

FINAL PRESENTATION

Team EchoLogic

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Part 1: Marketing & Industry Research in Three Markets

MARKET CONTEXT & ATTITUDES

Australia

Singapore

Thailand

- **Aging population & chronic disease** → rising demand for mobility aids, monitoring systems, and pressure injury prevention
- Market size: ~**AUD 9 billion (2024)** with strong growth
- Australians show **high trust in healthcare**, but want transparency in device use
- **74% public support** for taxpayer investment in medical devices

[Read More](#) ➔

CONSUMPTION & PRESSURE INJURY BURDEN

Australia

Singapore

Thailand

85% of devices imported

Opportunity for trusted, compliant players

Pressure injury prevalence

12.9% in acute care, **11.6%** in nursing homes

Hospital equipment forecast

***USD 5.5B (2024) → USD 21.6B (2033), CAGR 14.6%**

Economic impact

AUD 56,000 per hospital-acquired case, ~4,300 cases annually

Australia

Singapore

Thailand

Economic

AUD 9B device market, cost of HACs high, ROI for prevention tech, hospital budget pressures

Political

Stable healthcare system, strong aged-care reform, centralised procurement, import reliance

Social

Aging society, nurse shortages, high trust but concern over commercialisation, family advocacy in aged care

PESTEL ANALYSIS

Legal

TGA & AHPRA advertising rules, MTAA code for clinician engagement, data privacy laws

Technological

Growth in digital health, demand for interoperability, pilots via AusMedtech & MTPConnect

Environmental

Push for sustainability, green procurement, supply chain resilience after COVID disruptions

COMPETITORS

Australia

Singapore

Thailand

Pressure Mapping & Monitoring

| Brand | Key Features | Presence in AU Hospitals |
|---|--|---------------------------------------|
| XSENSOR | Continuous pressure mapping & monitoring systems | Yes (clinical monitoring use) |
| BodiTrak (HIA Australia) | Pressure mapping systems (bed sizes), clinical use | Yes (AU healthcare suppliers) |
| Bruin Biometrics (Provizio SEM Scanner) | Early detection device using bioimpedance scanning | Yes (clinical adoption in facilities) |

Hospital Mattress/Bed system

| Brand | Key Features | Presence in AU Hospitals |
|---|---|------------------------------|
| Arjo (Nimbus series) | Alternating pressure mattresses, hospital use | Yes (official AU supply) |
| Baxter Hillrom (Centrella Smart+ & NP surfaces) | Smart beds, preventative surfaces, fall/PU risk reduction | Yes (official AU supply) |
| Stryker (IsoTour, IsoAir, Isolibrium) | Gel & powered surfaces for pressure injury prevention | Yes (official AU supply) |
| Invacare (Softform series) | Hybrid static/dynamic mattress systems | Yes (AU site & distributors) |
| Aidacare (Aspire Active Air) | Alternating pressure mattresses for hospital use | Yes (local AU supplier) |
| Talley (Quattro Plus) | Advanced alternating therapy mattress | Yes (via AU channels) |

LENEXACARE VS. COMPETITORS

Australia

Singapore

Thailand

- Only provide physical pressure relief, no data feedback
- Mostly used for one-off assessments, not continuous tracking
- Detect early risk but cannot be embedded into routine care management
- Rely on frequent manual checks, adding staff workload

LenexaCARE offers real-time, continuous monitoring with proactive alerts

LenexaCARE enables 24/7 monitoring fully integrated with care workflow

LenexaCARE provides repositioning reminders, risk assessments, and reporting as a complete platform

LenexaCARE helps reduce manual monitoring, improves efficiency, and has been locally validated in Australia with zero pressure injuries

DATA-DRIVEN, WORKFLOW-INTEGRATED, AND CLINICALLY VALIDATED

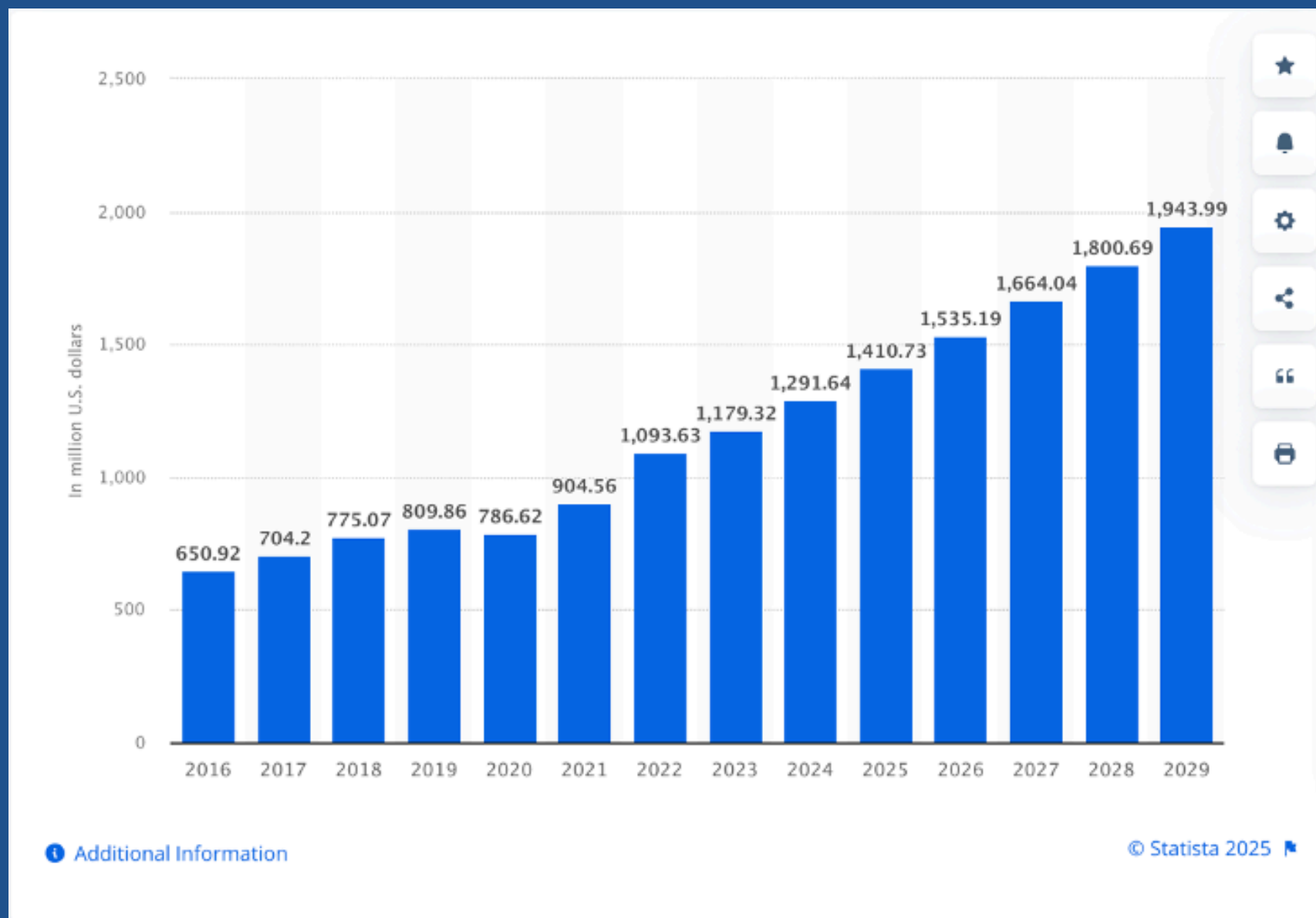
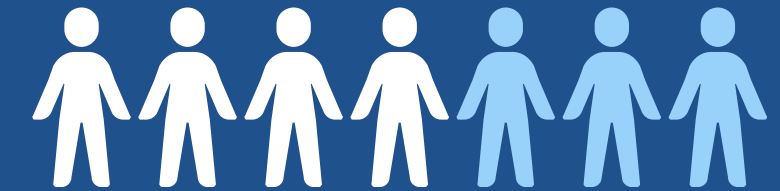
ENTRY TO PRIVATE HOSPITALS

- **local distributors and GPOs** to access private hospitals
- registered with **TGA** for procurement eligibility
- Use **clinical pilots and published evidence** to support adoption
- Provide **after-sales service**: installation, staff training, maintenance

PREFERRED PRICING MODELS FOR PRIVATE HOSPITALS

- **Rental/Leasing Models**
- **Outright Purchase + Service Bundles**
- **Subscription/ SaaS Models**

MARKET TREND



- Forecast to continuously increase between 2024 and 2029 by a total of 652.4 million U.S. dollars +50.51 percent
- The revenue is estimated to reach 1.9 billion U.S. dollars, and therefore a new peak in 2029

Australia

Singapore

Thailand

VIEWS

- Positive attitude
- Human interaction
- Healthcare professionals



Quickly responding to market changes



CHANNELS

- White paper and seminar
- The highest social media penetration rate of 95.8%
- LinkedIn and Email Marketing (WhatsApp)
- Instagram and Facebook
- SEO

Australia

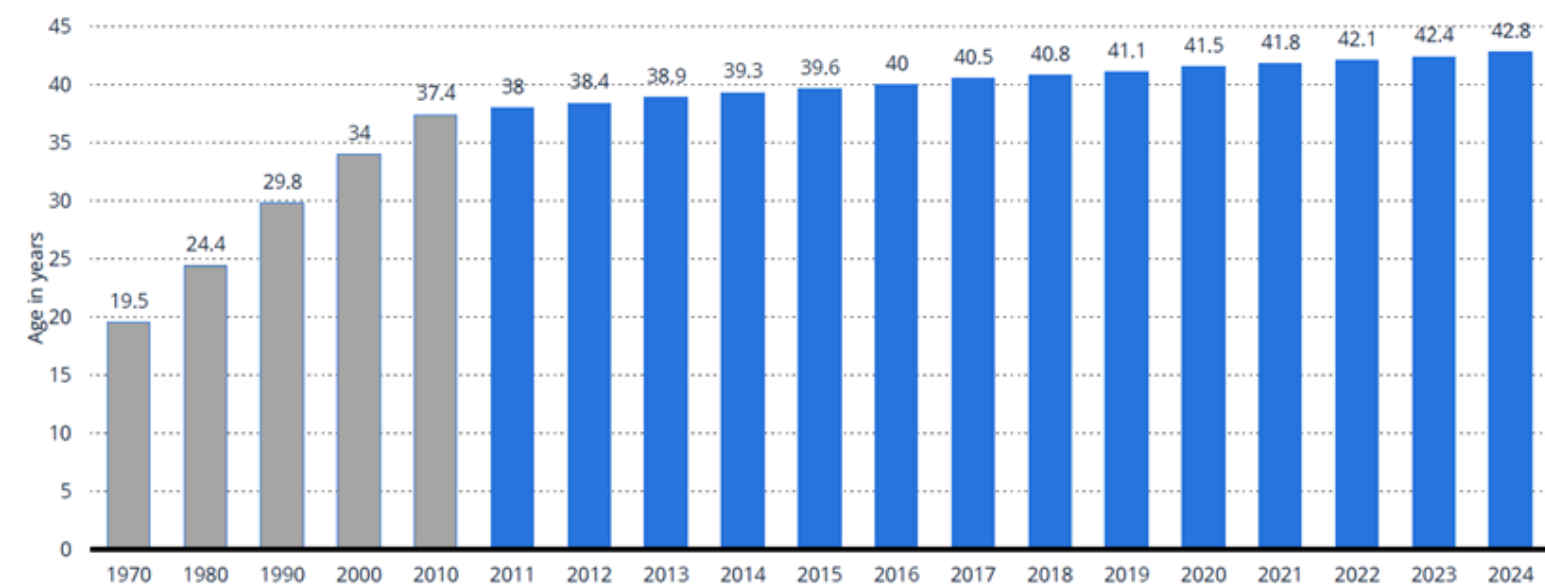
Singapore

Thailand

AGED POPULATION

Median age of the resident population in Singapore from 1970 to 2024 (in years)

Resident population median age Singapore 1970-2024



Description: In 2024, the median age of the resident population in Singapore was 42.8 years. The median age of the resident population had increased over the years. [Read more](#)

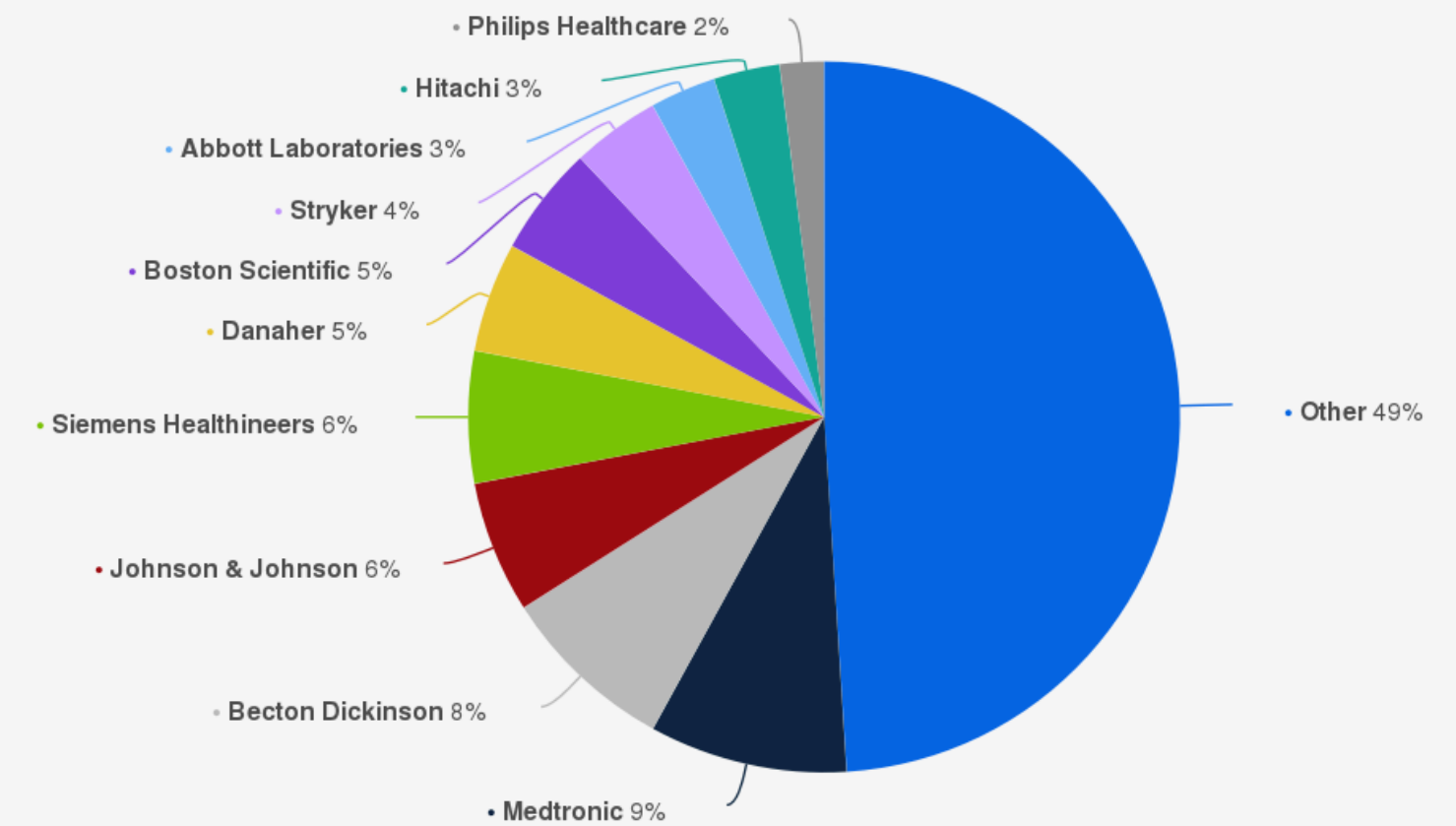
Note(s): Singapore: 1970 to 2024

Source(s): Singapore Department of Statistics

statista

COMPETITORS

Brand share of the medical devices market in Singapore as of 2022



Source
Statista
© Statista 2025

Additional Information:

