



Sickbay Unifies Patient Monitoring

Targeted insights from the world's largest physiologic data sets

The **unique value** Sickbay provides

Sickbay is the ONLY solution in the market that **collects, consolidates, & persists second-by-second data** from medical devices, the EHR, and cameras that drive the following:

1. Scale to support some of the largest physiological databases on the planet
2. Sickbay generates **INSTANTLY USABLE big data** for analytics & supports health system AI strategies to learn from this novel dataset

Sickbay drives efficiency & analytics to support improvements in care, innovation, and revenue

Sickbay fills a foundational gap in delivering near **real-time, physiologic data** across a health system



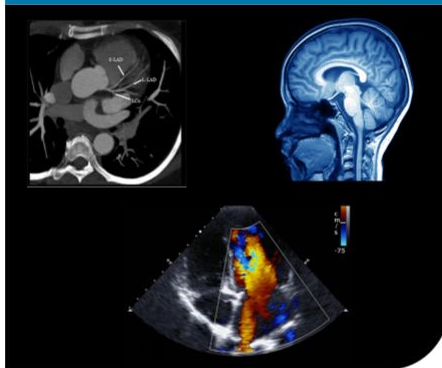
Point-in-time

representation of a patient's status
collected & entered into the EHR

EHRs Manage Patient Records



PACs Manage Imaging Data



Second-by-second

persisted & integrated data
across all patient encounters

Sickbay Manages Patient Monitoring Data



Most comprehensive physiologic datasets in the world

Collecting data across a health system positions them to own a dataset that exactly matches their patient population

Vendor Neutral

Passively recording over all beds

Integrates with thousands of devices so that you have the most complete picture of patient status

Automatically time-synchronizes data at recording

Accessible

Efficient compression enables low storage overhead and on-demand access across years of recordings

Data accessible via app, API, and ETL to suit individual clinical, quality, research team needs

Last-mile of data delivery for critical workflows, ensuring uptime and data availability

Frictionless

FDA-cleared for near real-time monitoring and alarm distribution

Batch data is self-service and on-demand

Unlimited users

Many available visualizations and toolkits

100+ Publications, Posters, Presentations, **\$10M** in Grant Funding

Researchers publish **more often**, with **more citations per paper**, than comparable platforms

Sickbay consolidates & presents critical monitoring data in a single shareable interface optimized for each user



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Technologies

Device



EEG



NIRS



CARDIAC



VENT

OTHER
DEVICES

Patient Monitoring Data

Physiological waveform data
(EEG, ICP, HR, BP, O₂, etc.)

