Syringe and needle prices rose modestly last year, as predicted, but are expected to decline this year, now that hospitals have progressed sufficiently in conversion to safety products.

Even some of the pricier safety needles have begun to drop in price, while traditional models are continuing their previous declines, materials managers reported in the latest HMM price survey.

About two-thirds of materials managers reported that their needle prices did not change during the past year.

Bariatric patients require whole new line of supplies

By Paula DeJohn

Severely obese patients are showing up in emergency rooms and at admissions desks at an ever-increasing rate, and the result is a heavier burden on materials management.

Sixty-four percent of U.S. hospitals polled in a recent survey reported an increase in admissions of seriously overweight, or bariatric, patients, and they have had to purchase additional furniture, lifting and transfer equipment and surgical supplies, to the tune of $43,000 per hospital, on average.

And that does not include the cost of building renovations to accommodate larger equipment (average $22,000 per hospital in 2004) or the cost of training staff to transport and treat obese patients safely.

GPOs taking note

Group purchasing organizations are taking note and contracting for specialized equipment for bariatric patients.

Novation, Irving, Texas, now contracts for a variety of products used in caring for obese patients.

VHA, also in Irving, one of Novation’s founding GPOs, in January released a survey of its members showing even more such

(See Bariatric, continued on page 9)

Needle prices inch downward

Hikes were modest

Where prices increased, the hikes were modest, averaging 5%, compared with the 200% increases reported for some products last year.

The wave of legislation in recent years requiring the use of safety devices led hospitals to fear drastic increases in the cost of needles and other sharps.

But for the early adopters, once the new devices were in place, costs began to diminish as they usually do with new technology.

New supplier entrants to the market included safety device makers who quickly went on the offensive.

(See Needles, continued on page 11)
Give clinicians what they need: a buying guide

By Joe Grimes

No matter how hard a materials manager works to centralize purchasing and standardize on contracts, in most hospitals there will always be departments that maintain control over their own supplies.

There is a tool to keep inventory in those end-user departments from getting out of hand.

It’s called the buying guide, and many hospital clients of Contract Support Services, La Crescenta, Calif., have found it a reliable means of reducing inventory costs and off-contract purchasing.

Surgery, laboratory and imaging departments are among the most likely to be in control of selecting and holding their specialized supplies. Dedicated inventory in these settings is termed “point of use” to distinguish it from the materials management department’s central supply location serving all hospital departments.

The last link

These large end-user departments represent the last link in the supply chain.

Although they vary considerably in complexity, supply management sophistication and activity, these departments typically develop their own inventory management and requisition generation processes, including independent databases.

Over time they develop their own personnel specialists and storage locations, often with sizable inventory investments.

They all have well-developed relationships with suppliers, reflecting their dependence on supply availability for operations.

However, letting end-user departments run their own supply operations has drawbacks for the

Joe Grimes is senior project manager with materials management consulting firm Contract Support Services, La Crescenta, Calif. He previously was director of pharmacy contracting at the former Purchase Connection, now part of MedAssets HSCA, St. Louis. He also has been director of material resources at Anaheim Memorial Medical Center, Anaheim, Calif., 225 beds.
Allina expects instrument cost savings under reprocessing pact with Alliance

Allina Hospitals & Clinics, Minneapolis, selected Alliance Medical, Phoenix, Ariz., to provide instrument reprocessing services.

The two-year deal took effect in January. Allina expects to save $2.3 million annually by having Alliance reprocess single-use instruments.

Allina CEO Richard Pentigill said quality and the ability to deliver greater savings than other candidates prompted the choice of Alliance. Allina owns and operates 11 hospitals, 65 clinics, hospice services, pharmacies, home oxygen and medical equipment, and emergency medical transportation services.

Paper survey follow-up: readers submit additional prices for office supplies

Following the last HMM price survey on paper (December 2004) readers sent additional prices based on local contracts. Selected examples are shown below. All prices are per ream.

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<thead>
<tr>
<th>Description</th>
<th>Vendor</th>
<th>Price</th>
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</thead>
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Prices of additional office supplies are shown below:

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Florida hospitals file suit in protest of MedQuist’s transcription billing methods

Following a class action lawsuit led by South Broward Hospital District and Memorial Regional Hospital, Hollywood, Fla., 646 beds, transcription supplier MedQuist, Mount Laurel, N.J., on Jan. 25 received an administrative subpoena from the U.S. attorney’s office for the District of Massachusetts.

The subpoena is the latest event in an investigation that began in early 2004, when independent accounting firms Debevoise & Plimpton and PricewaterhouseCoopers questioned the way MedQuist charges hospitals and other customers for its services. In the suit, the hospitals claim they were wrongfully and fraudulently overcharged for transcription services by MedQuist.

The auditors found the company used ratios and formulas to determine the number of transcription lines for which clients were billed rather than counting the number of relevant characters to determine a billable line as provided for in its contracts, without telling customers it was doing this.

The use of ratios and formulas caused some clients to be billed more and some to be billed less than if the straight counting method had been used.

Agencies told to work together to speed approval of new medical technology

While the latest medical technology is expensive, hospitals have come to realize that it often saves money in the long run, by shortening hospital stays and reducing labor costs.

So, despite the difficulties in coming up with initial investments, hospitals look forward to having access to new medical devices, especially when they also are expected to provide price-busting competition.

An example is the drug-eluting stent, where the approval of a second model made both doctors and materials managers happy.

Listening to manufacturers’ pleas, The Dept. of Health and Human Services in January released a report by its Medical Innovation Task Force, formed in May 2004 to look for ways HHS could help speed the development of innovative medical technologies and get them into hospitals more quickly.
Recommendations in the task force report were selected, officials said, because they can be implemented relatively quickly without new legislation or regulations.

The overwhelming consensus of the task force was that federal agencies need to work together more closely and share information about technology needs and concerns.