statista

PESTEL ANALYSIS

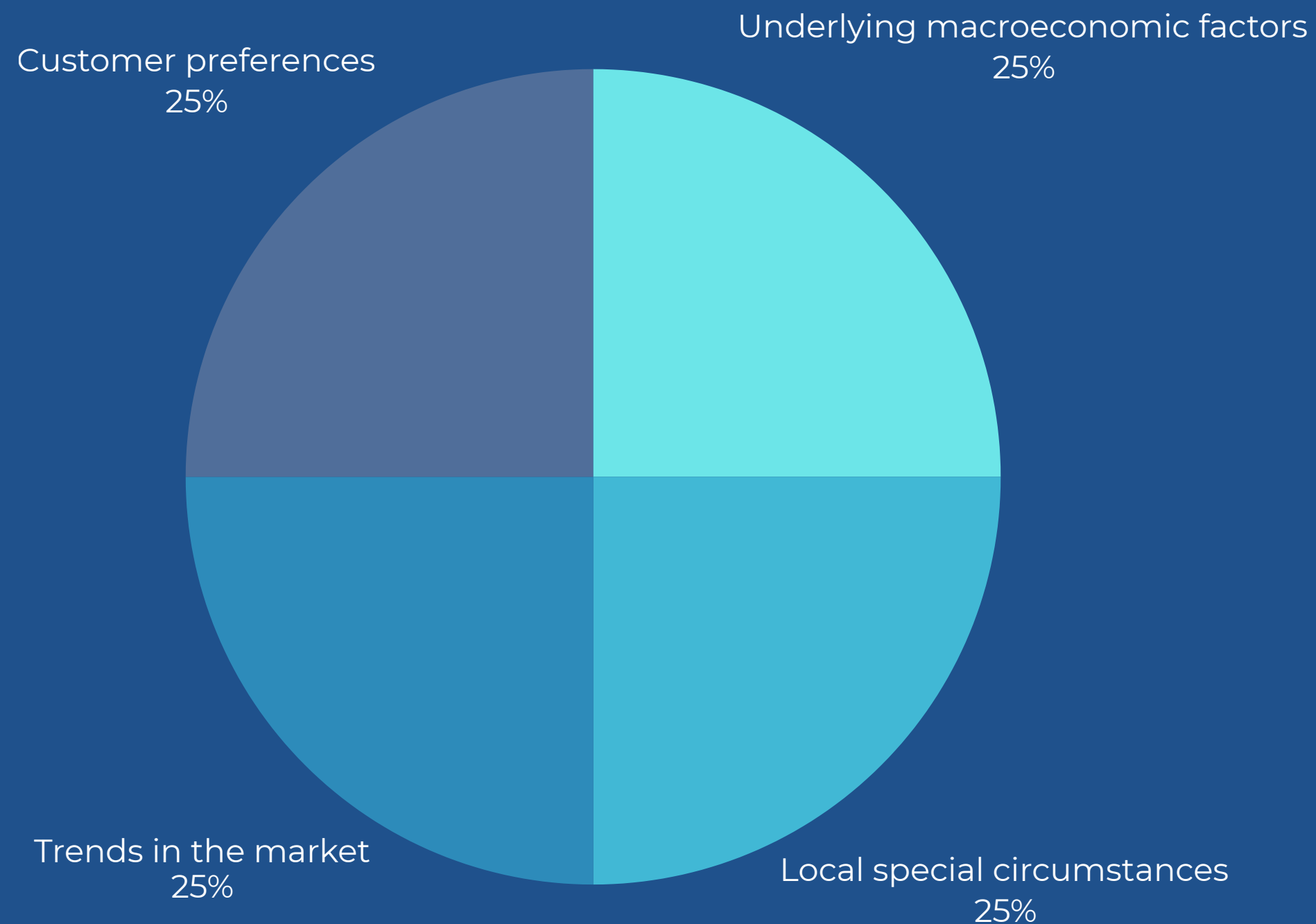
- Political
 - Robust regulatory framework enforces high safety and quality standards in medical industry
- Economic
 - Steady GDP growth rate and stable inflation
 - Strategic trade agreements promote opportunities for input medical devices
- Social
 - Ageing population drives demand for long-term care services
 - Health-conscious demographic
- Technological
 - Increasing demand for innovative and personalised healthcare products
- Environmental
 - Hot and humid climate creates specific requirements for medical healthcare
- Legal
 - Strict regulatory compliance requirements for medical devices ensure high product safety and quality

Australia

Singapore

Thailand

The Medical Devices & Products Market in Singapore is experiencing mild growth, influenced by factors as follows



Strengths

Weaknesses

| | |
|-------------------------------------|--|
| Specialized Focus | Low Brand Awareness |
| Australian Medical Standards | Limited Local Distribution and After-Sales Network |
| Suitable for Long-Term Care Needs | Lack of a Diversified Product Portfolio |
| Potential Value-for-Money Advantage | Adaptation to Market Requirements |

Differentiation

- Clinical Evidence-Driven Market Education
- Value-for-Money Solutions in the Mid-to-High-End Market
- Combining Smart Technology with Localization
- Fast Response and Customization

COMMUNICATION CHANNELS

Australia

Singapore

Thailand

Online Channels

LINE official account and LINE ads

- A popular Asia messenger app, but more than communication functions.
- 78% of Thailand population use this app.

YouTube

- Deliver case studies and product information in Thai language.
- Around 47.6M reachable users.

Social media platforms: Facebook, Instagram, LinkedIn

Email Marketing

Offline Channels

- Medical Fair Thailand (2025): book and run a session for showing product details.
- Health & Innovation Asia: build health tech partnership
- Burn and Wound Healing Association : build credibility with nurses or carers by partnership with the association.

Australia

Singapore

Thailand

Local credibility (NAMSA, 2025)

Thai KOLs (wound-care nurses, rehab physicians) + a respected pilot site matter more than brand-only messaging.

Thai-language assets

One-page Thai clinical briefs, procurement checklists, and subtitled demo videos outperform English-only decks

Where to communicate

- Hospital staff and administrators are heavy LINE users.
- LinkedIn works for executives
- Facebook/YouTube for webinar. promotion and case-study video hosting.

GO-TO-MARKET PREFERENCES

PARTNERSHIP PREFERENCES

Australia

Singapore

Thailand

Local distributor coverage

- Installation, in-service training, and fast field support.
- Aligns with 2025 procurement emphasis on post-sale excellence.

IT Issue

Clear notes on how you connect to HOSxP or exchange data (APIs/exports), cybersecurity posture, and PDPA-compliant cross-border data handling.

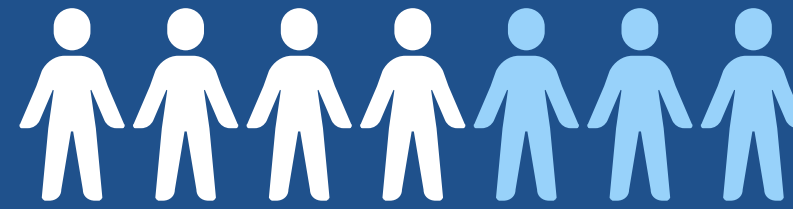
Pilot-to-pay mode

- 60-90-day evidence pilots with predefined success metrics and an agreed roll-out price card.
- Offer rental/OPEX options to fit budget cycles.

Network scaling

- Private chains look for roadmaps (multi-ward, multi-facility) and standardised training packages

PESTEL ANALYSIS



- *Political*

Public buying follows the **2017 Government Procurement & Supplies Management Act**; good pilots can be scaled through tenders.

- *Economic*

Health spending at **5.35%** of GDP.

- *Social*

Ageing population ($\approx 20\%$ 60+);
broad insurance (value + outcomes).

- *Technological*

Hospitals are going **more digital** (telemedicine, e-certificates, IT systems).

- *Environmental*

Hospitals lean on **quality & safety standards** (JCI-accredited facilities).

- *Legal*

Medical devices: **TFDA**;
Data: **PDPA**.

MARKET SNAPSHOT

Baxter/Hillrom

Sell beds and “anti-bedsores” mattresses; hospitals already buy from them.

Competitors ➔

Smith+Nephew LEAF

Add sensors to track turning/pressure as an add-on layer.



SWOT ➔

Strengths

- “All-in-one”
- Clean workflow
- Service bundle

Weaknesses

- Higher upfront cost
- Procurement & logistics
- Less flexible

Opportunities

- Ageing population
- Going-digital hospitals
- Premium private hospitals

Threats

- Big mattress brands
- Cheaper add-ons
- Price-focused public buying

CULTURAL CONSIDERATIONS

Australia

Singapore

Thailand

*Hierarchy & harmony
High-context
Risk-aware
Language*

Public Attitude

- People **trust the system**; private hospitals compete on **quality & speed**.
- Buyers want **evidence, low hassle**, and tools that **fit current workflows**.
- Clear **savings/benefits** shown in simple reports gets attention.

Watch-outs

- Approvals (TFDA)
- Data privacy
- Government buying
- Taxes/admin
- Contracts

Part 2: Audience Determination

PERSONA ANALYSIS

Australia

Singapore

Thailand



Dr. Michael Harrington

Tier-1 Private Hospital Buyer (COOs, CFOs, Directors)

Personality Keywords: Risk-aware · Evidence-driven · Analytical · Patient-first · ROI-focused
Values: Patient safety as non-negotiable, Financial accountability to shareholders and boards
Competency Labels: Operational Leadership, Compliance Champion

Demographic

- Name: Michael Harrington
- Gender: Male
- Age: 47
- Role: COO of a Tier-1 Private Hospital, Sydney
- Location: Sydney, Australia
- Education: MBA, Finance&Health Administration degree
- Workplace: JCI-accredited private hospital, 500 beds
- Languages: English

Goals

- Deliver exceptional patient care while controlling operational costs.
- Reduce hospital-acquired complications (HACs) such as pressure injuries, which affect patient safety ratings.
- Adopt innovative health technologies that are clinically validated and align with compliance standards.
- Optimise workforce efficiency through real-time monitoring and predictive data.
- Protect hospital reputation and improve

Pain Points

- Financial strain: Pressure injuries cost Australian hospitals billions annually (treatment, extended stays, legal risk).
- Workforce fatigue: Nursing staff are overextended with manual repositioning and documentation tasks.
- Compliance risk: Failing to meet NSQHS standards or accreditation due to preventable injuries.
- Data gaps: Limited visibility on patient risk factors and intervention tracking in real time.
- Patient dissatisfaction: Adverse outcomes harm Net Promoter Scores and brand reputation.

Tech Mindset

- Evidence-led adopters: Open to proven medical technologies with clinical validation.
- Interested in integrated monitoring solutions that reduce manual workload.
- Expect solutions to connect with existing EMR systems and procurement platforms.
- Prefer dashboards and analytics for real-time oversight and strategic reporting.

Factors Influencing Decision-Making

- Clinical evidence that LenexaCARE reduces pressure injuries.
- ROI models showing reduced cost of complications + shorter length of stay.
- Positive pilot outcomes in peer hospitals.
- Ease of integration into hospital workflows.
- Vendor's support, training, and credibility in the healthcare market.

Communication Preferences:

- LinkedIn
- Industry conferences & events (APHA, HFMA, HIMSS)
- Healthcare journals & reports (Australian Health Review, MJA, Deloitte, PwC health reports)
- Direct email campaigns
- Webinars / executive roundtables
- Specialist media (HealthTimes, Hospital & Healthcare, Australian Private Hospitals magazine)



Nurse: Eliza Hamilton

Clinical End-User Nurse (Health Care Centre)

Personality Keywords: Practical · Patient-focused · Empathetic · Team-oriented · Time-pressured · Hands-on
Values: Patient safety first, Efficiency and simplicity, Team collaboration
Competency Labels: Clinical Care Delivery, Risk Awareness, Workflow Optimisation

Demographic

- Name: Eliza Hamilton
- Gender: Female
- Age: 29
- Role: Senior Registered Nurse
- Location: Melbourne
- Education: Bachelor of Nursing (RN)
- Workplace: Private Health Care Centre
- Languages: English

Goals

- Deliver safe, high-quality patient care every shift
- Minimise clinical risks like pressure injuries and falls
- Save time on repetitive manual tasks (e.g., repositioning, documentation)
- Use tools that improve workflow efficiency and reduce fatigue
- Maintain professional growth through continuous learning

Pain Points

- Heavy workload and fatigue from manual patient care tasks
- Limited staffing and time pressures
- Frustration with outdated or non-intuitive technology
- Concern about patient safety when stretched too thin
- Lack of clear communication between nurses and hospital management
- Feel undervalued in procurement or innovation decisions

Tech Mindset

- Comfortable with practical, hands-on technology that is easy to learn
- Value tools that integrate seamlessly into workflows (minimal extra training)
- Prefer devices with simple dashboards, alerts, and automation
- Skeptical of "overly complex systems" — need clear demonstration of clinical benefit

Factors Influencing Decision-Making

- Ease of use at the bedside (minimal training required)
- Direct patient benefits (comfort, safety, faster recovery)
- Evidence of reduced workload and improved nurse efficiency
- Endorsements from peers or nurse leaders in other centres
- Clear training and support from vendor

Communication Preferences:

- Facebook Groups (nursing/healthcare communities)
- LinkedIn (professional updates, peer networks)
- Instagram (visual content, infographics, patient stories)
- YouTube (tutorials, product demos, CPD learning)
- Workplace intranet & communication boards
- Nursing association newsletters (e.g., ANMF)
- In-person workshops, lunch-and-learns, clinical demos
- WhatsApp / Messenger groups for peer sharing



Ms. Jennifer Smith

Public / University Hospital Champions (Directors of Nursing, Quality Leads)

Personality Keywords: outcome-focused, pragmatic, evidence-driven, regulation-conscious
Values: Patient safety and clinical integrity, Workforce wellbeing, Continuous professional development
Competency Labels: Policy Compliance, Pilot Evaluation, Accreditation Standards Alignment

Demographic

- Name: Jennifer Smith
- Gender: Female
- Age: 45
- Role: Director of Nursing / Nursing Quality Lead
- Location: Sydney, Melbourne, or Brisbane (tertiary teaching hospital cities)
- Education: Master's / PhD in Nursing Leadership, Health Management or Clinical Governance
- Languages: English (native), basic cultural competency with CALD (Culturally and Linguistically Diverse) patient groups

Goals

- Meet Australian Commission on Safety and Quality in Health Care (ACSQHC) standards (e.g., preventing pressure injuries, medication safety).
- Introduce technology that improves nurse-to-patient ratio efficiency and reduces burnout.
- Strengthen documentation, reporting, and accreditation compliance with digital tools.
- Trial new innovations that improve patient safety outcomes without disrupting workflows.
- Support workforce resilience through education, training, and digital enablement.

