

RapidID Commercialization Sequence Package

How one MedTech case study and its supporting collateral move across the customer journey

Ray McGee

B2B Copywriter | MedTech & Prehospital Markets

Speculative Portfolio Sample



Package Navigation

Use these links after the package is converted to PDF.

Jump to: [Purpose](#) | [Sequence Map](#) | [Authority](#) | [Landing Page](#) | [Case Study](#) | [Email Sequence](#) | [Sales Support](#) | [Adoption](#) | [Implementation](#) | [Customer Success](#) | [Outcomes](#) | [Disclosure](#)

Full sample links: [Authority Positioning Series](#) | [Appointment Landing Page](#) | [Case Study](#) | [Email Sequence](#) | [Sales Conversation Guide / Battle Card](#)

Contact: [Ray McGee at raymond@mcgee-copywriting.com](mailto:raymond@mcgee-copywriting.com)

Package Purpose

This curated package shows how one MedTech case-study campaign can work as a sales and customer communication system. It gives a short view of each asset. It shows the writing and message strategy. It also shows sales support, rollout support, customer success, and outcome reporting. It does not duplicate every full file.

Sample Context	
Audience	MedTech marketing managers. Creative directors. Sales leaders. EMS commercial teams.
Asset Type	Curated campaign package.
Objective	Show how RapidID messaging moves from early problem framing to protocol review. Then it moves to proof, sales talks, rollout, adoption, and value reporting.
Scenario	Speculative campaign for RapidID. RapidID is a fictional lactate analyzer used for prehospital sepsis identification.
What This Demonstrates	Campaign structure. Copywriting range. Sales support. Lifecycle planning. EMS field fluency.

“Most EMS systems do not have a sepsis protocol problem. They have a timing problem.”

34% increase in prehospital sepsis identification	18 min reduction in time to antibiotics	94% transports delivered results before arrival	11 pts SEP-1 compliance improvement
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RapidID Commercialization Sequence

This map shows how the RapidID campaign assets work together. It asks a direct question: is sepsis being recognized early enough before ED arrival? Then it moves through lead generation, proof, nurture, sales support, adoption, rollout, customer success, and outcome reporting.

#	Stage	Asset	Sequence Purpose
1	Engage	Authority Positioning Posts	Raises the timing and workflow problem before the product or case study enters the conversation.
2	Lead Generation	Appointment Landing Page	Turns campaign interest into a request for a Prehospital Sepsis Protocol Review.
3	Proof	Earlier Sepsis Identification in EMS case study	Shows the problem in a realistic EMS system. Ties proof points to clinical, field, and cost impact.
4	Prospect Nurturing	Case Study Follow-Up Email Sequence	Builds on the story through timing, protocol, cost, adoption, and close themes.
5	Sales Support	Sales Conversation Guide / Battle Card	Gives sales teams field-aware language. Includes discovery questions, proof points, and objection handling.
6	Adoption	Adoption Review Framework	Guides the early customer-success call. Points to the best follow-up path.
7	Implementation	Implementation Success Plan	Moves the purchase into rollout. Defines goals, owners, success measures, and review timing.
8	Customer Success	Customer Success Sequence	Supports rollout, adoption, issue escalation, outcome review, and the six-month graduation touchpoint.

9	Value Reporting	90-Day Outcomes Summary	Turns early rollout evidence into leadership reports. Adds next-quarter recommendations.
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Strategic Thread

The assets carry the timing-problem idea across marketing and sales. Then they continue it through rollout, customer success, and leadership reporting.

1. Engage - Authority Positioning Series

Strategic Role	
Funnel role	Pre-case-study thought leadership and conversation reframing.
Authority angle	Shift attention from ED-only performance to timing, field variation, objective signals, workflow fit, and crew adoption.
Selected copy	Post 1 establishes the timing frame. Post 4 shows how device evaluation should move beyond specs to field workflow fit. The CTA logic now points readers toward the case study as the next proof step, rather than asking for a protocol review too early.

Post 1 - The Real Problem (Timing, Not Diagnosis)

Most EMS systems don't have a sepsis problem.

They have a timing problem.

When outcomes fall outside benchmark, the first instinct is to look at the ED:

- Are antibiotics delayed?
- Is SEP-1 compliance slipping?
- Are protocols being followed?

