



ShiftSpark



***“BRINGING CLINICIANS THE
TOOLS FOR RE-IGNITION”***

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NURSES EXPERIENCE REPEATED TRAUMA, AND EXISTING SUPPORT FALLS SHORT

1 in 5

*new nurses
leave within
the 1st year*

\$60,000+

*cost per
turnover*

65%
*of nurses
report high
levels of
stress and
burnout*

89%
*of nurses
feel
unprepared
to enter
practice*

Current solutions are:

After-hours

Appointment-based

Generic, not clinical

Not embedded in
shift rhythm

ShiftSpark 



A real-time, **in-shift** emotional support and connection platform
built around the cadence of clinical work:

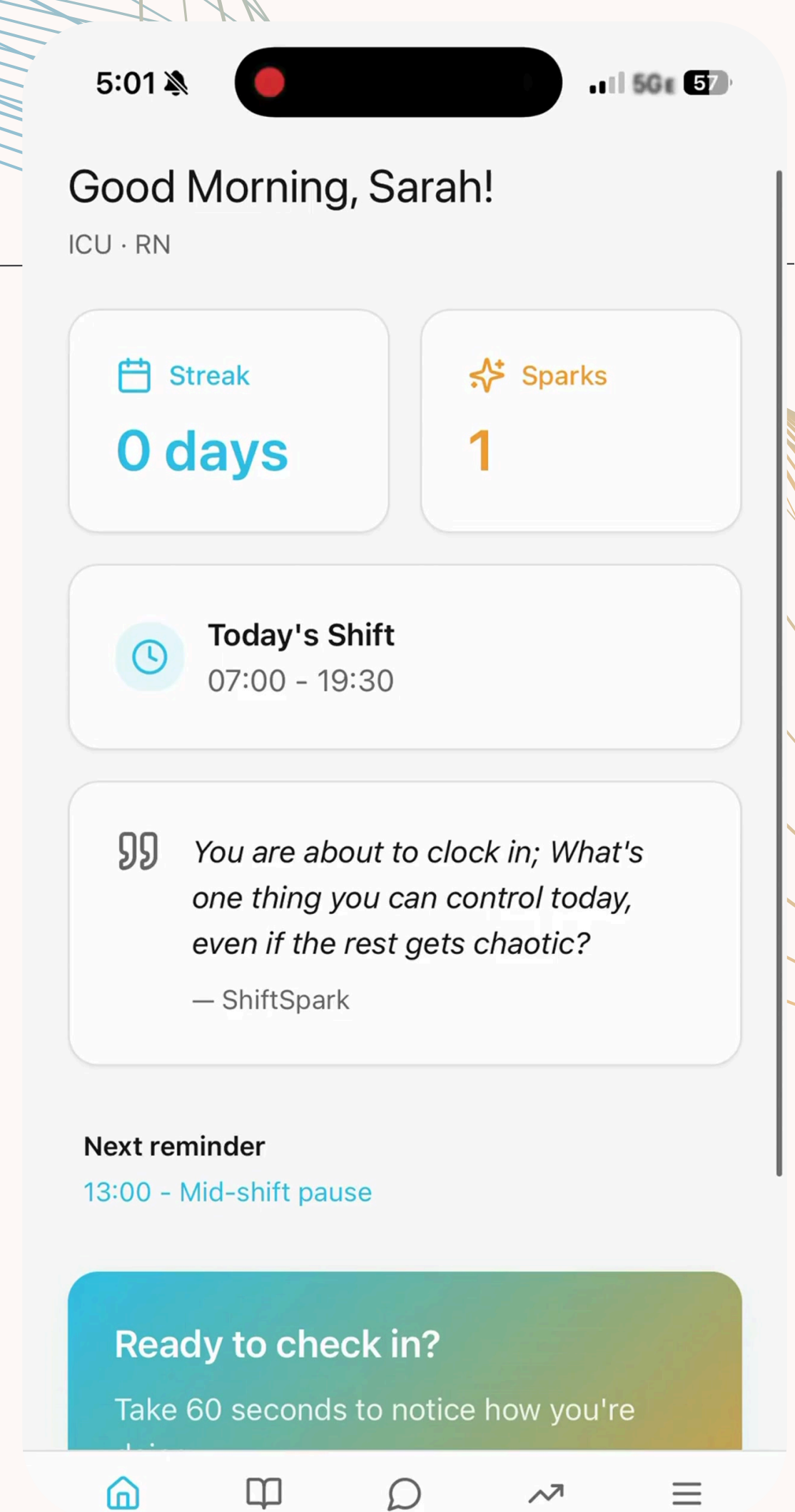
Learning &
Resilience
Skills

ShiftTalk
Peer
Support

Peer
Recognition
"Sparks"

