



Zebra Your Edge Podcast

Host:

- **Kassaundra McKnight-Young, CNIO and Healthcare Industry Principal, Zebra**

Guests:

- **Ian Fogg, Stratix**
- **Melissa Bailey, Swift Medical**

Transcript

Kassaundra: Welcome. Hello. My name is Kassaundra McKnight-Young, and I am the Chief Nursing Information Officer and Healthcare Industry Principal at Zebra. I want to spend a few minutes talking about ways we, as clinicians and technologists, can better work together to improve home health, accessibility, and care without increasing nursing workload, increasing clinician workload, help decrease burnout, and also expand capacity. Home health is credited with keeping patients out of the hospital and long-term care facilities. Many studies show that if you keep a person aging in place, which means that they can receive care at home safely in their own community, they do better, you know, better patient outcomes. And it all makes sense. Like we feel better when we are home. So how can we do that? I have two of my friends here that I want to talk to just to get their input. We've been hearing the word AI, artificial intelligence. I'm really interested myself. I have my own thoughts on how artificial intelligence can really help home care. My mind is always going with ideas. So I'm interested to hear what these two industry experts think, and their thoughts and process when they hear AI. And what role does it play in home health workflows? Personally, I really do think that, we never really think that... we think home health is so different from acute care. But I really think some of the technology that we're doing in the acute care space will be just as beneficial in the home health space. So let me introduce you to my guests. We have Melissa Bailey. She is the Vice President of Sales and Business Development at Swift Medical. And also Mr. Ian Fogg, the Director of Business Development at Stratix. Welcome. So Ian and Melissa, what are your thoughts about what I just said? I know AI is all the rage. Everybody's been talking about it every time I go somewhere. The question is: AI. What are you all doing with AI? So please share your thoughts concerning AI, and its role, your concerns, what the industry is saying about AI in the home health space.

Ian: There's a lot of thoughts as you're asking the question. You know, I think AI is just the latest, shiny new thing, right? Technology is always presenting people with new ideas about ways to make things better, ways to make things more efficient. AI is really no different. I think the way I see it, we're going to have to use AI. The efficiency levels that clinicians have when they're dealing with patients are low. You know, up to half of the time that we spend with patients is spent on documentation. There's got to be ways that we can do things faster and more effectively. But I think when you think about, I mean, think about any technology, you've got to take a holistic approach. Right? I think thinking of AI in a bubble as just something that we bolt on to existing technology is a dangerous proposition. You know, I'll use an example. My son is really into automotive technology, so he's had a lot of car analogies lately. But if I've got a car and I think, well, I really just want my car to go faster, so I'm going to get more horsepower. I'm going to put a bigger engine in this car, and that's going to solve my problem. Then I'm going to go faster. I'm going to get to where I need to be. Well, if the car that I'm putting it into is a 20-year-old minivan that, you know, with the frame it's riding on, putting a bigger engine is not going to solve my problems. It's actually going to create bigger problems if I don't fix the suspension and think about how am I going to handle turns at a higher speed, how am I going to, you know... there's all these other considerations. And I think, you know, when you think about technology and health care, it's really no different in any industry, you've got to think holistically about what are the things that I'm trying to accomplish and what are the tools that I can use to help me get there. So I think, you know, looking at AI, we just need to make sure that it's a consideration in a larger perspective. I think you probably would agree. I know Swift has got some interesting takes on that.

Melissa: Yeah. I think, you know, AI, especially in healthcare. I feel like when it's backed by a thoughtful integration into the workflow of the organization, AI fits really well. And when it's driven by empathy, empathy for the patients, empathy for the providers, empathy for the clinicians. So I completely agree with Ian. You can over-engineer any solution. Right. And now you've added more complexities than you've actually solved. But there is a lot of really great augmentation to existing workflows that AI is bringing into the healthcare space. And I think every nurse and doctor would say, you know, I didn't become, doctor, I didn't become a nurse to just document all day. Right? We wanted to do active patient care. We wanted to be involved in active

treatments and decision making for our patients. And AI, at its best, allows a nurse and a doctor to do that, right? To really augment documentation, workflow efficiencies, to upskill clinicians, to upskill providers so that they're no longer spending the majority of their day looking at a screen, but looking at a patient. And to Ian's point, the device and the operating system that you're using definitely affects the ability to bring on an AI solution effectively. So the two really have to be considered in parallel so that you have a good solution that works for those in the field offering in-home care to patients. Yeah, I would agree wholeheartedly.

