



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

Upcoming Trade Shows

ACC-MN
July 27
Minneapolis, MN

ACC-FL
Sep 8-10
Orlando, FL

AACVPR
Sept 14-17
Charleston, WV

ACC-AZ
Sep 29-Oct 1
Scottsdale, AZ

CSCR
Oct 5
Wallingford, CT

ACC-MI
Oct 6-8
Traverse City, MI

ACC-NC & SC
Oct 6-8
Kiawah Island, SC

ACC-KY
Oct 14
Lexington, KY

ACC-NY
Oct 14
New York, NY

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The Business of Cardiac Rehabilitation

As you are intimately aware, often times it is not enough that your cardiac rehab therapy program satisfies all of its clinical objectives. It must also achieve positive patient outcomes in an environment that places increasing emphasis on positive financial results.

The recent changes in Medicare coverage (discussed in detail in the 2nd Quarter *Insights* Newsletter available at www.scottcare.com) provide cardiac rehab programs with a unique opportunity to impact the number of patients receiving clinical benefits from a comprehensive monitored rehab program while increasing the revenue to your program.

ScottCare customers recently received a packet of information in the mail providing all the tools needed to “market” your rehab programs and take advantage of the recent changes in Medicare guidelines. This information can also be obtained on ScottCare’s website: www.scottcare.com/goodnews. The challenge will be to use all of the clinical and administrative tools that the TeleRehab Advantage system provides in order to more efficiently manage your patient volumes and differentiate your clinical program from a health club. This includes scheduling, ECG monitoring, paperless reporting, and outcomes measurement.

If there are any other features you believe will assist you in your efforts, please let us know.

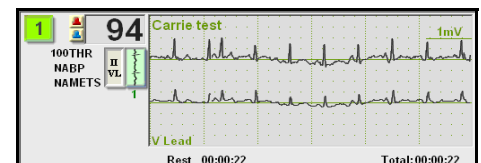
As always, we hope to see you at the AACVPR Annual Meeting in Charleston, WV, and at our Customer Appreciation Reception at the Marriott on Thursday evening, September 14th, from 7:00 to 10:00. If you have attended in the past, you know it is a great opportunity to network and enjoy some good food and libations. We hope you can make it.

— Ken Zajackowski, President

Why Do ECG Monitoring?

Cardiac rehab programs have been monitoring their exercising patients since the beginning. While CMS recently removed specific language requiring ECG monitoring from its coverage policy, cardiac rehab program managers recognize that their programs’ value goes far beyond just fulfilling a requirement. Our customers tell us that they plan to continue monitoring. Here’s why:

- Monitoring detects acute cardiac events
- Monitoring provides peace of mind for patients unsure about exercise after MI or cardiac surgery
- Monitoring records shield a program from liability by demonstrating that it followed the standard of care
- Monitoring ensures the highest reimbursement rate and minimizes billing issues raised by fiscal intermediaries
- Monitoring demonstrates the *clinical* nature of cardiac rehab programs versus a health club
- Monitoring capability is required for AACVPR program certification



New from ScottCare!

TeleRehab Advantage 3.0 Software Update

ScottCare is constantly working to improve TeleRehab Advantage. The latest result of this effort is software version 3.0 with many improvements that make Advantage more flexible and easier to use. As is its practice, ScottCare will be offering the TeleRehab Advantage 3.0 software upgrade at no charge to current Advantage users during the third quarter of 2006.

Watch for Advantage 3.0 online conference call training classing forming soon.

Advantage 3.0 Features and Benefits:

Exercising Heart Rate – User has the option of capturing the exercising patient's heart rate (HR) in several different ways.

- Maximum HR during an exercise modality
- HR halfway through an exercise modality
- HR one minute before the end of an exercise modality
- HR from the last strip saved in an exercise modality
- Maximum HR from all strips saved

Save Strips Automatically – Strips may be saved automatically based on the Exercising HR settings...

- At maximum HR for every exercise modality
- At maximum HR for first and last exercise modality

- Single strip at maximum HR for all exercise modalities
- Halfway through every exercise modality
- Halfway through first and last exercise modality
- One minute before the end of every exercise modality
- One minute before the end of first and last exercise modality

Enhanced Protocols

- Identifies exercise modalities the patient has completed
- PDA can edit METs, weight, protocol list, workload, duration

More Flexibility While Monitoring

- Add a new patient
- Log out user

Print Live Strips to Laser Printer – At any time!

