

Welcome to season eight of Bridge the Gap, a podcast dedicated to informing, educating, and influencing the future of housing and services for seniors. The BTG network is powered by sponsors, Aline, NIC MAP, Procare HR, Sage, Hamilton CapTel, ServiceMaster, The Bridge Group Construction, and Solinty and produced by Solinity Marketing. Bridge the Gap in three, two.

0:43 - 1:08

Lucas McCurdy

Welcome to the Bridge the Gap podcast, the senior living podcast with Josh and Lucas, one of my favorite cities. Fall NIC, Austin, Texas. We're getting this kicked off with high energy, high impact. And we have an awesome guest on today. I want to welcome George Netscher. You are the founder and CEO of SafelyYou, and you also have a big announcement today. And we're going to dive into that here in a moment. But thanks for joining us today.

1:08 - 1:09

George Netscher

Yeah. Thank you for having me.

1:09 - 1:47

Lucas McCurdy

Obviously for operators who are here at NIC, there are a number of things that are probably top on their list. And that's going to be safety and health and saving money. Those are probably three big buckets that they would like to focus on. And it's a big part of what you have launched at SafelyYou. Before we dive into the new announcement, I always found it very interesting to know the backstory. You could have started a tech company to do 100 other things, but you have focused on senior care. Do you have a personal connection to that?

1:47 - 2:36

George Netscher

Yeah. So my mom is in one of our communities. So going back ten years, we knew my mom was technically predisposed for Alzheimer's. And her big sister had it in town, her mom passed away and always played a role in our family and just saw how, you know, my mom, my first immigrants from South Africa, and living away from their family and seeing all the challenges.

And how do you manage that? The level of, like, guilt associated with trying to care for your kids struggling when I'm not here? For my mom, that was a lot of the genesis of life. I want to build what I want so that by the time my mom is here on the platform, that's what I want. That's really just like, how do I make sure I have what I want for my mom? And so now she's in one of our communities and all that stuff. So I'm really happy to be where we are.

2:36 - 2:54

Josh Crisp

So SafelyYou, a lot of people, I would say the majority of people at this event have now heard of SafelyYou, many of your clients, and you're in communities. But you've been out for a long time. So tell us a little bit about that grind and to bring us up to modern day.

2:54 - 6:30

George Netscher

Yeah, we don't get this Safely Who anymore or the like. You know, when I was first starting the company, this idea of putting a camera in somebody's room was a crazy idea, like, it is a great sanity. But we could see how much it really helped the folks who are serving. It's just like, I knew for my mom, it's like, if she can't necessarily advocate for herself, I need a way to give her a voice.

And that was like, the core premise is, how do I give her voice when she, you know, over time, I might not be able to compete. And we see that in senior care, and we have a lot of vulnerable folks who can't necessarily can't go like, hey, like, I could use a little bit more help with this there.

It's only a little bit more time isolated and things like that. There's a lot of opportunity for us to kind of give folks a voice. So those blind spots that folks might not have. So you asked about kind of the early days. We went one step at a time. So I started my research at Berkeley. I had the good fortune, a little humble back here.

Getting stuff everywhere for computer science, BSD. I turned down Harvard, Stanford, MIT. I went to Berkeley because I found faculty that were also affected by Alzheimer's disease. And so the goal was just there's got to be some way to combine these new tools. And I support them. So I was just very weird. You didn't. And no attention of getting VC.

I wanted to drop out as soon as, you know, we could find a way to help. But also everybody else is working on things like, self-driving cars and all the stuff that you're seeing come to fruition now. And I'm spending time in it, you know, it's just it's. Yeah. You know, how do I spend time with older adults and find a way out? And so we actually worked on three different projects. And this was the one where we saw the jaw dropping reduction from I remember the first ed we worked with was like, you know, what we have to do with money with the war, you know, like we used to be able to send a staff member with the resident up to the emergency room.

