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Med One

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Med One To One is a Med One Group publication consisting of editorials, a message from our owners, testimonials, information regarding our solutions, employee spotlights, and more. Quarterly issues include the most recent and exciting news from Med One. If you are reading this edition of Med One To One, you are a part of our team. Med One owes all our success to our valued customers and supporters.

2019 IS HERE!

THANK YOU FOR YOUR SUPPORT OF MED ONE IN ALL THAT WE DO. WE ARE GRATEFUL TO ASSOCIATE WITH SO MANY AMAZING HOSPITALS AND EQUIPMENT VENDORS. WE ARE VERY EXCITED FOR A NEW YEAR WHEN WE GET TO START FRESH AND ACHIEVE NEW HEIGHTS! WE HOPE THAT WE CAN ALSO BE A PART OF YOUR SUCCESS THIS YEAR! SO LET'S BLAST OFF TOGETHER!

Blast Off IN 2019

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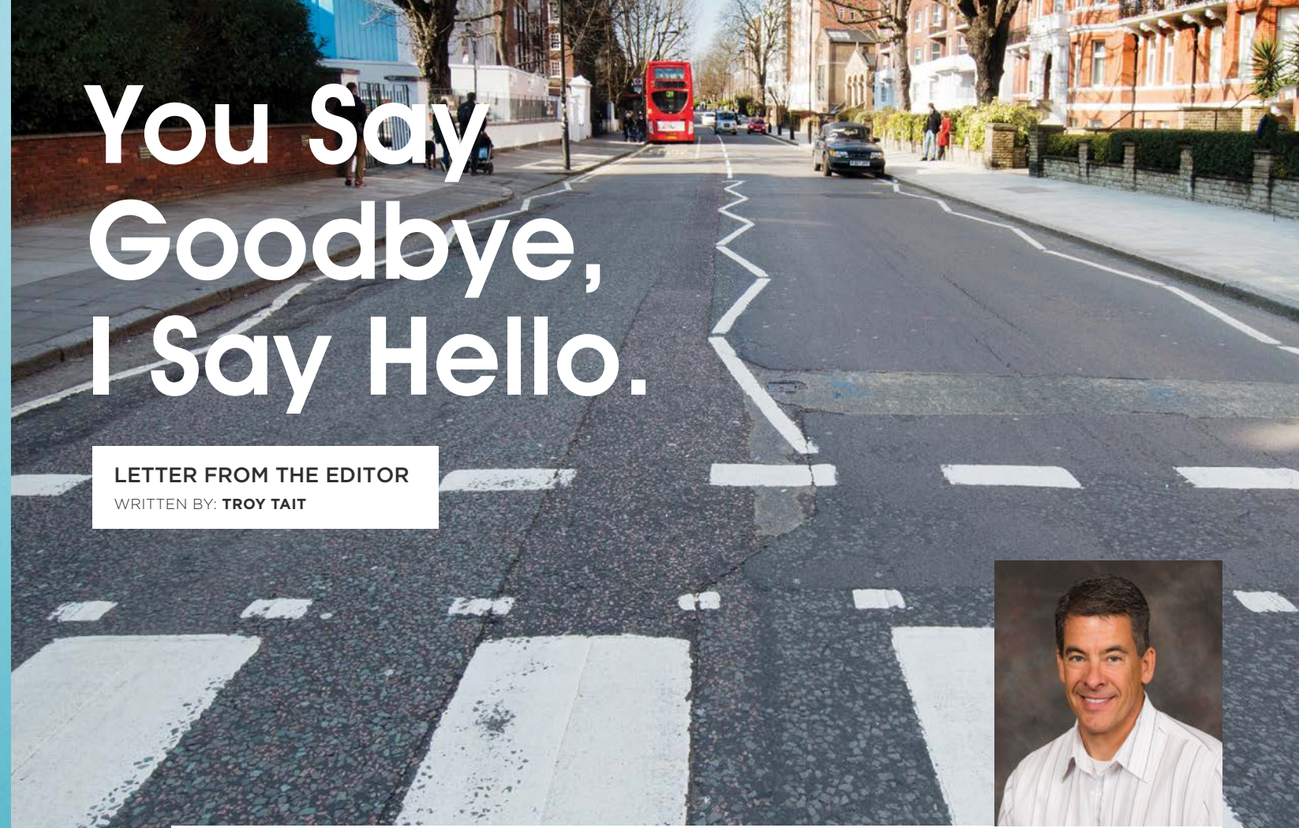

You Say Goodbye, I Say Hello.

LETTER FROM THE EDITOR
WRITTEN BY: **TROY TAIT**

We have started a new year and I have found myself humming a famous Beatles song. "You say goodbye, I say hello." It's a great time to say "hello" to a new set of goals.

I remember when I was much younger, people would say how fast time goes by when you are older. Well now, I am definitely old, and time is going by pretty fast, so those people who said that were correct.

What is amazing to me is the amount of change that happens during the course of year. When you look at things on a daily basis, it seems like things are moving along just as they normally do. But when you look back over the course of three or four days, weeks or months, you start to realize all that is really going on. Change is inevitable and the one consistent thing in life (well along with death and taxes). Sometimes change is unexpected for better or worse. Other times is comes after careful planning and execution of a plan. Regardless of the reason, change happens.

So now we head to a new year and many of us will sit down and come up with a list of things we want to change in the upcoming year. These New Year resolutions will come in many different ways, shapes, and forms. I'm sure many lists will include eating better, exercising more, saving money, getting organized, and even learning a new skill. I know each of these have shown up on my own personal list several times. Maybe this will be the year I get to check a couple off the list.

My wife and I share a favorite quote. I don't know who the author is, but we really like what it says and frequently share it with friends and family. It says, "some people dream of change, other's make it happen." 2019 is here and with it comes a fresh new start. Whatever you decide your "change" or "changes" will be, don't be one who simply dreams about it, be the one who makes it happen. Say goodbye to the old you, and say hello to the person you want to be.

Thanks 2018 – you were a great year that provided a lot of opportunity for change, many learning experiences, a lot of fun success, and some unexpected challenges. From all of this we are better prepared for the new year and look forward to more opportunities to change for the better in 2019.

HOW BIG IS YOUR FRYING PAN?

LETTER FROM THE OWNERS

WRITTEN BY: **BRENT ALLEN**

Recently, we held our annual Med One National Sales Meeting. It was more like a family reunion where we gathered together and reminisced on the successes of the past year. We felt a spark of excitement as we planned our strategies for the upcoming year. We had a wonderful time together as we discussed future opportunities. We were all re-energized and motivated to return to our areas and go out and "make it happen." I had the privilege of sharing a few thoughts and observations with our sales team. I would like to include a few of them in this article.

