

MED ONE TO ONE

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A MED ONE CAPITAL PUBLICATION

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TWENTY SIXTEEN

# MED ONE TO ONE

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ISSUE

49

JUL / AUG / SEP



**M***ed One To One* consists 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 of Med One Capital. If you are reading this edition of *Med One To One*, you are a part of our team. Med One owes our success to our valued customers and supporters. To subscribe to a digital version of *Med One To One*, please visit [www.medonecapital.com](http://www.medonecapital.com) or send an email to [editor@medonecapital.com](mailto:editor@medonecapital.com).

In 2016 Med One celebrates 25 years in business. From humble beginnings Med One now services half of the nation's healthcare facilities. At Med One, we make medical equipment available, and we do it by creating the best possible experience for our customers. Led by Larry Stevens and Brent Allen, Med One has grown to become one of the largest independent leasing and rental companies in the country.

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Let The Games

# BEGIN



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

**a**t the time of writing this article, the 2016 Olympic games are one week into the competition. These games allow us to learn about our fellow countries throughout the world, and give each nation something to be proud of. While there was a lot of controversy building up to the games in Rio, I have really enjoyed watching the different events and feel that, for the most part, the games have been very successful, inspiring, and enlightening.

I have to admit that I don't generally watch a lot of TV, but during the Olympics I find myself drawn to the competition. I really don't care which sport is on, and during the two and a half weeks of competition, I am suddenly a huge fan of gymnastics, rowing, swimming, volleyball, table tennis, fencing, or whatever is airing. I know nothing about many of these sports but am transformed into an "expert" during this time—I'm sure many of you are just like me. When you watch one of the judged events, you find yourself arguing with the commentator on how well the athlete did. For example, while watching the women's synchronized diving, one of the commentators claimed the athletes were not really in sync. I went crazy and started saying how great the dive was. I'm sure my family thought I was nuts arguing with the TV. To my satisfaction, the judges gave a great score and I somehow felt justified with my analysis.

It blows my mind how amazing these athletes are. They give so much to be where they are, sacrificing time with family and friends to perform the necessary training. To then watch them compete and achieve their goals is very motivating. I have great respect for anyone who is willing to put in so much time and effort to be the very best they can.

For me the greatest part of the Olympics is when someone goes above and beyond and creates a "special moment". So far, there have been several instances that I feel make the Olympics what they are. Here are a few examples:



***Sprinter Usain Bolt becoming the first athlete to win 3 straight Olympic 100M gold medals***

***Sprinter Wayde van Niekerk breaking the 17-year-old 400M world record from the 8th lane***

***Swimmer Michael Phelps becoming the most decorated Olympian with 28 total medals***

***Gymnast Simone Biles becoming the most decorated US gymnast of all time***

***Fiji winning its first Olympic medal***

***Brazil winning its first medals (silver and bronze) in the men's gymnastics floor exercise***

***61-year-old Mary Hanna (Equestrian) competing as the oldest athlete and swimmer Gaurika Singh competing as the youngest at 13 years old***

***Chinese diver and silver medalist He Zi being proposed to by her longtime boyfriend, fellow Chinese diver and bronze medalist Qin Kai after her medal ceremony***

As shown by these incredible moments, the Olympic Games teach us that there is no limit to our greatness if we push ourselves. I'm excited to see what other great moments happen as the games wrap up. I know there will be many fun and inspiring moments. It will be sad when the games come to an end, but I know in two years, the Winter Games will be back and I will be right there cheering on all the athletes. Who knows, maybe one day, ice cream eating will become an Olympic sport and I will have a chance to compete. Until that day happens, I will continue to be a supporter from the stands—well, my couch.

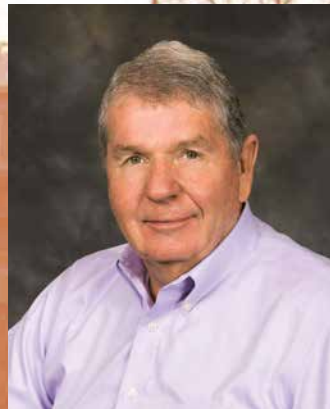


# SIMILAR MARKETS DIFFERENT PATHS

COMPARING THE MEDICAL  
EQUIPMENT RENTAL AND  
LEASING INDUSTRIES

## LETTER FROM THE OWNERS

WRITTEN BY: LARRY STEVENS



I was recently asked by a national publication to write an article about the Medical Equipment Rental market and its impact on the Equipment Leasing business.

One of the primary activities that Med One engages in is the true rental of critical care equipment. I say true rental because in our arena there are few players who are actually in the rental business. I have seen, over the years, many players in the equipment leasing space try to lay claim to being in the rental business (serving various industries). However, a cursory review of their business model quickly reveals that they are not actually in the rental business. Any relationship between the equipment leasing business and the equipment rental business is purely semantic. The equipment rental business is in no way an extension of or an appendage to the equipment leasing business. Certainly there is some overlapping terminology and some common interests, but they are far from interchangeable.

To simplify, think of the process of choosing and acquiring the automobile that you will use as your primary mode of transportation day in and day out. Compare that with what you do when you travel and need to rent a car while you are in a particular town doing business.

