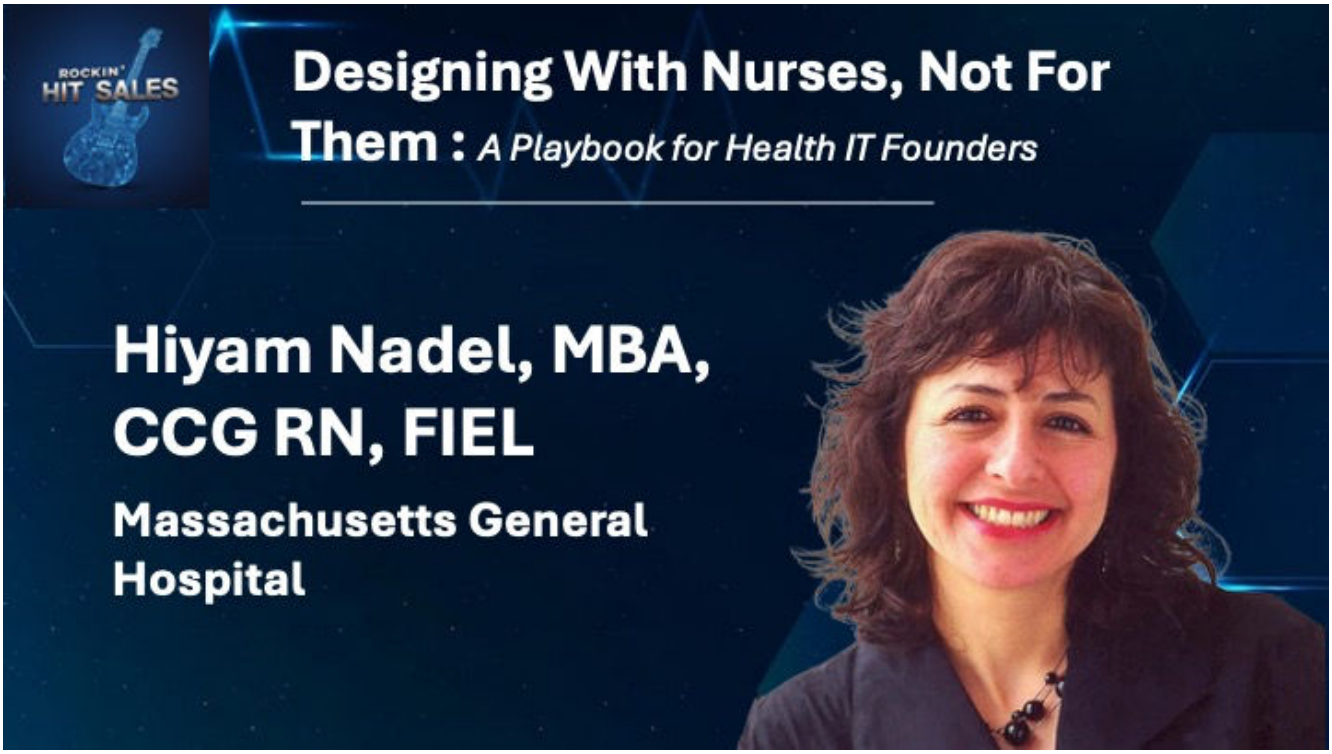

Rockin' HIT Sales

Episode Transcript

Designing With Nurses, Not For Them: A Playbook for Health IT Founders

Guest: Hiyam Nadel, MBA, CCG RN, FIEL, Massachusetts General Hospital

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Transcript edited lightly for clarity and readability. Intro and outro omitted.

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David Hacker (00:00)
Thank you for joining the podcast today. I'm sure our listeners are excited to hear how you partner with frontline nurses to co-design technology that actually works in the real world.

Hiyam Nadel (00:14)
Thank you, David, for having me. I'm always pleased to talk about frontline innovation. When the center was set up, we thought about this Japanese term called Kaizen. What that really means is that it is everyone's responsibility to continue to improve and continue to innovate. In particular, the frontline is acutely aware of problems, but there is not always a formal pathway to hear from them or develop their ideas. That is really the mission of the center.

