

# MedOne



Letter From The Owners  
.....

**3** Simple Words...

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MED ONE GROUP

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## About Med One To One

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

**Thank You for your support of  
Med One To One. We are grateful to  
associate with so many amazing  
customers and equipment vendors.**



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# The Board Of Directors

Over 29 years ago, Med One opened its doors and began serving the medical industry. I joined the company in year number three. Over the course of my time with the organization, there have been many ups and downs, with several course corrections and modifications to keep us moving forward. The growth that has occurred has been amazing to watch. We were a small group of about 9 or 10 people sharing a small office in Midvale, Utah. Now we are well over 100 employees with multiple locations on the East and West Coast. It will be quite an accomplishment as we celebrate 30 years in business next year.

As I look back on my time, I reflect on several decisions that were key in moving Med One forward. Some of those decisions would be considered smart, and others would fall into the category of "good learning opportunities." Our smartest decisions focused on building strong business relationships with key customers, vendors, and providers who continue to play a critical role in our ability to make medical equipment available.

About five years ago, Med One made another key strategic decision that would assist us in moving forward. We had built

a strong company with a great business plan and unique culture, and our owners, Larry and Brent, had a deep desire to perpetuate the business rather than sell. They genuinely care about Med One and are committed to its future success. While there was great confidence in the Senior Leadership Team, it was determined that the creation of a Board of Directors would be an important part of ensuring future success.

After a well-planned and thought out process, the Med One Board of Directors was created. It consisted of the two owners – Larry Stevens and Brent Allen, as Chair and Co-Chair – with a secretary and seven independent directors. Each of these directors brought diverse skillsets and experience. They came from large, high-achieving organizations as well as smaller independently-owned businesses. Some have financial risk and accounting backgrounds, while others come from a marketing or sales background. All of them have considerable management experience and think strategically. Most importantly, the board members – like the employees of Med One – are deeply committed to the continued success of Med One.

At first, there was a bit of a transition period. We had to give the directors a quick introduction to Med One and explain what made us tick for the last 25 years. I'm not going to lie; at times, it was a little challenging because there were several instances when we were asked a question, and the answer was, "we just got lucky." In reality, it wasn't so much luck as it was putting ourselves in a position for luck to happen. Med One experienced success by challenging the



traditional or "normal" ways of doing things. We were built on the idea that there was a better way to "make medical equipment available." We were determined to create solutions that really met the needs of our customers and allowed them to obtain the tools they required to provide proper care for their patients.

As the talks continued, the directors began to gain a greater knowledge and understanding of our unique business and the manner in which we had positioned ourselves in the market. Once we established some common understanding, things with the board really began to take off. Thoughts, ideas, and strategies were openly discussed. Employees with years of experience at Med One were able to gain insight from someone on the "outside" who would see things a little differently. Advice was provided – never with the intent to stifle creative thinking or squash an idea – but to make sure we were looking at things from different angles and that we were making the best possible decisions. These conversations were hard, challenging, and sometimes not much fun, but they were always beneficial.

One of the larger projects we took on with the board was a complete rebranding of Med One. For more than 25 years, Med One was known as Med One Capital. This was a great name in our early years when our focus was mainly on equipment finance. But over the years, Med One

Written By **Troy Tait**  
SVP Customer Care



had evolved, and we provided solutions that involved much more than a typical lease. We wanted to create a name that allowed us to hold on to our strong reputation and years of history, while also creating a name that would be more representative of the entire organization. Our board of directors played a valuable role as we went through this process, and after 14 months, Med One Capital became Med One Group.

Our board has been in existence for five years, and just like Med One has evolved over the years, our interaction with and the role of the board has evolved. Rather than the traditional role of company oversight, our board has shifted its emphasis to working with senior leaders. In a recent article from our company publication, *Med One To One*, board member Bob Gross said, "the best and most productive boards spend less time looking in the "rearview mirror" and focus more on working with management to develop the strategies that will shape tomorrow's future for the company and its employees and customers so that it will prosper in the face of today's and tomorrow's headwinds." This forward-thinking, management-focused approach has been key to the success of several company initiatives.

Today, each board member serves on a committee that is led by a member of the Med One Senior Leadership Team. These committees meet on a regular basis and are focused on key areas that impact the day-to-day efforts at Med One as well as strategic planning for the future. Thoughts and ideas are shared and discussed, and then strategies and plans are developed. Follow up and reporting are key elements to the success of these committees. Once each quarter, we have a board meeting, where we are able to meet as an entire group to share the results of the previous quarter. We give updates on future projects, receive guidance and instruction on the industry outlook – and most importantly – look to the future to make sure we are doing the right things today, so we can continue our success in the years to come. As a senior leader at Med One, I am excited to continue our work with the board as we prepare Med One for many more years of dedicated service to our customers. With a focused emphasis on planning for the future, we are confident that our future will be bright and prosperous.

*\*This article was originally published by the NACD*



# 3 Simple Words...

"AND THEN SOME"

Written By **Brent Allen**  
Executive Vice President / Owner

In a film based on H. G. Wells's classic novel "The Time Machine," one of the main characters made the following comment - "We all have our time machines, don't we? Those that take us back are memories, and those that carry us forward are dreams." Without memories, our lives would have very little meaning. Without dreams, they would have very little direction.

Dreams shape our future. While our future may be uncertain and undefined, our dreams are critical. Imagine what things would be like if we simply had a "golden buzzer" to push that would guarantee instant success? If we want to become an incredible parent, just press the buzzer and BOOM - we are awarded "parent of the year." If we want to be a true friend, just press the buzzer and VOILA - instant charisma, and we are surrounded by people who want to befriend us. If we want to become a billionaire, just press the buzzer and BINGO - our bank account is suddenly bulging. If we want to become a successful business entrepreneur, just press the buzzer and ABRACADABRA - our business card says President and CEO of a successful and reputable company. It's that easy - just press the golden buzzer, sit back, and watch it happen. Unfortunately, there is no "golden buzzer" to push. None of our desires will happen overnight. It will take work, time, patience, and waiting. It will not be instant.

You might remember comedian Yakov Smirnoff. When he first came to the United States from Russia, he was not prepared for the incredible variety of instant products available in American grocery stores. He said, "On my first shopping trip, I saw powdered milk - you just add water, and you get milk. Then I saw powdered orange juice - you just add water, and you get orange juice. And then I saw baby powder, and I thought to myself, 'WOW...what a country!'"

An old story tells of a judge who was questioning the defendant.

*"What are you charged with?" he asked.*

*"Doing my Christmas shopping early," replied the man.*

*"That's no offense," said the judge. "How early were you doing this shopping?"*

*"Before the store opened."*

OUCH! Hopefully, none of us will go to this extreme to satisfy our desire to "get it now." We live in a world that craves immediate gratification. However, we must learn patience. We love instructions that say, 'just add water,' 'ready to eat,' 'cooks in one minute.' But along the way, we need to learn the art of waiting. There is no golden buzzer. There is no guaranteed formula for becoming an incredible parent, a genuine friend, a billionaire, or a successful business entrepreneur. There are, however, some alternatives to the golden buzzer. May I suggest a couple.





**FIRST** , I was encouraged by a friend to watch a series on Netflix entitled "All American." It is based on a true story about a football player growing up in a very rough part of Los Angeles. As I watched each episode, I began to notice a common theme...a theme carrying a message that resonated deep within me.

*Block out your fears  
Tackle your problems  
Always finish strong*

On the surface, it was clear that these messages applied to the game of football. But, don't they also apply to each of us in our personal pursuit for success? Don't we face personal fears nearly every day? Aren't we confronted with problems at every turn? Aren't we challenged daily to finish strong?