This is especially true within HHS, but outside departments—such as the Dept. of Veterans Affairs—also need to be included in promotion of innovation.

Among agencies that should more closely coordinate their activities are the National Institutes of Health (NIH); Food and Drug Administration (FDA); Centers for Medicare and Medicaid (CMS) and Agency for Healthcare Research and Quality (AHRQ), the task force found.

The task force recommended that HHS undertake or expand the following activities:

- Work with agencies outside of HHS that play an important role in medical technology development, to move technology more rapidly to the bedside. Such agencies include the National Science Foundation (NSF), the National Institute of Standards and Technology (NIST/Department of Commerce), the Telemedicine Advanced Technology Research Center (TATRC/Department of Defense, and the National Institute of Disability and Rehabilitation Research (NIDRR/Department of Education). The Task Force also recommended working toward a close collaboration with the VA.
- Create a forum to enable investigators and manufacturers to communicate with HHS agencies that influence product development. Such a forum would enable developers to discuss their products with research, regulatory, and reimbursement agencies.
- FDA and CMS should work together more closely. The agencies already have agreed to collaborate on performing company-requested parallel reviews of new technologies; approving Humanitarian Device Exemptions; sharing of Summaries of Safety and Effectiveness; and analyzing post-marketing surveillance data.
- Encourage standard formats for electronic clinical trial data, enabling the use of consistent standards for clinical trials and allowing integration of these data with electronic health records.
- Provide training to HHS staff about the technology development process. Such a program will improve government scientists’ ability to contribute to the rapid translation of medical innovations into clinical practice.

Sentara begins custom contracting under VHA program with renewed membership

Sentara Healthcare, Norfolk, Va., agreed to let VHA, Irving, Texas, help it design custom supply contracts.

In January, Sentara signed a three-year agreement renewing its membership in VHA and adding a custom deal component.

In 2004, the six-hospital integrated delivery network spent $172 million on supplies and services through VHA contracts. Materials management vice president Carl Manley said Sentara will continue to buy medical-surgical supplies, pharmaceuticals, capital equipment, food products and lab equipment through VHA’s group purchasing arm, Novation, also in Irving.

“We considered several opportunities to partner with other organizations that provide similar services,” Manley said, “but VHA’s custom supply chain management approach provides a comprehensive range of opportunities to reduce supply costs.”

Bon Secours finds new Premier clinical software reduces costs of pneumonia

Bon Secours St. Mary Hospital, Hoboken, N.J., 328 beds, saved $550,000 last year while pilot testing the Advisor Suite program of its group purchasing organization, Premier, Charlotte, N.C.

Now Bon Secours is considering installing the program in all of its hospitals.

Advisor Suite is a web-based application containing benchmarks for treatment of various conditions. St. Mary used it to track treatment for community-acquired pneumonia. Based on system reports, it concluded that electrocardiograms, chest physiotherapy and arterial blood gas measurements were given more frequently than best practices called for.

The data were used for training emergency physicians and nurses to limit testing to one of the three options. In addition to the cost savings, adopting the new standards reduced pneumonia mortality by 17%.

E-commerce giant GHX adds product choices by opening catalog to all vendors

Hospitals using Global Healthcare Exchange (GHX), Westminster, Colo., for electronic commerce may soon be able to shop at non-participating suppliers.

GHX in February began offering a “Content Only” membership for suppliers that do not wish to pay the fee to fill orders through the site to still publish product data in GHX’s AllSource online catalog. The move will give GHX a much larger product database, an important feature in expanding and sustaining the use of e-commerce by hospitals. Hospitals will also benefit, by having access in one location to most or all of the suppliers they do business with.
Standardization pays, Ohio IDN confirms after two-year project with Novation

OhioHealth Corp., Columbus, Ohio, saved $8 million on a variety of medical-surgical products in the first year of an effort to standardize using contracts from Novation, Irving, Texas.

For its 14 hospitals, OhioHealth assigned three registered nurses as materials clinical specialists to analyze purchasing practices and identify savings from standardization and utilization.

The materials management department set priorities for conversion based on potential savings. The project began in 2003 with commodity products. In 2004, the system saved an additional $1.3 million on more specialized items.

Hospitals investing in hardware, software in effort to convert to electronic records

Despite the investment required, hospitals are working to convert to electronic medical records and generally automate their business functions, including materials management.

As the year began, several signed contracts with Sun Microsystems, Santa Clara, Calif., for the company’s Solaris operating system for their medical record systems.

In February, The Children’s Hospital, Denver, 236 beds, The Queen’s Medical Center, Honolulu, 500 beds, and University of Texas Medical Branch at Galveston, 804 beds, agreed to install Sun systems.

Ken Kudla, vice president of information technology at The Queen’s Medical Center, said service, reliability and performance were the hospital’s priorities in the choice of vendor. “You can’t beat Sun for reliability and scalability,” Kudla said.

At Children’s Hospital, the Sun deal is part of a four-year plan, begun in 2003, to convert to electronic records. That process is expected to continue through mid-2006, as the hardware and software are configured.

Children’s has installed an active-passive cluster pair of Sun Fire 6800 servers to power its records system.

“Three leading hardware vendors were evaluated and Sun Microsystems was chosen for its proven performance, reliability, support, and excellent value,” said Mike Blaskowski, data services manager. “The Sun Fire 6800 servers have fully met our expectations and given us the tools to deliver truly high availability computing in all of our environments of care, from ambulatory clinics to our emergency department.”

The University of Texas Medical Branch installed Sun Fire 6900 and 4800 servers to run the Solaris operating system.

Remote microscope brings diagnoses online for Children’s Hospital oncologists

The Children’s Hospital, Denver, 236 beds, in January became the first children’s hospital in the nation to purchase the online microscope system from Trestle Corp., Irvine, Calif.

