but we will soon. We are installing in a long-term care facilities as we speak.

CEOCFO: Would a hospital put this in a set of high-risk rooms or throughout the hospital?

Mr. Greco: We have seen a little bit of everything. What we suggest to people is if you have an area of the hospital where your high-risk patients

are concentrated, then that is where you should start. What we have found is that in many hospitals, we focus on geriatric areas and orthopedic areas, post surgical areas, but we are even find-

ing ourselves now in ICU. It would be any area that the hospital has a need to better protect patients. We generally do not end up in every bed.

CEOCFO: Regarding privacy, do people routinely agree to it or do people have privacy concerns?

Mr. Greco: Absolutely! When you put a camera in a room, many people immediately balk "what is this?" If the system is used successfully, it is because the hospital has made a commitment to explain to the patient why it is there and the benefits. Many times that explanation is to the patient's family, and if those explanations are accepted, generally the patient is of consent. The first thirty days is where we see movement from low consent to high consent. Usually after about a thirty-day period of time our consent jumps up to about the 90% level. We thought this would be the single biggest challenge to us and generally, our hospitals ask patients to give two different levels of consent, because we can both monitor and record. Generally, the hospital asks

the patient to consent to first be monitored and then to be recorded. A patient can consent to be monitored and not consent to be recorded and in many cases that happens. Obviously, one of the benefits of recording to the hospital is the ability to go back and look at what really happened. The patient is always in charge and can activate privacy at any time.

CEO CFO: What is your revenue model?

Mr. Greco: Our revenue model is very similar to the cable and TV industry. We charge a monthly basic package fee for most of our services and that gives you access to NurseView, which is the ability to see what is going on in a patient room, virtual bedrails, which is the application I talked to you about, and our falls management program, which is a reporting package around the patients falls and activity in a room. It also gives them PhysicianView, which gives any physician that has access to a patient to do a two-way video conversation with the patient and SecureView, which is the ability to go back and review the recorded video archives. The other applications that go along with that are NetView, which gives the patient access to the internet. Many hospitals today are already wireless; well that is fine if you have brought your computer, but if you have not and the patient wants access to their email or whatever, they can use our system and dial in and get their email. We also offer MovieView, which is first-run movies, and a rather unique application that we have, which is PatientView that gives patients and families the ability to do an electronic visit. We have had soldiers in Iraq see the birth of their children, or see a family member who may have been a patient in the hospital for whatever reason. We have had multi-

ple countries and states within the United States visit patients. The most we have ever had is 29 separate contacts to view a newborn of a patient in a Dallas Texas hospital. When the hospital gets to schedule an electronic visit from a soldier, there is a buzz that goes on and does create excitement in the hospital.

CEO CFO: How do you reach hospitals?

Mr. Greco: We generally communicate through the C Suite; CEOs and CNOs are our primary target. Since there is no capital expenditure, the CFO is a little more receptive. It is just a matter of do we fit into their current budget and that is getting harder and harder given some of the pressures that hospitals are under and they are anticipating. We usually do not have a large challenge with the CIOs, since we do not invade their system or their network.

CEO CFO: Is there a particular size hospital or geographic location that is more likely to use your service?

Mr. Greco: We go anywhere in the country and there is no geography that concerns us. Ideally, I want to be in over 75 beds, but there are cases where we decided to do less than that for multiple reasons, such as having a strong team that will use us effectively.

CEO CFO: What is the financial picture like at CareView today?

Mr. Greco: We are for the most part a start-up company, although we have been around for a couple of years. We are in the midst of installing approximately 100 hospitals.

CEO CFO: That is impressive!

Mr. Greco: We are an overnight sensation after five years. This has been a tough time to grow a company; the

economic challenges have been real. We expect to be at break-even at the end of this year. We have recently been fortunate enough to attract HealthCor as a significant investor, which is now a member of our Board. So we have turned that corner of some financial uncertainty of being able to roll out our product and make commitments to any and all hospitals.

CEO CFO: Do you do much investor outreach?

Mr. Greco: We are looking at an Investor Relations firm to do that. You will be hearing and seeing a little more about us in the days to come; so will our hospital customers. We have kicked off our marketing program, so we will be more visible. We will participate in some studies with some grants that have been given to hospitals and some universities, and mainly in patient safety areas, and we will try to help hospitals reduce their costs. We will be introducing Smart-Pads at the bedside to help hospitals with simple documentation both using video and audio. We believe our applications make the work of the nursing staff easier. We are seeing it as a very cost effective tool.

CEO CFO: In closing, why should potential investors pay attention to CareView Communications?

Mr. Greco: We have customer demand and we had the ability to roll out our product. We have a backlog of contracts, and we are friendly to the user community. We have perhaps the most cost-effective opportunity to improve safety, quality, and better utilize the nursing staff, which is a very expensive commodity to hospitals.



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