

Sonicaid Software

Selling Guide

More than just a CTG Viewing & Archiving System



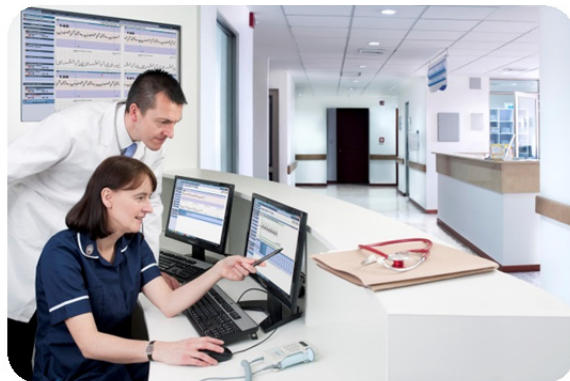
The Sonicaid software product range complements the fetal monitor range and addresses the growing trend towards electronic viewing & archiving of medical records. The fetal monitor trace is the only continuous real-time record of what happened during a labour. This trace, therefore, represents arguably the most important legal document, around which litigation is focussed, when things have gone wrong & poor outcomes result. Paper trace records regularly get lost, damaged, mis-filed and suffer from limited image retention life. Robust electronic storage of CTGs is therefore essential in many markets today.

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We have two software products:



Sonicaid FetalCare3 (FC3) is a new software package replacing the original FetalCare product. It includes many enhancements, new features & benefits. While it's primary function remains that of CTG viewing & archiving, its new functions & options include the latest, most powerful, release of the world-renowned Dawes-Redman CTG analysis. This product is targeted at the lower end of the market, predominantly the Doctor's office & smaller clinics & private hospitals, with the main focus on antenatal areas.



Sonicaid Centrale 2 (SC2) is a higher specification product providing similar functionality to Sonicaid FetalCare3 but with added labour & delivery related functions & is targeted at the larger hospitals & large regional solutions.

This document has been created to assist you sell the Sonicaid Software. With familiarisation of this information, you will be adequately prepared to initiate discussions, demonstrate the software, and walk each prospect through the sales cycle.

The content has been laid out in a very easy to understand format. Please follow the steps that follow to get a great start on understanding Sonicaid Software.

1 Glossary of Terms

Terms	Description
Baseline rate	The base line rate is the mean level of the FHR when this is stable, accelerations and decelerations being absent; it is measured in beats per minute (bpm).
Bradycardia	A bradycardia is a baseline heart rate less than 110* bpm.
Tachycardia	A tachycardia is a baseline heart rate of more than 150 bpm.
Acceleration	An acceleration is defined as a transient increase in heart rate of 15 bpm or more and lasting 15 seconds or more.
Deceleration	A deceleration is a transient episode of slowing of the fetal heart rate below the baseline level of more than 15 bpm and lasting 15 seconds or more.
Antepartum	Describes the period from conception through to the onset of labor.
LMP	Last Menstrual Period. Use the first day of the last menstrual period to calculate the due date. The quick way to do it in your head is to count backwards 3 months from the first day of the LMP, then add 7 days.
Doppler	The Doppler effect is the change of frequency caused by movement in the body. The ultrasound processing in Fetal Dopplers and fetal monitors uses this effect to listen to the fetal heart sounds, from which it calculates the FHR
EDD	The due date. EDD is the "Estimated Day of Delivery." The key word here is "estimated." Full term (i.e. when the baby is "due") is considered to be anywhere in the range 37-42 weeks, with 40 weeks used as the nominal due date.
FECG	Fetal ECG is another way used to monitor the Fetal Heart rate. It uses a clip which is screwed in the babies scalp to pick up FHR. It should only be used when the FHR gives cause for concern and is difficult to obtain using Doppler ultrasound.
Fetal Doppler	Sometimes refers to as a Doptone or Sonicaid. This is an electronic handheld device that uses ultrasound to enable clinicians to listen to the fetal heart sound. Developed back in the late 1960s it has largely replaced the traditional ear trumpet style fetal stethoscope (Pinard).
FHR	Fetal Heart Rate – measured in beats per minutes.
Intrapartum	Describes the period of labour and birth.
Intermittent Auscultation	The process of intermittently listening to the fetal heart sounds using either a fetal Doppler, fetal monitor or Pinard.
NST	Non-stress test. Done to make sure the baby is healthy, usually in the third trimester of pregnancy; most often when the mother reports decreased fetal movement or when the baby is a week or more overdue. Involves using a fetal monitor, with an external ultrasound transducer on the mother's abdomen to record fetal heart rate, and recording the fetal movements via a maternally sensed fetal movement marker held by the mother. Clinicians are looking for a reactive trace containing good FHR variability and accelerations, together with fetal movements in a healthy fetus.
Trimester	the pregnancy is divided into 3 "trimesters." The first one is from LMP up until 12 or 13 weeks. The second trimester is from 12-13 weeks until 28 weeks. The third trimester is from 28 weeks until delivery.
Toco	The Toco (Tocodynamometer) or Contractions transducer is an external pressure transducer used with a fetal monitor to monitor the mother's contractions.
Transducer	A transducer is a device that converts one type of energy to another.
Ultrasound	High frequency sound waves above the upper limit of human hearing.
UA	Uterine Activity or Contractions