The hospital installed MedMicro for diagnosing tumors remotely. It allows physicians and pathologists to view slides remotely.

Now, surgeons at the hospital can remove a piece of a tumor, have laboratory staff place the specimen under the MedMicro microscope, and enable pathologists from the University of Colorado Health Sciences Center to view the image and offer real-time consultation.

According to Joel Haas, M.D., chair of the pathology department, “Before MedMicro, we would have to courier the slide over, a process that could take precious hours or even days.”

Radio frequency ID technology moves forward with portable tag-reading device

A vendor of radio frequency identification (RFID) systems in February added a portable reader for taking inventory of supplies throughout a hospital or, in another of its uses, locating staff and patients.

Axcess International, Dallas, added the reader to its ActiveTag product line of battery-powered identification tags.

Creative Healthcare, Springfield, Mo., developed the software for the tracking device.

Patient tags are reusable and are attached to existing disposable hospital bands.

The reader activates tags and receives their signals from a range of five feet to 10 feet. Connected to a laptop computer, data are then immediately processed locally.
While Senate ponders GPO fate, hospital executives will be looking for good deals
As hospital executives gather in Washington in early March for the Federation of American Hospitals public policy conference and business exposition, they will be joined by group purchasing executives and many eager supplier representatives.

While much of the conference will address hospital responses to administration policy, GPOs will be in the spotlight as well.

FAH president Charles Kahn defended the role of GPOs in an interview quoted in the online supplier newsletter StratCenter.com. He said the Senate, which held hearings on whether GPOs have too much power in the marketplace, does not fully understand the complexity of group contracting.

He told StratCenter president Patrick Plummer: “The concept of group purchasing is so fundamental to the efficient operation of our hospitals and systems across the U.S.….they’ve made such a world of difference in individual hospital purchasing. But there’s a lot of dollars involved as you aggregate that purchasing and that’s what’s gained the attention.”

Kahn said he hopes the Senate will not pass legislation restricting the activities of GPOs, but that politically it may be necessary for lawmakers to take some action. “Members want bills to pass,” he said, “and I think that this one would make it much more difficult for hospitals and systems on the product and supply side.”

The conference will feature separate workshops on purchasing capital equipment, medical-surgical supplies and pharmaceutical products, and group contracting managers will host an exposition for supplier reps.

Payment challenge sparks consultant review of Neoforma, Novation deal
Independent consultants are helping evaluate electronic commerce alternatives for VHA, Irving, Texas, and University HealthSystem Consortium (UHC), Oak Brook, Ill., in the wake of the Jan. 11 announcement that Neoforma, San Jose, Calif., is seeking a buyer.

Neoforma hosts Marketplace@Novation, the e-commerce site used by both groups through their common group purchasing arm, Novation, also in Irving. Both Novation and Neoforma have retained separate consultants, and Neoforma has hired as its financial advisor.

VHA members own 42.4% and UHC members own 10.5% of Neoforma’s publicly traded stock. The current 10-year exclusive outsourcing agreement, which was originally entered into in March 2000, was most recently amended in August 2003.

Under the terms of that amendment, the quarterly maximum payment from Novation to Neoforma was established at $15.25 million, or $61.0 million per year, beginning in 2004.

Novation has requested a reduction in that payment. Each of the consultants independently will assess the current technology, information, services and pricing that Neoforma delivers under the e-commerce agreement. Reports of the assessment are expected in mid-March.

HHS audit finds hospitals do not always report total of GPO rebates and fees
The Dept. of Health and Human Services audited group purchasing administrative fees, and reported that three national GPOs collectively received $1.8 billion in fees from vendors between 1998 and 2002.

Of those fees, the unidentified GPOs distributed $898 million to members during that five-year period, or an average of about $180 million annually.

The HHS inspector general’s office, which conducted the audit, then reviewed 21 member hospitals that accounted for 28% of fee distributions, or $255 million. The audit did not identify the hospitals. The hospitals reported a total of $200 million of the distributions on Medicare cost reports, leaving $55 million unaccounted for.

The same 21 hospitals also received vendor rebates totaling $285 million, and together reported all but about $3 million, auditors found. Vendor rebates must be reported as credits on cost reports.

Consorta reports savings of $163.8M, dividends and rebates of $94.6 M in 2004
Members of Consorta, Schaumburg, Ill., saved a total of $163.8 million on supplies in 2004, representing a a 3% reduction on a reported supply spend of $5.4 billion. Not all savings were from Consorta contracts.

Consorta said it also issued patronage dividends and rebates totaling $94.6 million to its 60 members. Consorta’s newest shareholder, Catholic Health East of Newtown Square, Pa., joined Consorta after the close of the 2004 fiscal year.

New agreement will provide Amerinet members with scope washer filters
Amerinet, St. Louis, awarded a contract to MedFilters, Greensboro, N.C.

The deal took effect Feb. 1 and covers replacement filters for scope washers, at undisclosed discounts. The filters are used with automated endoscopy reproprocessors, including those for scopes made by Olympus, Steris, Johnson & Johnson and Custom Ultrasonics.
MedAssets signs deal with California company to provide PACS to members

MedAssets, Alpharetta, Ga., awarded Stentor, Brisbane, Calif., a contract to provide medical image distribution and management systems.

The deal took effect in January and runs for five years. It covers the company’s picture archive and communications systems (PACS).

Stentor also will provide web-based enterprise image distribution to MedAssets members who currently utilize PACS, but want to distribute diagnostic-quality images across their entire hospital and referring physician networks.

Bowel management system to prevent infection is featured in new agreements

Premier, Charlotte, N.C., Mid-Atlantic Group Network, Mechanicsburg, Pa., and Amerinet, St. Louis, signed new contracts for infection control products that prevent contamination from patient feces.