Kassandra: Thank you both. You two really lead into something that I talk about all the time, no matter which venue you're looking at, but you have to have the right vehicle and the right platform. And so let's just jump right into it. You have to just go back to the basics of having the right device, mobile device or tablet, handheld mobility to help in the space, like home health as well as we're looking more in the acute space with more mobility. But we have to have the type of device that will be able to support things like AI but also we have to have a device that's going to give us an opportunity to increase capacity. Like we've been talking about AI when you're thinking about it can assist us in our documentation piece. But we have to also have a tool that can help us scale, help us scale with our care, where I can do more with less. Tell me what you're thinking about from that aspect of it, looking at the right device, with the right platform to actually have to help when we're thinking about AI - or not just AI but any type of care that we're providing in the home, with health care home care providers, whether they're providers, PT/OT aides or nurses. I mean, any of the care team that may be going into the home health space.

Melissa: Yeah. I think. Very few organizations are only dealing with an EMR system at this point. Right. Like you have your EMR system. But then you also have all of these additional add on modules that are really helping to provide kind of a higher level of specific diagnosis or specific assistance. Like for Swift Medical, we work in digital wound imaging. Right? So it's a very specific part of the home health workflow, a very specific kind of visit for a patient. And so we're an add on solution to the EMR that, you know, the majority of the work is done within. But you start to think of the complexity of that, that you have your EMR, you have add on applications, modules, other software solutions that are now funneling into it. And if you're not considering the best device for all of those solutions together, you're really not driven by the experience of the clinician in the field trying to make all of these things work on one mobile device or tablet, considering of, you know, needing the correct camera utilization. You know, the correct flashlight, the amount of operating power when all of these solutions are turned on to do a full assessment. And so I think that's really where a device consideration comes into play. It's just beginning with, you know, do you understand the complexities of all of those solutions that your clinicians are utilizing. And then are you working with the right tech partner to make sure you're choosing the correct device for your staff which, I think is where Ian's expertise and expertise lies, is making sure that you're thinking about all of that together, right? So that you're choosing a holistic solution that your nurses won't be frustrated with when they're just trying to get the job done bedside with the patient and move on.

Ian: Yeah. I love that you mentioned technology complexity there. I mean, I think the piece that I would add to that is understanding the support models required for adequately rolling out new technology, right. Think about home ownership is... can be a real drag because the more systems that you own, the more you have to think about maintenance, the more you have to think about, like, what do I do when this breaks? Do I know a good plumber? Do I know somebody who can address this? If you're not careful about bringing things into your life or your day to day workflow, those things can start to own all of your time. And, you know, in an industry where time is so precious and where we really do need to make sure that people are streamlining their ability to meet patients where they are and to provide that care. You know, thinking holistically about what are, what are, all the different platforms that I need to run my business and do I have the right expertise? We talk a lot with folks about having consultants who can advise on the various components. Do you do have the right expertise for the EMM security platforms that you're running within your organization, or is that something that you'd be better off looking outside your organization for it? You know, Stratix does a lot, obviously, with providing ongoing services. And we do that in a variety of areas. One size doesn't always fit all, but it's understanding: Do you have a team who's staying on top of the trends to understand what to do when there's an issue in one particular area so that your clinicians don't feel the burden of that? And that goes for the hardware and software, both.