* Values / limits shown in this table may vary in different markets based on local guidelines

2 The Basics

It is essential to understand the basic concepts behind Sonicaid FetalCare3 before presenting them. Below you will find suggestions and tools to help you learn the basics of the product.

1.	Understand How it Works	
	A. Review the FC3 launch Presentation – this provides an overview of how FC3 works, an overview of its many features and benefits, and why it is superior to other software products on the market.	
	B. Review the FC3 launch pack – a comprehensive launch pack is included on the CD supplied with this sales pack. This includes training material, promotional material, an image library, papers, etc.	
	C. Review the SC2 Presentation & brochure – these provide an overview of how SC2 works, an overview of its many features and benefits, and why it is superior to other software products on the market.	
	D. Review the Frequently Asked Questions (FAQs) – the FAQs are a compilation of answers to different questions that may be asked.	
2.	Understand the Clinical Information	
	A. Review the “FHR analysis in practice” Presentation – this provides in-depth information on the latest, most powerful release of the world-renowned Dawes-Redman CTG analysis with a focus on clinical practice.	
	B. Review the Clinical papers – in addition to the 70+ peer reviewed papers on the Dawes-Redman analysis (see bibliography), two new papers based on the very latest release are included in the launch pack on the CD.	
3.	Review and Use the Product	
	A. FC3 Free Demonstration – the software, as standard, includes a free 30-day licence to allow customers to assess the software free of charge. For authorised distributors, this licence can be extended by email. This can be downloaded over the internet – request your copy via the dedicated website www.sonicaidfc3.com . A simulator is also available for authorised distributors (not for sale or general release) – contact our service department for details.	
	B. SC2 – SC2 is a more complex installation and is not available as a simple auto-install. However, our technical support team can assist you with installing this, typically by remote access, on a suitable PC or laptop for demo purposes.	
	C. Use the Products – the only way to fully understand the software products is to put time aside to use them, build up your own databases of dummy patients, traces, analyses, patient notes, etc. & build-up confidence in demonstrating them. Avoid using famous names, your own or colleagues’ names or silly names like “Donald Duck”. You cannot delete patients once created & it does not look professional when presenting it!	

3 Target Customers

It is valuable to understand your target audience. The Sonicaid software systems are highly scalable from a simple Doctor's Office "e-CTG" system on a PC or laptop, right up to fully networked multiple bed, multiple user, multi-site server based hospital & regional systems. See the launch & presentation material for product positioning information. See the comparison chart for the different functions and capabilities provided by SC2 & FC3.