I once read a story about a young college student who was a little tight on funds. He went to an upscale neighborhood and began knocking on doors. He was looking for odd jobs where he could earn some extra money for school expenses. One of the home owners asked, “Would you be interested in painting my porch in back?” “I would love to do that,” replied the young student. They agreed upon a price and the home owner told him that he could find the paint in the garage. He assured the young man that there was plenty of paint to cover the entire porch. A few hours later, the young man knocked at the front door and said he had completed the job. He told the homeowner that there was plenty of paint…in fact, there was enough for a second coat. The homeowner was pleased and paid him for his work. As the young man was leaving, he turned to the homeowner and said, “Oh, by the way sir… that’s a Ferrari, not a Porsche.”

Do we have a clear and precise game plan? Are we on the right track? Do we know where we want to go, and what we need to do to get there? Hopefully we are not out painting Porsches when we should be painting porches. I recall the story where two contractors walked into a Home Depot store. They were greeted by a sales associate who asked, “May I help you find something?” “Yes,” replied one of the contractors. “We need to buy some 4 X 2’s.” With a perplexed look on his face, the associate asked, “Do you mean 2 X 4’s?” The two contractors looked at one another with a blank stare. One of them said, “We aren’t positive about that, so we’d better run outside and ask our boss who is waiting in the truck.” They returned a couple of minutes later and said, “Yes. We need 2 X 4’s.” The sales consultant then asked, “how long do you want them?” Again, the two contractors stared at one another. “We aren’t sure! We’ll need to go out and ask our boss.” They returned moments later and said, “We want them for a long time – we are going to build a house.”

Like the contractors, some people roam around without a set plan and very few answers. In terms of their future, they tend to be clueless. They seem to have no objectives. It’s not that they are lazy…they simply have uninspiring goals. We all need exciting goals to keep us focused and aimed where we want to go. Too often, we celebrate a finished product and not all the small successes we experience along the way. The small successes keep us motivated and moving forward. Goals clearly turn the invisible into the visible.

During our National Sales Meeting, I asked everyone a simple question – “How big is your frying pan?” The reactions to my question were mixed. I got plenty of blank stares. I saw a few heads nodding back and forth, and I also saw a few raised eyebrows. I then tried to clarify my question by relating the following story:

There was a woman who fished all morning and didn’t catch a thing. Her frustrations intensified as she watched a man in the boat next to her catch a fish on nearly every cast. To make matters worse, he would throw back the BIG ones, and keep the SMALL ones. Finally, she couldn’t stand it any longer. She called over to him and asked, “Why are you throwing the big ones back?” He simply responded by holding up a small frying pan.

Though it may seem silly, each of us is carrying around a frying pan. It may not be visible to others… but it is there. And, the size of our frying pan largely determines the size of our future. When an idea, a thought, or a dream comes our way, we simply hold it up to our frying pan. If the frying pan is too “small”, we immediately discard the thought or idea and move on. Perhaps the solution is to instead throw away our “small” frying pan and replace it with a “large” one. Then we will be prepared to chase our passions. Are we **THINKING** big enough? Are we **DREAMING** big enough? Do we have realistic **GOALS**? Do we have intense **DETERMINATION**? What if we throw the little fish back and keep the big ones? What a refreshing thought!

Are we **THINKING** big enough? Donald Trump once said, “As long as you’re going to be thinking anyway… **THINK BIG**! Someone else said, “You have to think big… to be big.”

An editor once told Louisa May Alcott, best known as the author of *Little Women*, that she was incapable of writing anything that would have popular appeal. Hmmm… I wonder if she was carrying around a “small” frying pan? If so, chances are she replaced it with a “large” one. She began thinking big… and the rest is history.

Are we **DREAMING** big enough? The biggest adventure you can take is to live the life of your dreams. I like what Christopher Reeve said about dreams. “So many of our dreams at first seem impossible, then they seem improbable, and then, when we summon the will, they soon become inevitable.”

Michael Jordan was cut from his High School basketball team. His coach told him that he didn’t have what it takes to be a basketball player. Hmmm… I wonder about Michael’s frying pan. Was it too “small?” I’ll bet he threw his small frying pan away and replaced it with a “large” frying pan. And then, he began to dream big… and the rest is history.

Do we have realistic **GOALS**? Yogi Berra once said, “If you don’t know where you are going, you might wind up someplace else.” Have you ever been “someplace else?” I have, and it is no fun.

Walt Disney was fired by his news editor and told that he had no good ideas. Hmmm… I wonder if Walt Disney was carrying around a “small” frying pan. I think it is safe to say that if he was, he replaced it with a “large” one and the rest is history.

Are we motivated with unquenchable **DETERMINATION**?

We can learn a powerful lesson from a young man named Glenn Cunningham. He was severely burned in a fire and was told that he probably wouldn’t live… but he survived. He was told that he would never walk again… but he did. And not only did he walk… he ran. In 1934, he ran the mile in four minutes and eight seconds… the world’s fastest indoor mile. He competed in the 1932 and 1936 Olympics. By the time he retired from competition, Glenn amassed a mountain of records and awards. Hmmm… What size frying pan was Glenn toting around? I think we know the answer to that question.

Big Thinking! Big Dreaming! Big Goals! Intense Determination! These are key ingredients for success. We must embrace them if we want to achieve greatness. Several years ago, I read a book entitled “Good to Great” by Jim Collins. In his book he defined good as the enemy of great. I love his perspective. He said, “Good is the enemy of great. And that is one of the key reasons why we have so little that becomes great. We don’t have great schools, principally because we have good schools. We don’t have great government, principally because we have good government. Few people attain great lives, in large part because it is just so easy to settle for a good life.”

There are plenty of companies out there who are content to be good. Med One is not one of them.

Do we have a clear and precise game plan? Are we on the right track? Do we know where we want to go, and what we need to do to get there?

We want more. We have prided ourselves in being very unique. At Med One, we offer more flexibility in equipment acquisition solutions than any of our competitors. This creativity includes innovative subscription programs, Equity Rental offerings, and just about any other feasible solution that is needed to help our hospital customers acquire equipment. We continue to embrace our main philosophy – “At Med One, We Make Medical Equipment Available.” We accomplish this objective by doing whatever it takes. Our rental equipment is second to none. We go to great lengths to make certain it is clean, like new in appearance and functions properly. Our service is also second to none. We sincerely believe that our customers come first, and we will go above and beyond to prove our commitment to them.

Med One is striving toward greatness with a clear purpose and determination. Long ago, we threw away our “small” frying pan and replaced it with a “large” one. We are aggressively pursuing our passions and our potential. We thank both our employees and our customers for giving us the opportunity to serve the communities of this great country. We are confident that our future will be an incredible ride.

Hospital Outlook 2019

WRITTEN BY: **BRYCE RAY**

"In 2019 and beyond, hospitals will need to continue to find ways to become more efficient, conserve cash, and diversify revenue streams to handle the headwinds."

The 2019 Hospital Outlook remains positive due to the healthcare industry's non-cyclical nature and revenue drivers such as: an aging population (in addition to people living longer), better quality healthcare provided, low unemployment, a good economy, higher disposable income, rising prevalence of chronic disease, and increases in an insured population. Within the hospital industry, revenues are expected to continue to increase from 2018's $1.1 trillion-dollar figure, to the forecasted 2023 revenue figure of $1.3 trillion. The projected annual industry revenue growth rate of approximately 3.3% is positive, however these increases are somewhat counterbalanced by the rise in high deductible health insurance plans, more outpatient treatment, and the shift towards more effective/efficient treatments.