Kassandra: Yeah. I think you both hit on some key points that a lot of people may not consider when we're talking about devices, but also software, is the type of device that you're using. So, you know, we're using - if you're not using a health care tablet or a health care device - you may be using a consumer device, which doesn't give you some of the, say, connectivity issues that people are so frustrated with. As I've been rounding at different hospitals recently, the number one concern that I've been hearing is connectivity. Like, so I can't even imagine connectivity in the home health space where people may or may not have Wi-Fi or areas that are rural. So that plays a really major part when you think about the device, the right device, being able to do those type of things. And as Melissa was saying, so intriguing about when you talk about, wound care. Right. And, thinking about the future of AI with wound care. I know I'm not a wound care nurse. I'm not particularly crazy about wounds. Right. So I would really be interested if I was supporting, someone who had a wound, and using AI to help me with that identification. But also in the continuity of care with that patient. So it's more and more prevalent that I have the right software and the right device to make sure that I can be the best clinician I can be to this individual and also help with that patient's outcomes. Any thoughts on connectivity concerns? Ones you've heard per se, you know, when you think about device selection with your customers or with your clients? How has that been or what has been the topic or your recommendations?

Ian: Yeah I can jump in on that. We hear from clients all the time: home care by nature, you're out in the wild here. You're in sometimes very remote areas at patients' homes. And you're right, connectivity can be a significant problem. I think, there's some great new developments that allow for automatic switching between carrier networks. That can be a real benefit to a lot of companies, I think. Also, when you think about connectivity, a lot of people don't realize just how critical that is. And as we move toward more AI processes, a lot of data transfer and data analysis is happening in the cloud. It's happening when you have a connection. and if you don't have that connection when you're on site, when you're with a patient, it's going to cause an issue. Right? So planning for that is really, really important. you know, understanding the technologies that are available. And the other thing to consider is that, you know, just because we're in people's homes doesn't mean we should be using consumer grade solutions. I think you touched on that, right? Having a consumer grade device is problematic for a number of reasons. You know, product life cycle. reliability, durability, you know, not being able to use the right cleaning solutions on that device to, to make sure that it's safe for your patients, use, all these considerations, you really want a device that's created for the business that you're in.

and that goes for carrier plans to, most carrier plans are consumer plans that are being retrofitted. And it doesn't have to be that way. And so, you know, looking at the new technologies that are available and kind of fitting that into what you what you need to accomplish is really important.

Melissa: Yeah. I didn't think much about connectivity and health care until I moved to rural northwest Iowa about seven years ago. And all of a sudden, right, like you're faced with with that reality that what what I took for granted living in larger cities, like of course, like everyone everywhere has Wi-Fi connectivity. It's an easy solution. We can all get it. But there are a vast majority of patients that live in rural America. and home health providers that are going quite, you know, far distances to reach them. and so I think it's also the discussion is bringing to mind asking points when you're vetting add on solutions as well, making sure you're asking your software vendors that you're considering: What is your online and offline capability? Do you compute in the cloud to lan's point, or is what is done locally on the device versus what are we having to send to the cloud to then return? And so I think all of these is just helping organizations just be more savvy on the solutions that they are considering and making sure that whether it's the device or software add on, you know, a solution, that they're asking the appropriate questions to make sure that they're getting a solution that will work for their specific model of patient care, which is really important because you kind of don't know what you don't know, which I think... so working with, you know, a technology partner can be really important to make sure that the solutions you're vetting outside of that device are also appropriate for your organization and can work for your nurses, because there's nothing more frustrating than being bedside with the patient, just wanting to complete the assessment, complete the treatment, and having the one thing that trips you up be the technology, right? Be the connection. So we as much as we can remove that, I think we'll have success with our clinicians out in the field that are just trying so hard, again, just to do the job well.

Ian: I'd like to give a shout out to Kassandra's role at Zebra, too. I think you know, the fact that you have the background, that you have the understanding of the day to day coupled with, you know, you get to spend your time understanding technology and understanding what's available and how that impacts. You know, we need to allow health care providers to focus on care, to focus on their patients. But to have folks with that background, with that understanding of the day to day, who are able to focus on technology and make those recommendations is so critical.