EHR

MEDS &
LABS

ICD10CM



STAFFING



OBSERVATIONS

Historical data (meds, labs);
Observations;
Staffing assignment
information

Camera



VIDEO

Video recording;
Communication with
in-room staff

Analytics & Algorithms



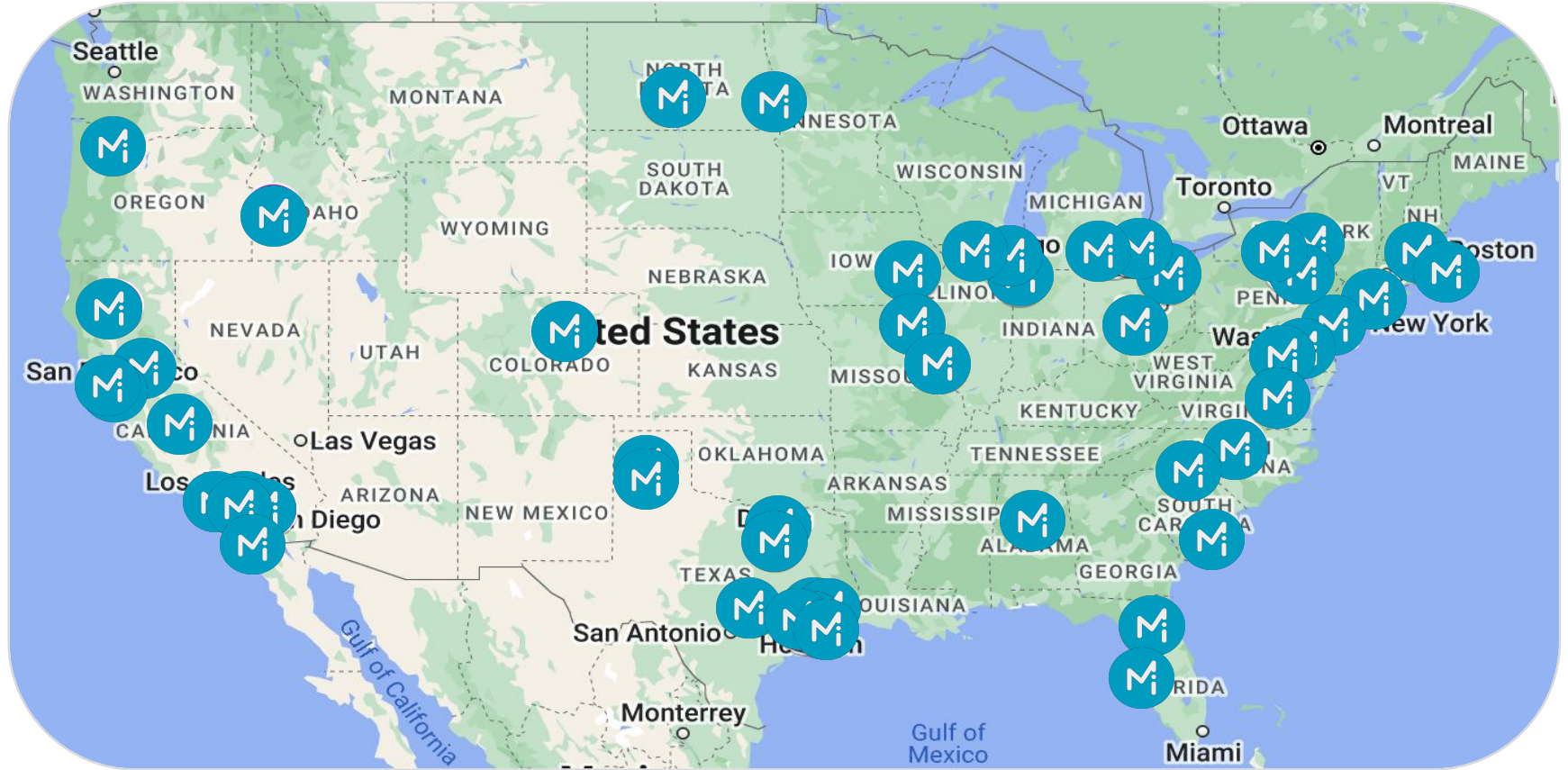
ANALYTIC

Calculated risk
measurement data
(stroke, cardiac arrest,
etc.)



Second-by-second
centralized, persisted,
and integrated
monitoring data from
admit to discharge

Sickbay is a mature platform in use throughout the United States



Sickbay is an award-winning clinical platform



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37% Reduction in overnight Code Blues

(prevent unnecessary trauma)

\$7M Savings in virtual care model

(material savings from improved staff ratio & efficiency)

"...what we really should be talking about is the 30 minutes to 2 hours before the bad event happened...there's always a missed signal or decision point..."

(unlimited data access drives second-by-second understanding)

"...my first night in the vICU as a vMD...I had all the data and I was able to help out the bedside team on an emergent procedure"

(drive effective virtual care)

"...reviewing events has gone from 2 days to 2 hours"

(unlimited data history drives revenue cycle efficiency)

"...out of the 1,000 vendors we have, MIC is the most responsive, most proactive"

(world-class customer support)

TIME

World's **Top HealthTech**
Companies of 2025

Newsweek

World's **Best Digital Health**
Companies of 2024

Advancing Evidence-Based Medicine with Sickbay

Click each image below to access the document PDF.

