

OUTPATIENT ECG TELEMETRY
from Home, Work, Car, etc.
8 to 64 Patients Simultaneously

**ECG
Evidence
for Cath Lab**

**Access to
Monitoring
Station
from Home PC**



**Medical Facility
Monitoring
Station**

**Access to
Monitoring Station
from Physician's Office PC**

**iPhone Access
to ECG Data
from Anywhere**



Final HHS Rules on Re-Admissions, with the Diagnostic Monitoring Software Answer



The federal government's release of a final set of rules to try to lower Re-Admission rates at more than 3,800 acute-care and long-term care hospitals has started a clock that will have managers adopt new care strategies – especially when it comes to monitoring the health of patients after they have been sent home.

Under orders from Congress in the Affordable Care Act, the Department of Health and Human Services has adopted a deeply complex formula for evaluating when a hospital may risk a reduction in its Medicare payments, if it has an excessive rate of Re-Admission of patients who have been treated for heart attack, heart failure or pneumonia.

Under the new HHS mandate, hospitals would not have to provide care themselves after discharging their Medicare-eligible patients, but they would be expected to do enough follow-up to assure that patients and their doctors take steps to continue their recovery. Hospitals, federal officials believe, are best situated to develop and maintain a care-monitoring system to lower the likelihood that patients with serious illness will have to return to the Hospital for in-patient care.

The rules provide one example of what HHS has in mind for one of the three conditions that may lead to Re-Admission: heart failure. In such cases, the rules say, "improved hospital and post-discharge care, including pre-discharge planning, home-based follow-up, and patient education have been shown to lower heart failure readmission rates, suggesting that heart failure Re-Admission rates might be reduced if proven interventions were more widely adopted." This assessment would also apply to M.I. and Bypass patients, as well as procedures for Ablation, Stents, ICD, and Pacemakers.

The new rules, adopted Aug. 1, have been in full effect since Oct. 1, 2012. A hospital will be in danger of having its Medicare payments reduced if it is determined that too many patients treated for the three identified conditions have been readmitted within 30 days of discharge.

DMS Hospital and Outpatient Telemetry ECG Heart Monitoring can reduce unneeded Re-Admissions and produce added reimbursements with lower costs to the Hospital facility.

HOW THE OUTPATIENT TELEMETRY ECG SYSTEM WORKS

Setting up the DMS ECG Cardiac Monitoring System is as easy as **1-2-3**



STEP 1

Rent DMS system at significantly less than reimbursement codes APC 0209 and CPT 93228.

STEP 2

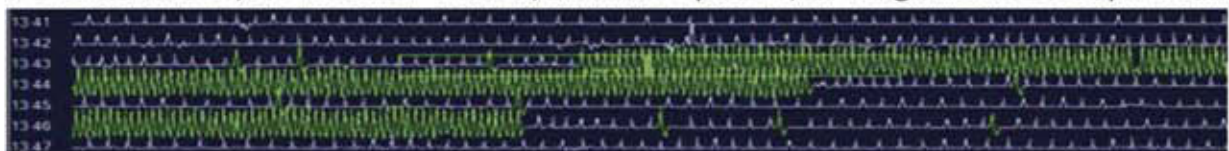
System installation by DMS is easy and quick.

STEP 3

"For Diagnosis Sake"

Upgrade Your Real-Time Outpatient Telemetry and Holter ECG.

Never again be deceived by a "Normal" test; when actually the patient experienced a 4-second PAUSE, a Sustained V-TACH, an A-FIB Episode, or a significant ST Depression.