In the first instance, you determine the vehicle that will best fit your needs, negotiate the best possible price for the chosen set of wheels, then you will analyze and

choose a method of acquisition. You may decide to pay cash and purchase, you may seek financing through a bank or credit union, or you may even decide to lease it. You approach the second instance much differently. First you choose the rental company with which you prefer to do business. This is based on a number of criteria—including customer service, pricing, flexibility of programs, ease of picking up and returning the vehicle and availability and quality of the vehicles offered (among others). You then order the vehicle that will fit your needs for the term that you need to use it. When you arrive in town, the vehicle is ready for you to pick up and drive away and use as if it were yours, with the expectation that you will return it when finished in the same condition as when you picked it up. Your only expense is the cost to operate it during your stay and the daily charge to use it. You incur no repair expense, and no long term responsibility.

The likelihood that you would ever choose to rent your primary automobile in your home city from a rental car company would be zero. The concept would be absurdly cumbersome and ridiculously expensive. By the same token, one would never seek to avoid paying costly rental car fees by actually purchasing a car for every town that you would ever have to travel to and keep it in a garage awaiting your infrequent and temporary use. The concept of how you acquire your primary vehicle and how you provide for your temporary transportation needs clearly points out the difference between the equipment leasing business and the equipment rental business.

Now look at the two scenarios from the provider point of view. When you choose your primary vehicle you will often deal with a number of entities. Primarily you will deal with the seller of the vehicle. Virtually all of your negotiations of equipment, price and terms of the sale will be between you and the selling dealer. The dealer may or may not offer to arrange for the financing and that may or may not appeal to you. The two functions are coordinated, but not necessarily related to each other. The dealer has an inventory of vehicles to provide you your choice or he assures you that he can find what you want. He will likely offer you choices on how to acquire the vehicle. The dealer will also take care of servicing during and after the warranty period. So the dealer has to have an inventory of cars, a facility from which to do business and a service department.

Should you choose to lease or finance the purchase, the finance or leasing entity basically has to have an office in which to conduct business and money enough to pay the dealer the price of the car.

Someone in the rental business faces a much more daunting dilemma. To begin with they require a location at every airport—trying to provide partial market coverage severely limits access to the pool of travelers and potential renters. Additionally, the rental company needs an inventory and a variety of cars available. This makes forecasting and inventory control critical. Service has to be performed on each vehicle on a regular basis. That is only the tip of the iceberg, suffice it to say, it is a daunting and expensive task to provide for the automobile rental needs and desires of a fickle and demanding public.

” As I have contemplated the impact of the rental business on equipment leasing, I would say that the impact is minimal.

The difference between the short term equipment rental business and the equipment leasing business has all of those same elements and challenges in play. As a medical equipment rental company, we (Med One) generally need a physical location in every region that we want to serve. We have to have the capability and expertise to care for and service the equipment in our inventory. We need personnel and delivery vehicles to get the equipment to our customers when they need it (and those services have to be available 24/7 because medical emergencies are tough to schedule in advance). We have to be able to predict what is needed as well as quantities so that we can respond to the customer's needs. However, the most challenging aspect of all is the capital needed to purchase all of the equipment needed to serve our customers. Purchasing equipment for rental affords virtual no ability to leverage financially as is done with a lease portfolio.

As I have contemplated the impact of the rental business on equipment leasing, I would say that the impact is minimal. The two functions are so different and serve such different needs that I see little overlap in the real world. Among the things that seem to define the scope of why the equipment rental business works are:

**1** Rental is generally used to provide equipment on a temporary basis—generally when the specific equipment is needed immediately and it does not make economic sense to acquire it permanently.

**2** The need for rental equipment is driven by the fluctuation in patient census levels. As patient census temporarily utilizes all available equipment for certain clinical uses, short term rental is a perfect answer.

**3** Using rental to acquire permanent equipment will prove to be very, very expensive to the user and would be done only if other extenuating circumstances prevailed.



**4** Just as it makes no sense to build a church to accommodate all of the worshipers who might attend only on Christmas or Easter, it would make no sense for a hospital to acquire all of the equipment that they would use during the times of highest census. That strategy would leave a lot of expensive equipment sitting idle during most of the year.

**5** There is a much greater need for availability of rental in high population areas and larger hospitals that serve that population. Rental in smaller, less populated areas happens only infrequently.

In the universe of rental, there are myriad variations but conceptually, rental exists primarily to provide for the temporary need for specific types of equipment needed by hospitals to properly care for their patients. To this point, we have asked ourselves a fundamental question as we plan for our future growth and opportunities. "Is our growth as a rental company being fueled by a fundamental growth in demand for rental or by taking market share away from our competitors?" We believe that although there is a small growth in the fundamental demand for rental which is fueled by increases in population, the bulk of our growth as a company comes down to winning market share from competitors.

The reasons for our success in building our market share of rental revenue in the markets that we choose to serve seem to center around the fundamental elements that have always made Med One successful over the years.

### Creativity

Being creative is who we are. Each solution is personal and unique because we strive to understand the needs of our customers and vendors.

### Simplicity

Med One's simplicity stands out in an industry that can be very complicated. We offer extremely simple documentation and straight forward solutions.

### Responsiveness

Whether the customer needs an equipment lease quote, peek need rental, or purchase option, we value our customer's time and are responsive during the entire sales process.

Creativity, Simplicity and Responsiveness. Whether we are leasing, selling or renting, we have to bring those three elements into every opportunity we are given to serve our customers. That will continue to drive us as a company and will enhance the career of everyone here. We do not have the advantage of being in an industry that has excess demand for our services. In almost every case, for us to win someone else has to lose. We have to be at the top of our game every single day.