Anonymous
Leadership
Dashboards

These brief, **evidence-based check-ins** help clinicians process
stress as it occurs and **develop sustainable habits of resilience.**



ROI AND BUSINESS CASE

Hypothetical 300-bed hospital with 750 nurses:

- Annual RN turnover (16%) = 120 nurses lost
- Turnover cost per RN = \$60,000
- Total turnover cost = \$7.2M/year

ShiftSpark's potential impact:

- Reducing turnover by 1% = \$420K saved/year
- Reducing turnover by 2% = **\$900K saved/year**
- Less reliance on **expensive travel nurses**

B2B2E SaaS, sold to hospitals:

- \$8 PMPM → \$96 ARR
- 300-bed hospital = \$72K ARR per site
- **ShiftSpark pays for itself with just 1–2 retained nurses**

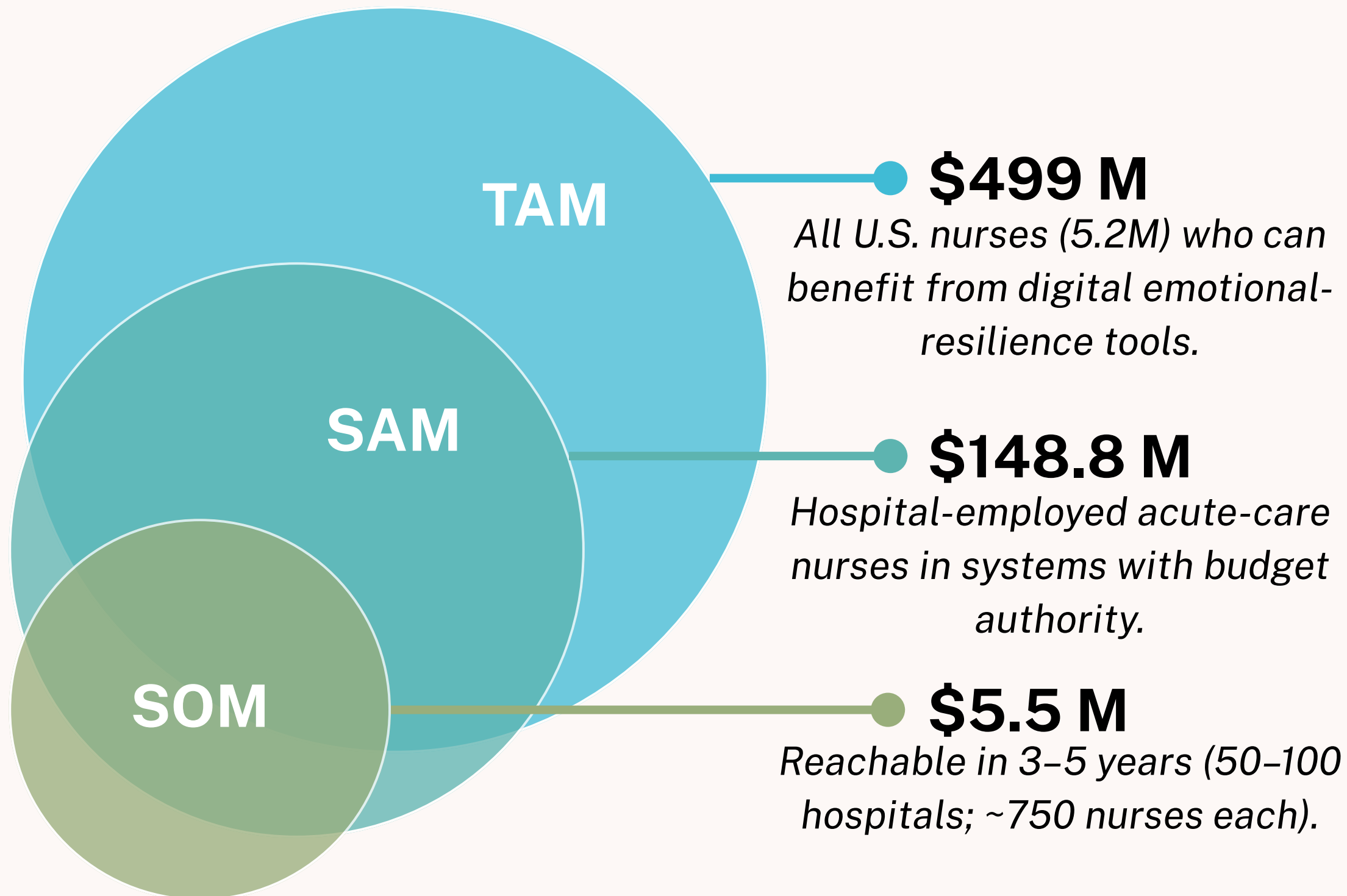
Expansion:

