



Nalam360
ENTERPRISE HEALTH PLATFORM

NALAM360 • MULTI & SUPER-SPECIALITY HOSPITALS

UNIFIED DIGITAL ECOSYSTEM

A PRODUCT OF



ClinexGen
INNOVATE • INTEGRATE • ELEVATE

THE CHALLENGE

Where a large hospital's day leaks



Departments on separate systems

Each keeps its own patient and price master, so reports never agree.



Services delivered, never billed

Ward, ICU and theatre charges keyed again from slips, and lost when nobody does.



High-value consumables off the bill

Implants and biologics issued against a case, with no chain back to the bill.



Several payers in one episode

TPA and cash on the same admission, and a claim assembled by hand.



Bills that change quietly

Discounts with no approver, and reversals with no trail.



A group number built by hand

Each unit and branch reports its own way, so the group figure is assembled by hand.

Which cost you the most today?

THE COST OF WAITING

Separate systems cost you every day.

In data keyed twice, in services delivered but never billed, and in a group number built by hand.



COUNT IT IN YOUR OWN HOSPITAL

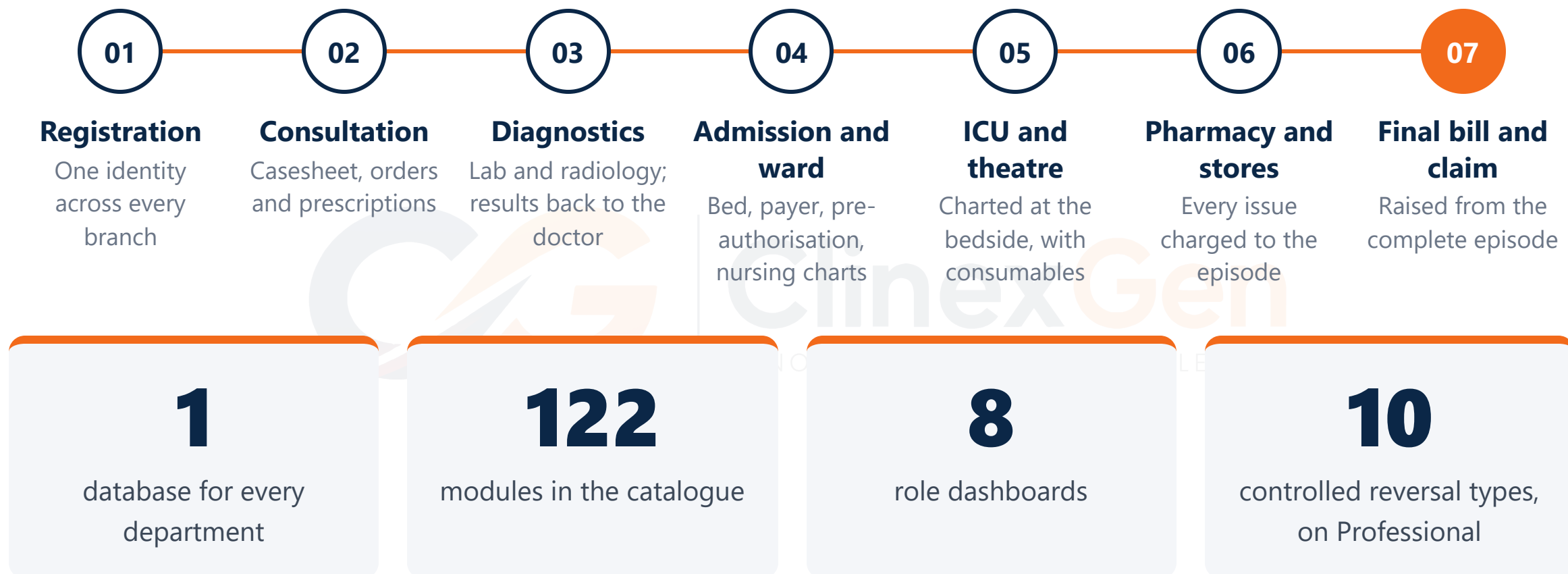
Charges delivered but not
billed last month

Claims returned or short-
paid last quarter

Hours spent building the
group report

HOW IT WORKS · ONE EPISODE

One record for the whole episode



OP and IP stay apart. OP tests and medicines go on the OP bill; in-patient charges land on the episode bill as they happen.