**BLOCK OUT YOUR FEARS**

Someone recently told me that the phrase "DO NOT BE AFRAID" is written in the bible 365 times. I haven't personally counted them, but if it is true, it sounds like a daily reminder from God to live every day being fearless. But, oh...what a challenge!

I remember the fear that encompassed me when we first started Med One. It was almost overwhelming. It seemed like everything we really wanted was on the other side of fear. During a moment when I was really down, my father gave me some wise counsel. He encouraged me not to be pushed around by the fears in my mind...but to be led by the dreams in my heart. I embraced his advice, put my fears to rest, and moved forward. It became apparent that fear kills more dreams than failure ever will. As the years passed, Larry and I learned that the question really wasn't...who is going to let us; it was...who is going to stop us. And the rest is history.

**TACKLE YOUR PROBLEMS**

Some problems can't be solved on our own. Sometimes we need to get the right person on our side. Several months ago, I read an article that emphasized this point. A story was told about a young man at West Point. He made the minimum height requirement by wearing heavy socks. Though he weighed only 120 pounds, he became a brilliant and effective second lieutenant.

Author Fred Herman, who tells the man's story, says that the officer drew as his first command one of the roughest, toughest platoons in the entire Army. He knew he had to win their confidence on day one. Mastering the platoon to attention in front of him, he thought he would put to rest the question about his size, once and for all.



*"Men, there are two questions we must settle immediately," he shouted. "Question number one. Is there anyone in this outfit who thinks he can whip me?" No one responded. The lieutenant put them at ease and tried again, repeating the question. Finally, the regimental heavyweight champion, who stood six feet, seven inches, and weighed 274 lbs, stepped forward.*

*"I believe I can whip you," he said confidently.*

*"Good," replied the young officer. "You're my first sergeant. Now, question number two. Is there anyone here who thinks he can whip my first sergeant?"*

Here is a guy who needed some help...and he found it. I am convinced that we can solve almost any problem if we surround ourselves with the right people. Isaac Newton said it best, "When we accomplish our goals and ultimately get to where we want to be, we generally do so by standing on the shoulders of giants." We need giants in our lives. We need others to help make up for our inadequacies. When one is lifted onto another's shoulders...both stand taller. We don't need to pretend to be better than we are. By standing on the shoulders of giants, we can tackle almost any problem.

As I look in the rearview mirror, Med One is where we are today because of Giants. We surrounded ourselves with people who compensated for our inadequacies. Our Capital partners were crucial, and we would never have achieved our current level of success without them. Our Rental partners enabled us to stand taller and played a significant part in our success as a provider of rental equipment. And, Med One is where we are today because of our employees. They have carried us for nearly 30 years. To these giants, who have made up for our deficiencies, we say thank you.

**ALWAYS FINISH STRONG**

What do we hear almost every day? A whole lot of NOs! NO - You can't do that! NO - You are too old! NO - You are too young! NO - You don't have enough education! NO - You don't have enough experience! NO - You aren't strong enough! NO - You don't have enough money! NO - You aren't attractive enough!

We live in a world that constantly says, "NO." Nothing hinders us like this little two-letter word. Each time we hear it, our confidence erodes, and discouragement creeps in. The easy path is to quit and give up. Hopefully, deep within each of us, there is a YES...a yes that is bigger and drowns

During a moment when I was really down, my father gave me some wise counsel. He encouraged me not to be pushed around by the fears in my mind...but to be led by the dreams in my heart.



out all of the NOs that surround us. It is an inner commitment to march forward and to finish strong. It is a commitment that will not allow us to quit or ring the bell.

At Med One, we are far from finishing. In fact, we are just beginning. It is our goal to build a legacy company that will be around for years to come. It is our desire to keep Med One debt-free and provide a safe haven for each of our employees. It is our commitment to stay strong... and we don't plan on finishing anytime soon.

**SECOND**, I have discovered that there is another alternative to the golden buzzer. This is a behavior that will almost always guarantee success in everything we do.

It was taught by a professor at Bowling Green State University in Ohio. The behavior consists of three simple words. Three simple words that will almost guaranty our success. The words are...**AND THEN SOME.**

Think about it.

Most people do **WHAT IS EXPECTED** of them - but some do what is expected...**AND THEN SOME.**  
Most people MEET THEIR OBLIGATIONS - but some meet their obligations...**AND THEN SOME.**  
Most people are GOOD FRIENDS - but some are good friends...**AND THEN SOME.**  
Most people WORK HARD - but some work hard...**AND THEN SOME.**  
Most people are GENEROUS - but some are generous...**AND THEN SOME.**

There are many ways to become successful in life. But the surest way of succeeding is to remember these three words...**AND THEN SOME.** These three words change everything.

These words changed everything for Med One because this is the Med One Way! We believe in creativity...and then some. We believe in careful listening...and then some. We believe in teamwork...and then some. We believe in being responsive...and then some. We believe in going above and beyond...and then some. We believe in building solid relationships...and then some. We believe in doing it right...and then some. We believe in acting with integrity...and then some. We believe in exercising patience...and then some. We believe in keeping things simple...and then some.

There is no golden buzzer. There is no easy way. But there are alternatives. For nearly 30 years, Med One has embraced these alternatives. We have overcome fear by facing it. We have tackled our problems by surrounding ourselves with individuals who compensate for our deficiencies. We have committed to keep going and always finish strong. We have embraced the three words...**AND THEN SOME.** There is no golden buzzer, but we firmly believe in a bright and prosperous future.



There are many ways to become successful in life. But the surest way of succeeding is to remember these three words...**AND THEN SOME.** These three words change everything.

# THE Med One WAY



## CREATIVITY\*

Doing one thing very well - "whatever it takes"



## OBSERVANT LISTENING

A unique philosophy - what does our customer really need?



## UNITED TEAMWORK

It takes all of us to make a happy customer



## RESPONSIVENESS\*

Unprecedented service builds customer loyalty



## ABOVE AND BEYOND

Taking pride in going the extra mile



## GENUINE RELATIONSHIPS

A huge secret to getting repeat business



## EVERYDAY - DO IT RIGHT

The first time, and every time



## OUTSTANDING INTEGRITY

The principle upon which Med One was built



## UNIQUE PATIENCE

Perseverance - we will never give up



## SIMPLICITY\*

Making it easy for a customer to do business with us



## Meet The Sales Team

# 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 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.



**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.



**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.



**Richard Hedderman** Equipment Finance Sales Executive

Richard Hedderman joined Med One Group bringing over 20 years of experience in medical equipment sales, business development, and sales management. Richard graduated from Texas Tech University with a bachelor's degree in business administration majoring in marketing. He has a background in infusion therapy, radiology, and vital signs monitors. He enjoys the occasional round of golf and spending time with his family.



**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.



**Carter B. Allen** SVP / Strategic Account Manager

Carter Allen has been in the financial industry for more than 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.



**Tim Loftis** Equipment Finance Sales Executive

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.



**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.



**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.



**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.



**Dal Holman** Equipment Finance Sales Executive

Dal Holman joined Med One in 2019 as part of our equipment leasing team. He graduated from Weber State with a BS in Technical Service and Sales. Dal has 15 years of experience in sales and finance and has worked for companies like Wells Fargo Bank and the Utah Jazz. Dal enjoys developing meaningful relationships and providing solutions to his clients needs.



**Nate Farnsworth** Equipment Finance Sales Executive

Nate Farnsworth joined Med One Group in 2019 as part of the Equipment Finance Sales Team, although he has worked extensively with Med One as one of their funding partners since 2010. Nate has an extensive background in finance and banking, including healthcare finance. He is a graduate of the University of Michigan.