Based on figures published in 2018 there are 5,534 hospitals (all types) which are broken up into 2,849 non-government non-profits, 1,035 for-profit, 956 state and local government, 209 federal government and 485 other hospital types. When comparing the numbers of hospitals to prior years, there is actually a reduction of the overall number of hospitals as the industry consolidates to reduce costs and improve negotiating power with suppliers and payers. Interestingly enough, even with all of the consolidation there is still no major player in the hospital industry with no system concentration greater than 5%.

As I have monitored hospital trends in 2018, I observed continued profitability compression due to increasing expenses and tightening reimbursements. Many hospitals are experiencing increased expenses to salary and wage costs in order to find and retain talented and qualified healthcare professionals. Hospitals continue to be impacted by their respective payor mixes as commercial insurance provides for a better bottom line. Additionally, many for-profit hospitals have the added burden of taxes and a leveraged balance sheets which can be impactful. It appears as though health systems are making material investments in health technologies and are working to leverage the power of big data. This is to increasingly become more efficient and effective in patient care and hospital operations.

Since 2015 the Federal Reserve has increased the Federal Funds Rate 9 times and is expected to continue increasing rates in 2019 & 2020. All of these rate increases have sparked many hospitals to take advantage of these historically low rates by financing new capital equipment with equipment leases and other fixed rate financing options. For 2019, equipment leasing continues to be very attractive to most healthcare providers.

In general, in 2019 and beyond, hospitals will need to continue to find ways to become more efficient, conserve cash, and diversify revenue streams to handle the headwinds. The industry will need to address several issues including healthcare reform, reimbursement trends, threats from hackers and continued personnel shortages. I do not see much change occurring over the next 12 months, with that said, I believe 2019 will be a good year for healthcare as it will look much like 2018. No matter the hospital outlook for 2019 Med One will continue to be committed to making medical equipment available in a creative, simple and responsive way.

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MODERN HEALTHCARE
A GREAT TIME TO BE ALIVE

WRITTEN BY: **ROBB STEVENS**

With each winter comes a strain of the flu. In recent years this common illness resulted in anywhere from 12,000 – 56,000 deaths in the United States. In the 2017/2018 flu season, this escaladed to an estimated 80,000 flu related deaths in the U.S. That is a pretty severe season in these modern times. Consider though, that just 100 years ago (1918) a flu pandemic killed 500,000 in this country alone and 50 million worldwide! That is more lives lost from the flu than all of the total military deaths of World War I and World War II combined! In 1918 very little was known about what caused influenza, how it was spread, how to treat it, or how to prevent it. There were no vaccines yet, no antiviral drugs, and no antibiotics to treat secondary infections like pneumonia, so containment was extremely difficult. The 1918 flu caused severe buildup of fluid in the lungs which, very literally, caused patients to drown in their own fluids – a problem readily resolved today with a medical ventilator. At that time though, the first mechanical ventilator known as the "Iron Lung" was ten years away from invention and was mainly utilized in the treatment of Polio. Mainstream use of mechanical ventilation didn't come until the 1950's when Forest Bird put into production the very first respirator. From then on, ventilators have been a huge part of treating not just respiratory illnesses, but are a fundamental aspect of life support. With ventilation and many other treatment options available, we are much better equipped to handle things than we were 100 years ago.

I recently read a speech given by author John Steele Gordon, in which he summarized the history of American medical insurance. In my opinion, the most compelling part of his remarks was the historical backdrop he shared about the rising prominence of hospitals from the late 1800's through current times. It's interesting to realize just how relatively new our current healthcare system really is! In his description, Gordon also touches a great deal on the rapid advancements that have been made even during my lifetime (40+ years) not just in treating diseases, but curing many of them as well. I've chosen to share a large portion of Gordon's remarks rather than simply summarizing them in my own words.

I hope you will gain a greater perspective on the availability and access we have to excellent medical care. In that regard, it is such a great time to be alive! Many of the treatments and cures available today were not available, or even discovered as recently as the 1970's! Consider the many sports related injuries that occur that were once considered career ending. Today many of those same injuries are highly treatable, making full rehabilitation possible and a return to the field of play the norm rather than an exception.

I think we largely take for granted the amount of work, research, discovery, and advancement that continues to drive the quality of healthcare in the United States and other developed countries. Never in history has there been such a wide array of knowledge and care available to those that need it. While cures for many diseases still elude us, the advancements made in treatment and care are better than they've ever been. Furthermore, advancements continue. Medical research is ongoing and continually evolving as the years progress. Ten years from now we'll surely look back and be amazed at the new advancements that will have been made.

Someone once observed that changes observed on a daily basis seem minor and inconsequential, but looking back over the span of many decades, the cumulative changes that occur are truly monumental! Such is the case in healthcare.

As I'm writing this, the holidays have just past. On a personal note, among the many blessings I am especially thankful for during the holidays, and in fact every single day, is my health and that of my family. We have certainly not been immune from diseases, injuries and even life-threatening situations, but what a blessing it is to live in this country – in a time and place where the opportunity for a good healthy life abounds. I am grateful for the many pioneers in medical research over the years that have made it possible for us to have what we have and those that continue to do so.

Med One's mission is to help put medical technology into the hands of caregivers to optimize patient care to the fullest extent possible. It is a great blessing and even a privilege to participate in this process.

The excerpts quoted below came from Imprimis, ***"A Short History of American Medical Insurance" September 2018 • Volume 47, Number 9 • John Steele Gordon*** *(Author, An Empire of Wealth: The Epic History of American Economic Power.) The publication was adapted from a talk given by Gordon delivered on board the Crystal Symphony on July 25, 2018, during a Hillsdale College educational cruise to Hawaii.*

"Perhaps the most astonishing thing about modern medicine is just how very modern it is. ***More than 90 percent of the medicine being practiced today did not exist in 1950****. Two centuries ago medicine was still an art, not a science at all. As recently as the 1920s, long after the birth of modern medicine, there was usually little the medical profession could do, once disease set in, other than alleviate some of the symptoms and let nature take its course. It was the patient's immune system that cured him—or that didn't. It was only around 1930 that the power of the doctor to cure and ameliorate disease began to increase substantially, and that power has continued to grow nearly exponentially ever since. This new power to extend life, interacting with the deepest instinctual impulse of all living things—to stay alive—has had consequences that our society is only beginning to comprehend and address. Since ancient times, for example, doctors have fought death with all the power at their disposal and for as long as life remained. Today, the power to heal has become so mighty that we increasingly have the technical means to extend indefinitely the shadow, while often not the substance, of life. When doctors should cease their efforts and allow death to have its inevitable victory is an issue that will not soon be settled, but it cannot be much longer evaded.*

Then there is the question of how to pay for modern medicine, the costs of which are rising faster than any other major national expenditure. In 1930, Americans spent $2.8 billion on health care—$23 per person and 3.5 percent of the Gross Domestic Product. In 2015 we spent about $3 trillion—$9,536 per person and 15 percent of GDP. Adjusted for inflation, this means that per capita medical costs in the United States have risen by a factor of 30 in 90 years.