Pain Points

- Ongoing nursing shortages leading to heavy reliance on agency staff.
- High compliance burden: hospitals face stringent ACSQHC accreditation requirements.
- Limited time for staff training on new tools due to high patient loads.
- Budget constraints in public hospitals → preference for cost-effective solutions.
- Skepticism about ROI of new technology unless tied to improved outcomes.
- Technology fragmentation: multiple systems (EMR, rostering, incident reporting) not always interoperable.
- Staff resistance to change, especially if perceived as adding extra admin burden.

Tech Mindset

- Comfortable with digital health tools but expects seamless integration with existing EMR and hospital IT systems.
- Emphasis on interoperability (My Health Record, hospital EMRs).
- Wants tools that are scalable across different wards and facilities.
- Data security and patient confidentiality are non-negotiable.

Factors Influencing Decision-Making

- Clinical evidence: Prefers solutions backed by peer-reviewed studies or pilot data in Australian hospitals.
- Workload neutrality: Will only approve tech that reduces —not adds—administrative work.
- Compliance fit: Must align with ACSQHC standards, privacy (Privacy Act), and TGA (Therapeutic Goods Administration) requirements.
- Cost model: Prefers scalable, subscription-based or lease models due to capped state budgets.
- Patient outcomes: Prioritises technologies that reduce hospital-acquired complications (HACs) and improve safety KPIs.

Communication Preferences:

- Professional associations: Australian College of Nursing (ACN), Australian College of Health Service Management (ACHSM).
- Conferences: National Nursing Forum, Safety & Quality in Health Care conferences.
- Channels: Email and hospital intranet newsletters
- LinkedIn professional groups
- Webinars and accredited CPD (continuing professional development) programs
- In-person workshops and pilot site visits
- Influencers: State health departments, ACSQHC guidelines, peer hospitals' case studies.

Consumer Journey Map (Australia)



| STAGE | NEEDS RECOGNITION | EXPLORATION | EVALUATION | PURCHASE | POST-PURCHASE |
|--------------------------------|---|---|---|--|---|
| GOAL | Find a gap between the actual state and ideal state | Actively search for information | Shortlist 2 or more brands | Ready for purchasing | Usage Period |
| ACTIONS | Review HAC dashboards note PI events and associated length-of-stay/cost spikes. | Search for sensor-enabled monitoring compile landscape of available AU options | Request demos, pilots, and evidence packs; check ARTG/TGA status and compliance. (<u>Therapeutic Goods Administration (TGA)</u>) Compare to status quo (mattress + manual turning) on nurse workload and PI incidence. | Run structured procurement: needs assessment → evaluation → business case → contract; align with TGA/ARTG and hospital governance negotiate possible buying/renting/subscription model and duration of contract | Deploy LenexaCARE; track alerts → turns → PI outcomes feed dashboards to exec/quality committees. (<u>Austrade</u>) |
| TOUCHPOINTS | <ul style="list-style-type: none"> NSQHS/ACSQHC guidance internal incident reports finance & quality meetings. | <ul style="list-style-type: none"> Clinical guidelines (repositioning/support surfaces) peer literature reviews, vendor sites | <ul style="list-style-type: none"> Vendor clinical collateral and case briefs (LenexaCARE) Austrade/industry write-ups conventions and expos distributor materials (<u>Austrade</u>) | <ul style="list-style-type: none"> Procurement, Finance, Clinical Excellence, IT/EMR teams vendor implementation plan. | <ul style="list-style-type: none"> LenexaCARE analytics incident reporting accreditation evidence packs. (<u>Austrade</u>) |
| THINKING & FEELINGS | Pressure injury is on the national HACs list; we need prevention that shows measurable reduction. | Guidelines emphasise repositioning and support surfaces, but we lack real-time pressure mapping to time interventions | If alerts can time turns precisely and document interventions, we may cut PI risk and staff burden | We need clear KPIs and training to ensure adoption and measurable outcomes | We can evidence fewer preventable PIs and better staff utilisation with real-time data. |
| PAINPOINTS | <ul style="list-style-type: none"> PIs remain costly and often preventable average costs per separation are high. | <ul style="list-style-type: none"> Market gap: common options are pure mattresses or generic patient monitors few AU-available systems provide continuous under-mattress pressure sensing with alerts | <ul style="list-style-type: none"> Concern about integration effort and proving reduction in incidents within procurement timelines. | <ul style="list-style-type: none"> Budget scrutiny in private sector emphasis on demonstrable ROI vs. traditional surfaces. (<u>Trace Consultants</u>) | <ul style="list-style-type: none"> Data quality and documentation consistency across wards benchmarking PI data is historically variable. (<u>Wiley Online Library</u>) |
| OPPORTUNITIES | <ul style="list-style-type: none"> Target solutions that directly lower HAC PI incidence and document impact for accreditation. | <ul style="list-style-type: none"> Shortlist solutions that combine fabric/bed-integrated sensing + real-time alerts + analytics to operationalise guideline intent. | <ul style="list-style-type: none"> Pilot LenexaCARE to collect local baseline vs. intervention data model cost avoidance using AU COI figures. | <ul style="list-style-type: none"> Include outcome-based milestones (alert adherence, PI incidence trend) and training bundles in the contract. (<u>Trace Consultants</u>) provide different pricing arrangement to suit the needs | <ul style="list-style-type: none"> Continuous improvement cycle: quarterly HAC/PI reviews, publish “you said → we did” changes, and scale to other wards once KPIs are met. |

PERSONA ANALYSIS

Australia

Singapore

Thailand



Dr. Adrian Tan

Tier-1 Private Hospital Buyer (COOs, CFOs, Directors)

Personality Keywords: strategic, ROI-driven, risk-aware, governance-minded, brand-conscious
Values: patient trust and safety, total cost of ownership, compliance, reputation, innovation
Competency Labels: Cross-functional Leadership, Procurement Governance

Demographic

- Name: Wasawi Sakdinan
- Gender: Male
- Age: 45
- Role: Chief Operating Officer
- Location: Singapore (Orchard / Novena private hospital cluster)
- Education: MBA; Bachelor in Biomedical/Operations
- Workplace: JCI-accredited private hospital, 500 beds
- Languages: English (native), Mandarin (working)

Goals

- Reduce the number of pressure injuries to improve safety KPIs and avoid negative publicity
- Invest only in solutions with clear payback (<24 months) and measurable outcomes
- Signal hospital leadership in smart/connected care while keeping disruption low
- Ensure all purchases meet HSA registration and private-sector procurement policy

Pain Points

- Sceptical of soft benefits; expects baseline vs post-deployment data
- Premium global brands are strong but expensive; local options cheaper but lack clinical validation
- Concern around maintenance burden, spare parts availability, and downtime risk in critical wards
- Cybersecurity and data-sovereignty questions for any connected/IoT capability
- Cross-department alignment (Nursing, BioMed, IT, Finance) stretches timelines; change fatigue is real

Tech Mindset

- Pro-technology but evidence-first (pilot + scale)
- Prefers platforms that work with existing infrastructure (bed frames, EMR)
- Low tolerance for cyber/privacy risk; requires cloud & data-protection assurances
- Expects clear TCO models (capex, consumables, service, lifespan, trade-in paths).

Factors Influencing Decision-Making

- Clinical proof (published/locally validated reductions in HAPI, moisture/temperature control outcomes).
- TCO and cash-flow scenario (capex vs rental/opex options).
- Brand & patient experience: quiet, comfortable, premium look/feel.
- Implementation risk: installation time, nurse training hours, integration tickets closed quickly.
- Scalability: Needs to know if the solution can roll out to multiple hospitals or departments easily

Communication Preferences:

- LinkedIn (direct messages + targeted content)
- Email (executive summaries + attachments)
- Facebook
- 1-2 page executive briefs, ROI calculators, C-suite roundtables, invite-only demos.
- Distributor-led introductions with local case references and pilot offers.



Nurse: Nur Aisha Binte Rahman

Clinical End-User Nurse (Health Care Centre)

Personality Keywords: Practical, compassionate, time-pressed, safety-focused
Values: Ease of use, patient comfort, reliability, quick support
Competency Labels: Bedside Excellence, PI Prevention & Moisture Management

Demographic

- Name: Nur Aisha Binte Rahman
- Gender: Female
- Age: 28
- Role: Staff/Charge Nurse
- Location: St Luke's Community Hospital (Bukit Batok)
- Education: Diploma/BSc Nursing
- Workplace: Health Recovery Centre
- Languages: English, Malay; basic Mandarin/Hokkien for seniors

Goals

- Keep high-risk elderly comfortable, cool, and dry; prevent skin breakdown.
- Follow turning/moisture protocols without extra paperwork; document quickly.
- Communicate clearly with families; escalate issues early to physicians/therapists.

Pain Points

- Hot, humid climate + perspiration, maceration, frequent linen changes.
- Short staffing; set-up must be <5 min; complex controls get ignored.
- Alarm fatigue; wants only meaningful alerts.
- Slow response for repairs/spares disrupts care continuity.

Tech Mindset

- Prefers plug-and-play devices with intuitive knobs/buttons and colour cues.
- Likes breathable, anti-mould, easy-wipe covers; quiet operation at night.
- Uses QR micro-videos; laminated turning charts at bedside; bilingual visuals for families.

Factors Influencing Decision-Making

- Immediate comfort observed at bedside (cooling, pressure redistribution, moisture control).
- Minimal training; quick start card; works with existing frames & lifts.
- Availability of spare covers, quick swap process; local hotline for same-day help.

Communication Preferences:

- On-ward demos
- WhatsApp groups/QR guides
- nurse educator sessions
- laminated SOPs
- QR code posters (on-site)
- Closed Facebook groups or nursing forums
- Offline nursing fairs / in-hospital events



Dr. Elaine Koh

Public / University Hospital Champions (Directors of Nursing, Quality Leads)

Personality Keywords: evidence-seeking, patient-centred, standards-driven, pragmatic change agent
Values: clinical efficacy, workflow fit, equity of care, education & credentialing, compliance
Competency Labels: Clinical Governance, Quality & Safety

Demographic

- Name: Elaine Koh
- Gender: Female
- Age: 38
- Role: Director of Nursing
- Location: Academic medical campuses — Outram Campus (SGH, NHCS) or Kent Ridge Campus (NUH, NUS Medicine)
- Education: PhD/MPH; Nursing Leadership certification
- Workplace: 1,000+ bed tertiary teaching hospital (e.g., SGH/NUH)
- Languages: English (native), Malay/Mandarin (working)

Goals

- Reduce HAPI prevalence & severity across ICU, geriatrics, ortho, oncology.
- Standardise best-practice bundles (risk scoring, turning schedules, microclimate management, documentation).
- Improve nurse ergonomics & time; cut non-value-add tasks.
- Ensure initiatives comply with HSA/MOH policy, IRB (for data projects), and accreditation audits.

Pain Points

- Adoption friction: senior nurses wary of "new systems"; limited training bandwidth.
- Competing safety programs (falls, CAUTI, CLABSI) vie for attention and budget.
- IT/BioMed gatekeeping on cybersecurity and device compatibility.
- Tender cycles & public procurement rules extend timelines.

Tech Mindset

- Wants automation that nudges behaviour (turning prompts, moisture/heat alerts, built-in documentation).
- Needs multilingual job aids and competency tracking for rotating staff and students.

Factors Influencing Decision-Making

- Local pilot data with statistical significance, peer references within SingHealth/NUHS clusters.
- Workflow fit: set-up <5 min; clear cleaning protocols; anti-mould/anti-microbial covers for humid climate.
- Education plan: nurse educator kits, super-user program, refresher cadence.
- Integration to EMR & incident reporting (PI staging photos, notes).
- Equity: can it benefit community hospitals & long-term care partners?