37% reduction in overnight Code Blue events
24% reduction in unneeded ICU up-transfer

METHODIST

DeBAKEY

CRITICAL CARE JOURNAL

Methodist

HEALTHCARE SYSTEM

Methodist DeBakey Cardiovasc J. 2023; 19(4): 4-16.
Published online 2023 Aug 1. doi: [10.14797/mdcvj.1247](https://doi.org/10.14797/mdcvj.1247)

PMCID: PMC10402825
PMID: [37547898](https://pubmed.ncbi.nlm.nih.gov/37547898/)

Integrating a Virtual ICU with Cardiac and Cardiovascular ICUs: Managing the Needs of a Complex and High-Acuity Specialty ICU Cohort

[Atiya Dhala, MD,¹](#) [Mario V. Fusaro, MD, MS,²](#) [Faisal Uddin, MD,³](#) [Divina Tuzson, MD,³](#) [Steven Klahn, MBA,⁴](#) [Roberta Schwartz, PhD,¹](#) [Farzan Sasangohar, PhD,^{5,6}](#) [Jefferson Alegria, MHA,¹](#) and [Faisal Masud, MD³](#)

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Abstract

Go to: ▶

A long-standing shortage of critical care intensivists and nurses, exacerbated by the coronavirus disease (COVID-19) pandemic, has led to an accelerated adoption of tele-critical care in the United States (US). Due to their complex and high-acuity nature, cardiac, cardiovascular, and cardiothoracic intensive care units (ICUs) have generally been limited in their ability to leverage tele-critical care resources. In early 2020, Houston Methodist Hospital (HMH) launched its tele-critical care program called Virtual ICU, or vICU, to improve its ICU staffing efficiency while providing high-quality, continuous access to in-person and virtual intensivists and critical care nurses. This article provides a roadmap with prescriptive specifications for planning, launching, and integrating vICU services within cardiac and cardiovascular ICUs—one of the first such integrations among the leading academic US hospitals. The success of

100% reduction of Travel Nurses*
50% reduction in turnover rates*

GUTHRIE



How Guthrie Clinic resolved its nursing shortage, boosted patient satisfaction and netted savings

Integrating virtual nursing into its delivery model helped Guthrie Clinic transform a staffing challenge into an opportunity to innovate, optimize resources and improve care.

OVERVIEW

In April 2022, Guthrie Clinic launched its Pulse Center, a remote-patient monitoring hub that enabled it to onboard experienced nursing staff and eliminate its reliance on travel

10,000-square-mile region across Pennsylvania and upstate New York, with no exception. Its clinical workforce plugged, by 43% between April 2022 and April 2023, going from 172 full-time equivalents (FTEs) to 98 with many nurses leaving for traveling roles. With patients waiting for intensive care unit (ICU) beds and burnout rising among remaining staff, Guthrie leaders needed to reevaluate how to support both patients and caregivers.

MAKING THE BUSINESS CASE

Seeking to standardize care delivery, nurse leaders analyzed systemwide lab and patient safety reports to optimize workflows and streamline processes. They found that by implementing a virtual care model, they could minimize inefficiencies, ensure more timely product deliveries and simplify time-consuming processes like data documentation.

After analyzing costs, staffing needs and tech options, Guthrie's nursing leaders proposed a centralized command center, consolidating on-site staff and hiring experienced virtual

* As part of an institution-established, multi-vendor virtual nursing program

45% reduction in alarms
60% reduction in time in alarm

Utilizing Data and Alarm Champions to Enhance Alarm Management

A Pediatric Quality Improvement Initiative

Joellan Mullen, MSN, RN, CCRN Alumnus; Sulimon Sattari, PhD; Melissa Rauch, BSN, RN; Fernando Stein, MD, FAAP, FCCM; Kevin Roy, MD, MBA; Darlene E. Acorda, PhD, RN, CNE, CPNP

ABSTRACT

Background: Nuisance and false alarms distract clinicians from urgent alerts, raising patient safety risks.
Local Problem: High alarm rates in a pediatric progressive care unit resulted in experiencing 180-250 alarms per day or 1 alarm every 3 to 4 minutes per clinician.
Methods: Through Plan-Do-Study-Act cycles, environmental, policy, and technology changes were implemented to decrease the average alarms/day/bed and percentage of time in alarm.
Interventions: Alarm settings tailored to patient needs using features embedded within the patient monitoring system were implemented and monitored with the assistance of alarm champions.
Results: The average number of alarms/day/bed decreased from 177.69 to 96.94 over the course of 10 years, a 45.45% reduction. The percentage of time in alarm decreased from 7.52% to 2.83%, a 62.37% reduction.
Conclusions: Arming clinicians with technology to analyze real-time clinical data made alarms meaningful and actionable, decreasing false alarms without compromising patient safety.
Keywords: alarm, alarm management, analytics, critical care, false alarms, nuisance alarms, paediatrics, patient safety, rapid cycle improvement, technology