**Steve Roth** Equipment Finance Sales Executive

Steve Roth joined Med One in April 2019 as an Equipment Finance Sales Executive. He brings 21 years of experience in the medical device industry. Steve graduated from Pacific Lutheran University in Tacoma, WA, with a bachelor's degree in business administration. This experience taught him the complex issues faced by hospitals and healthcare systems. He serves our partners in the medical community by providing effective solutions with exceptional integrity, work ethic, and follow-through.

### 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 December 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.



**Joshua Lampropoulos** Account Manager / Equipment Sales

Joshua Lampropoulos has excellent experience in taking new products to market. Joshua worked as a medical device sales representative for Merit Medical, where he gained knowledge and experience in the clinical setting. Joshua specialized in Percutaneous Interventional Medical Devices in the OEM division. In this position, he helped other medical device companies achieve their product goals by offering them customized products. In his free time, Joshua enjoys spending time with his wife and dogs.

### 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.



# Sales

CONT.

# Creativity. Simplicity. Responsiveness.

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## 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 / Northwest Region

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.



### **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.



### **Mike Daniels** District Sales 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.



### **Scott Wooster** Senior Account Manager / South Central

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.



### **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 as a Regional Director. Karen has a background in infusion, vital signs monitors, and enjoys working in healthcare because the products sold save lives every day.



### **Jay Thorley** Territory Sales 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.



### **Kyle Smelser** Territory Sales Manager / Southern California

Kyle Smelser joined Med One in 2018 as a Territory Sales Manager in Southern California. 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.



### **Braden Mackay** Territory Sales 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.



### **Skip Horton** Territory Sales 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.



### **Ben Erickson** Territory Sales Manager

Ben Erickson joined Med One in 2019 as a Territory Sales Manager covering the Northeastern United States region. He brings six years of sales experience focused on financial services. Ben graduated from the University of Utah with a bachelor's degree in English. Before Med One, he most recently worked at Fidelity Investments as a Workplace Planning Consultant. Ben enjoys working out, volleyball, and playing with his kids.



### **Lisa Woods** Territory Sales Manager / Southern California

Lisa Woods graduated from the University of La Verne with a degree in business accounting. Prior to Med One, she worked in sales and marketing for about 25 years traveling all over the world as an international buyer. Lisa was the Director of Sales and Merchandise overseeing 3 sales divisions before switching industries into the medical equipment rental field. She likes to spend her free time with friends and vacationing.



### **Jay Cantiberos** Territory Sales Manager / Northern California

Jay Cantiberos graduated from the University of Arizona, with a Bachelorette of Sciences and an AA in Respiratory Therapy. Jay joined the Med One team in 2019. He brings 19 years of experience in the medical device industry as well as a clinical background. He enjoys that every day at Med One is new and exciting.



### **Bryan Dabney** Territory Sales 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.



### **Michael Schmitt** Territory Sales Manager / Northern Florida

Mike Schmitt has over 20 years of experience in sales and marketing in the healthcare and logistics industries. Mike joins Med One as a Rental Territory Sales Manager bringing significant knowledge in healthcare sales. He enjoys working with hospitals and healthcare facilities to make sure that they have the equipment they need to care for their patients. Mike has a bachelor's degree from the University of Central Florida and enjoys spending his time with his wife, four sons, and three dogs.



### **Victor Garcia** Territory Sales Manager / Southern California

Victor graduated from the University of Southern California, where he received a bachelor's degree in Global Business. Prior to working at Med One, he spent five years working in medical device sales, focusing on orthopedic trauma, total joint replacements, and pain management. Victor enjoys being part of the healthcare industry and being able to facilitate solutions to the issues our health care professionals face every day. During his time off, he enjoys being out in nature and spending time with his family.



### **Theresa Warren** Territory Sales 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.



### **Garrett Jensen** Territory Sales Manager / Central

Garrett attended BYU-Idaho, where he studied Business Management and Finance. He has worked extensively in sales for over five years and believes above all else that serving the client is the highest priority. Before Med One, Garrett worked for Lincare, where he was a Territory Sales Rep and sold various medical equipment to hospitals and clinics in the Salt Lake area. Garrett is a proud husband and father; he loves nothing more than spending his time with his family. He's a top-notch skier, and he also enjoys hunting, fishing, and riding his motorcycle.



### **Chris Pyatt** Territory Sales Manager / Southern Florida

Chris Pyatt joined Med One with more than 20 years of experience in ICU Life Support Equipment Sales. He earned his bachelor's degree from the University of Central Missouri and a MBA from the University of Phoenix. Chris has worked for companies such as Cardinal Health, Maquet Critical Care, and BD/CareFusion. Chris takes great pride in taking care of the customer's needs and developing great working relationships at all hospital personnel levels. Focusing on customer needs and helping them find solutions to patient care challenges him and inspires him.





# CASH CONSERVATION MODE



Written By **Bryce Ray**  
SVP Chief Credit Officer

It is becoming increasingly more important in 2020 for hospitals and healthcare centers to conserve cash as uncertainty continues to impact bottom lines and strain cash flow. In 2020, Med One Group has supported our customers' cash conservation needs by offering customized financing, deferral & rental solutions during these unprecedented times. As we look to the next 12 months, there are several variables which may affect hospitals' liquidity:

## LIQUIDITY POSITIVES:

- \$ Resurgence of elective procedures
- \$ Additional CARES Act Provider Relief Fund support
- \$ Increasing volumes/revenues with reduced COVID-19 case levels

## LIQUIDITY NEGATIVES:

- \$ Repayment of Medicare advances
- \$ Weakening payor mixes (potentially a higher uninsured population)
- \$ Revenue declines & reduced margins
- \$ Increased spending in PPE

There is no doubt that cash conservation is impacting providers at all levels. What does the remainder of 2020 look like for the economy and the healthcare industry? Will there be a vaccine soon? Not having a crystal ball, I believe that these liquidity variables should be considered by hospitals and their respective impacts measured. In the meantime, as hospitals need essential use medical equipment, Med One Group is "open for business" and here to provide meaningful solutions making medical equipment available for patient care.

Also worth mentioning is the unprecedented relief funding provided through the CARES Act. To date through August 2020, the CARES Act Provider Relief Fund has provided approximately \$175 billion in relief distributions. Below I have included the distribution timeline and specifics since the support provided through this Act is substantial, interesting, and comprehensive.

## CARES Act Provider Relief Fund Distribution Timeline

### April 10 - April 17 (General Distribution: First Round)

\$30 billion distributed to nearly 320,000 Medicare Fee-For-Service (MFFS) billing providers based on their portion of 2019 MFFS payments.

### April 24 (General Distribution: Second Round)

\$9.1 billion to almost 15,000 Medicare Fee-For-Service billing providers based on revenues from CMS cost report data.

### Starting April 24 (General Distribution: Second Round)

\$10.9 billion available to Medicare Fee-For-Service billing providers based on revenue submissions to the provider portal. (\$2.4 billion distributed as of 6/15)

### May 6 (Rural Distribution)

\$10 billion to almost 4,000 rural health care providers including hospitals, health clinics, and health centers.

### May 7 (High-Impact Distribution)

\$12 billion to 395 hospitals that had 100 or more COVID-19 admissions between Jan 1 and Apr 10.

### May 22 (Allocation for Skilled Nursing Facilities)

\$4.9 billion to over 13,000 certified Skilled Nursing Facilities.

### May 29 (Allocation for Tribal Hospitals, Clinics, and Urban Health Centers)

\$500 million to approximately 300 IHS programs.

### June 3 (General Distribution)

Deadline for providers to submit revenue information and apply for a portion of the additional \$20 billion General Distribution funding.

### June 8 (High-Impact Distribution: Second Round)

To be considered for a second round of funding, hospitals are allowed to update their number of COVID-19 positive inpatient admissions between January 1, 2020 and June 10, 2020. Deadline for submissions: June 15, 2020.