Below, is a detailed explanation of potential targets and how they would use the products. On the following pages, the targets are further categorized into influencers, purchasers, and consumers.

Audience	Job Description	SC2 & FC3 Use
Midwives / Obstetric Nurses	Most routine maternity care is provided by specialist nurses or "Midwives". In some markets, they are qualified to manage all aspects of routine pregnancy care right from early pregnancy through labour & delivery and care for both mother & baby after birth. In other markets, they may be less highly qualified, working under the direction of doctors, as obstetric "technicians".	<p>FC3 CTG viewing & archiving CTG analysis</p> <p>SC2 As above + labour management</p>
Doctors	Referred to as "Gynaecologists" in some markets, particularly where antenatal care is provided by private "Doctor's office" practices, where complete women's health services are provided. These are fully qualified medical practitioners, usually specialising in gynaecology & obstetric care.	<p>FC3 CTG viewing & archiving CTG analysis Expert referral</p>
Obstetrician	An obstetrician is a fully qualified medical practitioner who specialises in the treatment of women's pregnancy related health issues, the care of expectant woman, and the delivery process. They are mainly hospital based and specialise in managing high risk pregnancies. Amongst this level of practitioners, it would be good to identify the key opinion leaders who drive clinical practice, both within their local hospitals, and at national level. Many obstetricians also work as gynaecologists.	<p>FC3 CTG viewing & archiving CTG analysis Expert referral Training</p> <p>SC2 As above + labour management + hospital database interface</p>

Market Position Overview

The information below provides you an overview of the purchasers, the influencers, and the competition across the different segments of business.



	Doctor's Office FetalCare3	Private Clinics / Small Hospitals FetalCare3	Large Hospitals & Regional Solutions Sonicaid Centrale 2
Target Customer			
Influencers	Midwives, nurses	Midwives, nurses	Midwives, nurses
Purchasers	Doctors	Doctors	Clinicians, medical electronics, IT & procurement departments
Competitive Frame			
Competitors	All major competitors compete across all areas – refer to competitor information in this pack		

4 Value Proposition, Key Selling Points, and Other Features and Benefits

It is essential that you have a good understanding of the core Value, Economic, and Technical Propositions.

Value Proposition Statement	Sonicaid Software is a great added-value product to offer as a bundle with the fetal monitors, with FC3 targeting the doctor's office market & SC2 the larger hospitals. However, far & away the biggest "added value" is the CTG analysis option. If this avoids just one poor outcome, the saving to the health service can run to millions of pounds. There is a strong argument for using this software whenever, & wherever, an antenatal trace is performed.
Economic Value Proposition	We have priced Sonicaid software very competitively. Look out for some bundled promotions we will be offering on this with the BD4000xs fetal monitor. Note that some competitors give a free software package with their fetal monitors – these are VERY basic packages offering a fraction of the benefits of FC3 & SC2.
Technical Value Proposition	Sonicaid software is Windows based and is compatible with Windows XP (+SP3) & Windows 7 for PC / laptop based systems and Windows Server 2003 / 2008 for server based systems. It operates within the well-established industry standard computer & network environments of today. It uses the powerful, industry standard, SQL Express database. This can be upgraded to full SQL for larger installations.

Key Selling Points

To further simplify the above information, it is a good idea to memorize the 3 Key Selling points.

