



Insights

1st Quarter, 2005

ScottCare — The Leader in Cardiopulmonary Rehab Patient Monitoring

TeleRehab Bronze, Silver, Gold & Platinum Upgrades

Prior generation Tele-Rehab™ users can retain their existing transmitters and obtain all the benefits of the Advantage system for about half the cost of a new system. Advantage offers many new features including PDA functionality, HIPAA enhancements, HL7 Interface capability, as well as the ability to perform data management and report preparation from the monitoring workstation.

Please contact ScottCare to arrange a demonstration of TeleRehab Advantage at 800-243-9412, ext. 116, or sales@scottcare.com.

ScottCare and HIPAA

ScottCare is aware that compliance with HIPAA regulations is a major concern for our customers, and we are committed to providing innovative solutions to assist in customer privacy and security compliance efforts. ScottCare is committed to protecting the privacy of patient information, and we have developed:

- HIPAA training for our technical staff
- An accepted industry-wide business associate agreement
- Internal processes for handling the receipt and subsequent de-identification and destruction of patient information
- Technical solutions for securing the privacy of electronic patient information when ScottCare access is needed to provide maximum service levels.

Technical safeguards are available on ScottCare products today, and we continue to make additional investments in our Advantage system to provide further solutions (see *PDA article below*) to meet the HIPAA requirements mandated by April 21, 2005. Some of these safeguards are:

Access Control – features that restrict access to authorized entities.

Audit Controls – mechanisms to record and examine system activities to allow identification of unauthorized access.

Authentication – software mechanism to corroborate that electronic information has not been destroyed by unauthorized personnel or in an improper manner.

Encryption – features that include message authentication, network alarms, audit trails, event reporting, user authentication and integrity controls.

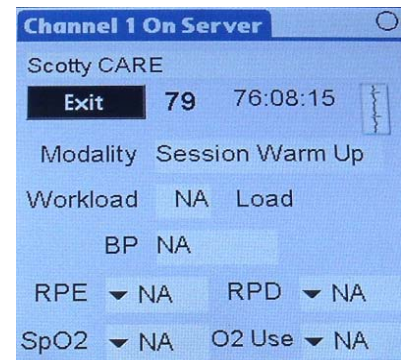
Please contact ScottCare for more detailed information on how the Advantage system will help you meet HIPAA requirements.

ScottCare Introduces Advantage PDA

In 2005, we will ship our handheld PDA device for use with the Advantage system. The PDA provides clinicians with the ability to manage patients and enter data directly from the exercise floor.

This secure and HIPAA-friendly feature automatically loads all patients being monitored and displays heart rate and current exercise modality for each patient. PDA users will be able to: manage the exercise modality; mark strips for review; and enter BP, RPE, SPO2, with convenient drop down menu selections and numeric keypads (see screen shot).

Changes made on the PDA automatically update the main monitoring terminal. Multiple PDAs can be utilized at the same time and provide a cost-effective means to improve rehab department workflow and operations. Contact ScottCare to arrange a demonstration of the Advantage PDA at 800-243-9412, extension 116, or sales@scottcare.com.



Attended Sessions versus No Shows

How the software records these sessions

Attended Sessions: A patient is considered to have an attended session if he/she is brought up on the monitor and data is entered. If you enter a blood pressure or save a strip, the session is considered an attended session. If a patient is entered on a channel but not recorded and no data is entered, it will *not* be recognized as an attended session.

No Shows: A patient is considered to have a no show if he/she was not brought up on a channel on a scheduled day. For example, if a patient is scheduled to exercise M, W, F at 8:00 a.m., and he is never brought up on a channel on Monday, the software will recognize as a no show. The name can be brought up on the channel, but if no data is entered, the patient will be considered a no show.

How and when to delete No Shows or Attended Sessions:

Common situations

1. A patient is entered on the monitor and blood pressure taken, then you realize he/she will not be continuing their exercise session. Since data was entered, this patient will have an attended session. To resolve, delete the attended session.



Quotable Quotes

“The visible marks of extraordinary wisdom and power appear so plainly in all the works of creation.”

