



Insights

ScottCare — The Leader in Cardiopulmonary Rehab Patient Monitoring

October 2003
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Upcoming Trade Shows

October 16-19:

AACVPR

Kansas City, MO

Come see us at Booth #401!

November 13-14:

LAEP

Baton Rouge, LA

OIG Audits and Product Features

The early reviews being conducted by the Office of Inspector General (OIG) indicate that physician involvement may become a primary driver in determining a rehab program's compliance with the Medicare statute.

Many ScottCare customers have utilized our system customization capabilities to design a program flow or report format to specifically address this issue. The reports provide a convenient means for the physician to assess the course of treatment, review progress to date, recommend any changes in the treatment protocol, and provide written documentation as to such involvement. If you have any other suggestions as to how ScottCare can facilitate compliance in this area or if you need help with designing this or any other report, please contact customer service at (800) 243-9412.

On a brighter note, the annual AACVPR Meeting being held on October 16-19 provides an opportunity for us to meet with our customers. We are very excited about exhibiting at this year's meeting as we will be introducing our new wireless remote solutions, HL7 interface solution, and updated TeleRehab Outcomes™ software.

Please stop by the booth and let us show you these and other features of the Advantage system, address any issues you may have, or just say hello. See you in Kansas City.

— Ken Zajackowski, President

ScottCare: The Technology Leader Introducing Wireless Remote Solutions

ScottCare will introduce its remote wireless and HL7 solutions at the 2004 AACVPR annual meeting this month in Kansas City.

ScottCare has developed three different wireless solutions that allow our users to select the option that best fits their program needs and budget. These include a PDA device, tablet PC, and a mobile laptop workstation.

Ross Lombardo, ScottCare's Director of Sales & Marketing, said, "We have worked very hard over the years to establish ourselves as **the** technology leader, and these new solutions continue to emphasize our unwavering commitment to the cardiopulmonary rehabilitation community."

If you are planning to attend this year's AACVPR meeting on October 16-19, please visit us at Booth #401.

ScottCare Customer Appreciation Night

In conjunction with the AACVPR Meeting, please be our guest at ScottCare's Customer Appreciation Night following the show on Friday, October 17 at 5:30 p.m. at the Kansas City Marriott. Cocktails and hors d'oeuvres will be served.

Stop by booth #401 for more details. See you in Kansas City!

Helpful Hints for Advantage Users

Strip Chart Recorder Error

Each time a user stops the strip chart recorder from printing a strip, there is a need for the printer to “reset.” The reset is visible and will occur in the following manner:

1. User **single** clicks on the strip chart icon to stop the paper from printing the ECG strip.
2. The ECG strip stops printing, and the yellow light on the front of the strip chart recorder box flashes **once**.
3. The paper from the strip chart recorder will print out a small strip reading “PRINTER IS READY.”
4. The yellow light on the front of the strip chart recorder box will flash once.

If the printer is interrupted, the following may occur:

Cannot discharge a patient (i.e. clear a patient’s name from the computer).

If this does occur, confirm that the strip chart icons, located in all patient channels, are NOT red in color. If they are, you will need to locate the icon that is flashing green and click once, this stops the strip chart recorder from printing and allows the patient’s name to be removed from the monitoring screen.



Multi-session Reports

When creating a multi-session report for a patient, remember the following:

When a patient’s name is selected from the drop down menu, the report will not be in full view until one of the following steps is taken:

- A “first session” is selected from the drop down menu. Even if the first session is going to be the date that is actively being displayed, you will need to re-select that date.
- Under “count,” type in the number of sessions you wish to include in the multi-session report. Select ENTER. (Perform this action even if the default number is the number that you wish to include.)

If the user DOES NOT perform one of the two procedures mentioned, and VIEW/EDIT report is selected first, the report displayed will appear blank.

Simple Reminders

- To **INCREASE THE GAIN** of your patient’s display, perform a RIGHT click on the display of the patient you wish to adjust the trace.
- **INDIVIDUAL PATIENT CHANNEL SHORTCUTS:**
 - A. To eliminate potential user error when entering BP data for a patient, RIGHT click on NA or the numerical data that appears next to BP in the individual patient’s channel.
 - B. To eliminate potential user error when changing the modality device for a patient, perform a RIGHT click on NA or the numerical data that appears next to METS in the individual patient’s channel.
 - C. To put a patient on HOLD during exercise, RIGHT click on the timer next to the current exercise device in the individual patient’s channel. Select HOLD.

Technical Support Policy

ScottCare does not charge for technical support telephone service. Technical support is provided free of charge to the users (original purchasers) of our systems regardless of the age of the system.

Users will be charged for repair or replacement of equipment if their system is out of warranty and the user does not have a service contract.



Medical Telemetry Monitoring System Interference

Beginning October 16, 2003, the Federal Communication Commission (FCC) will lift its freeze on the licensing of high power mobile radio transmitters that operate in the same frequency range as many medical telemetry monitoring systems. Market analysts predict that, with the lifting of the freeze, there will be a flood of licenses granted for new portable radio equipment. This licensed operation may cause random interference with your medical telemetry monitoring system.

Background

The problem of interference to medical telemetry equipment has been an issue discussed with hospitals by the American Hospital Association (AHA) and the American Society for Healthcare Engineering (ASHE) for the last few years. Interference comes from multiple sources, including TV stations and mobile radio devices. With the emergence of many digital TV (DTV) stations nationwide, the attention of hospitals has mostly been directed towards interference from DTV. However, the lift of the freeze on the licensing of any devices operating within the 460-470 MHz band will cause even wider potential for random interference.

