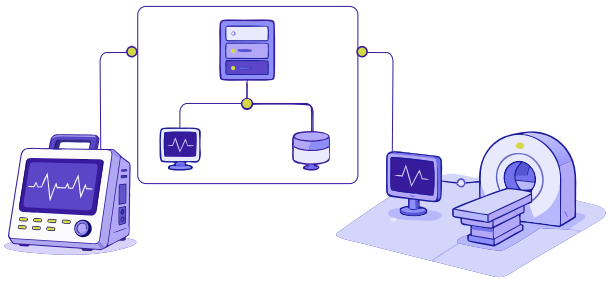
SOLUTION OVERVIEW

TWO NETWORKS, ONE RELATIONSHIP GRAPH



How WanAware gives hospital M&A teams continuous, agentless visibility across both networks from the moment they connect

A hospital merger closes on a timeline set by finance and leadership. The network merges on its own timeline, the instant two environments are physically or logically attached, and every **connected asset** on both sides is exposed to whatever the other side has been carrying from that moment on. WanAware closes the gap between those two timelines: agentless, passive discovery begins mapping both networks into a single, continuously current **Relationship Graph** the moment they touch, with no agents to install and no active scans to risk the clinical devices neither organization can afford to disrupt.

Want the full mission briefing?

Read the white paper on The Audit-Ready Hospital



WHAT WANAWARE DOES

Instant cyber hygiene assessment

From the moment of network attachment, WanAware surfaces what is actually present on both sides, rather than waiting for a scheduled discovery project to catch up to the integration timeline.

Unknown and unmanaged assets surfaced immediately

Legacy interfaces, forgotten appliances, and undocumented building systems that neither organization's own inventory accounted for become visible before they become an incident.

Overlapping IP subnets, flagged before they collide

Two independently run **hospital networks** routinely reuse the same private address ranges. WanAware surfaces the overlap before it causes a routing collision or misroutes PHI traffic.

Unpatched and end-of-life endpoints, identified before exposure widens

Merging two networks merges two patch postures. WanAware identifies exposed endpoints on both sides before the merge gives either organization's existing exposure a new population of devices to spread to.

HOW IT WORKS



STEP 1

Network attachment

The moment the two networks are physically or logically connected, agentless discovery begins on both sides at once.



STEP 2

Passive mapping

Every connected asset is identified from what it is already doing on the network, with no agents installed and no active scans run against fragile clinical equipment.



STEP 3

One Relationship Graph

Assets from both organizations resolve into a single, continuously current graph in place of two inventories someone has to reconcile by hand.



STEP 4

Confirmed, not assumed

Cutover teams confirm a dependency is live and carrying real traffic before retiring the system on the other side of it.

Discover how WanAware eliminated the visibility gap during a regional hospital merger by giving network teams complete, real-time insight into both IT infrastructures before day one.

Explore the case study here

WHAT THIS SOLVES

Where you are today	What changes with WanAware
Each health system's asset inventory describes only its own environment, in its own tools, and cannot answer what happens when the two networks touch.	Assets from both organizations appear in one continuously current graph the moment the networks connect, with nothing left to reconcile by hand.
A PHI path, an identity trust, or an alarm route can fail silently the moment a subnet or firewall rule changes during the merge, with no error and no page to an on-call engineer.	Every path, trust, and route is mapped as a live, continuously visible dependency, so a break is caught before it becomes a compliance finding or a patient-safety incident.
Manual dependency mapping across two hospital networks measures itself in months, so cutover decisions get made on incomplete information by design.	Discovery starts the instant the networks attach, giving cutover teams a current map on the integration timeline finance actually set, not the one a manual survey would need.
Active scanning and credentialed probing, the default way to map an unfamiliar network, carry real risk to infusion pumps, telemetry monitors, and other fragile clinical devices.	Discovery is agentless and entirely passive, so clinical uptime is never put at risk to build the map that a safe cutover depends on.

WHAT TO EXPECT

Deployment follows the same agentless model on both sides of a merger: nothing installed on a single device, no active scan of a single subnet, and no coordination required between two IT teams before visibility begins. Integration teams typically get a current, shared map of both networks from the day the networks connect, not the week a manual survey finally catches up to where the merger already is.

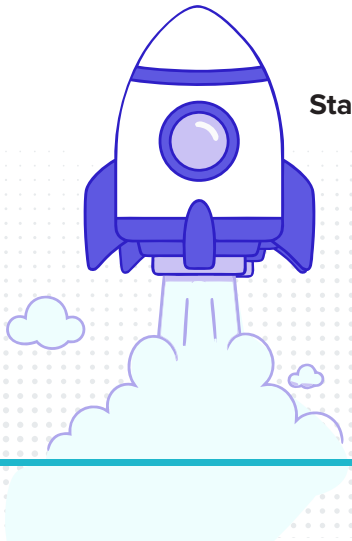
AGENTLESS	DAY ONE	ONE GRAPH
Nothing installed on either side of the merger	Visibility begins the moment the networks attach, not weeks later	Both organizations' assets in a single, continuously current view

WHY WANAWARE

- **Built for the moment of attachment, not the project kickoff.** WanAware assesses cyber hygiene instantly upon network attachment, so day one of the merger is the first day of visibility instead of the first day of finding out what broke.
- **Safe by design for clinical environments.** Agentless, passive discovery maps both networks without installing anything or actively scanning a single infusion pump, telemetry monitor, or other device that a merger cannot afford to destabilize
- **Cutover confirmed by traffic, not by a closed ticket.** The Relationship Graph lets a cutover team confirm the new system is actually live before retiring the old one, replacing a trusted ticket with a verified dependency.

THE TAKEAWAY:

A hospital merger does not fail because of a bad EHR migration plan or a missed contract term. It fails in the gap between the plan and the network. WanAware closes that gap the moment the two networks touch, so day one is the first day of visibility, not the first day of finding out what broke.



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FREE TRIAL SEE A DEMO