Our rental business is growing rapidly. We have recently been awarded some exciting contracts that will provide additional opportunities for growth. These opportunities require that we invest heavily in infrastructure and equipment. We justified this investment in the past because our team of employees each has made a personal commitment to do the very best for our customers. I am amazed at the level of service and commitment that is being demonstrated by those who represent us. These are exciting times at Med One. We are confronting great challenges and we are making wonderful progress. It is fun to be part of a company that puts so much emphasis on the value of customers. I hope that we as a company never lose sight of such an important guiding principle.



### 2016 BOARD OF DIRECTORS





# TYLER'S JOURNEY

WRITTEN BY: JEFF EASTON



A few years ago, my family started on a medical journey that has deepened my appreciation for the work we do at Med One Capital. I have shared a part of this story a few years ago, the story about how my son Tyler was diagnosed with a rare tumor called a pheochromocytoma. I hope you don't mind that I take on a personal tone again this month regarding my now 14-year-old son and where he is at in his medical journey.

Three years ago, in April 2013, my wife Camille asked that I leave work and attend a well-check visit with my then 11-year-old son Tyler. This is the first well-check visit I had gone to since our oldest daughter, Makenzie (13), was just a baby. I asked why she wanted me to come and she said that she just felt like I needed to be there. She had never done this before.

The nurse took Tyler's blood pressure, but she said she thought there must be something wrong with the machine. After three different nurses and Tyler's pediatrician took his blood pressure a total of 14 times, the doctor said, "I guess I have to believe it. You have high blood pressure (155/115)." This number is extremely high and dangerous for a child Tyler's age, so the pediatrician then began trying to determine what the problem could be. They did an EKG on Tyler that night and the left side of his heart was enlarged, which made sense with his high blood pressure.

The next day Camille took Tyler up to Primary Children's Hospital, one of the best Children's Hospitals in the nation, located just 25 minutes from our home in Salt Lake City. Tyler was diagnosed with a rare pheochromocytoma, part of the Paraganglioma family of tumors. This tumor was off the adrenal gland right above the kidney and was producing too many hormones, thereby causing his blood pressure to be dangerously high. The radiologist at Primary Children's read the ultrasound results and said, "I have never seen this in my career—only discussed it in medical school." Out of all the doctors who discussed this at Primary Children's, including Tyler's primary care doctor, only one had ever operated on this type of tumor, a few years before in Birmingham, Alabama. The surgeon had seen it but only on a few rare occasions.

How rare was this? The surgeon told us that 1 in 500,000 people are diagnosed with this during their lifetime; however, only 10% of these diagnoses are children. Therefore, the chance of this happening to a child is 1 in 5 million. Since originally finding the tumor we have learned that it's reoccurrence in Tyler's body is even more rare than what we initially thought and had been told.

The next day, April 18, we visited with the pediatric surgeon at Primary Children's who would eventually perform the surgery to remove the tumor. Before operating, we needed to get Tyler's blood pressure down. A middle-aged or older adult with blood pressure readings as high as Tyler's would have had a stroke or heart attack by then if left untreated, so we felt very blessed that our great pediatrician found the problem. On Monday morning, April 22, I took Tyler to get an MRI for some better pictures and to see if there were any other tumors. Then we went to meet with the pediatric surgeon and a kidney

specialist who were in charge of getting Tyler's blood pressure down to a level where the tumor could be removed. Fortunately, the MRI showed no other tumors or lesions. However, because Tyler's high blood pressure came from an unusual cause, lowering his blood pressure was proving to be difficult. Finally, two days later, on Wednesday night, his blood pressure readings were low enough (high 120s/high 80s) to schedule the surgery for Friday afternoon—ten days after our initial well child visit to our pediatrician. We were so excited and so thankful.

Tyler went into surgery at 3:50 pm on Friday, April 26, and what was supposed to be a two-hour surgery turned into a four-hour surgery. The tumor was buried under blood vessels, and many items around the tumor had to be removed so they had clean access. Each time the tumor was touched his blood pressure would spike—a few times to over 220. The doctors put in a central line (a catheter in his neck which gave them direct access to his heart) to administer medicine to stabilize his blood pressure immediately. By 8:30 that night, my wife and I were able to be with Tyler and by 10:00 pm we were in his room at Primary Children's. We spent the next 48 hours at Primary Children's and brought Tyler home Sunday evening.



## Primary Children's Hospital, SLC, UTAH

On May 6, ten days after Tyler had the tumor removed by a very skilled surgeon and surgical team and twenty days after his wonderful pediatrician initially discovered that something was wrong, we had a follow up visit with the surgeon. Had the tumor gone unnoticed, it would have caused greater harm to his body and eventually would have been fatal. However, there is always a chance with a pheochromocytoma that another one might generate. Tyler went through genetic testing in December of 2013 at the Huntsman Cancer Institute and was found to have the SDHB gene that causes these extremely rare tumors to occur. Because of this gene these tumors continue to grow in Tyler and there is currently no cure for this.

In February of 2015 Tyler began to feel the same symptoms that he had felt in 2012–2013 before his first diagnosis and surgery: pounding headaches, heart palpitations, and heavy sweating. We immediately had him check his blood pressure



which he was already periodically doing, and his blood pressure was high again. We went in for lab work with his doctors at Primary Children’s and Huntsman Cancer and it was confirmed that something was going on in Tyler’s body again. We then had different CT and MRI scans performed and the scans did not pick up or show anything. However, all of the symptoms existed and the lab work confirmed there were things going on. This is when the reality of Tyler’s life, treatment of this condition, and what we were up against started to set in. In April of 2015 Tyler’s wonderful doctor said to us, “We can’t help you the way you need to be helped. You need to go back to the National Institutes of Health (NIH) in Bethesda, Maryland where they have a team of doctors who, for the last 16 years, has been studying exactly what Tyler has and sees patients from around the world with this condition.”