- **Next users:** nursing students, assistants, residents
- **Next vertical:** home health, outpatient
- **Upsell:** analytics dashboards, burnout risk scoring



MARKET OPPORTUNITY

\$96 ARR based on \$8 price point



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ShiftSpark

COMPETITORS

Most solutions are reactive, generic, or disconnected from shift workflow

- **Wellness & Mindfulness Apps (Headspace, Calm)**

Generic content, off-hours use, not tied to clinical scenarios.

- **Nurse Burnout Platforms (GetVitals, Wellnurse, Mobile Health)**

Post-shift modules and check-ins; no real-time, in-the-moment support.

- **EAPs & Digital Mental Health Benefits**

Counseling requires scheduling; very low utilization; not nurse-specific.

- **Internal Hospital Programs (Schwartz Rounds, Peer Support, Second Victim)**

Valuable but episodic, facilitator-dependent, and not scalable to every shift.

- **Ad-Hoc Peer Debriefs**

Helpful but inconsistent and dependent on unit culture/staffing.

FEEDBACK/INTERVIEWS

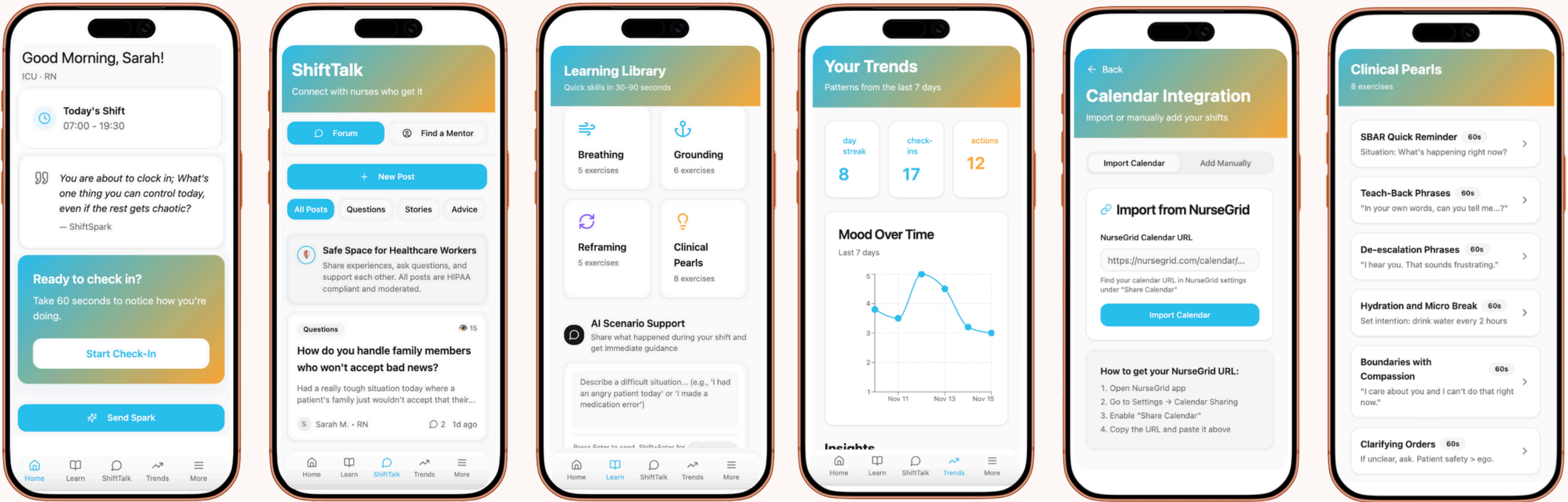
Interviewed:

- 14 bedside nurses (med-surg, ICU, oncology, pediatrics) + 2 exit interviews
- 3 nurse leaders
- Hospital HR/Wellbeing leader
- Startup founders
- VC Managing Partner with healthcare system background

Key Themes:

- Nurses want moment-aligned check-ins
- Managers want indicators, not surveillance
- All stakeholders want peer-to-peer connection, **not just a digital replacement**
- “If something helped me in the moment, I’d actually use it.”
- “I don’t have time for therapy at 8 pm. I need support at 2 pm.”
- “I was not prepared for the realities of nursing from nursing school”.

DEMO



APPENDIX

BUSINESS MODEL CANVAS

Key Partners



- Hospitals and IDN pilot sites (co-development and validation).
- Clinical advisors (nurse leaders, burnout experts, behavioral-health clinicians).
- Integration vendors (EHR-adjacent tools, workforce-management systems).
- Potential distribution partners (EAP providers, digital-wellness platforms).

Key Activities



- Product development (mobile app, workflows, analytics dashboards).
- Pilot execution with initial hospitals; iterative learning cycles.
- Business development and enterprise sales.
- Clinical validation and evidence generation demonstrating retention impact.

Key Resources



- Clinical content and nurse-tailored emotional-resilience curriculum.
- Product team (UX researchers, engineers, data/ML for analytics).
- Relationships with hospitals, nurse leaders, and early pilot partners.

Value Proposition



- **Reduces burnout** through structured emotional-resilience tools tailored to clinical workflows.
- **Improves retention and staffing stability**, decreasing turnover and absenteeism.
- Provides operational insight into nurse well-being trends and risk indicators for burnout.
- **Integrates into existing HR/EAP or staff-wellness initiatives**, avoiding new budget creation.

Customer Relationships



- Enterprise onboarding with CNO/HR leads.
- Quarterly business reviews demonstrating retention and well-being impact.
- In-app communication, nurse feedback loops, and analytics dashboards for leadership.

Channels



- **Direct B2B sales to hospitals** (workforce-wellness, HR, CNO/CMO offices).
- Pilots via nursing leadership networks and professional associations.
- Partnerships with digital-health platforms, EAP vendors, and hospital technology integrators.

Customer Segments



- **Primary:** U.S. hospitals and integrated delivery networks (IDNs) employing acute-care nurses.
- **Secondary (future):** Outpatient clinics, long-term care facilities, home-health organizations.
- **End Users:** Nurses (RNs, LPNs), nurse managers, and workforce-wellness teams.

Cost Structure



- Engineering and product development (largest cost center).
- Sales/BD focused on long enterprise cycles.
- Clinical and content development (psych, occupational health expertise).
- Security, compliance, and hosting.
- Pilot support and customer success operations.

Revenue Streams



- Subscription (PMPM): ~\$8 per nurse per month (~\$96 ARR).
- Enterprise annual contracts: \$60k–\$100k depending on nurse count and modules.

PRICING

Market Benchmarks:

- Generic wellbeing apps: \$3–\$6 per user/mo. (Wellable)
- Clinical mental health apps: \$6–\$12 per user/mo (Headspace, Calm)
- Workforce analytics tools: \$8–\$20 per user/mo (McKinsey Workforce Analytics Benchmark Report 2023)
- Travel nurse markup: 40–80% over employed RN cost (NSI National Health Care Retention & RN Staffing Report 2024)
- RN turnover cost: ~\$60,000 per nurse (NSI National Health Care Retention Report 2024)

Pricing Positioning:

ShiftSpark: Starting \$8 per clinician/mo depending on tier → \$96 ARR

ROI: Even a 1–2% reduction in turnover pays for the platform

MARKET SIZING LOGIC

- ~ 5.2 M nurses in the US (*4.5 M registered nurses, 0.7 M Licensed vocational/practical nurses - assumes eligibility across all settings*)
- \$96 ARR based on \$8 price point
 - $5.2 \text{ M} \times \$96 \rightarrow \text{\$499 M TAM}$
- ~ 3.1 M nurses in hospital or acute care settings
- Assume “wellness app purchasability” assumption for hospital systems to be 50%
 - $3.1 \text{ M} \times 50\% \times \$96 \rightarrow \text{\$148.8 M SAM}$
- Assume early penetration at 50 -100 hospitals over 3 -5 years, 750 nurses / hospital
 - $(50 - 100) \times 750 \times \$96 \rightarrow \$3.6 - \$7.2 \text{ M SOM} \rightarrow \text{\$5.5 M SOM}$

5-YEAR REVENUE PROJECTION

Year	# Hospitals	Nurses Covered	ARR per Hospital	Total ARR
Y1	5	3,750	\$72,000	\$360,000
Y2	15	11,250	\$72,000	\$1,080,000
Y3	35	26,250	\$72,000	\$2,520,000
Y4	60	45,000	\$72,000	\$4,320,000
Y5	90	67,500	\$72,000	\$6,480,000

Assumptions

Pricing

- \$8 PMPM (\$96 ARR per nurse)

Adoption

- Year 1: 5 hospitals (early pilots + first paid conversions)
- Year 2: 15 hospitals
- Year 3: 35 hospitals
- Year 4: 60 hospitals
- Year 5: 90 hospitals

Avg hospital size: 750 nurses

Annual contract value (ACV): $750 \times \$96 = \$72,000$ per hospital

Churn: Not modeled (common for early pitch projections), but retention is implicitly assumed because renewal risk cannot be quantified yet.

RISKS AND MITIGATION

Risk 1: Adoption inertia

Mitigation: Nurse-designed workflow; under 1 min engagements; roll-out with champions

Risk 2: “Wellness fatigue”

Mitigation: Context-aware timing; no generic content; only relevant prompts, can decrease prompting at any time

Risk 3: Leadership skepticism

Mitigation: ROI model tied directly to turnover and cost savings

Risk 4: Privacy concerns

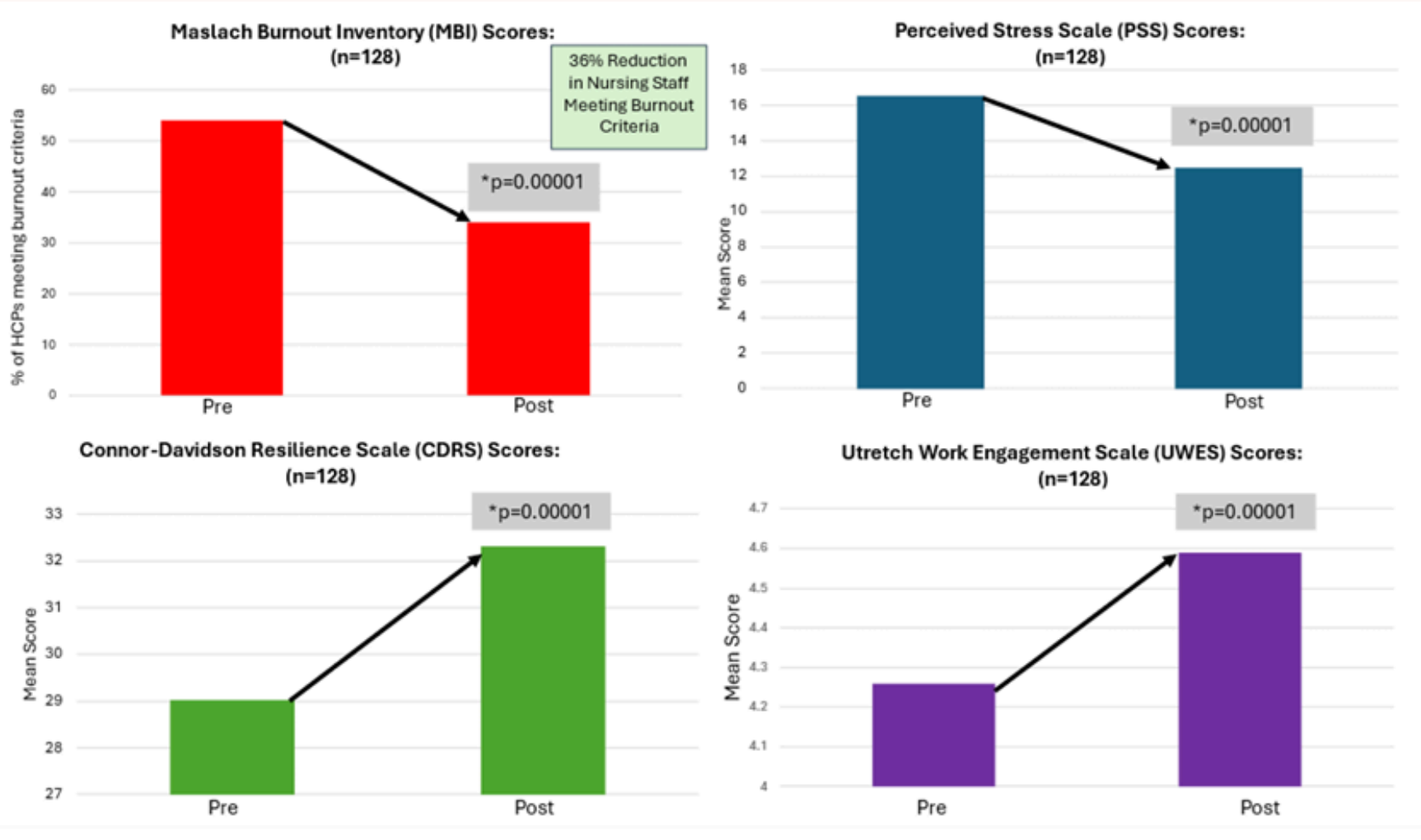
Mitigation: No PHI, anonymized dashboards, SOC2 readiness, strict data boundaries