Repeatedly apply large-scale datasets to solve a myriad of challenges

Vision: A world where no critical signal is ever missed

HPE + MIC = Transforming the future of patient care



Proactive care: Early warnings = fewer emergencies

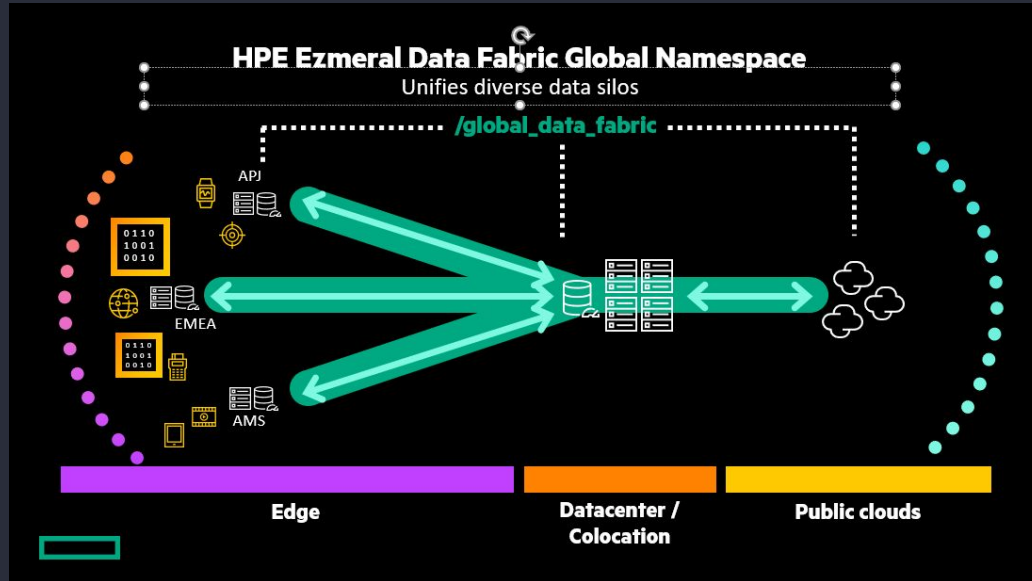


Remote monitoring: Enables virtual ICUs and command centers



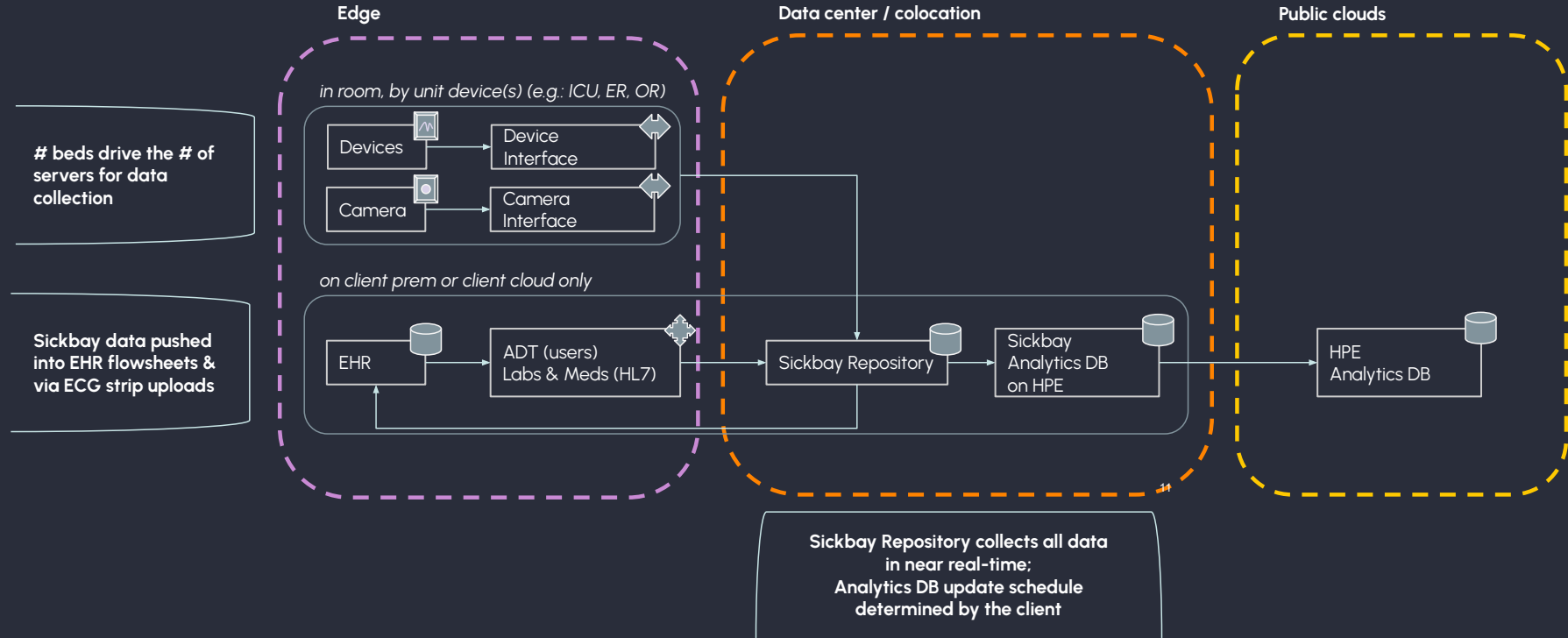
Research and innovation: Rich data for algorithm development and clinical studies