Nobody is staffed to be able to do this down the street. And so it's like if we find somebody on the ground, we don't know what happened. It's all unwitnessed when in doubt, sometimes in someone's emergency room. And that is so hard for so many reasons. So that was the first like like, okay, we can really help. So we showed with that first community an 80% reduction in the number of falls. We wanted to make sure that was reproducible. And that's been a lot of our journey is like going one step at a time, really making sure

What we do is helping and helping at every level, you know, from the residents and staff in the building to Ed Regional to folks in the Home Office, you have to make sure at every single level, people are not just saying yes, but hell yes to what you're doing. Or else it's just the staff aren't going to use it. And so from those first ten communities and the, you know, became my first customers, I will always have a lot of love for Carlton Senior Living. They were our first early partners. Dave Quincy, shout out to that team and it's just amazing. And then we kind of grew from there.

I think back in those early days, we were rated for using our first round for funding our first round of the 500k round. It was really, really hard. It's really hard because it turns out VCs claim they want to be disruptive, but they want to be disruptive in places where there's already a proven dislike of the

customers. We know who the customers are. We know how they buy. We know they can grow and venture back. And we're in like we speak with VCs. Look for it. Can you go three zero? We're up to 10 million revenue. And then can you double dip there? Nobody there was like Uber for senior living. You know like there's no there's no path.

And so we just had this, you know, hypothesis that if the product really helps, we could land that will start in a couple of communities, come budget is and it's really helping. We'll go to more places. And so we showed that if you actually have a product that really helps and writes and I and staff really love it, then you can kind of make it come true here in a lot of our dreams.

6:30 - 6:45

Josh Crisp

What a cool back story. So we're pretty lucky. Me. Lucas. Here at NIC, I mean, so you get to make sort of an announcement today, and I'm, like, afraid to let me be the one who makes it come off my lips. But I believe it's called the Halo.

6:45 - 6:46

George Netscher

Halo. So, cue the Beyoncé.

6:46 - 6:50

Josh Crisp

Yeah, exactly. I'm so glad you said that, because I was thinking that I just.

6:50 - 6:50

Lucas McCurdy

Edit that in.

6:50 - 7:02

Josh Crisp

In. Yeah, I was like, that was so cheesy for me to be thinking that. But you told your team about it. Yeah. Yeah, exactly. So it's your thing. So, without further ado. Just tell our audience about that.

7:02 - 8:00

George Netscher

Yeah. So people really know us for, like, safety, right. Fall management. Something that just happened. How do we respond in the most effective way possible? That's been a lot of stuff. You and Halo is really our full building, wide operating platform. So it's an early warning system. We can be very proactive and predictive with resilience, and it gives us the data that we need around staffing and where we have seen a ton of opportunity there.

We've got over 3000 residents who are staffing insights and the opportunity to really trust what's actually happening in the room to what we thought was supposed to be happening was a huge opportunity there, but again, doing it in a way that staff levels, right. That is key. Like it's good if the staff are pushing back on, this doesn't work.

And so we built each of these products leading up into Halo to make this kind of building-wide comprehensive platform, which includes Staffing insights, Wellness insights, Safety Insights, and Aecom all together into this one operating platform. How to actually run a building on a day-to-day basis in a more seamless way possible?

8:00 - 8:19

Josh Crisp

Let's unveil a little bit, practically speaking, for the operator out there, when you hit those target points, those key performance indicators in those areas, what does that look like? I mean, in real time, on the daily operation front for an operator, are they in your program? It's a suite of services. One log in. I mean, how does that look?

8:19 - 9:56

George Netscher

Yeah, that's exactly right. So one login. It can look like there are two different flavors. So there's a world where I've consolidated down to one year, and that's what I really want. Like I've got a caregiver workflow with training everybody on, on that screen in that world, we're basically integrated with that each, I think, data into it.

But we're able to give these real-time detections, and certain things happen, and we're able to give you a call so folks can call for help if they need to. And we're piping all of that data into the user. So I can actually see directly, you know, what I had in my care plan. And then what actual time to tap in the room?

What's happening, all of that, and what we're seeing there, and what we're seeing is about a quarter of residents are getting a care plan adjustment two months plus, we see a ton of opportunity. I really liked Trevor when we talked to him. So there's that world of consolidating down, and one reason is that we know that frontline turnover can be, you know, 80% or even more, that we really need a very simple program that we're training folks on.

It's very intuitive on Instagram level and easiest to pick up. So if you're using any HRT, we're finding that we also see a lot of folks who still have five different charts, right, because they have different management contracts and so on. And it can be really hard to manage. And especially again, you need to be able to train everybody on one consistent workflow that we use across the board.

