



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

Upcoming Trade Shows

CSPR

Burlingame
May 17-18, 2007

NYSACPR

New York, NY
June 1-2, 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

ScottCare Supports AACVPR Study

I am pleased to announce that ScottCare has agreed to provide continuing financial support to the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) for its Cardiac Rehab Registry Study.

ScottCare's funding over the next two years will help support the AACVPR initiative to create and maintain a national registry by which they can track clinical results of patients from around the country. ScottCare's investment with the AACVPR aligns with our long-standing interest in outcomes measurement. Our TeleRehab and ECP product lines support integrated outcomes measurement, and our products will continue to be refined based on the results of the AACVPR study and other third party initiatives such as government pay-for-performance. (Please see the "Pay for Performance" article on page 3.)

Our goal is to provide all the information you need to measure outcomes in the most efficient manner. If you don't presently use the Outcomes module of your TeleRehab software, please sign up for one of our remote education sessions to ensure you derive the greatest benefit from our product, and obtain the best results for your program.

Thanks for your support. If we fail to meet your expectations in any way, please feel free to contact me directly at kenz@scottcare.com

— Ken Zajackowski, President

AACVPR Day on Capitol Hill

In March, over 140 AACVPR members traveled to Washington DC for the annual "Day on the Hill" sessions. Representatives and Senators heard about the value of cardiac and pulmonary rehab and were urged to sign on in support of S329 or HR552, bills that will make cardiac and pulmonary rehab reimbursement into law. Even if you did not attend AACVPR day, there is still time to exert your influence. Please go to www.AACVPR.org and click on the Grass Roots Campaign link to learn more.

Free Web Conference Training

Visit www.scottcare.com, Service and Support tab, for the latest training schedule. Sign up early; the classes fill up fast!

Upcoming topics:

- New Features in Advantage Software
- Customizing Report Forms
- Session Monitoring Overview
- Outcomes Overview



AACVPR Day on the Hill, March 2, 2007. Ohio delegates advocated improved reimbursement for cardiac and pulmonary rehab. (L to R:) Mike Bischsel, Bill Kulp (ScottCare), Jim Freehahn, Samantha Cristie, Joan Weigand, and Jim Rosneck

Oxygen Saturation: Considerations for ECP and Cardiac Rehab Patients



by Julie Hayden, RN and Theo Jordanides

Oxygen Saturation

Hemoglobin is the molecular structure within a red blood cell that carries oxygen to all the tissues in the body. To measure the percentage of blood hemoglobin that is saturated or “loaded” with oxygen, we refer to Oxygen saturation percentage (SpO₂).

Normally, when red blood cells pass through the lungs, 95-100 percent of the available hemoglobin molecules are loaded with oxygen. But lung diseases or other medical conditions may inhibit the attachment of oxygen to the red blood cells.

In healthy individuals an SpO₂ value of 97-99 percent is considered normal. However, values vary with factors such as: age, degree of fitness, current altitude, oxygen therapy, etc. An SpO₂ value as low as 95 percent is acceptable for individuals with normal hemoglobin levels.

Pulse Oximetry

Blood cells that are saturated with oxygen absorb or reflect light differently than those that are not. Blood cells saturated with oxygen appear bright red in color. Unsaturated blood cells change to a bluish color. This is why arterial blood is red and veins look blue.

ScottCare’s TeleRehab Advantage and ECP systems include options for obtaining SpO₂ values through pulse oximetry. These systems use light sensors with red and infrared light sources. Attached to a patient’s pulse

point, a detector measures the amount of light absorbed by hemoglobin and converts the value to an estimate of the percentage of hemoglobin saturated with oxygen.

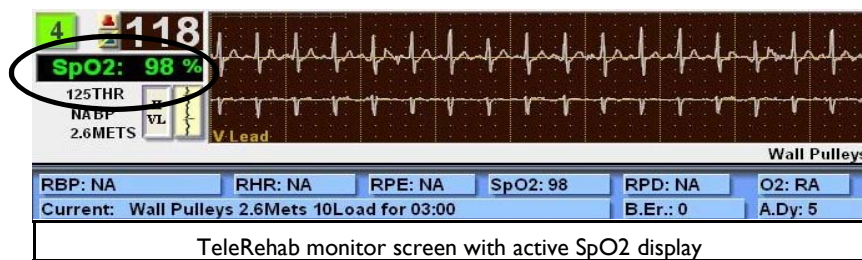
Two Sensor Options

ScottCare offers two sensor options for SpO₂ users – the finger and earlobe. A program that actively uses the SpO₂ option will probably want to have at least one of each in order to cover the widest variety of patients.

