



**ScottCare — A Leading Manufacturer of Quality Medical Devices  
Serving Cardiopulmonary Professionals**

## Upcoming Trade Shows

MeritCare Cardiac  
Rehab Workshop  
Fargo, ND  
February 2007

Mardi Gras Cardiac  
Symposium  
Baton Rouge, LA  
February 8, 2007

NCCRA Symposium  
Charlotte, NC  
February 16-17, 2007

ISCVPR  
Indianapolis, IN  
March 15, 2007

American College of  
Cardiology  
March 24-27, 2007  
New Orleans, LA

MOKSACVPR  
Kansas City, MO  
April 12, 2007

OACVPR  
April 11-12, 2007  
Dublin, OH  
Tri-Network Conf.

SACVPR  
Opelika, AL  
April 14, 2007

MACVPR  
Traverse City, MI  
April 20-21, 2007

(More shows on page 3)

## President's Message: *ScottCare Cares*

This past fall, ScottCare began participation in the St. Martin dePorres Corporate Work-Study Program (CWSP). The concept behind the program began over ten years ago in an economically challenged area of Chicago in order to make private, college-preparatory education affordable to at-risk young people. Due to its success, the program is now being implemented across the country. In fact, you may have seen a story about the Cristo Rey program on the CBS program, "60 Minutes." The CWSP is an integral part of the St. Martin de Porres education and provides many opportunities for St. Martin de Porres students throughout ScottCare's home city of Cleveland.

ScottCare presently "employs" two full-time entry-level office jobs that each support a team of four students. The amount that ScottCare's pays to the school is used to cover their tuition costs. Each student works one full day a week (five full days a month) to help cover 70% of his/her tuition. The remaining four days of the week the student attends classes.

We would like to recognize the following St. Martin dePorres students for their efforts at ScottCare, and in their dedication to pursuing their dreams of attending college:

Brittany Refitt (11 <sup>th</sup> grade)	Desiree Hill (9 <sup>th</sup> )
Sherria Blair (10 <sup>th</sup> )	Bobby Ward (9 <sup>th</sup> )
Spencer Whatley (10 <sup>th</sup> )	Nicholas Mazzeo (9 <sup>th</sup> )
Ja'nay Bankston (9 <sup>th</sup> )	Kanedra Wilson (9 <sup>th</sup> )

If you do get the opportunity to speak to one of ScottCare's youngest "employees", please congratulate them in their efforts to succeed in life.

— Ken Zajackowski, President

## **New: SMART Cart makes cardiac rehab more productive**

Want to spend more time with your patients? Take a look at ScottCare's new SMART Cart – ScottCare Mobile Active Remote Telemetry. SMART Cart is a mobile telemetry solution that empowers you to stay by your patient's side while reviewing ECG waveforms and entering data, tasks previously done at a central computer workstation.

ScottCare demonstrated this new, advanced technology at the 2006 AACVPR Annual Meeting in Charleston, West Virginia and the American Heart Association (AHA) Scientific Sessions, November 12-15, 2006, in Chicago, Illinois.

"The SMART Cart improves workflow and enables clinicians to work directly with their patients instead of being anchored to a workstation," says Ken Zajackowski, President of ScottCare Corporation. "The more time spent with the patient, the better the outcomes."

The SMART Cart consists of a large screen laptop computer on an ergonomically designed mobile cart that easily maneuvers the tight spaces between exercise equipment. As a

(Continued on page 3)

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# What do I do When my Advantage Patient Graduates ?

—Theo Jordanides



When a patient graduates from your rehabilitation program, there are a few different things you can do depending on what information you want to access.

One thing you should definitely do, particularly if you are using the TeleRehab Outcomes program, is to make sure you check the “graduated” checkbox on the patient’s final session. This will allow you to utilize the Outcomes Follow-up report on this patient. The follow up report allows you to compare data from the patient’s final session to follow-up data at intervals of your choice- often 3,-, 6- or 12- months.

Checking the “graduated” checkbox will also allow you to utilize the patient in the group outcomes “Certification” report. This report utilizes only patients that have graduated from the program, and allows for an easy way to gather much of the information needed for AACVPR certification.

In addition to checking the “graduated” checkbox, the 3 different options for what to do with graduated patients include moving them into the “Inactive” category, moving them into the mail list, or deleting them from the system.

Moving a patient to Inactive keeps all the patient information and sessions in the system, while removing them from your Phase 2 (or Phase 3, Pulmonary, etc) list.

The Inactive category is a great way to keep this information available, allowing you to view and edit all personal data and session information even after the patient has completed the program.

## After Graduation: The Mail List

Once an Advantage patient graduates and has been moved to the Inactive list, you should also consider moving this patient into the mail list. This will retain the patient’s name, address, and phone number in the group mail list. You will no longer be able to access personal information or sessions in the Program Management area. One thing to remember is that while certain information is retained, all sessions are deleted upon moving a patient into the mail list. The only way to retrieve this information is by restoring from the backup.