Risk Management Implications

Your **patients** depend on your medical telemetry monitoring system to provide real time uninterrupted monitoring of their vital signs. Your **staff** depends on this system to allow them to monitor multiple patients safely and effectively. In light of workforce shortages, **hospitals** have relied upon medical telemetry systems to extend the reach of patient monitoring throughout the hospital, including critical care units, emergency departments, and medical/surgical floors. Interference could render your medical telemetry monitoring system, an important tool for efficient and cost effective patient care, to be unreliable.

Interference can cause loss of patient signals, resulting in, but not limited to:

- Lapses in patient monitoring
- Missed alarms

- Unanticipated patient outcomes
- Potentially missed life-threatening events

Recommendations

- Make sure that an assessment is conducted to determine whether or not your telemetry equipment is at risk of interference when the freeze is lifted this month
- Ensure that safety and bioengineering personnel have evaluated alternatives to equipment that is at risk for interference (i.e., equipment that either operates or is modified to operate in the protected Wireless Medical Telemetry Service bands 608-614 MHz, 1395-1400 MHz, and 1429-1432 MHz).
- Review procedures for and documentation of equipment inspection and maintenance to ensure that they include monitoring risks associated with interference of medical telemetry monitoring systems
- Ensure that contracts with equipment service vendors protect the organization from potential risks associated with interference to medical telemetry monitoring systems
- Educate staff about the risks associated with interference to medical telemetry monitoring systems as well as warning signs of potential interference
- Update adverse event reporting systems to encourage reporting of events associated with interference to medical telemetry monitoring systems

Additional Resources

American Society for Healthcare Engineering (ASHE):

<http://www.hospitalconnect.com/ashe/currentevent/wmts.html>

Food and Drug Administration (FDA): Public Health Advisory:

Risk of Electromagnetic Interference with Medical Telemetry Systems, www.fda.gov/cdrh/emc/wmt2.html

Source: *The American Society for Healthcare Engineering of the American Hospital Association (ASHE)*

24-Hour Customer Service

ScottCare prides itself in customer service. Please note, if you are trying to contact Technical Support outside of business hours (8 a.m.–5 p.m. EST), we do offer an option for After Hour Service Technical Support. When you call **(800) 243-9412** and allow the immediate voice recording to finish, it will prompt you for the after hours service option. A service technician will be paged and will contact you.



User Profile:

CHRISTUS Spohn Hospital Corpus Christi-Shoreline

Barbara Flato, R.N., B.C., Program Director



CHRISTUS Spohn Hospital Corpus Christi-Shoreline was established in Corpus Christi, Texas, in 1905 and is the largest facility in the region. Serving a 13-county area, the hospital houses the CHRISTUS Spohn Heart Network, which has been recognized as one of the top 100 cardiovascular hospitals in the country. The Heart Institute offers the most advanced diagnostic, surgical and rehabilitative cardiac services.

The hospital's Cardiac Rehabilitation Program was started 20 years ago by Barbara Flato, R.N., B.C., who remains the Program Director. The original facility was 900 square feet with no windows, and they conducted 200 exercise sessions a month. Today, the program is located in a 2,000-square-foot facility with windows that provide an incredible view of the bay. It has experienced tremendous growth since connecting with the hospital almost eight years ago and now conducts 500 exercise sessions a month.

Flato's team at CHRISTUS Spohn has more than 100 years of combined cardiac rehab experience. "We have a wonderful staff, and we're very supported by the cardiologists, the administration and the Heart Institute. It's very much a team effort," commented Flato.

The staff consists of nine RNs and two exercise technicians. A 12-week inpatient and outpatient cardiovascular rehabilitation program has been carefully designed to encourage and improve fitness and a health-

ful lifestyle following heart attacks, heart surgery and other cardiovascular episodes. The team of rehabilitation professionals assists patients in a full recovery. Stable patients begin cardiac rehab within 24 hours of their hospital admission. Classes help participants manage stress, improve their diets and adopt healthier lifestyles.

The early morning patients benefit from a beautiful view of the sunrise. The center is open 7 days a week for in-patient programs and Monday, Wednesday and Friday for exercise. The program does Phases I, II and III, and it is a certified program through AACVPR.

"We've more than doubled the number of patients we serve, and by using ScottCare's system, we've significantly reduced the amount of paperwork," said Flato. "We started with Gold in 1997 and have upgraded to Platinum, and we're very pleased with it. The physicians love the system too. They get the information they need for the continuity of care."

Flato has taken advantage of customizing reports, working closely with Harry Shepherd and Theo Jordanides at ScottCare. She added, "The reports and the lack of paper are the best things about it. The group statistics are helpful in looking at demographics of patients."

Over the past 20 years, the basic cardiac rehab program has remained the same, but Flato has seen other changes for the better.

"The equipment is more patient-friendly, and the monitoring capabilities have changed. We now have a wealth of information in the reports which means the nurses can spend more quality time with the patients. Patient knowledge is better too. People know more about the risk factors – it's a matter of motivation."

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Customizing Individual Reports

If you have questions regarding report customization or would like ScottCare to directly assist you in report customization, please call us at: **(800) 243-9412, ext. 126.**