3 Key Selling Points

- 1. Easy to use. Unique "point & click" user interface**
- 2. Options include the latest & most powerful Dawes-Redman CTG analysis**
- 3. Fully configurable & customisable solutions from small Doctor's Office systems to complete hospital or regional solutions**

Key Selling Points Explained

	FEATURE	BENEFIT	WHAT IT MEANS TO THE CUSTOMER
1	User interface	Intuitive & easy to use CTG viewing & archiving system	The value of this to end-users should not be underestimated. Ease of use is essential, particularly in high pressure, high stress L & D units with high staff turnover. Ease of use minimises training overheads. Emphasising this should be part of every demonstration or presentation. Reliable auto-archiving of CTG trace & patient records. Quick & easy access to records
2	Powerful Dawes-Redman CTG analysis option	Offers the potential to deliver enhanced standard of care & improve outcomes.	Has the potential to avoid tragedies & resultant litigation costs & on-going care costs running to millions of £/\$/€s.
3	Highly scalable from single "e-CTG" to multi-user, multi-bed system	Configure to meet local needs	Enhanced pregnancy management with easy access to traces & related data from anywhere, also providing expert referral & a powerful training platform. Supports the growing move towards paperless systems.

Additional Features and Benefits

Sonicaid software offers a wide range of configuration options & can be configured to meet local requirements to a level unmatched by competition

FEATURE	BENEFIT	PAY-OFF
Supports wide range of makes/models of CTG	Purchasers are not locked into their fetal monitor supplier	Offers great flexibility. Hospitals may have a mix of makes/models of fetal monitors. They can be freely mixed & matched on the system, which automatically detects the protocols used by the connected device. It does this independently for each bed.
Supports any number of beds	Flexibility to meet customer's requirements	From 1 bed to 100+, systems can start small & be expanded to add additional beds at any time, at minimal cost based on bed licences. Allows complete hospital-wide, or even complete regional solutions, delivering continuity of care.
Supports any number of clients (user access terminals)	Access terminals (PCs, laptops, mobile devices) allow full interactive, live access to all traces, patient notes, etc.	Access terminals can be placed anywhere across a hospital network, in clinical settings, managers' offices, training rooms, etc., giving easy access to the system from anywhere. Includes support for mobile devices for quick & easy point of care use.
Interactive multi-bed view	Provides a view of as many traces as required, with user configurable screens. Interaction with individual traces (scrolling, printing, analysis, etc.) is supported in multi-bed view.	Often used at the main nursing / midwifery station, in staff coffee rooms, etc. allowing staff to keep an eye on all live traces at a glance. At the main station, a common configuration is to have a split screen arrangement (2x screens) with one permanently set to multi-bed view & the other for user interaction.
Effective bed management	Beds, bed groups & bed group profiles are all quickly and easily configurable	For larger installations, beds can be organised in groups to reflect local bed rooms, wards, etc. The profile tool in SC2 allows beds to be split between hospitals
Automatic trace archival	Reliable trace archival requiring no user input	Avoids traces being lost. If a patient isn't booked into a bed, traces are saved to an "orphan trace" database so are never lost. System admin tools allow these to be re-assigned to the correct patient. Trace records are quick & easy to retrieve for review & cannot be deleted by users.

FEATURE	BENEFIT	PAY-OFF
Remote access		Subject to local security policy, access terminals can be added for remote access, for example, from a Doctor's home, regional clinics or other hospitals allowing remote expert referral.
Security & audit (SC2 - option)	Provides secure user access control and an audit trail	Allows effective management of users, with users being assigned to user groups which define a user's level of access to the system. Any number of groups & users are supported. An audit tool allows system administrators to view user activity on the system & highlights any attempts at unauthorised access to system functions.
Partogram (SC2 option)	Replaces the paper based partogram chart used to chart progress of labour.	Labour management is focussed around the partogram which provides a graphic view of progress for key maternal & fetal parameters, together with notes, drugs, etc. The SC2 partogram is customisable to support the wide range of partogram formats used.
Chalkboard (SC2 option)	Provides an overview of all beds in terms of patient, doctor & M/W names, current status, etc.	Replaces the "white board" found in L & D units, used to provide a current "snap-shot" of all pregnancies currently being managed on a unit. Also used for shift handovers.
Admin screen (SC2 option)	Part of the Chalkboard option, this takes the form of a table showing on-call duty rotas & other relevant data. Includes a "chat room" notes feature.	This screen is customisable & typically provides information on who is on-call for each shift, contact details, etc. together with theatre availability, lists, etc. The "chat room" facility allows informal messages to be left for colleagues on a rolling 24-hour basis.
Configurable & Customisable	Our software products offer a high degree of configuration & customisation. Tools are provided to allow the customer to configure some elements of the system; others can be customised by our technical support team.	Offering great flexibility, systems can be configured to more closely meet the requirements of each customer & are easily reconfigured or upgraded as needs change.
Large installed base	Our installed base of software products is worldwide, with a growing installed base of hundreds of systems	Provides confidence for customers of a robust, well supported & powerful product.
Rapid & effective support	Installations can be supported through remote access	Allows very rapid & effective resolution of problems, installation of upgrades, etc. on a very cost effective basis.