### June 9 (Medicaid & CHIP & Safety Net Hospitals Distribution)

HHS expects to distribute approximately \$15 billion to eligible providers that participate in state Medicaid and CHIP programs and have not received a payment from the Provider Relief Fund General Distribution and \$10 billion to safety-net hospitals.

### July 10 (Safety Net Acute Care Hospitals, Certain Specialty Rural Providers)

HHS announces approximately \$3 billion in funding to hospitals serving a large percentage of vulnerable populations on thin margins and approximately \$1 billion to specialty rural hospitals, urban hospitals with certain rural Medicare designations, and hospitals in small metropolitan areas.

### July 17 (Second Round of COVID-19 High-Impact Distribution)

\$10 billion to hospitals with over 161 COVID-19 admissions between January 1 and June 10, 2020, one admission per day, or a disproportionate intensity of COVID admissions.

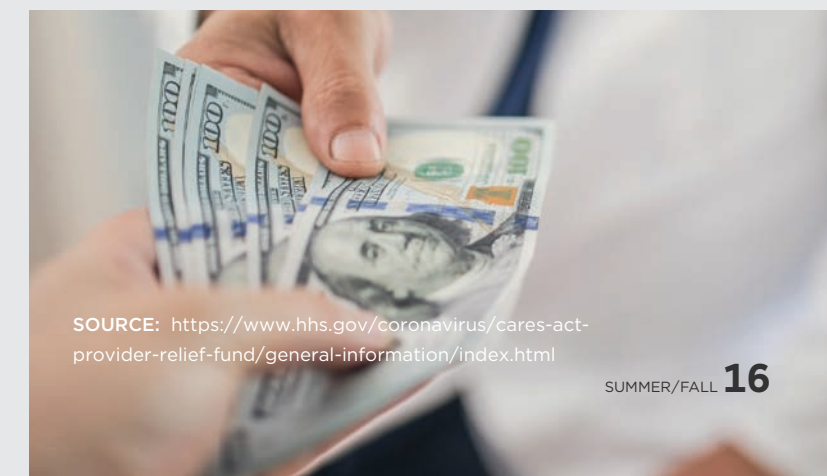
### August 7 (Allocation for Nursing Homes)

\$2.5 billion to nursing homes mid-August to support increased testing, staffing, and PPE needs. This will be followed by additional performance-based distributions throughout the fall.

### August 14 (Distribution to Certain Children's Hospitals)

HHS to begin distributing \$1.4 billion to 80 free-standing children's hospitals.

**There is no doubt that cash conservation is impacting providers at all levels.**



SOURCE: <https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/general-information/index.html>









YOU  
TOO!



Written By **Robb Stevens**  
SVP Director of Equipment Leasing

Several months ago, on a cold and windy day, I was in a long line of cars going through a car wash. When my turn came, the attendant checking me in, who was dressed in warm gear from head to toe, did the routine check-in procedures quickly and efficiently concluded with a standard, yet very warm sendoff comment of, “you’re good to go – have a great day!” To which I reflexively replied, “you too!” As my window started to go up, he quickly told me that I was the first person that day who had said “you too” back to him.

1) I was glad to have shared some brief positivity with a perfect stranger, but it really surprised me to hear that no one else had given him a similar cheerful greeting that day. How strikingly disappointing that at a drive-through car wash at which hundreds of cars had already passed through, the responses or lack of responses from customers to this gentleman were seemingly as cold as the weather outside, or at least that’s how he perceived it.

2) It’s interesting how powerful the words “you too” were in this situation. I didn’t even think about it, I just said it. The power of positivity or unintentional kindness, if you can call it that, is real. His expression showed appreciation for my business, and my response showed him that I appreciated his effort and customer service to me. I will never know how much of an impact this really had on him. Maybe it brightened him enough to greet the next person with sincerity, or perhaps it lasted the rest of the day, or even longer. Many of the people we encounter every day we will never see again, and it takes very little effort to share simple kindness with strangers. The secret to it, though, is to make it genuine and natural.

3) It struck me how unintentional yet effortless this was at the time. I did not even realize I was doing anything kind or particularly meaningful until it was acknowledged, but because he said something, it became an opportunity for me to learn and reflect. For most of our reflexive words, gestures, or acts toward strangers, the encounter comes and goes, and we think nothing of it. If that’s the case, why not make such encounters as positive as possible?

We might assume that kindness is natural, innate, and/or instinctive, but in our busy and distracted lives, that’s not always the case. There are some types of kindness that are insincere, fake, or agenda-driven. Often, these fake expressions are easy to detect and thus can have a negative impact. Performative kindness is expressing an offer of support we don’t mean and have no intention to follow up on. All that does is “check the box” and make us feel satisfied that we did what we were supposed to do, but is it real? Maybe in my head, at least, all I was doing at the car wash that day was “checking the box,” but fortunately, in that case, it was received well and taught me something in the process about human interaction.

Unfortunately, some people use manipulative kindness or “sucking up” not out of concern for others, but as a means of getting something out of them. When you experience manipulative kindness from someone, even authentic interactions with them will ultimately be met with suspicion.

”

The power of positivity or unintentional kindness, if you can call it that, is real. His expression showed appreciation for my business, and my response showed him that I appreciated his effort and customer service to me.





Oversweetness is another form of fake kindness. This is displayed when someone wants desperately to show you that they like you, how much they care, how good of a person they are, and, in the process, they suffocate you! They compliment everything you do or laugh at everything you say. That can get old really fast! This form of kindness understands that it's about other people, but it also misunderstands that the goal of kindness is to make others feel validated and respected, not to reshape their mood in a specific way.

Fake kindness is almost always about the giver rather than the receiver, which is completely backward. It typically fails because it's disrespectful and driven by self-interest even if done so unconsciously.

On the other hand, genuine kindness has no agenda. It is driven by the golden rule principle. As such, it shows respect and appreciation for others. When the golden rule is at work, kindness becomes the engine of respect – showing people they're valued and helping them value themselves. That happens best when it starts with recognizing the other person as our equal. They aren't to be used, manipulated, or invalidated, but should be heard, understood, and sincerely appreciated. Kindness must push beyond routine civility, politeness, or the social dance of exchanging pleasantries. It should be real, genuine, and without pretense.

Liberty Mutual ran a series of ads a few years ago on the pay-it-forward concept. The ads showed people in everyday situations doing simple and spontaneous acts of kindness in real time while others took notice, then followed suit. There are so many things that can “go viral” in our world today, whether it's videos, news stories, memes, and of course, human illnesses that have come to dominate everything about our lives. Wouldn't it be great if we could make kindness go viral too? Maybe at times, it will be random, but as I have learned, it should also be intentional and can be as simple as two short words.

# SUCCESS AT MED ONE

## LEASING

A funeral held in the town of Albany, GA, caused a serious COVID-19 outbreak in the area. The local hospital's main campus worked feverishly to open 125 beds at their North Campus, which at the time was mainly doctor's offices. They did this in phases, which took a little less than two weeks, with the first unit open in one week from the initial plan to do this. The Pharmacy and Biomed departments worked all hours of the day to get these units patient ready. Med One worked with the hospital and BD to provide a 12-month Equity Rental solution for the Alaris devices they needed for these units. Med One also provided a catered lunch to the hospital staff as a thank you to support all of their hard work during this pandemic, in addition to getting the new units up and running so quickly. We used a local restaurant that has been struggling during the pandemic versus a more established chain for lunch, and they did a great job! The staff was all very appreciative of this!

- **Amy Vizanko** Equipment Finance Sales Executive

## RENTAL

This year we have been able to assist quite a few facilities in more remote areas of the country (MT, ID, ND, SD). Many of these facilities reached out to different vendors before giving Med One a chance. Several of them were told that they were too far away. After being turned down by their GPO approved vendors, they decided to give us a chance to help. Time after time, our operations team has moved equipment across the country to make sure that providers have what they need for their patients. These facilities have experienced what makes Med One different. Instead of telling a facility they are too far away, we will drive through the night and not rest until our job is done.