HOW IT WORKS · BEDSIDE TO BILL

Charted at the bedside, billed from the same entry

WHERE IT IS RECORDED**ICU charting**

Each observation and procedure

Theatre

Checklists and consumables

Blood bank

Professional: issue per admission

Pharmacy and stores

Every issue to the patient



One episode record

Authorised · Audited · Tied to the admission

**WHAT IT PRODUCES****Estimates and interim bills**

Through a long stay

The final bill

At discharge, with no ward slips to chase

The claim

Raised from the complete episode

Nothing changes quietly. On Professional, ten controlled reversal types keep every change to a bill on the trail, by user, branch and shift, and a discount is approved by someone other than the biller.

WHO IT IS FOR

Same product, set up for your profile



Multi-speciality hospital

TYPICAL HOSPITAL

Many specialties, in-patient beds, ICU, lab and pharmacy

THE PIVOT

The episode, not the visit

GOES DEEPEST IN

IP billing and TPA claims, procurement, eight role dashboards

Standard



Super-speciality hospital

TYPICAL HOSPITAL

High-dependency units, cardiac and other super-speciality programmes

THE PIVOT

ICU charting, theatre and claims under one episode

GOES DEEPEST IN

Blood bank, claims tracked to the UTR, reversal console, statutory reports

Professional



Hospital group

TYPICAL HOSPITAL

Several hospitals or branches under one management

THE PIVOT

One patient identity across the group

GOES DEEPEST IN

Branch and group reports from one record

Enterprise

Moving up an edition switches lines on; every record stays. Your proposal sets out the edition that fits.

WHERE NALAM360 FITS

Which ClinexGen healthcare product fits

NO IN-PATIENT BEDS**Casebook**

Clinics and practices with no in-patient beds; a doctor-wise EMR.

UP TO 100 BEDS**Nucleus**

Clinics and hospitals up to 100 beds; out-patient and in-patient care on one record.

ABOVE 100 BEDS**Nalam360**

Hospitals above 100 beds, and multi- and super-speciality hospitals with ICUs.

LABORATORIES**MediBridge
LabCore**

A laboratory run as its own business or network, with MediBridge Connect for analyzers, HIS and LIS.

RULE

Beds decide first. A hospital under 100 beds that runs ICUs and several super-specialities is assessed for Nalam360 at fit and gap.

MOVING UP

Patient records are migrated as part of the next product's go-live, scoped at fit and gap. **One partner, one support desk.**

HOW IT WORKS · SHIPS TODAY

Included from the first day

Every tile ships today and can be shown on your own data. What does not ship yet is on the next slide.



Front office

Appointments, registration and OP billing



Consultation

Specialty casesheets, orders and e-prescription



In-patient

Admission, ward, bed, transfer and nursing charts



ICU

Charting that is also the billing source



Operation theatre

Checklists and consumables against the case



Diagnostics

Laboratory and radiology, results on the record



Procurement and stores

Indent, PO, rate contract, GRN, supplier payments



Billing and claims

Interim and final bills, insurance and TPA claims



Dashboards and reports

Eight role dashboards and financial reporting

TRUST · WHAT SHIPS

Live, in delivery, and on the roadmap

LIVE TODAY



Demonstrable on your own data

- Patient mobile app
- Doctor mobile app
- Queue management
- Feedback system
- ICU charting
- Multi-branch operation (Enterprise)

Built, ready to enable: ABDM / ABHA, once the hospital has its own ABDM registration.

IN DELIVERY



Being built; dated in writing

- PACS viewer
- Lab analyser integration
- Video tele-consultation

Need one by a date? The date goes in your contract, not a conversation.