— John Locke

2. The wrong patient is entered on the monitor and then cleared from the screen. Because no data was entered, the patient will not have an attended session. Nothing further needs to be done.

3. A patient is scheduled for Monday at 8:00 a.m. and he/she calls in sick. This patient will have a no show for this session. If this should not count as a no show, delete the session.

4. A patient is scheduled for Friday at 10 a.m., but it’s a holiday and rehab is closed. This patient will have a no show for this session and the session will need to be deleted.

Steps to deleting no shows and attended sessions

1. Go to program management, personal data, and bring up the patient’s personal data.

2. Go to one of the four buttons labeled (patient info, medical info, session protocol, face sheet) and right click on the mouse. A patient list will appear with all dates of sessions.

3. Repair button repairs sessions with reports. The repair button will delete sessions that have “no rep” written after the date.

4. Rebuild button removes all no shows from session list.

5. Delete a session: Click on date. Press the delete key on the keyboard. The session will be deleted.

Additional Notes:

If you do not delete the no shows, those sessions will be counted against the patient as a no show. This will further affect the accuracy of the compliance and Outcomes reports when looking at scheduled versus attended sessions.

Very important! — For Outcomes to recognize changes, the **patient list must be edited** before the last recording session. Go to the patient list and delete any no shows you don’t want counted as no shows. Then your patient attended vs. not scheduled will be accurate in Outcomes. After fixing the patient list, do not view any other patient reports from prior sessions.

Therapies or Treatments?

Have you considered starting other therapies or treatment /testing modalities? Please let us know if any of the items below are of future interest or if they are currently in use in your cardiac rehab program or hospital.

ECP/EECP (External Counterpulsation) — a practical, non-invasive solution for Angina and Congestive Heart Failure. Improve your patient’s cardiac health and increase your department’s revenue.

CPX (Cardiopulmonary Exercise testing) — a portable CPX system, allowing you to perform CPX tests outside the stress lab. Data collected during field tests can be transferred via telemetry to a remote PC for performance analysis.

Diagnostic vascular testing — computerized medical diagnostic peripheral vascular testing instrumentation. Combine plethysmography (PPG photoplethysmography and PVR pneumoplethysmography) and CW Doppler ultrasound.

Editing Reports While Monitoring

Editing data and comments for single session reports can be performed while monitoring patients. When utilizing this feature, the screen will be split in two.

Steps to edit data on patients currently being monitored.

From the **Review** Mode you can...

1. Show Selected Strips – Review strips that have been saved for the current session.
2. Edit Session Summary Data – Review/edit summary information that will appear in the single session report. This data includes Max Bp, Max HR, exercise time, etc.
3. Edit Session Modality Data – Review/edit modality information that will appear in the single session report.
4. Edit Timed Comments – Review/edit any comments that were entered during the current session. On this section you also have the option of moving a timed comment to a post session comment.
5. Post Session Comments – Allows for entry, as well as review, of any post session comments entered during the current session.

NOTE: Editing data and comments while still monitoring will help eliminate editing after the patient has completed the session, therefore, decreasing the amount of time editing reports.

Also, make sure before exiting to click on “exit and keep changes” or “exit unchanged.”

Steps to edit single session reports on pre-monitored patients. (Patients that are not on the screen).

From the **Reports** Mode you can...

1. Edit Patient Data – Edit Patient information, Medical Info, Session Protocol – taken from the patient’s Personal data. Information updated in this section will reflect in Program Management.
2. Select Pre-Monitored Patient – Edit single session reports on previously monitored patients.

NOTE: Make sure to click “save” and “exit” before leaving the report. If you click “exit” without saving first, the software will ask you if you want to save before exiting.

Steps to Backing Up

ScottCare recommends daily backups. To perform a backup, go to the server “ScottCare TCP/IP Server” box and click on “Backups.” Defaults are set at:

1. Set up process defaults to “Backups”
2. Backup style defaults to “All patients”
3. Backup drive defaults to drive “d:”
4. Patient names that will be backed up are checked under “Included names”
5. Groups to include have those areas that are defaulted for backing up. The system default saves changes only.
6. The option of “backing up full disclosure” is under Groups to include. The system default does not back up full disclosures, but can be changed by selecting “changes only.”