Outpatient Telemetry Receiving Station



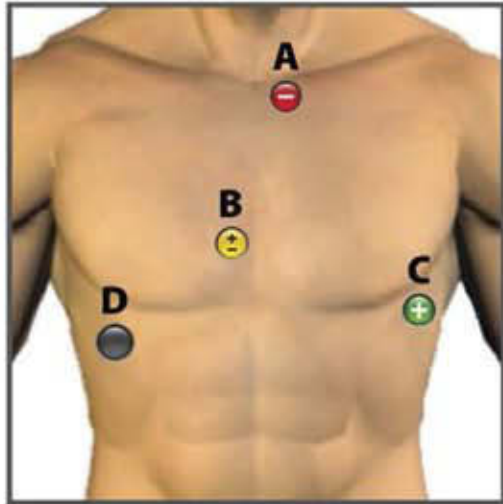
32 Outpatients for each PC
32 to 96 Outpatient ECG's Simultaneously

6-Lead ECG with 720 Hours of ECG Memory



100% Full Disclosure ECG
Home, Work, Car, Restaurant, Cinema, etc.

3 or 4 ELECTRODE ECG



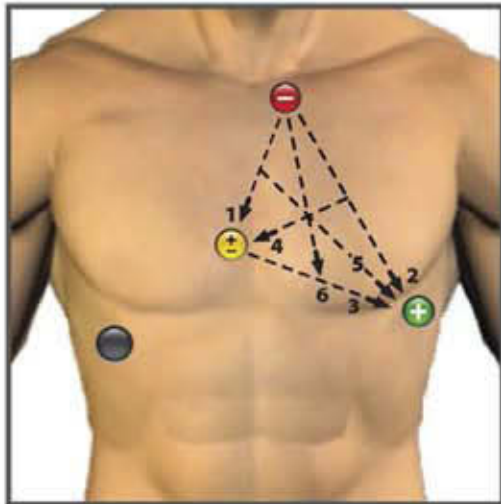
A = Red Electrode

B = Yellow Electrode

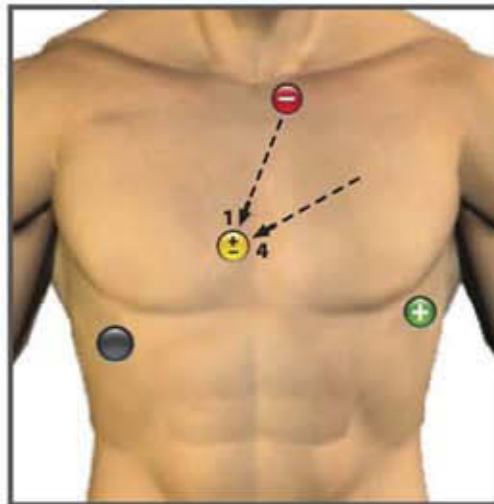
C = Green Electrode

D = Black Electrode

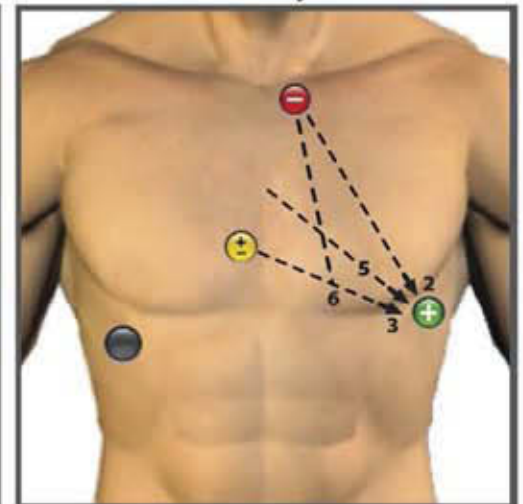
