

Al-Powered Clinical Intelligence Platform to Support Timely and Informed Clinical Decision Making

Empowers Proactive and Personalized Care Escalation and De-Escalation for Hemodynamic and Respiratory Management in the ICU



CARDIOGENIC SHOCK - POST-CARDIAC SURGERY (CABG) - SEPSIS - ARDS - RESPIRATORY FAILURE

Aggregating data from multiple sources:



FHR



Ventilators



Labs



Monitors

Advanced Al-driven algorithms deliver...



Deep physiologic insight



Facilitates clinical pathway tracking for hemodynamic and ventilation management based on hospital-configured criteria



Assistance for clinicians in interpreting and applying hospital-specific protocols







Enabling clinicians to make timely decisions and actions that may improve outcomes, reduce costs, and ease the burden on care teams.

ETIOMETRY BY THE NUMBERS

36%

Reduce Length of Stay (LOS) by up to 36%¹

41%

Decrease ICU readmissions by up to 41%²

30%

Reduce ventilation time by up to 30%³

29%

Shorter vasoactive infusion duration⁴

88%

Of nurses say Etiometry makes their jobs easier⁴

150+

Studies enabled by Etiometry

CE Marked

10 FDA Clearances

1. Salvin et al, AHA (2017) 2. Gaies et al, Circulation (2023) 3. Clark, M.G et al. (2025) 4. Gazit, A.Z., et al (2025) 5. Lowry, NASA TLX survey analysis from PCICS abstract (2020) These outcomes are associated with using the Etiometry platform to support clinical decision-making and are not the direct effects of the software alone.

Etiometry Platform is not an active patient monitoring system. It is intended to supplement and not replace any part of the hospital's device monitoring. Do not rely on the Etiometry Platform as the sole source of patient status information. For prescription use only. ETI-S-UK-Brochure-004-202506



The Etiometry Quality Improvement Application (QI App)

has supported more than 150 quality improvement initiatives and research projects, demonstrating the platform's role in enhancing healthcare delivery.

By harnessing the power of advanced analytics and real-time data, the Etiometry platform is supporting clinician efforts to enhance care delivery and patient outcomes.

Clark, G. et al (2025) Automated spontaneous breathing trial performance tool is associated with improved outcomes following pediatric cardiac surgery: A single-center retrospective study from Alabama. USA

Journal of Pediatric Critical Care 12(1):p 1-7, Jan-Feb 2025. https://journals.lww.com/jpcr/fulltext/2025/01000/ automated_spontaneous_breathing_trial_performance.1.aspx

- Retrospective study of patients admitted to tertiary cardiac intensive care unit (CICU).
- 787 surgical hospitalizations were included, 581 preintervention and 206 post-intervention.
- SBT tool deployment was associated with a 30% reduction in postoperative Time on Ventilator (TOV) (incidence rate for post-SBT tool is 0.7 times incidence rate for pre-SBT tool, (P < 0.0001) and postoperative LOS by 20% (0.81, P < 0.01).

Gazit, A.Z., et al (2025) Risk Analytics Clinical Decision Support Decreases Duration of Vasoactive Infusions Following Pediatric Cardiac Surgery: A Multi-center Before and After Clinical Trial

Critical Care Medicine 2025 • Volume 53 • Number 7 https://pubmed.ncbi.nlm.nih.gov/40298483/

- Multi-center before-and-after study with a primary objective to quantify the effect of the Etiometry system, informed by inadequate delivery of oxygen index (IDO2), on inotropes and vasoactive infusions (IVAI) postoperatively.
- 343 patients were enrolled in the intervention group, and 432 patients were enrolled in the control group.
- A risk-adjusted negative binomial regression model showed 29% shorter vasoactive infusion duration in the intervention group (95% CI, 14-42%; p < 0.01).

Salvin, J. et al. (2017) The Impact of a Real-Time Physiologic Data Analytic Index on Length of Stay in Neonates Following Surgery for Congenital Heart Disease American Heart Association Abstract -2017

November 11-15, Anaheim, CA

 Multi-center, retrospective cohort analysis of 673 patients admitted to the CICU after cardiac surgery evaluated the impact of implementing the Inadequate Oxygen Delivery Index (IDO2)

 342 patients admitted pre-ID02 Index implementation, and 331 patients admitted post-ID02 Index implementation.

- The introduction of the patient specific, real-time time physiologic index, ID02, resulted in a significant (25%) reduction in ICU LOS of 0.75 (p=0.01).
- In one center, when risk adjustment based on STAT score was included in the analysis, a relative reduction of 36% was observed.
- The reduction in LOS and possible reduction in costs are encouraging for determining the economic return on investment for such indices.

Gaies, M. et al. (2023) Methods to Enhance Causal Inference for Assessing Impact of Clinical Informatics Platform Implementation

Circulation: Cardiovascular Qual Outcomes. 2023 Feb;16(2):e009277. doi:10.1161/ CIRCOUTCOMES.122.009277. Epub 2023 Feb 2. PMID: 36727516.

https://pubmed.ncbi.nlm.nih.gov/36727516/

- Retrospective comparative analysis of outcomes in a pediatric cardiac ICU, pre- and post-implementation of T3 against a multicenter control group.
- Compared 1,436 patients in the pre- and 779 in the postimplementation eras at a CICU to 19,854 (pre) and 14,160 (post) at control hospitals.
- Post implementation, the ICU incorporated a review of Etiometry for each patient during rounds to better assess the patient status based on the data, and create a data-informed care plan moving forward.
- Relative reductions were observed in the CICU postimplementation for medical cardiac arrest (-14%) rates, unplanned ICU readmission rates (-41%), and postoperative CICU length of stay (-18%).