Materials managers expect some glove prices to increase this year, but the extent will depend on factors such as material, use and manufacturer. Even then, some contracts will protect users from price hikes in the coming year.

For the second consecutive year, glove prices declined or stayed level in 2004, according to participants in this month’s HMM price survey.

Exam gloves headed up
About 60% of them expect some increase for certain types of gloves. Exam gloves, especially those made of latex, will increase the most, up to 5%. Surgeons’ gloves will stay level or rise between 1% and 2%. Even where manufacturers would like to increase prices, market competition and group purchasing contracts will force them to hold the line in most cases.

This month’s price survey includes responses from hospitals, integrated delivery networks and group purchasing organizations. In all, they represent 4,300 hospitals totalling about 685,000 beds.

For this survey, additional data were provided by ECRI, a nonprofit health services research agency in Plymouth Meeting, Pa. ECRI’s ongoing surveys of 400 hospitals cover a wide range of products and services (See Gloves, continued on page 12)
Novation study shows e-commerce pays off

Members of VHA, Irving, Texas, and University Health-System Consortium (UHC), Oak Brook, Ill., collectively saved $82.6 million in 2004 by purchasing supplies online. Their group purchasing organization, Novation, also in Irving, sponsors Marketplace@Novation.com, an electronic commerce site operated by Neoforma, San Jose, Calif.

Neoforma said its customers include 55 hospitals that have documented more than $500,000 each in savings from Marketplace@Novation; 19 of these hospitals have documented more than $1 million each.

Value from e-commerce includes increased efficiency of daily order processes and more informed purchasing decisions.

Streamlining the process

Queens Medical Center, Honolulu, 526 beds, documented more than $2.5 million in savings. Among others, two-hospital Integris Health, Oklahoma City, 979 beds, attributed $1 million in annual savings from using e-commerce.

Evanston Northwestern Healthcare, Evanston, Ill., saved $335,500. Tom Konsoer, vice president of purchasing and material services at Evanston, explained, “We have been able to streamline processes and focus more of our dollars toward improving patient care.” In late 2003, Neoforma and Novation embarked on a retrospective value documentation program with a pilot group of 31 VHA and UHC members, initially identifying $12.3 million in value.

In 2004, Novation documented another $82.6 million in value, including $26.5 million in the third quarter of 2004 alone. As part of this effort, 260 hospitals have established benchmarks against which they can measure their ongoing progress in driving supply chain efficiency.

One of these hospitals is Portneuf Medical Center, Pocatello, Idaho, 267 beds.

“Using Neoforma solutions through Marketplace@Novation, we’ve been able to streamline processes and gain tremendous efficiencies throughout our supply chain,” Bill Mitchell, director of materials management, said. “By automating manual tasks, we’ve been able to focus on more strategic issues that require our analysis and attention.”
Drug-eluting stent market would shrink under proposed mergers of suppliers

Johnson & Johnson, New Brunswick, N.J., is expected to complete its acquisition of cardiology supplier Guidant, Indianapolis, later this year. If the deal is approved, materials managers could face higher prices for drug-eluting stents, some observers say. At any rate, there will be one less future competitor to offer future choices.

In December 2004 J&J confirmed it intended to acquire Guidant, and offered $25.4 billion in stock and cash for the company.

J&J already owns stent maker Cordis, and the company said it would merge Guidant with Cordis, retaining the Guidant name.

Guidant was spun off in 1994 by pharmaceutical company Eli Lilly, also in Indianapolis. In 2003, Guidant acquired fellow cardiac supplier Cook Inc., Bloomington, Ind. The combined company later began developing two drug-eluting stent models, one using paclitaxel and the other using everolimus.

By 2002, it was eclipsed by J&J’s Cordis division, which brought the first drug-eluting stent to the U.S. market: the sirolimus-eluting Cypher. In March 2004 Boston Scientific, Natick, Mass., followed with its paclitaxel-eluting Taxus model.

Now, Boston Scientific is planning to take over another stent maker, Advanced Stent Technologies, Pleasanton, Calif.

Guidant still has not won FDA approval for either of its drug-eluting stents. It is, however, a market leader in pacemakers and defibrillators, and J&J said that was a primary reason for the acquisition.

“Guidant strengthens our position in cardiovascular care, one of the most important and fastest growing portions in health care,” J&J CEO William Weldon told a conference call with investors Dec. 16.

While both Guidant and J&J officials have said they see no barriers to approval of the merger by federal regulators, industry observers expect the Federal Trade Commission to question combining the two companies’ stent operations, thus eliminating a potential competitor from that market.

Before the Taxus stent was approved, hospitals complained that J&J used its market dominance to keep prices high and restrict supplies. The original list price of the Cordis Cypher was $3,195.

By the end of 2003, an HMM price survey showed that the average price paid by hospitals was $3,065, a discount of just 4.1%. Meanwhile, bare-metal stent prices were down to the $1,000 range.

When Boston Scientific acquires AST early this year, it will focus on a specialty stent AST developed rather than an additional drug-eluting version.

AST has been developing stent and stent delivery systems specifically designed to address the unique anatomical needs of coronary artery disease in bifurcated vessels. Up to 30% of heart disease occurs when a single vessel branches, or bifurcates, into two vessels. Bifurcations have been difficult to treat with conventional stents since those stents are designed to support a single cylinder, not a cylinder with an offshoot in the middle.

AST developed a design called the Petal™, combining stent features at both ends with the Petal feature in the middle. It expands into the side branch, permitting blood to flow into both branches of the bifurcation. The companies plan to combine the Petal feature with the Taxus to create a drug-eluting stent suitable for bifurcated vessels.

Cleveland Clinics to install identification system for users of electronic dispensers

The East Region of the Cleveland Clinic Health System selected Sentillion, Andover, Mass., to provide authentication software to comply with the Ohio State Board of Pharmacy Positive Identification regulations. The board requires all organizations that use computerized pharmacy and medication ordering applications to establish positive identification procedures.

Under the agreement, which took effect in November, Sentillion will install the BioLogon system developed by Identix Corp.

The use of biometric fingerprint readers will ensure that any individual dispensing, administering or prescribing drugs is recognized by the system.

Intermountain invites physicians to study product quality, passes findings to GPO

Intermountain Healthcare, Salt Lake City, is a long-term shareholder of the national group purchasing organization Amerinet, St. Louis. It also is a major integrated delivery network covering western states.

Intermountain has embarked on a project to improve integration and system-wide contract compliance at the same time.

CEO Bruce Hanks has established the Institute for Quality Research, a group of physician representatives who analyze product quality and recommend supply choices. In an unusual move, Intermountain has invited doctors from non-IHS hospitals and IDNs to participate.

“We let clinicians do their own research,” Hanks said. “They identify the savings.”

Intermountain then presents the findings to Amerinet for consideration. When Amerinet signs off on the findings, it guarantees the identified savings in the resulting contracts.
Baptist Health considering buying digital hospital first planned by HealthSouth

The legal and financial difficulties of HealthSouth, Birmingham, Ala., left in limbo the IDN’s much-touted “all-digital” hospital that was to lead the industry in efficiency, cost savings and patient care in the 21st century.

Next year, it may be resurrected as part of Baptist Health System, also based in Birmingham.

HealthSouth broke ground in 2002 for the 500,000-sq.-ft., 219-bed HealthSouth Medical Center, and selected nine major vendors of health care technology to install the latest digital systems for everything from imaging to patient records.

With a construction budget of $125 million, the new hospital was to open in 2003 as “the hospital model for the world,” according to then-CEO Richard Scrushy.

In late November, Baptist Health in partnership with Samford University opened negotiations with HealthSouth to buy the unfinished structure.

“The digital hospital represents a tremendous opportunity for BHS as we fulfill our health care mission and ministry in the community,” said Beth O’Brien, CEO of Baptist Health System.

“We believe that the digital hospital project is an excellent opportunity for the Birmingham healthcare community and the citizens of the State of Alabama,” said Jay Grinney, HealthSouth’s current CEO.

“Throughout our negotiations, we will remain committed to retaining the vision the state legislature had when it voted to authorize this state-of-the-art facility.”

Effort to please shy Somalis leads Maine hospital to create more modest gowns

The longstanding patient crusade for less drafty gowns finally achieved some success in the unlikely location of coastal Maine.

Maine Medical Center, Portland, 606 beds, has been making its own patient gowns since mid-2004, using an in-house seamstress.

The gowns are brightly patterned and cover the body from neck to ankles, and feature three-quarter length sleeves.

While all patients like them, the impetus for their design was the influx, during the past few years, of immigrants from Somalia. As Muslim women, they found the skimpy apparel humiliating and in violation of religious rules of modesty. They responded by missing medical appointments and avoiding hospital services.

