The device needs to be weather-proof because we are outside in all conditions, rain, snow, sleet, etc. It must be destruction-proof as well. [P6]

These ambulances are running like, you know, non-stop for 24 hours. So, the charging might be an issue depending on the battery life. I don't know how easy it would be to swap a battery. [P8]

We get blood on it. Is it easy to clean? Like is there something protecting the button so it [blood] doesn't go inside the device? [P6]

Another problem is connectivity. Wi-Fi doesn't work, and sometimes network services don't work great in the field or even in patients' homes. [P7]

Maybe integrate it with our monitor so we can directly pull the EKG off the monitor. [P6]

It would be helpful to have the smart glass scan the barcode of the medication administered. But it should have a way for us to indicate the dosages. [P6]

Sometimes we take photos using our phone and show that to ED physicians. But if we can do this and share the photos in real time, that would be even more beneficial. [P6]

If I can verbalize certain things, whether it's the vital signs or what you're doing, or what drug you're giving at a certain time, or what intervention you're doing, and if they could be processed through this smart glass and get documented as such, while your hands are free, that will save a lot of time. [P1]

Voice control would be very good. I don't want to touch anything with my hands. A lot of times my hands are bloody, or I got vomit or urine, or I'll get all kinds of stuff on my gloves. [P11]

I guess the buttons and things on the screen all need to be configured to the least possible amount so that it [screen] does not restrict my vision. I would be bothered by having something in front of my eyes when I'm trying to look at a patient. [P11]

Glasses might be falling off. We'll need to make sure that the frame has enough tension to hold on, especially when you're sweaty. [P9]

It's kind of an intimidating thing to come in and film someone off the bat. Um, it can cause people to shut down or not open up to you. [P13]

I noticed a lot of bias to new technology; I think people are afraid of new technology. They must be trained to use it. [P8]

The EMS folks have different level of comfort with technology. Even in 2050, I’m sure there will be old timers that are only comfortable with using tablets, and there’ll be new kids who are comfortable using virtual crystals. [P15]

We are pre-hospital setting, the other end in the hospital should also be included. Like nurses who are triaging the patient or doctors who are dealing with the patient. [P13]

We already have various digital systems in place. I think it's just important to envision this as another tool and it needs to fit into our work for constant use. [P15]

We are always like connected with our partners to work on things together. Like we are always moving the stretchers, grabbing bags or lifting patient. ‘You have that leg?’ ‘Yes, I have the leg and you have the bag.’ ‘Okay. 1, 2, 3, lift.” You know, we are always talking. So it’s gonna be really hard for me to break that kind of connection between me and my partner. You know, my partner may be waiting for me to answer something very important while I am busy operating the smart glass. [P14]

I think it is necessary to create a generic software that can apply to a lot of EMS systems. Each EMS system is unique and will likely request different tweaks to make it fit better with the systems that they already have in place. [P10]

It would depend on whether you get buy-in from our agency. I believe it is an expensive unit. Like, who is going to pay for that? [P5]

HIPAA would be hard to pass if you guys are unable to make that HIPAA compliant software, because as soon as we're starting to transfer information back and forth between agencies, if that’s not a secure network, then our care is at risk. And we as an agency would be at risk for releasing, obviously private information and then causing a lot of issues. [P10]

Sometimes we are in another facility, like one time, I had to defibrillator somebody in an outpatient surgery. If someone happened to walk through the background of my video that I was taking, would that be a security breach or something? Would they have to then sign something? Was I allowed to use it in their facility? [P5]

When measuring effectiveness and usefulness, what I would see is a test group or a study group that would be supplying consistent feedback, documenting how many times it's been used, what conditions it was used in, or what situations they were using the software on. [P10]