ROADMAP



No software behind it yet

- FHIR data exchange
- AI assistance, as pilots
- Doctor digital directory
- Ticketing system
- CRM
- Quality and compliance
- Asset management

Each module's status is confirmed in writing at fit and gap. In-delivery and roadmap items are never part of a trial.

WHY NALAM360

Six reasons to choose Nalam360

01



One platform, not an integration project

One database, login, rights model and branch structure. No interfaces between your own modules, and no nightly files.

02



Charted once, billed from the same entry

What ICU, theatre and pharmacy record is also what reaches the bill; blood bank too, on Professional.

03



Configure rather than customise

Forms, tariffs, numbering, roles and print layouts are settings, not a software release.

04



Grow by switching on, not migrating

A new specialty or unit is a setting; on Enterprise, so is a new branch. Every record stays.

05



You are told what does not ship

Anything still in delivery is named as such, so an evaluation never ends in a surprise.

06



Your data stays yours

You stay the data fiduciary under the DPDP Act, 2023. If you leave, a full export for 60 days, then certified deletion.

INNOVATE • INTEGRATE • ELEVATE

HOW NALAM360 COMPARES

Against the usual alternatives

	Paper and separate departmental systems	A generic HIS	A large enterprise suite	Nalam360
One record	A file and a system per department	One record; specialty depth varies	One record across a broad suite	One database for every department; branches on Enterprise
Bedside to bill	Ward slips keyed again at billing	Often a second entry at billing	Possible, once configured	ICU, theatre and pharmacy entries reach the bill
The claim	Assembled by hand from files	Prepared at the TPA desk	Through a revenue-cycle module	Raised from the complete episode; tracked to the UTR on Professional
Changing a form or tariff	Reprint and re-file	Often a vendor change request	Often a specialist project	A setting, not a software release
Before you commit	Not applicable	Usually a demo on sample data	Usually a scripted demo	A 14-day trial on your own masked data
What ships	Not applicable	A feature list	A large catalogue	Every item labelled Live, In delivery or Roadmap

Categories, not named products: what is said of a category is typical, not universal. Every Nalam360 cell can be checked on your own data in the 14-day trial.

TRUST · ACCESS, AUDIT AND YOUR DATA

Who sees what, and what is recorded

THREE LAYERS OF ACCESS

HOSPITAL

Isolated from every other hospital

BRANCH

Enforced on the server, never the browser

ROLE

View, add, edit, delete, print: per screen

ICD-coded, NABH-ready records

ABDM / ABHA built, ready to enable

Hosted in India on our cloud, or on your servers

BUILT IN

- ✓ Token-based sign-in on every API call
- ✓ Activity log and approval history
- ✓ Reversals tied to user, branch and shift
- ✓ Named staff accounts, least privilege
- ✓ **You stay the data fiduciary** under the DPDP Act, 2023
- ✓ On exit, a full export for 60 days, then certified deletion

No external security audit has been done, so we claim no ISO 27001 or NABH certification. ABDM certification is the hospital's own registration.

VALUE · WHAT CHANGES

What the return looks like

For the hospital

- Ward, theatre and pharmacy charges reach the final bill
- ICU and theatre use captured where it happens
- High-value claims go out complete

For the patient

- One record across every department
- Estimates and interim bills through a long stay
- Discharge is a print, not an afternoon of waiting

For your staff

- Nursing stops keeping a second chart for billing
- Billing stops chasing ward slips at discharge
- Checklists and notes kept against the case

MEASURED, NOT PROMISED

Baseline from your own reports
Pilot in one department
Board report on one page

The same four measures, before and after:

Unbilled charges

Day close

Claims returned

Discharge time

EDITIONS

Three editions, one hospital record

STANDARD

Standard

Multi-speciality core, one hospital

- Front office, OPD, wards, ICU and theatre
- Lab, radiology, pharmacy and stores
- IP billing, insurance and TPA claims
- Eight role dashboards

PROFESSIONAL

Professional

Super-speciality depth, one hospital

- Everything in Standard, plus
- Blood bank: donors, camps, issue
- TPA claims tracked to the UTR
- Discount approvals; reversal console with ten reversal types
- Statutory reports, referrer payout

ENTERPRISE

Enterprise

All of it, across your group

- Everything in Professional, plus
- Several hospitals or branches on one deployment
- One patient identity across the group
- Branch and group reports from one record

Your proposal sets out the edition that fits. Moving up switches lines on; every record stays. Cloud or your own servers is a deployment choice in every edition.