5 Presenting the Product & Overcoming Objections

This section provides different options for the presenting the product and provides you with some options for overcoming potential objections.

Software systems are often connected to hospital networks, interfaced to hospital databases, etc., & it is very important to involve the hospital IT departments at the earliest stage in promoting these products to prospects. We do not expect you to have the level of IT knowledge to address some of these issues. While we do expect you to generate interest & to qualify leads, if you have a qualified prospect, Huntleigh technical staff will attend higher level meetings to provide any technical support you may need, & can perform site audits for networking, cabling, etc. & prepare system designs for presentation to the prospect.

Presenting the Product

Each potential customer and your presentation time will vary. The following are recommendations for the different conversations you will have:

5 Second Talk (in the lift)

Relay the value proposition –

60 Second Talk (in the hall)

With a little bit more time, you have the opportunity to relay the core value proposition in more detail:

1. Relay the value proposition
2. Emphasize the 'Key Selling Points'
3. Provide them with a link to the Huntleigh website (www.huntleigh-diagnostics.com)

5 Minute Meeting (regular appointment)

1. Relay the value proposition
2. Demo the product
 - Emphasis ease of use & minimal training overhead
 - Emphasize the Key Selling Points
 - Emphasize the Additional Features and Benefits
3. Provide a brochure

30 Minute Presentation (scheduled meeting)

With an extended amount of time, it is a great opportunity to present the full product complete with the full range of options – try to get 1 hour for this rather than 30-minutes! It's also important to try to get all the relevant stakeholders to attend, including IT. In addition to the supplied presentation material, it is quick & easy to customise your demonstration software to reflect a customer's local needs. For example, in SC2, the beds, bed groups & bed group profiles can be customised to reflect the hospital name(s), rooms, wards, etc. For higher level presentations & technical discussions on networks, interfaces, etc., Huntleigh staff will attend meetings & provide additional support on request.

30 Minute Presentation (scheduled meeting) cont...

1. Review the value proposition
2. Review the Sales PowerPoint
3. Demo the Product
 - Emphasize the “Key Selling Ability”
 - Emphasize the “Additional Features and Benefits”
 - Ease of use – let them have a go to show them how easy it is!
4. Provide a brochure

Overcoming Objections

The following are some methods of overcoming objections that you may receive from customers about purchasing the product.

1. The price is just too high.

Our entry level system is priced very reasonably. You can get cheaper or even free software, but these will not provide the level of functionality required for serious clinical use. Customers can start with a small system, to keep costs down, & add extra beds, access terminals, interfaces, etc, at any time, as funding becomes available or as local requirements change.

2. It sounds like big brother to me!

This can be a genuine concern in hospitals that are still paper based. See our PPT presentation material to help address this, but it’s like any tool – it can be used to good effect, or mis-used, & this comes down to management. With effective management, our software provides many benefits & reduces the administrative burden, allowing the clinician to spend more time with the patient.

As a quick anecdote, we installed a system in a major teaching hospital once, where midwives had not been well briefed by hospital management. One midwife was very rude to our sales person & said “take it away, we don’t want it”. A week later, she offered a profuse apology & said “Please don’t take it away, we love it & it’s revolutionised our working practice!” See also the point below about managing change.