Deleting a patient will delete the patient’s name and all sessions from the system. Once a patient has been deleted, the only way to access the patient is to restore the patient from the backup disk. Therefore, please make sure to backup all files before moving patients into the mailing list OR deleting them from the system.

While moving patients into the mail list or deleting them from the system removes their name from any patient list, the names still appear in the Outcomes database. This way, patients can be included in outcomes reports even after they have been removed from the Advantage system.

### USER TIP

To move a patient into the “Inactive” category:

1. Pull the patient up in Program Management under Personal Data.
2. On the Patient Demographic screen, find the area labeled “Patient Status”.
3. Move the radio button from the patients’ current status (Phase 2, Phase 3) to “Inactive”.
4. Select “SAVE” to make this change. The patient will now appear under the “Inactive list.

### USER TIP

To move a patient into the mailing list or to delete from the system:

1. **PERFORM A BACKUP!**
2. From Server menu, select “List Management” button.
3. Left click on “Patient List” (to delete patient from mailing list select “Mailing List”). A list of names will appear in the box on the left.
4. Select the name of the patient you want to delete or move to the mail list. On the bottom right, options including “Delete” and “Move to mail list” will appear.
5. To delete a patient from the system, select “Delete All Files for (patients name)”  
To move a patient to the mail list, select “Move to General Mail List”
6. Once you select an action, an orange “WARNING!” box will appear, along with options to backup, cancel, or apply. To make changes, select “Apply”.
7. The patient will then be deleted from the system or moved to the mail list.



## Upcoming Web Conference Training

You are invited to participate in our free live Web Conference Training Session program!

All sessions are tailored for Advantage users, but Platinum and Gold users are welcome to view the latest features available in the Advantage System. Each one-hour training session includes time for questions and answers. Please check the ScottCare website, [www.scottcare.com](http://www.scottcare.com) for specific dates and times, then make reservations through ScottCare customer service. You will receive an email to confirm the date and time and any preparatory instructions.

All sessions are scheduled for 11:00 AM and 2:00 PM

***New Features in Advantage Software 3.X, February 22 and March 22***

***Customizing-Report Forms, March 1 and March 29***

***Session Monitoring Overview, February 8 and March 8***

***TeleRehab Advantage Outcomes Overview, February 15 and March 15***

### **New: SMART Cart** *(Continued from Page 1)*

mobile monitoring system, SMART Cart enables ECG traces to be reviewed from the exercise floor beside the patient and allows direct entry of patient data such as blood pressure. As an additional workstation, SMART Cart allows patient data entry, program management and reporting functions simultaneously with and independently from the main telemetry system anywhere in the department.

#### **Benefits:**

- Better Outcomes – Clinicians can spend more time with patients and less time at a central workstation.
- ECG Always Visible – ECG waveforms no longer are restricted to out of the way central workstations or difficult to see slave monitors.
- HIPAA Compliance – No more need to write patient parameters such as blood pressure on a piece of paper and run (or call them out) to the central workstation.
- Privacy and Concentration – The cart may be moved into any private office and used for program management and reporting.

Find out how SMART Cart can improve your program.  
Call ScottCare today!



**Bob Ody, ScottCare National Sales Manager, demonstrates SMART Cart at the American Heart Association meeting in Chicago**

Tri-Network Conf.  
Sioux Falls, SD  
April 20-21, 2007

WISCPHR  
Madison, WI  
April 20-21, 2007

KCRA  
Bowling Green, KY  
April 26, 2007

TACVPR  
Austin, TX  
May 4-5, 2007

SCMA  
Hilton Head, SC  
May 4-5, 2007

ASCVPR  
Phoenix, AZ  
May 5, 2007

CSPR  
Burlingame  
May 17-18, 2007

MOKSACVPR  
Springfield, MO  
June 14, 2007

European Congress of  
Cardiology  
Vienna, Austria  
September 1-5, 2007

MOKSACVPR  
Salina, KS  
September 13, 2007

AACVPR Annual  
Meeting  
Salt Lake City, UT  
October 18-21, 2007

American Heart  
Association  
Orlando, FL  
November 4-6, 2007

# Heart Failure: Expanding the role of ECP

— Julie Hayden, RN



Heart failure is the largest single cause of emergency room visits and hospitalizations and typically results in a net financial loss. Worse, if a new hospitalization comes less than 30 days after a previous one, there will be no additional reimbursement for the DRG. External Counterpulsation (ECP) is approved by the FDA to treat heart failure and can turn around that losing financial picture by keeping patients out of the ER. ECP is fully reimbursed by Medicare for heart failure patients who also have angina. As a result, more and more facilities are using ECP to treat appropriate heart failure patients.