In many systems, the answer is no. The ED is doing its job.

The gap is earlier.

By the time the patient reaches the hospital, the clock has already been running - often without anyone realizing it. Standard vital signs don't always reflect what's developing. Early-stage sepsis can look routine.

So the system reacts on time... to a signal that arrived too late.

The systems that improve outcomes aren't necessarily better at treatment. They're better at identifying where time is lost before the patient reaches the ED.

Next step	See how one regional EMS system traced the delay upstream and identified more sepsis cases before ED arrival.
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Post 4 - Why Device Decisions Fail (It's Not About Accuracy)

When teams evaluate new equipment, most discussions start with specs: accuracy, sensitivity, and validation data.

Those matter. But they're rarely what determines whether something actually gets used.

In the field, the real question is simpler: Will this work at 3 a.m. on a busy shift?

A tool can be clinically sound and still fail in practice. That happens when it adds steps under pressure, requires manual handoff or documentation, or depends on ideal field conditions.

The systems that get value from new tools do more than evaluate accuracy. They ask whether the tool holds up when the field environment is not controlled. That is where decisions are made.

Next step	Read the special report to see how workflow fit changed the evaluation from device specs to field execution.
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FULL SAMPLE CTA

[Discover how the full Authority Positioning Series turns one sepsis-identification problem into five reasons to read the RapidID special report.](#)

Each post sharpens a different part of the problem: timing, protocol variability, cost exposure, workflow fit, and adoption risk.

[Back to Package Navigation ↑](#)

2. Lead Generation - Appointment Landing Page

Strategic Role	
Funnel role	Mid-stage lead capture after case-study interest and nurture follow-up.
Primary action	Complete the form so ClearPath Diagnostics can schedule the protocol review.
Strategic constraint	Keep the offer diagnostic and low-pressure. Do not push a demo or device review before the buyer understands where delays may occur.

RapidID Prehospital Sepsis Protocol Review Landing Page

Lead-capture page for EMS leaders who want a structured review of where sepsis recognition may be delayed before ED arrival.

This sample shows how a MedTech manufacturer could convert case-study interest into a low-pressure appointment request. The page promotes a structured review of prehospital sepsis identification patterns rather than a device evaluation or sales presentation.

What the sample demonstrates:

- Translating sepsis outcomes into an operational identification-and-handoff problem.
- Maintaining one conversion goal after the case study and nurture sequence.
- Using EMS-specific language: crews, field identification, transport, ED handoff, and pre-arrival communication.
- Keeping the form appropriate for a protocol review without turning it into a product-demo request.

Portfolio Rationale

Element	Why it works
One clear action	The page asks for one action: complete the form so ClearPath Diagnostics can schedule the review.
Buyer stage match	The page appears after case-study interest and nurture follow-up. It does not re-argue the full case. It confirms the value of a protocol review.
Operational pain	The opening frames sepsis as a field-identification and handoff timing problem, not a generic urgency message.
Default objection addressed	The copy lowers sales anxiety: no device review, no sales presentation, just a structured look at the system's sepsis identification process.
Low-friction form	The form asks for enough information to schedule and qualify the review. It does not ask for detailed clinical data upfront.
Proof without overclaiming	The 34%, 18-minute, and 94% proof points keep the RapidID campaign consistent. The disclosure keeps the speculative context clear.

FULL SAMPLE CTA

The positioning series deepens the problem. The case study makes the solution credible.
[Now, discover how the appointment landing page turns that interest into a low-pressure protocol review request.](#)

[Back to Package Navigation ↑](#)

3. Proof - Earlier Sepsis Identification in EMS Case Study

Strategic Role	
Funnel role	Proof asset. Shows the operating problem, the intervention, and the measured outcome.
Core proof	34% increase in prehospital sepsis identification,

	18-minute reduction in time to antibiotics, 94% pre-arrival result delivery, and 11-point SEP-1 improvement.
Selected copy	Opening problem, investigation, solution requirements, pilot protocol, and results.

How One Regional EMS System Identified 34% More Sepsis Cases - Before the Patients Reached the ED

The email from the CMO arrived at 6:47 on a Tuesday morning. Subject line: Q3 Sepsis Outcomes. Urgent Review.