Kassandra: Yeah, I think that's important, really to going back to what both of you're saying is really allowing the clinicians to be able to do their job and work to the highest level of their license, right, and not doing these other tasks that we have them doing because of "I'm carrying paper because I don't have technology" and doing the other things that we need to have them do. You know, when you go into a patient's home, you're not just there. If you are the PT person, you may be there - your main goal may be PT - but you may be the scheduler. You may be the nurse. You may be...I mean it's a composite role you have to do to support that person. So anything that we can do to help the clinicians give holistic care is really what we should be going to... we should be striving to. We talked about AI. We talked about the right device. We've been talking about connectivity in the home. A lot of people are really concerned with, you know, data security and the device itself, you know, we talk about, I mean, Android based phones... Well, I know my friends are always laughing and and talking about who still has an Android. Well, I do, I'm an Android girl. Right? So...and I'd be like, nobody wants to steal my Android, right? But when you think about consumer devices versus health care devices, loss tracking devices, what happens with theft and those types of things. Is that a concern that you've been hearing about as you all have been supporting the home health space?

Ian: For sure. I think data security is always a concern, right? And there's a variety of approaches you can take to secure that data, you know, understanding "What are the software platforms that I'm leveraging? Are they carrying all the risk of that? And they, you know, managing that in the cloud? What kind of trust certifications do they have or are they, you know, handling this well?" Beyond that, within your own IT organization, what have you done to secure devices? What have you done to, you know, there's a lot of technology on the EMM/EDM/mobile device management platforms. There's a lot of choices, and they have a lot of strengths and weaknesses for the different providers. So understanding what your needs or your specific needs are and choosing the right technology to address that is really a critical component. And I think it doesn't get enough attention from most organizations. Most of the time it's sort of, well, you know, "Our carriers recommended this one. So we're going to do that. Or our device manufacturer recommended this." But you know, you really need to think through what you're trying to accomplish and what's available. So again, using people who are focused on that and have the expertise to give you options is really important.

Melissa: Yeah, I think data security and just the idea of mobile device management as well. Right. Like how is your organization deploying devices? How are they handling updates? Right. Who oversees that at the organization? We're finding a need for that in smaller and smaller home health agencies as well. Like many of them are thinking about that as much as the enterprise agencies are, where really everyone needs to be thinking about data security and mobile applications and how are we keeping patient information safe? You know, moving away from allowing certain employees to use personal devices and then certain employees to use agency-owned devices, really having a standard for your organization, which also helps with things like updates. Right? You know, we see that quite a bit. If you have a mix of personal and agency-provided devices, then your mobile device management just becomes very chaotic when updates and new solutions need to be deployed. I think more than theft is loss, or loss of devices, so needing a way to make sure that you can, you know, remotely lock a device, remotely wipe a device, more than, you know, theft. I think that's kind of what our home health agencies struggle with because as soon as you get out of the facility and now you're in the community and in people's homes, you really need to start thinking through all of those scenarios. What happens if...? What do we do? Do we have a plan in place? But yeah, I would say that those are concerns. I mean, HIPAA compliance is your basic, you know, and then SoC to Hitrust, you know, demanding a high level of security, not just from the device manufacturers, like, not just from the device provider, but also, just from all of those add-on solutions. I think people forget about that. Just being a SaaS company, just make sure that you're holding every technology partner to that high security standard.

Ian: Yeah. Well, you mentioned, you know, in using their personal devices, I think going back to choosing the right device, putting technology that's reliable in the hands of your clinicians, because if the device that you've given them fails, what is the typical backup? They're going to go and use their own personal device for, you know, getting the job done. Their priority is, "How do I get the information I need and how do I treat this patient?" And they're going to do that with whatever means they have. So making sure that that's not a fallback is really important as well.

Kassaundra: Thank you. Thank you so much. I want to bring up a topic that is very concerning, not only inside the hospital but outside, and outside in the home health space is more probably prevalent because clinicians are going into homes of individuals. But what about the safety of the actual individuals going into this space? When you think about a consumer device comparison versus a health device that is designed or has features that would allow us to contact police or fire or whoever we need to contact in the case of emergency. Unfortunately, in the last couple of years, we've been hearing about in the news of a home care worker, a case worker, who has lost their life due to doing a home visit, whether it was home care based or whether it was somebody doing a visit with a client with a mental challenge. So what are your thoughts? Give me your thoughts about the safety of the actual clinician with the devices... a consumer device versus a health-grade device or device made to support health care in the home environment.

