Med one TO One

WHERE ARE YOU LOOKING?

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Med One To One is a Med One Group publication consisting of editorials, a message from our owners, testimonials, information regarding our solutions, employee spotlights, and more. Quarterly issues include the most recent and exciting news from Med One.

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Med One

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“DOERS” AND “TALKERS” Part 2

LETTER FROM THE EDITOR

WRITTEN BY: **TROY TAIT**

In May 2012, I wrote an article entitled “Doers and Talkers.” In the article, I had just attended my youngest daughter Kenzie’s dance recital. Today I am writing after attending her final dance recital. Much of what I wrote about back in 2012 still applies today.

In the 2012 article I wrote - ***I recently had the opportunity to experience one of those “Ah ha” moments and it came in one of the most unusual places. I had a conversation with an acquaintance about the difference between “people who do and people who simply talk about doing.” Those who “do,” find out what needs to be done and then they go about doing it. These people tend to quickly obtain the necessary details then go to work. On the other side is the group who likes to talk about doing. This usually involves a lot of excuses or reasons why something can’t happen. They will talk through every possible scenario and come up with a reason something won’t work. While the “doers” are out “doing” the talkers are still talking about what they should be doing. These conversations occur when we are working as a group or simply working alone.***

In our discussion, we determined there are people who are always in the same group – either the “doers” or the “talkers,” but the majority of people fluctuate between the two groups. With this conversation on my mind, I attended my 9-year-old daughter’s dance recital. When we arrived, the first person we saw was Taylor, one of Kenzie’s best friends. Taylor and Kenzie have been friends for several years. They attend school together and spend a lot of time playing at each other’s homes after school and on the weekends. I have talked with Taylor on many occasions, however, when I saw her this time – at the recital – my “ah ha” moment occurred.

I realized then why it is we sometimes fall into the group of “talkers.” It is much easier to talk about doing something rather than going out and doing it. When we “do,” we take risks. We put ourselves out there for people to see and judge us. Sometimes it is much easier to simply talk about what we could do rather than assume the risks of actually doing.

At the end of the dance recital, I saw what the reward of “doing” really is - a huge smile on Taylor’s face. She knew she had accomplished what she wanted to do. She didn’t sit around and find reasons why she couldn’t succeed – she simply went out and did it.

In the 2012 article, I emphasized the “doers.” This time, I want focus on those who see people for who they are and provide opportunities, and those who are willing to take advantage of the opportunities they are given, despite the challenges and obstacles that they may face.

Too many times in life, people give up on a dream simply because they think they can’t do something. Taylor is a perfect example of a “doer” who says, “I can” instead of “I can’t.”

As I watched Kenzie and Taylor perform in their last dance recital, my mind flashed back to my article from 2012, I thought about the “doers and the talkers,” but this time, I gained a greater appreciation for those who are able to see past disabilities and provided Taylor with an opportunity to dance. There were many who played a role in this - teachers, students, parents and my daughter Kenzie. People who were able to see past the “physical challenges” and see Taylor for who she really is. If you don’t know Taylor and I realize many of you don’t, she was born with some birth defects that affected her arms and hands. Her hands work, but are attached at the shoulder versus having arms and hands.

Kenzie and Taylor have accomplished so much in the last four years. They have competed together at the highest level available to them. They have worked and struggled to become the very best that they can. Despite the overwhelming odds, they have succeeded. It is not about the trophies and competitions that they won together, it was simply about being together and making the most of the opportunities they were given.

At the final recital, just like she has done so many times, Taylor jumped on stage and gave us all a greater appreciation for her “can do” attitude. Too many times in life, people give up on a dream simply because they think they can’t do something. Taylor is a perfect example of a “doer” who says, “I can” instead of “I can’t.”

Now I close the book on dance recitals and a new chapter begins. I am happy to say that my daughter Kenzie tried out for the high school drill team and was one of a few Freshman to make the team. I am also happy to say that her good friend Taylor – after much encouragement from family, friends, coaches and her best friend Kenzie – tried out and will be on the team as well. So I move from Dance Dad to Drill Dad. Watch for an update in four more years.

P.S. Does anyone know where I can get one of those cool “Drill Dad” t-shirts with all the shiny bling :)?

WRITTEN BY: **BRENT ALLEN**

WHERE ARE YOU LOOKING?

Newscaster Paul Harvey once related a story about a woman from Michigan who vacationed in Florida. She found a secluded spot on the roof of her hotel to soak up a few rays of sunshine. To ensure a "total" tan, she removed all her clothing. Within a few minutes the hotel manager was beside her insisting that she cover-up. "Why," she asked. "Nobody is around." He agreed but quickly pointed out that she was stretched out over the hotel lobby skylight. The hotel's problem was that a few people were looking up... and were they ever in for a big surprise.

Which way are we looking? We can tell a lot about a person simply by noticing which direction they are looking!

*Are they looking **DOWN?***
*Are they looking **AROUND?***
*Are they looking **BACK?** or*
*Are they looking **UP?***

Which way are we looking? I am convinced that the answer to this question will largely determine our future. Will it be a bright one...or will it be a future filled with disappointments and failures.

LOOKING DOWN!

Some folks spend their lives looking DOWN.
**Downcast in spirit*
**Head hung low*
**Discouraged*
**On the doorstep of quitting*

I recently read an article about Roy Riegels. The setting was the 1929 Rose Bowl in Pasadena, CA - a game played in front of 70,000 screaming fans. Just before the half, Riegels recovered a fumble, got hit and then spun around. Seeing a wide-open field ahead of him, he took off as fast as he could run toward the goal line some 65 yards away. Just one problem! He was heading in the wrong direction. One of his teammates chased him down and tackled him at the one-yard line, barely keeping him from scoring points for the other team.