And so then we can be that caregiver app for folks who use it on a day-to-day basis. And then we're integrating with you to manage our separately and find that data. And some folks can still see the care plan when we expect it. But we're training caregivers.

9:56 - 10:18

Josh Crisp

The stress on operators nowadays, running all the departments and, you know, the health care coordinators now, and everybody's in this move and talking about value-based care. Do you believe the Halo equips operators to sort of have a leg up on positioning for the value-based care opportunity?

10:18 - 10:43

George Netscher

Definitely. So I've spent years thinking about value based care. And really, this intersection between health care, hospitality, senior housing, and when people in this industry talk about value-based care, they often don't like, if you're in the health care industry, when you think value-based care, you're thinking, I'm taking a risk, right? So instead of a billing fee for service, I am getting some one bundled payment.

And then and taking it cost more than that to deliver the care that's on me. In senior housing, often when folks mean value based care, what they really mean it's just like we're already providing so much care for residents. We're doing a lot of it. Private pay. There's got to be some way that if I'm keeping somebody out of the hospital and I'm getting some of the rewards right, I get some of the credit for all the hard work we're doing, to provide really good resident care.

I get some of the value from that. But often the insurance groups don't want to. They don't know as much about senior housing. As I said, you don't want to share as much as you can. And so what we've seen from you, is that we'll see you on the order of \$5,000 per member for you.

Well, okay. That's a huge amount of savings, but usually it's going to help me. So we've got a couple of health insurance groups that will just pay for, but what we've seen more broadly is there is an opportunity for senior housing to just capture more, but they're creating, without kind of taking that full risk or, you know, average payments that folks think about in healthcare.

When I talk about value based care, and from that side, what we're seeing is there is a tremendous opportunity to get to programs like state where you pay for it, in different ways. And so this data can help you have this conversation. But also being able to have the data shows that you are really reducing risk for that individual.

It is key to me. So through Halo, you have the data at your fingertips for all of your residents, but you also have these actionable insights. So you can go show, you know, with your physician group or your therapy company anything. We're actually bending the curve like we're not just exposing the data to show how good we are, but we have things that can show us when it is trending in a direction that maybe isn't great. Or when you just suddenly the anomaly detection standpoint, hey, this person is suddenly behaving in a way it's different. So we have an early warning sign to jump in transport.

12:32 - 13:40

Josh Crisp

I'm curious. So you guys seem to you've been at this a long time, but it seems like you've really hit a stride during some times that are very economically different. And growth is prohibitive. Some first for a lot of operators, to where, you know, basically new construction has been on a standstill for years now, but there's been a lot of mergers, acquisitions and a lot of operators just trying to keep up with emerging tech and their buildings.

What has been your strategy to be able to partner with these communities to upgrade from a technology perspective because there is a hardware component to what you're doing. But, I mean,

when a lot of people are pinching pennies and figuring out things like, how do I do this with software and bundling things together? What's been your strategy to make this move somewhat affordable and have a great ROI for the operators?

13:22 - 17:51

George Netscher

I'm going to give a kind of a stupid, very simple answer, which is just be a good listener. You know, it's like as you know, we came out to market before the pandemic. For us, 2020 was really, really hard. Nothing compared to the folks that are in the building that were like putting their life at risk and all of that and all the fear of it.

You know, we all remember from 2020. But, you know, we were basically not generating a ton of revenue from the state of the super early stage, and we had to go out and like, make sure that we could still, you know, get into buildings and install our system. That was to expand it in the same way that folks would still sign up for it.

And so a lot of the core DNA in this company is about earning money. And so, like we've listened through those really hard times of like, what do we what do we need to show? And as we came out of the pandemic in the years that followed to point around there being no new construction, there was also a ton of pressure from a couple of partners.

Right. And we see a lot more folks shopping, right? Yeah. That's like that. Yeah. And at that point, it became really clear to us that folks were expanding our system only to the buildings for something important. Okay. And so we had to if we wanted to grow in the way that, you know, we knew we could really help residents.

It wasn't enough to just show clinical outcomes. We were consistently showing, you know, 50% reduction calls, ten x reduction in emergency room usage. But we had to pull that thread all the way through to show it real hard. So it wasn't just, okay, we're only putting this one quarter, but oh my gosh, we can't afford it, right? And me being an engineer and data scientist at heart, the way we've always run the business is like any of us could be spending our time doing anything else.