PLAN · GO-LIVE

Departments go live in sequence, within 90 days

DAYS 1–15**Set up**

Masters, tariff, roles and rights, and a form set for each specialty.

DAYS 16–40**Migrate**

Patients, balances, stock and tariffs brought across and reconciled to your totals.

DAYS 41–60**Front office**

Appointments, registration and OP billing live, with staff trained by role.

DAYS 61–90**Clinical**

Casesheet, wards, ICU and theatre, then lab and pharmacy, to the first clean month.

90 days

To the first clean month; front office live from day 41

One deployment

On Enterprise, further branches join as a setting

14 days

Trial on your own data, before you commit

Your part: one project owner, and one super-user in each department. Front office goes first, so nobody works blind on a system they have not used.

WHO STANDS BEHIND IT

Who stands behind Nalam360

IN DAILY USE

Nalam360 is in daily use at a working hospital in Chennai; reference visit on request.

The hospital is not named in print. Ask your ClinexGen contact for the visit.

A founding team, not a first attempt

Founded by a technocrat, an industry leader and a marketing professional, with more than 50 years of combined experience.

DPIIT-recognised

Recognised by the Department for Promotion of Industry and Internal Trade, Government of India.

One platform, seven products

Casebook, Nucleus, Nalam360, MediBridge LabCore, MediBridge Connect, Beat and LedgerFlow AI, in three verticals, built to one engineering standard.

AI-enabled, always moving forward

An AI-enabled software development company, always moving towards state-of-the-art technology.

NEXT STEP

Five steps to a decision

Every step runs on your own specialties, tariff and forms, not a demo dataset.

01 · 90 MINUTES**Working session**

One test patient, from registration through ICU or theatre to the final bill.

02 · ONE PAGE**Fit and gap**

Your specialties, tariff and payer mix against Nalam360. Yours to keep.

03 · 14 DAYS**Trial on your data**

A masked sample of your records, on Professional, with go / no-go criteria agreed first.

04 · YOUR EDITION**Proposal**

The edition that fits, with implementation scoped from the fit and gap.

05 · ONE DEPARTMENT**Pilot and go-live**

Front office first, with the four measures agreed in advance.

BRING TO THE WORKING SESSION

Your tariff and packages

Your specialty forms

Your TPA and insurer list

A month of IP bills

APPENDIX A · MODULE CATALOGUE

122 modules across ten domains

22



Clinical and care

Registration to discharge, ICU and theatre

21



Finance and revenue

Billing, packages, TPA claims, tax, ledger

18



Operations and supply chain

Stores, procurement, facilities, transport

15



Platform and integration

Tenancy, branches, rights, audit, backups

14



Diagnostics and pharmacy

Lab, radiology, pharmacy, blood bank

10



Analytics and intelligence

Role dashboards, analytics, report builder

7



People and HR

Rosters and credentials

6



Quality and compliance

Incidents, risk, infection control, audit

Roadmap

6



Patient experience

Portal, apps, queue, feedback, grievances

3



Record management

Document repository, indexing, versions

A catalogue count, not a live list. Quality and compliance is on the roadmap; each module's status (live, in delivery or roadmap) is confirmed in writing at fit and gap.

APPENDIX A · MODULE CATALOGUE · CLINICAL AND CARE

Clinical and care

The episode itself: from registration and the out-patient visit to the ward, ICU, theatre and discharge.