Consider the 1980s, when medical expenses in the U.S. increased 117 percent. Forty-three percent of the rise was due to general inflation. Ten percent can be attributed to the American population growing both larger and older (as it still is.) Twenty-three percent went to pay for technology, treatments, and pharmaceuticals that had not been available when the decade began—a measure of how fast medicine has been advancing. But that still leaves 24 percent of the increase unaccounted for, and that 24 percent is due solely to an inflation peculiar to the American medical system itself.

In 1850 the U.S. had 40,755 people calling themselves physicians, more per capita than the country would have in 1970. Few of this legion had formal medical education, and many were unabashed charlatans. This is not to say that medical progress was standing still. The stethoscope was invented in 1816. The world's first dental school opened in Baltimore in 1839. The discovery of anesthesia in the 1840s was immensely important—although while it made extended operations possible, overwhelming postoperative infections killed many patients, so most surgery remained a last-ditch effort. Another major advance was the spread of clean water supplies in urban areas, greatly reducing epidemics of waterborne diseases, such as typhoid and cholera, which had ravaged cities for centuries.

Then finally, beginning in the 1850s and 1860s, it was discovered that many diseases were caused by specific microorganisms, as was the infection of wounds, surgical and other. The germ theory of disease, the most powerful idea in the history of medicine, was born, and medicine as a science was born with it. Still, while there was a solid scientific theory underpinning medicine, most of its advances in the late nineteenth and early twentieth centuries were preventive rather than curative. Louis Pasteur and others, using their new knowledge of microorganisms, could begin developing vaccines. Rabies fell in 1885, and several diseases that were once the scourge of childhood, such as whooping cough and diphtheria, followed around the turn of the century. Vitamin deficiency diseases, such as pellagra, began to decline a decade later. When the pasteurization of milk began to be widely mandated around that time, the death rate among young children plunged. In 1891, the death rate for American children in the first year of life was 125.1 per 1,000. By 1925 it had been reduced to 15.8 per 1,000, and the life expectancy of Americans as a whole began a dramatic rise.

One of the most fundamental changes caused by the germ theory of disease, one not foreseen at all, was the spread of hospitals for treating the sick. Hospitals have an ancient history, but for most of that history they were intended for the very poor, especially those who were mentally ill or blind or who suffered from contagious diseases such as leprosy. Anyone who could afford better was treated at home or in nursing facilities operated by a private physician. Worse, until rigorous antiseptic and later aseptic procedures were adopted, hospitals were a prime factor in spreading, not curing, disease. Thus, until the late nineteenth century, hospitals were little more than a place for the poor and the desperate to die. In 1873, there were only 149 hospitals in the entire U.S. A century later there were over 7,000, and they had become the cutting edge of both clinical medicine and medical research.

Given this short history, it followed as the night follows day that medical costs began to rise over and above inflation, population growth, and the cost of medical advances. The results for the country as a whole are plain to see. In 1930 we spent 3.5 percent of American GDP on health care; in 1950, 4.5 percent; in 1970, 7.3 percent; in 1990, 12.2 percent. Today we spend 15 percent. American medical care over this period has saved the lives of millions who could not have been saved before—life expectancy today is 78.6 years. It has relieved the pain and suffering of tens of millions more. But it has also become a monster that is devouring the American economy."

EMPLOYEE SPOTLIGHTS

Brian Nappi Equipment Finance Sales Executive

I was born and raised in NE, Pennsylvania. I had an amazing childhood there exploring the many forests, rivers, and mountains with wonderful, lifelong friends. I graduated from Penn State and Texas A&M with degrees in engineering. I eventually settled in Southern California and have called it my home for over 20 years. I'm eternally grateful for having a wonderfully supportive family.

I've enjoyed travel, adventure, various sports and activities. To name a few: surfing, beach volleyball, mountain biking, skiing, dirt bike riding, running, hiking, etc.

At Med One I work as an Equipment Finance Sales Executive. That being said, I prefer my clients to view me as a financing advisor rather than a sales person. My method is to listen to their needs, constraints and goals, then offer a variety of options, sometimes completely customized to their particular requirements. Once all the possibilities are presented, I rely on and support the wisdom of my clients to choose the path that's best for them. I am truly proud to be a part of the Med One team. A company that sincerely makes every effort to support medical care providers by making life saving equipment easily accessible through creative financing options and readily available rentals.

Ibby Smith Stofer Market Research Director

I was born and raised in upstate New York in the small village of Elbridge. I am the youngest daughter in my family and have two older sisters and one younger brother. I studied at The State University of New York at Albany, graduating with a bachelor's degree in business administration. My hobbies include growing beautiful plumeria flowers, and spending time with friends and family. My wonderful husband and I recently moved to a new home in the California desert. We spend a lot of time together renovating. We also enjoy playing with our dogs and birds and relaxing by the pool while watching the beautiful desert sunsets.

At Med One I write for the blog and the Med One To One publication. I also work with the various divisions to research and find opportunities to help us meet and exceed our company expectations.

I love the variety of opportunities Med One provides, but most of all I love working for a company that supports the employees and is always looking for new ways to help our customers.

Ronnie Ebojo Biomed Repair Technician

I was born and raised in the great San Francisco Bay Area, where I still reside today and am raising my own family. I have one older brother and a younger sister. We were raised with a Catholic upbringing, very strict and very close. I have great friends who became family. I have known most of my friends my entire life. We may not always see each other, because life happens, and people get busy but when we do, we don't miss a beat.

I met my wife Danielle back in 2007 through mutual friends who were dating at the time. We dated for a few years before we were married in 2014. We reside in San Ramon, CA. We have two beautiful daughters, Marsela who currently attends college and is majoring in child psychology and Destiny who also attends college and is pursuing a teaching degree for elementary school. Then we have our son Greyson who always keeps us on our toes, he loves to draw, dance and play video games. When he grows up, he wants to be a basketball player and Lego builder engineer, little does he know he's going to be an astronaut! I have many interests but one of my passions is hopping on my Harley to unwind after a long week. I like mixed martial arts (MMA), it teaches you patience and discipline. I love the San Francisco Giants, Golden State Warriors and I'm a die-hard San Francisco 49er fan! We enjoy going to the movies, the park, camping trips to the mountains and really anything where we can spend quality time together as a family.

I have been in the electronic engineering industry for over 20 years. I became a part of the Med One family in 2016 as a Biomedical Technician. I am thankful for the opportunity to show my skills and knowledge with my career here at Med One. I have met some amazing people and have learned so much. Although I have only been with Med One for short time it feels much longer because the people I work with have become like family.