When Dr. McGrew arrived that afternoon, the CMO and CFO were already waiting in the conference room. Quality outcomes were now tied directly to financial exposure.

His system was running 14% above the regional sepsis mortality benchmark. The protocols themselves did not explain why.

Each sepsis case that deteriorated to septic shock added an average of four additional ICU days. Roughly \$14,000 in avoidable cost. The CMO needed answers. The CFO needed numbers he could defend to the board.

The Investigation

He started where the data pointed: the ED. Physicians were following protocol. Antibiotics were administered on time, and fluid resuscitation was appropriate. SEP-1 bundle compliance at the receiving hospitals was within the acceptable range.

The gap was not in the hospital.

McGrew shifted his focus to the prehospital data. He pulled three months of prehospital run reports, CAD logs, and crew documentation across all 42 units. Sepsis identification rates in the field were as low as 12%.

Identification relied on the medic's judgment, vital signs, and physical assessment. If the patient did not meet classic SIRS criteria, the clock did not start until triage.

“Our medics are the best in the state, but we were asking them to identify a systemic metabolic crisis using tools designed in the 1970s.”

The Solution: Moving the Objective Trigger Upstream

Field requirement	Why it mattered
Single-button operation	Designed for crews operating under field pressure.
Glove compatibility	Supports use in real prehospital conditions.
Automatic transmission to the ED before arrival	Turns the lactate result into a usable ED signal, not just a field measurement.

RapidID was the only system that checked all three. He initiated a 90-day pilot of the RapidID point-of-care lactate analyzer across ten frontline units. The goal was to remove clinical guesswork and replace it with a definitive metabolic trigger.

The Results

34% increase in prehospital sepsis identification	18 min reduction in time to antibiotics	94% pre-arrival result delivery	\$84K-\$112K estimated avoided ICU costs
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Prehospital sepsis identification increased by 34% compared to the previous year.

The average time from patient contact to the first dose of antibiotics dropped by 18 minutes.

Receiving EDs had lactate results before arrival in 94% of transports. Sepsis pathway activation shifted from after lab draw to point of entry. That reduced time to actionable data by 38 minutes per patient.

Tri-County identified 6 to 8 cases that avoided progression to septic shock during the 90-day period. That represented an estimated \$84,000 to \$112,000 in avoided ICU costs in one quarter.

Case Study CTA

Every EMS system has a gap. Most don't know where it is.

ClearPath Diagnostics will help you find yours with the complimentary Prehospital Sepsis Protocol Review. It is a structured analysis of your system's identification rates, where your data is benchmarked against regional and national performance.

No device evaluations. No sales conversations. Just your numbers, in context.

Request your complimentary Protocol Review at [URL]

FULL SAMPLE CTA

[Discover how the RapidID case study becomes the proof engine for the rest of the campaign.](#)

The story supplies the metrics, language, objections, and strategy needed to nurture prospects, guide sales conversations, support adoption, and show value after rollout.

[Back to Package Navigation ↑](#)

4. Prospect Nurturing - Case Study Follow-Up Email Sequence

Strategic Role	
Funnel role	Post-case-study follow-up sequence.

Campaign objective	Use the case study as the anchor asset, then guide the reader through timing, protocol, financial, adoption, and close themes.
Selected copy	Email 1 reframes delay, Email 3 connects the delay to cost, and Email 5 moves the reader toward a protocol review.

Email	Focus	Role in Sequence
0	Delivery	Delivers the case study and frames the upstream identification issue.
1	Timing gap	Reframes delay as a prehospital timing problem rather than only an ED issue.
2	Protocol limitations	Shows why protocols alone do not remove field variability.
3	Financial impact	Connects delayed recognition to downstream operational and financial cost.
4	Adoption barriers	Explains why field fit determines whether a solution is usable.
5	Protocol review close	Moves the reader toward a structured prehospital protocol review.

Email 1 - Timing

Field	Copy
Subject line	Where delays actually begin
Preview text	The field assessment may be where the clock really starts.

When sepsis outcomes fall outside benchmark, most reviews start in the ED.

Are antibiotics delayed? Is SEP-1 compliance slipping?