Risk 5: AI reliability

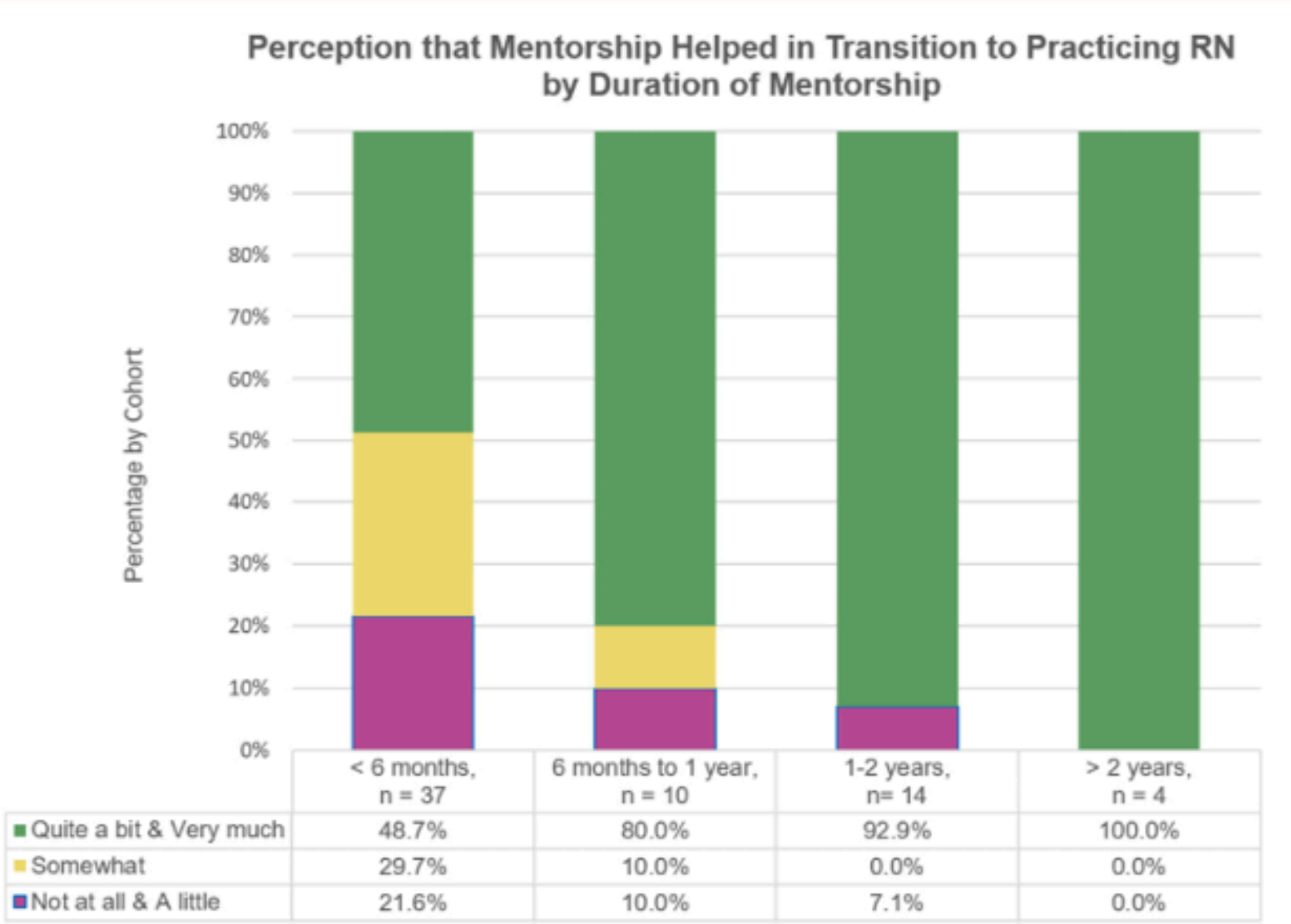
Mitigation: Guardrails, scripted flows, clinician-written content