Patient registration

Live

Demographics, allergies, insurance, vitals and family history

Appointments

Live

Slots, waitlists and reminders for OP and IP

Out-patient department

Live

Consultations, clinical notes, prescriptions and follow-ups

In-patient department

Live

Admission, treatment plans, ward rounds and discharge

Bed and ward

Live

Ward types, bed allocation, transfers and occupancy

Nursing

Live

Assessments, care plans, medication administration and shifts

ICU

Live

Critical-care charting, ventilator management, ICU scoring and alerts

Operation theatre

Live

Surgery scheduling, theatre allocation, consent and surgical notes

Emergency department

Triage, emergency consultations, trauma and ambulance tracking

Anaesthesia

Pre-anaesthetic assessment, intra-operative monitoring and recovery

Doctor management

Profiles, schedules, leave, contracts and performance

Clinical documentation

Clinical and progress notes, discharge summaries and templates

Examination

Structured examination templates and findings capture

Clinical decision support

Drug interactions, clinical rules, guidelines and order sets

Clinical research

Study registry, protocols, subject enrolment and trial data

APPENDIX A · MODULE CATALOGUE · SPECIALITIES, 1 OF 2

Speciality casesheets: medicine

Each speciality brings its own forms, scores and protocols onto the same patient record.

Cardiology
ECG, cardiac catheterisation, echo reports and cardiac rehabilitation

Neurology
GCS and NIHSS scoring, stroke protocols and seizure classification

Oncology
Chemotherapy protocols, tumour registry, radiation therapy and staging

Nephrology
Renal function monitoring and kidney-transplant follow-up

Dialysis
Haemodialysis and peritoneal dialysis, scheduling and water quality

Transplant
Transplant coordination, donor matching and post-transplant care

Gastroenterology
Endoscopy protocols, hepatology scoring and GI consultations

Pulmonology
PFT reference values, ventilator protocols and ABG interpretation

Endocrinology
Thyroid disorders, hormonal therapy and diabetes care

Diabetology
Insulin protocols, HbA1c tracking and foot care

Rheumatology
Autoimmune disease, joint assessments and biological therapy

Haematology
Blood disorders, coagulation management and bone-marrow procedures

Infectious diseases
Infection management, isolation protocols and antimicrobial stewardship

APPENDIX A · MODULE CATALOGUE · SPECIALITIES, 2 OF 2

Speciality casesheets: surgery, mother and child, and more

Set up for the specialities you run; a new speciality is a setting, not a migration.

Orthopaedics
Fracture classification, implant catalogue and physiotherapy protocols

Rehabilitation
Physical and occupational therapy, assessment scales and outcomes

Urology
Urodynamic studies, consultations, procedures and surgeries

Paediatrics
Growth charts, vaccination schedules, milestones and paediatric dosing

Perinatal
Antenatal care, labour and delivery, postnatal and neonatal monitoring

IVF and fertility
IVF cycles, embryo tracking and fertility assessments

Ophthalmology
Eye examination, visual acuity, ocular surgery and retina screening

ENT
Ear, nose and throat examination, audiometry and procedures

Dermatology
Skin examination, biopsy management, procedures and phototherapy

Dental
Dental charts, procedures, treatment plans and orthodontics

Mental health
Psychiatric assessments, therapy sessions and behavioural health

Ayurvedic medicine
Prakriti assessment, Ayurvedic treatments and formulations

Panchakarma
Panchakarma therapies, detox protocols and therapy scheduling

APPENDIX A · MODULE CATALOGUE · DIAGNOSTICS, PHARMACY AND FINANCE

Diagnostics, pharmacy and finance

What is ordered, issued and reported lands on the episode, and the bill and claim are raised from it.

DIAGNOSTICS AND PHARMACY

Laboratory

Live

Orders, sample tracking, results and quality control; analyser link in delivery

Radiology

Live

Imaging orders and reporting on the record; PACS viewer in delivery

Pharmacy

Live

Drug stock, dispensing, controlled substances; every issue on the episode

Blood bank

Live · Professional

Donors, camps, storage, cross-matching and issue against the admission

Pathology

Histopathology, cytology, surgical pathology and tissue tracking

Microbiology

Culture and sensitivity, antimicrobial resistance and surveillance

Ayurvedic pharmacy

Herbal drug stock and Ayurvedic formulations

FINANCE AND REVENUE

Billing

Live

OP bills, interim and final IP bills, payments and refunds

Insurance and TPA

Live

Pre-authorisation, cashless and claims; tracked to the UTR on Professional

Revenue cycle

Charge capture through to denial management

Accounts and finance

General ledger, payables, receivables and financial statements

Payroll

Salary processing, tax, statutory deductions and pay slips

APPENDIX A · MODULE CATALOGUE · OPERATIONS AND SUPPLY CHAIN

Operations and supply chain

Stores, procurement, equipment, facilities and support services on the same database as the wards.