The hospital’s cross-cultural services unit, which provides interpreters and other assistance to foreigners, tracked the women down and learned of the problem.

Manager Dana Gaya calls the new gowns “sarongs” after the native costume of the Somali women. “We designed a sample sarong and took it to Muslim women in the community and asked their opinion,” Gaya recalled. “We’re happy this simple change will make a big difference in access to care for Muslim women. This is a great example of a challenge raised by a specific community that can ultimately benefit all patients.”

The gowns were introduced in mid-2004, and are now on all linen carts. Gaya said the hospital is saving money in the sense that Muslim women no longer skip appointments, wasting interpreter services.

Ohio hospital plans to install diagnostic imaging equipment from Philips Medical

Marietta Memorial Hospital, Marietta, Ohio, 204 beds, in October selected Philips Medical Systems North America, Andover, Mass., to provide diagnostic imaging equipment and software.

Marietta has been purchasing Philips products for 10 years, including equipment for the hospital’s Strecker Cancer Center, which opened in 1993.

Under the new contract, Marietta will install Philips’ Integris Allura 15 Monoplane cardiovascular X-ray system; BuckyDiagnost TH general X-ray machine; EasyDiagnost radiography and fluoroscopy system; and AcQSim computed tomography (CT) scanner.

Price and savings details were not disclosed.

Better reimbursement in the future for hospitals using capsule endoscopy

Hospitals using the PillCam SB capsule endoscopy device made by Given Imaging, Yqoneam, Israel, can expect better Medicare reimbursement next year.

The Center for Medicare and Medicaid Services (CMS) established a higher national average global physician payment for PillCam SB endoscopy, known as the “camera pill,” as part of its Medicare Physician Fee Schedule for 2005.

Effective Jan. 1, 2005, the national average global physician payment in the office setting will increase to $985, compared to $928 in 2004.

The national average physician payment in the hospital outpatient setting will increase incrementally to $190 compared to the 2004 payment of $185.

In the outpatient hospital setting, PillCam SB procedures have been reclassified, from the New Technology APC 1508 to the clinically homogenous APC 142, Small Intestine procedures.
Pomona Valley automating supply chain using products from Lawson Software
Pomona Valley Hospital Medical Center, Pomona, Calif., 436 beds, is implementing a contract with Lawson Software, St. Paul, Minn., for financial software.

The package includes Lawson Financials, Healthcare Supply Chain Management and Surgical Instrument Management programs.

Under the deal Lawson will provide training and service to hospital staff.

Pomona Valley will use the Lawson software to integrate its back-office systems, eventually replacing all of its in-house legacy systems.

Hospitals buy scanning equipment from SoftMed to automate patient records
Three hospitals agreed in December 2004 to install document scanning equipment from SoftMed Systems, Silver Spring, Md.

They are Ohio State University Medical Center, Columbus, Ohio, 923 beds; St. Thomas Hospital Summa Health System, Akron, Ohio, 306 beds; and Hackensack University Medical Center, Hackensack, N.J., 683 beds.

The hospitals will use the company’s imaging software to automate paper-based patient records.

SoftMed recently received a patent for the ChartScan process, which provides unique identifiers within the barcode of each medical record document that connects the form to a particular patient and visit.

Ohio State will integrate ChartScan with its Siemens Lifetime Clinical Records “eResults” system allowing for viewing of results as well as scanned images.

Hackensack and Summa Health selected SoftMed’s ChartView, which will allow them to view electronic documents and data from any workstation as well as physicians’ homes or offices via the Internet.

Prime distributor contract with Medline to produce big savings for La. hospital
Woman’s Hospital, Baton Rouge, La., 225 beds, selected Medline Industries, Mundelein, Ill., as prime distributor. Under the three-year deal, which took effect in December, Woman’s expects to save $250,000 annually on spending of $5 million annually on medical-surgical supplies.

The hospital will convert to products made by Medline, and Medline will deliver these as well as products made by other companies. Medline will provide surgical specialty packs for general surgery, cardiovascular and orthopedic procedures.

A large portion of the savings will come from use of Medline’s custom procedure trays and unitized delivery system called Complete Delivery System.

The Complete Delivery System (CDS) is a proce-dure-based supply management system, which combines all sterile and non-sterile perioperative supplies for a specific procedure and puts them in one container.

With all the products in one container, a CDS saves hospitals time in setting up surgical procedures, standardizing products and reducing costs per procedure.

Other terms of the contract include:
• Savings by converting to Medline manufactured products delivered directly to the facilities.
• Savings on distribution of non-Medline products through lower fees and more efficient processes.
• Savings through product standardization and utilization
• The option of utilizing Medline’s ACCESS consignment program
• Education programs.

Savings will be greater than expected from Sherman Hospital’s cost cutting
Sherman Hospital, Elgin, Ill., 241 beds, boosted its 2004 savings estimate to $4.2 million on non-salary spending of $90 million, including $38 million for supplies.

Sherman just completed the first year of a contract overhaul with the aid of consultant Peter Stille of Strategic Sourcing Results, Chicago (see HMM, November 2004).

Materials management director Scott Lewis upped his estimate from the $3.9 savings originally reported, and said he expects savings of $5 million in 2005. By 2008, the hospital will have saved $15 million on supplies and other non-salary expenses.

One key factor in cutting costs was centralizing purchasing under materials management control.

Swedish American completes conversion to Medwave blood pressure monitors
Swedish American Hospital, Rockford, Ill., 397 beds, in December, 2004, completed implementation of an agreement to convert to non-invasive blood pressure monitoring devices.

The vendor is Medwave, Danvers, Mass. Swedish American replaced conventional blood pressure cuffs with Medwave Vasotrac monitors, which monitor blood pressure and arterial waveform non-invasively via a sensor on the patient’s wrist.

The monitors have a list price of $3,850. The hospital received undisclosed discounts based on volume, and an agreement to continue buying Medwave sensors.

According to Swedish American spokeswoman Jan Hagenlocher, nurses requested the change after a Medwave rep demonstrated the monitor.
Blood testing supply vendors drop out of contracts, vow to hike prices to hospitals

Suppliers of critical blood testing supplies are standing up to the two largest group purchasing organizations, confident that hospitals will pay higher prices for their products if left with no other choice.

Blood test equipment vendor Immucor, Norcross, Ga., and Ortho Clinical Diagnostic Systems, Raritan, N.J., took the unusual step of cancelling contracts with two of the nation's largest group purchasing organizations, according to sources.

In December, Immucor said it will cancel agreements with Novation, Novation, Irving, Texas, and Premier, Charlotte, N.C., so that it can raise prices to member hospitals.

“This cancellation was undertaken for the purpose of increasing prices to the members of each group which will occur simultaneously with the cancellation,” Immucor said in a statement.

The Novation deal will end Jan. 10 and that with Premier, Jan. 26. Most contracts contain provisions that either party may cancel with sufficient notice. But it is rare for a health care supplier to invoke such a clause just to raise prices, and even more unusual to announce the fact.

“I’m disappointed,” was the response of Jody Hatcher, senior vice president of Novation. “Our contracts are designed to protect members from price increases.” He said Novation will try to find alternative sources of transfusion products, which include reagents for blood donor screening and blood typing. Novation members now purchase Ortho products through a distribution contract with Cardinal Health, Dublin, Ohio.

But Immucor’s largest competitor in the U.S. market also is cancelling contracts to raise prices. Premier spokeswoman Ann O’Hagen said Ortho, a division of Johnson & Johnson, New Brunswick, N.J., in September 2004 asked for an average hike of 110%. When Premier declined, Ortho exercised its 90-day cancellation option, which took effect Dec. 31.

“It’s a very difficult issue,” O’Hagen said. “They will not offer any discounts to anyone.”

Immucor’s contract with Premier called for a one-time 5% increase. Instead, the company asked for an average 105% increase on all covered products. For blood bank reagents alone, their demand was an average 245% increase. On Oct 20, 2004, Premier’s member committee met and turned down the request.

That was when Immucor began to exercise its 90-day cancellation option. Premier still has a contract with Olympus America, Huntington Station, N.Y., but that deal covers only some of the necessary supplies, such as red cell reagents.

Immucor estimated that Premier and Novation members spend $23.7 million annually on transfusion supplies, and predicted it will not lose any business because of the upcoming price increases. At the same time, the company said in a statement, it will save $750,000 annually on administration fees it has paid to the GPOs.

In November 2004, Immucor announced a 3-for-2 stock split, which took the form of a 50% stock dividend to shareholders, a result of marketing approval of one of its products.

“We have experienced a consistent rise in the value of our stock since the FDA clearance of the Galileo for marketing within the United States, Japan and Canada,” said chairman Edward L. Gallup.

Neither Gallup nor Ortho officials could be reached for comment about the contract pullout.