- **Jay Thorley** Territory Sales Manager

## SALES

In May, Joshua Lampropoulos was able to assist an Air EMS company that was all set to start business when their planned infusion pump was removed from the market. He provided them with a replacement pump option to fit their needs, plus met their timeline in getting them the equipment and all of the required accessories to make sure they were able to open and be operational on time.

- **Jeremy Quick** National Sales Manager Equipment Sales

## LEASING

I had a cool experience recently that shows the speed at which Med One can get deals done. A vendor rep called me on Monday, July 27th, to explain an opportunity he was working on with a hospital in the Houston, Texas area. They were interested in an Equity Rental (12-month committed term) for some respiratory equipment. We got the deal approved and provided the documentation to the customer that same day later that afternoon. By Tuesday, July 28th, the customer had their Purchase Order ready, and we were sending our Med One PO to the vendor by midafternoon. Equipment shipped from the vendor on Wednesday, July 29th, and was delivered to the customer Friday, July 31st. This was brand new, patient ready equipment!

I love Med One's industry-leading **responsiveness** as we work with our vendor partners to meet the needs of our hospital customers!

- **Spence Tueller** Account Manager Equipment Leasing





## LEON



## JOHN



### Leon Alvarez Warehouse Manager

I was born in Los Angeles, CA, on December 20th, 1988, and lived there for about three to four years. Then, my family moved to Corona, CA, where I spent most of my life until I moved to Moreno Valley in 2018.

I started working for Med One on April 6th, 2016. My role at the time was a delivery driver. In 2017, I was promoted to a Lead Driver. Then, in 2018, I was promoted to the Warehouse Manager for the Corona office. What I enjoy the most about Med One is the people I work with. When I walk in through the doors, I feel like I walk into my own home. We share laughs and headaches for sure, but at the end of the day, I look forward to walking in through those doors every day.

We are a family of four: Natalie Garcia, Chanel, and Emmanuel Leon. Chanel turned 13 this summer (yes, a teenager!), and Emmanuel is four years old. Natalie and I have been together for fourteen years, and we finally got engaged last year on her birthday. We did have wedding plans this year, but COVID came along and changed that, so now that date is up in the air.

For my spare time, I enjoy BBQ, especially during NFL season (let's go Cowboys!!!). I also enjoy fishing from time to time, but if I don't have anything going on, I work on home projects. There's ALWAYS something to do at home. I thank Natalie for keeping me busy with these projects.

I love to spend time out in the great outdoors. I enjoy going to the lakes to jet-ski, Lake Havasu and Laughlin are my favorite places to go jet-skiing, but I would also like to visit Lake Tahoe and Yosemite. One of my favorite hobbies was playing softball. I got together with a few of my cousins and started a team. Not going to lie, the first couple of seasons were tough. But we got it together and ended up winning a couple of championships. It's been a while since I've been on the field, but I can't wait for the day that I get back out there.

Well, there you have it. That's a little bit of my paradise.



### John Hutchinson Biomed Repair Technician

I was born in Oakland, California, and have one younger brother. I graduated from Hayward High in Hayward, CA. After high school, I moved to Texas, where I went to U of H for a little while studying Kinesiology before moving back home.

A hobby of mine that I have recently gotten back into is restoring cars. I am a huge American muscle car enthusiast (Chevy guy). I also love spending time with my three little ones: Kenna, 5; Myles, 2; and our newest addition, Dylan.

My girlfriend and I are diehard Disneyland fans and would take the family maybe 3-4 times a year. We also enjoy going up to our cabin, hanging out at the

lake, and fishing. I have grown to enjoy fishing a lot and did not realize how relaxing it is.

Working at Med One for over four years, starting off as a driver, and then being given the opportunity to become a Biomed Technician has been awesome. Because I started off as an equipment technician/driver, I saw first-hand how important Med One is to the communities by making sure that customers are receiving the best service possible. One thing I can truly say about being a Biomed Tech is that I know that each piece of equipment I test or do repairs on will impact someone's life.

### Joey Reyes Biomed Repair Technician

My name is Joey (Jose) Reyes, and I was born in Fountain Valley, California. I lived there until I was 12 years old before I moved to Riverside, California. I have a brother and sister that I am very close with. I have my beautiful girlfriend and our 2-year-old son who seems to never run out of energy. We have been together for 11 years (high school sweethearts) and have been through everything together. In my spare time, I love to play sports, and more recently started to learn photography. I also enjoy playing video games with my brother and acting goofy with my son to make him laugh hysterically.

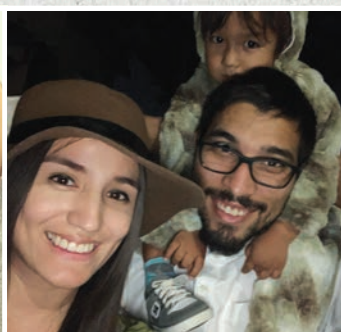
I went to a few different colleges and got my Associates in Psychology along with my

Electro-Mechanical Certificate. Once I got my Electro-Mechanical Certificate, I was promoted at Med One from Lead Driver to Biomedical Technician. At Med One, I am known as the "Bed Guy" since I have learned how to troubleshoot and repair all the beds we rent. I am learning how to test, troubleshoot, and repair equipment such as monitors, infusion pumps, SCDs, and other equipment. I love what I do because the equipment I work on can help a patient recover from what they are suffering from and possibly save a life. The team that is training me cares about the quality of the equipment we test.

In La Mirada, we go by what we call the "Platinum Standard" which means that we go above and beyond to ensure every function works flawlessly, look for damages, and make sure all equipment is cleaned with no residue left from previous hospitals. The high standards we are held to is what makes this job great. We are taught that what we do matters and how it affects the patients receiving our equipment. I like that we have become a family in La Mirada because no matter how intense the day can be, we have each other to get us through it and finish the day strong and fill every order. I am grateful to have the opportunity to work at Med One and grow as an employee.



## JOEY







# EQUIPMENT ACQUISITION

WE MAKE MEDICAL EQUIPMENT AVAILABLE



## 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.

### CUSTOM LEASE STRUCTURES

### 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.

### 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.

FOR QUOTE REQUESTS PLEASE VISIT

**WWW.MEDONEGROUP.COM**

PHONE 800.248.5882 EMAIL [info@medonegroup.com](mailto:info@medonegroup.com)

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.





VIEW FROM THE

# BOARD

Written By **Mark Oligschlaeger**  
Member of the Board

***“Beware the barrenness of a busy life.”***  
– **Socrates**

All of us share the same basic desire to make meaningful contributions at home and at work – to lead lives of consequence, to contribute to the success of our teams, and to be recognized for achieving valuable things. We have a bunch of “businesses” that compete for these resources – we want to have rewarding relationships with our spouse and kids, contribute to our communities, succeed in our careers, and so on. And we all understand that our success largely comes down to how we allocate our time, talents, and energy to the most important pursuits – acting according to a clear sense of purpose.

But often we are our own worst enemy, taking on too many commitments and ending up constantly, breathlessly stressed. Ask anyone how they’re doing lately, and they will answer, “Busy!” It’s nearly a universal experience to feel busy but not productive. So many demands are competing for our time, and it’s a struggle to prioritize.

One of my favorite management thinkers of late is Greg McKeown, author of the New York Times Bestseller “Essentialism: The Disciplined Pursuit of

Less.” His message is simple, which is to ask: “What is the most valuable thing I can be doing with my time right now?” (the essential) and then eliminate everything else (the non-essential). Only then are we able to make our highest contribution. “When we don’t purposefully and deliberately choose where to focus our energies and time, other people—our bosses, our colleagues, our clients, and even our families—will choose for us, and before long we’ll have lost sight of everything that is meaningful and important.”