Like, ultimately, I want to prove to myself first and foremost that we're really helpful. And so from the ROI standpoint, we looked at sales, marketing, and we knew we would anecdotally hear people move in for the system. But it's really hard for operators to help to actually move in, because if you where did they move it out?

You did a great job. Yeah. That's amazing. Staff on any you know whatever else. Yeah. We ask us about liability premium reductions. We do have folks that have gotten premium reductions. This has been really cool to see, but it's taken, you know, five years straight. And so how do we show, like when you're starting this program, you know, right now you're getting ROI from it.

And so the thread we pulled on is ultimately length of stay. And the rest of our attention, because we could show the people that opt in to our system compared to people that don't. We've got kind of like

a control group right there, the paragons, you know, the people that are using our system. And we can compare against the baseline period.

Yeah, two years prior. And what we've seen there is, we did a big cohort analysis and sampling from a bunch of different operators from something like 4000 residents. And what we saw was the, what we're seeing is on the order of a four month average increase in length of stay, for a month from the control group, six months from baseline period, because even the people that aren't using our system, we actually call it a halo effect, not related to the halo product.

Even people that have an affinity for our program folks are seeing opportunities like, oh, okay, here's something we should change for all of us. Sure. And an example there is like, you know, the mini fridges with what I just saw was a cycle. Someone was getting on the ground to get things out from their mini fridge. Yeah.

But then they kick it back up. Yeah. Or they're a little bit more at risk with doing that. But we still want everybody to have access to a mini fridge if they want a mini fridge, but we put it in an elevated way. It's easier for residents to get access to folks. They'll see things like that and say like, oh, I shouldn't just do that for this resident. Anywhere where we have a mini fridge, let's make sure this works.

Yeah. So I think that the jaw dropping thing has been how significant that length of stay increase has been, combined with some data that folks in the district really weren't happy at before, which is really the 90 days worked out for me. Yeah. Okay. So when I started looking at this data, we basically saw that once people were there for the past 90 days, there's a good chance they're gonna stay for a long time.

It's become your home. You have friends like you. You're part of the community. But what we were seeing was something like 50% of people were moving out in the first 90 days of this data, we were looking at memory care specifically. And that was shocking to us that so many people are moving out in the first 90 days.

And what we're seeing, if people have used to cycle you, that number is higher. So people are much likely, much more likely to stay longer. And I actually saw that personally over the last year with my mom, which was a really tough experience. I can go to the top fully.

17:51 - 18:06

Josh Crisp

To your point, the personal connection and anyone you mentioned memory care, that's already such a difficult transition for families. So to have to go through that more than once in a short amount of time is traumatic on the residents. But also the family. You've experienced it personally.

18:06 - 22:15

George Netscher

Yeah. So my mom, before she had our system in place right before Thanksgiving, last year, had a pretty bad fall. So she, you know, we had been moved in over the summer time, so she had been there like, right around 90 days. She was still, like, renting her furniture and things like that to get a sense of, like, it's not home now.

We've bought all the furniture. We settled in, she had a pulmonary embolism, maybe two years ago. And so she gets short of breath when she's probably laying down. She likes to sleep so up. And her solution to that would be sleeping on the couch. Now she's on a new couch. Sleeping on the couch wakes up in the middle of the night, reaching for the arm.

It's a different arm. She misses the arm and falls down and falls into the coffee table, which respectfully shatters her upper arm and dislocates her shoulder or shoulders like hanging down here. And we, you know, go into the emergency room. They can see right away to do a CT scan in 15 minutes. It's clear she needs to be admitted. I create all these core stories you hear about people having to wait forever in the emergency room. We're not going to have that. They've already done the CT scan. It's quiet. It seems like. Surprise, surprise.

We waited another nine hours. We spent nine hours in the hallway, a plastic folding chair with her arm down here. Right. And they can't even give her pain meds during that time because you can't. Like, you have to at least be in a room in the E.R. for them to give you a narcotic. We couldn't even get that.

Well, and so we're just sitting there all day. And my mom has been such a great sport about all that. We finally get in, she's, goes into surgery, and they basically tell us, like, did you know your mom had a heart attack and had not, did not. And they give me the whole talk of, like, you know, this isn't the highest risk, but she's going on anesthesia.