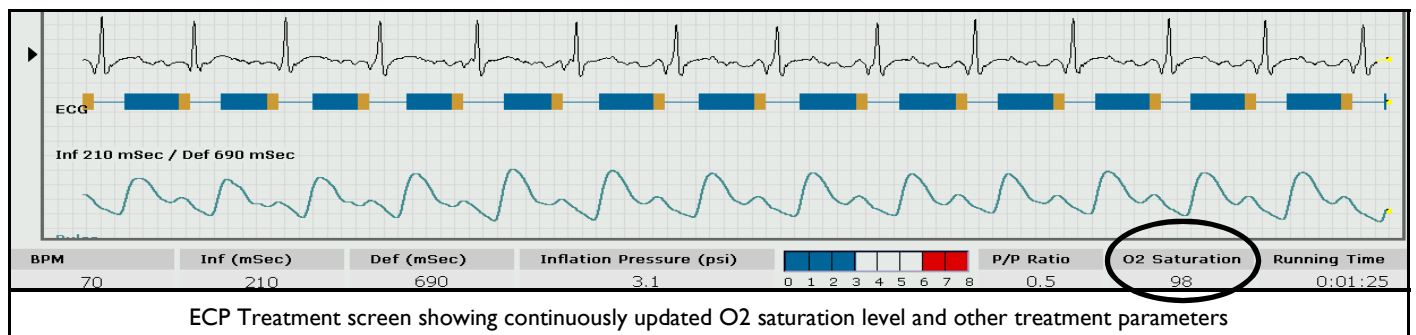
The finger sensor is familiar to patients and easy to use, but arm motion and gripping action during exercise may cause inaccurate readings. The wire could also get in the way of exercise equipment.

The earlobe sensor keeps the wire out of the way and is not prone to exercise artifact. It is a good alternative for patients with poor peripheral circulation. The only drawback is that some people may be unfamiliar or uncomfortable with something squeezing their earlobe.

Since pulse oximetry can only give an estimate of oxygen saturation, a clinician should not rely on the reported value alone to gauge how well a patient is responding to therapy. And since pulse oximeters do not measure the level of CO₂ they have limitations in the assessment of patients developing respiratory failure due to CO₂ retention. As with all clinical assessments, the “whole picture” must be taken into consideration, including the patient’s respiratory rate, mental status, skin color, and so forth.



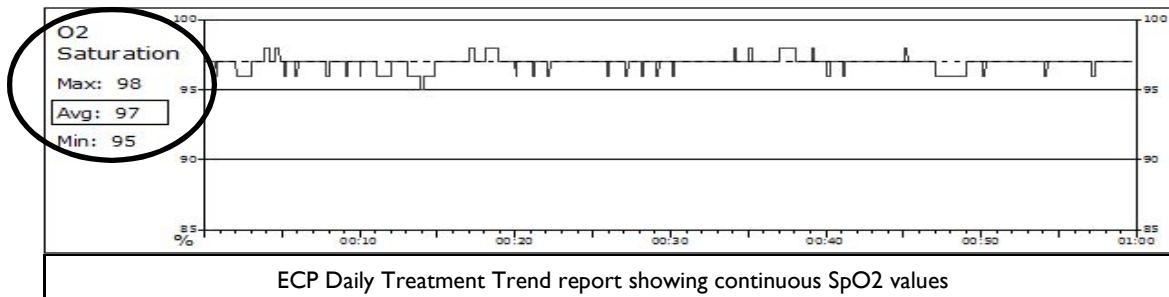
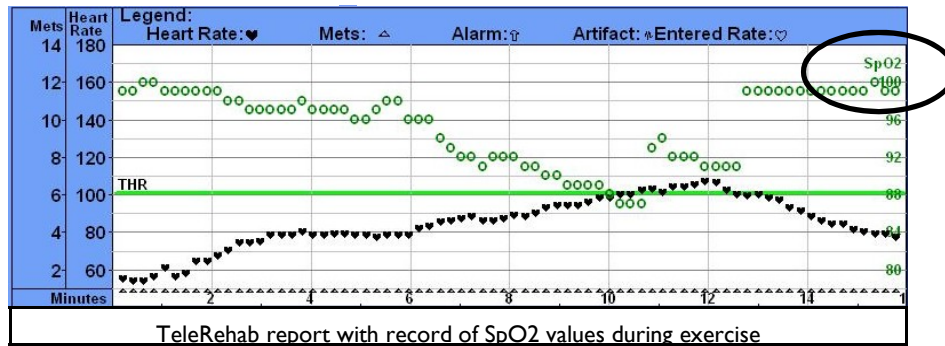
TeleRehab monitor screen with active SpO2 display