Hiyam Nadel (00:14)
The way we do things is we actively elicit ideas. For example, we have a platform that asks everyone, "What are your pain points on the frontline, and what do you think is an idea for a solution?" That platform also allows us to give those ideas back to the same 10,000 people we have here and have them crowd-vote on which problems or ideas interest them or resonate most.

Hiyam Nadel (00:14)
The top 40 ideas that rise to the top from that crowd voting tell me those are the problems a majority of the staff are feeling. We then ask those 40 to submit a full application, a budget, and other details. I usually hold a lot of office hours during those times, so if people need help putting their ideas together in a way that we can read or hear, we are happy to do that.

Hiyam Nadel (00:14)
Then we create a committee made up of some external partners as well as leadership within the institution to tell us what they think is feasible. Depending on the amount of funding I have, ideas then come to the center for further development. In the last round, we had four ideas come to the center.

David Hacker (02:23)
Can you give us an example of a product that went through all of that and is actively being used today?

Hiyam Nadel (02:37)
Yes. The center is still quite young, and innovation, as you know, takes a few years. But we do have one product that is very simple and was used by the biothreat team. Whenever there is a biothreat, they are practicing all the time. They realized that with a pediatric population, they are dressed in their PAPRs and suddenly drawing blood from a pediatric biothreat patient and transferring that blood into a microtainer, which is very small. The risk of a needlestick or exposure to blood was really high.

Hiyam Nadel (02:37)
The adult biothreat team said, “This is crazy. What are we doing here?” So we developed a very simple shield that protects the user. They can insert the needle and transfer the blood. That is currently being licensed. It is not out in the market yet, but it is in licensing agreement discussions.

Hiyam Nadel (02:37)
We are still in the upskilling phase. As staff get upskilled, their ideas become much more elaborate. The latest is what we call Pump IQ, and that is for critical drug delivery. Patients who need these medications to stay alive need them given at a certain rate in a certain pump. From the physician ordering all the way to the nurse actually giving it, it can be very confusing. What is the flow rate? What pump are they using at the bedside? How should it be mixed? What should the flow rate be? It is a very coordinated but difficult process.

Hiyam Nadel (02:37)
Even the FDA agreed and put out a statement that pump companies should be focused on this. So we developed the algorithms behind the scenes so someone can look up the drug, the patient’s weight, and the pump being used, and it tells them exactly what the flow rate is. That has just been put out through Mass General Hospital, so it is on every phone for our staff.

Hiyam Nadel (02:37)
We are in discussions next month to put it out across all of Mass General Brigham. We are also in discussions with the FDA and the National Safety Council for Critical Drug Delivery, and they are very excited about it. We want to give that out as open innovation, not commercialize it, because it is a really important thing to do. Those are two examples, and there are multiple ideas in incubation at all levels.

David Hacker (05:17)
When you look at Health IT companies today and how they approach hospitals, what do you think some of them may still misunderstand about nursing work and the realities of care delivery?

Hiyam Nadel (05:33)
That is a brilliant question. From our end, what we are trying to do is ask, do we have a problem? And if we cannot solve it internally, we begin to look outside. Who will work with us? A company may have a great idea, but great ideas can fall at the implementation stage. They do not understand the workflow. As I described with critical drug delivery, if they do not understand the workflow, it will not go anywhere.

Hiyam Nadel (05:33)
We are really trying, externally facing, to encourage companies and outside industry to come to us and work together. A company may come and say, “We think this is a problem we would like to solve.” I can put that out and people may say, “No, we are done with that. We do not need it.” Instead of the company spending all this money and time developing something that is not really a problem, we can give them feedback. On the reverse side, if it is identified as a really big need for us, then throughout their stages of development, we are happy to help them and give them feedback.

David Hacker (06:46)

You work with clinicians, and they see problems and opportunities on every shift. They want to turn those insights into solutions. If you are working with a third party, what does a good early conversation between a nurse or nurse innovator and an outside vendor look like? Conversely, what does a bad conversation look like?