Melissa: I'm so glad you brought.

Ian: Such an important. Okay. Go ahead, Melissa.

Melissa: Yeah, no, and I think definitely Ian you have much more, like, practical solutions with this given what your organization does. But I'm just so glad that we brought this up because if you think of the ask that we are giving our home health clinicians and as we're transitioning and advocating for more and more care to be happening into the home, we're now moving from a team environment to a singular environment where you have one nurse going into a patient's home to provide care, and so much of that is unknown. And so I think that some of it is device, which I think a lot of it is and, you know, I'll speak to that. But I also think that we need to make sure that the agency itself has a culture of safety first and that clinicians feel safe to speak up. They feel safe to deny a visit. They feel safe and supported to leave. So I do think it starts with the culture of the organization and the device and the technology solutions for that is just backing up. But clinicians need to feel safe to use those solutions to say, hey, something isn't right here. I don't feel comfortable being here. And for organizations to feel open to put clinician safety above all else. So I would say that because there is just so much push into care into the home, which I think is phenomenal. You know, we think of hospital at home now as becoming a larger movement. And let's just take a step back and make sure that we are fully considering that clinician experience in all of those settings. And make sure that we are we are giving them the correct tools that they need to drive not just patient care, but their own safety. And Ian, I would love to hear your thoughts on, you know, those specific more specifics. Yeah.

Ian: No, I think you said it beautifully. You're right. It is about culture. And I think part of that culture is dialogue and input. We need to be making sure that, one, they feel comfortable voicing concerns, but also, you know, are we getting input from clinicians who are out in the field on usability of a solution or, you know, comfort level with a solution? You know, it's interesting as we get more and more solutions sent out, you don't think about the impact of it. The more devices I've got to carry, you know, that actually impacts safety, too. If I've got a separate flashlight and I've got a device and I'm trying to take a picture and I'm trying to and all of a sudden I have, you know, I'm aware of a safety concern if I'm juggling a hundred things, I don't have ease of access to another device that maybe is going to set alarm or something like that. So the more we can consolidate, the more we can make things easily accessible, that's a safety concern, right? I want to know that at any given point, I have very quick access to sound an alarm or to send an alert or, you know, and I think those are the kinds of things that you need to get input from your team. You need to make sure that they understand what's available. They understand how to use it, and maybe they have better ideas on what that looks like. So, you know, we have to keep those conversations going. And I love... I hate that there's a reason why we have to have such a focus on it, but I love that there is more of a focus on clinician safety.

Kassaundra: I totally agree. We don't think about it. We just think it'll never happen. But if a situation presents itself outside the four walls of the hospital or inside the four walls of the hospital, we want to be able to support that. I think Melissa hit it right on the nail when she said that. We gotta start with culture first. I agree, we start with the culture first, but even with our culture and processes, what can technology do to support us in our culture and our processes? And that's where, we see technology need to step up because you need to know if I call for help, I need you to know where I'm at with that. I may not be able to tell you where I'm at. So by GPS location, you know, you can know where I'm at. You know, and those are the types of things that, you know, also making sure you have the right device to support that initiative because we think about care and we think about just the actual clinical, the actual person who's receiving care, but the person also providing care needs safety as well. So, right device. Right platform. Right vehicle.

Melissa: I think one thing, Ian, you mentioned having, you know, your arms, you know, you've got a flashlight in one hand, a device in another. And then if the device that you need to alert a safety concern is a separate device outside of that, it reminds me of something we did at Swift Medical a few organizational meetings ago. We simulated the experience of a home health nurse, and everyone participated. All of the engineers. I mean, we had the packets of dressings and treatments and the solution and patients and it was just a phenomenal experience that I think really shed light on the strengths and the weaknesses of the approach that we were taking. And so that could be something interesting for an organization to do is just to simulate that in-home technology experience. And it might open up areas of opportunity where you didn't even realize you were adding a complexity into their workflow simply by the technology solution you picked for a certain problem. Because anything that you can do just streamline, make ease of access, you know, get everything on to a singular device that works as much as possible, that they feel confident when they turn it on that they know that it will work and produce accurate results. That could just be a really, really interesting thing for an organization to consider that's kind of struggling with their... especially if you kind of have this hodgepodge approach to tech... to just lay it all out and have that simulated experience to really help you understand where are we adding an unnecessary complexity?