3. I don’t want to get involved with all the details - just deliver, install & commission it for me

On larger hospital projects, with a system like this which is going to be connected to hospital infrastructures like networks, databases, etc., & significantly impact on working practice, it is **ESSENTIAL** to get effective buy-in from ALL relevant stakeholders at the customer site from as early in the project as possible. This is not a product that is delivered in a box, unpacked & plugged in.

It is a joint development project, requiring a project manager on the customer side, effective management of change by senior hospital staff, someone who will become the system administrator & higher level users who we will train, who will then provide cascaded training, provide 1st level support & general system management. The old proverb **“Failing to plan is planning to fail”** definitely applies here!

4. It sounds complicated

Planning, designing & installing larger systems can be complicated – which is why we’re here to support both you & your customers. From a sales person’s perspective, however, it’s a great product to demonstrate, so easy to use & impresses customers every time! As far as the user is concerned, it couldn’t be simpler to use in normal every day practice. A nurse or midwife can be up & running with this software within minutes with minimal training. Note that users will need to have basic PC user skills, for example, understanding how to use a mouse & keyboard – you’d be surprised, even in this day & age...!!!

5. We don’t need the Dawes-Redman analysis – we know how to interpret CTGs

No they don’t! In our experience, most clinicians are well informed on the many clinical studies that have demonstrated clearly that even supposed experts are not good at trace interpretation. They have shown, not only that one “expert” may well interpret a CTG differently from another, but show the same trace to the same “expert” a week later & they may interpret it differently! You do get “died-in-the-wool” clinicians, or the odd arrogant doctor who thinks they are expert, but the fact remains that the traditional approach to CTG interpretation relies on subjective opinion & this has been shown to lead directly to poor outcomes. The Dawes-Redman CTG analysis replaces subjective opinion with robust, numeric, fact. See the CTG analysis support material for more on this.

6 Competitive Intelligence

Whilst competitors’ products provide a MIS (Maternity Information System) level system, we have focussed on our expertise in CTGs and position ourselves as a niche specialist with products optimised specifically around the CTG.

Our software products are designed to be easy & intuitive to use and to provide a level of functionality that meets market requirements. It is therefore not appropriate to look at spec comparisons on paper. The competitive advantages our products offer are detailed here.