The vendor is Zassi Medical Evolutions, Fernandina Beach, Fla. The sole-source deals took effect Feb. 1. They cover the Zassi Bowel Management System™, designed to prevent exposure to patient fecal matter.

In a clinical trial, Vanderbilt University Medical Center, Nashville, Tenn., 659 beds, found the stool collection system effective in containing the fecal output of critically ill and non-ambulatory patients.

Price and savings information was not available.

Hospitals, suppliers agree GPOs continue to play major role in health supply chain

After nearly five years of supplier complaints and federal investigations, a new code of conduct and the growth of integrated delivery networks, group purchasing organizations are holding their own in the evolving supply chain, a new survey shows.

 Barely 10% of purchasing executives polled think GPOs will decrease in importance during the next two years, while nearly 50% think they will be much more important to hospitals and IDNs.

That was the finding in an online survey by StratCenter.com, Mechanicsburg, Pa. Supplier consultant Patrick Michael Plummer, who runs the site, said manufacturers were less inclined to agree that GPOs were becoming more powerful, and noted that in some cases hospitals are also wary of assuming that GPO contracts provide the best prices.

One materials manager commented, “We have found that the vendors hide behind the GPOs to keep pricing at the levels they have. More and more we find we are renegotiating the GPO contracts. We will look at everything out there and make our decisions on clinical as well as price reasoning. Sometimes the best vendors are not on any GPO.”

And a manufacturer added, “At the current time a GPO contract is simply a ‘hunting license.’ A distributor reported, “IDNs are most interested in the value proposition that you bring, regardless of GPO status.”

Amerinet names ConvaTec to provide advanced wound dressings, skin care

Amerinet, St. Louis, has a new contract for advanced wound care supplies. The vendor is ConvaTec, Princeton, N.J.

The deal took effect in February. It covers wound dressings, skin care products, ostomy supplies and silver dressings.

VA’s federal supply schedule includes additional items from Sysmex America

The Dept. of Veterans Affairs supply contracting division added hematology and urinalysis supplies from Sysmex America, Mundelein, Ill., to the Federal Supply Schedule.

The designation, which took effect in January, will allow Sysmex to contract with federal hospitals and clinics to provide its products directly. It is the second time Sysmex products have been included in the federal supply schedule.

Ultrasound probes featured in contract between Amerinet and Microhelix

Ultrasound transducer probes are featured in a contract between Amerinet, St. Louis, and Microhelix, Tucson, Ariz.

The deal took effect Jan. 24, and covers probes used with the Philips ATL HDI 3000 and HDI 5000 systems, and for the Siemens Acuson 128XP/Aspen systems.

The probes carry an 18-month warranty and under terms of the contract are offered at an undisclosed discount. List price for most of the covered models is $2,950.

French firm to provide mail room devices, mail consulting to Amerinet members

Amerinet, St. Louis, awarded a contract to Neopost, Paris, for mailing and mail room equipment.

The deal took effect Jan. 24 and runs for two years. It covers mailing machines, document handling and furniture at an undisclosed discount.

To offset costs from the postal rate increases scheduled for 2006, Neopost also agreed to provide on-site surveys to help hospitals reduce mail room operating costs.
Novation issues deals for 2005

Novation, Irving, Texas, started the year by issuing new contracts for a variety of medical-surgical and other supplies. The following table shows the new products, vendors and effective dates.

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<thead>
<tr>
<th>Description</th>
<th>Supplier</th>
<th>Effective Dates</th>
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<tbody>
<tr>
<td>Ultrasound Gel and Related Products</td>
<td>Sonotech, Inc. (Supplier Diversity Program)</td>
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<tr>
<td>Portable Digital Radiography (new technology)</td>
<td>Canon Medical Systems</td>
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<td>High-Density Shelving &amp; Mobile Shelving Systems</td>
<td>Jeter Systems Corp., Spacesaver</td>
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<td>Specialty Distribution (plasma)</td>
<td>ASD Healthcare, FFF Enterprises</td>
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<td>Computer Supplies</td>
<td>Corporate Express</td>
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<td>Document Management Products</td>
<td>The Relizon Company, American Solutions for Business (ASB)</td>
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<td>International Business Solutions Alliance (IBSA)</td>
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<td>Medical Labels</td>
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<td>12-Lead Electrode Placement System</td>
<td>VQ Company</td>
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<td>Aesculap Instruments, Medline</td>
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<td>Blood Collection Products</td>
<td>Greiner Bio-One, Surgilance Inc., Smiths Medical ASD, Inc., Terumo Medical and Tyco</td>
<td>1/15/04-1/14/08 (all but BD)</td>
</tr>
<tr>
<td>Blood Collection Products</td>
<td>Becton Dickinson and Co.,</td>
<td>2/1/05-1/31/08</td>
</tr>
<tr>
<td>Ventilators</td>
<td>Tyco/Nellcor Puritan-Bennett</td>
<td>2/1/05 - 12/31/07</td>
</tr>
<tr>
<td>Holter Recorders</td>
<td>Philips Medical, Del Mar Reynolds Medical, GE Medical</td>
<td>2/1/05 - 1/31/08</td>
</tr>
<tr>
<td>Noninvasive Cardiology Equipment</td>
<td>Del Mar Reynolds Medical, GE Medical</td>
<td>2/1/05 - 1/31/08</td>
</tr>
<tr>
<td>Computerized Pneumatic Tubes Systems</td>
<td>Pevco Systems International</td>
<td>2/1/05 - 1/31/08</td>
</tr>
<tr>
<td>Urine Collection &amp; Transport Systems</td>
<td>Becton Dickinson and Co.</td>
<td>2/1/05 - 1/31/08</td>
</tr>
<tr>
<td>Coagulation Equipment</td>
<td>Dade Behring, Trinity Biotech</td>
<td>2/1/05 - 1/31/08</td>
</tr>
<tr>
<td>Exam Gloves (Supplier Diversity Program)</td>
<td>DigitCare Corp.</td>
<td>2/1/05 - 1/31/08</td>
</tr>
<tr>
<td>Neuro-interventional Radiology Products</td>
<td>Boston Scientific Corp.</td>
<td>2/1/05 - 1/31/08</td>
</tr>
<tr>
<td>Laryngoscopes</td>
<td>Rüsch</td>
<td>2/1/05 - 1/31/08</td>
</tr>
<tr>
<td>Air Transfer Devices</td>
<td>HoverTech International</td>
<td>2/1/05 - 1/31/08</td>
</tr>
<tr>
<td>Temporal Thermometers</td>
<td>Exergen Corp.</td>
<td>2/1/05 - 1/31/08</td>
</tr>
<tr>
<td>Fetal Scalp Electrodes</td>
<td>Philips Medical</td>
<td>2/1/05 - 1/31/08</td>
</tr>
</tbody>
</table>
In addition to increased hospital spending, obese patients have affected health care worker safety. Respondents reported an increase in workplace injuries related to lifting obese patients, with back injuries being most common. With the current nursing shortage, hospitals cannot afford to have a nurse out because of an injury, they said.