Pair of deals gives Amerinet members two sources of patient identification

Members have a new source of patient identification bands, since Amerinet, St. Louis, signed a deal with Hollister Inc., Libertyville, Ill. The new agreement covers patient ID bands at undisclosed savings. Pricing is tiered based on volume.

The GPO also renewed its deal with Precision Dynamics Corp., San Fernando, Calif. That deal covers ID bands as well, plus cadaver bags, mattress and arm boards, drainage bags, footprinters and ID systems for blood transfusion.


Amerinet inks series of deals for tapes, labels, office materials and equipment

Amerinet, St. Louis, in November began implementing a series of contracts covering office materials and equipment.

TimeMed Labeling Systems, Burr Ridge, Ill., was named supplier of pressure-sensitive tapes, labels and laser and thermal wristbands.

Shamrock Scientific Specialty Systems, Bellwood, Ill., also will furnish labels and tapes, including pre-printed items. The company offers design assistance for labels as well.

For office equipment, Amerinet renewed its agreement with Pitney Bowes, Stamford, Conn. The deal offers undisclosed discounts on mailing machines, mail room furniture, software maintenance agreements and mailing supplies. All three contracts took effect Nov. 1, 2004, and run for three years.

A fourth deal, for copier supplies, took effect Oct. 1, 2004 and runs for three years. The vendor is INKparable, Baltimore. Covered products include remanufactured laser toner and fax cartridges that are
Novation unbundles wound, endo pacts; hospitals now have pick of 6 vendors

After unbundling its wound closure and endoscopic instrument portfolio, Novation estimates members will save 25% on a wide variety of surgical supplies.

In December, Novation awarded 17 separate contracts to six companies for endoscopic instruments, ligation, mechanical stapling and cutting, skin staplers, sutures, topical skin closure, trocars, and ultrasonic cutting and coagulation.

In the past, Novation combined the products in corporate suture and endomechanical contracts. Each of the deals will take effect April 1 and run for three years.

Annual spending on covered products is $300 million, but Novation said it does not expect members to buy exclusively from the agreements.

The new Novation agreements include the following companies and products:

<table>
<thead>
<tr>
<th>Company and location</th>
<th>Product(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3M, St. Paul, Minn.</td>
<td>Skin staplers</td>
</tr>
<tr>
<td>Aesculap, Bethlehem, Pa.</td>
<td>Sutures</td>
</tr>
<tr>
<td>Applied Medical, Rancho Santa Margarita, Calif.</td>
<td>Endoscopic instruments, ligation, trocars</td>
</tr>
<tr>
<td>Ethicon, Somerville, N.J.</td>
<td>Mechanical stapling and cutting, topical skin closure, trocars</td>
</tr>
<tr>
<td>Genicon, Winter Park, Fla.</td>
<td>Trocars</td>
</tr>
<tr>
<td>United States Surgical, Norwalk, Conn.</td>
<td>Endoscopic instruments, ligation, mechanical stapling and cutting, skin staplers, sutures, topical skin closure, trocars, ultrasonic cutting and coagulation</td>
</tr>
</tbody>
</table>

“Novation’s approach to these product categories will significantly change market dynamics for these surgical products, enabling members to more readily access new technology,” said Eldon Petersen, group senior vice president at Novation.

“In this rapidly changing market segment, members can now maximize value by selecting the newest technology, suppliers and products that best fit their clinical needs.”

The agreements were based on recommendations of the Novation Suture and Endomechanical Task Force, which includes clinicians and purchasing executives from member hospitals. Their decision measured both financial and non-financial criteria, such as clinical acceptability, product breadth and depth, value added, and ability to supply and service.

Contracting officials also considered a study of the product categories by ECRI, Plymouth Meeting, Pa.

Among hospitals agreeing to participate is Bloomingston Hospital and Healthcare System, Bloomington, Ind., 297 beds. Bob Majors, director of materials management, said, “The new awards will provide members access to more choices and new technology, and increase the competitive environment for future bids across all products and services.”

Another is Harborview Medical Center, Seattle, Wash., 413 beds. “Novation has successfully untied the industry’s practice of grouping wound closure and endomechanicals, bringing better value to the members it serves,” said Don Millbauer, director of perioperative services.

Premier picks up additional members, including former Mercy Resource hospital

Three hospitals became new members of Premier, Charlotte, N.C., and two others agreed to renew their membership.

Mercy Hospital and Medical Center, Chicago, 343 beds, joined Premier Jan. 1, the day after its membership in Medassets HSCA, St. Louis, expired. Mercy had decided to rejoin Premier after its regional group purchasing organization, Mercy Resource Management, announced it would disband. Mercy had been a long-term Premier member until 2003, when it switched to Medassets (see HMM, February 2004 and November 2004).

Gottlieb Memorial Hospital, Melrose Park, Ill., 275 beds, and The Moffitt Cancer Center and Research Institute, Tampa, Fla., changed their status from affiliates to full Premier members.

Renewing its membership was Baptist Health South Florida, Miami, an integrated delivery network including Baptist Hospital, 513 beds; South Miami Hospital, 500 beds; and Mariners Hospital, Tavernier, Fla. Also renewing was Presbyterian Healthcare, Albuquerque, N.M., a seven-hospital IDN including flagship Presbyterian Hospital, 453 beds.

Catholic IDN makes switch to Consorta from Premier, citing contract flexibility

Catholic Health East, Newtown Square, Pa., began the year as the newest member of Consorta, Schaumburg, Ill. The IDN previously was a member of Premier, Charlotte, N.C.

With 31 acute care hospitals, Catholic Health East spends $600 million annually on supplies and pharmaceutical products.

Tom Gruber, vice president of supply chain management, said Consorta’s large purchasing volume...
and flexible contracting programs led to the decision. “Most important is the opportunity to align with other Catholic health systems which make up Consorta’s ownership, the flexibility of Consorta’s contracting models, and Consorta’s track record of positive financial returns to its owners,” Gruber said.

■ Buy or rent? Amerinet hospitals will have a choice under linen pact with Angelica

Hospitals have a choice of buying or renting linens at discounted rates under a new contract awarded by Amerinet, St. Louis.

Amerinet named Angelica Textile Services, also in St. Louis, to provide linen service programs, under a three-year deal that took effect Nov. 1, 2004. Angelica’s services range from laundering and distribution to rental, processing, surgical packs, dust control and outsourcing of linen departments.

For outsourcing customers, the company will take over management of linen service, and pay the hospital cash for the facility and equipment.

■ Amerinet renews contract with Cardinal for trays, selects DeRoyal for staples

Amerinet, St. Louis, renewed its contract for procedure trays with Cardinal Health, Dublin, Ohio. The renewal took effect Nov. 11, 2004.

Covered products include trays for the following procedures:
- Thoracentesis
- Paracentesis
- Lumbar puncture
- Myelogram
- Arthrogram
- OB/GYN.

A separate line of trays is available with safety sharps.

Meanwhile, Amerinet selected DeRoyal Industries, Powell, Tenn., for an additional line of surgical staples. That deal, which took effect Oct. 1, 2004, provides undisclosed discounts on the company’s 35-count skin staplers with fixed or rotating heads.

■ Novation plans to select next med-surg distributor using online RFP process

Novation, Irving, Texas, is conducting its first online bidding for a contract award.

In November, Novation invited prospective medical-surgical distributors to use a new web site to submit bids. By the end of the month 65 suppliers had registered on the site.

The registration site enables suppliers to register to participate in a preliminary request for information (RFI). Once registered, distributors are provided access to a separate site where they can view and download documents related to the RFI.

Senior contract developer Robert Benson said the process will save time and money by eliminating the need to ship paper documents.

“Distributors also can email the RFI documents internally throughout their organization to facilitate the completion of the RFI response,” he added. “No software is needed to access the information, only an internet connection.”

In September, Novation began using the site to conduct invitations to bid for all non-pharmacy products, distribution services and capital equipment. Use will be expanded to other product categories in early 2005, according to Benson.

■ Novation inks deals with 100+ companies to create expanded pharmacy portfolio

The year ended with a major update to Novation’s pharmacy portfolio.

The Irving, Texas-based group purchasing organization signed agreements worth nearly $8 billion in annual pharmaceutical purchases. The deals are with 139 companies covering 10,970 medications. All took effect Oct. 1, 2004 and run for three years.

“Our new pharmacy portfolio is one of the most comprehensive pharmacy offerings in the industry and we believe the most competitive in terms of pricing,” said Larry McComber, vice president of pharmacy.

■ Enzymatic cleaners featured in contract between Novation and Action Surgical

Novation, Irving, Texas, in November awarded a contract to Action Surgical, Virginia Beach, Va., for instrument care products. The contract covers instrument cleaners, enzymatic cleaners and instrument lubricants. The deal runs through March 31, 2006.