THE BOARD

PICTURED: (TOP ROW) **LANE SUMMERHAYS, BRENT ALLEN, LARRY STEVENS, KREG KOFORD, BILL BRADY**
(BOTTOM ROW) **RANDY EMERY, RICH MADSEN, MARK OLIGSCHLAEGER, ROBERT GROSS, ANDY D'ASCENZO**

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PICTURED: (TOP ROW) **BRAD JOHNSON, BRENT ALLEN, LARRY STEVENS, BRYCE RAY, GRADY BROWN**
(BOTTOM ROW) **JEFF EASTON, CARTER ALLEN, ROBB STEVENS, MARK STEVENS, TROY TAIT**

EQUIPMENT ACQUISITION

INFUSION, RESPIRATORY, MONITORING, OXIMETRY, IMAGING, THERAPY, BEDS, & MORE

LEASING & FINANCE

Capital Lease

Customer commits to a fixed term of rental payments. At the end of the rental term, customer owns the equipment with a $1.00 buyout. There is no option to return this equipment. Rather, the point of this program is simply to finance the equipment over several months when cash is not available for immediate purchase. Completing a capital lease through Med One is just a matter of signing a simple agreement and issuing a purchase order. Both the signed document and the PO are then sent directly to Med One. This program is also known as a Rent-To-Own or a $1.00 Buyout Lease.

Equity Rental

Simply issue a renewable purchase order (typically 1–12 months) to Med One, and the customer receives brand new equipment direct from the manufacturer. The customer can rent the equipment on a month to month basis or, if capital budget is allocated, purchase the equipment with 50% of the rental paid going toward the purchase price. There is no paperwork to sign, payments are made from the operating budget, and the customer may return the equipment at any time.

Operating Lease

Customer commits to make monthly payments based on an established term. When the term ends, the equipment can either be purchased based on its fair market value, rented for an additional 12 months, or returned to Med One Group with no further obligation. Completing an operating lease through Med One is just a matter of signing a simple agreement and issuing a purchase order. Both the signed document and the PO are then sent directly to Med One.

MAKE IT CUSTOM

Deferred Payments

Deferred payments allow purchase-minded customers to get their equipment now and pay for it later. Many deals are completed on the basis of a 12-month deferral.

Step-Up Payments

A step-up payment scenario provides a customer with a very low initial payment which increases over time to match the increased flow of revenue generated from the new technology.

RENTAL, SALES, & SERVICES

Equipment Rental

Our Equipment Rental division is an authorized rental dealer for Alaris Systems and Sigma Pumps. We carry equipment from leading manufacturers and our refurbished medical devices are patient-ready, include a full warranty, and are factory tested. Equipment Available to Rent: Pumps: (Infusion, Syringe, Feeding, Suction) Patient Monitors, Pulse Oximeters, Beds and Support Surfaces, SCDs, Ventilators, Bi-pap Machines and much more.

EACH SOLUTION OFFERED BY MED ONE CAN BE CUSTOMIZED TO BEST FIT THE NEEDS OF A SPECIFIC CUSTOMER. CONTACT US TODAY TO LEARN HOW WE CAN HELP YOUR FACILITY ACQUIRE THE EQUIPMENT IT NEEDS. OUR SIMPLE DOCUMENTATION, QUICK TURN AROUND TIME, AND CUSTOMER SERVICE HAVE NO COMPARISON WITHIN THE INDUSTRY.

Equipment Sales / Services

Our Equipment Services division includes full time OEM certified technicians who can meet the needs of a single department or the needs of your entire facility. We offer service repair options on a wide variety of equipment, including PM services. Additionally, we have patient ready refurbished equipment available for sale or rental that includes a warranty. Available Equipment: Infusion, Respiratory, Oximetry, Monitoring, Support Surfaces and more.

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RENTAL / LEASING / SALES / SERVICE

Sales

Our Sales Team is comprised of experienced professionals for the specific purpose of Making Medical Equipment Available for hospitals and healthcare facilities across the U.S. We also work with the largest equipment manufacturers in the healthcare industry. Our sales reps are experts in equipment finance, rental and sales.

EQUIPMENT RENTAL

Brad Johnson SVP General Manager / Equipment Rental

Brad Johnson is the Senior Vice President of Equipment Rental and has been working at Med One Group since 1994. He works closely with various companies and hospitals in the effort of achieving the highest utilization of our rental equipment as possible. Brad graduated from the University of Phoenix with a bachelor's degree in business and accounting. He enjoys playing golf, fishing, hunting, and spending time with his family.

Tom Lindsey SVP / Director of Rental Sales

Tom Lindsey has over 35 years of experience in the medical sales and rental industry, allowing him to successfully and professionally represent and value products, services, and manufacturers. He graduated from Brigham Young University with a degree in microbiology, was a former EMT, and is CBEST certified. Tom has been involved with Med One since 2001 and continues to be a valuable part of the team.

Bill Varley Regional Sales Manager / West Coast

Bill Varley has over 30 years of experience in marketing and sales. Prior to working at Med One, he worked at several different medical device companies in management positions specializing in imaging applications, cardiology and infusion. Bill has worked all over the U.S. and internationally to provide better solutions to hospitals and healthcare facilities.

Mike Daniels District Manager /Southern California

Mike Daniels has over 25 years experience in sales and marketing and started in the medical rental arena in 1985. Over his career, Mike has worked with everything from movable medical equipment to specialty support surfaces—both rentals and capital sales. During his off time, he enjoys spending time with his family, church, surfing, and any outdoor activity.

Bryan Dabney Territory Manager / Georgia

Bryan Dabney has over 25 years of experience as a respiratory therapist and comes from Respironics where he worked as a Traveling Clinical Specialist and an Account Manager. Bryan was born in Livermore, California and lived there until advancing his schooling in Rexburg, Idaho at Ricks College. Bryan finished his schooling at Weber State University and graduated with his bachelor's degree in respiratory therapy.

Skip Horton Territory Manager / Carolinas

Skip Horton joined the Med One Rental Division as a Territory Sales Manager in June 2017. He brings over 30 years of experience in the Healthcare industry, with previous experience at Eli Lilly, DuPont, and BD. Skip graduated from East Carolina University with a bachelor's degree in life science. Skip enjoys working with his customers and making sure that they have the equipment they need to care for their patients.

Braden Mackay Territory Manager / Northern California

Braden Mackay joined the Med One team in August of 2018. He has over a decade of experience in Sales and Marketing in a variety of industries, most recently in a blend of Non-Profits, Pharmaceuticals and Tech. Born in Johannesburg South Africa, he moved to California at the age of 11. He completed his education in Sacramento before moving to the Bay Area in 2015. A golfer and motorsports fan, he often spends his weekends on the fairway or at a racetrack.

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Karen Raven Vice President - Eastern Region Sales Manager

Karen Raven is the leader of the Med One International Sales Team and has worked in the healthcare industry for over 30 years. Karen has worked in various roles including Direct Sales, National Accounts, and Regional Director. Karen has a background in infusion, vital signs monitors, and enjoys working in healthcare because the products sold save lives every day.