The key realization is that to do things better, you have to stop doing so much. Less but better. This is easy to say, hard to do. We all run the risk of being pulled in every direction and diluting our best efforts, being a mile wide and an inch deep unless we develop the discipline to say no gracefully. “Eliminate the non-essential. Almost everything is non-essential.” Although I know this intuitively, I violate it regularly and find that I need the reminders in Greg’s book.

## THE CLARITY PARADOX

High achievers – the “go to” people in your organization – can become victims of their own success. As the saying goes, if you want something done, give it to a busy person. McKeown warns that success can become a catalyst for failure, in what he refers to as the four predictable phases of “the clarity paradox:”



- PHASE 1: When we really have clarity of purpose, it leads to success.
- PHASE 2: When we have success, it leads to more options and opportunities.
- PHASE 3: When we have increased options and opportunities, it leads to diffused efforts.
- PHASE 4: Diffused efforts undermine the very clarity that led to our success in the first place.

When this distracts otherwise capable, driven people from what would be their highest contribution, both the company and the individual lose. Successful people don't automatically become more successful. In fact, they often stand in the way of their own achievements, and managers aid in the failure by piling on more projects. Hardworking, exceptional people believe that if you fit it all in, you can have it all. It's simply not true. There's only so much of you to go around, and if you don't prioritize your life, then someone else will.

The answer is to do less, but better. When the word "priority" was introduced into the English language in the 1400's, it was singular. It meant the very first or prior thing. It stayed singular for five hundred years until the 1900's when we pluralized the term to talk about "priorities."

To avoid the traps of spending our time on non-essential activities (the "trivial many"), McKeown encourages us to use "extreme criteria" in setting priorities. If the activity doesn't score a nine or a ten, it's a one ("if it isn't a clear yes, it's a clear no"). He compares the process to our closets:

Think of what happens to our closets when we use the broad criteria: "Is there a chance that I will wear this someday in the future? Will it one day come back into fashion? Will it fit me again?" The closet becomes cluttered with clothes we rarely wear. If we ask, "Do I absolutely love this?" then we will be able to eliminate the clutter and have space for something better. A better criteria for keeping it is this: Would I buy it now? We can do the same with our choices.

THE RULE OF THREE

To help you prioritize, you can use what McKeown calls the Rule of Three. Every quarter, "take three hours to identify the top three essential objectives for the next three months." If we don't do this, we are buried in the day-to-day and rarely take the chance to step back and think strategically. When people say they're "too busy living to think about life," it's a formula for filling our lives with things that do not deserve to be included. In your organization, you can use the Rule of Three to get clarity with each member of the team about expectations, accountabilities, and outcomes.

Fortunately at Med One, we have two founder-owners in Larry and Brent, who spend a meaningful amount of time and emphasis on strategic priorities. They make significant investments in the great people of Med One, and in a board of directors, to regularly seek clarity on what is essential. It takes this type of committed leadership to simplify and focus around the right organizational priorities for their customers and employees. If it were easy, everyone would be doing it! Med One is fortunate to have owners and a senior leadership team who invest the time and dollars to ensure the Med One culture of success and clear strategic direction.

My hope and encouragement is that as you seek clarity in your own essentialism, you will find new ways to enjoy your work, eliminate unnecessary stress and clutter, live in the now, regain focus, and have great achievements and purpose. By making deliberate choices, recognizing that only a few things really matter, and that you "can do anything but not everything," you will make your mark on the world.



Embracing a Saving Mindset

I recently saw this humorous, made-up exchange online:  
Me: I really want to travel!  
Bank Account: Like... to the backyard?

While funny, this illustrates the all-too-common phenomena of spending more than is earned, which is something the average American does every year. Rather than heeding the bank account's realistic concern, many people continue to spend anyway. Even after earning more money, people tend to continue spending as much as they make rather than saving the difference. There are several explanations for this, but some key reasons include:

- 1 Feeling like they need to "keep up with the Joneses."
- 2 Believing they are entitled to certain luxuries.
- 3 Wanting a self-esteem boost.

From an early age, my parents were an example to me of how to be financially wise. I remember being very little, probably around four years old, sitting in the shopping cart as my mom shopped for groceries. I constantly asked her if we could buy all of the things that caught my eye, but her response consistently was, "We can't afford it." Looking back, I can appreciate that she responded so honestly. From an early age, I began to understand what it meant to live

of mind in financially turbulent times. Experts vary in their suggestions, but most suggest saving at least 10-20% of earned income each month. This can be challenging and seemingly impossible for some, but everyone can find an area to cut back on, even if the amount they save is small.

Ultimately, mindset is everything when it comes to saving. One can reframe how they think about saving money by viewing it as an opportunity rather than a sacrifice. By saving early on and taking advantage of compound interest, one can accumulate significant wealth even if they never become a top-earner. One can earn an average salary and retire very well if they are willing to save.

Written By Madeline Cheney  
Marketing Specialist



For example, experts recommend saving the equivalent of one's salary by the time they are 30. This example will use the national average salary of \$50,000 for a 30-year-old and assume a 9% rate of return (the average rate of return between 1970 and 2016 was 10.3%). If this individual saved

\$50,000 in their 401k by the time they were 30 – and never contributed anything more – they would have \$1,020,698 when they retire, not taking

inflation into account. Yet, if they continued to regularly contribute money to a 401k during ages 30 and beyond, they could retire as a multi-millionaire.

Modifying one's mindset about finances can be difficult, but the reward of financial freedom and wealth is well worth the challenge.

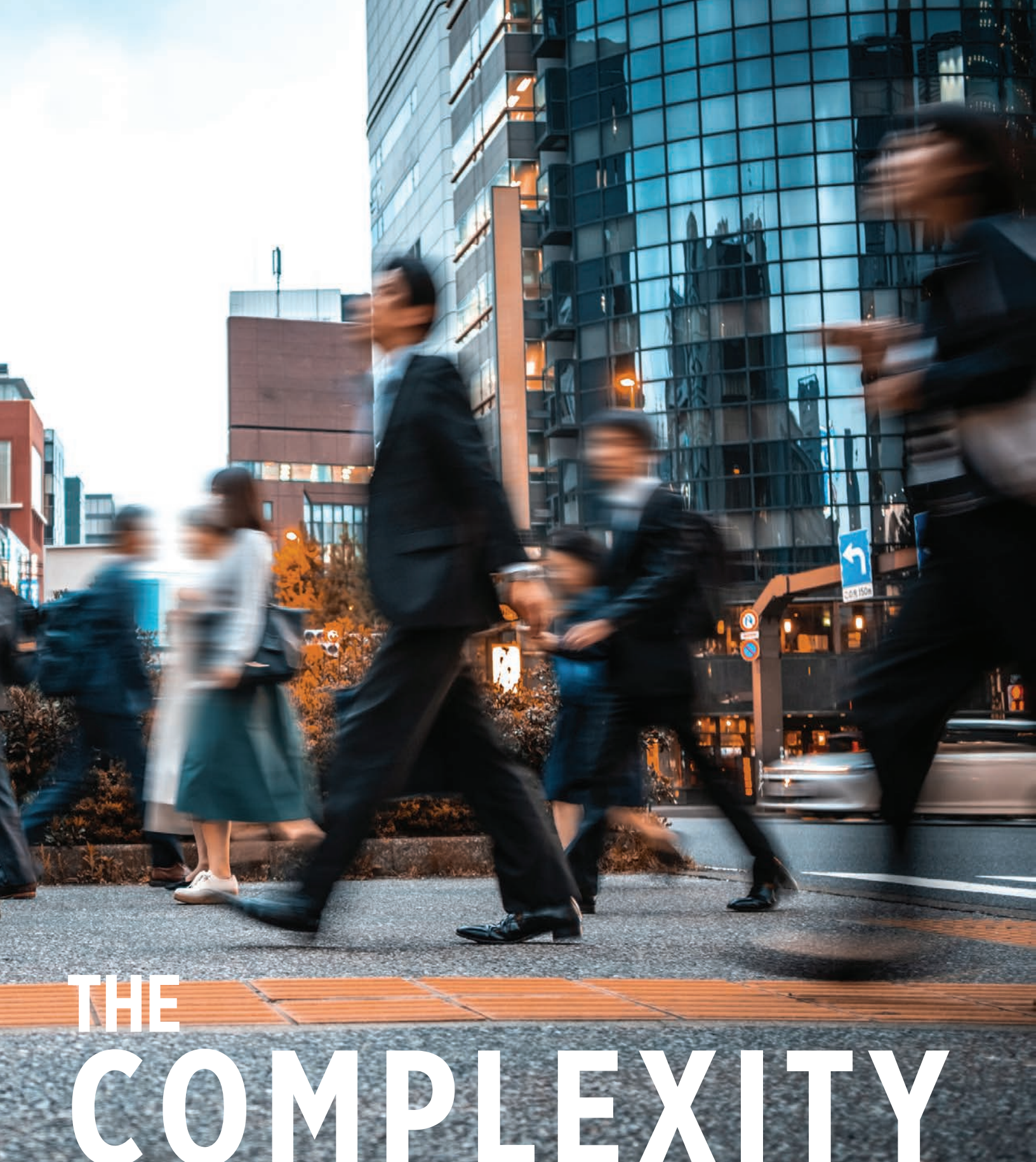
View saving as an opportunity rather than a sacrifice.

