

No surgery should be cancelled because a patient had no one.

Kithli gives patients a trusted way to satisfy the responsible-adult requirement — and gives ASCs a way to keep appropriate cases on the schedule.

Healthcare assumes someone will be there.

Increasingly, that assumption is wrong.

A medical procedure can turn an ordinary patient into someone who suddenly needs another human being.

Family is far away

Adult children may be managing care for parents from another city or state. A college student may be hundreds of miles from home.

Networks are thinner

A new job, a new city, divorce, widowhood, travel for treatment — patients do not always have someone local who can take the day off.

Trust matters

After sedation or anesthesia, patients are vulnerable. They are entrusting themselves — and sometimes their homes — to another person.

Cancellations are already a measurable capacity problem.

These benchmarks cover all cancellation causes. The pilot measures the responsible-adult gap Kithli can address.

20%

of scheduled ASC cases were cancelled in the 2025 HST Pathways dataset.

34.1%

of cancellations with a recorded reason were attributed to patient decisions.

One missing person

can turn a scheduled case into an empty slot when a responsible adult is required.

Kithli focuses on a specific preventable failure point: the patient who is willing and medically ready — but does not have compliant support.

Kithli fills the missing care-logistics layer.

From pre-procedure coordination through a safe return home.

1

ASC referral

Patient lacks a confirmed responsible adult.

2

Patient chooses

Select a vetted Kith they feel comfortable trusting.

3

Prepare

Scheduled, trackable communications reduce uncertainty before procedure day.

4

Door-through-door

Kith accompanies the patient through the required handoff and return home.

5

Complete

A defined, trackable engagement — not an improvised last-minute scramble.

Care. Connected.

Not another medical escort service.

Kithli is designed around trust, patient agency, and the full care-logistics experience.

Choice builds trust

Patients choose a vetted Kith they feel comfortable with. That matters when the patient is vulnerable and may be inviting someone into their home.

Before, not just after

Scheduled and trackable communications help surface and coordinate the logistics before the procedure becomes a day-of problem.

A defined workflow

Referral, selection, preparation, handoff, completion. Staff have somewhere to send the patient instead of becoming personal logistics coordinators.

For the ASC: protect appropriate scheduled cases, reduce coordinator chase work, and offer patients a credible alternative when their own network cannot help.



BECOME A KITHLI PILOT PARTNER

Help us launch the safer, more connected option.

Kithli seeks a small number of ASC partners for an initial 60–90 day paid pilot after funding, insurance, legal safeguards, and operational readiness are in place.

1 Sign a non-binding LOI

2 Name a pilot contact

3 Define success measures

The non-binding LOI expresses intent to participate once Kithli is funded and launch-ready. Pilot measures: completed handoffs, staff workload, and exceptions. No EHR project required.

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