

A Nurse-Led Foundation for the Future of Healthcare

Care happens everywhere now, in homes, in communities, and across digital connections, but the technology that runs it was built for the hospital and never left. Nurses hold disconnected systems together by hand, patients go home into complex situations without coordinated support, and families are left managing hospital-level care alone. The cost shows up not just in dollars but in exhausted nurses, broken care transitions, and patients who feel unseen the moment they leave the building. MyNursePal exists to change that. We are building the first **Electronic Care Delivery (ECD)** platform, a care-centered foundation that supports the people delivering care, coordinates across every setting, and generates the record as a byproduct of care rather than the destination of it.

"Nurses already run healthcare. When the system is built around how they actually work, care becomes safer, faster, and follows people wherever they live."

The shift: from EHR to ECD

EHR · RECORD-CENTERED

"What happened?"

The records sit at the center. People adapt to the technology.

ECD · CARE-CENTERED

"What needs to happen next?"

The people delivering care sit at the center. Technology adapts to them, and the record writes itself.

Legacy EHRs digitized the record but never solved care delivery, and care has moved far beyond the walls the record was built for. **Healthcare doesn't need a better EHR. It needs a new foundation.**

The critical problem

Documentation burden is the turnover driver a better system can actually fix.

\$5.2M

lost to RN turn over per hospital, per year

17.6%

annual hospital RN turnover, and rising

23%

of a 12-hr shift spent in the EHR, not at the bedside

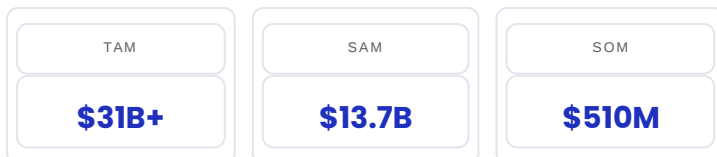
- Care-transition failures and fragmentation drive avoidable readmissions and errors.
- 40% of nurses intend to leave the profession by 2029, with documentation burden a primary driver.

Sources: NSI National Health Care Retention Report (2026); Aiken et al. (2023) / Levy et al. (2024); KLAS Arch Collaborative (2025).

Why the architecture wins

Incumbents bolted portals and telehealth onto a record built for the hospital. **We never assumed the hospital: the infrastructure follows the people delivering care and the bed, not the building.** That is the thing a record-first system cannot retrofit.

Market opportunity



- Buyers: hospitals, home care, HCBS waiver programs, long-term care, health systems.
- Nurses globally: 31M · Smartphone users globally: 5.7B.

Pricing

- **Pro (B2B):** per-provider monthly subscription (US \$400; Ghana / Kenya \$100) + 1% vendor transaction fee.
- **App (B2C):** freemium → localized monthly subscriptions.

The solution

MyNursePal Pro · Enterprise ECD platform

Nine modules that run the whole operation (clinical, billing, HR, scheduling, supply chain, lab, pharmacy, quality, task management) and four role-based apps (nurse, physician, caregiver, patient). One adaptive system that runs any setting: acute, ambulatory, long-term, home, anywhere there's a bed.

MyNursePal App · Consumer companion

Supports nurses and patients directly with workflow, wellbeing, and continuous care beyond the hospital.

Business traction

- MyNursePal App MVP live: **394 downloads, 141 active users, 10+ countries.** 54-language support for a multicultural workforce.
- Pro system ~40% complete; consumer app v2 ~75% complete.
- Published, peer-reviewed systematic review underpinning the thesis.
- Delaware C-Corp · USPTO patent pending · \$230K raised (family & friends).
- 4 healthcare organizations on the pilot waitlist.
- App v2 relaunch targeted **June 2026.**

The Ask · Raising \$1.2M

To complete the Pro platform, convert the pilot waitlist into paying deployments, and reach first enterprise revenue. Detailed financial model and bottom-up revenue available in the pitch