In August of 2015 Tyler had finally been accepted to the NIH. We were so excited, thankful, and anxious to be under the care of the most experienced doctors in the world for Tyler’s condition. In August, Tyler and Camille spent two weeks there, meeting with doctors, doing lab work and having many scans and tests done. Some of the scans/testing were not FDA approved and in a research phase and Tyler was part of this research. From one of these non-FDA approved scans they were able to locate two tumors that normal scans were not picking up. We were so excited and thankful. We love this team of doctors at the NIH.

In October Tyler returned to the NIH for an additional two weeks and had surgery that lasted almost 8 hours. When they were performing the surgery they removed five tumors in total. All of these tumors as well as his first tumor have been benign, which we are extremely grateful. If they do become malignant or he gets one that is malignant, this is a game changer and different things would occur, none of which are good. We pray that they will always be benign. When the tumors are out of his body, he is not on medication, and nothing new is growing, he

feels great and can do and participate in anything he wants. However, when the tumors are in his body and he is on heavy doses of blood pressure medication he is lethargic and deals with the side effects of the medication. We just pray they don’t occur as often as they have been.

In January of 2016 Tyler and Camille returned to the NIH for follow up scans/lab work/testing for Tyler. In addition, a week before they left we received the results from Camille’s genetic testing, as the gene had to be passed onto Tyler from Camille or I, and she was positive, meaning she was the carrier of the gene. The two of them spent the week at the NIH and Tyler was cleared and taken off of all blood pressure medication and felt the best that he had felt since the previous February when the symptoms had returned.

February 10, 2016, Tyler texted Camille and I from his school and let us know that he was having some heart palpitations. After school he came home and hooked himself up to his blood pressure cuff, that he knows so well, and Tyler was correct. His blood pressure was high and that only means one thing, another tumor was growing inside of his body. Over the next couple of weeks all of the symptoms began to return and by the first of March we were meeting with his Doctor at Primary Children’s/Huntsman Cancer and doing lab work. The lab work all came back and confirmed something was happening with Tyler, again. We talked with his Doctor in Salt Lake City and she advised that it made no sense to do scans/testing here locally, that we needed to go to the NIH.

Tyler hates to be different, he would love nothing more than to not have this extremely rare condition, to be like every other teenager, and be able to be back on the basketball court, where he excels when tumors are not present in his body. However, with Tyler that is not going to be the case, and he understands this and deals with this extremely well. I remember one of the only times I have seen or heard him appear scared was after he

met with the doctors at the NIH a final time before he left in October 2015 from his first surgery out there. He was told that, “you are going to know better than anyone, any doctor, or any test when a new tumor is growing in your body. You have to listen to your body, trust your body, and you will know.” The doctors were right and Tyler has done a great job with this.

In June of 2016, the entire family accompanied Tyler back to the NIH for scans/lab work/testing. Camille went through lab work and scans as well to make sure nothing was happening with her and she came through completely clean and will have follow-up scans done from time to time. The other four kids went through genetic testing and we have not received the results at this time. Tyler had scans done and he was right again, something that he noticed back on February 10th, had now grown to only 1.1 cm in size. It is amazing how something so small can cause major havoc in his body or death if his blood pressure is not treated until removal of the tumor.

Unfortunately, because the tumor is only 1.1 cm in size, surgery will have to wait. Until the tumor is 1.5 cm or bigger in size, surgery will not be performed. So now we find ourselves, ironically, praying for a tumor to grow so that it can then be removed. On August 11th Tyler and Camille returned for a week to the NIH for more scans/lab work/testing to see the growth of this tumor. Unfortunately, the tumor has not grown to the levels needed and so in January of 2017 Tyler and Camille will return to the NIH for another week for more scans/lab work/testing to see the growth of this tumor. We then hope that Tyler will be able to go back and have surgery early during the 2nd quarter of 2017.

Since August of 2015, Tyler and Camille have made 5 separate trips to DC and have spent over 7 weeks at the NIH. The NIH is far away and it is hard having Tyler and Camille gone—it takes a toll on the rest of the family—but we are grateful this hospital and research institution exists, and it is a blessing in our life. We can’t even express properly the love that we have for his team of doctors, the facilities at the NIH and the Children’s Inn that Tyler stays at when he goes.

We are thankful to family, friends, and associates from across the country for their concerns, prayers, and offerings to our family. Camille and I have been humbled by the love that has been shown to us. We know this is how we are supposed to treat one another and we are grateful to be the

recipients in this case. What is happening in Tyler’s life is a miracle along with the love that my entire family has been shown.

Med One Capital’s major operations are in the leasing, renting, servicing, and selling of medical equipment and providing working capital solutions primarily to acute care hospitals and other medical institutions. However, Med One is much more than that. We provide the opportunity for hundreds of hospitals to obtain critical care equipment to care for their patients. We are thankful for the vendor relationships and Capital Partners we have that support us in helping hospitals procure the appropriate equipment they need.