Procurement Live Indent, quotation, purchase order, rate contract and GRN	Stores and inventory Live Stock, issues to the patient and consumption tracking	Supply chain Demand forecasting and distribution between stores	Vendor management Vendor registration, rating, contracts and compliance
Contract management AMC and service agreements, SLAs and renewals	Medical equipment Equipment lifecycle, calibration, preventive maintenance and AMC	Medical gas Pipeline, cylinder tracking and consumption monitoring	Maintenance Preventive maintenance, work orders and facility upkeep
Asset management Roadmap Fixed-asset register, depreciation, tagging and lifecycle	CSSD Sterilisation cycles and instrument tracking	Housekeeping Cleaning schedules, room turnover and disinfection protocols	Linen and laundry Linen tracking, laundry processing and contamination control
Biomedical waste Segregation, tracking, disposal manifests and statutory returns	Dietary Patient diet plans, kitchen management and nutrition tracking	Cafeteria Staff cafeteria, meal planning and point of sale	Transport Ambulance fleet, vehicle scheduling and drivers
Security Visitor management, access control and incident reports	Mortuary Storage, release procedures and documentation		

APPENDIX A · MODULE CATALOGUE · PLATFORM AND INTEGRATION

Platform and integration

One login, one rights model and one branch structure under every module.

Hospital structure

Live

Branches, departments, rooms, beds and specialisations; groups on Enterprise

Access and authorisation

Live

Token sign-in, roles, and view, add, edit, delete, print rights per screen

Common services

Configuration, activity log, notifications and file handling

Hospital onboarding

Hospital registration, edition and module licensing

Numbering and coding

Numbering schemes and business-code rules across modules

Rule engine

Configurable business rules and decision tables

Task and workflow

Task assignment, approvals, SLA tracking and escalations

Communication

SMS, email and WhatsApp notifications; internal messaging

ABDM / ABHA

Ready to enable

ABHA creation and health-record linking, on the hospital's own ABDM registration

HL7 and FHIR exchange

Roadmap

HL7 v2 and FHIR R4 message routing and data exchange

System integration

Third-party connectors, API gateway and data synchronisation

Connected devices

Medical-device integration and device management

Secure data ledger

Tamper-evident clinical and consent records

Advanced healthcare technology

Programme management for robotics, genomics and digital therapeutics

APPENDIX A · MODULE CATALOGUE · ANALYTICS AND PEOPLE

Analytics, intelligence and people

Reports and dashboards read the one record; staff and academic administration sit beside it.

ANALYTICS AND INTELLIGENCE

Dashboards

Live

Eight role dashboards and widget configuration

Reporting

Live

MIS and financial reports, report builder; statutory reports on Professional

Analytics

KPIs and business-intelligence views

Remote patient monitoring

Home monitoring, wearable data and threshold alerts

AI assistance

Roadmap

Predictive analytics and risk-scoring models, as pilots

Voice assistant

Roadmap

Voice-driven dictation and commands, as a pilot

PEOPLE AND HR

HR management

Employees, attendance, leave, rosters, recruitment and training

Committees

Hospital committees, meetings, minutes and action items

Donor management

Hospital donors, donations and acknowledgements

Hostel

Staff hostels, room allocation and mess

Library

Medical library, catalogue, journals and digital resources

Scholarship and academics

Academic programmes, scholarships and student records

Alumni

Alumni registry and events for teaching hospitals

APPENDIX A · MODULE CATALOGUE · PATIENT EXPERIENCE AND RECORDS

Patient experience and record management

What the patient sees outside the consulting room, and where the record is kept.