She hasn't for, you know, since she was a kid. And there's risk care. They give me the doctor talking like something could happen. And. And she goes into surgery, and I'm just pacing around the family waiting room completely by myself. And I had asked her before she went in, and it's like, mom, if you fall on the floor, where are you falling already?

And she said, yes. It's like, that's the whole point, mom. Like, that's the whole point of our program. Is that what we'll see is somebody will fall on average 30 times before they have a falling injury. People never knew. The folks are running around that left. And so that's the whole idea is if we can see how folks are going around, understand what their unmet needs are and address that proactively, we can make a huge impact on people's lives.

Sure. So you can imagine the level of guilt pacing around like, mom, I built this whole thing. Yeah. And I was, I didn't even, I didn't push harder. And by the way, in that waiting room, there's a TV, and I'm getting ads for other senior housing communities. Right. So when we're clicking like, oh, when people are moving out in the first 90 days, it's like something that has happened.

You're in a position and I'm seeing like we should be doing like, maybe I didn't do the right thing, right. But fortunately, I know the leadership. You know, I picked this community for a reason. I know this is really good leadership. I really trust that team. Yeah. And this just happens. So fortunately, mom came out, when it was called nursing, did rehab, came back to our community, and had a positive family story, like, yeah, she's okay now, but it's like, that's the whole chorus. Like, we need to be able to have those early warning indicators. And now what I'm obsessing over is wellness. Because she. In the last six months of putting on weight, her dog passed away right after that is

heartbreaking. But was it really for her? She was trying to take care of the dog, but now she's not moving around as much. She's definitely spending more time isolated. So it's not just like the love from the dog every day. So we're thinking and really assessing a big part of what halo in the early morning.

How do you know that someone started? But how do you know how to spending more time on how to tune for that go to how we get in front of you? Yeah, because you know, shout out to the big food folks with their higher path. You know, the way they talk about the higher power and seeing right now. Yeah. Like my mom is on the lower path and it sucks. Yeah. It sucks. And how do we like, make sure that we're getting in front of stuff like that?

22:15 - 23:14

Josh Crisp

Well, George, it's so awesome to hear from you. Why, maybe a lot of people don't know that. I think sometimes in our work space, big tech has gotten a bad rap because maybe it's something that's worked in another vertical that, you know, and big, big firms just trying to adapt and make a buck in senior housing and maybe not committed to the space or have the similar reason.

But the team that you've developed, that has been grinding for over ten years. Yeah. And motivated to make a difference, and rolling out this new Halo program and congratulations. And it's fun to see the absorption, people talking about what you're doing. I'm sure that has to be rewarding for you. Yeah. And, thanks for being transparent to show.

Show your personal story and show and tell about that. I know that will mean a lot to people. Lucas. This is one of the most fun things about doing a front row seat to tell some of these stories, right?

23:14 - 23:37

Lucas McCurdy

That's right. We like to pull that common thread and find that story. And, it's so awesome to see that, the commonality and the passion behind the people in this business. And that's what's always personally drawn me to this industry, is the people. It's full of great people like you, George, and your company. Thanks for taking time with us today. Any final comments? Before we roll out?

23:37 - 24:16

George Netscher

There is such a special group of people in senior housing, right? Because it's like there's a group of people who want to make the world a better place and love those people. Internally, there's a group of those who want to serve seniors that want to do things like the humble, quiet, stuff we don't love talking about as a society.

But it's so rewarding, right? So I just want to appreciate all the people that are in this industry, folks like you, you've been working on this for 20 years. Like, I know you've grinded and, and a lot of people in this industry made it through the pandemic, have made it through hard economic times. It's 2008, or more recently, as we're all trying to recover. And there's a lot of just really good, smart, hardworking people in this industry here. And I have a lot of love for seniors.

24:16 - 24:37

Lucas McCurdy

That's a perfect way to sign off with a big thank you to all the people that do the hard work of caring for older adults every single day, and that's what Bridge the Gap is all about us telling these stories. If you love this story, go to [btgvoice.com](https://btgvoice.com). Download this and so much more content. Hit us up on LinkedIn. We'd love to hear your story. Thanks for listening to another great episode of Bridge the Gap.

Outro

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