



HealthCare Sales Call Guide

Step One: *Preparing to meet*

Review hospital/long term care website find overall focus messages or emphasis- Green, Patient Care, Lowering Cost etc. (Most facilities use their site to “sell” consumers so knowing how they are positioning themselves to consumers also helps you craft the best message and focus)

Tailor your discussions to the facilities drivers (i.e. “I would like to discuss how we can make your facility Greener, Enhance Patient Satisfaction and Care, Lowering long term costs etc.

Step Two: *Getting the first visit/appointment*

If you meet with Food Service Director:

Offer to meet for lunch or coffee. Offer to send white paper ahead of meeting and ROI calculators. Offer to do a no obligation site inspection and report findings (i.e. - inspect current filtration, scale on equipment, post mix). Explaining how you routinely do this work with major chains and especially high end restaurants, hotels will be helpful.

Say “We recently published research based on 75 years experience in Food Service and I would like to meet with you to discuss how we can help optimize your food service operation and likely increase high profit beverage revenue and lower equipment energy costs.”

If you met with Facilities / Engineering:

Offer to meet for lunch or coffee. Offer to send white paper ahead of meeting and ROI calculators. Offer to do a site inspection and report findings (i.e. - inspect current filtration, scale on equipment, post mix equipment and probe to find out how disinfection and maintenance of the equipment is performed- solutions like scale kleen, disinfecting equipment with the JT cartridge, quick twist sanitary cartridges, recycle ability of cartridges through waste management etc.)

Say “We recently published research based on 75 years experience in Food Service which is receiving a lot of attention in HealthCare foodservice circles with regards to water quality. The ideal water qualities are different than general facilities water and I would like to share this information and have the opportunity to meet with you to discuss how we might be able to make your job easier. (Focus on trying

to make them a hero in the organization by hopefully gets the facilities department more attention by likely increase high profit beverage revenue and lower energy costs, service hassles, disinfecting equipment or cleaning.)

STEP 3: During the appointment- How to navigate potential discussions and common objections and responses.

Note: When discussing information look for non verbal feedback, crossing arms, raised eyebrows etc. The HealthCare market is based on evidence based medicine so making note of nonverbal communication can help to identify where follow up information or studies might be needed.

Potential Questions and Responses to Key Topics

Bottle-less water / Green Subject

Bottle-less water / Green

Contact says: *Want to remove bottled water and show the facility is greener.*

- Suggest POU filling stations for refillable bottles at each waiting area and other locations. Removing the need for bottled water will lower their cost of waste garbage. (note: hospital waste is expensive to remove and a hassle to manage. (bottled water waste calculator)

Contact says: *We want to use 5 gallon water coolers or continue using coolers in areas*

- Cheap filtration used often not NSF certified for removal, there are patient safety concerns with the open reservoirs in coolers and if there is UV it is not NSF Class A overall they are un-sanitary (non pressurized).

Contact says: *We want to be greener but don't have money*

- Offer trial unit at a special price or give one to Administrator, Dr.s Lounge, and conference area (with signage describing filtration) to help them sell the idea up the organization.

Patient Safety

Patient Safety

Contact says: *We have never had a case or problem here.*

- Like many hospital acquired infections it likely has never been traced back and documented at your facility but right now you have no control on this area. The EPA says there were over \$539M attributed to just two pathogens in municipal water and this water is shared by residences/hospitals. If they still are not convinced suggest that they can conduct a clinical trial if they need more evidence and are interested in getting published (we have a prepared protocol and it can be run in 3 months). Bacteria filtration is currently used in many other areas- all HVAC air in facilities is filtered for bacteria and controlled, water for surgeon wash stations and endoscopy reprocessors but why not the water patients are drinking every day?

Contact says: *The 0.15 filtration is too high in cost*

- It is only penny's per gallon and the cost of liability on average is about \$250k per patient when considering lost CMS payments, legal support, court costs etc. Often when patients contract GI they cannot be discharged and this adds to cost the hospital carries. As you are aware proactively controlling an area allows you to focus on other areas saving money in the long run. You believe no control is considered a "best practice"?

Contact says: Not convinced finer filtration 0.15micron would have any noticeable effect. Where is the science?

- Study in Montreal on a normal residential population found 35% less GI (Gastrointestinal illness), A study in California with the elderly found more than 12% fewer GI. The CDC recommends that immunocompromised, elderly and pregnant women should have NSF certified filtration minimally against cysts for drinking water but many are finding benefits with finer filtration.

Cost Concerns Hassle of Changing What Currently Exists

Need to Lower Cost

- What is the current total cost of ownership? What are the costs of doing nothing? The cost of the products, sanitizing, doing the service, equipment life. Use ROI calculators, labor time cost savings by going to quick connects vs. bowls and standardizing throughout the facility. Evaluate if there are long term potentials for cost savings with central systems like central RO or central Ultrafiltration for food service circuit vs. point of use solutions? (Hospitals are built as very long term investments)

No incentive to change current filtration or a change would be too much hassle

- Give filter changing software or offer to stage change outs for them. Offer a special price and coordinated installation for new heads hospital wide to minimize the hassle. Help to write a protocol for change outs and sanitization procedures for them. Offer to train staff or the service of a quarterly change out so there is no hassle and they free up maintenance staff capacity.

No incentive to change current filtration or a change would be too much hassle

- If possible offer a service contract with quarterly service rather than purchasing products often this works better in budgets. Any minority business classification you might have is worth mentioning as it would allow preference in most organizations for purchasing (most facilities have quotas on minority purchasing). Evaluate potentially consigning inventory or invoicing at different terms. As a last resort potentially contact current dealer or service provider to become your interface.