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National Institute of Health, Bethesda, MARYLAND



As I saw the ventilator that my son was on during his surgery and will be on again soon, I thought about the thousands of ventilators that Med One has made it possible for hospitals to obtain. As I saw the different infusion pumps that he has been hooked up to, I thought about the thousands of infusion pumps that Med One has sold, rented and leased to hospitals on unique terms. As I have seen the hospital beds he has laid on, the X-ray machine that first identified the tumor, the MRI and CT machines that locate his tumors, the monitors that charted his progress, the pharmaceutical distribution cabinets that provided his much needed medicine, the surgical equipment used to remove the tumors and current tumors, the anesthesia machine used during surgeries, and the many other items that have been used on my son the last 3 1/2 years, I think about the thousands of lives that Med One has benefitted since we began business over 25 years ago. On the day of my son’s surgeries it is humbling to know that he is one of those beneficiaries.

Med One has provided approximately \$2.5 billion worth of equipment to hospitals. We are humbled by the gratitude we receive from the hospitals we serve. At Med One, we are grateful for hospitals and the dedicated people who care for each of their patients.

Med One is a great place to have the opportunity to work, to support, and to be a part of the wonderful process of improving people’s lives.



# Creating Buy-in

**R**ecently I reposted a quote on LinkedIn, attributed to Tina Fey, which says simply: "In most cases, being a good boss means hiring talented people and then getting out of their way." While I agree almost wholeheartedly with this premise, you can't simply "get out of the way" until your people have gained a clear understanding of what is expected and have bought into (at least in part) your overall vision.

Like many of you, the two things that occupy most of my personal "bandwidth" are my career and my family. In both situations there is an ongoing and even daily opportunity to build harmony, trust, mutual appreciation and satisfaction, and thus buy into goals or objectives of the group. At home, my kids need constant motivation to work and to be up and doing, or in other words, to just not be lazy and self-absorbed! Without prodding by their parents, slothfulness and boredom prevail. Achieving buy-in at work is just as important, and once it happens the resulting synergy can be profound and enduring.

Buy-in happens when members of a group agree with and accept an idea or concept as worthwhile. Whether it's customers or employees or even family members, it's an uphill climb until everyone is on board.

When it comes to getting real results at home, in the workplace, or in any situation needing cooperation, it's not enough to simply lay out a great vision. The team or group must understand, share, and be jointly motivated by your vision before they will act to carry it out. Individuals must buy into the "big idea" that the vision represents.

How is this done? Leaders may think their enthusiasm alone will somehow transfer their vision to the group osmotically. After all, if you're excited about a great idea and you show it, why wouldn't everyone else feel the same way?

Enthusiasm is a great start, but there must also be clarity and dialog. Clarity means the idea is communicated well enough to build understanding, but also well enough to transcend as much misunderstanding as possible. With clarity comes a solid rationale for the plan or idea. Additionally, the purpose and core of the vision must be communicated consistently to all members of the group within their frame of reference. It's been said that if we only hear something, we soon forget; if we hear and see, we then remember; if we hear, see and experience, only then do we truly understand. Once all members of a group get to experience their role in the vision, understanding and buy-in happens! Furthermore, ongoing dialog helps others to really get behind something because they have a chance to discuss and contribute to and thus help shape the vision.

So much of what we teach and train and even expect is built around the how and what. Not enough clarity is always given to the why. Most parents can relate to the experience of young children constantly

wondering and asking "why" about anything and everything. I've learned (often the hard way) that getting my kids to do anything the first time, let alone consistently, means they feel a need to know the reasons why. Even after they know the why's, there's no guarantee of future performance, but it certainly improves the chance of a better outcome.

One last but important key that can go a long way in building buy-in is finding a way to simply make it fun! Some people have naturally more playful personalities than others, so everything they do is a joy and it becomes contagious—everyone wants to be a part of what they're doing because they always appear to be having fun. My sister-in-law has this quality. Her kids are always watching for the next game or exciting challenge or reward, so as a result, they tend to join in the work more willingly because they know from experience that it might end up being fun! This strategy is powerful and even magical at times. When I employ this at home, my kids are infinitely more responsive, helpful and even cooperative—because work somehow becomes play. It's hard to do and even harder to maintain, but it never fails. The same basic approach can be utilized in the workplace. When done well, employees love to come to work (and it can even rub off on customers too).



WRITTEN BY:  
ROBB STEVENS





# WATER DAMAGE

WRITTEN BY: NATE DAVIS



**T**he iPhone 7 and iPhone 7 Plus were recently released. Major changes have come to the iPhone. I would like to highlight two of these changes: 1) it is water resistant and 2) there is no headphone jack. Ironically, both of these changes are related.

A few years ago during a family vacation, my wife wanted to take a picture with her iPhone. Unfortunately, the iPhone dropped in the ankle deep water she was standing in. Water entered and damaged the device in a split second. Needless to say, it was an expensive drop. Most people can at one point or another relate to my wife's experience. Phones travel with us everywhere from the laundry mat to the city pool. Unfortunately, these wandering devices are regularly dropped.

As a solution to this common water damage problem, Apple has released a water resistant iPhone. No, Apple wasn't the first to do this. However, Apple perfected prior attempts with a smart trick—doing away with the iPhone's largest hole, the headphone jack.

During the Apple keynote, Phil Schiller said Apple had the "courage" to remove the headphone jack. Could Apple have found another way to keep it? Sure. However, I believe it was easier to get rid of the headphone jack to assist with waterproofing and usher in a more wireless future.