within one's means, and I got comfortable with the idea that not being able to afford something was perfectly okay – an invaluable lesson.

Saving every penny isn't practical – nor would doing so likely lead to an enjoyable or fulfilling life. Saving a percentage of one's income, however, is wise and can provide peace







# THE COMPLEXITY OF CULTURAL CONVOLUTION

Much is written and said about organizational culture. Understanding it, defining it, teaching it, and promoting it, are often priorities for business leaders. Understanding organizational culture can be a hard thing to get your hands around. Great efforts and often substantial expense are devoted to these priorities with the lofty hopes of attracting and retaining employees, galvanizing employee efforts toward focused goals, and in routing resources to ends consistent with organizational objectives. Sometimes you just have to step back and take a breath, as you try to wrap your mind around what all of this really means, and what your particular role in this mishmash is? Whew!

To add additional fuel to this muddle of confounding confabulation is the pressure to correctly apply organizational culture to decisions, people, and priorities. Years ago, I was waist-deep in these matters and found myself complaining to a co-worker. Now, every once in a great while, you get a piece of concise information that parts the fog

*"It is often the small and simple decisions that define culture. They are the nails that hold your organization together."*

and clears the way to understanding. He said to me, "culture is how your organization gets stuff done." Holy smoke, that is the kind of clarity that is worth the price of admission!

This definition cuts through the morass of what your organizational culture actually is, versus what you want it to be. The definition opens wide the door to dissect culture and clearly define its many parts, history, and various meanings. After examined, if you like an aspect of your company's culture, it is easy to articulate it and promote it. If your review produces an undesirable organizational trait, once again, it provides easy access to define a better path for change.

Written By **Grady Brown**  
VP Human Resources



Earlier this year, I had an experience in which our company culture and established policy came in conflict. I had begun the process of compiling a list of employees that would be eligible for our quarterly performance bonus. One of the eligibility requirements is that an employee must work the entire quarter. It happened that in Q1, a new employee started work on the first working day of the quarter, but it happened to be the second day of the quarter. Consequently, his name did not appear on my report as I pulled it from the employee records. When the matter was identified, we confronted a fork in the road, one path leading toward consistency and process and the other path toward the right way to treat people. It didn't take long to realize that the employee had met the criteria of working the entire quarter even though he wasn't technically employed the entire quarter. The culture of valuing employees was upheld and fostered.

Similarly, an outstanding employee was recently considered for a well-deserved promotion. The established procedure would include a review of this advancement during our Annual Salary Planning process. Since that will not conclude for five months, announcing the change now with its associated compensation adjustment is the right way to treat people. Again, the culture of valuing employees was upheld and fostered.

It is often the small and simple decisions that define culture. They are the nails that hold your organization together. So, as you consider your current responsibilities, how are you getting things done? Are you getting them done in the way that you want? What are some small changes that you can make? Do you consider the treatment of your internal and external customers differently?





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# The Key To Success In Your Career

I want to share my personal story of success that has endured my 40+ year career in sales, sales leadership, and customer relations. I think the secret may be within this story.

My first job after college was training customer service representatives. It taught me some invaluable skills as it would relate to my future career path. I worked for ATT, a monopoly in telephone communications, in one of the most demanding markets with many wealthy customers who not only expected exceptional service but demanded it.

Following my relocation to the West Coast, I worked for a large medical device company for over 30 years. I started in customer service, and it became my passion and, ultimately, the foundation for my success.

I dealt with some of the largest healthcare systems in the US and did so over the old-fashioned landline!

(Thank you, ATT, for the indoctrination training in dealing with demanding customers and issues.) With no way for customers to match my voice with my face or a simple search to check my reputation online, that meant I had to build trust through listening and responding with both understanding and empathy. I had to create an environment where each side could feel that the other was paying attention, listening, and wanting a favorable outcome. We build negotiations or understanding when both parties work toward a common goal. For our healthcare customer, that meant finding common agreement on issues like price, financial options, and contract terms and conditions.

Over time, my responsibilities included leading teams, working with our sales organizations, internal finance, and other corporate departments. That meant that my customers changed. But what they and I expected of me never wavered. As I led various teams, projects, or initiatives, being the voice of the customer was the



Written By **Ibby Smith Stofer**  
IDN & Health Systems Director

key that I firmly believed and still believe either leads to success or failure. It does not matter if the “customer” is an employee, colleague, boss, or actual “customer” of your product or service.

After a long tenure with the device company, I was fortunate to join the financing organization that had become invaluable to our company and my personal success through our long-standing partnership.

I have often been asked, how did I build trust and connections? Why were my customer interactions most often successful?

To serve your customer, there are a variety of skills that come into play. Questioning for understanding and practicing active listening are critical. A willingness to compromise, realistic expectations of others, honesty, and keeping to your commitments or promises are also very important. But being an attentive listener and empathetic is not enough. No, you must truly understand what is important to the other person or persons and be able to identify and respond to their emotions and their words. Since the 1990s, the term emotional intelligence has come to the forefront.

But what exactly is emotional intelligence? A Wikipedia search offers the following definition: “the capability of individuals to recognize their own emotions and those of others, discern between different feelings and label them appropriately, use emotional information to guide thinking and behavior, and manage and/or adjust emotions to adapt to environments or achieve one’s goal.”

Emotional intelligence comes naturally to some individuals, and for others, it is a learned skill. It is the foundation of my interactions with employees and interdepartmental colleagues, but what about the remote interactions that represented a significant part of my career? How does emotional intelligence impact those relationships and interactions?

I have done nearly all of my direct customer interactions via telephone and currently use phone communication to interact with my colleagues as well. I did not have the

benefit of visual cues and body language to guide our discussions. I relied solely on my ability to recognize and control my reactions to objections or voiced concerns combined with very active listening and tone or modulation changes in my voice. Summarizing and restating points allowed all parties to agree on key discussion points.