Communication Preferences:

- Offline nursing associations and networks
- Clinical workshops, on-ward demos, journal-club style summaries, MOH/academy forums, email briefs with SOPs.
- Email (with Thai-language support)
- In-person workshops / seminars
- Conference presentations at public hospital events

Consumer Journey Map (Singapore)



| STAGE | Find a gap between the actual state and ideal state | Actively search for information | Shortlist 2 or more brands | Ready for purchasing | Usage Period |
|-------|---|---------------------------------|----------------------------|----------------------|--------------|
|-------|---|---------------------------------|----------------------------|----------------------|--------------|

| GOAL | Recognise gaps in pressure-injury (HAPI) outcomes, cost, and patient comfort. | Build a shortlist; understand tech differences, compliance, and service. | Verify HAPI reduction, comfort, workflow fit, cleaning & infection control. | Confidently make purchase decision, balancing cost, compliance, and clinical validation | Feel satisfied with the purchase decision and build trust |
|------|---|--|---|---|---|
|------|---|--|---|---|---|

| ACTIONS | <p>Quality/Nursing review HAPI rates, severity, LoS, and complaints.</p> <p>COO/CFO weigh reputation and financial risk; community hospitals flag elderly skin-integrity issues.</p> | <p>Procurement, Biomed, IT, and Nursing gather materials; meet distributors; request demos; speak to peer hospitals.</p> | <p>Run pilot in ICU/geriatrics/oncology: collect baseline vs post data</p> <p>Nurse satisfaction; TCO/ROI analysis.</p> | <p>Procurement teams review proposal, focusing on ROI, regulatory compliance, and alignment with internal quality targets.</p> <p>Finance evaluates cost-benefit scenarios and possible funding support</p> | <p>Collecting post-implementation data on reduced HAPI rates, nurse satisfaction, and workload impact.</p> |
|---------|--|--|---|---|--|
|---------|--|--|---|---|--|

| TOUCHPOINTS | <ul style="list-style-type: none"> Internal dashboards & incident reports; nursing/quality committees; industry forums; LinkedIn/KOL posts. | <ul style="list-style-type: none"> Website & white papers Clinical briefs Distributor demos Nursing leadership webinars | <ul style="list-style-type: none"> Bedside use Configurable dashboards Super-user coaching Weekly pilot huddles Vendor on-site support | <ul style="list-style-type: none"> Detailed tender documents Pilot study results Regulatory approval documentation Direct discussions with specialists. | <ul style="list-style-type: none"> On-site training, clinical webinars, and nursing leadership workshops. Dedicated customer service teams |
|-------------|--|---|---|---|--|
|-------------|--|---|---|---|--|

| THINKING & FEELINGS | <ul style="list-style-type: none"> "Metrics aren't improving—change is necessary." Cautious urgency: want impact without disruption. | <ul style="list-style-type: none"> "Must work with existing bed frames, lifts, EMR, nurse call." "We need a pilot and minimal training load." | <ul style="list-style-type: none"> Nurses: "Is set-up <5 min? Is it cooler/quieter at night? Is cleaning easy?" Leaders: "Are we seeing statistically meaningful HAPI reduction and shorter LoS?" | <p>"Will this reduce financial risk and improve compliance?"</p> <p>"Is the evidence convincing enough that this improves patient outcomes?"</p> <p>"Does this fit with existing workflows without overloading staff?"</p> | <p>"We made a good investment—this is delivering ROI."</p> <p>"The system genuinely helps prevent injuries and frees staff for patient care."</p> <p>"The technology enhances our human care rather than replacing it."</p> |
|---------------------|--|---|--|--|---|
|---------------------|--|---|--|--|---|

| PAINPOINTS | <ul style="list-style-type: none"> No continuous view of microclimate (heat/moisture) and pressure. Cross-department alignment + budget constraints | <ul style="list-style-type: none"> Global brands = strong but expensive; local options = lower cost but thin evidence. Concerns about cybersecurity, privacy, and maintenance burden. | <ul style="list-style-type: none"> Alarm fatigue, Night noise Cover swap time Competing initiatives Documentation burden | <ul style="list-style-type: none"> Uncertainty about integration with hospital IT/bed systems. Concerns about the training burden for frontline staff. Budget constraints and competing capital expenditure priorities. | <ul style="list-style-type: none"> Risk of alarm fatigue or staff resistance if alerts are too frequent. Concerns if clinical improvements are not visible quickly. Dissatisfaction if after-sales service is slow or impersonal. |
|------------|---|---|--|--|--|
|------------|---|---|--|--|--|

| OPPORTUNITIES | <ul style="list-style-type: none"> Provide a Baseline Assessment Kit (HAPI cost calculator, audit checklist). One-pager on HSA pathway, SLAs, and local references. | <ul style="list-style-type: none"> Publish interoperability matrix + cybersecurity statement + local parts stock. Offer a 6–12 week pilot pack with KPIs, training plan, and milestones. | <ul style="list-style-type: none"> Configurable nudges + analytics (turning adherence, moisture risk score). 10-minute micro-learning, QR video library, laminated quick-start; multilingual job aids. Pilot report pack: run charts, significance test, nurse quotes, cleaning audit, downtime log. | <ul style="list-style-type: none"> Provide a transparent cost-benefit calculator showing avoided costs of treating pressure injuries. Bundle training and after-sales service into the purchase to lower perceived adoption risks. Highlight endorsements from peer hospitals and MOH alignment to reassure procurement. | <ul style="list-style-type: none"> Provide continuous data reporting to demonstrate improvements in patient outcomes and cost savings. Offer live customer support Engage clients in co-innovation workshops |
|---------------|---|--|---|---|---|
|---------------|---|--|---|---|---|

PERSONA ANALYSIS

Australia

Singapore

Thailand



Dr. Wasawi Sakdinan

Tier-1 Private Hospital Buyer (COOs, CFOs, Directors)

Personality Keywords: strategic, data-driven, risk-aware, ROI-focused, brand-conscious
Values: patient trust and safety, cost-efficiency, reputation, innovation
Competency Labels: Cross-functional Leadership, Procurement Governance

Demographic

- Name: Wasawi Sakdinan
- Gender: Male
- Age: 45
- Role: Chief Operating Officer
- Location: Bangkok, Thailand
- Education: Master of Health Administration (MHA).
- Workplace: JCI-accredited private hospital, 500 beds
- Languages: Thai (native), English (fluent in written business docs)

Goals

- Reduce the number of pressure injuries to improve safety KPIs and avoid negative publicity
- Position the hospital as a leader in smart care and innovation
- Trial new technology in a controlled way
- Use technology that supports nursing education, documentation, and clinical best practices
- Ensure any new device meets Thai regulatory, training, and procurement requirements

Pain Points

- Reputation Risk: a single pressure injury can damage reputation or attract negative reviews.
- Unclear ROI: The executive team demands actual savings, not vague benefit claims.
- Internal friction between departments: Nursing leadership may support a new device, but BioMed and IT often resist due to concerns about installation, maintenance, and cybersecurity.
- Slow staff adoption: Senior nurses may be skeptical or slow to adopt.
- Even though the hospital is private, purchasing still involves multiple approvals.

Tech Mindset

- Sees technology as a competitive advantage, but only adopts solutions that demonstrate real impact.
- Comfortable reading about cloud, security, but want low reputation and operational risk.
- Expects systems to work with existing infrastructure.
- More likely to say "yes" if peer hospitals or C-level referrals endorse the tech.

Factors Influencing Decision-Making

- Clear cost-benefit: Wants to see how much money the hospital can save if fewer patients get pressure injuries.
- Pilot proof: Needs to see real data from a test run
- Fast payback: Prefers investments that pay for themselves in less than 2 years.
- Brand & reputation: Will only approve tech that feels premium and improves hospital image.
- Low disruption: Doesn't want systems that require big IT changes, heavy training, or staff resistance.
- Scalability: Needs to know if the solution can roll out to multiple hospitals or departments easily.

Communication Preferences:

- LinkedIn (direct messages + targeted content)
- Email (executive summaries + attachments)
- Facebook
- VIP briefings or invite-only networking events
- MedTech-focused expos
- Distributor-led introductions



Nurse: Ploy Wanasiri

Clinical End-User Nurse (Health Care Centre)

Personality Keywords: task-oriented, alert-aware, peer-influenced
Values: Patient dignity and comfort, Real-time support
Competency Labels: Safety Adherence, Shift Efficiency

Demographic

- Name: Ploy Wanasiri
- Gender: Female
- Age: 24
- Role: Staff Nurse
- Location: Bangkok or Rayong
- Education: Bachelor of Nursing Science (BSN), enrolled in PG Dip or master's part-time
- Workplace: Health Recovery Centre
- Languages: Thai (native), English (basic)

Goals

- Prevent pressure injuries and avoid skin breakdown, especially in high-risk or immobile patients.
- Make care tasks easier and faster: use tools that remind her when to turn patients without needing extra system logins.
- Learn the system quickly with Thai-language instructions and simple buttons or visuals.
- Use tech that supports care quietly without adding alarm fatigue or confusing alerts.

Pain Points

- Overloaded with multiple tasks: nurses often skip repositioning rounds due to understaffing.
- Prior experiences with devices that "cry wolf" have made staff ignore or turn off alerts altogether.
- Lack of time for training: Many staff feel pressure to learn new tools.
- Some worry that new tech is used more for staff tracking (compliance policing) than to help patients.
- Unclear benefit to them: If they don't see how the tool makes their shift easier (e.g., reducing charting, preventing complaints), they deprioritize it.
- Language and interface overload.

Tech Mindset

- Focused on patient safety and finishing shift duties.
- Doesn't want long explanations, prefer seeing how it works through bedside demos or peer guidance.
- Prefers visual cues, tactile devices, and fewer buttons over dashboards or mobile apps.
- Adoption depends on unit leadership and whether her peers are using it without issues.

Factors Influencing Decision-Making

- Easy to learn: Needs to feel confident using it after 30 minutes of hands-on training.
- Clear alerts: Doesn't want confusing signals, must be visual and easy to act on.
- No extra paperwork: Will push back if it adds more charting or slows her down.
- Quiet & non-disruptive: Doesn't want constant beeping or alerts during night shift.
- Thai-language support: Must have local language on device and instructions.
- Feels like it helps: If it makes her shift easier and helps the patient, she'll use it.

Communication Preferences:

- LINE (personal + ward group chats)
- QR code posters (on-site)
- Bedside in-service training + peer-led demo
- Closed Facebook groups or nursing forums
- Offline nursing fairs / in-hospital events



Ms. Sirikarn Chaiyos

Public / University Hospital Champions (Directors of Nursing, Quality Leads)

Personality Keywords: evidence-seeking, open to innovation, education-oriented
Values: Patient safety and clinical integrity, Staff development and education
Competency Labels: Pilot Implementation, Policy Compliance

Pain Points

- Rigid procurement and paperwork overload.
- Limited budget flexibility
- Hospitals are often "over-piloted" by vendors and research groups with no clear follow-through.
- Staffing shortages: making it difficult to assign time to onboard new tools.
- Slow staff adoption: Senior nurses may be skeptical or slow to adopt.
- Training language barriers: some older staff may struggle with digital adoption if not supported in Thai.
- Lack of clear ownership for device management: uncertainty about who is responsible for maintenance, cleaning, software updates.

Tech Mindset

- Willing to adopt digital tools if they support staff, patients, and teaching goals.
- Prefers tools backed by clinical guidelines, pilot data, or studies published by peers.
- Technology must respect time, staffing, and training constraints in overstretched wards.
- Emphasize Thai-language support.

Factors Influencing Decision-Making

- Pilot design and workload: Will only run a trial if it's well-supported and won't burden already busy nurses.
- Thai-language training: Will not approve tech unless all training materials are available in Thai.
- Real patient benefit: Wants to see if it can prevent actual harm (not just collect data).
- Local compliance: Must be approved for use in Thai hospitals (Thai FDA, labeling, privacy rules).
- Budget-friendly model: Prefers rent or lease-to-own options, since public hospitals don't have upfront budgets.

Communication Preferences:

- Offline nursing associations and networks
- LINE Official Account or Line group chats
- Facebook
- Email (with Thai-language support)
- In-person workshops / seminars
- Conference presentations at public hospital events

Demographic

- Name: Sirikarn Chaiyos
- Gender: Female
- Age: 42
- Role: Director of Nursing
- Location: Chiang Mai or Khon Kaen
- Education: PhD in Nursing Education / Management
- Workplace: University public tertiary hospital (700-1000+ beds)
- Languages: Thai (native), English (moderate for academic use)

Goals

- Reduce Pressure Injury rates to meet national standards and avoid reportable incidents.
- Introduce tools that reduce nurse workload and support proper repositioning.
- Trial new technology in a controlled way
- Use technology that supports nursing education, documentation, and clinical best practices
- Trial new technology in a controlled way, with clear metrics for success and minimal disruption.

Consumer Journey Map (Thailand)

NEEDS RECOGNITION

EXPLORATION

EVALUATION

PURCHASE

POST-PURCHASE

STAGE

Aware of a problem or opportunity about pressure injury prevention

Search for solutions to address pressure injury challenges

Shortlisted a few solutions and is now assessing them

Choose a vendor and sign a deal; plan the rollout

Install, train, go live, and measure results; decide on renew/expand

GOAL

No specific goals at this stage

- Understand available solutions in the market
- Identify systems that can prevent or reduce pressure injuries

Select a solution that best fits the hospital's workflows, budget, and staff capability

Lock price and terms, set a clear install + training plan to efficiently utilize the new system

Smooth adoption on the ward, hit the agreed KPIs, and leave proof the hospital can use

ACTIONS

Nurse leaders flag frequent PI cases in shift reports

Hospitals review benchmark data from audits, reports, or internal surveys

Quality team reviews incident trends or sentinel event data

Google or LINE searches for "smart beds," "pressure injury technology," or "repositioning tools"

Attending expo booths and consulting procurement about approved tech vendors or frameworks

Asking peers in other hospitals about their solutions

Invite vendors for in-person or virtual demos (bilingual preferred)

Confirm Thai FDA status, data handling policy, and warranty terms

Collect feedback from nurses, NUMs, wound-care CNSs, and IT teams

Organise clinical trials or pilot studies (often 4-12 weeks, 1-2 wards)

Compare final proposals, pick wards and unit counts

Finalise service pack: install, training schedule, response times, spare parts

Confirm approvals, get internal sign-offs, issue purchase orders and contracts

Set acceptance criteria and KPIs to check after go-live

Deliver and install units, do shift-based training (Thai/English)

Track KPIs on a simple dashboard, produce a short Thai summary report to plan expand/renew or adjustments

TOUCHPOINTS

- Monthly incident reports
- Internal nurse feedback
- Expo seminars or case-study webinars
- Risk management meetings
- Nursing or patient-safety forums

Start exploration with a web search



- Executive briefings / internal business case presentations
- Procurement policy reviews
- On-site vendor demo sessions
- Internal nurse/staff surveys after pilot

- Procurement meetings
- Electronic procurement portal/purchase orders
- Telephone communications with suppliers/distributors
- Customer referral calls

- On-site installation
- Training courses
- LINE/telephone/email support
- Service tickets, maintenance visits, quarterly reviews



THINKING & FEELINGS

- "We're seeing too many PI cases, it's hurting our reputation."
- "We're being asked to do more with less, maybe there's a tool for this."

- "How do other hospitals do this? What works for them?"
- "Will our nurses accept it, or complain?"
- "Can the vendor support us in Thai? Can they train staff properly?"

- "Will nurses actually use it after the pilot ends?"
- "Is this vendor trustworthy and responsive?"
- "Does this give us enough clinical and financial value?"

- "Is the price fair?"
- "Will nursing and IT be okay?"
- "Can we trust service?"
- "Please keep the paperwork simple."

- "Is it easy for nurses?"
- "Do we see benefits?"
- "Is the vendor responsive?"
- "Can we show this to leaders and auditors?"