Action’s main product, Bio-Zyme 3™, utilizes seven enzymes from the three essential enzyme groups in its cleaning components.

The award is part of Novation’s Supplier Diversity Program.

■ Medline becomes sole source of supplies to treat wounds under Consorta deal

Consorta, Schaumburg, Ill., has a new contract for wound care supplies. The vendor is Medline Industries, Mundelein, Ill. The sole source deal took effect Jan. 1 and runs for three years.

Consorta members spend $6 million annually on the traditional wound care products it covers. These include gauze sponges, abdominal (ABD) pads and gauze bandages.

Ascension Health System, St. Louis, an IDN member of Consorta, has a custom version of the Medline contract.
ELECTRONIC COMMERCE

He said among other incentives, the ability to document savings will lead hospitals to buy online. His counterpart at Neoform, Bob Zollars, agreed. Zollars expects to document savings of $26.7 million this year from Neoforma users. “I think those dollars will be redeployed into patient care,” he added.

The bulk of Neoforma’s business is through two group purchasing organizations: Novation, Irving, Texas, and Medbuy, London, Ontario.

For hospitals already using e-commerce, the coming year will provide opportunities to improve utilization and document benefits, using the reports that central databases can deliver.

Zollars said hospitals are adopting e-commerce at an annual rate of 35%. “The hospital business is really tough right now,” he noted, and e-commerce is a way of implementing savings goals.

While a hospital must pay a one-time fee of $10,000 to connect to Neoform, he said, “I don’t think that’s a big reason for lack of adoption.”

Instead, he said, some hospitals have recently invested in new, expensive materials management information systems that allow them to use EDI with major suppliers. They find it hard to justify another investment right now.

Others, Zollars noted, are reluctant to change the

Hospitals now glad they took the plunge

Certain hospitals became early adopters of electronic commerce, and now they are reaping the rewards of documented savings and substantial return on investment.

Among them are:

• Terrebonne General Medical Center, Houma, La., 304 beds. In 1999, Terrebonne went from phone and fax orders to ordering through GHX.com. The hospital had EDI connections with major suppliers like the Allegiance division of Cardinal Health, Dublin, Ohio; distributor Owens & Minor, Richmond, Va.; and Fisher Scientific, Pittsburgh. But the resulting electronic orders represented just 8% of the hospital’s annual purchase orders. Materials management director Kary LeBlanc decided not to create any additional EDI links because of the time and expense they required. By joining GHX, Terrebone saved the $100,000 it would have cost to add EDI connections to the 40 new suppliers it now orders from electronically. By streamlining the purchasing process, Terrebone has saved $34,000 annually.

• Cape Fear Valley Health System, Fayetteville, N.C., four hospitals totaling 741 beds. Cape Fear used EDI with Allegiance before joining GHX in December, 2001. The system had just installed an enterprise resource planning (ERP) system from Lawson Software, St. Paul, Minn., and decided to link it to GHX rather than attempt any more EDI links. Cape Fear now buys online from 38 vendors, and purchases 80% of its line items electronically. For these items, advance ship notices and invoices also arrive electronically.

• University of Colorado Hospital Authority, Denver, 373 beds. CU Hospital reduced staff time in materials management and accounts payable by 5,500 hours annually by purchasing online through Neoform. Materials management director Janet Burda said a major advantage was the prerequisite data cleansing that streamlined product identification and improved price accuracy.

• Premier Health Partners, Dayton, Ohio. This integrated delivery network saves $2.6 million annually on supplies purchased electronically through Neoform.
For Mahoney, a major selling point for making the change is "return on investment." By that he referred to the increased productivity of employees translated to savings compared with the cost of going electronic. He noted that employees who manage hospital computer systems work harder to maintain EDI systems with their point-to-point connections.

Switching to the Internet, he said, makes "the IT staff more productive." While it does not specifically refer to purchasing, a new government policy may make it easier for hospitals to go electronic. The Dept. of Health and Human Services in October 2004 awarded grants and contracts totalling $139 million to promote automation of health care operations.

No future shock
Both Zollars and Mahoney agreed that the next few years will bring a steady increase in the number of e-commerce users, along with an increase in the number of transactions online. They do not expect any major technology breakthroughs.

In 2004, Neoforma reported 11 billion transactions over its Marketplace@Novation site, about 25% of the 44 billion total that its participating hospitals conduct annually. Zollars expects that number to increase 30% to 40% to between 14 billion and 15 billion in 2005. That leaves a long way to go in converting the industry completely to Internet buying. Part of the effort will have to be bringing smaller suppliers on board; virtually all major suppliers make their products available through GHX or Neoforma, and via recent network-sharing agreements, those who access one can access both.

Zollars said Neoforma is actively recruiting suppliers with the assurance that they will save money and improve revenue in the long run. Benefits to suppliers include:
- They will reduce their own IT costs
- With the high-speed transactions, they can reduce receivables and collect payment faster
- They will improve customer satisfaction, especially from reductions in item and price discrepancies.

Even Broadlane, Dallas, which maintains its own e-commerce platform, called Broadlink, has a deal with GHX that lets Broadlane members log on with all GHX suppliers.

Site updates let hospitals track tier levels
If 2005 is to be the year of electronic commerce enhancements, rather than breakthroughs, as industry leaders predict, then Neoforma's newest product arrived right on time.

The new year began with implementation of a set of programs designed to make Marketplace@Novation easier to use and more informative.

The new features include:
- Refinement of the online catalog to make it easier to identify savings opportunities (for example: the addition of tier information for new pharmacy contracts)
- More streamlined discrepancy research
- Updates to reporting programs.

Dan Blucher, senior director of e-commerce business development at Novation, explained the customer's view: "Members consistently ask for better access to the information they need to more effectively manage their supply chain."

With the new features, hospitals will be able to run "what-if" scenarios to assess cost reduction opportunities, review tier qualifications, calculate tier hurdles and identify savings for various tier options.

To help hospitals better identify and resolve discrepancies, prices are detailed to the fourth decimal point, supplier notes can be attached to electronic orders, and hospitals can customize their tolerance levels.

The Contract Utilization Report can now be sorted by class of trade, including pharmacy. The Pharmacy Custom Market Share report includes pre-built baskets for members to easily monitor their purchasing performance against tier requirements.

One integrated delivery network that signed on immediately was North Memorial Health Care, Robbinsdale, Minn. In the past year, North Memorial saved $2 million on pharmacy supplies using the existing supply analysis programs on Marketplace@Novation.

On the hospital side, the transition will be from EDI with major suppliers, to buying online from those same major suppliers.

Improvements in the systems that provide e-commerce will be incremental. Automated invoices, catalog accuracy, and accounts payable participation are on the GHX agenda. Most important, Mahoney said, is pricing accuracy. The Source Update feature will provide immediate contract updates to the system, and then post those contract prices directly to each hospital's MMIS.

"The question is no longer if you should do [e-commerce] but how to get the most value out of it," Mahoney noted.

(See E-commerce, continued on page 11)
ELECTRONIC COMMERCE

Still seeking standards
If any landmark event does occur in 2005, it may well be the adoption of standards for electronic identification of products, suppliers, buyers and delivery locations.

An industry-wide organization, the Coalition for Healthcare e-Standards (CHeS), Ann Arbor, Mich., is moving toward that goal. In April 2004, CHeS decided to endorse the Global Locator Number (GLN) as the standard for customer identification. Most other industries use this universal code to pinpoint their customers right down to the building to which goods are delivered. CHeS also is expected to endorse a Product Data Utility (PDU) in the coming year. A PDU would provide consistent product code structures, aiding in buying and selling online or through EDI.

Meanwhile, the Universal Product Number (UPN) is endorsed by CHeS and most vendors and purchasing groups, yet not universally adopted. Bringing smaller suppliers into the fold will be another goal for the industry.

During 2004, a group of GHX members began meeting to set policy for UPN adoption. Corwin Hee, director of internet marketing at Tyco Healthcare, Mansfield, Mass., and Bill Francis, vice president of contract administration at HCA, Nashville, Tenn., co-chair the GHX UPN Task Force. UPN adoption, Hee said, is a necessary first step in coordinating buyer and seller information.

About 40 GHX suppliers and distributors agreed to push UPN technology in their own industries, and several hospitals and GPOs plan to insist that suppliers start using them.

GHX will be the vehicle, according to Francis. “Health care has recognized the value of UPNs for many years,” he said. “But our industry is finally well-positioned to make real progress because we now have participants across the entire supply chain all using the same electronic trading exchange.”