Hiyam Nadel (07:12)
A good conversation is an exchange of ideas and really getting aligned on what the problem is and what they are trying to do. If we can help solve for it or give them feedback, we realize that we have a lot of intellectual knowledge. So let's work together.

Hiyam Nadel (07:12)
We also have a very robust innovation center, so we get involved. We involve our attorneys because we cannot be discussing a lot of things externally without making sure everyone stays safe. If we can get beyond that, then we can have really good idea sharing and work together.

David Hacker (08:00)
You often speak about intrapreneurship — innovating from inside the health system. How can external companies respect that intrapreneurship but still move quickly on pilots, co-developments, and those types of things?

Hiyam Nadel (08:21)
We encourage that, and we are collaborating right now with a few companies and academic institutions to co-develop. For me, co-development is the most powerful. How do we get involved in that co-development? Then we are both free to exchange ideas and continue to develop.

Hiyam Nadel (08:21)
We have all the subject matter experts here. We also have patients that we can tap into, which we should talk about at some point. Companies need to look for subject matter experts, or they need to tap into a system. It is really a nice collaboration when you can do both and move into a co-development situation.

David Hacker (09:11)
When you look at a proposal or something coming from a digital health company, are there two or three things in their story or material that tell you, "This company gets it and they have done their homework"?

Hiyam Nadel (09:25)
First of all, we do not like the marketing. Especially when we are doing demos, we just do not like it. Get to the problem you are trying to solve and what you have done to validate that problem. In particular, I look for a thoughtful process and whether they involved enough frontline people to validate the workflow, the solution, and whether it will work.

Hiyam Nadel (09:25)
I also look at whether they are open to continued iterations and feedback so they keep working on it. The other thing I always look for in digital solutions is what we call a dead-end product. What I mean by that is, are they only trying to solve one problem? What I am looking for is whether this technology can become a suite of solutions for multiple problems. I do not want problem A to have solution A, and then for another problem I need another IT solution. It is really about whether they are thinking about how they can continue to expand the patient population or the problems they can address.

David Hacker (10:38)
You spoke at HIMSS about AI-driven nursing innovation and human-centered AI. When you look at the large wave of AI tools flooding the healthcare ecosystem, where are you genuinely optimistic, and where do you see yellow or red flags?

Hiyam Nadel (11:05)
We are doing a session at HIMSS where we are forcing the attendees to think through this. The innovation methodology we use in everything we do during the incubation period here at Mass General is human-centered design and design thinking because it forces you to think differently and try to understand the problem.

Hiyam Nadel (11:05)
What we are doing in this workshop is asking, what can AI solve that we want it to solve, and what actually needs to stay human? If we can combine those two factors, it is a win-win. There is a lot of excitement about AI. Here at Mass General, we are still upskilling and training all our staff on AI so they get a good sense of it. That way, they can be at the table and

say, “This is what AI can do for us, and here is what absolutely needs to stay human.” Those are the things we are really striving for.

David Hacker (12:06)
You are involved with initiatives like NurseHack for Health that bring together nurses, executives, and all the different players involved. From your experience, what do the best vendor participants do differently in those settings? And is there a pathway for smaller, early-stage companies that may not have the resources of a J&J or Microsoft to participate and contribute?

Hiyam Nadel (12:41)
The reason we do NurseHack for Health is to get nurses to think of themselves as innovators. Until a few years ago, nurses had not really been involved in innovation, or people were not looking toward nursing as innovators. That is really the motivation behind NurseHack for Health. We take them through design thinking, acceleration, and other steps.

Hiyam Nadel (12:41)
When vendors get involved, we really encourage them to sit at the table with a team of nurses and understand the problem. That is where I think the magic happens. They can learn from the problems these nurses are coming up with, or at least trying to solve, so they can help with that.

Hiyam Nadel (12:41)
When a startup does not have the bandwidth or resources, I should point out that J&J and Microsoft do not take ownership; this is all open innovation through NurseHack for Health. I have a bias toward helping smaller companies because they tend to listen and collaborate. That is how they should go into every institution: with that mindset and with piloting. We look for free pilots here because we are resource constrained as well, but that will give them a tremendous amount of information. That is my suggestion.