Ian: Yeah. And I think it comes back full circle thinking about things like connectivity. You know, that it's sort of a given. But you have to think about the dependence of various things that you're introducing. Like if I've got an emergency button that requires connectivity, I'm in a dead zone. Well, it's not doing anybody any good. Right. And I think as much as possible, you want to have technology that is future-proofed to the extent that it can be. One of the things I really appreciate about Zebra is the amount of

thought that's put into what do health care workers need today, but also what are they going to need in the future. And let's make a way for that. Let's make it so that this is... you've got what you need in one package that, well, at least for the near future is going to ensure that you've got coverage.

Kassaundra: Yeah. I just want to just tag on to what you both said. I'm always talking about...I'm a nurse, so I always talk about reducing the nursing toolbelt. And, really, it's not a tool. Yeah, it's a backpack. It's a backpack, and it's a ball and chain that we are asking nurses to do every day to perform care, whether it's inside the four walls of the hospital or outside, which Melissa hit it. That's not safe. I can't give safe care if I am carrying that much of a workload on my back. It's not...none of that can fit on a toolbelt. You can't fit...you know, you can't have a phone to scan, a phone to make a phone call, to be a big old computer tablet to document, camera to take pictures...it's just too much technology in so many different forms are reducing that, for the clinician is should be our goal. One device, one band, one sound. Right? That's really the goal. So, you absolutely hit it on the head when you said that. Because a lot of people don't realize that, I gave a presentation back in 2016, and I literally had a backpack with everything that I needed to do my job back in 2009 as a nurse. And I still work as a nurse. So let me make that clear. I still work the floor as a nurse, even though I wear a hat as a CNIO for a company. I still do this every chance I get. I feel doing this, I'm still very aware of what's going on, but it's so great that I am able to use one device to do my job versus using five devices that I was doing back in 2009. Now, Melissa and Ian, you all have been talking about all the good things and great things that we can do or are doing in the whole health space to support home health, but it sounds expensive. I mean, it sounds very expensive. It sounds like it takes a lot to get it set up. What's your experience? So what can you give us from that platform of really, return on investment or is it beneficial to really go this way? You're telling me this, but make it make sense. Make the dollars make sense.

Melissa: Yeah, I.

Ian: I take it first. There's not a lot to cover there.

Melissa: Yeah, it's a great question. I do think you're a technology investment in whatever it is - if it's a device, if it's a software solution - there are always downstream effects that that decision has, which I think is why it sounds cliché, but we do encourage organizations to think of it as an investment. And so what are you investing in? You're investing in clinician satisfaction. You're investing in clinician longevity with your organization. Everyone is facing staffing shortages right now. And so how do you differentiate your organization to attract the best of the best clinicians and not just have them, but keep them at your organization, make them want to continue working? And then I think, you know, a happy clinician assists with patient outcomes. Which is really the ultimate goal of everything is we want, you know, leading industry outcomes, whether it's wound care or another area that your organization is focusing on. And people don't always connect the technology to the patient outcome. And I think there is a direct connection there that if we're adding an additional struggle into it or we're not using technology to augment and optimize something, you know, to create that efficiency for the clinicians and to produce better data for the organization so they know what they're doing. Well, they know what they're not doing well. I think there are just so many different return on investment KPI indicators in this space. When you look at technology, the benefits just continue to compound, whether it's operational, financial or clinical outcomes. Your technology can have a direct influence on all of those.