The majority, 84%, of VHA hospitals responding to the survey said they offer special training to help staff better understand how to care for obese patients. Training most often centers on lifting or transferring patients, including the proper use of lifting devices, as well as sensitivity training.

Froedtert Memorial Lutheran Hospital, Milwaukee, 678 beds, has purchased wider equipment with larger weight capacities and offers training for staff twice a year to learn how to properly care for obese patients.

“Our Injury Reduction Committee is addressing policies, procedures and ongoing education needs related to the use of appropriate equipment in caring for all patients and the increasing obese population,” said Lynne Mueller, RN, clinical materials resource manager at Froedtert.

“Much of our new equipment is geared towards safe transfer and care of the obese patients, such as lifts, transfer boards, reclining chairs, transfer devices and wheelchairs that all have higher weight capacities.”

Most survey respondents reported they had to order new products or supplies to accommodate obese patients last year.

At the top of the product lists were furniture for patients and visitors, surgical supplies, and lift and transfer equipment. The most common supplies purchased included wheelchairs and beds.

Several hospitals spent up to $233,000 on new supplies in 2004. Novation has established a bariatric portfolio covering about 800 products. Wise said, “While this survey was not meant to produce exact figures, it supports the trend that treating obese patients is a major challenge for hospitals and health care professionals.”

**Profitable venture**

Despite the cost in human and financial terms, hospitals that offer bariatric surgery programs are finding that it can be profitable.

Of respondents to the Novation survey, 16% have a bariatric surgery unit, and 9% are planning to start one. Those with bariatric units said they do so for “business” reasons, and to provide specialized care for obese patients, including specialty beds, trained staff, and better post-op care.

Hospitals that decided not to set up bariatric units gave the following reasons:

- Associated risks
- Malpractice costs
- No bariatric surgeon on staff
- Lack of space
- Administration not interested
- Surgeons not interested.

For hospitals that have established bariatric units, the mean length of stay is three days, and the mean increase in spending for bariatric surgery supplies is 28%.

Of those with such a program, however, 62% said the bariatric procedures provide a net profit to the hospital. That means, however, that 38% experienced net losses from such programs, and several hospitals have eliminated bariatric surgery.

That, Novation researchers noted, explains why 7% of respondents said they were seeing fewer obese patients in 2004 than in 2003.

Meanwhile, hospitals still have to address the fact that obese patients will be coming through their doors.

A third, or 33%, of respondents to the survey said their emergency rooms are not adequately equipped to handle obese patients. To continue serving this population, which is growing, they will have to invest in specialized equipment during the coming years.
INVENTORY CONTROL

(Guide, continued from page 2)

environmental well-being of the hospital as a whole.

A review of point-of-use inventory in the hospital may uncover arrangements that vary from department to department, including cumbersome processes lacking adequate management direction and control.

If inventory dollar value is excessive, with a high percentage of zero-turn items, a department’s financial performance will suffer significantly.

Why the catalog must be followed

Do-it-yourself materials management in user departments leads to problems with non-catalogued products. Not all products are catalogued and tracked because the number of items in the department grows unchecked over time, and the product mix is ever-changing.

Materials management information systems (MMIS) typically exclude non-catalogued items since, by their nature, only products specified within contracts are included.

Even though they are not controlled, non-catalogued products may represent a significant portion of the inventory and may have very low turnover rates or represent dead stock.

Because historical purchase information is scattered or remains uncollected, staff must spend time researching item numbers, prices and other specifications.

To do this, staffers have to go through most recent vendor orders. When a gap in pricing management such as this occurs, the last price paid becomes the “correct” price, and the source for that information is the vendor.

Requisition processes for non-catalogued products may be haphazard and the order forms may be incomplete.

This situation can be corrected by systematically evaluating all products and including only those that qualify in a comprehensive buying guide. Such a guide represents a healthy compromise between the specialized needs of departmental doctors and the hospital’s goal of reducing supply costs by following contracts.

How to develop a buying guide

Process improvement begins with an agreement between materials management and the user departments regarding roles and responsibilities for point-of-use inventory management.

Both parties have a common interest in streamlining processes to achieve operational effectiveness, with the objective of generating supply cost savings from reducing and standardizing point-of-use inventory. In this instance, the solution involves controlling non-catalogued products.

Since each user department has extensive independent catalogues of supplies it uses, these data sources can be matched with those available in the MMIS to capture and organize affected items. Effective cataloguing of supplies in active use will be followed by creation of a simple tool for use in the replenishment process, the buying guide.