In many systems, those aren't the issue.

In the Tri-County EMS system, the delay started earlier. It started in the field. Field identification rates were as low as 12%.

By the time the patient reached the hospital, the clock had already been running - without a clear trigger to start treatment.

So the system responds on time... to a signal that arrived late.

It's not always about treatment. It's about when identification actually begins.

CTA	Purpose
In case you misplaced it, download your case study here.	Reframes delay as a prehospital timing problem while giving the reader a path back to the proof asset.

Email 3 - Financial

Field	Copy
Subject line	What those delays actually cost
Preview text	The cost shows up in ICU days, staffing, equipment, and compliance.

When the numbers were broken down, the clinical gap was only part of the picture.

Each missed early identification carried a downstream cost.

In Dr. McGrew's system, earlier identification moved care forward by an average of 18 minutes.

And when a case turned into septic shock, the impact was clear. It meant extra ICU days, roughly four per case. It meant about \$14,000, more staff and equipment use, and higher compliance exposure.

The financial impact didn't start in the ICU. It started before the patient ever reached the ED.

CTA	Purpose
Schedule a review of your numbers here.	Connects delayed recognition to financial impact and introduces the diagnostic protocol-review action.

Email 5 - Close

Field	Copy
Subject line	Ready to see where your system is losing time?
Preview text	No sales discussion. Just your data, in context.

If you've reviewed the case study, you've seen how a single upstream gap drove both clinical and financial impact.

In the Tri-County EMS pilot, the turning point wasn't a protocol change. It was identifying where time was being lost before arrival. And making that visible.

A structured prehospital review will show where time may be slipping - before it shows up in outcomes.

We analyze your run data, compare how cases are identified, and highlight where delays are occurring upstream.

No device evaluation. No sales discussion. Just your data, in context.

CTA	Purpose
You can schedule the review here.	Moves the reader from case-study education to a structured prehospital protocol review.

STRATEGIC NOTE

The follow-up sequence keeps the case study in front of the reader after the first send.
It moves the conversation through timing, protocol limits, cost impact, adoption, and the protocol-review offer.

[Back to Package Navigation ↑](#)

5. Sales Support - Sales Conversation Guide / Battle Card

Strategic Role	
Funnel role	Equip reps to turn marketing interest into a credible diagnostic sales conversation.
Sales reframe	The issue is not whether a protocol exists. It is timing, field variation, and the lack of a consistent objective signal before arrival.
Selected copy	Positioning summary, core talking points, objections, and diagnostic close.

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.

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

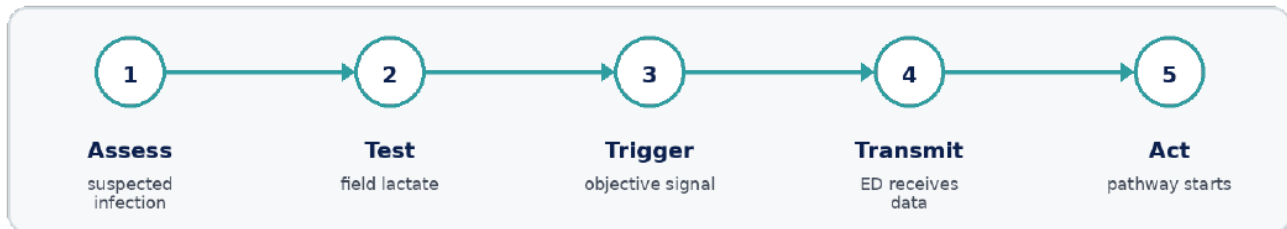
- Identification varies crew to crew.
- Protocols depend on judgment under pressure.
- No consistent trigger means inconsistent activation.
- The ED receives the patient without actionable data.

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.

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

"Sepsis is a major issue."

Say instead

"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.

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: <i>"By the time cost shows up in the ICU, the delay has already happened upstream."</i>	Do not push product. <i>"Before looking at solutions, it is worth understanding where your system is losing time. That usually clarifies whether a change is necessary."</i>

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.

SERVICE CTA

Need sales enablement your reps can actually use?

This Battle Card shows how product proof, buyer objections, and field guidance can help reps have better sales conversations. To discuss a similar asset for your MedTech product, [contact Ray McGee](#).