ECP Treatment screen showing continuously updated O2 saturation level and other treatment parameters

Many factors can affect an SpO₂ reading:

- A reduction in pulsatile blood flow caused by conditions such as: peripheral vascular disease, hypotension, vasoconstriction, hypothermia, cardiac failure and some cardiac arrhythmias
- Venous congestion, caused by tricuspid regurgitation
- Poor positioning of the pulse sensor
- Shivering or cold extremities and/or a weak pulse
- Swollen tissues
- Nail polish or acrylic nails
- Eccymotic nail beds
- Bright ambient lighting conditions



TeleRehab Advantage Time Savers

Looking to save time entering and editing patient information and reports? Don't forget about these monitoring features, which allow you to enter and edit patient data and reports, all while continuing to monitor patients.

INFO

This feature lets you enter a patient's personal data during a monitoring session. Highlight the patient's channel, and then select the "INFO" button at the bottom-left of the screen. Now choose one of the four buttons at the bottom-right; these are usually labeled "Demographic Info," "Medical Info," "Exercise Info," and "Face Sheet."

Here are some common scenarios where this might be helpful:

- A new patient enrolls and you haven't had a chance to enter much, if any, initial information (address, diagnosis, physician, medications, risk factors, etc.). While the patient is being monitored, use the INFO button to access the 4 personal data screens and update the patient record.
- A patient mentions that their medications or dosages have changed. Instead of waiting until the monitored session ends, update the patient's meds list immediately.
- A patient has almost completed their exercise session and is cooling down. You want to increase workloads on some modalities for the next session. Rather than waiting until the patient is gone, or waiting until the next session to update, go into Exercise Info and modify the protocol while the patient is still monitoring. The changes you make will be reflected the next time the patient is monitored.

REVIEW

Use this feature to edit a patient's report while the patient is still being monitored. Rather than waiting until the patient finishes, get a head start and edit before the session ends. To do this, select the "REVIEW" button at the bottom right-hand of the screen. This will bring up a new set of buttons labeled "Review Strips," "Review Session



Summary Data,” “Review Session Modality Data,” “Review Timed Comments,” “Review Post Session Comments,” and “Review Previous Session.” Using the Review feature enables you to edit a patient report almost entirely while the patient is still exercising!

- Review Strips to delete any extra strips you don’t want in the report, or to add additional strips.
- Review Session Modality to make sure you have all necessary exercise data for each modality, including Exercise Time, BP, RPE, SpO₂, etc.
- Review Post Session Comments to enter narrative. Anything entered in this box shows up under Post Session Comments on the daily report.

REPORTS

Save time at the end of each session by editing and printing patient reports as soon as they are finished monitoring, even while you’re monitoring other patients. To do this, first clear the patient off of the monitoring channel. Then, click the “Select Pre-monitored Patient” from the REPORTS buttons. This brings up a list of all the patients not currently being monitored. Double-click on a patient’s name to have the report appear on the lower half of the screen. Edit the report as you normally would. Save the report, print it, and you’re done- no need to go back at the end of the class, or at the end of the day!

Getting Ready for “Pay for Performance”

The reimbursement world is changing. Until recently, our healthcare model was based on payment for services performed. However, many healthcare experts now feel that fee for service may not provide the best health outcomes. Instead, they are advocating a system that attempts to improve healthcare quality by measuring *results*. This is *Pay for Performance* (P4P).

While we are a long way from a completely P4P-based system, more and more payers have set up pilot programs. Medicare has had ten initiatives up and running since 2005. A recent survey (New England Journal of Medicine 355;18 www.nejm.org November 2, 2006) revealed that P4P is not just a government initiative. More than half of all HMOs include some form of P4P in their provider contracts.

How does P4P work?

Ideally, P4P would measure some health outcomes such as mortality rates, recovery times or blood pressure changes and compensate providers who meet or exceed the standard. Medicare already measures such outcomes for physical therapy providers. (You can review these outcomes on the CMS web site.) However, health outcomes are not always easy to measure. As a result, other P4P initiatives mandate that providers meet some defined input or performance measure. For example, the provider must be certified to a recognized standard or must provide a particular procedure to the patient population. Providers would then be recognized for exceeding performance standards with a financial bonus.

What about Cardiac Rehab?

