SALES ENABLEMENT SAMPLE

Prehospital Sepsis Conversation Guide

Sales enablement sample for RapidID and EMS system conversations

Ray McGee
B2B Copywriter | MedTech & Prehospital Markets

Speculative Portfolio Sample

Sample Context

Audience: MedTech marketing managers, creative directors, sales leaders, and EMS-facing reps
Asset Type: Sales battle card / conversation guide
Objective: Help sales teams reframe sepsis conversations around timing, workflow reliability, and objective field triggers
Scenario: Speculative sample based on representative prehospital care conversations and the RapidID case-study scenario
What This Demonstrates: Sales enablement thinking, field-aware messaging, objection handling

Buyer Problem	Sales Reframe	Desired Conversation
EMS leaders may believe the sepsis issue is already controlled because ED pathway performance looks acceptable.	The issue is not protocol existence. It is timing, field variability, and the lack of a consistent objective signal before arrival.	Move the buyer toward a diagnostic review of where the system loses time before discussing device evaluation.

> *"Most EMS systems do not have a sepsis protocol problem. They have a timing problem."*

Why This Sample Works

- Translates case-study proof into usable sales language.
- Gives reps specific reframes, not generic talking points.
- Handles objections without over-claiming.
- Keeps the close diagnostic and credible.

Ray McGee | B2B Copywriter | **Ph**: +1 (850) 816-0246
Email: raymcgee@hotmail.com

Positioning Summary

Use this to keep the conversation focused on the operational gap

Primary sales frame

This is not about convincing EMS leaders that sepsis matters. They already know that. The stronger frame is that many systems lose time before ED arrival because field identification varies and the ED receives limited actionable data.

1. The real problem

- Do not lead with: "Sepsis is a major issue."
- Lead with: "Most EMS systems do not have a sepsis protocol problem. They have a timing problem."
- Goal: shift the discussion upstream.

2. What breaks

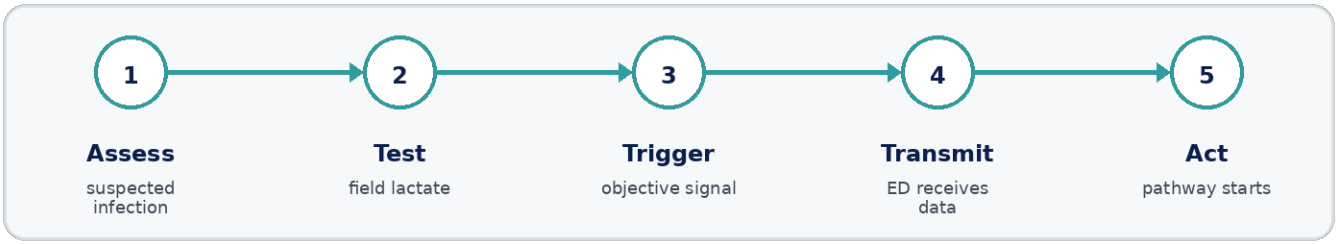
- Identification varies crew to crew.
- Protocols depend on judgment under pressure.
- No consistent trigger means inconsistent activation.
- The ED receives the patient without actionable data.

3. Decision trigger

- Accuracy matters, but it is not the whole sale.
- Ask: "Does this hold up operationally at 3 a.m. on a busy shift?"
- If it adds friction, usage drops and crews adapt around it.

4. RapidID advantage

- Frame RapidID as workflow reliability.
- Single-step operation.
- Glove-compatible use.
- Automatic ED transmission before arrival.



Reframe line

This is not about getting a number. It is about getting that number into the ED early enough to act on it.

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Core Talking Points

Field-aware language for the middle of the sales conversation

Use this when

- The prospect says their ED sepsis pathway performs well, but field recognition is inconsistent.
- The buyer focuses too narrowly on device accuracy instead of workflow fit.
- The sales conversation needs to move from product features to operational execution.

Don't say	Say instead
"Sepsis is a major issue."	*"Most EMS systems do not have a sepsis protocol problem. They have a timing problem."*

Anchor the context

- ED performance can be acceptable.
- The delay can still occur before hospital arrival.
- Standard vitals can miss early-stage deterioration.

Name the uncertainty

- Protocols structure decisions.
- They do not remove uncertainty without an objective signal.
- Field conditions amplify variability.

Ask the operational test

- Does the workflow hold up at 3 a.m.?
- Can a tired crew use it with gloves?
- Will results reach the ED before arrival?

Avoid feature-first selling

- Do not make the number the story.
- Make pre-arrival action the story.
- Tie usability to consistent protocol execution.

Protect credibility

- Avoid promising outcomes the sample cannot prove.
- Use case metrics as illustrative portfolio data.
- Keep claims tied to workflow logic.

Bridge to next step

- Offer a protocol review before a device discussion.
- Make the buyer's data the focal point.
- Use the close to clarify fit, not force urgency.

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Common Objections

Responses that acknowledge the concern and keep the conversation diagnostic

Objection 1 **“We already have sepsis protocols.”**	**Response** “Most systems do. The issue is not protocol. It is variability in identification without an objective trigger. That is where delays tend to start.”
Objection 2 **“Training should solve this.”**	**Response** “Training improves consistency, but under field conditions variability remains. An objective marker reduces that dependence on judgment.”
Objection 3 **“We do not want to add complexity.”**	**Response** “That is valid. The question is whether the workflow holds under pressure. If it adds steps, crews will not use it consistently, and the protocol will not execute.”
Objection 4 **“We need to evaluate multiple devices.”**	**Response** “Absolutely. The key comparison is not just accuracy. It is how each option integrates into your workflow and whether it removes or introduces friction.”

Response discipline

The objective is not to win the objection. It is to keep the buyer focused on workflow reality: where does the system lose time, and can the proposed change remove friction instead of adding it?

Qualification, Financial Reframe, and Close

Know when to advance, when to slow down, and how to end the conversation

GREEN LIGHTS

- Inconsistent ID
- Pre-arrival prep
- Outcome variability

YELLOW FLAGS

- Protocol confidence
- ED-only focus

RED FLAGS

- Workflow resistance
- No operational appetite

Financial Reframe	Non-Pushy Diagnostic Close
• Each missed early case can progress to septic shock. • ~4 additional ICU days per case. • ~$14,000 incremental cost. **Key line:** *"By the time cost shows up in the ICU, the delay has already happened upstream."*	**Do not push product.** *"Before looking at solutions, it is worth understanding where your system is losing time. That usually clarifies whether a change is necessary."*

Portfolio Disclosure

This is a speculative portfolio sample created to demonstrate copywriting, messaging, and sales-enablement capabilities in realistic MedTech and prehospital scenarios. It was not produced for, approved by, or published by a real client unless otherwise stated.

Clinical context, workflows, and performance metrics are consistent with industry practices; however, the organization, individuals, and certain data elements have been modified for illustrative purposes and do not represent a specific real-world entity.