More Quicklists - Ensures consistency for Outcomes

- Added to single line text files
- Added to Phrase Library

Electronic Signatures – Verify the electronic integrity of a patient's medical information.

And many more!



Upcoming Trade Shows

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ACC-OH
Oct 14
Columbus, OH

American Heart Association
Nov 12-15
Chicago, IL

Medica
Nov 15-17
Duesseldorf,
Germany

ACC-GA
Nov 18-20
Lake Oconee, GA

ACC-LA
Dec 1-2
New Orleans, LA

Medicare Expands Coverage for Cardiac Rehab—More Patients Eligible

Recent changes by CMS have expanded Medicare coverage for cardiac rehab to add four additional indications. Now, more patients can receive the proven benefits of your cardiac rehab program.

Approved Indications for Cardiac Rehab

1. Acute MI
2. Coronary bypass surgery
3. NEW: Stable angina pectoris
4. NEW: Heart valve repair/replacement
5. NEW: Percutaneous transluminal coronary angioplasty (PTCA) or coronary stenting
6. NEW: Heart or heart-lung transplant

For more information, go to www.scottcare.com/goodnews

ECP Therapy

Little Things That Make a Big Difference



ECG signal interference is the number one enemy of the ECP clinician. This interference is commonly called “artifact” and it can come from a number of sources. Among these are patient movement, muscle tremors, loose electrodes that make poor skin contact, airborne radio frequency energy (RF), or defective equipment. Some patients are more difficult than others because of skin condition, tissue composition, and the heart illness itself.

To provide the signal processor with the best possible ECG input, it is important to eliminate all movement and extraneous sources of electrical signals. For this reason, clinicians are advised to follow one simple rule: “Use the strongest possible signal with the lowest possible gain.”

So how do you do this? Start by experimenting with lead placement to find the strongest ECG signal for each patient. (See the electrode placement options diagrams appendix in the NICORE training manual). For ECP, the best signal is the one with the largest R wave. Do this with the ECG gain control set at the low end of its range. Remember, the signal gain control not only amplifies the heart signal, but also any other noise that might be present. *This is like turning the volume up when the radio station you’re listening to has static or is fuzzy. The music gets louder, but so does the static!*

The other side of this equation says that maximizing your patient’s heart signal minimizes the effect of noise on that signal.

Other ways to minimize interference involve the way in which electrodes are attached to the patient’s skin. Follow these tips to minimize interference and artifact:

- If necessary, shave the area where you will be applying the electrode.
- Remove oils from the patient’s skin by rubbing with an alcohol gauze pad prior to placing the electrode.
- Use additional conductive gel (pea-size dab) on the electrode patches.
- Make sure electrodes have not dried out so that interference and artifact are not magnified — completely dry gel will not produce any tracing!
- Attach electrodes over *bony areas* rather than over skin folds, large muscle masses, joints, or fatty tissue.
- Store electrodes in their original foil package until ready to use, and use them before their expiration date. Keep the package tightly closed and avoid storing them in warm areas.
- Prevent cable and wire movement by taping to patient’s clothing.
- Use only stress electrodes or if possible, ScottCare’s recommended electrodes.

One final note of caution: Your patients will be much happier and more eager to participate in their treatment if you remember to ALWAYS remove electrode patches at the end of each session. Electrodes are intended to be a “single use” item. Follow prescribed guidelines for thorough skin preparation before every treatment.

Quotable Quotes

“Whether you think you can or think you can’t – you are right”

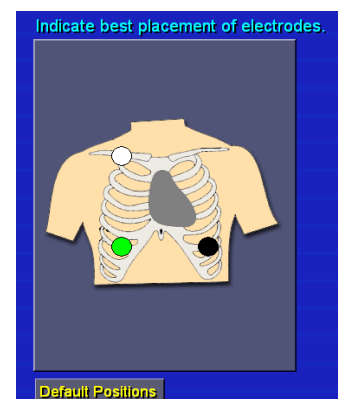
Henry Ford

ECP Software User’s Tips

Electrode positioning: Once you have determined the best lead placement location for a specific patient, be sure to note the location of these spots on the software program’s Patient Preparation screen. Click-and-drag the colored electrode symbols to show the pattern that works best for this patient.

Skin Problems & Padding: If you will be treating a patient with skin breakdown or other wounds, or if your patient needs additional padding to improve comfort under the pressure cuffs, the Patient Preparation screen provides a body map with symbols to mark the location of dressings or pads for each patient.