AACVPR and the ACC are working together to develop performance measures for cardiac rehab providers so they deliver effective rehabilitation, and for cardiologists so they provide patient referrals. This proposal is in draft format now and is actively moving toward adoption. Contact AACVPR to learn more.

The good news is that by using ScottCare’s TeleRehab Advantage system, you are ready to comply with Pay for Performance measures. TeleRehab Advantage already captures patient data such as tobacco use, blood pressure control, CVD risk factors, physical activity, weight management, diabetes, depression, exercise capacity, nutrition habits, medications, and other factors likely to be considered as performance measures. Then our exclusive integrated Outcomes program documents the improvement over time for single patients or groups. ScottCare is working closely with AACVPR to insure that our system is fine-tuned to support the detailed P4P requirements when they are implemented.

Clinical Tips
Reducing ECG Artifact for ECP treatment

- Prep skin with Nuprep prior to applying electrodes
- Use ScottCare-recommended stress electrodes
- Apply extra conductive gel to center of electrode
- Apply Electrodes over bone –not soft tissue
- Check integrity of lead wires

Quotable Quotes

“It is not the strongest of the species that survives, nor the most intelligent, but the one most responsive to change.”

--Charles Darwin

User Profile:

Dartmouth-Hitchcock Medical Center, Lebanon, New Hampshire

Wendy Hubbard, Exercise Specialist



From its home near the New Hampshire-Vermont border, the cardiac rehab program at Dartmouth-Hitchcock Medical Center has been serving the residents of both states for 28 years with inpatient and outpatient services.

Despite the size of its operation, the staff of the Cardiac Rehab department cares for about 1000 inpatients per year, plus another 180 patients annually in the Phase II outpatient program. Because of their success stories and their level of caring, the team hosts an additional 20-30 regular participants every year in their Maintenance program.

At present, there are two Phase II classes and two Maintenance classes, each with room for 10-12 patients at a time. The Cardiac Rehab department provides individualized exercise evaluations for patients with exercise prescriptions. As one of their stated goals, they also see patients in follow up on a regular basis to track how well they manage to adhere to a healthy lifestyle.

Other important goals are also set—and met. The professional staff at DHMCCR is committed to patients who have undergone cardiac event, assisting them during their acute recovery periods, and returning them at least to their pre-event levels of activity and exercise. CAD programs are conducted to educate patients, families, and the community, with a focus on risk factor modification as means of primary and secondary prevention. The department's staff also counsels patients who have been diagnosed with CAD to promote their psychological wellness.

The Cardiac Rehab staff has three full time members. Two RNs and an exercise specialist run the program at DHMC. They staff the inpatient step down unit with one full time person for eight hours per day while the other two staff share the outpatient operation.

Exercise specialist Wendy Hubbard noted that the ScottCare TeleRehab Advantage system contributes to the success of the Cardiac Rehab department. They are presently equipped with a touch screen monitor with 12 channels,

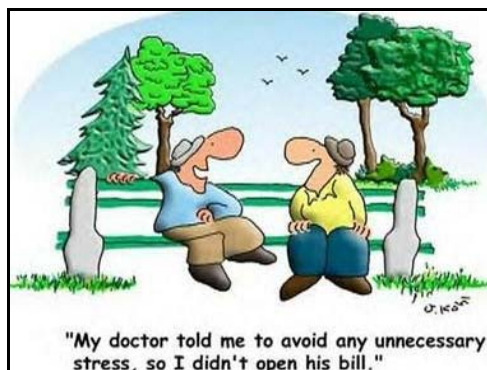
a slave monitor for viewing, and one management computer for editing and outcomes management. They recently added PDAs that enable them to stay out on the floor with the patients.

DHMC has been using ScottCare equipment since 2002, and has taken advantage of the opportunities to upgrade their system from *Gold* to *Platinum* to *Advantage* in that time. Ms Hubbard says, "We like the condensed daily session reports and the Outcomes software has made AACVPR certification easy. We're pleased with the ability that Advantage gives us to have reports and forms customized to meet our specific needs. And the ScottCare system gives us the ability to employ 'user defined capabilities' to track outcomes of our own choosing."

Wendy also reported that the CR staff was pleased with the level of technical support that ScottCare provided when they decided to incorporate two hand-held PDAs into their program. She noted the quick response time and ability to dial in to their system and walk them through potential problems within the management software.



The Dartmouth-Hitchcock Cardiac Rehab staff: (L-R) Marianne Lillard, RN, Kristen Frechette, RN, and Wendy Hubbard, Exercise Specialist



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