HISTORICAL DATA ON EFFICACY/EVIDENCE

Effect of mindfulness intervention in nurses
(Klatt et al., 2025)



Effect of Mentoring on transition to RN
(Gularte-Rinaldo et al., 2022)



AI



Early Stage
(0-18 months)

Pros:

- Ready-to-use LLM with training
- HIPAA-ready: Hospital trust it
- Enterprise -grade security
- Easy integration with fast MVP

Cons:

- Can be expensive at large volume
- Need specific prompt to exclude PHI

Phase II: Hybrid mode

Intermediate Stage
(18-36 months)

Features

- Azure OpenAI for general reasoning
- Grow our LLM for internal modes:
 - Burnout detection
 - emotional scoring
 - Resilience patterning
- Start hybrid mode when:
 - Completion of >5 hospital pilots
 - Thousands of nurse interactions

Phase III: ShiftSpark AI

Stable Stage
(> 36 months)

Features

- Move to ShiftSpark AI for most reasoning
- Trained and evolved on our proprietary ShiftSpark dataset
- Becomes core IP and competitive advantage for company (moat)

I P

Workflow-Integrated Method IP (Utility Patent)

Protects HOW ShiftSpark delivers in-shift support

Such as:

- Micro-support during shift phases
- Sequencing/timing of interventions
- Escalation pathway:

Patentable Method Claims

- Detect emotional-load signals
- Selection of micro-interventions
- Escalation and personalized intervention sequences

Implementation Blueprint (Trade Secret)

Protects Internal logic competitors can't copy

Such as:

- Emotional-load to support mapping rules
- Internal thresholds & escalation triggers
- Timing logic
- Personalization heuristics
- Intervention scoring formulas

Data IP (Long-Term AI Moat)

Phase 1:

Collect HIPAA-safe emotional-load signals → build core dataset & early burnout-risk scoring

Phase 2:

Add unit trends & escalation patterns → create ShiftSpark Resilience Index (SRI) & predictive models

Phase 3: Train ShiftSpark-LM, classifiers, timing engine → millions of shift-linked datapoints

REGULATORY

ShiftSpark does not fall under FDA regulation.

Our product delivers general wellness and emotional support, not diagnosis, treatment, or clinical decision-making.

Why we are not regulated:

- No medical advice or clinical recommendations
- No diagnosis, treatment claims, or condition-specific guidance
- Focused on general well-being, reflection, and peer connection
- Aligned with FDA's "**General Wellness**" guidance framework

Market precedents:

- Calm – Wellness app; not FDA regulated
- Headspace – Wellness app; no FDA clearance (publicly stated they may seek it in future)

ShiftSpark is a wellness and workforce support tool, not a medical device.

APPENDIX

