HealthX Call-for-Innovation: Redefining Seamless Patient Vital Monitoring for a Healthier Future

Clarification and Responses (3 June 2026)

Q1. Who can participate, and what types of solution models (e.g. consortium, device provision, or integration approaches) are acceptable for this Call-for-Innovation?

Response: The Call-for-Innovation is open to both local and overseas companies and startups. Respondents may submit consortium or partner-enabled proposals spanning hardware, software, and service components, provided there is clear ownership, an integration approach, and end-to-end accountability. The CFI is open to end-to-end solution proposals, including the provision of Point-of-Care (PoC) devices where relevant, and is not limited to the current fleet of devices. It supports flexible deployment models, including the provisioning of new devices, integration with existing or third-party devices, or hybrid approaches. Respondents may also propose alternative devices or technologies not listed in the CFI, subject to trials and regulatory support or approval, with a clear demonstration of how these meet clinical, operational, and integration requirements.

Q2. What are the expectations for use case coverage and acceptable approaches for vital signs measurement across physical and video consultation settings?

Response: The preferred approach is for solutions to cover both physical and video consultation use cases, though proposals may adopt a phased implementation approach, starting with one use case and expanding over time. A range of measurement approaches may be considered, including contactless or software-based methods, provided sufficient accuracy, reliability, and regulatory alignment are demonstrated. Solutions may also integrate with validated external or patient-owned devices where appropriate. For clinic-based use cases, height and weight are expected to be physically measured on-site, and all approaches should ensure data reliability, consistency, and seamless integration into clinical workflows across both settings.

Q3. What are the expectations for data integration, interoperability, and system connectivity in proposed solutions?

Response: Solutions should support the export and integration of vital signs data into clinical systems, with a preference for standards-based interoperability such as APIs and/or HL7 FHIR where applicable. At the POC stage, staged or sandbox-based integration approaches are acceptable, with a focus on demonstrating feasibility, interoperability, and alignment with clinical workflows. Respondents should describe how data is structured, transmitted, and integrated, with detailed implementation requirements to be further defined during the project phase.

Q4. What are the requirements for validation, benchmarking, and demonstrating accuracy of proposed solutions?

Response: Solutions should provide a clear validation approach against conventional machines, with validation preferably completed before the POC. Proposals should include available validation data and reference the make and model of comparator devices used. Benchmarking should align with recognised clinical standards and relevant HSA and technical baselines, including internationally recognised standards such as ISO and IEC for accuracy and safety across vital signs.

Blood Pressure - ISO 81060-2 validated accuracy, IEC 60601 safety, Class B device (registered)

Heart Rate - IEC 60601 series (ECG or derived HR monitoring), Often embedded in BP or SpO_2 devices, Class B

BMI - Class A/B depending on intended use, Accuracy standards (e.g. OIML, IEC if medical grade)

Spo2 - ISO 80601-2-61, IEC 60601, Typically Class B/C

Q5. What regulatory and cybersecurity considerations should respondents address in their proposals?

Response: Solutions should demonstrate alignment with relevant regulatory and cybersecurity requirements. At the proposal stage, respondents are encouraged to include an intended-use assessment and an HSA registration roadmap. At the POC stage, respondents should provide clinical evaluation plans and preliminary validation data. Detailed regulatory and cybersecurity requirements, including MDOTS considerations, will be clarified during implementation planning.

Q6. How should responsibilities for operations, support, and care delivery be structured within proposed solutions?

Response: Respondents should propose a clear operating model outlining responsibilities across onboarding, maintenance, and support. Patient onboarding will be managed by the clinic, while device-related operations such as troubleshooting, calibration, replacement, consumables, and maintenance should be managed by the vendor or partner. All patient care and follow-up requests will be managed by NNI throughout the process.

Q7. What commercial models are acceptable, and how will solutions be evaluated?

Response: The CFI is open to a range of commercial models, including pilot-based, service-based, outcome-driven, or bundled approaches, provided they demonstrate sustainability and scalability. Solutions will be evaluated based on factors such as comprehensiveness and accuracy of the required vital signs, patient experience, workflow efficiency (including time and manpower savings), and integration readiness. Respondents are encouraged to propose clear, measurable KPIs aligned to these outcomes.

Q8. What are the expected scope, scale, and parameters for the Proof-of-Concept (PoC) phase?

Response: Indicative PoC parameters are as follows.

Estimated patient volume:

Physical consultation: ~200 per day

Video consultation: ~5 per day

Number of stations: 1

Estimated POC duration: ~6 months

Further discussion on the final scope and deployment parameters will take place after awarding Call-for-Innovation.