Broad Solution: A unified clinical platform for enabling AI

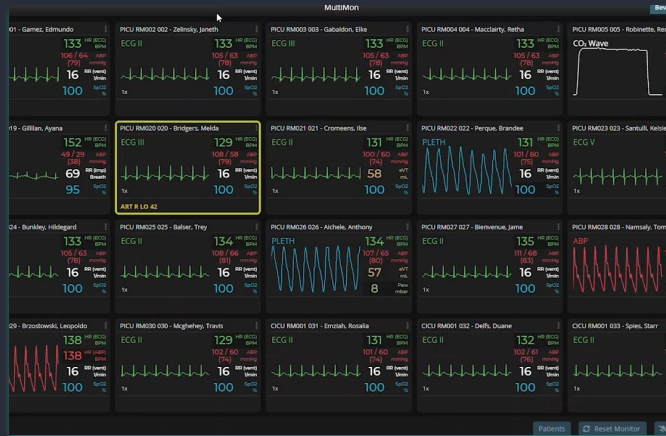


- Clinical data: Electronic health records (EHRs), laboratory results, imaging, and vital signs
- Operational data: Staffing, scheduling, patient wait times, and resource availability
- Predictive and prescriptive analytics: Tools that predict future risks or outcomes and recommend actions to mitigate risks or optimize treatments
- Real-time dashboards and KPIs: Dynamic visualizations of key performance indicators facilitate rapid decision-making

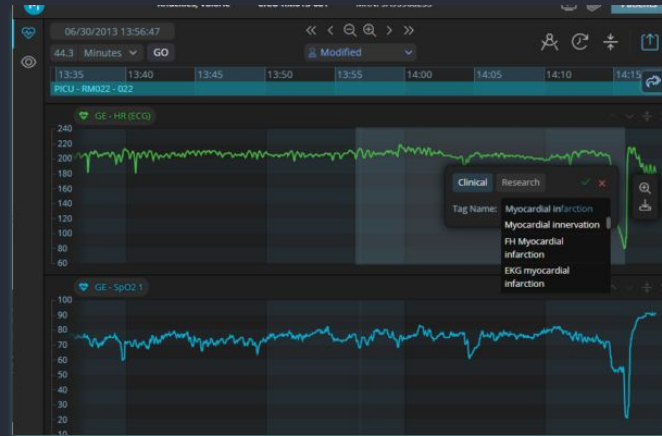
Sickbay solves time-series data collection at scale



Aggregated data creates actionable insights for clinicians from day one



Monitoring multiple patients ensures staff is prioritizing those that need immediate help



