



JUST HAIL MARY / PRACTICAL GUIDE 03

Where do I start?

Begin with the care need. Define the setting and duration. Choose the technology and route.

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A practical route from a recurring operational need to a bounded, testable and financeable equipment requirement.

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[Read the canonical web edition.](#)

You can begin before you know the product.

A strong starting brief describes the person, the need, the setting and the likely duration. Sourcing comes after that requirement is coherent.

Care technology conversations can begin too late in the decision. A product has caught someone's attention and the household or provider is trying to fit the need around it.

Reverse that order. Begin with the person, the care outcome, the environment and the likely period of use. Then establish what success means, which risks matter and how the equipment would be supported through its useful life.

A lease is not the first decision. It is one possible route around a sufficiently clear care requirement.

The seven steps below create that requirement without demanding technical or robotics expertise.

Name the useful outcome.

Describe the result in operational language, not in product features.

01

Complete this sentence

We need to improve[a recurring outcome]for[people or a team]at[a site or setting]without creating[an unacceptable risk or burden].

Useful outcomes might include detecting a fall, supporting safer transfers, remembering medication, reducing pressure risk, locating a person who may become disoriented, or returning time to a care team by moving supplies.

Avoid starting with "we need a robot" or a named brand. Those statements name an answer but say little about the care need, duration, acceptance boundary or support model.

Measure the work as it happens now.

A baseline makes a pilot testable and prevents a technology demonstration from being mistaken for an operational result.

FREQUENCY How often? Runs, lifts, inspections, alerts, cleans, transfers or production moves per shift, day or week.	TIME How long? Elapsed time, waiting time, travel time and the time of the person whose work is interrupted.
VARIATION What changes? Demand peaks, layouts, users, payloads, routes, lighting, network conditions and exceptions.	FAILURE What goes wrong? Missed tasks, delays, manual strain, searching, rework, downtime, handoff gaps or safety exposure.

Use the smallest baseline that can support a decision. A week of careful observation may be more valuable than a large speculative business case. Record assumptions openly so the pilot can confirm or reject them.

Map the site, people and exceptions.

The equipment has to enter ordinary work, not an empty demonstration route.

01 Environment Doors, lifts, thresholds, floors, charging, storage, weather, hygiene and access restrictions.	02 People Users, residents, patients, visitors, staff, contractors and anyone affected by the change.
03 Systems Wi-Fi, mobile coverage, identity, work orders, clinical or operational systems and data interfaces.	04 Exceptions Blocked routes, emergencies, low battery, unavailable staff, failed sensors and out-of-hours support.

Site readiness is not a pass or fail label. It is a list of known changes, constraints and [responsibilities between organisations](#) that can be priced, scheduled and accepted.

Ask one further question: does the product need to share governed care context with people, systems, devices or robots? If it does, define identity, permission, purpose, evidence and human authority before choosing the integration. [Octeryx OS Care is researching this separate context responsibility.](#)

Choose the asset family before the manufacturer.

The first sourcing decision is the kind of capability the work requires.

01 Detect or alert Consider personal alarms, falls, occupancy, movement, environmental or location sensing.	02 Support a person Consider care-specific wearables, medication support or accessible controls.
03 Equip care Consider smart beds, pressure care, patient handling, specialist seating or mobility.	04 Move or assist Consider bounded cleaning, internal delivery, telepresence or future assistive robotics.

Read [Robotics, Wearables and Sensors](#) for a representative map of these equipment families and manufacturers. The map is a starting point for sourcing, not a recommended shortlist.

Define a pilot that can be accepted or rejected.

A pilot should test the operating requirement, not merely prove that the product can move or switch on.

Weak pilot	Testable pilot	Acceptance evidence
Show the product working	Complete a bounded care task in the live environment	Outcome and exception record
Ask whether staff like it	Observe defined users across representative shifts	Training, adoption and intervention evidence
Run until the demo ends	Run for a period that includes ordinary variation	Baseline comparison and failure pattern
Assume support will work	Trigger and observe the support route	Response, recovery and ownership record

Write the rejection conditions before the pilot begins. A useful negative result prevents a poor-fit asset from becoming a long contract.

Finance the complete service boundary.

The monthly equipment payment is only one line in the operating cost.

Asset	Base equipment, payloads, accessories, batteries and charging.
Software	Licences, fleet tools, device management, data services and integrations.
Deployment	Site work, configuration, commissioning, training and acceptance.
Operation	Connectivity, consumables, cleaning, inspection and local ownership.
Support	Preventive maintenance, incidents, parts, remote help and field response.
Lifecycle	Upgrade, redeployment, replacement, return, refurbishment and exit.

The commercial route should follow the useful care horizon. Buy where indefinite ownership makes sense. Consider short-term leasing for a temporary need when the asset can be safely recovered and reused. Consider longer finance for stable, higher-value equipment that belongs in the setting for years.

[Read why care technology needs leasing infrastructure.](#)

Set the lifecycle gates before deployment.

A managed asset moves through decisions. Each decision needs evidence, ownership and a next state.

01	Requirement accepted	The outcome, baseline, site, users and risks are sufficiently defined for sourcing.
02	Asset selected	Configuration, supplier, support, compliance and complete cost are understood.
03	Pilot accepted	The live task and service boundary meet the pre-agreed evidence standard.
04	Deployment accepted	Installation, training, records, ownership and escalation are operational.
05	Continuation reviewed	Utilisation, incidents, cost and outcomes support continuation, change or exit.
06	Next state decided	Retain, expand, upgrade, redeploy, replace, return or retire with evidence.

Keep those decisions in a shared [commercial and operational lifecycle record](#), so asset, contract, deployment, maintenance and incident state do not separate as the service matures.

Bring nine answers to the first conversation.

Plain language is enough. Unknown is an acceptable answer when it is made visible.

01 What recurring result needs to improve?	02 Who performs, receives or is affected by the work?
03 Where does the work happen and what varies?	04 How is the work completed and measured today?
05 What must never be made worse?	06 Move, support, detect or equip care?
07 What evidence would justify continuation?	08 Who owns the outcome, site and service response?

09

When must useful operation begin and for how long?

Send these answers to enquiries@panamorphix.com. The first task is to make the requirement clearer, not to force a product into it.

Where equipment is used at work or may be a medical device, involve competent safety, clinical, information-governance, procurement and regulatory teams early. The HSE notes that work-equipment responsibilities can apply whether equipment is owned or leased. MHRA rules depend on the device and intended use.

[HSE PUWER overview](#)

[MHRA medical-device guidance](#)



JUST HAIL MARY

Make the requirement clear enough to source.

Just Hail Mary helps organisations turn a recurring need into a defined operating requirement, complete service boundary and lifecycle plan.

justhailmary.com/guides/where-do-i-start/



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