PAINPOINTS

- Manual protocols are unreliable
- Existing alarms are not user-friendly
- Procurement is slow
- Past tech failed to deliver promised results
- Lack of language or localization

- Unclear differentiation
- Most solutions are designed for western hospitals, not Thai workflows
- Language barriers in videos, demos

- Unclear feedback from staff
- Concerns about IT or patient data handling
- Some vendors overcomplicate demos or show irrelevant features

- Slow paperwork and approvals
- Unclear install/training roles
- Lead time for stock
- English-only contracts

- Alarm fatigue if settings are wrong
- Staff rotation/new hires
- Cleaning, wear and tear, and IT issues
- Data security safeguards

OPPORTUNITIES

- Partner with nursing associations or expos.
- Use real case studies from similar Asian hospitals to show proof.
- Offer Thai-language training materials.

- SEO & SEM to improve visibility.
- Offer bilingual (Thai + English) explainer kits and demo videos.
- Show real case studies with measurable results from Asia.

- Provide pilot reports with real PI reduction, nurse feedback, and time-saved data
- Use pre-approved pilot templates and checklists to make onboarding smooth

- Bilingual Thai-English contract package provided, showcasing bilingual form templates and acceptance checklists
- Fixed-price installation and training services, multi-ward bundled pricing solutions

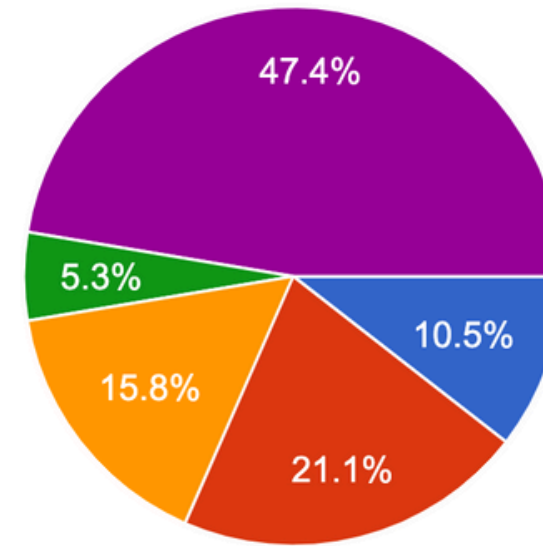
- Electronic medical records system compatibility, simplified HIS data export
- Monthly KPI email updates for managers, with expansion discount scheme activated upon target achievement

Part 3: Survey Result

19 RESPONSE 5 SEGMENT

Which one of the following best describe your profession/current status?

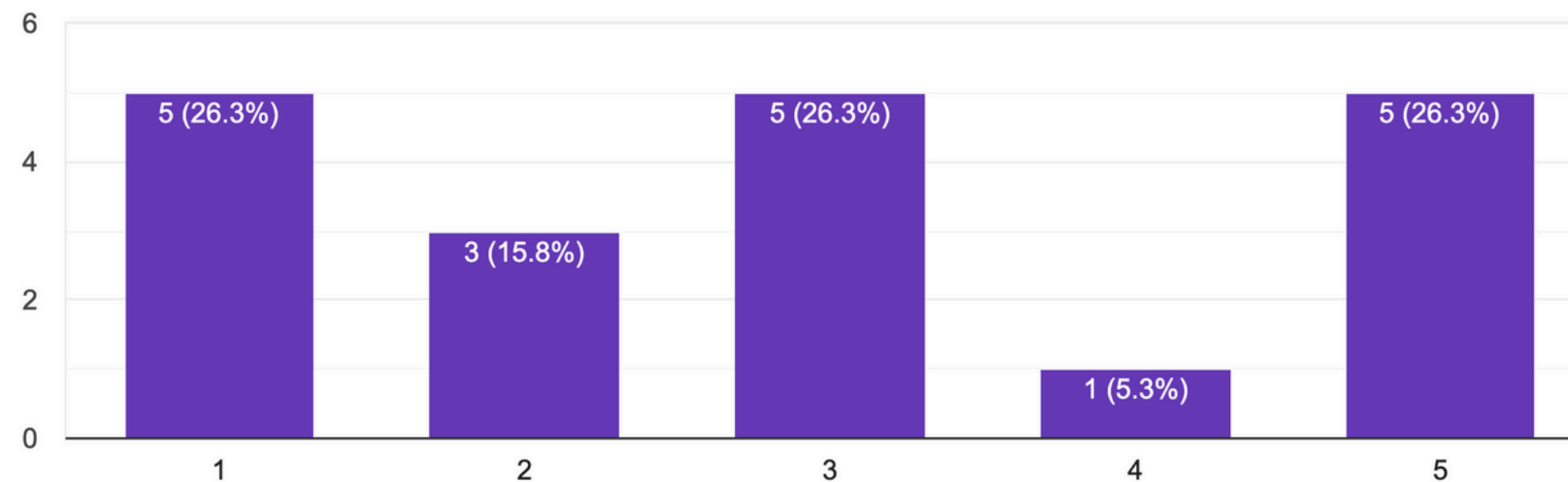
19 responses



- Clinical End-Users (Nurses)
- Physicians & Allied Health
- Patients
- Caregiver
- Non-Clinical (Procurement/Finance/IT/Quality)

How much do you know pressure injury?

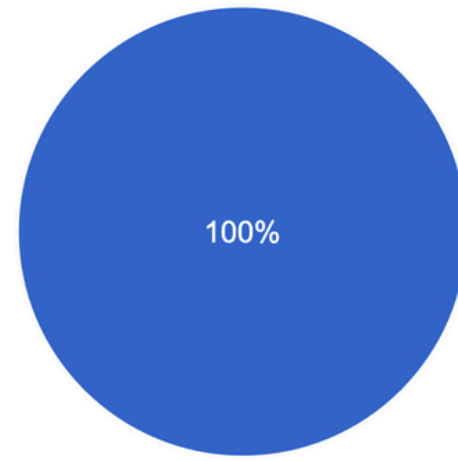
19 responses



SURVEY RESULT

How much do you know LenexaCare (personalized pressure injury and patient monitoring solution) designed by Lenexa Medical?

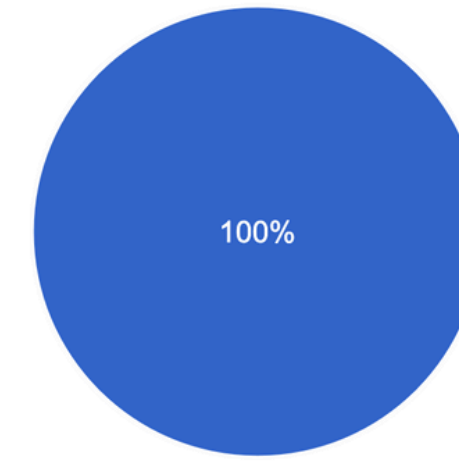
2 responses



- I have never heard of it before.
- I've heard the name but don't know what it does.
- I know a little about its purpose/features.
- I am quite familiar and understand how it works.
- I know it very well and could explain it to others.

Would an automated system that detected a patient's potential risk for developing pressure injuries be useful?

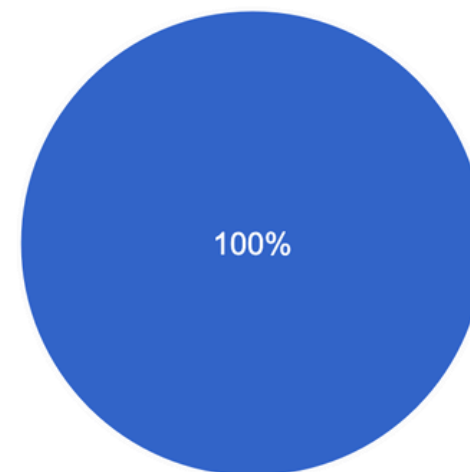
2 responses



- Yes
- No
- Maybe

Do you think a 24/7 monitoring system could save you time compared to checking patients manually?

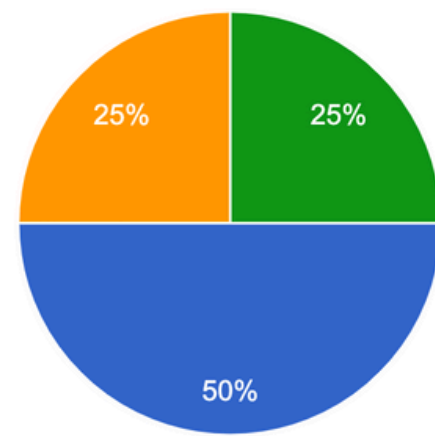
2 responses



- Yes
- No
- Maybe

How much do you know LenexaCare (personalized pressure injury and patient monitoring solution) designed by Lenexa Medical?

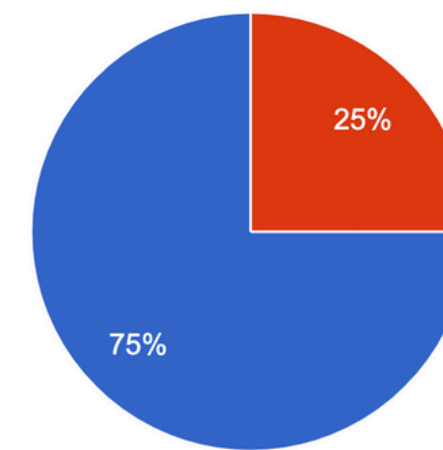
4 responses



- I have never heard of it before.
- I've heard the name but don't know what it does.
- I know a little about its purpose/features.
- I am quite familiar and understand how it works.
- I know it very well and could explain it to others.

If this product helped lower pressure injuries, would that bring a positive experience or outcome for your patients?

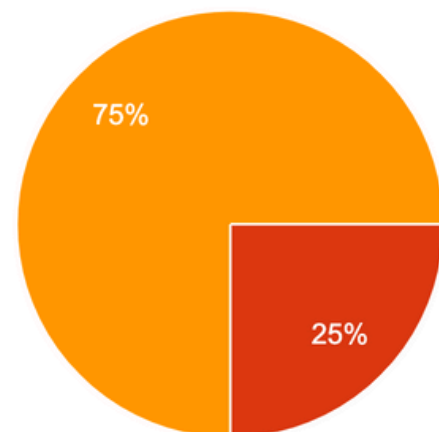
4 responses



- Yes
- No
- Maybe

Would you trust the risk alerts despite having ticked off performing the necessary manual turns/skin checks?

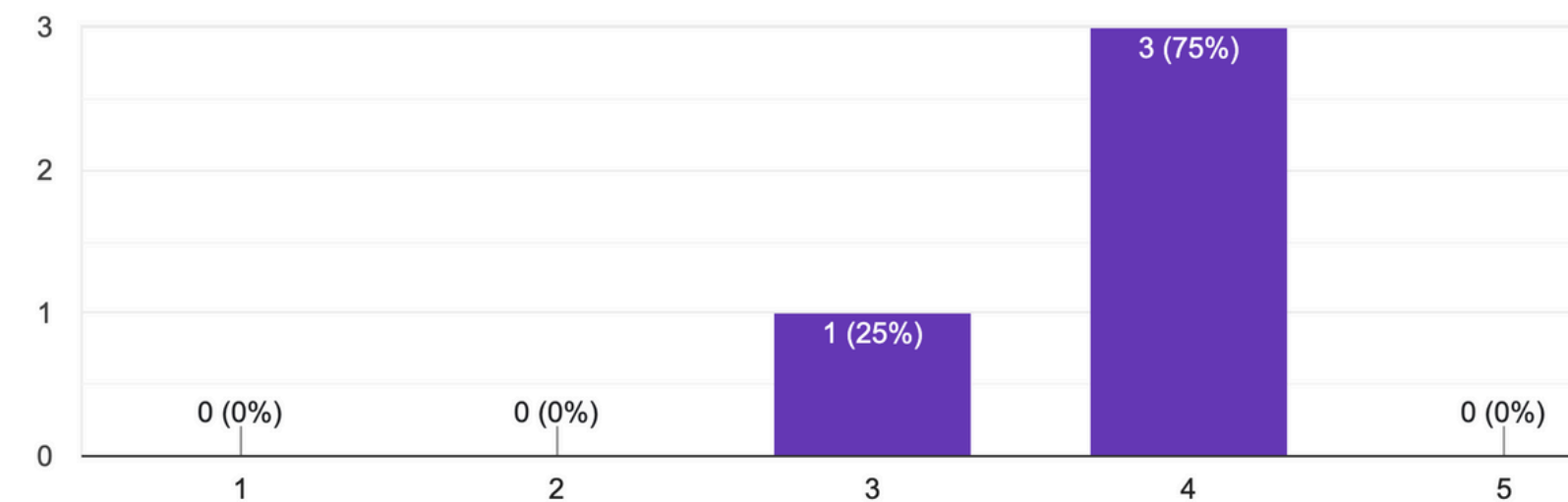
4 responses



- Yes
- No
- Maybe

How credible do you think this brand is?

4 responses



Price & comfortable extend

Nurse

Physicians

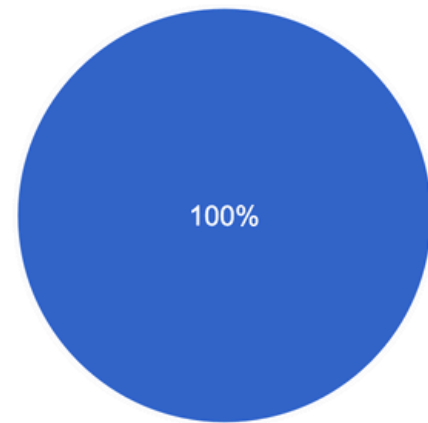
Patients

Caregivers

Non-clinical

How much do you know LenexaCare (personalized pressure injury and patient monitoring solution) designed by Lenexa Medical?

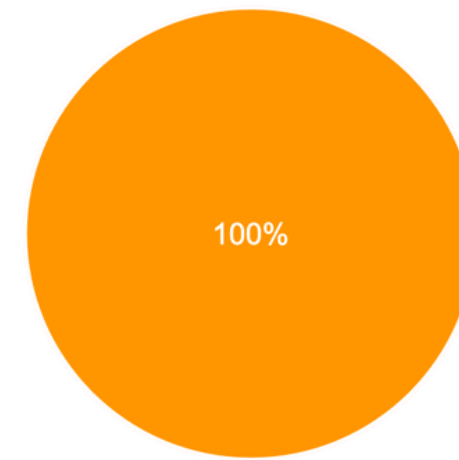
3 responses



- I have never heard of it before.
- I've heard the name but don't know what it does.
- I know a little about its purpose/features.
- I am quite familiar and understand how it works.
- I know it very well and could explain it to others.

Would you feel emotionally comfortable lying on a bed/sheet that has built-in sensors?