Ian: Yeah. My response is there's a couple of ways to look at this. The pat answer would be, you know, it's expensive. Lawsuits are expensive. Missed visits are expensive, churn is expensive. Device mismanagement and loss is expensive. And there's so much around technology that can impact the bottom line of an organization. And margins are slim at home. Health is not we're not turning out billionaires here like this. Everybody's got to watch their spend, for sure. But there's so much that just doesn't get paid attention to. And I think the cost of not doing things right is so much higher. Now, that said, those tend to be looked at as soft costs. But, you know, is it too expensive to get the right device? I would say no. So one of the things that I love doing with customers is just talking about, you know, what are some ways that we can practically reduce your actual hard cost spend today and help you stay cost neutral or else, or find cost savings in a way that allows you to invest in technology for your company moving forward. You know, that's things like looking at your carrier spend, looking at...you've got your wireless data costs wrapped up with your device costs. And that's not always the most efficient way to go. You know, are you leveraging devices that have to be replaced every 12 to 18 months, and now you've got 17 different models that you're supporting and you're taking whatever is free, but then you're paying on it once it stops working and there's so many issues with all those things that can be fixed with a little bit of time and effort. But yeah, I can honestly say that most of the conversations I have about cost with agencies we work with, we can help them stay cost neutral or save money and still get better technology.

Melissa: Yeah. And it is an interesting focus because we are dependent on technology now for every area of our lives. And yet it's the one area that everybody is trying to get for as cheap as possible. You know, it's portable solution. And so it's kind of ironic, right? It's like, wait a minute, your entire agency is dependent on this device running well. And so you really have to consider the big picture here and not just the bottom line to make sure that you're thinking deeper about the investment into the technology because without it really everything that you're trying to do suffers. So it's just yeah, a little bit of irony there. But I'm not a CFO, so.

Kassaundra: Essentially I always tell people, Show 'em the data," though. You said, when we've implemented technology in the past, the return on investment has far outweighed the investment, the initial investment. Of course, some things you just can't get back is just improved patient outcomes. Right. And retention. You know, it may cost a lot to hire somebody and they quit and then you have to rehire. So that's really, you know, just clinician satisfaction is huge from my standpoint. And just really reducing that toolbelt. We talked, through this conversation we've been having, we've talked about a lot of different things. And we made the case of just having the right platform as well as the right device to be able to support whatever platform you're on. I'm gonna take final comments from you both, but I also wanted to extend the invitation. We talked about health care inside the four walls really looking the same outside the four walls. So I really want to get back together soon to talk about what that looks like and your thoughts and your opinion. When we talk about workflows and doing some of the same things we do in the inpatient space, because I was just talking to a group yesterday and I promise you, I was like, you know, we always talk about remote nursing and remote monitoring of a patient. But, with this push on virtual nursing in the inpatient space, I really have some ideas and thinking about what we can do in the home health space. So I can't wait to talk to you guys about just workflows in general in the home

health space and how we can, as an industry help, care and clinicians. So pharma companies will listen in.

Melissa: Yeah, I think there's really nothing but opportunity where all of this is going. Right. And so I think it just comes back to what is the right thing for your organization at the right time. And so making sure that if there's a technology plan for where you want to go, that the devices can support these great initiatives that are coming out, you know, we mentioned things like AI or remote monitoring. You know, there are just... we're moving more and more into virtual care in a lot of spaces. And so, even more so, the technology that you're choosing to power your virtual care options. But I do think and just believe this deeply that all the decisions should be driven by empathy and patient first. And so empathy over efficiency is what I always like to remind myself. Right. Like we want to make sure that whatever we're bringing into the home, whatever solution is there, however we're thinking about new models of care, which it's great to see innovation in this space, let's be driven by empathy more than efficiency. And then I think we'll do the right thing for the right patient at the right time.

Ian: 100%. And I love what we do, and I'm so grateful for the opportunity to chat with you ladies because I think, you know, it's exciting to see hardware manufacturers and software manufacturers and technologists and service companies interested in supporting what is such a vital work, in home health. It gets so little attention. So I think, you know having great minds come together. Just keep this dialogue moving on. What else can we do? How else can we make a better experience for both nurses and their patients? It's great. So I really appreciate the opportunity to chat.

Melissa: Agreed. Thank you for having us.



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