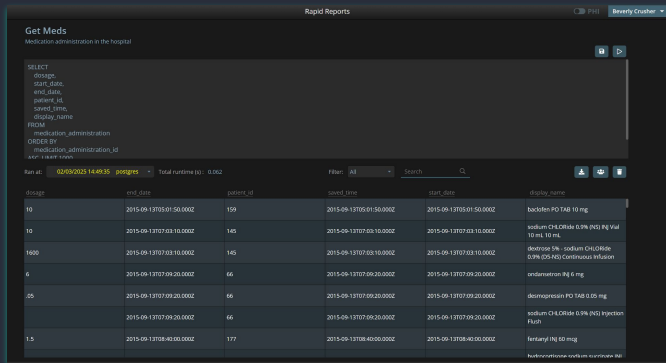
All device signals in one place provides a holistic, real-time view of patient status

Novel dataset enables new IS-owned insights across facility

Device Quality
for Biomed

Data Lake
for Research and Quality

Complete History
for Legal

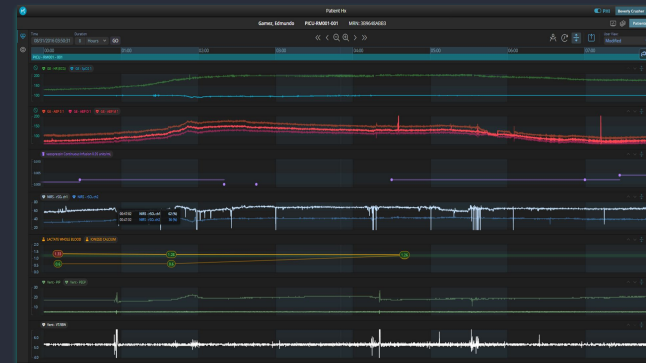
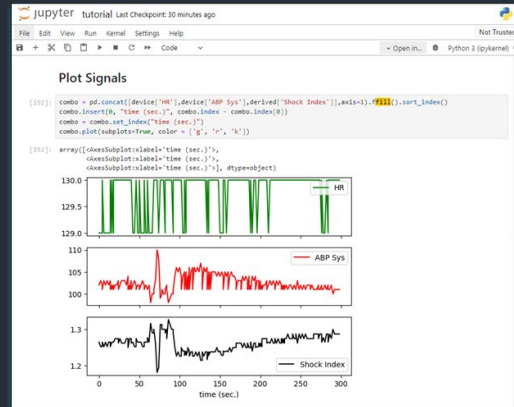


Get Meds
Medication administration in the hospital

```
SELECT
  device,
  start_date,
  end_date,
  patient_id,
  device_name,
  dosage_name
FROM
  medication_administration
ORDER BY
  medication_administration_id
LIMIT 10
```

Row 1 of 10 rows

device	end_date	patient_id	start_date	device_name
10	2015-09-13T03:01:50.000Z	159	2015-09-13T03:01:50.000Z	barbiten PG TAB 10 mg
10	2015-09-13T07:03:10.000Z	145	2015-09-13T07:03:10.000Z	sodium CHLORIDE 0.9% (NS) Pk Val
1600	2015-09-13T07:03:10.000Z	145	2015-09-13T07:03:10.000Z	device Na. sodium CHLORIDE 0.9% (NS) Pk Continuous Infusion
6	2015-09-13T07:09:20.000Z	66	2015-09-13T07:09:20.000Z	ondansetron Pk 6 mg
10	2015-09-13T07:09:20.000Z	66	2015-09-13T07:09:20.000Z	dexamethasone Pk TAB 0.05 mg
	2015-09-13T07:09:20.000Z	66	2015-09-13T07:09:20.000Z	sodium CHLORIDE 0.9% (NS) Injection, Flush
1.5	2015-09-13T08:40:00.000Z	177	2015-09-13T08:40:00.000Z	fentanyl Pk 0.1 mg



Images courtesy of
MIC

HPE + Sickbay Architecture

Application software
Sickbay



Compute & storage for Sickbay application
HPE SimpliVity (HCI)
HPE ProLiant



Virtualization
HPE Morpheus VM Essentials Software,
VMware



Networking for core, aggregation (L3), access (L2)
HPE Aruba Networking, HPE Juniper Networking
switches, gateways, access points



Storage for data archiving
HPE Alletra



Storage & software for data protection infrastructure: HPE StoreOnce, HPE StoreEver, Commvault, HPE Zerto Software



Included

HPE Financial Services
Lease contract

Metering
Compute—VMs
storage—GiB
Show back report

Support
Design/install/con
figure, support,
advisory;
HPE Complete
Care Service;
guaranteed
collaboration;
assigned delivery
team

Optional

HPE Managed Services
Startup;
IT operations and
monitoring;
reporting and
governance

Advisory and Professional Services
Advisory and
deployment;
configuration and
integration

Neuro EEG monitoring- Sickbay Architecture Diagram

Last modified: 7/18/2024

The diagram illustrates the architecture for Neuro EEG monitoring, organized into four main sections: BEDSIDE DEVICES, CLIENT INPUT COMPONENTS, SICKBAY COMPONENTS, and END-USER DEVICES & DISPLAYS.