3 -Electrodes = 6-Lead ECG



CMI and mV1 for P-Waves



ST and Arrhythmias

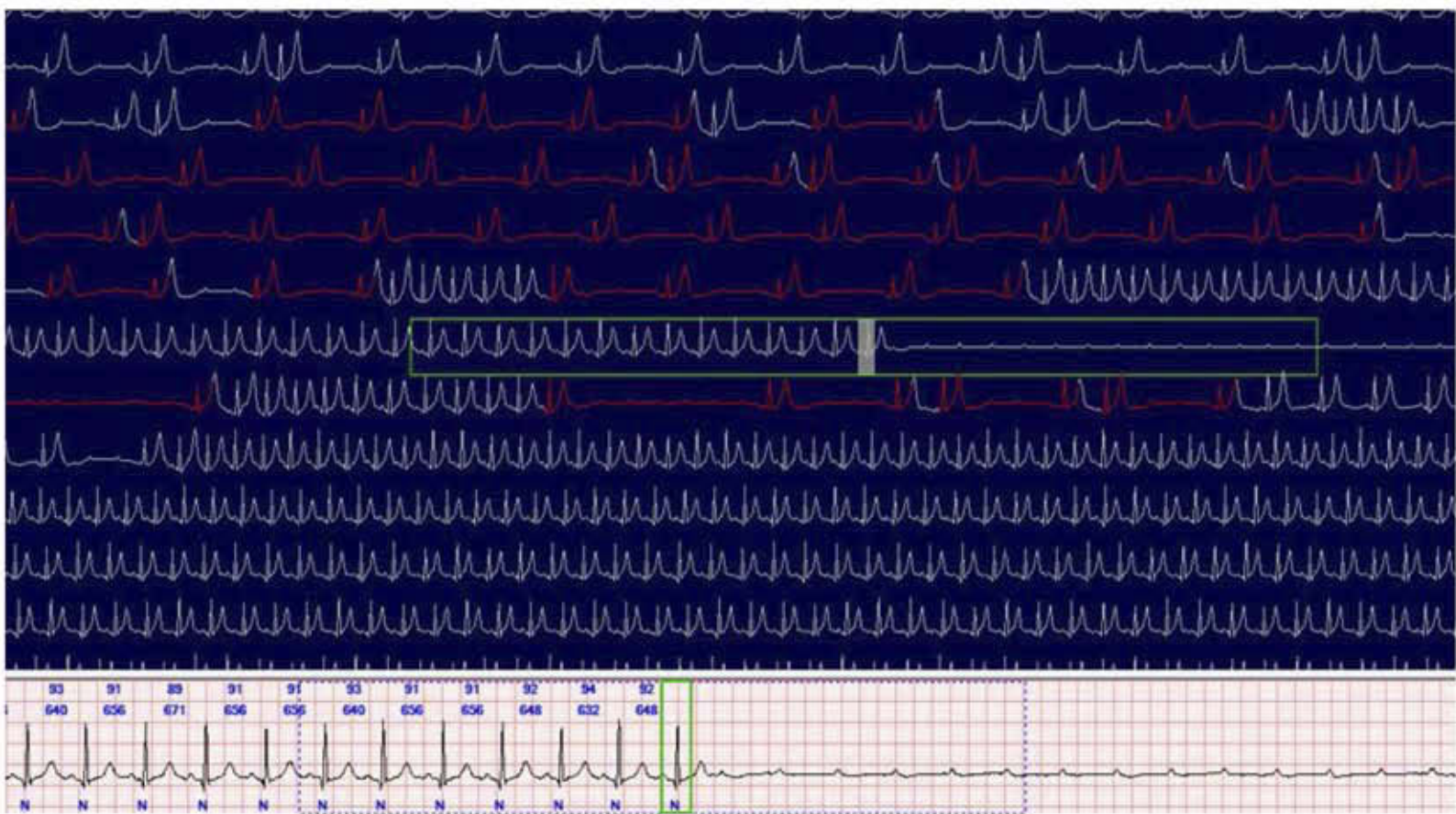


ECG VECTORS FOR 6-LEAD ECG

ECG Memory of 720 Hours (30-Days)

- Real-Time Outpatient Cardiac Telemetry
- Full Disclosure ECG
- Holter ECG Processing & Review

Implantable Devices for Asystole are good devices, but why not first do a 10-day Real-Time Tele-ECG



**Each and Every ECG Beat & Abnormality is
Stored for Cardiologist ECG Review (100%)**

ST & QTc Analysis