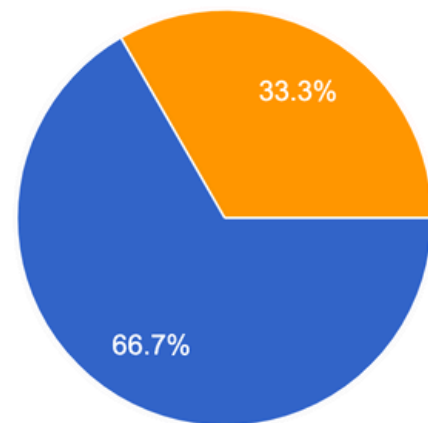
3 responses



- Yes
- No
- Maybe

If this helps protect your skin, would you be okay with less staff interaction?

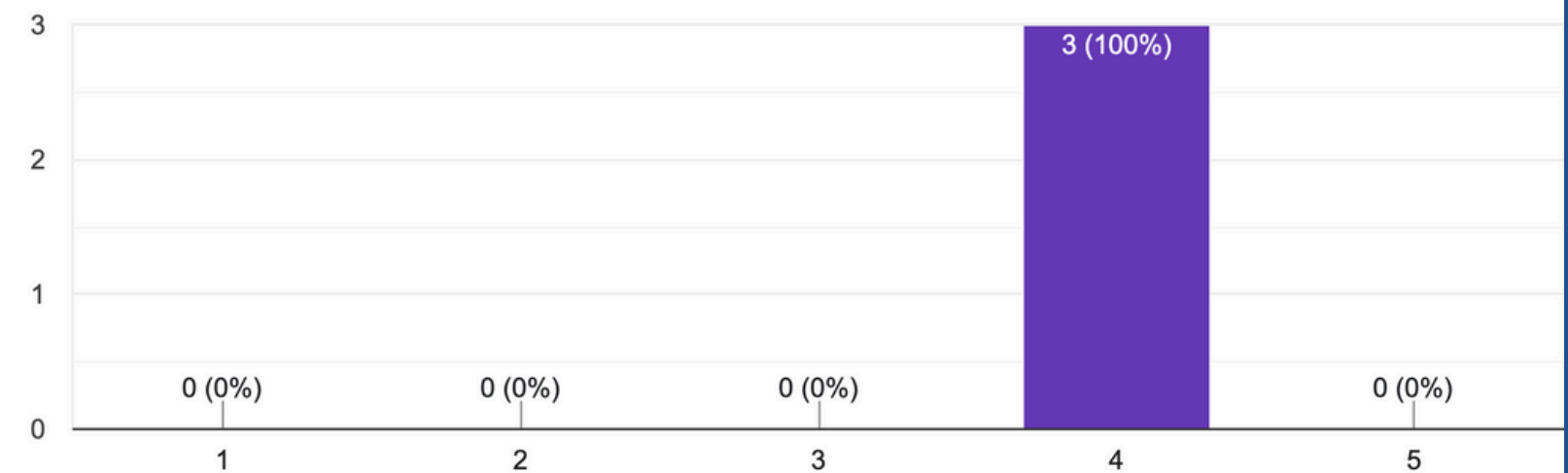
3 responses



- Yes
- No
- Maybe

How comfortable does the product look to you?

3 responses



Q--What would you want to know about the product before introducing it to your patients?
A--Whether it can 100% prevent pressure injury

Nurse

Physicians

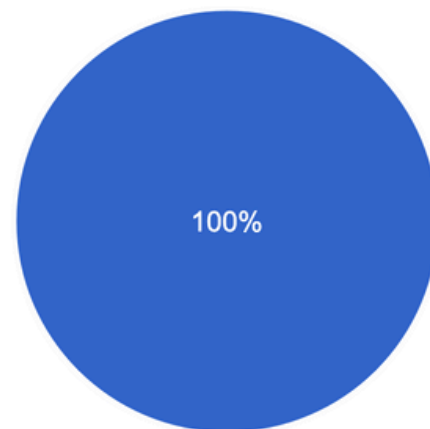
Patients

Caregivers

Non-clinical

How much do you know LenexaCare (personalized pressure injury and patient monitoring solution) designed by Lenexa Medical?

1 response



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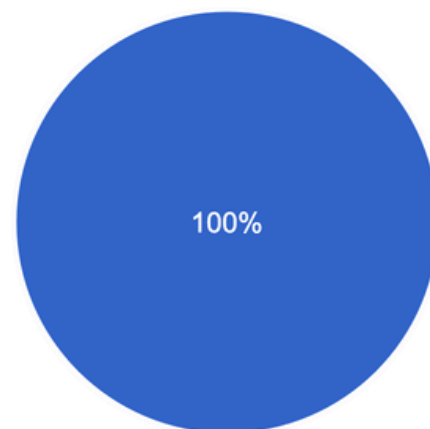
1 response



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- I've heard the name but don't know what it does.
- I know a little about its purpose/features.
- I am quite familiar and understand how it works.
- I know it very well and could explain it to others.

Do you think your patients will feel emotionally comfortable lying on a bed/sheet that has built-in sensors?

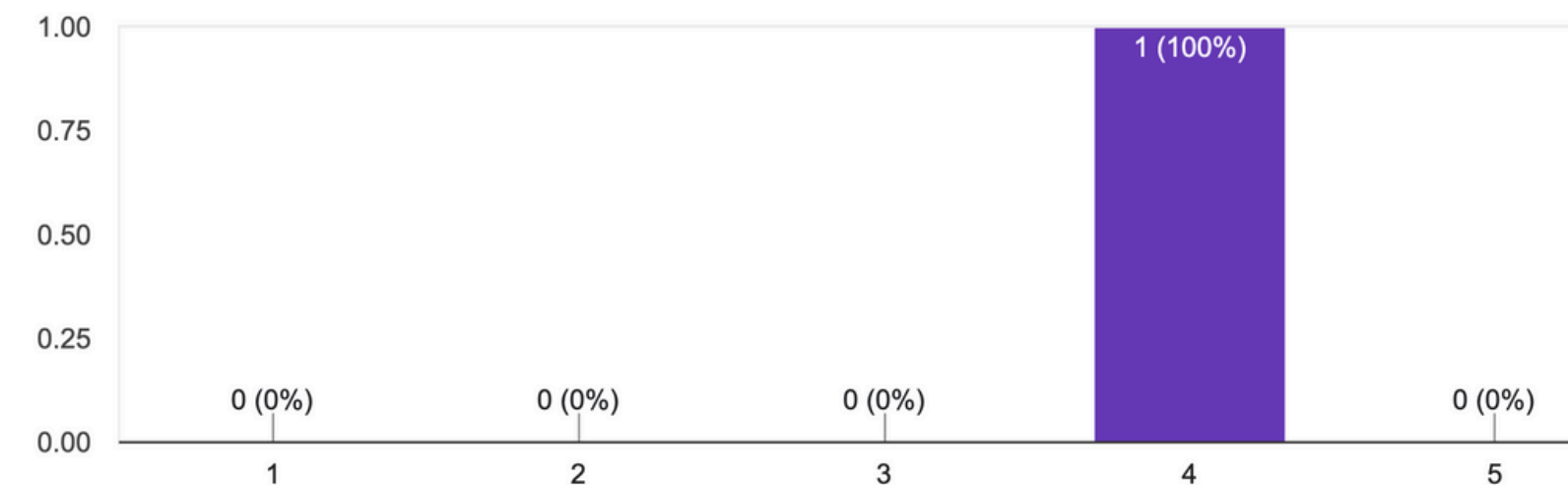
1 response



- Yes
- No
- Maybe

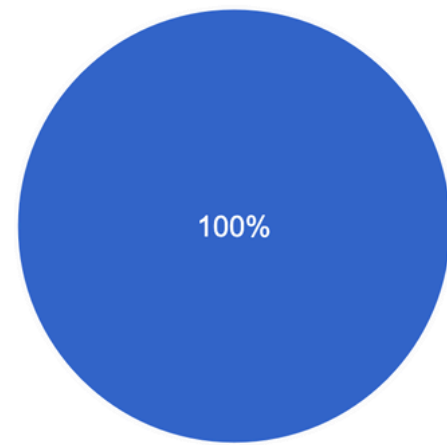
How comfortable does the product look to you?

1 response



How much do you know LenexaCare (personalized pressure injury and patient monitoring solution) designed by Lenexa Medical?

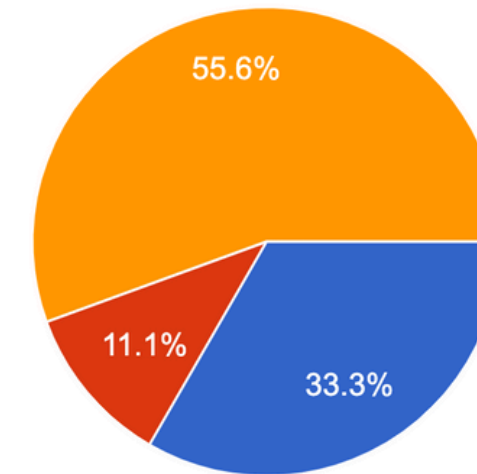
9 responses



- I have never heard of it before.
- I've heard the name but don't know what it does.
- I know a little about its purpose/features.
- I am quite familiar and understand how it works.
- I know it very well and could explain it to others.

Would you consider this type of product if it helped reduce facility-acquired pressure injuries?

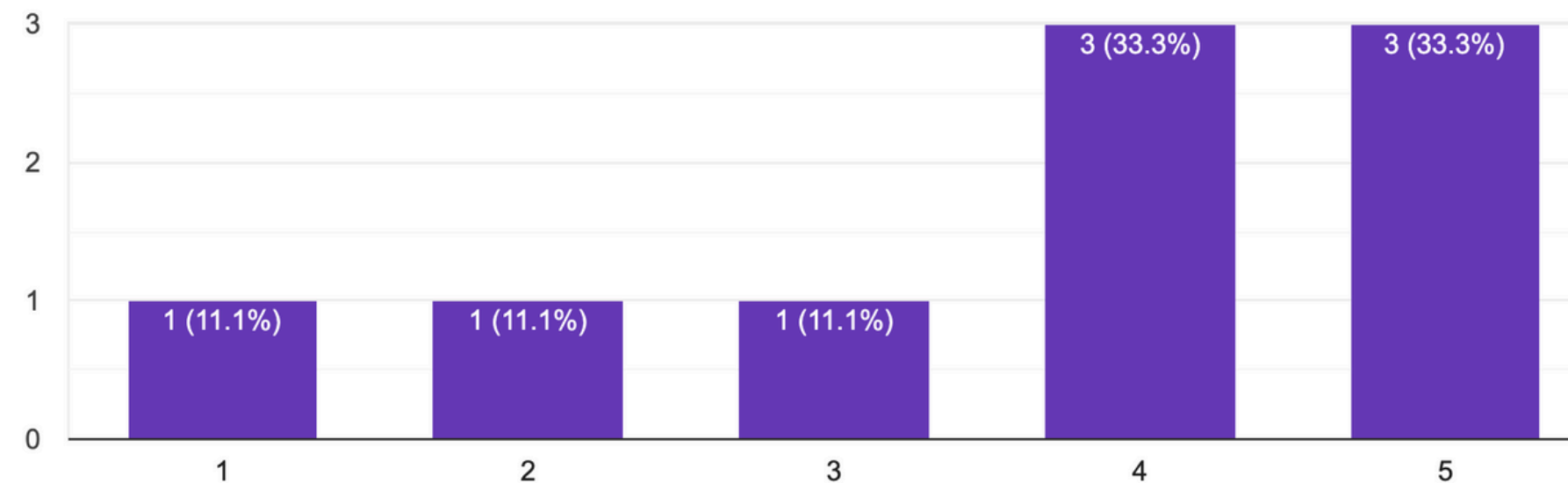
9 responses



- Yes
- No
- Maybe

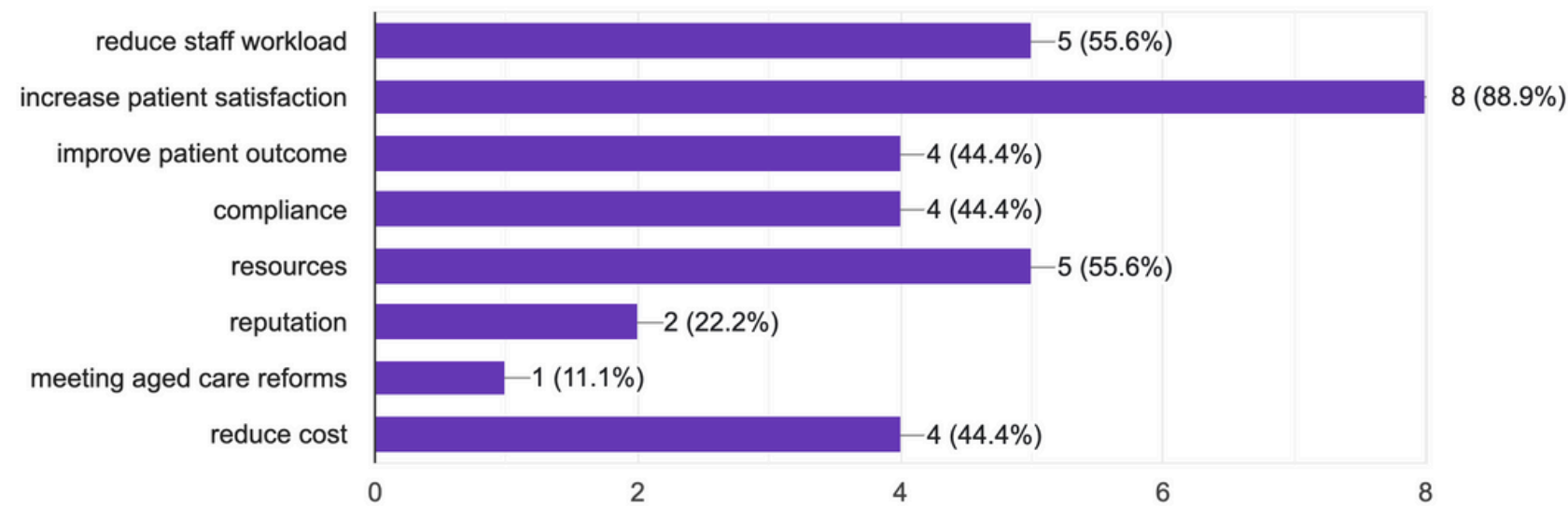
Rate from 1-5, how important is it for the facility to implement new strategies for reducing pressure injuries?