Personnel/Professional Pride and Recognition

Personnel pride (i.e. your contact refers to how good a job they do or their achievements often in the conversation)

- Mention that John Hopkins uses 0.15 micron filtration at every POU for water dispense they are going to be a leader like JHS. Everpure works with a host of healthcare consultants who specify our filtration for best practices so any future auditing will reflect well on the work they have done. Mention we are the #1 filtration brand work with all the biggest chains Starbucks, McDonalds etc. and they are among the best in HealthCare. Make sure to compliment them as being a leader in adopting best practices.

Personnel Pride (i.e. your contact refers to how good a job they do or achievements)

- Recent trends- New draft ASHRAE standards call out 0.2 or lower filtration on points of use., Nightline will be airing a show on HealthCare Food Service uncovering the “good the bad and the ugly’ , numerous consumer groups like Consumers Union-Safe Patient Project driving a closer national look at all areas of patient contact and follow our and other water social media pages. No control vs. control makes exceptional events manageable and they can be counted as one of the leaders by being proactive and exceptional management of their water.

Personnel Pride (Your contact wants to get recognition in their organization)

- Offer to help with marketing pieces (i.e. signs- “Everpure on tap”/labels on machines from the white paper with the water specification to highlight their efforts in the facility). Possible joint press releases to call attention to their efforts in the local media if they are interested? Offer to help them evaluate data on beverage sales to help them sell internally (before/after). Offer to assist in writing new protocols or standards for internal documentation and processes which will attract Administration attention. Help coordinate sourcing BPA free bottles for “bottles water push” from 3rd party vendors.

STEP 4: In Conclusion wrapping up the sales call with key take aways. Have they all been addressed?

Contact says- *I am not really sure about what you are telling me or I don't really believe that is the case here?*

Pay attention to questions or doubts and offer to follow up and send complete studies or other information so they can review in more detail. See appendix A for reference information that can be sent to follow up.

Contact says- *We really don't think changing filtration will make a difference or we are happy with our current offering?*

Offer a trial unit at one high visible POU area and to track difference. Offer signage regarding optimized water now being offered? If there is an espresso or coffee POU perhaps an RO and via the dining services register/sales records they will be able to track increased sales and see changes in consumption.

Contact says- *Well I will review and get back to you!*

Find out if there was going to be a change who would be involved, decision process and if there is other info or help that could make things easier for them. If you are talking with foodservices ask to talk to facilities and visa versa to share information specific to their job role.

"I would really like to also discuss information that would be useful for foodservice/facilities that would be the right contact be and is there any chance I could talk with them now/this afternoon/this week?" – HealthCare Facilities are organizations that make decisions as a group try to meet with all stakeholders that influence changes. (Facilities Engineering and Food Services(Nutrition) are the primary stakeholders).

Contact says: *Well thanks for coming and all the information-*

What should our next step be?

Set up the progression of future interaction like a project, if all positive use MS project or Excel to coordinate a Gant chart and try to cover training with Facilities for ease of use.

Studies Appendix

Bottled Water References

- Bottled Water 1. NRDC 1999 Study- *"Bottled Water Pure Drink or Pure Hype?"*
<http://www.nrdc.org/water/drinking/bw/bwinx.asp>
- Bottled Water 2. DEQ Oregon Study 2009- *"Life Cycle Assessment of Drinking Water Systems: Bottle Water, Tap Water, and Home/Office Delivery Water"*
<http://www.deq.state.or.us/lq/pubs/docs/sw/LifeCycleAssessmentDrinkingWaterFullReport.pdf>
- Bottled Water 3. Pacific Institute 2009- *"Energy Implications of Bottled Water"*
http://iopscience.iop.org/1748-9326/4/1/014009/pdf/erl9_1_014009.pdf

Patient Safety References

- Patient Safety 4. American Journal of Public Health 1991 *"A Randomized Trial to Evaluate the Risk of Gastrointestinal Disease Due to Consumption of Drinking Water Meeting Current Microbiological Standards"*
- Patient Safety 5. American Journal of Public Health, 2009- *"The Sonoma Water Evaluation Trial: A Randomized Drinking Water Intervention Trial to Reduce Gastrointestinal Illness in Older Adults"*
- Patient Safety 6. Managing Infection Control 2006- *"Hospital Water: A Source of Concern for Infections"*.
- Patient Safety 7. Arch Intern Med 2002- *"The Hospital Water Supply as a Source of Nosocomial Infections- A Plea for Action"*.
- Patient Safety 8. Centers for Disease Control CDC. *"A Guide Water Filters"*
http://www.cdc.gov/parasites/crypto/gen_info/filters.html
- Patient Safety 9. American Journal of Infection Control 2005- *"Efficacy of New Point-of-Use Water Filter for Preventing Exposure to Legionella and Waterborne Bacteria"*.
- Patient Safety 10. AMIA Symposium Proceedings 2005- *"Issue a Boil-Water Advisory or Wait for Definitive Information? A Decision Analysis"*.
- Patient Safety 11. U.S. Department of Health and Human Services. *"President's Cancer Panel Report 2008-2009"*. April 2010

Water / Beverage Quality References

- Quality 12. Lingle, Ted. R *"The Coffee Brewing Handbook"*, First Edition 1996
- Quality 13. Beeman, David. *-Handbook Series Water Quality, Specialty Coffee Association of America* 2010
- Quality 14. Steen, David P. *Carbonated Soft Drinks: Formulation and Manufacture* 2006
- Quality 15. Leach, David *"The Water Factor in Ice Machines"* 2001