In the dressing room at halftime, Roy was devastated and embarrassed. He sat in a corner, wrapped a blanket around his head and shoulders, put his face in his hands... and sobbed. Riegels had made a huge mistake and he was indeed looking DOWN. He was downcast in spirit. His head was hung low. He was discouraged. He was on the doorstep of quitting.

Eighty-eight years have gone by since Roy scooped up that fumble, spun around and ran 65 yards toward his own goal line. To this day, it remains the single most infamous play in Rose Bowl history. This incident is also recorded as one of the 6 most memorable moments of the 20th Century in college football.

Did Roy Riegels continue looking DOWN? Not a chance! He went back out and played an incredible 2nd half. He went on to become team captain the following year. He became an "All American." He later was hired as a member of the coaching staff. He became an officer in the Air Force during WWII. He was the owner of his own agricultural chemical company. Many years later he was inducted into the Rose Bowl Hall of Fame.

Which way are we looking? Hopefully, we will not find ourselves looking DOWN.

LOOKING AROUND!

Some folks spend their lives looking AROUND. They are forever searching...
**Searching for a better partner*
**Searching for a better job*
**Searching for a better boss*
**Searching for a bigger paycheck*
**Searching for a better deal.*
**Comparing themselves to others.*

I am reminded of an old story that tells of an unhappy and discontented stonecutter. One day he came upon a merchant and was awe-struck by all the marvelous goods the man had for sale. "I wish I were a merchant," said the stonecutter and, quite amazingly, his wish was granted.

Not long afterward he saw a parade pass his little shop. Spying a prince dressed in splendor such as he had never seen before, he said, "I wish I were a prince." And he became one.

But it wasn't too many days later that he stepped outside and felt the discomfort of the hot summer sun beating down upon his head. "Even a prince cannot stay cool in the sun," he said. "I wish I were the sun." This wish, too, was granted.

He was happy being the sun until, one day, a cloud came between him and the earth. "That cloud overshadows me," he said. "I wish I were a cloud."

Again, his wish was granted and he was happy until he came to a mountain that he could not rise above. "This mountain is greater than I," he said. "I wish I were a mountain."

As a tall and mighty mountain he looked down upon the affairs of humans and felt that he was finally happy. But one day a stonecutter climbed up his side and chipped away at a rock and there was nothing he could do about it. "That little man is more powerful than I," the mountain said. "I wish I were a stonecutter."

> "Whenever you look at the calendar, concentrate on today. It doesn't hurt to occasionally look back and learn lessons from the past, and we need to look ahead to prepare for the future, but mostly... look at today and give it the best you've got."

So, the circle was complete and now the stonecutter knew that he would always be happy just being himself. He would never be a merchant, dress like a prince, shine like the sun, float like the clouds, or rise as tall as a mountain. He was just happy to be who he was.

A sure way to unhappiness is to compare ourselves to others. The grass may appear to be greener on the other side of the fence... but the fact remains - it still needs to be mowed.

Which way are we looking? Hopefully, we will not find ourselves looking AROUND.

LOOKING BACK!

Some can be found too-often looking BACK.

- *They believe their best days are behind them and they are caught up in reminiscing the "good old days."*
- *They have little or no hope for the future.*
- *They can't fully enjoy today because their eyes are on yesterday.*
- *They have clearly lost focus.*

Someone once said, "Whenever you look at the calendar, concentrate on today. It doesn't hurt to occasionally look back and learn lessons from the past, and we need to look ahead and prepare for the future, but mostly... look at today and give it the best you've got."

I would call that pretty sound advice. Can we benefit from looking back? We certainly can. Can we learn valuable lessons from the past? Absolutely! But it is today that really counts.

Which way are we looking? Hopefully, we will not find ourselves looking BACK.

LOOKING UP!

Hopefully we will be numbered with those vibrant and resilient folks who are found LOOKING UP.

- These are the people who have learned that ships don't sink because of the water around them – ships sink because of the water that gets inside of them.

- These are the people who never let what's happening around them get inside of them and weigh them down.

- These are the people who have learned that when they look up – there is almost always a reward (just ask those who were in the hotel lobby looking up).

- These are the people who act with character. They have learned to never trade what they want most, for what they want at the moment. They do the right thing. Why? Just because it is the right thing to do.

The following story about Bill Havens is a powerful example of this. At the 1924 Olympic Games held in Paris, France, the sport of canoe racing was added to the list of international competitions. The favorite team in the four-man canoe race was the United States team. One member of that team was a young man by the name of Bill Havens.

As the time for the Olympics neared, it became clear that Bill's wife would give birth to their first child about the time that the U.S. team would be competing in the Paris Games. Bill found himself in a dilemma. Should he withdraw from the team and remain with his wife for the birth of their child, or should he go to Paris and compete on sport's greatest stage. After much soul-searching, Bill decided to withdraw from the competition and remain home where he could support his wife when the child arrived. He considered being at her side his highest priority - even higher than going to Paris to fulfill his dream. For the rest of his life, he believed he had made the better decision. Bill Havens knew what was most important to him, and he acted on what he believed was best. Not everybody figures that out... Not everybody has the strength of character to say no to something he or she truly wants in order to say yes to something that truly matters. Bill did!

There is an interesting sequel to the story of Bill Havens...

The child eventually born to Bill and his wife was a boy, whom they named Frank. Twenty-eight years later, in 1952, Bill received a cablegram from Frank. It was sent from Helsinki, Finland, where the 1952 Olympics were being held. The cablegram read: "Dad, I won. I'm bringing home the gold medal you lost while waiting for me to be born." Frank Havens had just won the gold medal for the United States in the canoe-racing event, a medal his father had dreamed of winning but never did. No regrets... for looking UP and doing the right thing.

Which way are we looking? Hopefully we will find ourselves looking UP.

Look DOWN... and we will WITHER.

Look AROUND... and we will become DISCOURAGED and QUIT.

Look BACK... and we will lose FOCUS until we FAIL.