How to do it
Global Healthcare Exchange (GHX), Westminster, Colo., which was started by a group of major suppliers, suggests a seven-step procedure for hospitals embarking on electronic commerce for the first time. Going from a manual system or an EDI link that depends on distributor data necessitates much hard work “scrubbing” errors out of the item master, as many materials managers have attested.

With its AllSource catalog maintained by suppliers, GHX offers new members a chance to bring their data up to date before subjecting it to electronic transfer.

The step-by-step process brings the hospital more deeply into the electronic network, using more additional programs to generate information and automate other parts of the supply chain.

The steps are:
- Cleanse and correct your data.
- Get connected; depending on the equipment and systems the hospital already owns, this step could be as simple as logging on to the internet.
- Start creating electronic requisitions that are translated into electronic orders that produce online acknowledgements and advance ship notices, automating the whole purchasing process.
- As contracts are updated, download the new prices directly into your system, eliminating manual work and future reconciliation.
- Use the system to monitor order status and be alerted to discrepancies in price, product number or unit of measure.
- Simplify accounts payable, using electronic invoices from vendors.
- Use the additional information you are collecting to improve business processes and identify buying patterns that could lead to more savings.

Groups look to Stryker for power tools used in neurology, orthopedic surgery
Consorta, Schaumburg, Ill., and Amerinet, St. Louis, recently signed deals with instrument company Stryker Corp., Kalamazoo, Mich., for various products.

Consorta awarded a contract to Stryker for handheld powered instruments and cutting accessories used in joint, spine, neurology, ENT, trauma and small-bone orthopedic procedures. The sole-source deal took effect Nov. 1 and runs for three years. Covered products include Core® micro powered equipment, System 5® heavy duty powered equipment, cordless Driver 2 trauma equipment and the company’s line of burs and blades.

Amerinet, St. Louis, renewed and expanded its contract with Stryker.

The three-year contract took effect in August and adds Revolution brand cement mixing and delivery products.

Other covered products, continued from the previous deal include power tools, irrigation and cement systems, cast room supplies and accessories.
(Gloves, continued from page 1)

range of products. ECRI examined different product
codes from the major manufacturers, and the results
have been added to the table to provide comparison
data.

Average annual spending on exam and surgical
gloves was $314 per licensed bed, which is 40.6% lower
than last year’s average of $529. Respondents said
about the half the annual glove spend represents
surgical gloves.

Two different products
Because materials, packaging, product standards and
manufacturers differ greatly, surgical and examination
gloves could be considered two different product cate-
gories. Surgical gloves are sterile, fitted, and packaged
in hand-specific pairs.

Exam gloves are usually non-sterile, packaged in
boxes of 100 singles that can be worn on either hand.
Therefore the “each” figures on the price table should
be interpreted as cost per single glove for exam types,
and per pair for surgeons’ and specialty gloves.

However, few hospitals reported tracking
spending on the two types separately. They also buy
gloves for non-medical uses, such as housekeeping and
food service.

About 60% of respondents said their glove prices
stayed the same in the past year, another 20% saw a
decrease, and the rest had no opinion.

When it came to predictions of future changes,
different figures were offered for surgeons’ and exam
gloves. The former are expected to increase by up to
2%. Exam gloves, meanwhile, were expected to climb
slightly, with some increases nearing the 5% level.

Contributing factors were higher costs of raw
materials, rising fuel costs leading to higher distribu-
tion costs, contract terms and competition.

Most responding hospitals reported buying off
group contracts. Contracts tend to be short-term, just a
year in some cases. Thus a majority will come up for
renewal sometime in 2005, leading to a possibility of
price change.

Incentives in the current deals include rebates
and volume discounts.

Supplier consolidation
A variety of suppliers, large, and small, were mentioned
in the survey. They include some “household” names
such as Perry and Safeskin that are now owned by
other companies.

In fact, the glove business has been marked by
almost constant reshuffling of ownership since this
century began.

In March 2000, Ansell Healthcare Products,
Massillon, Ohio, acquired the glove business of
Johnson & Johnson Medical Products, Arlington, Texas.
Even today, some materials managers continue to refer
to the Ansell products by that company’s former name,
Ansell Perry.

The $98 million deal brought J&J’s Neutralon,
Micro-Touch and Allergard brands under Ansell’s
control, and gave a boost to Ansell’s market share,
especially in North America.

Other popular glove suppliers are Medline Indus-
tries, Mundelein, Ill.; Allegiance Healthcare Corp.,
McGaw Park, Ill., now owned by Cardinal Health,
Dublin, Ohio; The Kendall Co., Mansfield, Mass., now
owned by Tyco Healthcare, Mansfield, Mass.; and
Maxxim Medical, Clearwater, Fla. Also mentioned this
year was Cypress Medical Products, McHenry, Ill.

In late 2003, Medline acquired Maxxim’s surgical
and medical products business, including examination
and surgical gloves. They include the Sensicare
Advantix powder-free line of latex-free exam gloves,
introduced by Maxxim in 2000.

In August 2004, the owners of Regent Medical,
Norcross, Ga., spun it off to form an independent
company. The parent, British-based SSL International,
sold the Regent assets to Apax Partners, who renamed
it Regent Medical Ltd.

The new CEO is Stuart Heap, who had repres-
ented SSL in the sale, and the new president is Robert
James. A Regent spokeswoman said SSL initiated the
sale of its medical divisions, including Regent, because
(See Gloves, continued on page 13)

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**Gloves**

Prices are listed by unit for examination gloves, and by pair for surgical and specialty gloves, based on HMM’s survey of hospitals, integrated delivery networks and group purchasing organizations. Prices are rounded to the nearest cent. ECRI prices are listed separately on the right. © Hospital Materials Management 2005.

<table>
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(Hospitals growing latex-wary)

There is growing awareness of the dangers of latex to clinicians and patients, and many hospitals nationwide have drafted latex-use policies for their staffs.

Many states have passed legislation requiring safer alternatives to latex for sensitive people.

However, it seems a latex-free environment is not in store for the majority of hospitals Rather, the trend is to stock more gloves with low protein and low or no powder. It is the powder, and the protein molecules it releases, that are believed to be the source of most allergic reactions, in patients as well as staff.

Nearly two-thirds (60%) of respondents to the HMM survey said they now have latex policies.

(See Gloves, continued on page 14)
If an employee alleges a reaction to latex gloves," explained one materials manager, "they are required to visit the health services nurse to review and verify the condition. Then a non-latex glove option is followed."

Another reported, "Our policy is to ask each contracted supplier to identify all products that contain latex. We provide this information to the end user." According to a written latex policy furnished by one hospital, the central supply unit stocks latex-free kits to be used when a patient allergy is suspected. The kits contain an ambu bag, syringes, gloves, a tourniquet, a foley catheter, webtril to wrap rubber blood pressure tubing, intravenous supplies, 2x2 gauze and paper tape.

Those options have translated into higher spending in the past, both from more costly synthetics and the cost of creating special supply stores, but that, too, may be changing. As the non-latex technology becomes more dominant, changes in the commodity price of rubber may make latex the more costly option in the future.

For surgical gloves, an industry estimate is that 52% of the $206 million is spent on latex powder-free gloves, 37% for latex powdered, and 11% for non-latex products. However, only 34% of the glove pairs purchased are powder-free latex, reflecting their higher unit cost. ◆

### Price Survey

**Gloves**

Prices are listed by unit for examination gloves, and by pair for surgical and specialty gloves, based on HMM’s survey of hospitals, integrated delivery networks and group purchasing organizations. Prices are rounded to the nearest cent. ECRI prices are listed separately on the right. © Hospital Materials Management 2005.

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(Gloves, continued from page 13)
Electronic storage makes patient records more accessible

Memorial Hermann Healthcare System, Houston, is turning its patient records into an electronic database.

Using an archive system developed by EMC Corp., Hopkinton, Mass., 12-hospital Memorial Hermann plans to keep records for the lifetime of each patient, based on federal and state retention and security regulations.

Robert Weeks, Memorial Hermann’s Director of Information Technology, said the system purchased the EMC Centera system, and as of late November had archived 25 million documents and images on it.

He said the system will add 40 million more such documents to the database each year.

Memorial Hermann previously had an optical storage and retrieval (OSAR) system, but Weeks said record retrieval by this system was slow.

To support its long-term paperless patient record system, Memorial Hermann now uses Centera to archive data from three imaging applications: FileNet’s document-imaging application, Heartlab’s cardiovascular imaging system (CVIS) and GE’s Healthcare PACS (picture archiving and communication system).

Memorial Hermann expects to save money on storage acquisition and ongoing management, while tracking retention periods and expiration dates more accurately.

“Previously,” Weeks said, “our employees would sometimes need to wait more than a minute to retrieve documents. Now, it takes one to three seconds. As a result, our users get their jobs done more quickly and efficiently, which in turn leads to higher-quality patient care.”