A Nurse-Led Foundation for the Future of Healthcare

Care happens everywhere now, in homes, in communities, and across digital connections, but the technology that runs it was built for the hospital and never left. Nurses hold disconnected systems together by hand, patients go home into complex situations without coordinated support, and families are left managing hospital-level care alone. The cost shows up not just in dollars but in exhausted nurses, broken care transitions, and patients who feel unseen the moment they leave the building. MyNursePal exists to change that. We are building the first **Electronic Care Delivery (ECD)** platform, a care-centered foundation that supports the people delivering care, coordinates across every setting, and generates the record as a byproduct of care rather than the destination of it.

"Nurses already run healthcare. When the system is built around how they actually work, care becomes safer, faster, and follows people wherever they live."

The shift: from EHR to ECD

EHR · RECORD-CENTERED

"What happened?"

The records sit at the center. People adapt to the technology.

ECD · CARE-CENTERED

"What needs to happen next?"

The people delivering care sit at the center. Technology adapts to them, and the record writes itself.

Legacy EHRs digitized the record but never solved care delivery, and care has moved far beyond the walls the record was built for. **Healthcare doesn't need a better EHR. It needs a new foundation.**

The critical problem

Documentation burden is the turnover driver a better system can actually fix.

\$5.2M

lost to RN turn over per hospital, per year

17.6%

annual hospital RN turnover, and rising

23%

of a 12-hr shift spent in the EHR, not at the bedside

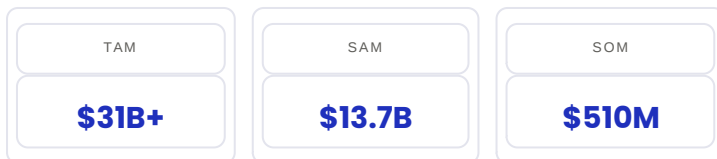
- Care-transition failures and fragmentation drive avoidable readmissions and errors.
- 40% of nurses intend to leave the profession by 2029, with documentation burden a primary driver.

Sources: NSI National Health Care Retention Report (2026); Aiken et al. (2023) / Levy et al. (2024); KLAS Arch Collaborative (2025).

Why the architecture wins

Incumbents bolted portals and telehealth onto a record built for the hospital. **We never Assumed the hospital: the infrastructure follows the people delivering care and the bed, not the building.** That is the thing a record-first system cannot retrofit.

Market opportunity



- Buyers: hospitals, home care, HCBS waiver programs, long-term care, health systems.
- Nurses globally: 31M · Smartphone users globally: 5.7B.

Pricing

- **Pro (B2B):** per-provider monthly subscription (US \$400; Ghana / Kenya \$100) + 1% vendor transaction fee.
- **App (B2C):** freemium → localized monthly subscriptions.

The solution — one platform, two products

MyNursePal Pro · Enterprise ECD platform

Nine modules that run the whole operation (clinical, billing, HR, scheduling, supply chain, lab, pharmacy, quality, task management) and four role-based apps (nurse, physician, caregiver, patient). One adaptive system that runs any setting, acute, ambulatory, long-term, home, anywhere there's a bed.

MyNursePal App · Consumer companion

Supports nurses and patients directly with workflow, wellbeing, and continuous care beyond the hospital.

Business traction — built, not promised

- MyNursePal App MVP live: **394 downloads, 141 active users, 10+ countries.** 54-language support for a multicultural workforce.
- Pro system ~40% complete; consumer app v2 ~75% complete.
- Published, peer-reviewed systematic review underpinning the thesis.
- Delaware C-Corp · USPTO patent pending · \$230K raised (family & friends).
- 4 healthcare organizations on the pilot waitlist.
- App v2 relaunch targeted **June 2026.**

The Ask · Raising \$1.2M

To complete the Pro platform, convert the pilot waitlist into paying deployments, and Reach first enterprise revenue. Detailed financial model and bottom-up revenue are available in the pitch deck.