Look UP... and we will WIN.

I am grateful to be part of a winning team. I am also grateful to be associated with a group of employees who have embraced the philosophy to keep "LOOKING UP." Look UP...and we will WIN.

WRITTEN BY: **BRYCE RAY**

Choosing The Right Finance Partner

Have you had a difficult time finding a finance partner that truly understands a hospital's financial statements, equipment needs, and financial pressures? As the Chief Credit Officer at Med One I have the privilege of reviewing the financial profile of hospitals nationwide each day; all day (that's all WE DO).

As with any business entity, hospitals come in all shapes and sizes; for-profit, non-profit, government, large, small, urban, and rural. Within our leasing and rental portfolio you will find the full spectrum of hospitals. These types include: private, publicly traded for-profit, small critical access, safety-net, large investment grade systems, and even VA hospitals. We cover them all choosing to make medical equipment available when the capital budget is not readily available. Our hospital customers are located all over the country, as well as Puerto Rico, and international locations. We have financed all types of equipment within so many creative structures for our hospital customers. Basically, we seek to finance the equipment a hospital needs to operate.

My purpose in describing our portfolio is to make clear that no matter the hospital or circumstance Med One is here to act as a trusted equipment, finance, and rental consultant. With that in mind as I speak to hospital executives I hear their worries loud and clear. I have listed many of these concerns on the next page.

The financial strength of a hospital is extremely dynamic and thus requires strategy and ample planning. A great source of pride for me at Med One is that we truly understand our hospital niche and work with our customers and equipment vendors to find financing solutions that work for all parties. There is little doubt that all parties (hospitals, equipment vendors & financing companies) need to adapt, innovate, and build new programs to move healthcare financing forward and get equipment into hospitals.

In my experience, the most valuable lesson to building understanding, trust, and commitment to develop a partnership requires one to "walk a mile in the others shoes." Sometimes those shoes don't feel so good, but at Med One we know that one size does not fit all. We are committed to listening to our hospital customers and making things work based on your circumstances as well as ours.

Hospital Financial Concerns

- **Reimbursement cuts / reductions**
- **Value based care**
- **Revenue pressure**
  (adding new revenues streams & diversity)
- **Erosion of payor mixes**
- **Health care reform / regulation uncertainty**
- **Competition with emerging markets**
  (retail clinics, urgent care centers)
- **Need to be increasingly more efficient**
- **Uncompensated care**
- **Increasing interest rate environment**
- **Pressure to cut staff to satisfy**
  top & bottom line stress
- **Pension Liabilities**
- **Outside indirect revenues**
  (taxes, revenues, grants, stipends, etc.)

A LOOK AT THE NUMBERS

Hospital expenditures have recently increased **4.1%** to **$971.8** billion

$936,531,524,400

Total estimated expenses of all registered hospitals

40%

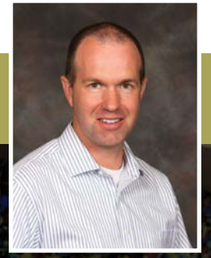
Nearly 40 percent of the Nation's physicians are **hospital-employed.**

4.6%

Physician and clinical expenditures rose 4.6 percent to over **$600 billion** and growing since 2014.

In 2015, total uncompensated care costs were **$35.7 billion.** Representing 4.2 percent of total expenses.

SOURCES:
www.beckershospitalreview.com
www.aha.org



WINNING IS A HABIT

WRITTEN BY: **ROBB STEVENS**

If your organization were a college football team, what would be your win-loss record from year to year, and if you tend to have a winning record, what does it take to sustain success from year to year? This was the topic of my remarks at Med One's annual meeting in May and it's certainly a question worthy of reflection for any person at any business.

A successful season for many mid-major college Football teams might simply be winning enough games (6-6) to be bowl eligible each year. Championship contenders however, do not and cannot settle for simply a winning record. Big schools expect more and so do their fans, so their level of performance must reflect a reasonable expectation of competing for a conference championship or a playoff berth every year.

Consistently great performance keeps a program viable and relevant and ensures that fans will go to games, boosters will continue to boost, sponsors will continue to sponsor, TV contracts will be renewed and enhanced, and coaching staffs get to keep their jobs! To settle for slightly better than average is simply not an acceptable standard.

Great football coaches know, understand and practice what Vince Lombardi said: to sustain success they must create an environment in which ***winning is a habit.***

A habit of winning is not an easy standard to maintain and it requires constant effort. While success can definitely lead to more success, it is by no means automatic or permanent. As George Romney (father of Mitt) once put it, "there is nothing as vulnerable as entrenched success." Why is success so hard to sustain? Anyone that has been engaged in anything long enough – knows that past or even current success is no guarantee of future results.

Companies must never take success for granted. Perpetual growth means we must keep fighting and keep finding new ways to win. That involves innovative thinking, adaptability, effort, and hustle.

Success should be celebrated, but if we spend too much time doing a touchdown dance, competitors will meanwhile be working to undermine our success and steal away our hard-fought territory. As in the game of Risk, survival and growth depends on protecting territory we've already won and constantly seeking to win new territories.

How do college football teams win on a consistent basis and what can we learn from it?

From one writer's perspective (Bill Connelly, SB Nation), college football comes down to five basic things, four of which you can (mostly) control.

(1) as a team, you make more big plays than your opponent **(2)** you stay on schedule **(3)** you tilt the field **(4)** you finish drives, and **(5)** you fall on the ball. In other words, **Explosiveness**, **Efficiency**, **Field position, Finishing drives, and Turnovers** are the five factors to winning football games. (Bill Connelly, SB Nation)

As Connelly points out, when you win in these five areas, your opportunity to win games dramatically increases:

If you win the explosiveness battle (using Points Per Play), you win 86 percent of the time.

If you win the efficiency battle (using Success Rate), you win 83 percent of the time.