ORTHOPEDIC SUPPLIES

Collaboration helps members of Premier save millions on orthopedic implants

Members of Premier, Charlotte, N.C., saved $6.1 million on supplies in the first three months of the latest Supply Chain Collaborative Breakthrough Series.

Participants met in Orlando, Fla. Dec. 1-3 to review progress in their collaboration effort.

Premier vice president Gay Wayland, R.N., said the most successful component was the orthopedic implant track, which helps participants negotiate with vendors and convince surgeons to endorse cost-saving efforts. In 2003-2004, 28 hospitals collectively achieved $22 million in savings from process improvements in contract administration, cardiac cath lab, pharmacy and perioperative services.

In 2004-2005, participants are focusing on improvements in orthopedic implants, cardiac cath lab, pharmacy, and perioperative services.

Shared Services inks deal for medical waste service with Commodore Medical

Shared Services Healthcare (SSH), Atlanta, has a new contract for medical waste disposal.

The vendor is Commodore Medical Services, Nashville, Tenn. The agreement took effect in December and runs for three years. Members will receive a 20% discount on the following services:

- Medical waste transporting and processing;
- Sharsps management program;
- Time and motion studies on waste services;
- Solid waste consulting;
- Price reduction services;
- Training on compliance with DOT packaging requirements. Commodore collects, transports, treats and disposes of regulated medical wastes.

Consorta renews contract for blood gas instruments with Radiometer America

Consorta, Schaumburg, Ill., has renewed its contract for blood gas instruments with Radiometer America, Westlake, Ohio.

The deal took effect in December and runs for three years.

Past performance, a wide range of products and low cost accounted for the decision to renew, according to Lois Brisben, director of laboratory services. “Radiometer’s product breadth, demonstrated product performance and low operational cost provide value for Consorta members,” she said.

Covered products include the Radiance analyzer management system, the ABL 700 instrument series, ABL77 and NPT7 blood gas analyzers, and the TCM4 and TCM400 series transcutaneous monitors.

Accessories and consumables include Radiometer’s AutoCheck automated quality control module and the PICO and Clinitubes lines of blood samplers.

Spending and savings estimates were not disclosed.

Ohio hospital converts to digital imaging with PACS from Philips Medical Systems

University Hospitals Health System (UHHS), Cleveland, 1,009 beds, has completed installation of a picture archiving and communication system (PACS) made by Philips Medical Systems North America, Andover, Mass.

UHHS purchased the Philips EasyAccess Enterprise package for integration and distribution of electronic images. Financial details were not disclosed.
CONSORTA

Consorta, Schaumburg, Ill., started the year looking for vendors of anesthesia circuits, computed tomography scanners and motor vehicles, among other products. The Catholic group purchasing organization plans during the first three months of 2005 to issue requests for proposals for the products listed in the table on this page. Contracts, either new or renewal, will become effective in future quarters as indicated in the table.

Meanwhile, Consorta is expected to issue contracts in the first quarter for the following items: forms and forms management programs; audio and video equipment; cardiac stress test systems; shelves and storage systems; information technology; laundry equipment; microscopes; wireless communication systems; refrigerators; workstations; infuser bags; housekeeping supplies; hematology reagents; and some food and nutrition products.

Non-cephalosporins

Quarterly

<table>
<thead>
<tr>
<th>Indexes</th>
<th>3Q03</th>
<th>4Q03</th>
<th>1Q04</th>
<th>2Q04</th>
<th>3Q04</th>
</tr>
</thead>
<tbody>
<tr>
<td>Values</td>
<td>100.00</td>
<td>100.62</td>
<td>102.59</td>
<td>108.76</td>
<td>109.87</td>
</tr>
</tbody>
</table>

Change from the previous quarter: +0.92%; from the previous year: +9.87%.

Cephalosporins and related

Quarterly

<table>
<thead>
<tr>
<th>Indexes</th>
<th>3Q03</th>
<th>4Q03</th>
<th>1Q04</th>
<th>2Q04</th>
<th>3Q04</th>
</tr>
</thead>
<tbody>
<tr>
<td>Values</td>
<td>100.00</td>
<td>99.44</td>
<td>99.61</td>
<td>99.54</td>
<td>101.03</td>
</tr>
</tbody>
</table>

Change from the previous quarter: +1.50%; from the previous year: +1.03%.

Psychotherapeutics

Quarterly

<table>
<thead>
<tr>
<th>Indexes</th>
<th>3Q03</th>
<th>4Q03</th>
<th>1Q04</th>
<th>2Q04</th>
<th>3Q04</th>
</tr>
</thead>
<tbody>
<tr>
<td>Values</td>
<td>100.00</td>
<td>101.41</td>
<td>103.72</td>
<td>104.97</td>
<td>105.91</td>
</tr>
</tbody>
</table>

Change from the previous quarter: +0.90%; from the previous year: +5.91%.

CONSORTA

RFPs on the way from Consorta for variety of supplies

Consorta, Schaumburg, Ill., started the year looking for vendors of anesthesia circuits, computed tomography scanners and motor vehicles, among other products. The Catholic group purchasing organization plans during the first three months of 2005 to issue requests for proposals for the products listed in the table on this page. Contracts, either new or renewal, will become effective in future quarters as indicated in the table.

Meanwhile, Consorta is expected to issue contracts in the first quarter for the following items: forms and forms management programs; audio and video equipment; cardiac stress test systems; shelves and storage systems; information technology; laundry equipment; microscopes; wireless communication systems; refrigerators; workstations; infuser bags; housekeeping supplies; hematology reagents; and some food and nutrition products.

<table>
<thead>
<tr>
<th>Product</th>
<th>Contract launch</th>
</tr>
</thead>
<tbody>
<tr>
<td>Batteries</td>
<td>Second quarter</td>
</tr>
<tr>
<td>Computed tomography</td>
<td>Second quarter</td>
</tr>
<tr>
<td>Imaging equipment</td>
<td>Second quarter</td>
</tr>
<tr>
<td>Laryngeal tracheal kits</td>
<td>Second quarter</td>
</tr>
<tr>
<td>Cabinetry for nursing stations</td>
<td>Third quarter</td>
</tr>
<tr>
<td>Anesthesia circuits and masks</td>
<td>Third quarter</td>
</tr>
<tr>
<td>Surgical hand scrub products</td>
<td>Third quarter</td>
</tr>
<tr>
<td>Patient cleansing products</td>
<td>Third quarter</td>
</tr>
<tr>
<td>Automated point-of-use equipment</td>
<td>Fourth quarter</td>
</tr>
<tr>
<td>Vans and buses</td>
<td>Fourth quarter</td>
</tr>
<tr>
<td>Cardiac rhythm management</td>
<td>Fourth quarter</td>
</tr>
<tr>
<td>Computer-aided diagnostics</td>
<td>Fourth quarter</td>
</tr>
<tr>
<td>Suction canisters and solidifiers</td>
<td>Fourth quarter</td>
</tr>
</tbody>
</table>
### PRICE WATCH

#### Med-surg producer price indices down in Nov.

**Detailed Producer Price Index**

The Finished Goods segment of the Producer Price Index (PPI) for November was 151.7, down 0.1% from October, when it was 151.9.

For the selected medical-surgical products, the average index change between October and November was –0.3%. The average annual change was +0.2% from October and 2.7% higher than it was one year before.

### Detailed Consumer Price Index: Medical Care Commodities

The unadjusted medical care commodities component of the Consumer Price Index for November was 271.2, down 0.2% from October and 2.7% higher than it was one year before. The CPI indices shown are unadjusted, which generally are more useful in calculating prices actually paid at the time of purchase.

### Recent price surveys

- **Paper (December)**—Paper prices overall will stay level or rise only slightly in 2005.
- **Foley catheters (November)**—Materials managers expect to pay more in 2005 for certain models.
- **IV solutions (October)**—Prices of intravenous fluids are expected to begin rising 2005.
- **Cardiac catheters (September)**—Last year’s predictions of PTCA catheter price increases did not materialize.
- **Wound care (August)**—Average wound care prices are expected to remain level in the coming year.
- **Pacemakers (July)**—Physicians have been cooperating more in efforts to hold the line on pacemaker prices.
- **Sutures (June)**—Suture price trends were mixed last year, but will level out for the rest of 2004.
- **Endoscopes (May)**—Endoscopic prices began climbing last year, and are expected to continue upward.
- **Hip implants (April)**—Surgeons still have the final say on which hip implant to use, and it shows in price trends.

To order copies of previous price surveys, call 1-800-328-3211 and ask for the appropriate month’s issue at $15 per copy.