BEDSIDE DEVICES: Includes EEG DEVICE, PHYSIOLOGICAL MONITOR, ANESTHESIA MACHINE, and VENTILATOR.

CLIENT INPUT COMPONENTS: Includes SAML, LDAP, SSO, AD; PoE SWITCH; MONITORING GATEWAY; HL7 (ORU); MDI GATEWAY; MDI MIDDLEWARE; and PoE SWITCH.

SICKBAY COMPONENTS: Includes Client-Hosted (on Prem) components: WEB SERVER (x number), DAQ SERVER (x number), INFORMATICS SERVER, DATABASE SERVER, and HL7 SERVER.

END-USER DEVICES & DISPLAYS: Includes SICKBAY USER INTERFACE (CHROMIUM-BASED), MOBILE DEVICES, WALLBOARDS, WORKSTATIONS; WITH RESEARCH COMPONENTS; EHR; and BRIDGE PERFORMANCE MONITORING (MIC Hosted).

Diagram Key:

- Medical device dataflow (solid orange line)
- Dataflow in/out of Sickbay servers (solid blue line)
- Dataflow between Sickbay servers (dashed blue line)

Dataflow Details:

- EEG DEVICE to EEG WORKSTATION to PoE SWITCH to MONITORING GATEWAY to WEB SERVER (x number) (TCP: 3000 Real-time data, bidirectional; TCP: 5009 Historical data, unidirectional).
- PHYSIOLOGICAL MONITOR to PoE SWITCH to MONITORING GATEWAY to WEB SERVER (x number) (TCP: 3000 Real-time data, bidirectional; TCP: 5009 Historical data, unidirectional).
- ANESTHESIA MACHINE to MDI MIDDLEWARE to MDI GATEWAY to HL7 (ORU) to MONITORING GATEWAY to WEB SERVER (x number) (TCP: 3000 Real-time data, bidirectional; TCP: 5009 Historical data, unidirectional).
- VENTILATOR to LANTRONIX to PoE SWITCH to MONITORING GATEWAY to WEB SERVER (x number) (TCP: 3000 Real-time data, bidirectional; TCP: 5009 Historical data, unidirectional).
- HL7 (ADT, ORU, RDE, RAS, SIU) to HL7 SERVER (TCP: 443) to EHR.
- HL7 Outbound to EHR.
- HL7 (ADT, ORU, RDE, RAS, SIU) to HL7 SERVER (TCP: 443) to EHR.
- HL7 (ADT, ORU, RDE, RAS, SIU) to HL7 SERVER (TCP: 443) to EHR.
- HL7 (ADT, ORU, RDE, RAS, SIU) to HL7 SERVER (TCP: 443) to EHR.

Specs	Medical Informatics Virtual Servers(VM)					
	DAQ (1 per 200 beds)	Database	HL7	Informatics	Web	Test
CPU (w/ core count)	8	8	8	8	8	4
NIC (Gb)	1	1	1	1	1	1
RAM (Gb)	16 GB	16 GB	16 GB	16 GB	16 GB	8 GB
SSD (OS)	100 GB	100 GB	100 GB	100 GB	100 GB	100 GB
SSD/HDD (MIC)	500 GB	500 GB	100 GB	100 GB	100 GB	500 GB
SSD/HDD (Data)	-	-	-	12 TB/yr	-	-
OS	Windows Server 2019/2022 64-bit					

Benchmark Ballpark Number of servers (Based Upon Loading, except*)								
	Beds	DAQ	Database	HL7	Informatics	Web	Test	Total
S	30- 100	1	1	1	1	1	1	6
M	100-300	2	1	1	1	2	1	8
L	300-1000	5	2*	1	3	3	1	16
XL	1000-3000	15	2*	2	10	5	1	35



Thank You

www.sickbay.com