These are especially useful tools in facilities where treatment may be provided by different clinicians on different days.



TeleRehab Advantage Telemetry Tips



Correcting information for multi session reports and Outcomes reports:

Information cannot be directly edited on the multi session report or the Outcomes report. If these reports have missing or incorrect data, you must access the single session area for the individual patient to edit the information. Multi session and outcomes reports filter information from the patient personal data area as well as single session data.

- **Multi session report:** Locate the patient name, locate the data with the incorrect information, open the single session report for that date under single session data, make the appropriate change, reopen the multi session report form to confirm the change has transferred to the multi session report form.
- **To correct session summary information on a single patient outcomes report:** Locate the patient name, locate the date with the incorrect information, leave the outcomes area and open program management, select single session data, select the patient and the appropriate data, edit the exercise information under session summary located at the top of the single session report form, run the data manager, reopen the outcomes report and confirm the changes have transferred.
- **To correct personal information on a single patient outcomes report:** Locate the patient name, locate the information to correct, ex: abbreviated diagnosis, return the program management, personal data, correct the information, run the data manager, reopen the outcomes report and confirm the changes have transferred.
- **To correct pre and post personal information on a single patient outcomes report:** Locate the patient name, locate the information to correct ex: pre and post total cholesterol, return to program management, single session data, locate the patient name and select the appropriate session date being used as the first session for the outcomes report, using the report style drop down arrow select outcomes report, edit the information, complete the same process for the session date being used as the last session for the outcomes report, once both the first and last or most recent session data have been correct, run the data manager, return to outcomes and confirm the information has transferred.

Correcting Patient Compliance

A Patient Exercise Compliance report compares sessions scheduled to the sessions attended. Schedule information is entered in Program Management under personal data, exercise info. Attendance is determined when a patient name is placed on a channel on the monitoring screen. A session is recorded for the patient when *start display* and *start recording* are selected. A session is also recorded when a patient name is placed on a channel on the monitoring screen and data is entered, even if the display isn't started. This allows the system to track compliance for unmonitored patients.

- **To edit Patient compliance:** Locate the patient scheduler and find the desired patient. Select program management, personal data, and right click any one of the buttons located on the lower left hand side of the screen (i.e., Patient Info, Medical Info, Exercise Info, or Face Sheet). The patient scheduler will open. Session dates that are followed with an "OK" indicate that the patient attended a session for this date and the report was viewed. Session dates that are followed with "No report" indicate that the patient attended a session for this data however the session report has not yet been reviewed. Session dates that are followed with a "No show" indicate that a session was scheduled for this patient, but a session was not recorded.
- **To correct patient compliance:** To delete a single no show click one time on the date with the no show and press <Delete>, then select *Repair* to update the patient scheduler. To delete all no shows for an individual patient selected rebuilt list.
- **To delete a single session report** for an individual patient: click on its date

Save all changes before exiting from personal data. These changes will now update a patient's individual compliance and display it on the compliance report as well as Outcomes.

Live
Teleconference
Training ...

is available at
no charge to
all ScottCare
customers. Go
to the Service
& Support
section of the
ScottCare
website for
the latest
listings and to
sign up.



Deleting patients and moving patients to the mail list:

Deleting patients from the system removes them entirely from the Program Management and monitoring areas, but retains their information in Outcomes for comparison of statistical data. Before removing any patient from the system, confirm the system has been backed up since the patient's last monitored session. This will ensure all patient information has been saved to an alternative location in the event you need to access the patient data.

- **To delete a patient:** From the server menu, select list management, click on the patient name, select delete, apply changes. The patient list updates, removing the patient and all associated information from the system.
- **To move a patient to the mail list:** From the server menu, select list management, click on the patient name, select move to general mail list, apply changes. The patient name is then removed from the patient list and transferred to the mail list.

Electronic Signatures:

Electronic signatures are used to verify the integrity of a patient's medical information. Once a record is electronically signed, any changes to that record will invalidate the signature. To sign the patient record, Electronic signatures require a user name and password. The system allows up to three signatures (prepared by, reviewed by, and approved by) in a signature block.

Electronic signatures are not intended as a method of signing individual reports. Although three different authorization levels are allowed within each signature block, only one block exists per date. A condensed daily report and condensed daily report with SpO₂ cannot be signed differently for one patient on the same data. The electronic signature will appear the same for any reports created on the same date.