### Table: Detailed Producer Price Index

<table>
<thead>
<tr>
<th>Product category</th>
<th>Nov 2004 index</th>
<th>Oct 2004 index</th>
<th>Nov 2003 % change</th>
<th>% change in month</th>
<th>% change in year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finished goods</td>
<td>151.7</td>
<td>151.9</td>
<td>144.5</td>
<td>- 0.1%</td>
<td>+ 5.0%</td>
</tr>
<tr>
<td>Blood transfusion, IV</td>
<td>137.2</td>
<td>137.2</td>
<td>137.2</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Catheters</td>
<td>127.8</td>
<td>127.8</td>
<td>126.6</td>
<td>0.0</td>
<td>+ 0.9</td>
</tr>
<tr>
<td>Clinical laboratory</td>
<td>124.3</td>
<td>124.3</td>
<td>117.4</td>
<td>0.0</td>
<td>+ 5.9</td>
</tr>
<tr>
<td>Diagnostic apparatus</td>
<td>N/A</td>
<td>140.6</td>
<td>139.8</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Electromedical equipment</td>
<td>91.7</td>
<td>92.7</td>
<td>95.5</td>
<td>- 1.1</td>
<td>- 4.0</td>
</tr>
<tr>
<td>Irradiation apparatus</td>
<td>111.0</td>
<td>111.0</td>
<td>111.8</td>
<td>0.0</td>
<td>- 0.7</td>
</tr>
<tr>
<td>Surgical and medical insts.</td>
<td>133.9</td>
<td>135.2</td>
<td>134</td>
<td>1.0</td>
<td>- 0.1</td>
</tr>
</tbody>
</table>

### Table: Detailed Consumer Price Index: Medical Care Commodities

<table>
<thead>
<tr>
<th>Medical care commodities</th>
<th>Nov 2004 index</th>
<th>Oct 2004 index</th>
<th>Nov 2003 % change</th>
<th>% change in month</th>
<th>% change in year</th>
</tr>
</thead>
<tbody>
<tr>
<td>November</td>
<td>271.2</td>
<td>– 0.2</td>
<td>+ 2.7</td>
<td>+ 3.8</td>
<td>+ 1.0</td>
</tr>
<tr>
<td>October</td>
<td>271.7</td>
<td>+ 0.3</td>
<td>+ 2.6</td>
<td>+ 3.5</td>
<td>+ 0.3</td>
</tr>
<tr>
<td>September</td>
<td>170.9</td>
<td>+ 0.3</td>
<td>+ 2.3</td>
<td>+ 2.2</td>
<td>+ 0.2</td>
</tr>
<tr>
<td>August</td>
<td>270.0</td>
<td>0.0</td>
<td>+ 2.2</td>
<td>+ 3.5</td>
<td>+ 0.2</td>
</tr>
<tr>
<td>July</td>
<td>269.9</td>
<td>+ 0.1</td>
<td>+ 2.4</td>
<td>+ 3.8</td>
<td>+ 0.1</td>
</tr>
</tbody>
</table>

### Prescription drugs and medical supplies

<table>
<thead>
<tr>
<th>Medical care commodities</th>
<th>Nov 2004 index</th>
<th>Oct 2004 index</th>
<th>Nov 2003 % change</th>
<th>% change in month</th>
<th>% change in year</th>
</tr>
</thead>
<tbody>
<tr>
<td>November</td>
<td>152.3</td>
<td>– 0.4</td>
<td>+ 0.1</td>
<td>+ 1.0</td>
<td>+ 1.0</td>
</tr>
<tr>
<td>October</td>
<td>152.9</td>
<td>+ 0.3</td>
<td>+ 0.3</td>
<td>+ 0.3</td>
<td>+ 0.3</td>
</tr>
<tr>
<td>September</td>
<td>152.5</td>
<td>+ 0.5</td>
<td>+ 0.5</td>
<td>+ 0.5</td>
<td>+ 0.5</td>
</tr>
<tr>
<td>August</td>
<td>151.7</td>
<td>– 0.1</td>
<td>– 0.8</td>
<td>– 0.7</td>
<td>– 0.7</td>
</tr>
<tr>
<td>July</td>
<td>151.9</td>
<td>+ 0.2</td>
<td>+ 1.4</td>
<td>+ 1.6</td>
<td>+ 1.6</td>
</tr>
</tbody>
</table>

### Non-prescription medical equipment and supplies

<table>
<thead>
<tr>
<th>Medical care commodities</th>
<th>Nov 2004 index</th>
<th>Oct 2004 index</th>
<th>Nov 2003 % change</th>
<th>% change in month</th>
<th>% change in year</th>
</tr>
</thead>
<tbody>
<tr>
<td>November</td>
<td>180.8</td>
<td>– 0.5</td>
<td>– 1.1</td>
<td>– 1.8</td>
<td>– 1.8</td>
</tr>
<tr>
<td>October</td>
<td>181.7</td>
<td>+ 0.9</td>
<td>+ 1.1</td>
<td>+ 1.2</td>
<td>+ 1.2</td>
</tr>
<tr>
<td>September</td>
<td>181.2</td>
<td>+ 0.6</td>
<td>+ 0.8</td>
<td>+ 0.8</td>
<td>+ 0.8</td>
</tr>
<tr>
<td>August</td>
<td>180.2</td>
<td>0.0</td>
<td>1.4</td>
<td>1.6</td>
<td>1.6</td>
</tr>
<tr>
<td>July</td>
<td>180.2</td>
<td>– 0.8</td>
<td>– 1.6</td>
<td>– 1.6</td>
<td>– 1.6</td>
</tr>
</tbody>
</table>

### Category

<table>
<thead>
<tr>
<th>Category</th>
<th>Nov 2004 index</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Med-surg supplies overall</td>
<td>100.58</td>
<td>- 1.46%</td>
</tr>
<tr>
<td>Autotransfusion</td>
<td>104.14</td>
<td>+ 0.40%</td>
</tr>
<tr>
<td>Bandages &amp; dressings</td>
<td>102.54</td>
<td>+ 0.39%</td>
</tr>
<tr>
<td>Bandages, elastic</td>
<td>95.63</td>
<td>- 0.62%</td>
</tr>
<tr>
<td>Catheters, tubes &amp; allied products</td>
<td>96.53</td>
<td>- 4.06%</td>
</tr>
<tr>
<td>Diagnostic &amp; therapeutic catheters</td>
<td>96.65</td>
<td>- 2.36%</td>
</tr>
<tr>
<td>Diagnostic instruments</td>
<td>97.18</td>
<td>- 1.12%</td>
</tr>
<tr>
<td>Electrosurgical supplies</td>
<td>100.63</td>
<td>- 0.19%</td>
</tr>
<tr>
<td>Endoscopy</td>
<td>103.56</td>
<td>+ 1.12%</td>
</tr>
<tr>
<td>Garments &amp; textiles</td>
<td>98.50</td>
<td>- 0.51%</td>
</tr>
<tr>
<td>Gloves</td>
<td>94.31</td>
<td>- 2.32%</td>
</tr>
<tr>
<td>Orthopedic supplies</td>
<td>102.56</td>
<td>- 0.19%</td>
</tr>
<tr>
<td>Paper products</td>
<td>99.75</td>
<td>+ 1.76%</td>
</tr>
<tr>
<td>Respiratory therapy</td>
<td>96.96</td>
<td>- 1.73%</td>
</tr>
<tr>
<td>Solutions &amp; delivery products</td>
<td>101.65</td>
<td>- 5.12%</td>
</tr>
<tr>
<td>Sponges</td>
<td>100.15</td>
<td>+ 0.71%</td>
</tr>
<tr>
<td>Surgical instruments</td>
<td>101.84</td>
<td>- 3.14%</td>
</tr>
<tr>
<td>Surgical packs &amp; parts</td>
<td>94.78</td>
<td>- 1.09%</td>
</tr>
<tr>
<td>Syringes &amp; needles</td>
<td>100.55</td>
<td>+ 0.49%</td>
</tr>
<tr>
<td>Urrological products</td>
<td>100.56</td>
<td>- 0.02%</td>
</tr>
<tr>
<td>Wound closures</td>
<td>104.19</td>
<td>+ 0.47%</td>
</tr>
<tr>
<td>X-ray supplies</td>
<td>94.73</td>
<td>- 2.85%</td>
</tr>
<tr>
<td>104.4 index</td>
<td>106.88</td>
<td>+ 1.09%</td>
</tr>
</tbody>
</table>

### Pharmaceuticals overall

<table>
<thead>
<tr>
<th>Category</th>
<th>Nov 2004 index</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovasculars</td>
<td>106.58</td>
<td>+ 1.20%</td>
</tr>
<tr>
<td>Cephalosporins and related</td>
<td>101.03</td>
<td>+ 1.50%</td>
</tr>
<tr>
<td>Cefuroxone</td>
<td>109.87</td>
<td>+ 1.02%</td>
</tr>
<tr>
<td>Psychotherapeutics</td>
<td>105.91</td>
<td>+ 0.90%</td>
</tr>
</tbody>
</table>

Source: IMS Health
People on the move

Patricia Becker joined Shared Services Healthcare (SSH), Atlanta, as a regional vice president based in central Florida. This is a new position, added because of recent expansion of membership in that area. Deborah Wahl will continue there in her position of regional vice president as well. Before joining SSH, Becker was director of supply chain solutions, outsourcing division, at Premier, Oak Brook, Ill. (since relocated to Charlotte, N.C.). Before that, she was director of purchasing at Wuesthoff Memorial Hospital, Rockledge, Fla., 295 beds, and Orlando Regional Healthcare System.