NOTE: The first time you back up after changing full disclosure from “don’t include” to “changes only,” all full disclosures from past to present will be backed up. After that point, only present full disclosures will be backed up. Remember, backing up full disclosures will require more disc space.



Entering SF-36 Data

Before completing the SF36 survey, ScottCare recommends making sure all patients have been monitored at least once. Dates can be changed after the survey is complete (refer to step 3).

1. If a patient’s name does not appear on the patient list, the patient has not been monitored yet or TRExport was not completed.

2. **DO NOT** add a new name if the name is not on the list. The “add new name” is for patients who are not in the Advantage system. If “add new name” is used, the patient’s system code will appear as \$\$\$0000 and will not be linked to anything in the Advantage software.

3. Changing date. The date can be changed after the survey has been completed. Complete the survey then click on “edit/delete SF-36 Survey Result.” Click on the name, and then change the date.

User Profile: The Regional Medical Center of Orangeburg and Calhoun Counties (TRMC); Orangeburg, South Carolina
Victoria Carson, R.N., Dir. of Cardiac & Pulmonary Rehabilitation



Originating from a small, private hospital started in 1919, The Regional Medical Center (TRMC) has grown to a 286-bed, acute-care, regional medical center owned by Orangeburg and Calhoun counties.

A leader in promoting community wellness, TRMC values the opportunity to enhance the community's quality of life. TRMC's Center for Cardiopulmonary Rehabilitation is designed to help individuals regain and maintain their maximum quality of life through medically supervised physical conditioning in a supportive environment. Cardiac rehabilitation participants are monitored through one inpatient level and three outpatient levels to build cardiovascular strength and self-confidence. Pulmonary rehabilitation offers an alternative beyond medication. The program combines education, group support and exercise in an eight-week outpatient program.

Victoria Carson, R.N., Director of Cardiac and Pulmonary Rehabilitation, started TRMC's program in April 1991. The full-time staff consists of three nurses and a respiratory therapist. The ancillary departments involved in the program include the

pharmacy, the dietician, vocational rehab counselor and the chaplain.

The certified program serves between 2,600-3,300 patients per month. The facility features: 12 treadmills, ten bikes, two Stairmasters, two elliptical trainers, three rowers, two ergometers, free weights and weight resistance equipment.

TRMC was the first hospital in South Carolina to use ScottCare. Starting in the mid-90s, TRMC used an old telemetry system. According to Carson, ScottCare's competitors could not do the same things that the ScottCare system could do.

In the summer of 2004, TRMC upgraded to a 16-channel TeleRehab™ Advantage system. The upgrade was an extremely smooth transition. The TRMC staff is pleased that the new system is very user-friendly.

"Our goal was to have a system that allows us to input more information. We had Outcomes before, but it was foreign to some of our staff. Now it gives us all the information we need," said Carson. "The fact that patients were getting better and feeling better is not enough anymore. Outcomes give us validation that patients are getting better, and we can benchmark that. Our fiscal intermediaries are looking for that information."

Carson added, "ScottCare has always had good customer service, but now it is even better. They have made noticeable improvements. In addition to the initial training, they gave us good advice on how to use the equipment."

Carson believes that the ongoing maintenance and technical support are just as important as the initial installation. She considered ScottCare's competitors, but is convinced that ScottCare is "the best thing on the market."

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Additional Online Training

ScottCare will soon offer additional training via the Web and a CD-ROM library to all Advantage users.

Through our web site, customers will have the ability to select additional training on different sections of the Advantage Monitoring, Program Management, and Outcomes areas.

In addition, users can utilize the same content on a CD-ROM library that can be loaded on the system itself.

Please contact a ScottCare customer service representative for additional information.

TRMC Cardiopulmonary Rehabilitation staff: (left to right)

Terri Rash, R.N., B.S.N., Program Nurse; Kay Berry, R.N., Program Nurse; Victoria Carson, R.N., B.S.N., Director of

Cardiopulmonary Rehabilitation; and Theresa Bramblett, CRTT



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