If you win the drive-finishing battle (using points per trip inside the 40), you win 75 percent of the time.

If you win the field position battle (using average starting field position), you win 72 percent of the time.

If you win the turnover battle (using turnover margin), you win 73 percent of the time.

This is from 2013 college football game data. It's very, very similar from year to year. (Bill Connelly, SB Nation)

How can these factors apply in business?

EXPLOSIVENESS in a business sense can mean improving your close rate. Are you positioning yourself to not just quote on but ultimately win the big deals? Consistently getting points on the board is good, but for sustained success, the time you spend on the big deals must ultimately payoff. How? Find ways to outwork your opponents, be adaptable to customer needs and expectations, be genuine and reliable and create value.

EFFICIENCY can mean finding ways to work smarter. How well do you allocate and utilize your resources? Are the visits you make, the phone calls, the e-mails you send and all your interactions with customers done in such a way that it contributes (even if incrementally) to winning new business? Are you furthermore efficient in your use of time at work? Do you maximize your opportunities every day? Are you fully engaged?

FINISHING DRIVES is similar to the explosiveness factor in that it means learning how to be better closers. It certainly feels good to have a day filled with great sales calls, send out multiple proposals or responses to RFPs. On some days that may define a successful day, but when all is said and done, we must always be closing deals! Unless you put points on the board you simply cannot win!

FIELD POSITION MATTERS. In business, this happens when a company or brand becomes the first option a customer thinks of when they think of a product or service they may need. To become that first option means creating and demonstrating value. As Warren Buffet has said, *"price is what you pay, value is what you get."* Another element of gaining and maintaining field position is not just winning a deal, but **winning a customer**. That means repeat business. It means mastering the concept of "would you like fries with that?" as corny as it may sound, it means relationships must get beyond merely transactional.

How do we win the **turnover battle?** Unfortunately, teams have very little control over turnovers. They happen at completely unpredictable moments and there's a team on the other side of the ball doing everything they can to steal the ball away. All we can do is work tirelessly to protect and strengthen the things we CAN control. At times that means every person at a company, regardless of their job description must be ever-ready to jump on a fumbled football or step in front of an overthrown pass to grab an interception. We improve our own luck when we out-hustle and constantly position ourselves to be ready to react and respond proactively when the fumbles happen. Luck does involve an element of chance, but "lucky" people respond to circumstances by spotting an opportunity and then acting on that opportunity.

Lucky people create their own luck by actively seeking to put themselves in the right place at the right time – and being in the right frame of mind to seize the opportunities before them. It's often said that "it's better to be lucky than good," but why leave it to chance? It's better to be good because then you will also be lucky.

My challenge to us is to identify ways within our specific jobs and responsibilities to find ways to improve in the areas of explosiveness, efficiency, field position, finishing drives, and turnovers. If improvement in each of these areas can increase the chances of a football team winning, then certainly addressing similar aspects of what we do in business can help create and ensure ongoing success as well.

Anthony Lannarino, a business consultant and sales trainer (thesalesblog.com) has said:

"Success is not a happy accident. It isn't something that one day just occurs. Whatever your definition, however you measure it, success is a matter of intentions and action. Success doesn't come to those who wait. Those who are passive find themselves hoping, waiting, and wishing that some external force would confer success upon them. But, they wait in vain. Time slips by and, eventually, hope fades. Success cannot be compelled by outside forces. It cannot be wished into existence. It has to come from inside."

(Anthony Iannarino, The Sales Blog, 2/18/17)

Collectively we seek to make winning a habit. If you don't expect success, what are you expecting? It is up to each person to buy into and contribute to a culture of winning. With that standard of excellence, your organization can always be a championship contender.

RATE IS THE BAIT

WRITTEN BY: **ROBB STEVENS**

If you approach equipment leasing with a wary eye, you're probably not alone. Some of your past experiences may have even led you to believe that some of the questionable things you've seen are "just the way it is." This may or may not be a fair assessment of the equipment leasing industry as a whole, depending on what you've experienced and who you have worked with.

Every industry has buzz words, terminology or nuances that are specific to their craft. These "buzz words" are advantageous to those on the "inside," and conversely, easily misunderstood or even missed by many who are not in the know. In light of this inherent challenge, an unsuspecting and uninformed consumer may at times be unknowingly taken advantage of.

In the equipment leasing universe, many lessors (those who administer a lease) certainly utilize their own industry "nuances" to take full advantage of lessees (customers that utilize leasing) and in some cases prey on their lack of knowledge or understanding of what they agree to in an equipment lease contract.

The most obvious way a lessor may win over a lessee is by using a low rate to lure them in. With a low rate, and thus an attractive monthly payment, all other offers may pale in comparison. A customer should proceed with caution if a payment seems unrealistically lower than other bids. When a quote seems unrealistically lower than other offers, there may be hidden costs lurking in the terms and conditions of the contract that an unsuspecting lessee may fail to see until after they've signed it. These hidden costs can greatly inflate a lessee's total payout over the course of the lease without them even realizing it.

HIDDEN FEES

Documentation Fees
$200 - $1,000 or a percentage of the equipment cost.

Origination Fee or Acquisition Fee
1% of total equipment cost.

Down Payment or Lease Deposit
Often expressed as first/last payment due up front.

Payments Due in Advance Rather Than in Arrears
If a buyer is not aware of this one, it could lead to immediate late payment penalty they'll have to pay to a lessor.

Late Fees and Inflexibility
All leases have late fees of up to 5% of monthly payment, but some lessors are inflexible, rigid or even unfair in how they enforce them.

Interim Rent
Typically a daily charge for use of equipment from the time it is accepted by the customer to the actual start date. This amount is based on the monthly payment divided by a 30-day month, then multiplied by the days between acceptance to start date. Some lessors intentionally delay the start date in order to maximize the interim rent they can charge.