The steps to create a guide are listed here as the basic overview. They are described in general terms, since each facility will need to address its own unique circumstances. Certainly, the active efforts and cooperation of both the materials management and the end-user department will be necessary for the project to be successful.

Start at the beginning

Start at the beginning. Physically check the supply inventory to identify non-catalogued items.

Use the following process to bring them into the system:

- Record current inventory levels, using any existing department order forms, stock location counts, or other means to enter the data. Address instances where the inventory level is unknown.
- Obtain records of historical purchases of all non-catalogued products. If these do not exist for some items, investigate alternative avenues or begin with what is available.
- Using historical purchase data, compare usage to actual on-hand inventory.
- Categorize all items with no record of purchase as candidates for removal from inventory, eliminating non-critical products represented.
- Existing inventory levels must be reviewed to assure that stocking reflects actual supplies used.
- Existing stock locations may need to be rearranged to accommodate those products brought into and removed from the system as a result of the project.

Use the data

Creation of the buying guide can begin with an eye toward existing databases. Each product will already have basic data attached, such as description, manufacturer catalogue number, and the like. Its guide entry should incorporate all the information required by the staff to be effective in the replenishment process, such as historical purchase data and reorder points.

Guidelines should be established for cataloguing new item additions and for periodic review of items for possible deletion or consolidation. Because the scope of the project touches on all aspects of replenishment, there will be a natural re-evaluation of existing requisition steps, order cycles and related processes.

The obvious benefits of cataloging and maintaining control over all new items going forward, combined with the mutual trust developed by the staff in the respective departments in working through to a successful completion, should result in the program staying aligned and fully functional into the future.
supporting legislation and urging clinicians to use their more expensive but safer products.

Last year, prices of traditional injection delivery products dropped almost across the board, but hospitals still in the process of adding safety devices saw an overall average price increase. At the same time, survey respondents reported that contracts promised stable pricing for one or more years to come, even for safety needles.

Spending was up last year
This year’s survey includes responses from hospitals, integrated delivery networks, and group purchasing organizations representing about 3,800 hospitals and 706,000 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.

For those who replied to a question concerning spending on needles and syringes, the average was $548 per bed, up 51% from last year’s average spending per bed of $363. That reflects the higher conversion rate to and increasing use of safety products.

The two most popular vendors were Becton Dickinson (BD), Franklin Lakes, N.J., and the Kendall Healthcare division of Tyco Healthcare, Mansfield, Mass.

Additional suppliers made the list of reported vendors this year, most notably Terumo Corp., Elkton, Md., which in the mid-nineties had pretty much left the acute-care market to concentrate on long-term care customers.

Now, for example, a number of hospitals are buying the 1 cc SurGuard 383880 syringe with 8-inch safety needle at the competitive price of 20 cents each.

Terumo has a full line of safety needles and syringes, under the SurGuard™ brand name. These are available as safety needles or as syringe and needle combinations. The company recently introduced insulin and allergy safety syringes with permanently attached needles.

Another new entry is Smiths Medical, Keene, N.H., owner of safety-syringe maker Portex. In January, its U.K.-based parent acquired Medex, Carlsbad, Calif., making it a major player in the catheter market as well.

Under its own name, Smiths sells the Needle-Pro line of safety syringes with fixed or removable needles. Also returning in survey responses was the VanishPoint line made by Retractable Technologies, Little Elm, Texas, which now boasts contracts with nearly all major GPOs.

Retractable safety syringes are still among higher-priced items, typically costing 40 cents each or more.

Meanwhile, a traditional 25-gauge syringe with needle from Becton Dickinson averages 18 cents per unit.

Off-contract, needle prices zoom
While it was not mentioned in the survey, Ryvmed Medical Products, Boca Raton, Fla., offers comparative list prices for additional needles and syringes on its web site.

Ryvmed manufactures its own line of syringes, and also distributes products from BD, Terumo, Johnson & Johnson, New Brunswick, N.J., and other companies.

Following is a sample of Ryvmed prices:

<table>
<thead>
<tr>
<th>Product no.</th>
<th>Description</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>1201SP</td>
<td>Sterile luer slip syringe with removable 20 ga 1” needle</td>
<td>.90</td>
</tr>
<tr>
<td>12558SP</td>
<td>Sterile luer slip syringe with 25 ga 5/8” needle</td>
<td>.90</td>
</tr>
<tr>
<td>127-5</td>
<td>Sterile luer slip insulin syringe with removable 27 ga 1/2” needle</td>
<td>.90</td>
</tr>
<tr>
<td>128-5</td>
<td>Disposable luer slip insulin syringe with removable 28 ga 1/2” needle</td>
<td>.90</td>
</tr>
<tr>
<td>EX26015</td>
<td>Exel 1/2 cc syringe with permanent 30 ga 5/6” needle</td>
<td>1.50</td>
</tr>
</tbody>
</table>

Of the smaller syringe companies, of which there are some 30 in the U.S., only a few were mentioned, mostly for specialty needles.

Many configurations
A syringe is a device used to inject medications or other liquids into body tissues. It includes a cylinder and plunger for precise delivery of liquids.

A needle is a slender hollow instrument for introducing material into or removing material from the body parenterally.

Syringes are purchased alone or with needles attached.

Syringes are distinguished by injection method, needle configuration, syringe volume, syringe scale graduations and pressure rating.

Syringes use one of two injection methods, manual or autosampler.

The injector can be a simple manual device, or a sophisticated autosampler that permits automated injections of many different samples into the liquid stream for unattended operation.

The needle may be removable or fixed. Syringe volume is the amount of liquid the syringe can contain prior to injection. Syringe scale graduations are the markings printed on the side of the scale for measuring the volume dispensed. The pressure rating is the maximum pressure the syringe can withstand.

(See Needles, continued on page 12)
Manufacturers identify their products by specifying needle gauge, length, inner diameter and outer diameter. The larger the needle's gauge, the smaller the needle. For example, a 4.0 gauge needle is larger in size than an 8.0 gauge needle.