[Back to Package Navigation](#) ↑

6. Adoption Review Framework

Strategic Role	
Timing	About Week 4 after system-wide rollout.
Primary user	Clinical Success Manager.
Purpose	Show the branching logic that drives Phase 2 of the Customer Success sequence.

Conversation Objective

Learn how RapidID fits day-to-day work. Spot early adoption patterns. Choose the right follow-up path.

Opening

“Dr. McGrew, thanks for making time today. This is not a formal review or an audit. I want to hear what you’ve seen now that RapidID has been in daily use for a few weeks. These talks often tell us things that reports can’t.”

Discovery Areas

Area	Representative prompts	Listen for
Crew Adoption	What have your crews been telling you? Are they comfortable using RapidID in their assessment?	Variation by shift or station. Confidence or hesitation. Workarounds. Early champions.
Workflow Integration	Does RapidID fit naturally into your current protocols? Are there situations where crews seem unsure when to use it?	Friction points. Protocol confusion. Chances to clarify use.
Training	How has training held up since rollout? Have new hires or float staff needed extra support?	Knowledge drift; onboarding gaps; recurring questions.

Early Outcomes	Have you noticed changes in earlier sepsis recognition? Have receiving hospitals shared feedback?	Observations without leading questions or fishing for success stories.
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Internal Assessment

Path	Indicators	Next Step
Path A - Adoption Strong	Consistent crew use; natural workflow fit; positive clinical feedback; no major operational barriers.	Reinforce momentum. Encourage early outcome sharing.
Path B - Adoption Slowing	Uneven use; variation by station or shift; need for leadership reinforcement; workflow uncertainty.	Provide practical tools and talking points so Dr. McGrew can reinforce use with supervisors and crews.
Path C - Specific Friction Point Identified	Installation concerns; calibration questions; supply issues; workflow obstacle; training gap.	Bring in the right implementation specialist and schedule targeted follow-up.

[Back to Package Navigation ↑](#)

7. Implementation Success Plan

Strategic Role	
Customer	Tri-County EMS.
Initial rollout period	90 days.
Purpose	Move the purchase into rollout with clear goals, owners, success metrics, and review timing.

Program Objectives

This rollout should fit RapidID into Tri-County EMS’s existing sepsis protocol. It should support steady field use. It should also define how the team will measure clinical, field, and leadership impact.

Implementation Success Metrics

Category	Measures
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Operational Performance	Devices deployed across the fleet. Devices available when needed. Results sent to receiving EDs. No major workflow disruption.
Clinical Adoption	Crew training complete. Protocol use steady. Supervisor feedback collected. New-hire and continuing education updated.
Clinical & Operational Outcomes	Early sepsis identification trends. Time from patient contact to antibiotics. ED pre-arrival alerts. Crew confidence using lactate results.
Organizational Measures	SEP-1 trends. Operational gains. Estimated ICU impact. Leadership reporting needs. Process improvements.

Review Schedule

Review	Focus
30-Day Review	Operational readiness. Training complete. Workflow fit. Initial support needs.
60-Day Adoption Review	Crew use. Supervisor observations. Operational trends. Technical or workflow adjustments.
90-Day Implementation & Outcomes Review	Success metrics. Clinical and operational outcomes. Leadership summary. Next-quarter recommendations.
180-Day Value Review	Long-term use trends. Clinical performance. Operational performance. Continued partnership opportunities.

Success Criteria

Implementation succeeds when RapidID becomes a routine part of Tri-County EMS's sepsis protocol. Crews use it consistently. Devices work reliably. Clinical data supports review. Leaders get clear reports on impact, cost, and next steps.

[Back to Package Navigation ↑](#)

8. Customer Success - Post-Sale Sequence

Strategic Role	
Audience	Customer Success team, EMS medical leadership, and executive stakeholders.
Objective	Support rollout, adoption, issue escalation,

	outcomes review, and the long-term customer relationship.
What this demonstrates	Lifecycle communication planning, role continuity, escalation logic, and realistic post-sale support.