Early Payoff Penalties
Typically a percent of the outstanding balance at time of prepayment or a specified number of months of interest will be billed to the customer.

Evergreen Clause
Auto renewal or extension of a lease payment at end of term if specific notification is not provided by lessee.

Restocking Fee
Could be as much or more than all remaining payments combined.

Fair Market Value Language
Unclear and ambiguous.

PATIENT SAFETY
Sharing The Responsibility

WRITTEN BY: **BRITTANI DAY**

> "It may seem a strange principle to enunciate as the very first requirement in a hospital is that it should do the sick no harm."
>
> - Florence Nightingale -

Wash your hands, wear your seatbelt, and look both ways. These are just a few of the preventive measures we are taught as children to help keep us safe. We were taught these things often by a loved one who cared about improving our quality of life. We were taught to wear our seatbelt to provide safety in the car, to wash our hands to prevent spreading germs, and to look both ways to prevent being hit when crossing the street. Wishing safety for someone is an expression of love and care.

Florence Nightingale, a pioneer of modern nursing said, “It may seem a strange principle to enunciate as the very first requirement in a hospital is that it should do the sick no harm.” Patient safety should be top priority.

Patient safety is the foundation of high quality healthcare. Injuries, infections, and errors in hospitals are due to the complex healthcare systems we have today. Often a patient, or care taker is communicating with a doctor, nurse, pharmacist, and many other healthcare professionals during one hospital stay. With so many people and different factors involved, error is hard to avoid.

In 1990 the US Institute of Medicine (IOM) released the National Roundtable on Healthcare Quality. Through this they defined quality of care, and set standard tools of measurement to be used throughout the United States. Because of this, strategies have been implemented to minimize error in health care services. As a result, the quality of patient care has improved.

The IOM states that healthcare quality problems may be classified into 3 categories, underuse, overuse, and misuse. Underuse is the failure to provide a healthcare service when it would have produced a favorable outcome for a patient. Overuse occurs when a healthcare service is provided under circumstances in which its potential for harm exceeds the possible benefit. Misuse occurs when an appropriate service has been selected but a preventable complication occurs and the patient does not receive the full potential benefit of the service.

That being said, patient safety doesn’t fall solely on health care providers. Underuse, overuse, and misuse can all be prevented with help from patients. Patients have the responsibility to help ensure their own safety. Open communication is key to avoiding error. It is important to be open with your doctor and all those you may work with.

The following suggestions come from the U.S. Department of Health & Human Services Agency for Healthcare Research and Quality:

- Make sure that your doctors know about every medication you are taking. Be prepared with the names of all your medications before going to an appointment.
- Ask for information about your medications in terms that you can understand—both when prescribed and when you pick them up. Know if you have any allergies.
- After time in the hospital it is appropriate to ask your doctor to explain how the treatment will go from that point on. It is important to know whether or not you should keep taking the medication you were taking before your hospital stay.
- Speak up if you have questions or concerns. You have a right to ask any questions involved with your care.

Talking with medical professionals shouldn’t be intimidating. It is your right as well as your responsibility to ask questions regarding your health.

To find more suggestions and additional details on how you can help avoid medical errors visit 20 Tips To Help Prevent Medical Errors: Patient Fact Sheet created by the Agency for Healthcare Research and Quality.

Patient safety is a continuous process. Both medical professionals and patients have an obligation to work towards the highest quality service. Learning about what we can do as patients will only advance the progress. Errors, injuries, accidents, and infections are a part of everyday life, but together we can continue to make patient safety a top priority.

References:
Agency for Healthcare Research and Quality. 20 Tips to Help Prevent Medical Errors.
Biography.com. Florence Nightingale.
Institute of Medicine. 1998. Statement on Quality of Care. Washington, DC: The National Academies Press.

It is your right as well as your responsibility to ask questions regarding your health.

EMPLOYEE SPOTLIGHTS






BRYAN DABNEY

TERRITORY SALES MANAGER

Working out of our Atlanta office, Bryan services many hospitals in the area with rental equipment. His experience as a Respiratory Therapist provides a great perspective on hospital care.

Married to an Angel of 30 years is how I like to describe my wife. We are blessed with 4 amazing kids, Bryson (22), Madison (20), Brenton (14), and Braxton (8). My anniversary in September will be a double celebration since my wife will also graduate from nursing school. We both got our Bachelors degrees from Weber State University. I began my career in healthcare following my graduation from the Respiratory Therapy program.

I have been a Respiratory Therapist now for over 27 years and I love helping my patients breathe easier!! I started working as a RT and then I ventured out into management within the Home Care industry. I then became a Clinical Specialist for Respironics and traveled all over the United States. I was then promoted into an RT Sales role, so my family and I packed up and moved to Oklahoma for 7.5 years. We just recently came back to Georgia and I found this wonderful opportunity to join Med One in September 2015 and we literally opened up the SOUTH!!! I love my job with Med One and I look forward to making the SOUTH ROCK with our rental business.

I consider myself a true California kid and enjoy going on family trips to the beach, fishing, and camping. I also love waterskiing, boogie boarding, tennis, and coaching baseball with my boys.



CHAD AGLIAM

WAREHOUSE ASSISTANT

Hailing from the Big Island, Chad Agliam spreads the Aloha spirit to all! Take a moment to get to know him a bit better.

My parents still live on the Big Island and I am very excited to be seeing them this coming December. Life in Utah is different than growing up in Hawaii, that is for sure. Here I live with my girlfriend Sarah and her 3 year old daughter Mya. We met over 5 years ago and I finally moved to Utah to be with her just last year. Mya is a joy. She truly has a Hawaiian heart!

I have a passion for anything with an engine and wheels, including my “bike” and cars. I also enjoy a pick-up game of basketball and weight lifting.