9 responses



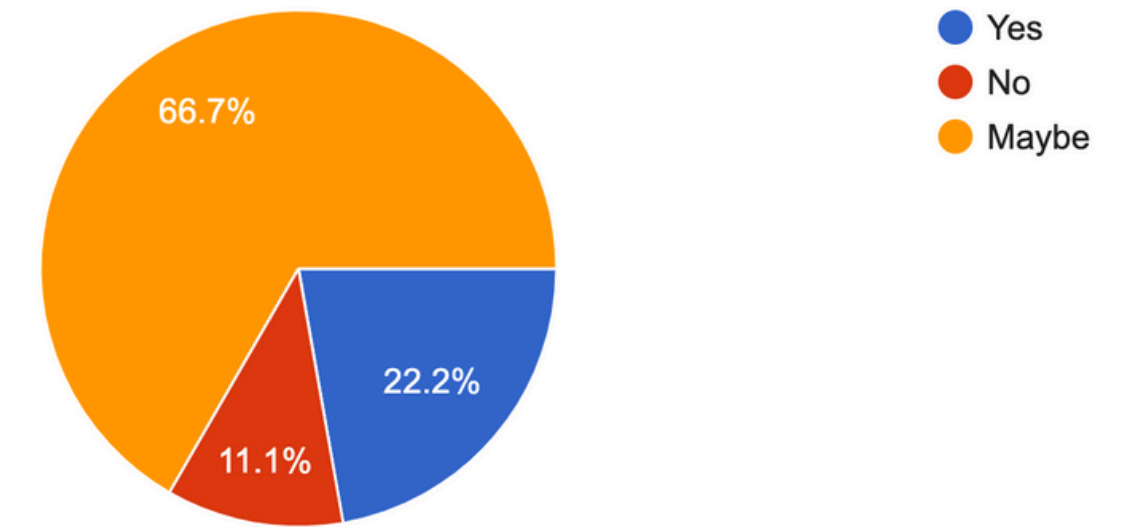
What outcome is the most valuable for your facility from a reduction in pressure injuries? (tick the top 3 options)

9 responses



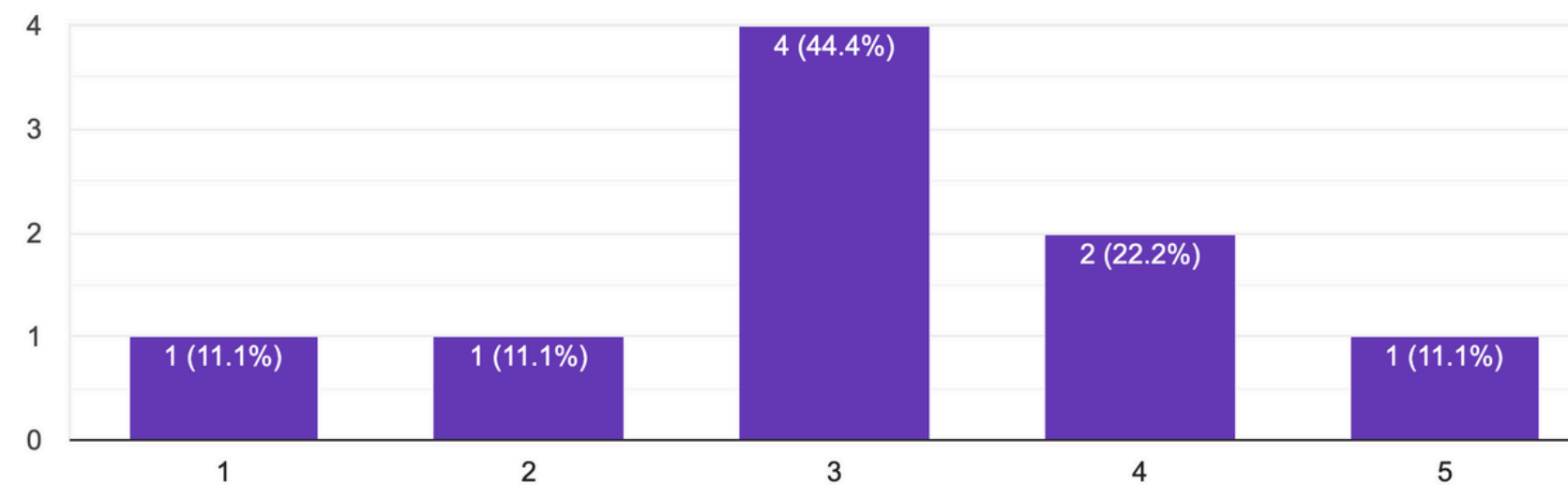
Do you think having fewer pressure injuries could save costs for your hospital?

9 responses



How attractive does this look from a cost-benefit point of view?

9 responses



Q: What requirements would you need for the system to integrate seamlessly into your daily work?

A: Education on the workings of the system. The statistics on how effect the system is especially with our ageing population. Costing of the unit would be a major incentive to use the system

Q: What would make you feel willing to test the product in your ward?

A: the effectiveness of the unit ie cost to install in comparison the cost it would save the facility / hospital in the long term

Q: What would stop you from approving a product like this, even if it worked well?

A: Cost and usage

Q: What would you want to know about the product before introducing it to your patients?

A: Whether it can 100% prevent pressure injury

Q: What would you want to know about the product before using it?

A: Price, Comfortness

Part 4: Strategy Development

BIG IDEA

Australia

Singapore

Thailand

**"Care Smarter.
Rest Easier."**

Meaning

- Literal: Refers to smarter, data-driven pressure injury prevention that reduces manual burden for nurses and improves patient comfort.
- Symbolic: Conveys a vision of balance — where technology lightens the workload so both patients and caregivers can rest easier.
- Extension: "Smarter care" stands for system-level innovation; "Rest easier" embodies emotional reassurance and dignity.

Cultural Fit

- Australian healthcare culture values efficiency, safety, and empathy — all key elements embedded in the idea of "Care Smarter. Rest Easier."
- Framing Lenexa not as a "tech device," but as a trusted partner that empowers human care aligns with Australia's preference for authenticity and practicality.
- Resonates with the national ethos of "fair care for all", supporting both hospital and aged-care sectors.

Australia

Singapore

Thailand

Customer Jobs

- Prevent pressure injuries effectively and reliably.
- Improve visibility and accountability across wards.
- Ensure no patient is overlooked in daily care routines.
- Integrate digital systems that enhance — not replace — human care.
- Demonstrate performance and compliance to stakeholders.

Customer Pains

- Overworked staff and missed turns due to time or visibility constraints.
- Guilt or blame when preventable injuries occur.
- Paper-based or fragmented reporting systems.
- Tech fatigue and skepticism about ROI.
- Difficulty maintaining consistent care quality across teams.

Customer Gains

- Real-time alerts and data improve compliance and workflow efficiency.
- Emotional reassurance: staff feel supported, patients feel valued.
- Clear accountability boosts trust and reputation across departments.
- Aligns with hospital-wide digital transformation goals.
- Builds institutional credibility in patient safety and quality care.

VALUE PROPOSITION

Australia

Singapore

Thailand

BIG IDEA

" Silent Guardian"

**Slogan:
Your 24/7 Care Partner**

For patients: Comfort, dignity, and safety are protected even when no one is in the room.

For nurses & caregivers: Relieves workload by monitoring continuously and alerting only when action is truly needed.

For procurement & management: Provides ROI by reducing costs of pressure injuries and reputational risks.

For families: Peace of mind that their loved one is being cared for at every moment.

Australia

Singapore

Thailand

Customer Jobs

- Provide continuous and safe care for elderly and high-risk patients.
- Prevent pressure injuries to avoid prolonged stays and family complaints.
- Manage staff workload efficiently with limited nursing resources.
- Ensure compliance with MOH and infection-control standards.
- Balance care quality with tight budgets.

Customer Pains

- High incidence of pressure injuries in immobile or elderly patients.
- Limited nursing staff and frequent turnover → less time for manual repositioning.
- Current mattresses are not adapted to Singapore's hot & humid climate (sweating, skin breakdown).
- Cleaning and disinfection processes are time-consuming and disrupt care.
- Budgets are constrained; upfront investment in premium global brands is difficult.
- Families dissatisfied if patients develop ulcers → reputational risk.

Customer Gains

- Reduced HAPI rates and associated treatment costs.
- Happier patients and families due to better comfort and safety.
- Lower nurse workload (less repositioning/manual monitoring).
- Faster cleaning & longer-lasting equipment (cost-effective operations).
- Affordable solutions with flexible payment models (rental/subscription).
- Assurance of regulatory compliance and reliable local support.

VALUE PROPOSITION

Australia

Singapore

Thailand

Gain creators

- Improve patients satisfaction and feel of using
- Facilitate nurses with efficient monitor equipment, reducing burnout
- Position the clients as innovative and worth of trust in aged-care industry

Pain relievers

- Continous monitoring alert reduce needs for manual checks
- Evidence-based product reduces complains and reputation risk
- Diverse pricing models allows wider options for buyer budgets

Products & services

- Smart pressure injury prevention equipment with lying posture monitoring, breathable covers, early-warning system, and local service model.

VALUE PROPOSITION

BIG IDEA

Australia

Singapore

Thailand

**"We
Turn
Together"**

Meaning

- Literal: Refers to pressure injury prevention through timely patient turning which is a key nursing task.
- Symbolic: Signals a collective movement toward a smarter, safer, and more efficient healthcare system.

Cultural Fit

- Thai healthcare culture values collectivism, respect for hierarchy, and team-based care.
- Framing Lenexa not as a foreign surveillance tool but as a **collaborative support system**.

Australia

Singapore

Thailand

Customer Jobs

- Prevent pressure injuries reliably and efficiently
- Ensure no patient is forgotten during routine care
- Maintain high standards of care across departments
- Introduce digital solutions that support is not not replace, but human care
- Communicate performance to stakeholders

Customer Pains

- Missed turns due to high workload or low visibility
- Emotional toll of being blamed for preventable injuries
- Fragmented or non-digital documentation
- Tech fatigue or resistance from staff
- Procurement risk and ROI uncertainty

Customer Gains

- Improved compliance through smart alerts and reminders
- Greater visibility and accountability
- Emotional reassurance and pride in care
- Supports hospital-wide transformation goals
- Strengthens hospital reputation

VALUE PROPOSITION

Australia

Singapore

Thailand

Products & Services

- Smart patient-support system with alerts.
- Ward/web dashboard for daily use.
- On-ward training and quick guides.
- Local install, hotline, maintenance support.
- TFDA/PDPA notes and acceptance checklist.

Pain Relievers

- Fewer missed turns and blind spots.
- Less blame and anxiety for staff.
- Less double entry in records.
- Fewer nuisance alerts after tuning.
- Simpler tender and compliance steps.

Gain Creators

- Reminders keep turning on schedule.
- Thai/English summaries support ward reviews.
- Pilot pack ends with one-page summary.
- CSV/PDF export fits committee use.
- Recognition note encourages compliance.

VALUE PROPOSITION

Part 5: Implementation & Recommendation

PRICING

Australia

Singapore

Thailand

| Option | Extent of fit in Australia | Pros | Cons | Best for... |
|--|---|--|--|--|
| 1) Managed Service (HaaS + SaaS) per-bed per-day | High – aligns with OPEX budgeting in public hospitals and large aged-care groups; simplifies procurement and avoids large CAPEX committees; easy multi-site rollout. | Predictable cash flow; faster adoption; bundled uptime SLAs; evergreen hardware refresh; scalable across sites. | Contract complexity; long commitments; needs robust device utilization tracking; perceived higher long-run TCO if poorly used. | State health networks (public hospitals), large private hospital groups, multi-site aged-care providers (AN-ACC-funded) wanting predictable p/day costs. |
| 2) CAPEX Purchase + Annual SaaS & Tiered Service | Medium-High – suits providers with CAPEX cycles, charity/PHIL funding, or where finance wants asset ownership and depreciation. | Lower long-run cost if heavily utilized; asset on balance sheet; choice of service tier; easier to pilot on a ward then scale. | Higher upfront budget hurdle; refresh risk; fragmented invoices (asset vs SaaS vs service) unless bundled. | Private hospitals with scheduled CAPEX; not-for-profits with grants; specialist rehab units wanting ownership and tighter cost control. |
| 3) Outcomes-Linked / Risk-Share | Medium (emerging) – value-based procurement is growing but needs clear data, legal frameworks, and evaluation time; best run as a pilot. | Strong alignment with clinical & financial outcomes; de-risks buyer; compelling differentiation vs commodity devices. | Heavier measurement burden; longer sales cycles; complex contracts; requires clean baseline data and change-management. | Innovative public networks, research hospitals, and flagship private campuses running value-based care pilots or safety/quality initiatives. |

WHY **Managed Service** IS THE BEST OPTION

Australia

Singapore

Thailand

- **Aligns with funding structure**

Matches AN-ACC and public hospital OPEX budgets
Avoids large CAPEX approvals — faster procurement and roll-out.

- **Targets the highest-cost clinical burden**

Pressure injuries cost A\$9.11 billion annually in Australian public hospitals; about A\$5.5 billion are hospital-acquired.
allow rapid scale-up of preventive tech and training to reduce length-of-stay costs.

- **Mirrors existing procurement practice**

Australian health systems already use Managed Clinical Service models (e.g., Philips Managed Service Agreements) bundling lifecycle, uptime SLAs & refresh.
Builds familiarity and lowers perceived risk for procurement teams.

- **Supports transition toward Value-Based Healthcare**

Compatible with NSW Health VBHC Framework and other state reforms linking reimbursement to outcomes.

- **Reduces hidden lifecycle costs**

Bundled maintenance, training & device refresh remove under-budgeted OPEX surprises.
Predictable per-bed pricing simplifies multi-site financial forecasting.

PRICING RECOMMENDATION

Australia

Singapore

Thailand

Stage 1 : Adopt Fast – Managed Service (HaaS + SaaS per-bed per-day)
Best fit with AN-ACC / public OPEX budgets
Removes CAPEX barriers → faster rollout
Targets A\$9.1 billion pressure-injury cost issue (Wounds Australia 2022)

Stage 2 : Expand Access – CAPEX + Annual SaaS
For private / NFP providers with grant or CAPEX funding
Allows ownership & pilot flexibility
Easy upgrade path to full managed service

Stage 3 : Lead on Value – Outcomes-Linked / Risk-Share
Partner with VBHC-ready hospitals (e.g., NSW Health pilots)
Tie revenue to clinical outcomes & LOS reduction
Build data evidence → reinforce brand as value-based innovator

Stage 1 = Adopt Fast | Stage 2 = Expand Access | Stage 3 = Lead on Value

Australia

Singapore

Thailand

MARKETING RECOMMENDATION

Trusted Voices in Care

Tiers & roles

- **Clinical KOLs (primary)**

Wound-care specialists and geriatric clinicians are validating outcomes through trials and conferences. Assets: Short expert quotes, data-driven case slides.