Brian Smiley Regional Sales Manager

Brian Smiley has been a part of the Med One team since 1999 and serves as a Regional Sales Manager focused on equipment rental. He received his bachelor's degree in finance from the University of Utah and is also certified on the CareFusion and Smiths Medical equipment that Med One works with. He enjoys watching football and spending time with his family, especially coaching his sons at football and soccer.

Scott Wooster District Manager / Northern California

Scott Wooster has over 27 years of experience in medical equipment sales. His specialty is in equipment rentals, asset management, and medical device sales. Scott has also held management positions in several medical companies. Scott enjoys being a customer advocate, helping hospitals find solutions to fulfill their equipment needs, and helping facilities provide the best care possible.

Jay Thorley Account Manager

Jay Thorley joined the Med One Team in 2015. Prior to Med One, Jay worked in the mortgage industry for 12 years. He enjoys working with customers to make sure that they have the equipment they need to care for their patients. Jay enjoys spending his time with his wife, son and two boxers.

Max Iturriaga Client Services Executive / Orlando

Max joined Med One as a Client Services Executive in 2017. He started his career in the healthcare industry in 1995. He has background in many different positions including driver technician, trainer, sales executive, and president of a Freedom Medical distribution center. He enjoys knowing he is able to provide a better solution for his clients. Max enjoys spending time with his family, being involved in his church ministries and coaching/playing soccer.

Mark Rogers Territory Manager / Southern California

Mark Rogers joined Med One in early 2017 as a Territory Sales Manager in Southern California. He has been in the healthcare industry for over 25 years. Mark has experience as a business owner manufacturing support surfaces, as well as an independent representative offering capital equipment to acute care facilities. In his spare time, Mark likes to ski in the winter and enjoys water sports in the summer.

Theresa Warren Territory Manager / Southern California

Theresa Warren earned her bachelor's degree in speech communication from California State University. From there she started her career in medical sales in 1997. She has ten plus years of pharmaceutical sales experience promoting various oncology, dermatology, cardiology, infectious disease, internal medicine and pain management drugs within offices, clinics, hospitals, pharmacies, and home healthcare settings. She currently serves as a Territory Sales Manager covering Orange County, California. She enjoys time spent with her husband and three children.

Kyle Smelser Territory Manager / Southern California

Kyle Smelser joined Med One in 2018 as a Territory Sales Manager covering the Greater Los Angeles area. He brings eight years of sales experience in direct equipment sales and rental. Kyle graduated from Indiana University with a bachelor's degree in finance. Before Med One, he most recently worked at Sightpath Medical, providing hospitals and surgery centers rental solutions for cataract surgery. Kyle enjoys finding solutions that work best for hospitals and their patients.

Sales CONT.

EQUIPMENT LEASING

Robb Stevens SVP / Director of Equipment Leasing
Robb Stevens began his career at Med One in January 2002 as part of the leasing sales group and was appointed as SVP and Director of Equipment Leasing in 2012. He has been a top contributor to lease originations, vendor development, creating strong relationships with customers, and successfully blending all aspects of the leasing sales process to maximize returns.

Carter B. Allen SVP / Strategic Account Manager
Carter Allen has been in the financial industry for more then 20 years and has been with Med One Group since 2002. He appreciates the opportunity to provide solutions for hospitals that allow them to gain access to much needed equipment. Carter manages strategic accounts that are essential to Med One's success. His experience with healthcare leasing provides customers with valued solutions.

Doug Green SVP / Director Of Corporate Development
Doug Green joined Med One in January 2002 as part of the leasing sales team. Prior to Med One, Doug worked in sales and business development at Boise Cascade and Franklin Covey. As Vice President of Leasing Sales, Doug leads a sales team dedicated to providing customer-friendly solutions that allow hospitals and healthcare providers a way to acquire the critical equipment they need.

Tim Loftis Account Manager / Equipment Leasing
Tim Loftis joined Med One as a Leasing Account Manager with over 15 years in sales and business development with Morgan Stanley, JP Morgan Chase, and the Economic Development Corporation of Utah. Tim received his MBA from the University of Utah and a BA from Occidental College. He serves our partners in the medical community by providing effective solutions in a responsive and friendly manner.

Spence Tueller Account Manager / Equipment Leasing
Spence Tueller joined Med One as a Leasing Account Manager. He graduated from BYU with a degree in health science and business administration. Spence also has experience in lease sales as well as a background in general sales and business development.

Al Mugno Equipment Finance Sales Executive
Al joined Med One as an Equipment Finance Sales Executive in August 2017. Al graduated from Iona College with a bachelor's degree in business administration majoring in marketing. Al has worked as a sales executive in the healthcare industry for close to 25 years. He has a background in infusion, barcoding, hospital information systems, radioscopy, ultrasound and vital signs monitors.

Quin Campbell Account Manager / Equipment Leasing
Quin Campbell joined Med One as a Leasing Account Manager in 2015. He is a graduate of Utah State with a bachelor's degree in marketing. Quin brings 4 years of experience in management and enjoys being a problem solver and making sure customers have a great experience.

Julie Harrison Equipment Finance Sales Executive
Julie Harrison joined Med One Group in September 2018 as an Equipment Finance Sales Executive. She brings with her 20 years of medical device experience, primarily in the anesthesia market, in the Chicago/Midwest region. Julie appreciates the challenges of being in sales while developing valuable relationships and continually working on personal growth. On a personal side, she enjoys her four kids and all of their activities.

Amy Vizanko Equipment Finance Sales Executive
Amy Vizanko joins Med One as an Equipment Finance Sales Executive bringing 15+ years of medical sales knowledge. She graduated from Marquette University, in Milwaukee, Wisconsin with a bachelor's degree in biomedical engineering. Prior to her time at Med One she gained medical sales experience working with both Philips and CareFusion (now BD). She has extensive technical biomedical knowledge and understands the importance of solving complex customer problems. She enjoys being active, and spending time with her family.

Brian Nappi Equipment Finance Sales Executive
Brian Nappi joins Med One bringing more than 20 years of experience in medical equipment sales, finance, and business development. He earned his bachelor's degree in electrical engineering from Texas A&M University. Brian understands that his customers are busy and prides himself on quietly listening and accurately defining their needs to create simple, satisfying solutions that allow them to quickly acquire the equipment needed. Brian enjoys developing friendly, supportive, long-standing, and fun relationships with his clients.

EQUIPMENT SALES

Jeremy Quick National Sales Manager / Equipment Sales
Jeremy Quick joined Med One in August 2009 with an extensive background in sales and marketing. Jeremy's responsibilities include creating relationships in the non-acute care market to present Med One's products and services. This allows him to reach out to nursing schools, clinics, research facilities, and EMS companies. He enjoys helping these diverse customers acquire medical equipment to aid in the treatment or instruction of those in need.