I am continually surprised at how much is done in the Med One warehouse. From cleaning, to shipping and receiving, there is always something needing to be done. Each of us working there take pride in making sure the equipment is clean and patient ready and that the inventory is accurate so that when the team gets a customer request we can ship it out without delay.

Family is the most important thing in my life. I love my Mom and Dad, Sarah and Mya, and my brother and sister. I also enjoy the team I work with and the variety of tasks that come each day. It has been a great first year at Med One.

KRISTEN KAROLY

FRONT DESK / HR ASSISTANT

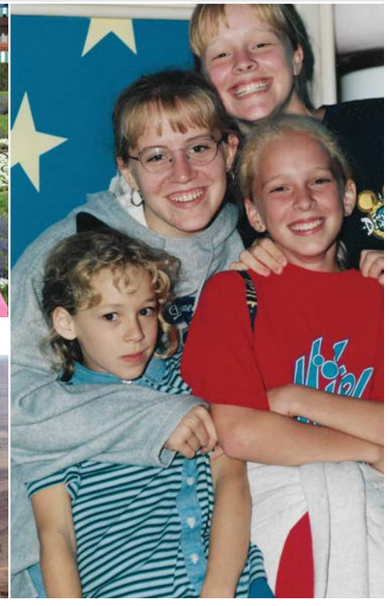
Meet Kristen Karoly. She is one of the voices who greet you when you call our Med One. In addition, she assists our Director of HR with benefits, orientation, and the onboarding process for new employees. Read her story below.

I was born and raised in Sacramento, California area where my parents both were born. I have three sisters and two brothers. As a youngster our family visited relatives in Utah and we were often camping in southern Utah. I gained a love of camping from those trips. My family moved to Oklahoma and it was a hard move to be leaving family and friends but I made some great new friends.

All things Disney are among my favorites. When I was 12, I was in a song and dance group that one of my aunts produced. For our “tour” that year, we went to Disneyland and we performed in the park. I gained a love of all things Disney that year. I went back with my family when I was 14. I am very excited that this summer we will be returning as a family to the Magic Kingdom after 20 years. I am so excited and have made a ton (feels like it) of spreadsheets to plan for it. I love spending time with my family! One of the best things about family is seeing things from my niece's and nephew's points-of-views. I also enjoy making things for them (crochet and sew) and seeing their reactions.

I went back to school in 2009 and then transferred to BYU-Idaho in 2011. I graduated with my Bachelor's in Business Management in December 2015. (Yeah) I was nervous going back to school and then transferring to BYU-Idaho, but it has been one of the best decisions of my life. While I was there, I worked on campus as a peer advisor for the Business Department. It was then that I decided to change my major from Elementary Education to Business Management. I had some great mentors at my job on campus that helped me to decide what to change to.

I have been working for Med One Group for a little over a year. I enjoy the challenges of the many different projects that come my way. Please make sure to say hi when you call.



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.

EQUIPMENT LEASING

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

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

Doug Green VP / Manager of Equipment Lease 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.

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

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

Scott Wertz Account Manager / Equipment Leasing
Scott Wertz joins the Med One team as a Leasing Account Manager, 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, as well as working as an insurance wholesaler for Crump Insurance.

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.

INTERNATIONAL SALES

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

Paula Bowman, RN Director of International Sales
Paula Bowman has added great experience as she helps direct our international sales effort. Paula has an extensive background as a Registered Nurse with experience in Critical Care, Cardiac, and IV Therapy/Vascular Access. Paula also has multiple years of experience working with and selling infusion pumps including the Alaris System. She is essential to Med One's international growth.

EQUIPMENT RENTAL

Brad Johnson SVP / 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.

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

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

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

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

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.

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

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

Mike Daniels Territory 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.

Ted Neher Territory Manager / 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.

Jordan Brown Account Manager / Equipment Sales
Jordan joined Med One in June 2015 as part of the equipment sales team. Jordan's market area covers nursing schools, EMS companies, and small hospitals. He is grateful for his customer relationships and the opportunity to help customers with their medical equipment needs. Jordan recently graduated from Utah State University, where he played football and received his Bachelor's degree in Business Marketing.

EQUIPMENT ACQUISITION

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

LEASING & FINANCE

Capital Lease

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

Equity Rental

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

Operating Lease

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

MAKE IT CUSTOM

Deferred Payments

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

Step-Up Payments

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

RENTAL, SALES, & 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.