- **Hospital & Aged-Care Leaders**

Directors of Nursing and Quality Managers linking LenexaCARE to safety KPIs and compliance. Assets: LinkedIn posts, whitepaper testimonials.

- **Health-Economics Voices**

Researchers and policy experts connecting prevention savings to national HAPI costs. Assets: ROI infographics, cost-benefit commentaries.

- **Digital Health Advocates**

CIOs and innovation officers emphasising interoperability and data transparency. Assets: Integration demos, VBHC webinars.

- **Public Spokespersons (secondary)**

Aged-care association reps and healthcare journalists amplifying public trust. Assets: Press features, patient-care storytelling videos.

Australia

Singapore

Thailand

MARKETING RECOMMENDATION

Campaigns & tactics

- **Pillar 1** – Care Smarter: Launch clinical pilot results and whitepaper “Proof in Every Turn.”
- **Pillar 2** – Empower Nurses: Start “Smart Shift Champions” short video series with ACN support.
- **Pillar 3** – Rest Easier: Publish cost-saving infographics and hold ROI forums with hospital CFOs.
- **Pillar 4** – Connected Future: Host on-site or event-based demonstration at major industry gatherings such as **AusMedTech**.

Australia

Singapore

Thailand

PRICING

| Model | Feasibility | Key Supporting Evidence | Pros | Cons |
|-----------------------------|-------------------|--|--------------------------------------|-------------------------------------|
| Rental / Rent-to-own | Strong | Increasing local leasing market | Low-risk, service-included, flexible | Lower total margin, tracking needed |
| Purchase | Moderate | S\$29,669 savings per avoided HAPI case supports ROI | Ownership, branding, ROI visibility | High upfront cost, slow approval |
| Subscription | Moderate - Strong | Global and local trend on service-based models | Outcome-linked, scalable | Requires KPI data & compliance |

Australia

Singapore

Thailand

WHY **Rental** IS THE BEST OPTION

- **Market Feasibility:**

- Singapore's healthcare institutions operate under tight operational budgets and rely heavily on OPEX-based procurement.
- Medical equipment rental demand has grown steadily, driven by aging populations and the need for affordable, flexible solutions.

- **Financial & Operational Fit:**

- Convert high CAPEX into predictable monthly OPEX, favored by MOH funding and AIC grants.
- With an estimated S\$29,669 cost savings per avoided HAPI case, even a modest reduction in pressure injuries can easily offset the rental fees (approx. S\$250-350/month).
- Rental also includes servicing, training, and software, aligning with Singapore's focus on value-based healthcare and outcome assurance.

- **Procurement Behavior:**

- Many healthcare operators rely on short-term tender contracts and trial-based adoption before large-scale roll-out.
- The rent-to-own variant enables these institutions to test LenexaCARE's efficacy and later transition to full ownership, reducing risk perception and easing board approvals.
- Shortens procurement cycles, as approval for recurring OPEX is generally faster than for high CAPEX commitments.

Australia

Singapore

Thailand

PRICING RECOMMENDATION

Singapore's healthcare system rewards measurable clinical outcomes, digital integration, and public-private collaboration, so pricing should reflect trust, data, and partnership.

- **Stage 1 – Public Pilot Partnership (6-12 months)**

- Launch through MOH and AIC-supported pilot consortia
- Provide pilot bundles at cost-neutral pricing (S\$200-250 per bed/month) to build credibility and gather local HAPI reduction data.
- Include a “shared savings clause”: if the facility achieves >20% HAPI reduction, part of the savings offsets pilot fees.

- **Stage 2 – Smart Expansion (Rent-to-Own + Data License: 12-24 months)**

- Offer hybrid contracts: device rental + data analytics license.
- Pricing: S\$300-350 per bed/month, including installation, predictive alerts, cloud storage, and user training.
- Allow transition to ownership after two years (at 60% buyout cost).
- Create a “Digital Integration Add-on” for hospitals using EMR or IoT dashboards (e.g. with Tan Tock Seng or Changi General Hospital).

- **Stage 3 – Value-based Subscription (Network Level: 24-36 months)**

- Introduce outcome-based SaaS pricing: S\$100-150 per bed/month for analytics dashboards, risk prediction algorithms, and compliance audits.
- Tie subscription fees to measurable KPIs: HAPI rate, patient comfort scores, nurse workload reduction.
- Bundle with local after-sales + regulatory compliance support (HSA, MOH).

Australia

Singapore

Thailand

MARKETING RECOMMENDATION

Thought Innovation & Educational Content

- **White papers & case studies** based on clinical outcomes (e.g., ROI from avoided HAPI cases).
- Video snippets (1-2 min) with clinicians or wound-care specialists discussing early prevention in tropical climates.
- Using infographics explaining the “Golden Prevention Window” concept — “act before ulcers form.”

Australia

Singapore

Thailand

MARKETING RECOMMENDATION

Offline Marketing Channels

1. Medical & Nursing Conferences

- Exhibit or sponsor at events such as: Singapore Wound Care Conference/ Asia Pacific Geriatric Nursing Conference

2. Partnerships & Demonstration Sites

- Collaborate with SingHealth, National University Health System (NUHS), or AIC pilot programmes.
- Deploy trial units in 1-2 nursing homes for case data collection and ROI demonstration.

Australia

Singapore

Thailand

PRICING

| Model | Fit in TH | Pros | Cons | Best for |
|-----------------------------|---------------------------------|--|--|--|
| Rental / Rent-to-own | Strong | Low upfront, fast start, bundles service, easy to pilot and expand | Lower lifetime margin per unit unless term is long, requires asset tracking | Public/university hospitals, private hospitals starting with 1–2 wards |
| Purchase | Moderate | Highest cash up front, simplest ownership for large groups, cheaper over long life | Slow approvals; big budget ask, separate service contracts | Tier-1 private groups |
| Subscription | Moderate → Strong (after proof) | Recurring revenue, outcome-linked pricing possible, simple for network rollouts | Some public hospitals resist recurring software fees, needs robust KPI reporting | Private hospital networks post-pilot, systemwide scale after year 1 |

Australia

Singapore

Thailand

WHY **Rental** IS THE BEST OPTION

- **Easier approvals:** Public/university hospitals face capex constraints and long tenders.
- **Risk management:** Hospitals prefer to “prove before they buy.” Rental aligns to pilot-to-scale and lets them exit if outcomes aren’t met.
- **Cash flow:** Fits quarterly/annual budgets without large upfront spend, simplifies multi-ward expansion.
- **Service expectations:** Thailand buyers value training, Thai-language support, spares. Rental strategy bundles these without separate procurement lines.
- **Distributor fit:** Local partners can package install, training, and swap units under a simple monthly fee.

PRICING RECOMMENDATION

Lead with Rental, keep Purchase as an option for premium private groups, and offer Subscription only after proof and for network-wide rollouts.

- **Phase 1 - Pilot Rental (8-12 weeks):** per-bed monthly fee including install, training, Thai materials, on-site day 1, spare pool, and WhatsApp/LINE support.

Add a “pilot credit” so a portion applies to longer-term rental or purchase if outcomes are met.

- **Phase 2 - Rent-to-Own (12-24 months):** roll pilot beds into a term rental; at term end, hospital can (a) return, (b) extend rental, or (c) convert to ownership with a pre-agreed buyout.
- **Phase 3: Enterprise Subscription (optional):** for private groups that want analytics, dashboards, and KPI reporting across sites, layer a software subscription (per-bed/month) on top of owned or rented hardware.

Australia

Singapore

Thailand

MARKETING RECOMMENDATION

Influencer / Key Opinion Leader program

Tiers & roles

- **Clinical KOLs (primary):** Wound-care nurses, educators, patient-safety leads.
 - Assets: 60-90s Thai video quotes, ward demo reels.
- **Hospital voices:** DONs/Quality chiefs from pilot sites.
 - Assets: LinkedIn posts, exec quotes on pilot KPIs, panel talks.
- **Educator creators (micro):** Thai nurse-edu pages, simulation instructors.
 - Assets: short how-to clips, "my first week" stories.
- **Healthcare business voices:** Hospital COO/CIO LinkedIn advocates after results.
 - Assets: ROI/operations post, before/after dashboard.

Australia

Singapore

Thailand

MARKETING RECOMMENDATION


Campaigns & tactics

- **Launch:** “We Turn Together” badge + certification for ward champions; photo wall + LINE stickers.
- **Pilot recruitment:** “8-12 week pilot—prove it in your ward” with KPI checklist; rental pilot offer.
- **Nurse pride series:** Weekly 45-60s Thai reels: “One turn that changed my shift”.
- **30-min Thai mini-CME (case + workflow),** co-host with association/distributor.

**THANK YOU FOR
YOUR ATTENTION**

Presented By :
EchoLogic

WE GOT YOU A CLIENT!



Jizhen Wang  (He/Him) • 1st
Product Specialist ♦ Biomedical Engineer ♦ Customer Support ♦ Researcher ▶ Medical Device (Masters in Biomedical Engineering)

TODAY




Jizhen Wang  (He/Him) • 10:52 pm
你好 我是 Able Living 的王即真 我们是一家本地的养老器械供应商 有一百多家合作伙伴

我看到 lenexa 这个预防 pressure injury 的床垫是个很好的创新 不知道有没有空聊一聊你们的产品?

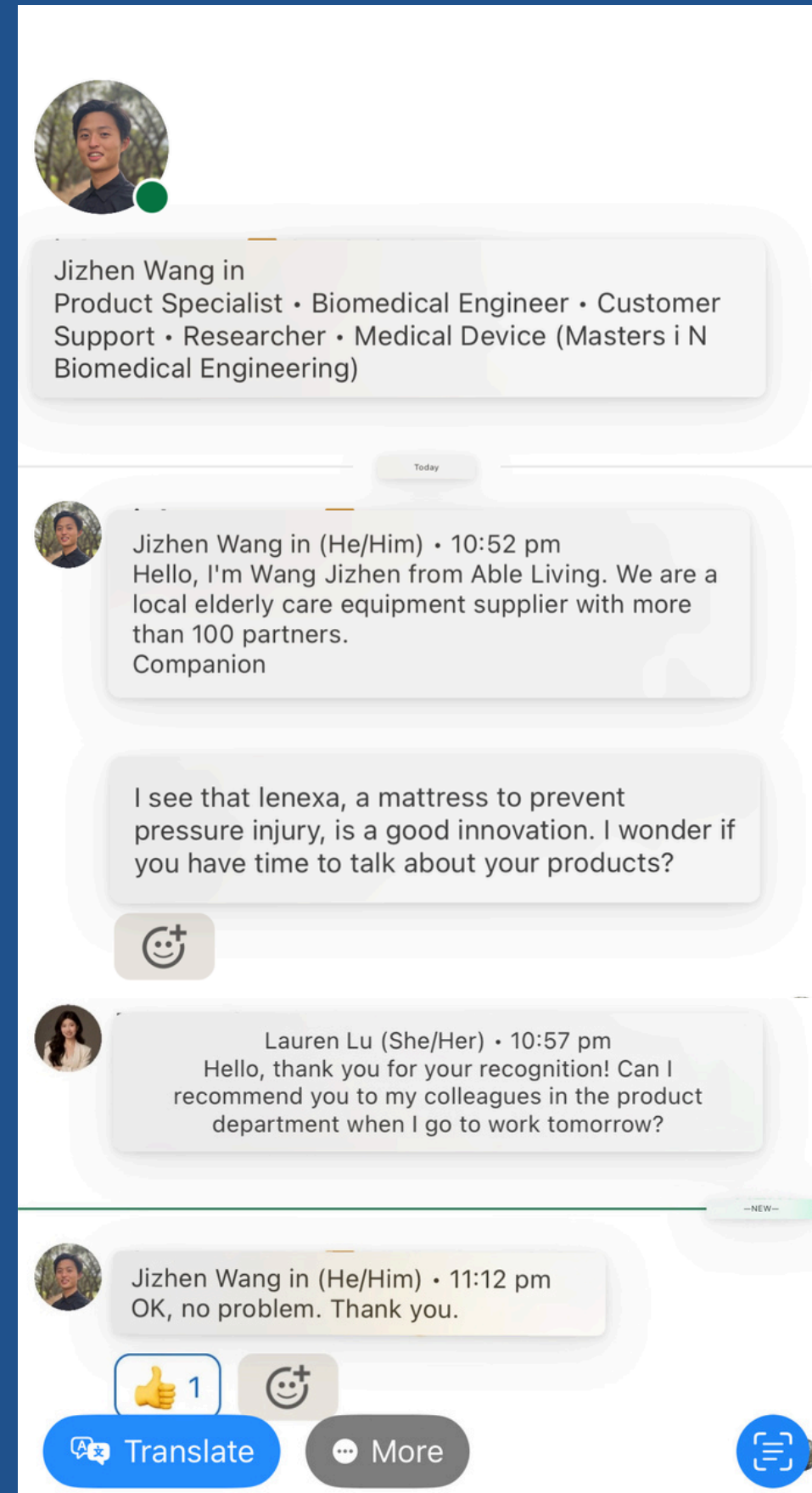


Lauren Lu (She/Her) • 10:57 pm
你好, 谢谢你的认可! 我明天上班的时候把你推荐给我们产品部门的同事可以吗?




Jizhen Wang  (He/Him) • 11:12 pm
好啊没问题 谢谢你 😊

 1 




Jizhen Wang in
Product Specialist • Biomedical Engineer • Customer Support • Researcher • Medical Device (Masters in Biomedical Engineering)


Today



Jizhen Wang in (He/Him) • 10:52 pm
Hello, I'm Wang Jizhen from Able Living. We are a local elderly care equipment supplier with more than 100 partners.
Companion


I see that lenexa, a mattress to prevent pressure injury, is a good innovation. I wonder if you have time to talk about your products?










Lauren Lu (She/Her) • 10:57 pm
Hello, thank you for your recognition! Can I recommend you to my colleagues in the product department when I go to work tomorrow?




—NEW—





Jizhen Wang in (He/Him) • 11:12 pm
OK, no problem. Thank you.

 1 


 Translate  More 


23:01   





Able Living
Empowering Independence, Enhancing Lives
Medical Equipment Manufacturing • Heidelberg West, Victoria • 536 followers • 11-50 employees

 Jizhen follows this page

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Overview


Able Living Group is a distributor of medical aids and mobility equipment in Melbourne, Australia. For nearly 40 years, Able has been working closely with hospitals, rehabilitation centres and their physio and ...see more

Website
able-living.com

Phone
[038537 7500](tel:0385377500)

[Show all details →](#)

Featured

Post  Post

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