Positions available

Roanoke-Chowan Hospital, Ahoskie, N.C., 124 beds, is seeking a director of support services with responsibility for materials management. Contact Roy Lewis at 252-209-3263. Fax 252-209-3252.

Pine Creek Medical Center, Dallas, is seeking a materials manager. This new acute-care hospital is scheduled to open in March.

Christiana Care Health Services, Newark, Del., 1,000 beds, is seeking a logistics manager. Fax cover letter and resume to S. Ellsworth at 302-623-0324 or apply online at www.christianacare.org.

Marian Community Hospital, Carbondale, Pa., 112 beds, is seeking a director of materials management. In July, Marian became a member of Catholic Health East, Newtown Square, Pa., through its membership in Maxis Health System. Contact Marian Community Hospital, 100 Lincoln Ave., Carbondale, PA 18407. Phone: 570-281-1000.

Los Gatos Surgical Center, Los Gatos, Calif., is seeking a materials/facility manager responsible for purchasing, inventory and storage of equipment and supplies. Fax resume to Kathleen O’Connor at 408-358-3924.

La Ribida Children’s Hospital, Chicago, 77 beds, is seeking a materials manager. Fax resume to 773-363-7905.

South Texas Health System, McAllen, Texas, is seeking an assistant director of materials management. Fax resume to 956-388-2450.

Methodist Hospital of Southern California, San Gabriel, Calif., 274 beds, is seeking an OR materials coordinator. Fax resume to Christina Trejo at 626-446-1709.

Cirrus Health, Beverly Hills, Calif., is seeking a surgical technologist/materials manager. Fax resume to 817-837-1105.

Regency Hospital Co., Covington, La., is seeking a materials management assistant. Contact Leigh Venturella at 985-867-3978; fax 985-867-3976.

Medbuy Corp., London, Ontario, is seeking a director of pharmacy contract development. Contact M. Peers, Medbuy Corp., 4056 Meadowbrook Drive, Unit 135, London, Ontario N6L 1E4, Canada. Phone 519-652-1688; Fax 519-652-2788. Email: mpeers@medbuy.ca.

VHA, Irving, Texas, is seeking a materials manager with expertise in sterile processing to work with members in the North Carolina area. Apply online at www.vha.com.

Alta Bates Summit Medical Center, San Francisco, 1,082 beds, has three openings in distribution and materials management. It is seeking distribution technicians in logistics and materials management, and an administrative assistant responsible for materials management in the emergency department. Contact Human Resources, Sutter Health, 3012 Summit St. 3rd Floor, Oakland, CA 94609. Phone 510-869-6800, Fax 510-869-8258.

Northern Michigan Supply Alliance, Traverse City, Mich., is seeking a clinical value analyst. Contact Joyce Pleva, Phone: 231-935-8264; Fax: 231-947-2436.

Chandler Regional Hospital, Chandler, Ariz., 138 beds, is seeking a materials manager. E-mail resume to jperna@chw.edu.

The Catholic Healthcare Initiatives national office in Tacoma, Wash., is seeking a purchasing assistant to provide support for buyers and contract administrators. Contact Tracie Grant, Human Resources Manager, Catholic Health Initiatives, 1999 Broadway, Suite 2600, Denver, CO 80202. Phone 303-383-2792; Fax 303-383-2695.

Centura Health, Englewood, Colo., is seeking an assistant vice president of value analysis in its materiel management department. Contact Human Resources, Centura Health, 5570 DTC Parkway, Englewood, CO 80111.

St. Joseph Medical Center, Towson, Md., 460 beds, is seeking a director of materials management and a clinical resource manager for materials management. Contact Ann T. Bures, Employment Manager, St. Joseph Medical Center, 7601 Osler Drive, Towson, MD 21204. Phone 410-337-1447; Fax 410-337-1203.
St. Joseph Hospital and Health Center, Dickinson, N.D., 109 beds, is seeking a materials management director. Contact Connie Fichter, Human Resources Director, St. Joseph’s Hospital & Health Center, 30 West 7th St., Dickinson, ND 58601. Phone 701-456-4276; Fax 701-456-4801.

HealthSouth Diagnostic Center, Scottsdale, Ariz., is seeking a materials/sterilization coordinator. Responsible for the sterile processing, negotiating with vendors and maintenance of physician preference cards. Contact HealthSouth Diagnostic Center, 9522 E. San Salvador, Scottsdale, AZ 85258. Fax 480-767-2101.

Broadlane, Dallas, is seeking a contract manager for surgical and orthopedic supplies. Fax resume to 972-813-8439 or apply online at www.broadlane.com.

Kaiser Permanente, Oakland, Calif., has 12 openings for materials management specialists in its California hospitals. These positions include material services coordinator, materials specialist, sterile processing supervisor, storekeeper and warehouse specialist. For more information visit www.kaiserpermanentejobs.org.

Kaweah Delta Health Care District, Visalia, Calif., 501 beds, is seeking a supervisor of laundry services, to be responsible for the laundry and linen departments for all Kaweah Delta facilities. Contact Human Resources, Kaweah Delta Health Care District, 400 West Mineral King Ave., Visalia, CA 95291. E-mail myresume@kdhcd.org.

Premier, Charlotte, N.C., is seeking several purchasing professionals. In the Oak Brook office, Premier is seeking a manager of contracting for colleges and universities. In the Charlotte, N.C. office, the following positions are open: vice president of product planning; manager of environmentally preferred purchasing; and administrative assistant for facilities. Apply online at www.premierinc.com.

Harris Methodist Fort Worth Hospital, Fort Worth, Texas, 628 beds, is seeking a director of materials management and operating room materials supervisor. Apply online at www.texashealth.org.

University of Southern California Hospital, Los Angeles, 293 beds, is seeking an assistant director of materiel management for its Norris Cancer Hospital. USC Hospital is a member of Tenet Healthcare, Santa Barbara, Calif. Contact Betty Baker at 323-865-3880. Fax 323-865-0118.

Memorial Medical Center, New Orleans, 652 beds, is seeking a surgical purchasing supervisor. The position is responsible for control of 5,000 inventory items valued at $2 million. Contact Deborah Este, 504-894-2809. Fax 504-897-4449.

SCCI Hospital, Dallas, is seeking a materials management coordinator for its El Paso, Texas facility. SCCI is a specialty hospital system that provides long-term acute care for seriously ill patients. Contact Laura Anchondo, SCCI, 12300 Ford Road Suite 300, Dallas, TX 75234. Phone 972-243-6279; Fax 972-243-5671.

Scripps, San Diego, is seeking a materials management coordinator for Scripps Mercy Hospital, San Diego, 523 beds. Contact Scripps Employment Center at 858-678-6513, Reference 90563.

Kaiser Permanente, Oakland, Calif., is seeking a materials management supervisor in its Riverside, Calif. facility. Apply online at www.kaiserpermanentejobs.org.

St. Elizabeth’s Medical Center, Boston, 400 beds, is seeking a director of materials management. Contact St. Elizabeth’s Medical Center of Boston, 736 Cambridge St., Boston, MA 02135. Phone 617-789-3000 Fax 617-789-2438.

Mary Lanning Memorial Hospital, Hastings, Neb., 183 beds, is seeking a director of materials management. Apply at www.mimh.org or contact Human Resources, 715 N. St. Joseph Ave., Hastings, NE 68901. Fax 402-461-5104.

Premier, Charlotte, N.C., is seeking an executive director for the Western New York Purchasing Alliance (WNYPA), a regional purchasing alliance it is forming. WNYPA will manage Premier contracts and negotiate regional contracts. Apply at www.premierinc.com.

The Camden Group, El Segundo, Calif., is seeking a materials manager to lead consulting projects in supply cost management. Contact Susanne Schermerhorn, fax 310-606-5811 or e-mail sschermerhorn@thecamden-group.com.

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To place an announcement in Job Mart/People, call editor Paula DeJohn at 303-967-0136, or fax to 303-290-9025.