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

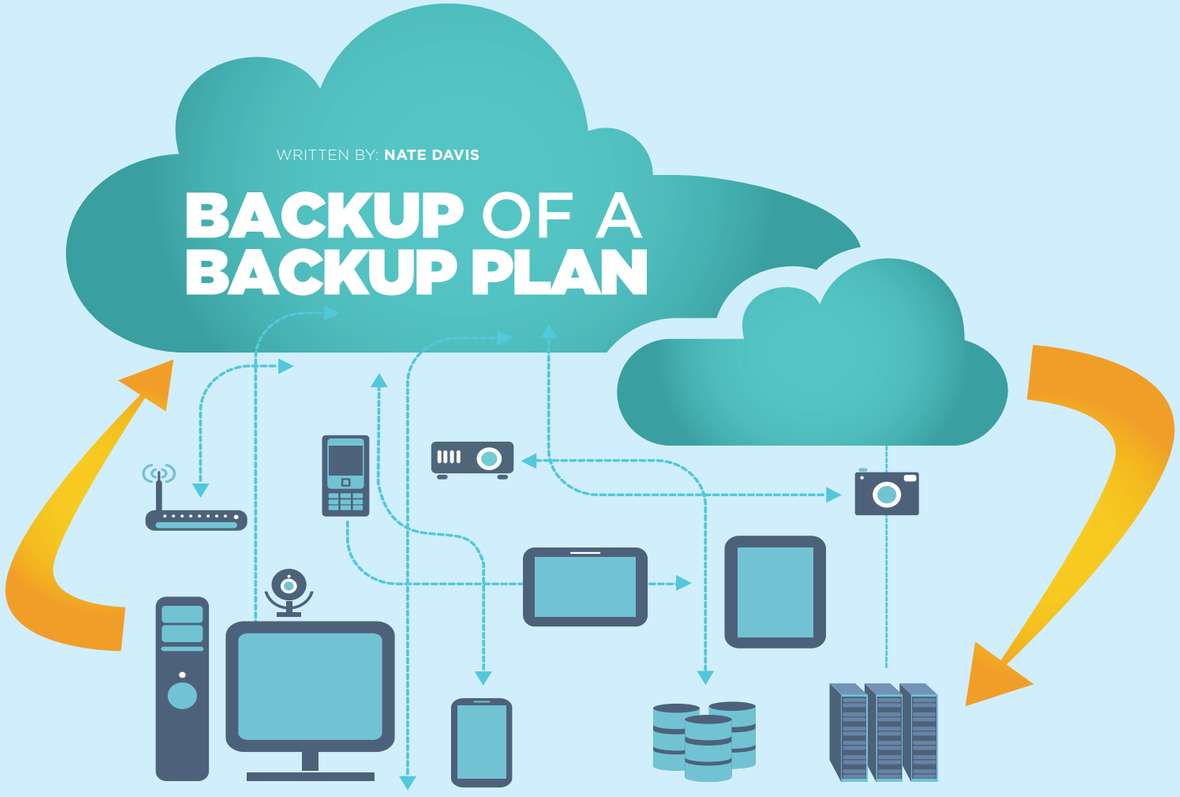
Equipment Sales / Services

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

REQUEST A QUOTE AT

WWW.MEDONEGROUP.COM

PHONE 800.248.5882 EMAIL info@medonegroup.com



Just about a month ago I had a bit of a scare. The iMac my family and I use at home, that houses our entire picture library, started to get slow. Then within two days, after a reboot, the computer would no longer boot normally. When I had the time I started to troubleshoot it. I wasn't concerned because I knew I had two backups. One that was on a hard drive (HD) plugged into the computer, and one through an online backup service.

After my troubleshooting, I found the HD in the iMac had failed. I took it into the Apple Store, and they replaced it. My wife asked me in a panic about all of our photos. I answered that we had them saved on an extra HD on her computer, and that we should be good. When I plugged in the HD that I thought had the backup of my pictures, to my horror, I found the pictures no longer on there. The HD had been used for something else, and the pictures were gone. What I thought was a backup no longer was. I fired up my Crashplan Service, and started the restore. Luckily, I had a backup of my backup. This eased any worry, but had my Crashplan service not had my data for some reason, I would have been in real trouble.

One of the downsides to online backup services is that they can take a very long time to restore. It took 8 days to restore all of my files. It takes a long time due to the large amount of data. In contrast, one of the upsides is that it is a set-it-up and forget-about-it kind of thing. As new items were added to the computer, the files were automatically uploaded and backed up.

Like many of you, I have countless pictures, and an ever-increasing number of videos and files that continue to grow. My photos library is approaching 800GB in size, making it hard to backup. That being said the price of losing it all is far greater than the hassle of getting it backed up.

It is a good practice to have your important data in two or more places – a backup of your backup. Here at Med One, we have 3 copies of our critical data in separate geographic locations. One onsite, and 2 copies offsite that we monitor daily, ensuring our data is protected and secure.

If you have any questions on what this entails, don't hesitate to reach out, and I can help you put your own backup plan together.

WRITTEN BY: **PAULA BOWMAN, RN**

MORE THAN JUST CLOSING A DEAL

MAKING PATIENT SAFETY A GLOBAL REALITY

As Americans, we really are so fortunate to have leading edge medical technologies, medicines and research all aimed at making healthcare safer, effective, and hopefully more efficient. Of course, healthy economies allow for these advancements to become reality in our healthcare systems. Although our healthcare system is not without flaws, I think we can all agree that our healthcare, technologies, and medicines in the U.S. are more advanced than in many countries. This disparity is evident in the work that our International Sales Team is doing in the Caribbean.

Many of the Caribbean hospitals are under-funded, over crowded, and about 15-20 years behind in medical technologies compared to the U.S. and other progressive countries. They simply do not have the funds to purchase new, safety technologies such as Smart Infusion Pumps. Luckily, Med One Group offers affordable and flexible acquisition models to enable hospitals to bring Smart Pumps into their hospitals and advance patient safety into these markets.

Recently while working with a potential customer, our clinical team discovered an opportunity to promote clinical best practice, which reduced risks to the patient, caregivers, and hospital, as well as improved operational efficiencies and reduced cost. While working with the customer for an on-patient smart infusion system evaluation, we discovered that the hospital was still using Rule of Six for ordering IV medication drips in the NICU. The Rule of Six practice is a physician ordering practice of using patient specific concentration to enable a standardized rate of infusion. Each concentration is specific to the patient essentially enabling backing into a standardized infusion rate. There are more errors associated with calculating patient specific concentrations. Rule of Six is an approximation so the results can be inaccurate.

In the mid 2000's, because of the numerous medication errors associated with Rule of Six, The Joint Commission established a National Patient Safety Goal to move away from the Rule of Six practice and towards Standard Concentrations. The deadline to comply with this goal was December 31, 2008. Although non-US countries are not subject to The Joint Commission, many Caribbean hospitals do follow the clinical best practices promoted by The Joint Commission.

Sometimes, technology drives practice or limits practice. Before smart pump technology, the Rule of Six practice was more common because "dumb pumps" only allowed for programming a rate such as mL/hr. Infusion ordering practices were somewhat driven by the limitation of the available infusion pump technology. The thought was having a standard flow rate would be safer; however, data suggest otherwise. Like many things, some practices stay in place because "that's the way we've always done it" – a very dangerous place to remain - instead of looking at how to leverage new technologies to drive better and safer practices.