PATIENT EXPERIENCE

Queue management

Live

Tokens, digital signage and wait-time tracking

Grievance and feedback

Live

Patient feedback, complaints and resolution tracking

Patient portalSelf-service appointments and health records

Doctor portalConsultations, prescriptions and lab orders in one place

Tele-consultation

In delivery

Video consultation and tele-consultation scheduling

Patient loyaltyLoyalty programmes, reward points and referrals

Medical tourismInternational patients, travel coordination and packages

CRM and leads

Roadmap

Lead management and campaigns

RECORD MANAGEMENT

Medical recordsThe electronic health record, coding and clinical summaries

Document managementDocument repository, indexing, versions and workflow

Legal and medico-legalMLC registration, police intimation and court summons

APPENDIX A · MODULE CATALOGUE · QUALITY AND COMPLIANCE

Quality and compliance

On the roadmap: no software behind these yet, and never part of a trial.

Quality management

Roadmap

Quality indicators, clinical audits, CAPA and root-cause analysis

Risk and incidents

Roadmap

Risk assessment, incident reporting and mitigation plans

Audit management

Roadmap

Internal audit planning, findings and corrective actions

Infection control

Roadmap

HAI surveillance, antibiotic stewardship and outbreak management

NABH readiness

Roadmap

Self-assessment and gap tracking against NABH standards

JCI readiness

Roadmap

Tracking against JCI standards and patient-safety goals

NMC compliance

Roadmap

National Medical Commission and medical-education standards

ISO standards

Roadmap

Document control and internal audits for the hospital's ISO work

Accreditation

Roadmap

Multi-standard accreditation tracking and evidence

International accreditation

Roadmap

Programmes such as CAP, ISO 15189 and GAHAR

Regulatory compliance

Roadmap

Cross-cutting regulatory tracking and reporting

Privacy and consent

Roadmap

Consent management and privacy impact assessments

Statutory licences

Roadmap

Licence registry, renewals and inspections

APPENDIX B · QUESTIONS

Questions asked at this size

How long is implementation?

Up to 90 days to the first clean month, department by department: front office from day 41, clinical departments from day 61.

Does ICU charting exist?

Yes. It is live, and what is charted is also the billing source.

How are high-value claims handled?

Raised from the completed episode, with payer masters set per hospital; on Professional, tracked to the UTR.

Cloud or our own data centre?

Either, on the same build. Our cloud is hosted in India; on your own servers, uptime and recovery terms are agreed in the proposal.

Can our existing data migrate?

Yes. Patients, balances, stock and tariffs are loaded and reconciled against your own totals; the trial proves it first on a masked sample.

Does blood issue tie to the admission?

Yes, on Professional, where the blood bank module is included.

Is the system NABH-certified?

No. Records are ICD-coded and NABH-ready, and we support your accreditation paperwork; no external audit has been done.

Whose data is it, and what if we leave?

Yours: you stay the data fiduciary under the DPDP Act, 2023. On exit, a full export for 60 days, then deletion with a certificate.