Other features are replacement needles included with the syringe, interchangeable plungers for syringes, interchangeable barrels for syringes, digital display and a Chaney adapter, which provides a convenient method of performing multiple injections of the same volume of fluid without the need for careful reading of the syringe scale each time.

Changing market
The market for needles and syringes continues to grow as the population ages, since older people tend to require more injections than younger people.

Another factor is that some of the newest drugs must be injected rather than ingested. These include DNA-based medications sold in disposable syringes.

Safety concerns and the new laws and regulations requiring the safest alternatives have spawned the development of such features as safety guide wings, intravenous connectors that substitute port access for injection by needle, and jet injectors with disposable syringes. Needle sheaths, shields and retracting

<table>
<thead>
<tr>
<th>Save thousands on medical-surgical supplies</th>
</tr>
</thead>
<tbody>
<tr>
<td>With ECRI's PriceGuide™, your facility could save an average of $250,000 to $500,000 next year on medical/surgical supplies! Our customized online service helps you quickly identify areas of over-spending and deflate supplier markups by comparing your facility's spending to prices paid by facilities across the nation—so you can negotiate the best possible deals with your current suppliers.</td>
</tr>
<tr>
<td>Only PriceGuide offers Custom Test Reports with our experts' evidence-based recommendations for lower-priced—but safe and effective—alternatives to your existing suppliers' products. Our Custom Quotation Analyses give you specific evaluations of your supplier agreements with personalized advice on how you could negotiate larger savings. And, PriceGuide is backed by ECRI—the world's leading independent evaluator of health care technologies.</td>
</tr>
<tr>
<td>Try PriceGuide for free! Request your free price analysis and see how you could save thousands of dollars on medical/surgical supplies in just one product category.</td>
</tr>
<tr>
<td>To learn more or request your free price analysis: E-mail <a href="mailto:communications@ecri.org">communications@ecri.org</a> or call +1 (610) 825-6000, ext. 5273.</td>
</tr>
</tbody>
</table>

needles are also available.

Generally, vendors of safety needles have used the fear of AIDS and other diseases transmitted by body fluids to make a case for using their products, which are designed to prevent needlesticks.

But several people with clinical experience have told HMM that needlesticks happen most often at the site of intravenous piggyback systems, where medication is added via an already inserted IV tube.

There is no contact at that point with the patient, but that is where the majority of needlesticks occur.

In other words, injury, not infection, is the main concern. Hence the universal popularity of needleless IV sets. One industry estimate is that nearly 90% of IV systems are now needleless.

It has been five years since the Needlestick Safety and Prevention Act of 2000 took effect, and after a slow start, most hospitals seem to have adopted policies regarding the use of safety devices, while groups and IDNs indicated they let member facilities make those decisions.

In one case, a materials manager reported switching to needleless devices in many cases. Another specified using Retractable’s VanishPoint line.

Contracts keep prices in line
Contract terms range from two to five years, and are nearly always multi-source. While last year some hospitals reported inking local contracts for needles, most (75%) said they have stayed with or reverted to group deals.

While price is the main incentive, rebates and volume discounts appeared in about half the responses.

About 25% of materials managers said they see the syringe and needle market growing more competitive. One noted that “the market is glutted with sharps safety products.” The rest said they saw the market as stable, with several citing the continuity provided by multi-year contracts.

For the same reason, most purchasers expect prices to stay level. The exception is where contracts expire at the end of this year, prompting some optimism that prices make come down again. But the average estimate for overall price declines is just 1.5%.

The survey also asked about distributor markups, as the prices paid for needles include, in most cases, the cost to the distributor plus the delivery fee charged to the customer.

Such fees are negotiated and can affect the tiny margins associated with these high-volume, low-cost items. The average reported distributor fee in this survey was 5.3%, up 26% from the 4.2% average last year. But the range was considerable, between 3% and 10%.
### Needle Survey