Evidence shows that when using standardized concentrations, there are fewer errors in calculating and compounding the medication as well as fewer errors in calculating the infusion rate that will be programmed into the infusion pump. Standard concentrations make pharmacy preparations more accurate, lower pharmacy cost and allow for recording doses in units of measure like milligrams (mg). Having standardized drug concentrations allows for the rate of the infusion to be varied to administer the dose of medication. Therefore, the best practice today is to use standard concentrations for infusions.

Utilizing dose error reduction software in smart infusion pumps requires standard infusion concentrations. Smart pump technology enables clinicians to program the medication dose based on a standard concentration. When the dose is entered into the pump, the rate of the infusion is automatically calculated by the pump based on the dose entered, the concentration, and often times, patient weight. Smart pump technologies perform safety checks on concentrations, the dose and the rate thereby increasing infusion safety significantly. Essentially, the smart pump becomes a third or fourth check in the medication administration process. The Alaris System dose error reduction software, called Guardrails, not only has dose and rate checking capabilities but also limits around the concentrations making it the most sophisticated safety infusion system on the market.

In the case of the on-patient evaluation, the Med One Clinician identified that the customized drug library with standard concentrations did not match physician ordering, medication compounding or infusion practices; therefore, the Med One Clinician called a time out and postponed the evaluation. The Director of Pharmacy, Clinical Pharmacist, Nursing Supervisor, and Neonatologist all gathered to discuss their infusion practices for the first time. The neonatologists and pharmacy agreed that standard concentrations were what they need to move to and ordering in dose versus volume was agreed to. Furthermore, they agreed to move their syringe medication compounding to the pharmacy to be done by the pharmacists versus at the bedside by the nurses. Overall, these practice changes will improve care and patient safety. They will be less prone to harmful medication calculation errors. Compounding medication syringes in the pharmacy helps to reduce risk of contaminated infusions, and overall, uses less drug thereby resulting in cost savings for the pharmacy and hospital. After the hospital executes these changes, we'll be sure to provide an update.

Compounding medication syringes in the pharmacy helps to reduce risk of contaminated infusions.

Although we might have delayed our full evaluation and closing our deal, what is more important is that Med One Group is helping this hospital improve clinical best practice, reduce potential for medication errors in this fragile NICU population, and helping to advance patient safety in a part of our world that has been financially handicapped to facilitate change. We are proud to be making patient safety a global reality.

THE BUDGET CURVEBALL

WRITTEN BY: **IBBY SMITH STOFER**

Picture the following scenario: Every sales person and buyer has at one time or another run into the curve that caused his or her desires to run off course, sometimes even to crash. In the combined sales and buying experience, both parties are moving forward and things are going smoothly. The anticipated close and purchase is within sight, and forecasted for this quarter.

Then there is the unexpected delay. The buyer either goes silent or delivers the unexpected news that the sale/purchase is not going to happen. Both parties are surprised, frustrated, and confused. You validated choice, you followed all the internal customer processes, and you were the clear product or service of choice. So what in the heck happened? How can things have gone so far off track? Is it salvageable? These are among the questions being tossed around in your mind as well as in your conversations.

In sales or purchasing roles, surprises are generally not good things for anyone. Surprise usually means we forgot a step or two that is actually key to moving forward. It can also mean that something has changed without our knowledge and it is generally not news we want to hear.

If you sell capital equipment or are the buyer of it, the news that often throws the potential deal off track is budgetary in nature. Either there is not funding available, or priorities have shifted since your joint effort to provide the customer with their equipment of choice. This can be on either the buyer or the seller's side. Perhaps you have offered direct payment plans in lieu of a direct purchase in the past, but your new CFO is against taking on additional direct lease or rental agreements. Alternatively, the customer did not think that the IT budget would "borrow" from the capital budget and get priority over their needs.

Whatever the situation is, we can reflect on Ben Franklin's advice, "An ounce of prevention is worth a pound of cure." Reflecting on this can help us prevent having to "cure" a situation that could possibly have been prevented with a little forethought.

Things happen and even the best-informed buyer, the most thorough of sales professionals, cannot always anticipate what can happen during the traditional 12-24 month sales cycle for capital equipment.

However, if you include a lease option in each proposal it helps both parties to consider the potential possibility that the budget may not be available and provides an alternate path in the event that the budget curve does sneak up and throw you off course. Think of it as putting guardrails on your proposal.

It also allows the buyer to present options along with the choice of equipment and to be aligned and aware of the financial needs as well as the end users needs. It can be an effective tool to help both the buyer and the seller when used correctly.

Attempting to throw out a lease option when the budget curve has been introduced to the buy/sell situation is, as Ben would say, about 15 times heavier or harder than having positioned it early. That is not to say that it is not a good idea to discuss leasing at this point. That may or may not work, but is certainly worth exploring with the customer.

It is also not a great idea to simply throw into your proposal every type of leasing scenario possible. When that happens, the financial decision maker can infer that you have no understanding of their situation. Maybe you don't know their situation and you don't know if they will have money in a few months or that they need step up payments to minimize cash flow issues. It is far better to add a comment in your initial proposal that custom lease terms are available rather than provide a menu of choices that may or may not be appropriate.

Remember, a lease option can be a closing tool, a relationship builder, and an alternate path should the budget curveball be thrown later in the cycle.

Including this simple statement should open your discussions regarding budget and financial issues early in the buy/sell process. It may afford you the opportunity to meet with the finance area and develop both relationships as well as a custom solution that meets their needs.

Remember, a lease option can be a closing tool, a relationship builder, and an alternate path should the budget curveball be thrown later in the cycle. Good luck. Give Med One Group a call or visit our website to learn more about us and our ability to help both your customer and yourself avoid the budget curve ball that causes you to miss forecast.

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