Points of Difference

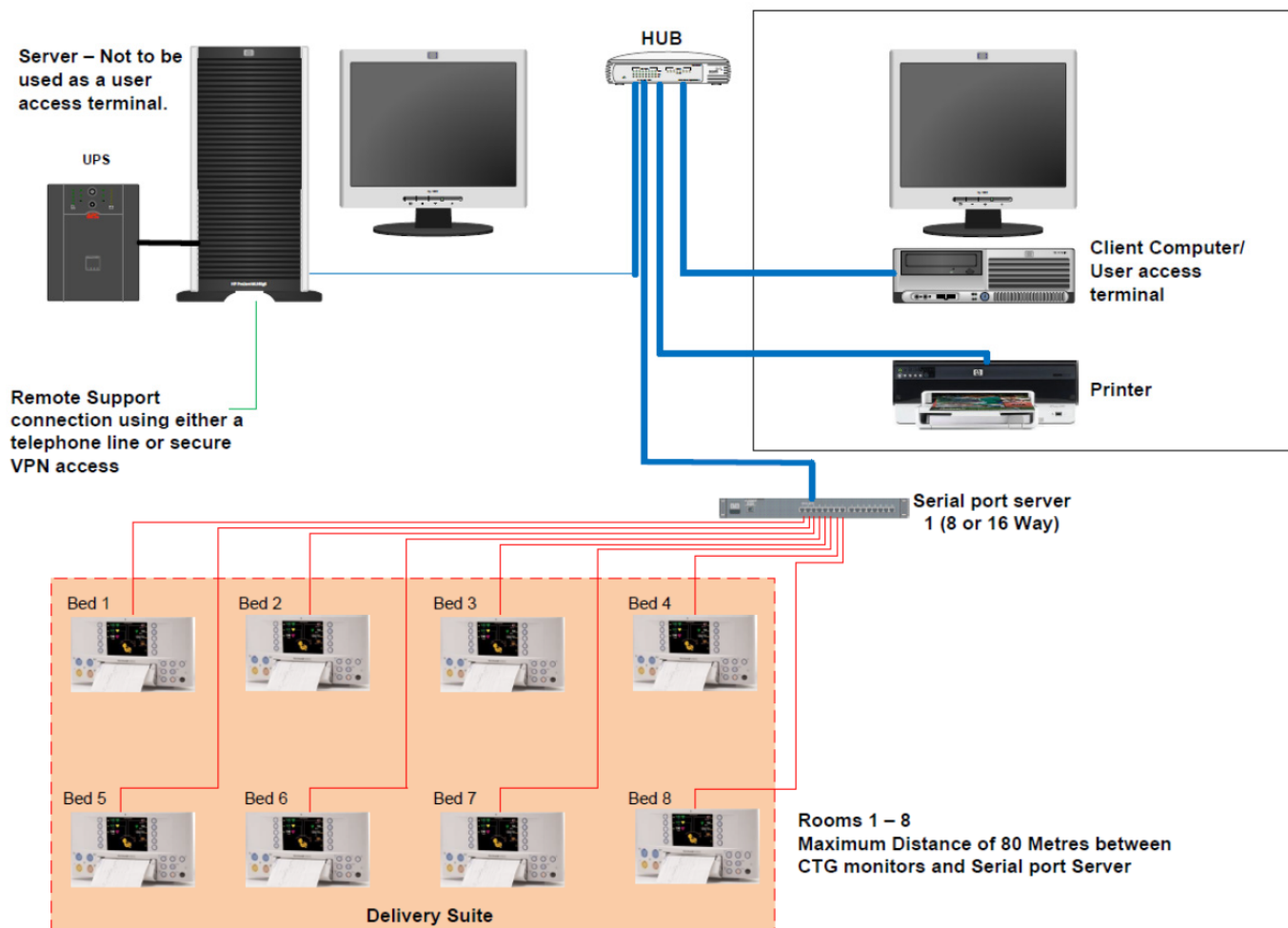
The following demonstrates the differences between SC2 & FC3 to help you position them appropriately. See also the FC3 launch material for further advice on positioning FC3 relative to SC2.

FEATURES	FC3	SC2
Primary target market	Doctor's office & smaller clinics / hospitals	Hospitals, Labour & Delivery departments
User access control		●
Audit tool		●
Partogram		●
CTG analysis option – 73,000 version*		●
CTG analysis option – 100,000 version*	●	
HL7/ODBC/other Interfaces (to 3 rd party databases)	GDT interface (Germany only)	●
Bed group profiles		●
Chalkboard & admin screen		●
Tele-fetal monitoring support		●
Support for multiple pregnancies		●
Patient transfer (bed to bed)		●
Multi-lingual	Full worldwide language support	European languages only
Simple auto-install	●	

* The analysis in FC3 is a more powerful, more up-to-date version based on a significantly larger database. It also has a new “traffic light” based approach to showing the result – SC2 has just two outcomes, criteria met or criteria not met. FC3 has a third outcome of “criteria not YET met”, an apparently small but important addition to distinguish outcomes that have not yet met the criteria, from those that have not met after a full 60-minutes. To this we have added the red/amber/green colour coding for a crystal clear view of outcome at a glance. The FC3 version also provides a full on-screen report – in SC2, a full report is only provided in an analysis report print-out.

7 Typical Hospital Server Based Installation Diagram

8 Bed Server System



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...performance for life