So let's talk a bit about congestive heart failure (CHF). What is it and what are the treatment modalities?

## What is CHF?

CHF is a condition in which the heart's function as a pump is inadequate to meet the body's needs, caused by underlying disease processes. It is a grouping of clinical findings rather than one specific diagnosis or one single disease process.

When the heart's pumping action is inadequate as a result of CHF, the blood "backs up" behind the heart. This congestion can lead to fluid accumulation in the lungs and body tissues and may cause other organs of the body to fail as well. The kidneys begin to lose their normal ability to excrete sodium and water. As pulmonary edema increases, the person's activities of daily living begin to decrease, or the person's ability to exercise is decreased. Fluid may also accumulate in the liver, thus impairing its ability to rid the body of toxins and the ability to produce essential proteins.

As the body becomes overloaded with fluid, edema (swelling) of the lower extremities may develop. Fluid may also begin to accumulate in the lungs, causing shortness of breath. The patient may also experience orthopnea (difficulty breathing when lying flat).

## Congestive Heart Failure and ECP

As ECP begins to be utilized more and more for the CHF patients, we clinicians need to "fine-tune" our assessment skills. The most common symptom of CHF seen by clinicians is fluid overload which commonly presents as edema of the lower extremities, and/or crackles or rales in lung fields. JVD (jugular vein distention) may be seen with the progression of CHF.

The compression of the veins during cuff inflation re-

sults in increased venous return to the heart. This increase in venous return can increase stroke volume and cardiac output. In essence we are increasing the patient's cardiac *preload* (the amount of blood in the ventricles before the next contraction). However, this increase in preload can lead to pulmonary edema if early signs of fluid overload are not recognized and if we do not compensate for it with *afterload* reduction.

Since afterload reduction is so important for CHF patients, correct ECP timing is critical! Deflation of the cuffs should occur just prior to the next systolic event in order to help "unload" the heart and decrease its workload. Improper timing could increase aortic pressure causing decreased cardiac output followed by regurgitation and eventually pulmonary edema.

## Consider ... Prevent ... Anticipate!

**Consider** these things when using ECP to treat CHF:

- Patients are at an increased risk *during and immediately* following treatment.
- Assess lung sounds and peripheral edema *prior* to initiating treatment.
- Check oxygen saturations every 10 minutes throughout treatment. Stop treatment and notify the physician if saturations drop by 3% or more.
- *Continuously monitor* patients during treatment noting any change in respiratory rate or rhythm, skin color, heart rate or rhythm, and mental activity.
- Stop treatment *immediately* for any signs and/or complaints of shortness of breath.
- Maintain the head of the bed at a height allowing for optimal comfort in respiration (about 30 degrees). This also helps decrease orthopnea.
- If the patient has gained more than 2-3 lbs in one day or 5-6 lbs in one week, notify the physician before starting treatment.
- Raise the pressure to 4.5 PSI within 5 minutes. Then, raise the pressure to 6 PSI as quickly as the patient will tolerate over the first week.

For low ejection fraction (EF) patients:

- Do not treat patients in acute or sub-clinical heart failure due to the risk of pulmonary edema from increased preload.
- Maintain a dry weight
- Establish a steady medical regimen prior to ECP.

**Prevent** Complications:



- Know the patient: Check the patient’s medical history for left ventricular ejection fraction, presence of significant mitral regurgitation, and diastolic dysfunction.
- Keep the blood pressure at optimum levels: 120/70 to 140/80. Treat with Nitro sublingual as needed.
- Maintain ideal heart rate between 50-70 bpm.
- Increase external cuff pressure carefully, but quickly to ensure that increased preload is compensated by reduced afterload.

**Anticipate Situations:**

- Monitor your patient closely. Inquire about salt intake and symptoms especially at the beginning and end of the treatment week.
- Pulse dose with additional diuretic for weight gain, decreased O<sub>2</sub> sat, and/or edema prior to treatment.
- Administer supplemental O<sub>2</sub> during therapy if the PO<sub>2</sub> is reduced or if the patient becomes symptomatic.

To date, there is no single drug or combination of drugs that can *increase cardiac contractility, lower systemic vascular resistance and increase urine flow* in patients with heart failure. This may be how ECP benefits patients with CHF, as these are the very effects that ECP has on the body.