Sequence Architecture

Stage	Role in Sequence
Implementation	Welcome, team introduction, and pre-rollout perspective.
Adoption Review	Week-four review request to surface real use patterns.
Branching Follow-up	Path A, B, or C based on adoption strength, reinforcement needs, or technical friction.
Value Review	90-day outcomes review and six-month graduation touchpoint.

Email 4 - Adoption Review Request

Subject line: Would you have 30 minutes to compare notes?

RapidID has now been part of your crews' day-to-day work for several weeks. By this point, you have likely moved beyond first impressions. You are starting to see how the system fits into everyday practice.

Implementation reports tell us part of the story. Conversations with the people leading the rollout tell us the rest.

I'd like to hear what your crews have experienced, what has surprised you, and whether we can make adoption smoother.

Would you have about 30 minutes sometime next week for a Zoom conversation?

Branching Follow-Up Examples

Branch	Selected copy
5A - Adoption Strong	It was encouraging to hear how naturally RapidID is fitting into your crews' workflow. Every rollout is a little different. It is good to hear when a system starts to feel like part of everyday practice, not something new.
5B - Adoption Reinforcement	From what you shared, RapidID is in place and the foundation is solid. Adoption is still uneven across some shifts and stations. That is something we sometimes see during the first few weeks after rollout.

5C - Technical Resolution	Based on what you described, this is a good time to bring Robert Lee back into the conversation. Since he worked with your team during rollout, he can get up to speed quickly.
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Six-Month Graduation Touchpoint

The formal rollout is complete, but our partnership is not. As your program evolves, I’m available if you have questions, want to review new data, or want to discuss ways to keep strengthening your sepsis program.

[Back to Package Navigation ↑](#)

9. Value Reporting - 90-Day Implementation & Outcomes Summary

Strategic Role	
Customer	Tri-County EMS.
Audience	Executive leaders, EMS medical leaders, and financial stakeholders.
Purpose	Turn early rollout evidence into leadership reports and next-quarter recommendations.

Executive Summary

During the first 90 days, RapidID moved from rollout to routine clinical use across Tri-County EMS. The team met the main rollout goals with little workflow disruption. Early field and clinical signs show that the program is working as intended. Long-term monitoring should continue, but the first results support continued use in the Tri-County sepsis protocol.

Implementation Success Metrics

Category	Reported result
Operational Performance	RapidID was deployed across all frontline units. Lactate results reached receiving EDs before arrival in 94% of eligible transports. No recurring workflow issues were found.
Clinical Adoption	Crew adoption met rollout goals. Supervisors reported steady protocol use. Training is now part of new-hire onboarding and ongoing education.

Clinical & Operational Outcomes	Prehospital sepsis identification increased 34%. Time to first-dose antibiotics fell by 18 minutes. Lactate agreement reached $\kappa = 0.97$. ED pathway activation began 38 minutes earlier. SEP-1 improved by 11 points.
Financial & Leadership Observations	An estimated 6 to 8 patients avoided progression to septic shock. That means about 24 to 32 ICU days avoided. It also means \$84,000 to \$112,000 in estimated avoided ICU costs.

Opportunities for Continued Improvement

- Monitoring long-term protocol use.
- Continuing to review clinical outcome trends.
- Gathering more feedback from EMS leadership and receiving hospitals.
- Refining workflow as use matures.

Implementation Assessment

Based on the first 90 days of activity and field observations, RapidID is now in routine clinical use across Tri-County EMS. Future reviews should track long-term protocol use, clinical results, ED feedback, and added process improvements.

SERVICE CTA

Need more than a launch asset?

This section shows how post-sale communication can support Adoption, Implementation, Customer Success, and Outcomes (AICO) as one connected system. To discuss a customized AICO plan for your MedTech product, [schedule a 30-minute planning call](#) or [email Ray McGee](#).

[Back to Package Navigation](#) ↑

Portfolio Disclosure

This is a speculative portfolio sample. It shows B2B copywriting, messaging, sales support, customer success, executive reporting, and commercialization strategy in a realistic MedTech and prehospital scenario. It was not produced for a real client. It was not approved by a real client. It was not published by a real client.

FINAL CTA

This package shows the strategy behind the RapidID sample campaign.

To discuss how a similar content system could support your MedTech launch, adoption effort, or sales enablement program, [contact Ray McGee](#).