Those who have paired a set of wireless headphones via Bluetooth know the pain: hold a button down on the headphone, hope it is the right pair button, open the settings on the iPhone, select the headphone, and then

finally pair the headphones. Apple made this process seamless by introducing a new chip called W1. These new headphones use Bluetooth to communicate, but when held close to an iPhone, the iPhone brings up a screen to pair the headphones. Quick, simple, and easy.

The water proofing, the lack of a physical home button, and the new screen are great upgrades. Apple was not the first to do this, but it has enhanced the current system and has moved the brand forward. With Apple's influence in the phone market, these seemingly small changes will sure to create a large impact with competitors and accessory manufacturers.



# EQUIPMENT ACQUISITION

INFUSION, RESPIRATORY, MONITORING, OXIMETRY, IMAGING, SCD, 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.

### 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 Capital 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.

### 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.

## RENTAL, SALES, & SERVICE

### 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.

*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.*

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# EMPLOYEE SPOTLIGHTS

## DATHAN CALVERT

I was born in Albuquerque, New Mexico. I lived there with my mom, brother, and sister and spent the summer months with my dad in Los Angeles. When I was 10 years old we moved to Auckland, New Zealand. Kia Ora! While growing up, I enjoyed sailing, fishing, skating, playing rugby, driving fast cars and hanging out at the beaches. After completing my high school education at Selwyn College, I decided to return to The United States. In 2005, I moved to California with a backpack and a good attitude, and attended Orange Coast College. After moving from the desert to an island, I felt I needed to stay close to the ocean. The Southern California weather is everything that people say it is, but I miss my rainy New Zealand days and lush green scenery, not to mention the clean air.

I met the love of my life when I was 20 years old. We spent the summer together and quickly became best friends. Finally, we got married in 2012, and have now been together for 11 years. We both enjoy traveling, spending time with our family, spoiling our niece and nephews and playing with our golden retriever. We look forward to starting a family of our own in the near future.



In 2009, I started working in the medical equipment rental industry as an equipment cleaner. I quickly rose through the ranks, graduated to a driver position and eventually landed a position as a biomedical technician. With my mechanical and electrical knowledge, it was an easy transition. I worked hard to soak up all the knowledge I could and had the benefit of some great mentors. My last position before coming over to Med One involved training employees in each department, from

cleaners and drivers, to billing and biomed, to branch and operations managers. Working my way up in this industry gave me great insight into many different areas, which I'm happy to pass on whenever needed. The medical equipment industry keeps me interested because there is always something to learn: new therapy, new equipment and new solutions to prolong life and give comfort for the end user.

Last August, I began working for Med One as the Southern California Operations Manager. Working for Med One has been a cool breath of fresh air in the hot Los Angeles smog. I have only been with the company for a year, but it has flown by. When I reflect on this time and all that we have accomplished together, it is extremely impressive. From the owners to my managers, to my peers and my employees, Med One is a wonderful group of people. I am proud to be a part of this first-class organization and look forward to growing with the company for many years to come.



## BRYSON CUTLER

I was born in Salt Lake City, Utah and when I was eight years old my family moved 30 minutes north to Layton. I have lived all my life in Utah except for 2 years in North Carolina for a church mission. Growing up I learned to love Utah's sports teams especially University of Utah football and basketball and the Utah Jazz. If I wasn't watching these teams on TV or going to the games, you would find me playing basketball with my buddies. I have always had a passion for sports and luckily I had great coaches who helped teach me some valuable life lessons.

I have been married to my best friend Taralynn for 3 years now. We love watching movies and TV shows together, camping and going on road trips. This May we welcomed a new addition to our young family, our beautiful daughter Edelynn. Everywhere we go with her people stop us and are amazed at how much hair she has. It certainly has been an adventure and a challenge as new parents but it is so much fun. Edelynn already has a personality so I love coming home to play with her every night.

I have been at Med One for over a year now. I graduated in Spring 2015 from the University of Utah with a degree in Strategic Communication. While there I became fascinated with marketing and public relations and the strategies and tactics involved with it. Currently I am the Digital Marketing Specialist for Med One Capital. I create content and campaigns for social media while also working heavily in Search Engine Optimization to increase our digital presence and help more people find Med One. I feel lucky to be a part of the Med One team with so many great individuals and hope to play a vital role in Med One's marketing for years to come.





# EMPLOYEE SPOTLIGHTS



## RYAN RIGMAIDEN

I was born and raised in Oakland, California. I love music, people, history, travel and sports. I am a huge Oakland Raiders, Oakland A's and Golden State Warriors fan. Growing up 5 minutes away from the arena and stadium, and it being my first job, I have a connection. I am the father of 3 beautiful kids: my daughter Amalia is 7 and I have twin boys Leandro and Lorenzo who are 5. My kids are everything to me and they keep me with a smile on my face at all times.

My girlfriend Rayleen, who I met working for Med One, is the Director of Marketing for one of our clients. Since she came in I feel my life is complete. She is my best friend and I can talk to her about anything. She understands what I do and is a great part of my life.

When I came to Med One I didn't have any experience in medical equipment, but I soon learned and I loved every part of it. Med One has helped me grow professionally and personally, and I have become a better person working here with all the respect that I get with working for Med One. I love what I do, I love who I work with and I love who I work for. They are great people from top to bottom and I am truly blessed.