Casie Woolston Account Manager / Equipment Sales
Casie Woolston brings with her over 15 years' experience in several different sales roles. Specializing in Inside sales she is a great asset to the Med One Equipment Sales team. Before joining Med One in Dec 2018, she worked to transform a customer service team into a profitable inside sales team. Her energetic and happy attitude brightens the day of both customers and coworkers alike.

INTERNATIONAL SALES

Susan Mingle Director of International Sales
Susan Mingle joined Med One in 2017 as a Director of International Sales bringing 14 years of medical/capital sales experience, with previous experience at BD and Abbot Labs. Susan has a degree in both Education and Nursing. Her Nursing focus was Neonatal Intensive Care. She is passionate about Georgia Football and Gymnastics, and enjoys traveling and spending time with her family.

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WRITTEN BY: **IBBY SMITH STOFER**

THE CHOICE IS *Yours*

Can we make one decision each day to change how happy and fulfilled we are? What words come to mind when you think about living life to its fullest?

Rich? My life would be better if only I had more money.

Powerful? With more control I would be happier.

Influential? If only others would see my point of view the world would be better.

Beautiful? If only I looked like "that" I would be content.

Most of us know that none of these are the key to finding happiness, fulfillment, or enjoyment. There has been research done by well-respected leaders and researchers that explain that happiness and fulfillment come from different avenues. Each day we can decide how we approach life with its challenges and blessings. Research illustrates the impact that leading a life filled with gratitude vs entitlement can have on each of us. Perhaps you or someone you know feels that the world owes them something, and they voice feelings of entitlement. In contrast, maybe you are lucky to be surrounded by people who are thankful. Which behavior or attitude do you prefer to associate with? You are not alone if you chose those who express gratitude.

Among the first words we teach children are please and thank you. A life of entitlement is opposite of one filled with gratitude. The following is a statment from Steven Furtick that can help shift our minds from entitlement to focusing on thankfulness. ***"Gratitude begins where my sense of entitlement ends."***

How does one strive towards a life full of gratitude? The first step is introspection. How do I approach my job, my family or friends? Do I appreciate them? Do I have unrealistic expectations of what I "should" have in relationships, work, or relaxation?

Instead of focusing on faults, disappointments and other negative feelings, think about what you appreciate. Changing your focus towards positive energy is a key step toward showing gratitude. Often, just internalizing these things will bring you a sense of relief and joy.

Making a habit of acknowledging three things that we are thankful for each day can replace the mindset of regretting and resenting. An attitude of gratitude begins with the transition of thoughts. Listing three things we are grateful for each day can, make you more patient, improve your relationships, ease depression, and help motivate us to take care of ourselves.

Studies from Northwestern University, The National Institute of Mental Health, documents the many benefits of living a life with an attitude of gratitude. They explain that gratitude enriches human life. It elevates, energizes, inspires, and transforms. It improves our relationships, our mental state, and often relieves stress and anxiety.

Our world is filled with stress and the constant pressure to do more, have more, and be more, in order to succeed. With a little effort we can train ourselves to truly appreciate all we have and enjoy the things that bring us happiness both small and large.

There are many other reasons to lead a life full of gratitude and abandon the beliefs of entitlement. Begin today by taking five minutes and write down 3 simple things that you are thankful for. Make the decision each day to change how happy and fulfilled you are.

WRITTEN BY: **GRADY BROWN**

EMPLOYEES ON THE MOVE

In human resource circles, wellness programs are often discussed, promoted, and evaluated. Many of these programs struggle to attract interest from employees and fail to inspire even small changes toward physical or emotional health. Even though 'Employee Wellness' is universally acknowledged to positively contribute to organizational productively and engagement. However, measuring progress toward these goals is difficult at best.

At the beginning of 2018, here at Med One, we launched our first ever organized effort toward employee wellness. The fundamental design of the initiative included measurable goals in regular physical activity, annual health exams, and at least 40 hours of community service. With this high standard of activity, health care and service, several incentives were offered to motivate participation. As the months of 2018 have advanced, several realizations have emerged.

41% of Med One's employee base is participating, along with just over 50% of senior management.

Many participating employees moved from being sporadically active or inactive physically to very active.

Participation included an annual health, dental and eye exams. Several employees reported that the findings of these exams produced helpful information in proactively managing ongoing health issues and previously unknown information valuable in addressing current health concerns.

The minimum requirement of 40 hours of community service produced hundreds of hours of community involvement not previously provided. Heartwarming examples of Med One employees volunteering included: humanitarian aid fund raising, neighborhood renovation and cleanup projects, serving the elderly and disadvantaged, helping to lead youth sports, and assisting in the harvest and packaging of food bound for hunger relief. Other services included staffing soup kitchens, homeless shelters, adoption centers and battered women care facilties.

As employees completed the program requirements, their documentation was approved by local management and forwarded to HR for record keeping. It has been truly amazing to me to witness so many employees making the difficult changes toward physical activity and in reaching out in their communities across the country. ***Now as we look toward 2019, we hope to include over 50% of the Med One employee base in our wellness initiatives.***

We are excited at the individual and collective good that will come as a result of these efforts.

The measure of employee wellness most important at Med One is employee happiness. Employees who are active, contribute in their communities and are engaged in their jobs are happy. We're glad they are with us and we realize that the world is a little bit better because of our efforts.

The *Truth* About New Year's Resolutions

WRITTEN BY: **BRITTANI ESPLIN**

Around this time each year you will start seeing posts on the internet with phrases like “New Year - New You” and “The Top 10 Resolutions of 2019.” **Approximately 45% of Americans make at least one resolution in January.** Setting goals and trying to make a better version of ourselves is a great part of our culture. The new year brings a great time to evaluate the past 12 months and to look forward to the opportunities that lie ahead in the new year, but are New Year’s resolutions the most effective way to set goals?

In an article written by Susan Weinschenk, Ph.D., behavioral psychologist, author, coach, and consultant in neuropsychology titled, *The Science of Why New Year's Resolutions Don't Work*, Weinschenk explains that it is estimated that ***less than 10% of New Year's resolutions are actually achieved.*** New Year’s resolutions are fated to fail. This is likely because most people don’t know how to set a reasonable resolution. A lot of the New Year's resolutions people set have to do with making new habits or changing existing ones. It is unrealistic to think that you can immediately overcome a habit you have spent years establishing all at once. An important tool in helping a resolution come to fruition is using metrics to track your progress. Traditionally, a new year’s resolution is a vague statement with only a few of words like: Eat healthier, be on time to work, get more exercise, and save money. These examples are so broad and don’t have any metric to be measured with. They are extremely hard to accomplish.

Another problematic aspect of setting New Year’s resolutions is that as people fail at their goals (and trust me that will happen) they subconsciously feel that they have failed for the whole year. They also feel that they shouldn’t set new goals until the next new year even though it may only be February. A study done on '*Gym Memberships Started in January*' explains that 4% of new gym goers don’t even make it past the end of January and 14% more drop out in February.