Report forms must be customized to include the electronic signature field on each report. For additional support with this feature, contact ScottCare Technical Support.

ScottCare at the AACVPR Annual Meeting

Planning to attend this year's AACVPR in Charleston?

As always, there will be many presentations to see and much to do, but we hope you'll take the time to stop by to meet the ScottCare team and see what's new for 2007:

- Try out new *TeleRehab Advantage version 3.0* with many new productivity and utility improvements.
- New *Advantage mobile workstation on a cart* allows monitoring and wireless data entry from the exercise floor.
- New real-time *SPO2 monitoring capability built in* to our digital transmitters. Perfect for cardiopulmonary patients. Because the monitoring is automatic, clinicians can work with patients rather than just taking measurements.
- New *NICORE Advantage ECP system* opens the door to new revenue opportunities for Cardiac Rehab programs. ScottCare design delivers intelligent technologies that deliver effective therapy and seamless integration with information technology systems, track patient outcomes and improve efficiency for clinicians.

In addition to the engaging demonstrations at the ScottCare booth, you're also invited to these Special Events:

- ScottCare Vendor Program: External Counterpulsation (ECP) Therapy in Cardiac Rehab Programs, 2:30 – 3:00, Friday, September 15 in the exhibits area. Light refreshments will be served.
- ScottCare Customer Appreciation Reception, 7:00 – 10:00 PM, Thursday, September 14 at the Marriott Hotel

Please visit our booth and get to know us personally!





User Profile:
Charleston Area Medical Center, Charleston, West Virginia
Ed Haver, MA, Director of Cardiac Rehab

It could almost be the theme for a country/western song: the folks in the Cardiac Rehab department at Charleston Area Medical Center have been “fixin’ broken hearts” for over 22 years! And Mr. Ed Haver has been managing that program for the last 15 of those 22 years.

In that time the Cardiac Rehab department has become a star performer for the large regional medical center serving the heart of West Virginia. It offers all phases of cardiac rehab, plus stress testing, tilt table testing, external counterpulsation therapy, transtelephonic ECG monitoring, and the Ornish program for reversing heart disease.

To say that Ed and his staff are busy might be a bit of an understatement. They currently manage about 350 phase-2 patients every year, plus another 250 participants in their maintenance program, and they provide approximately 3000 inpatient consults every year. The busy staff includes 11 exercise physiologists, 7 nurses, 1 dietitian, 1 psychologist, 1 counselor, 2 secretaries – and some of this staff is only available part time.

The goals of the program are straightforward. The Cardiac Rehab staff is there to assist people in recovering their physical, mental and social health. They do this through individualized care, giving patients practical tools they can use in a safe, friendly atmosphere.

ScottCare Corporation is proud to play a part in the Charleston program. The rehab facilities are presently using a 16-channel TeleRehab Advantage monitoring system. ScottCare equipment has been an integral part of their program for over 10 years. And one year ago, Charleston became one of the pioneer cardiac rehab programs to incorporate external counterpulsation therapy, purchasing one of ScottCare’s very first NICORE External Counterpulsation systems.

Mr. Haver told *Insights*, “We have just celebrated our one-year anniversary with the ScottCare ECP system. It has been very gratifying to see the ‘sickest of the sick’ significantly improve their quality of life as they progress through the 35 treatment sessions. Our staff members are experts in lifestyle change and they utilize their expertise to counsel these people as most of them begin to regain health they thought they had lost forever. Doctors have become more and more supportive as their patients return to them, thankful for the referral to ECP. We have been very appreciative of the patience shown to us by the ScottCare staff as they have efficiently and expertly fielded our many questions.”



The Charleston staff singled out several aspects of the TeleRehab Advantage system that they were particularly fond of, and reported that they were eagerly awaiting the availability of the system upgrades that are in the works. Ed Haver noted that, “the daily reports give us a concise summary of the patient session. We’re able to quickly spot problems with the ECG while the patient is exercising, and we can review an entire session’s ECGs if necessary. The touchscreen technology makes data entry very easy. The clarity of the ECGs (with a little sandpaper prep) gives us confidence in decision making.”

He went on to explain that the original ScottCare system lasted for 10 years and that the staff appreciated the fast, knowledgeable help that all of the people at ScottCare have given as they worked to keep the system functional. Their new system is scheduled for installation this summer.