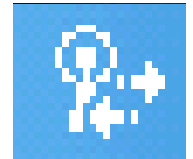
**PDA User Issues**



Wireless Status Disconnected

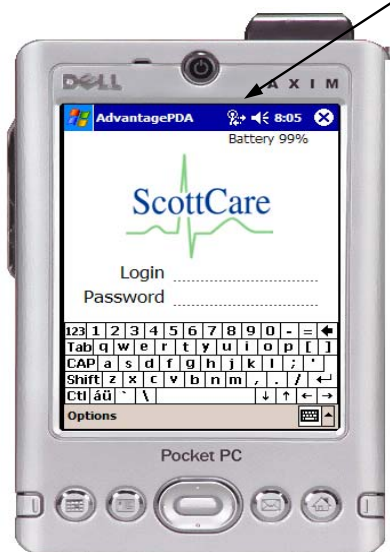
If you are having difficulty obtaining or maintaining connectivity between your Advantage PDA and the monitoring station Check for the “Wireless Status– Disconnected” symbol on the PDA header bar:

To reconnect, try hitting the bottom right button on the side of the X30 or middle button on the left side of the X51 to enable/disable the wireless capability– this will bring up a progress bar that says “Disabling Wireless”. Hit the button once more to see “Wireless Enable” and then you should see the “happy” radio tower.



Wireless Status Connected

These pictures indicate a good wireless connection signified by the Wireless Status icon (a tower with a “halo” signifying radio waves, and arrows signifying data traffic over the network).



X30



X51

**Quotable Quotes**

**“Honesty is the first chapter in the book of wisdom”**

**—Thomas Jefferson**

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## User Profile: Wooster Community Hospital, Wooster, Ohio

— Jim Freehahn, CRT and Pulmonary Rehabilitation Specialist



Wooster Community Hospital's pulmonary rehabilitation program started in 1998 and rehabilitation services have grown each year! What began in a 600 square foot room on the ground floor of the hospital has grown to about 2500 square feet, sharing space with a cardiac rehabilitation program. The suite features 14 pieces of equipment, including strength trainers.

With a goal of providing quality pulmonary rehabilitation service to the surrounding community, Wooster's mission is to provide a convenient, quality healthcare service to all people, promote community wellness, and to do so with compassion, dignity, and respect for their patients.

The American Association of Cardiovascular and Pulmonary Rehabilitation completed a recertification of the programs at Wooster Community in October 2006.

In addition to its Pulmonary Rehabilitation Program the Hospital also offers a secondary prevention program for heart failure patients through an outpatient heart failure clinic.

The pulmonary rehabilitation program involves 3 sessions per week for a period of 8 to 10 weeks. Patients participate in exercise and education sessions to improve their quality of life through improved endurance and tolerance.

As a follow-up to the program and to assist patients in maintaining the positive results from rehabilitation they may choose to enroll in our maintenance program. This program offers hours 5 days per week so that it fits each individual's personal schedule, flexibility and offers ongoing support and guidance.

"During 2006 we provided pulmonary rehabilitation services to 53 patients, making more than 1500 visits for the year. Our maintenance program provided services to another 42 patients who brought the total to 4200 patient visits for the year" said Jim Freehahn. "Our pulmonary rehabilitation team works to maximize the patients' strength and endurance, and teaches them ways of controlling shortness of breath, working to assist them in becoming as independent as possible."

The only full-time member of the staff is Jim Freehahn, a CRT and Pulmonary Rehabilitation Specialist who oversees the daily management of the program. He is assisted by a team of other respiratory therapists; in-

cluding April Huffman, RRT, Wendy Batdorf, RRT, Tricia Winters, RRT, Mitzie Stickley, RRT and Erica White, RRT. The staff further enjoys the support of the Pharmacy, Dietary and Nutritional Services, and Physical and Occupational Therapies. In addition, the department has the support of the community's physician staff, principally Dr. Ann Leano, MD and Dr. Robert Sibilia, MD, pulmonologists.

Jim Freehahn noted that the Rehab programs have been long-time users of ScottCare's telemetry systems. "We began using the Cardiac Rehabilitation program's Gold system in 1998 basically to manage the data for our patient population. In January of 2005 we installed our own 6-channel Advantage system and currently monitor 4-6 patients per class." He added that, "The overall system has been instrumental in our program. I don't believe I can specify one stand-alone feature. However, the data management for outcomes, reports, physician feedback and such has been a time saver. What used to take hours to compile now only takes a "click."

Pleased with ScottCare's quality customer service, the department's decision to look to ScottCare for another infusion of technology was easy. Expansion plans call for the addition of a wireless workstation and conversion to digital transmitters with continuous oxygen saturation (SpO<sub>2</sub>) monitoring. Wooster Community is expecting to take delivery in just a few weeks.

Said Freehahn, "I would recommend the ScottCare system highly to anyone looking to add telemetry to his or her program."

(Thanks, Jim!)



(L—R) Chris Baker, Manager Pulmonary Neurology Service, Jim Freehahn Pulmonary Rehab Specialist, Erica White, RRT, Mitzie Stickley, RRT and April Huffman, RRT. Not pictured Tricia Winters, RRT and Wendy Batdorf, RRT.