New Year’s resolutions can be motivating for a lot of people. The new goal brings excitement to starting a new period in life. That positive energy should be used to set goals, but the timing of a New Year's resolution is not always ideal. Not only are you coming off of the holidays and getting back to the harsh realities of the world, but you see the whole year stretching ahead of you. It can be very overwhelming.

So, if New Year’s resolutions are not effective should we write off setting goals all together?

Absolutely not!

In Lewis Carroll’s famous book Alice In Wonderland there is a passage where Alice is talking with the Cheshire Cat regarding the path she should take.

“*Alice:** Would you tell me, please, which way I ought to go from here?
The Cheshire Cat:** That depends a good deal on where you want to get to.
Alice:** I don't much care where.
The Cheshire Cat:** Then it doesn't much matter which way you go.”

Like this passage from Alice in Wonderland explains, if we don’t care where we are going, or where our new year is headed, then no goals are necessary - but where we end up depends largely on the goals we set for ourselves.

So, if New Year’s resolutions are not the best route, how does one set a realistic goal for the new year? In the article *The Science of Why New Year's Resolutions Don't Work*, Weinschenk explains that one of the main behavioral sciences that influence New Year's resolutions success includes the science of habits.

As human beings we have hundreds of habits. They make up our day-to-day lives. One of the most effective ways to reach a New Year’s resolution is to start by incorporating small habits that will build up to your end goal. This will help rewire your brain and increase your chances of success. A point made by Weinschenk explains that it is critical to attach the new action to a previous habit. It is also critical that the additional habit is simple and easy. Quoting Weinschenk "You MUST pick a small action. 'Get more exercise' is not small. 'Eat healthier' is not small." This is a big reason why New Year's resolutions don’t work. For example, instead of "Get more exercise" choose "Walk 1/3 more than I usually do" or "Take the stairs each morning to get to my office, not the elevator." If you currently have a habit of being late to work, setting a goal to get to work on time will take a lot more effort then just writing it down at the beginning of the year. You could start by establishing the habit of waking up 5 minutes earlier each day. After a few months of waking up earlier you could evaluate how you are doing and add on another small habit. Again, this additional habit should be simple and attached to a previously established habit.

New Year’s resolutions imply that they should only begin at the beginning of the year. This can be another reason resolutions are hardly carried out. In order to be successful in goal setting regular evaluation is key. It is important to revisit your goals at least once a month. In doing this you will be able to refocus and realign with what is most important for you in that time.

I have never been a fan of New Year’s resolutions. I felt that I was setting myself up for failure. This year instead of listing an abstract goal like "eat healthier," I will think of specific small habits I can incorporate into my normal everyday life. And if I fail at any of these small steps — which I’m sure I inevitably will, I’ll do my best to give myself some slack and recognize that failure and recovery are part of the goal setting process. I’ll pick back up and not wait until the new year to start again. We can all find more success if we take a new approach to setting goals this year. Good luck with your goals in 2019.

Email Etiquette & Electronic Communication

WRITTEN BY: **RANDY SMITH**

We all agree that effective communication is important in business, family, and personal relationships yet we often let circumstances and conditions change the intent of our conversations. For the purposes of this article I will be focusing on email communications, but the same rules also apply to texting, posting on social media, etc.

I have some basic rules I try to (not always successfully) follow:

- Know your audience
- Always review your communication before sending it
- Always make sure your message says what you intend it to say
- Don't read things into messages that aren't there
- Never reply immediately when emotional issues are involved
- Sensitive emails should be thoroughly thought through before posting
- Be sure you are not copying individuals you shouldn't
- Sometimes no response is the best response

Know Your Audience
Would you send the same message to your boss as you would to a spouse or a close friend? Would you send the same message to one coworker that you would send in a message addressed to all, or a group of company employees? With more intimate messages you can add humor or be more casual in your conversation different then if you were writing to the CEO or to all users.

Review Emails Before Sending
When an email message contains a lot of grammar problems and misspellings, it detracts from the message itself. People tend to focus on the errors instead of the message content. It also projects an image you may not want to leave. The "autocorrect" feature in messaging has really exposed the problems of not properly reviewing messages or being in too much of a hurry. "Dang autocorrect" is a comment I often hear and use myself.

Make Sure The Message Says What Is Intended
This not only applies to the wording, but to the way the words are used. Of all the rules, this is the one that gets us in the most trouble. We may have a totally innocent message, but because of the way we worded the message, used punctuation, capitalized letters, etc. we could leave a totally unintended message.

I once had a situation in a previous position where we needed technical support for a specialized software application used in the company's Quebec, Canada office. The Quebec province is French-speaking and many people there do not speak any English. To simplify the communications with the vendor (their tech support did not speak English) we had one of our company employees in that office help with the communications to the vendor. The employee did a lot of data entry, so the computer caps lock was nearly always on. The employee sent a totally innocent message explaining the problem, but it was all in caps. When the vendor support technician read the message, she was highly offended even though the words were very innocent. She, therefore, refused to help us. Long story short, I ended up speaking with their vice president and she told us the message caused the technician to cry and that the vendor would no longer provide support to our company. After apologizing for the mistake, they still insisted we no longer be supported by them and they no longer wanted us as a customer. A very innocent, unintended consequence.

Don't Read Things Into Messages That Aren't Intended
The previous example highlights how easy it is to be offended by an email even though no offense was meant. If you are initially offended by a message, take a step back and think it through. This will help you see the message from the perspective of the sender.

Never Reply Immediately When Emotional Issues Are Involved
The worst thing we can do is to fire off a quick, rebuttal response to an emotional email. This is the easiest way to escalate problems and to break the previous two rules of making sure the message contains what it is really meant to convey. When potentially emotional emails require a response, I will often wait until the next day before replying. This tactic will help diffuse what could be an explosive, or in the very least, uncomfortable situation. You are not obligated to reply if you can't do it right.

Be Sure You Are Not Copying Individuals You Shouldn't
If the email message is to be directed to a specific individual, keep it that way. Involving others outside the issue will create problems that should not have been created in the first place. It also sends the message to the intended recipient that you don't trust them to resolve the issue on their own. This does not apply if the message is sent to one person, but others are already involved or may help with any resolutions.

For example, you should never copy company officers on issues you need to have resolved if this is the first communication. If, after some communication attempts, you have tried to get something taken care of and do not feel your issue has been given the proper attention, you could escalate the problem to a higher authority. Be very careful when you do this because it can often backfire and fall back on you if your request is proven to be unreasonable or is for the purpose of embarrassing someone or a group. These almost always turn out bad for the original sender.

Sometimes The Best Response Is No Response
Before replying to any email, ask yourself if a response would help, or hinder the communication. Sometimes you just need to let the issue die out instead of responding and rekindling the fire.

The above items are not intended to be all-inclusive but can provide a beginning to better electronic communications. We don't have the luxury of reading body language or applying the tone of voice used with face-to-face interactions. I have attempted to address the key items that can help to improve communications and diffuse potential communication disasters. I wish I always followed these rules but I sometimes find myself wishing I could take back an email or exclaim the dreaded "dang autocorrect."

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