APPENDIX C · SERVICE LEVELS

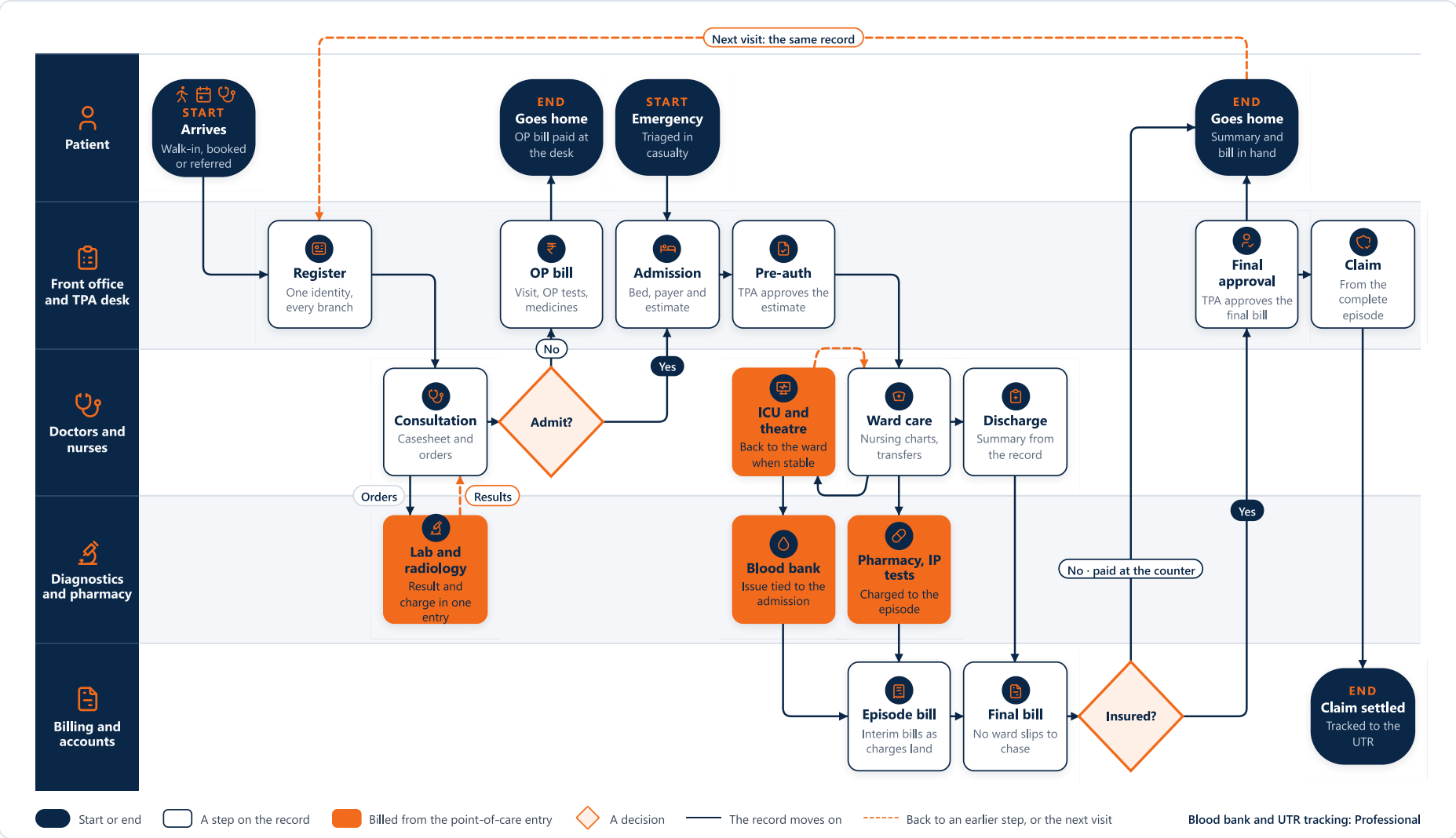
Two levels of cover, one uptime commitment

Commitment	Standard cover	Critical cover · 24×7
Uptime	99.5% per calendar month, on our cloud	99.5% per calendar month, on our cloud
Backups	Twice a day, kept 30 days	Every 4 hours, kept 30 days
Recovery point	12 hours	4 hours
Recovery time	12 hours	8 hours
Critical fault	1 hour, 07:00–23:00 daily	1 hour, round the clock
Other faults	High 4 business hours · medium 1 business day · low 3 business days	High 4 business hours · medium 1 business day · low 3 business days
Escalation	Support portal and email	Named contact, emergency line

Your proposal sets out which cover applies. Times are to first human response. Business hours: Monday to Saturday, 09:00–18:00 IST. Uptime, backup and recovery terms apply on our cloud; on your own servers they are agreed in the proposal.

APPENDIX D · PROCESS FLOWCHART

One episode, from the front desk to the claim





THANK YOU

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