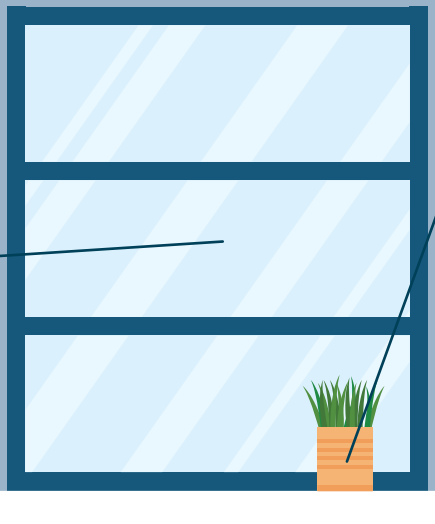


# Treat Yourself to a better work space



### Go Natural

Office workers with more natural light exposure at the office have longer sleep duration, better sleep quality, more physical activity and better quality of life compared to office workers with less light exposure in the workplace. If a window isn't available near you, having a desk lamp you can turn on and off, rather than just one overhead light, can help reduce eyestrain. [www.northwestern.edu](http://www.northwestern.edu)



### Plant a Breath of Fresh Air

Air-filtering plants such as Spider Plants and Boston Ferns can remove unhealthy chemicals from the air that occur in common office products like printer ink and window cleaners. The color green is also proven to enhance creativity. NASA Clean Air Study

### Don't Dine "At Desko"

Give your mind a break and increase your bloodflow by taking a recess away from your desk during lunch. Your productivity will increase when you come back from lunch with a fresh perspective. [www.huffingtonpost.com](http://www.huffingtonpost.com)

### Follow the 20/20/20 Rule:

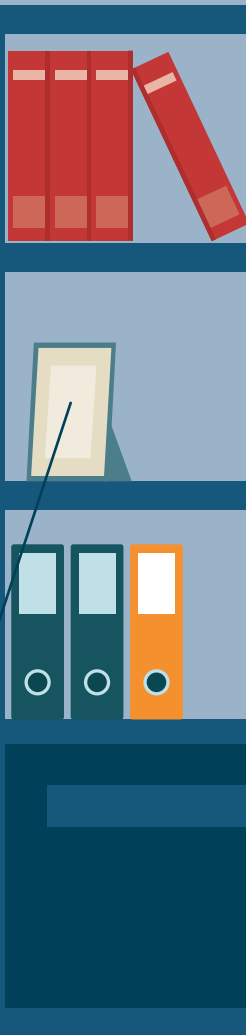
Every 20 minutes, look 20 feet away for 20 seconds to give your eye muscles a break and help increase the rate of blinking. Also, keep the distance of the monitor between 16 to 30 inches from your eyes. [www.lookafteryoureyes.org](http://www.lookafteryoureyes.org)

### Sit Less, Stand More

People who work at desks should stand or walk around for at least two hours a day to avoid health risks related to too much sitting. Not only is it good for you physically, but studies show that it can increase productivity as well as focus. [www.health.com](http://www.health.com)

### Make It Personal

Display personal mementos in your office like family pictures, degrees or certificates, and awards to create comfort and reduce stress. Avoid overcrowding with too many items as to avoid mental exhaustion. [www.health.com](http://www.health.com)





# MED ONE SALES GROUP

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. They are experts in equipment finance, rental and sales.

We work with the largest equipment manufacturers in the healthcare industry.

Med One has locations in Salt Lake City, Southern California, Northern California, Texas, North Carolina, Florida, and Atlanta.

## VENDOR LEASING



**Robb Stevens** SVP and Director of Lease Originations  
Robb Stevens began his career at Med One Capital in January 2002 as part of a leasing sales group and was appointed as SVP and Director of Lease Originations 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 Allen** SVP of Sales and Vendor Development  
Carter Allen has been in the financial industry for 15 years and has been with Med One Capital for the past 12 years. He appreciates the opportunity to provide solutions for hospitals that allow them to gain access to much needed equipment. Carter is also involved in developing new relationships with medical device companies looking to increase their sales by offering creative financial options.



**Tim Loftis** Director of Strategic Development  
Tim Loftis joined Med One as a Director of Strategic Development 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 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.



**Scott Wertz** Director of Strategic Development  
Scott Wertz joins the Med One team as the newest Director of Strategic Development, bringing 20 years of financial service experience with him. He received a Bachelor's degree in Economics from the University of Utah. His past work includes holding the position of President of Rocky Mountain Financial services, working as a financial advisor for Morgan Stanley and AXA Advisors, and working as an insurance wholesaler for Crump Insurance.



**Doug Green** VP of Leasing Sales  
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.



**Quin Campbell** Director of Strategic Development  
Quin Campbell joined Med One as a Director of Strategic Development 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.



**Spence Tueller** Director of Strategic Development  
Spence Tueller joined Med One as a Director of Strategic Development. 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.



**Jeremy Quick** Alternate Site and Hospital Equipment Sales  
Jeremy Quick joined Med One Capital 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.

## NATIONAL EQUIPMENT RENTAL



**Brad Johnson** SVP Equipment Rental  
Brad Johnson is the Senior Vice President of Equipment Rental and has been working at Med One Capital 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.



**Brian Smiley** Director of Rental Logistics  
Brian Smiley has been a part of the Med One team since 1999 and serves as the Director of Rental Logistics. 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 three sons at football and soccer.