David Hacker (14:16)
If a CEO or founder is listening to this and wants to engage with an innovation center or nursing innovation program at a health system, what would be the correct first step? Conversely, what should they absolutely not do?

Hiyam Nadel (14:35)
We listen to a lot of demos, so reach out. That is your first step. Tell us what problem you are trying to solve and how you want to interact with us. What they absolutely should not do is come in with the marketing. Just state the problem and be true to yourself. Do not sit and give us all this marketing stuff. No one enjoys it.

David Hacker (15:07)
When you look at new technology, it is not uncommon that there might be friction between an organization wanting to move fast while also respecting governance, ethics, and change management. What advice do you have on pacing? Companies do not want to stall out in the early stages of a product, but they also do not want to run over the people who have to live with the solution they are building.

Hiyam Nadel (15:45)
You have to give yourself a runway of several months when you interact with an organization. You are right: they have to go through all the IT work in particular, and it takes months. If you can do it without integrating in the beginning, that will move it forward faster. Then make sure you have your ducks in a row for interoperability later.

Hiyam Nadel (15:45)
If we find that a pilot is magnificent and the solution is fantastic, we will push internally as well to get IT to approve it and move forward. But you have to give yourself several months, even for the discussions and going through legal. We are a nonprofit, so we cannot engage in certain ways. If they want to pilot with us, what we give them in return is feedback, and it has to be a fair and equitable exchange of information.

David Hacker (16:51)
When you do a pilot and the pilot goes well, are there any signals you look for that the solution is ready to move from successful pilot to something that will scale more broadly into the larger organization?

Hiyam Nadel (17:07)

Yes. If the staff is so enthusiastic about using it, and when I walk around the units they say, “My goodness, this has saved me so much time and I love this,” that is a good signal.

Hiyam Nadel (17:07)
There have been other examples where I thought it was a fantastic technology, but then the realities and medical complexities of putting it into a hospital system completely derailed the project. That is why we have to go through a stepwise process. I may think it is great, but once it is implemented, it may not work. Those are the kinds of things we have to think about — including not adding too many more alarms when staff are already alarm fatigued, and how to notify staff without adding to all of that.

David Hacker (18:00)
If you could give one piece of advice to a very early-stage Health IT founder building a product that will be used by nurses, what would that one piece of advice be?

Hiyam Nadel (18:13)
Get nurses involved. Get nurses involved early. Sometimes I walk around conferences and see some really cool things happening. I love technology, but every time I stand by and listen, I think, “That is not going to work because of this, and that is not going to work because of that.” Involve the right people very early on.

David Hacker (18:17)
Now we hit what I call our lightning wrap. The first question piggybacks on what you just discussed. What is one question every founder should ask a nurse leader, or just a nurse, before finalizing their product roadmap?

Hiyam Nadel (19:05)
Is this assuming they have already received a lot of feedback from the frontlines, or is this before?

David Hacker (19:16)
Let’s say it is mid-road. They have a proof of concept, but they are still building out the roadmap. Before the founders finalize that roadmap, what is the one question they should ask a nurse?

Hiyam Nadel (19:18)
Does this fit into your workflow? Or, how do you see it fitting into the day-to-day workflow?

David Hacker (19:49)
The last question I have is a complete-the-sentence question for Health IT companies: If you want nurses to love your product, start by…

Hiyam Nadel (20:04)
Involving them.

David Hacker (20:08)
I was expecting that.

Hiyam Nadel (20:10)
I can’t say it enough. We just did an MIT hackathon, and the teams were saying, “Wow, our solution is so much better because we actually had a nurse on our team.” I just cannot say it enough: involve a nurse.

David Hacker (20:30)
Thank you so much. Your real-world guidance on co-design, adoption, and partnering the right way will give our listeners a clear blueprint for building products nurses will embrace, that health systems can and will scale, and that serve patient needs.

Hiyam Nadel (20:52)
Thank you so much for having me.