Zoom, Facetime, Skype, and other virtual tools have filled that gap for many, regardless of their roles. Putting a face to the caller or discussion adds

“I had to create an environment where each side could feel that the other was paying attention, listening, and wanting a favorable outcome.”

invaluable tools to read the other parties and develop a trust level that can be difficult to achieve with only your voice.

I am proud to say that most of my colleagues and bosses always wondered what I did that made what I said believable and, as a result, built relationships that remain years after our initial interactions.

In my opinion, it is because I put the customer first and try to think about how they see the issue, proposal, or idea. As they say, walk a mile in their shoes and try to anticipate any conflict points. Adding the skills associated with emotional intelligence can aide most people in achieving success. Whether you are a clerk in a grocery store, a top salesperson, a business owner, or janitor does not matter.

I wish you well and hope you have or will find the key to your own success and that you found my article interesting and now want to see the strength of your own emotional intelligence.







# VIEW



## FROM THE FIELD *HAYWARD, CALIFORNIA*

Written By **Michael Sanchez**  
Operations Manager

**H**ere at Med One in the beautiful San Francisco Bay area, we start our daily operation with a conscious process of selecting and developing the best course of action to accomplish clearly defined objectives. Our planning involves four elements: a vision, an agenda, a set of priorities, and scale of operation.

We maintain safe practices each day, such as frequent hand washing, using appropriate disinfectants, wearing decontamination suits, and wearing PPE. We continually clean and wipe down our office and break room on a daily basis to reduce the potential exposure to COVID-19. We have also reduced sharing common spaces and touching frequently used objects.

The San Francisco Bay is not without its geographical challenges. With a mountainous peninsula and hilly terrain, the typography creates many complicated deliveries. It is crucial for our drivers to have constant communication, attention to detail, and good driving techniques. We frequently discuss these topics in our morning meetings. We encourage our drivers to collaborate and participate in these meetings by sharing their experiences.

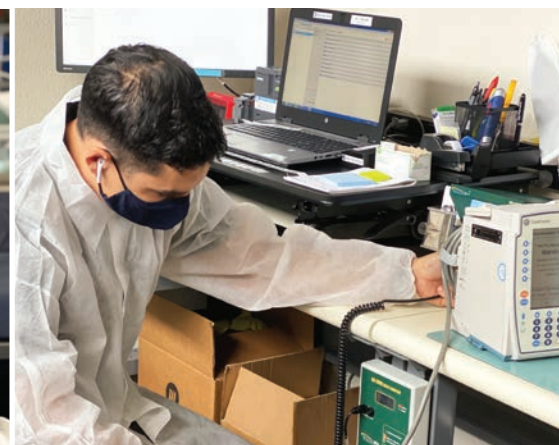
The most challenging task of our daily operations is remaining flexible. As supply and demand fluctuate day to day, our strategies must remain flexible in dealing with changing conditions. Prioritization of patient ready equipment can be tough, especially when our priorities shift on a daily basis. Obviously, the equipment at the top of our list always takes precedence, but sometimes you have to commit to last-minute scrambling.

*"We maintain safe practices each day, such as frequent hand washing, using appropriate disinfectants, wearing decontamination suits, and wearing PPE."*

We believe meeting our customers' expectations of on-time delivery requirements has to be our number one priority. It is also important to set the right expectations with our customer base to ensure customer loyalty.

We conduct special training sessions dedicated to customer service so that our drivers know how to handle themselves, keep a cool head, and answer common questions. When complex issues arise, drivers are trained to collaborate with the lead driver or the operations manager to find the best solution. We formally recognize our workers who have done a particularly good job dealing with customers. We are consistently searching for ways to improve our reliability.

Our working culture here at Med One Hayward is very important to all of us. We believe our workplace culture is in our shared values or belief systems, attitudes, and a set of examples that people in a workplace share. Open and honest communication is essential. Very few have ever failed with the hard work approach to making it in life. You may rise slowly, but you are sure to rise.





# GREATEST HEALTHCARE IN THE WORLD



Over my career, I have had the opportunity to visit and live in countries throughout the world. As I have experienced the quality and availability of healthcare in various countries, I have grown to appreciate what we have in the United States, even though it is not perfect.

I have a former coworker in Canada that is on a hospital board for a large hospital facility. She often told me of her frustrations with providing service amid the government restrictions. When the government wanted to reduce costs, they made the hospital close off a complete wing. The hospital was not allowed to admit patients into that section of the hospital even though they needed the rooms for existing patients. This resulted in patients being sent home even though they needed hospital care. I don't know how they decided which patients got to stay and which were sent away.

Written By **Randy Smith**  
Director of Information Technology

While I was living in Belgium, a friend was admitted to the hospital for the removal of a growth on his arm and his thyroid. We often visited him and smuggled in food because the only food he was offered was coffee, bread, and cheese. Since he didn't drink coffee, he asked if he could have the milk instead. He was denied the milk and told he could only have water. At the same time, the man in one of the other beds in his room kept a case of wine under his bed and would have friends over to party and get drunk while in the hospital. Also in Belgium, an older friend in his 80's had a stroke, but because of his age and lack of service availability in the hospital, he had to wait four months to see a doctor and was told to



stay in bed. By the time the four months were over, he was crippled on one side. If this had happened in the United States, he could have had immediate treatment that may have left him with little or no lasting effects from the stroke.

During a visit to South Korea, I was visiting a historical site with some friends and heard a commotion near a rock wall overlooking a 25-foot drop to a steep, wooded area. We went to see what the commotion was all about. We looked over the drop and saw that an elderly man had fallen off of the wall and rolled down through the trees. An American serviceman was the first one there and was helping but didn't speak Korean. My friend and I hurried to help, and my Korean speaking friend was able to communicate with the injured man. I was concerned the injured man may have hurt his back because his legs were not moving. While we waited for the ambulance to arrive, my friend comforted the injured man, and I intercepted small boulders that kept rolling down the hill toward us. When emergency services arrived, the ambulance crew brought down a stretcher and did not even check the man for injuries. They just picked him up and put him on the stretcher then tied him down amidst his screams of pain. We helped to lift the stretcher up the hill, and the ambulance crew took him away. It concerned me that at no time was the man checked to see what his injuries might be. As I talked with my friend about my concerns, he said that he has seen people injured on the street and, instead of waiting for emergency medical personnel, they felt it was safest to just put the injured person in a car and drive them directly to the hospital. The ambulance drivers are not trained on how to treat the injured and just transport the patient, often compounding the injuries.

I have a son that is currently in a medical residency and have been impressed with the requirements he had to meet to get into medical school and the training he has received during medical school and his residency. As I have talked with friends and

coworkers in other countries, it has amazed me that they talked about shortcuts their children and others could take if they could not qualify for medical school, or if they wanted to get through a lot faster. The medical education is often shortened and simplified so they can become a "doctor," although their experience and training is marginal.

As much as people complain about the health care in the United States, most people have never experienced or witnessed what goes on in the rest of the world. We consider our healthcare expensive and inadequate, but never really understand the other costs of getting the same service in other parts of the world, if it is available at all. While

visiting Canada, I was surprised to see television advertising for health insurance because I thought it was all included with the government-provided health care. When I asked my Canadian friends, they explained that government-provided health care only covered very basic service but did not include anything that might be out of the ordinary or may have higher costs, including most treatments and medications. At the

time, you could pay an additional \$140+ per month and qualify for the higher-end medical care you would not normally be able to get. Additionally, a couple of years ago, all of the doctors in Canada agreed to take a 10% pay cut so they would have enough funds to provide for additional, critical medical staff and facilities.

On the surface, other countries seem to have solved the problem of providing high-quality health care for their citizens, but I have never found that to be the case. For me, I feel very grateful to be able to get high quality, available health care from well trained medical staff. I strongly feel there could be changes and improvements to what we have in the United States, but also feel we have the best health care systems in the world.

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