**Felecia Leckrone** Mid-Atlantic Region  
Felecia Leckrone loves the medical industry and is following in her father's footsteps by pursuing medical sales. She has over 16 years of experience in medical sales that gives her significant knowledge about the challenges that medical institutions face. She is excited to be at Med One Capital and looks forward to helping Make Medical Equipment Available.



**Bryan Dabney** Georgia  
Bryan Dabney has 25 years of experience as a respiratory therapist and comes from Respiricon 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.



**Scott Wooster** Northern California  
Scott Wooster has 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.



**John Campbell** Senior VP of International and Government Sales  
John Campbell has been with Med One since 2003 and has worked in business development, special projects, equipment services and international sales. He has over 40 years of experience in the medical industry with various positions in disposable sales, distribution and capital equipment sales.



**Tom Lindsey** SVP National Director of Rental  
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 Capital since 2001 and continues to be a valuable part of the team.



**Bill Varley** West Coast Regional Manager  
Bill Varley has over 25 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** 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.



**Greg Salas** Southern California  
Greg Salas joined Med One after working with them through Good Samaritan Hospital for many years. He specializes in patient monitoring equipment and has previously worked for Hewlett Packard and Philips Medical. After attending Fullerton State and playing for the basketball team, Greg finished his education at DeVry Institute of Technology and received a Bachelor's Degree in Electronic Engineering Technology. Greg loves the beach, basketball and spends most of his time with his six kids.



**Ted Neher** Northern California  
Ted joined Med One as a Rental and Sales Manager in Northern California and Northern Nevada. He brings over 20 years of experience in medical sales working for companies such as 3M Medical Corp, Steris Corp, Proctor & Gamble Corp, and Freedom Medical. He grew up in Northern California with 6 brothers. Ted graduated from California State University in Sacramento.



**Karen Raven** VP International and Government Sales  
Karen Raven is a leader of the Med One Capital 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.

## COMMERCIAL LEASING



**Dal Holman** Finance Account Specialist  
Dal Holman was born and raised in Kamas, UT and joined Med One in 2015 as part of our general leasing team. He graduated from Weber State with a BS in Technical Sales. Dal has ten years of experience in sales and marketing and has worked for companies like Wells Fargo Bank and the Utah Jazz.

## ALTERNATE SITE and HOSPITAL SALES

## INTERNATIONAL SALES





## NEW BUILDING

Earlier this year, Med One Capital opened the doors of their second and newest building at their headquarters in Sandy, Utah. The new building includes extra storage for Med One's equipment inventory, a large office space, a conference room to seat 24, a kitchen with a serving area, and a great room large enough to host company events. The new building provides great opportunities for growth into the future.





# A TREASURE CHEST OF ADVICE

WRITTEN BY: IBBY SMITH STOFER



Sometimes in the career field we can become frustrated with our lack of progress or can become discouraged by any number of events. I often experienced this in my early career, but my mother would always offer simple and timely advice to help encourage me to keep going. This advice was usually accompanied with some other simple and encouraging reminders that can apply to everyone's situations.



We've all heard the phrase "it's not what you know, but who you know." My mom certainly repeated that to me often in my early career days. Whenever we discussed my frustration with lack of progress, I knew she would offer that one piece of wisdom.

Another piece of encouragement was "the early bird catches the worm." Was she trying to tell me that I could find dirt on the bosses if I just got to work early? No, she was telling me that if I was seen as someone willing to work early or stay late to get the task done, it would be noticed and rewards would follow. Additionally, she told me that "you can catch more flies with honey than you could with vinegar. Smile!"

Another of her recipes for success in both life and work was to "be cautious of the words you spew as you may find them hard to swallow when they come back to you." That one sticks out and has helped me avoid harsh words and criticisms on more than one occasion. Have you ever regretted what you said in anger or frustration? Did you regret it almost instantly? My mom's advice, similar to "measure twice and cut once" was to stop, take a deep breath and think about how you would receive those same words or thoughts you are about to share. Sounds easy, but trust me it is a hard habit to master. I am still a beginner at that one.

In sales or customer service, following these types of simple rules when working with others will often make a huge difference in the outcome. If we are too focused on ourselves, are defensive or too busy telling versus listening we are usually disappointed in the outcome. Customers, colleagues, friends, and family members want and deserve our respect and courtesy. Perhaps, as they say, there are two sides to the story and we need to allow the other party to speak and to

express their emotions without interjecting our own justifications or versions of what happened. We often step into the shoes of sales person or customer service regardless of our job or family title.

Another treasure that my mom often shared is that "it's not what you say but how you say it." If we think about that for a moment, we see that she was telling all of us that our tone, body language and demeanor speaks much louder and is remembered more than our actual words. Unless of course, it is those words that we let fly without a thought. Those will always be the ones remembered longest!

Another gift that my mother gave to me was to ask questions when I am not sure what is being requested or asked of me. Too often we proceed as if we know what others want, when in reality we are way off the mark. We then get to do the famous "do over" and that costs time and reputation as well as effort.

How do any of us utilize the words of wisdom that our parents, grandparents, teachers, or other elders have

shared over our lifetimes? That is an individual decision and only you can decide to either heed advice or bypass the lessons already learned by others and shared with you.

**"Each of us has a library of this type of advice and it would be wonderful if you would share this treasure with others..."**

Each of us has a library of this type of advice and it would be wonderful if you would share this treasure with others, especially with your children or grandchildren. Don't let them grow up with only the internet or YouTube as their life guides. Engage with them and help them to build their own treasure chest to both utilize and share in the future.





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