**Syringes and needles**

Prices are averages and are listed per unit, based on *HMM*’s survey of hospitals, integrated delivery networks and group purchasing organizations. Where available, the usual number of units in a box or case is given, since hospitals ordering smaller or larger amounts may see some variation in unit price. Prices are rounded to the nearest cent. © 2005, *Hospital Materials Management*.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th># per case</th>
<th>2005 HMM</th>
<th>2004 HMM</th>
<th>% change</th>
<th>2005 ECRI</th>
<th>2004 ECRI</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>BD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>301030</td>
<td>Non-sterile slip tip disposable</td>
<td>800</td>
<td>$0.12</td>
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<td>—</td>
<td>—</td>
<td>—</td>
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</tr>
<tr>
<td>301625</td>
<td>Syringe with needle 25 ga</td>
<td>160</td>
<td>0.18</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>305106</td>
<td>Needle 30 ga</td>
<td>100</td>
<td>0.07</td>
<td>$0.06</td>
<td>+ 16.7%</td>
<td>0.07</td>
<td>—</td>
<td>—</td>
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<tr>
<td>305144</td>
<td>Syringe disposable 21 ga</td>
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<td>0.03</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
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<tr>
<td>305145</td>
<td>Syringe sterile 23 ga</td>
<td>1,000</td>
<td>0.03</td>
<td>—</td>
<td>—</td>
<td>0.01</td>
<td>—</td>
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<td>Syringe disposable 16 ga</td>
<td>1,000</td>
<td>0.06</td>
<td>—</td>
<td>—</td>
<td>0.01</td>
<td>—</td>
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<td>309570</td>
<td>Syringe 3 cc</td>
<td>100</td>
<td>0.04</td>
<td>0.05</td>
<td>- 20.0</td>
<td>0.05</td>
<td>$0.05</td>
<td>0.0%</td>
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<td>309603</td>
<td>Syringe 5 cc luer lock</td>
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<td>0.09</td>
<td>0.07</td>
<td>+ 28.6</td>
<td>0.07</td>
<td>0.07</td>
<td>0.0</td>
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<tr>
<td>309604</td>
<td>Syringe 10 cc</td>
<td>100</td>
<td>0.09</td>
<td>0.07</td>
<td>+ 28.6</td>
<td>0.07</td>
<td>0.06</td>
<td>+ 16.7</td>
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<td>309620</td>
<td>Syringe catheter tip 60 cc</td>
<td>1</td>
<td>0.51</td>
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<td>+ 50.0</td>
<td>0.41</td>
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<tr>
<td>309550</td>
<td>Syringe 30 cc</td>
<td>40</td>
<td>0.50</td>
<td>0.22</td>
<td>+ 127.3</td>
<td>0.23</td>
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<td>309551</td>
<td>Syringe 30 cc slip tip</td>
<td>40</td>
<td>0.88</td>
<td>0.2</td>
<td>+ 340.0</td>
<td>0.22</td>
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<tr>
<td>309653</td>
<td>Syringe 60 cc</td>
<td>30</td>
<td>1.25</td>
<td>—</td>
<td>—</td>
<td>0.35</td>
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<td>309661</td>
<td>Syringe 20 cc</td>
<td>40</td>
<td>0.44</td>
<td>0.19</td>
<td>+ 131.6</td>
<td>0.19</td>
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<tr>
<td>309663</td>
<td>Syringe 60 cc</td>
<td>30</td>
<td>0.32</td>
<td>0.44</td>
<td>- 27.3</td>
<td>—</td>
<td>—</td>
<td>—</td>
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<tr>
<td>329420</td>
<td>Syringe insulin 1 cc</td>
<td>100</td>
<td>0.08</td>
<td>0.08</td>
<td>0.0%</td>
<td>0.07</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>405174</td>
<td>Needle spinal 18 ga</td>
<td>1</td>
<td>1.18</td>
<td>1.05</td>
<td>+ 16.7</td>
<td>0.41</td>
<td>—</td>
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<tr>
<td>Kendall</td>
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<td>100555</td>
<td>Syringe TB 1 cc luer tip</td>
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<td>$0.05</td>
<td>+ 16.7%</td>
<td>$0.04</td>
<td>—</td>
<td>—</td>
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<tr>
<td>112590</td>
<td>Syringe 20 ga 3 cc with needle</td>
<td>800</td>
<td>0.04</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>112613</td>
<td>Syringe 5 in. 20 ga 6 cc with needle</td>
<td>400</td>
<td>0.09</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>112631</td>
<td>Needle 18 ga beveled sterile</td>
<td>1,000</td>
<td>0.03</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
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<tr>
<td>112689</td>
<td>Syringe TB 8 in 26 ga 1 cc</td>
<td>500</td>
<td>0.06</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
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</tr>
<tr>
<td>112691</td>
<td>Syringe insulin 1 cc rigid pack</td>
<td>500</td>
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<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>112705</td>
<td>Syringe 11 in 21 ga 3 cc with needle</td>
<td>1,000</td>
<td>0.04</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
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</tr>
<tr>
<td>112715</td>
<td>Syringe 3 cc regular tip rigid pack</td>
<td>1,000</td>
<td>0.04</td>
<td>—</td>
<td>—</td>
<td>0.03</td>
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<tr>
<td>112716</td>
<td>Syringe 5 in 20 ga 6 ml needle</td>
<td>500</td>
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<tr>
<td>119518</td>
<td>Syringe 10 cc oral</td>
<td>500</td>
<td>0.00</td>
<td>—</td>
<td>—</td>
<td>—</td>
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</tr>
<tr>
<td>202314</td>
<td>Blunt needle, 15 ga</td>
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<td>—</td>
<td>—</td>
<td>0.74</td>
<td>—</td>
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<tr>
<td>250016</td>
<td>Needle 18 ga</td>
<td>500</td>
<td>0.02</td>
<td>0.01</td>
<td>$0.03</td>
<td>80.7%</td>
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<td>511110</td>
<td>Syringe safety insulin 1 cc 29 ga</td>
<td>1</td>
<td>—</td>
<td>—</td>
<td>0.17</td>
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<tr>
<td>626646</td>
<td>Syringe 60 cc LL tip sterile</td>
<td>150</td>
<td>0.31</td>
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<td>—</td>
<td>0.46</td>
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<td>827112</td>
<td>Needle Monoject 27 ga 1.5 in</td>
<td>500</td>
<td>—</td>
<td>—</td>
<td>0.01</td>
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<td>Retractable Technologies</td>
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<tr>
<td>10331</td>
<td>Safety syringe 3 cc 22 ga</td>
<td>100</td>
<td>$0.40</td>
<td>—</td>
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<tr>
<td>110131</td>
<td>TB syringe 1 cc 27 ga</td>
<td>100</td>
<td>0.47</td>
<td>—</td>
<td>—</td>
<td>$0.26</td>
<td>—</td>
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<tr>
<td>110151</td>
<td>TB syringe 1 cc 25 ga</td>
<td>100</td>
<td>0.47</td>
<td>—</td>
<td>—</td>
<td>$0.26</td>
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<tr>
<td>110211</td>
<td>Insulin syringe 1 cc 29 ga</td>
<td>100</td>
<td>0.47</td>
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<tr>
<td>110301</td>
<td>Safety syringe 3 cc 25 ga</td>
<td>100</td>
<td>0.40</td>
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<td>—</td>
<td>$0.13</td>
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<tr>
<td>40127</td>
<td>Syringe, insulin 1.5 in 27 ga</td>
<td>400</td>
<td>$0.23</td>
<td>—</td>
<td>—</td>
<td>$0.17</td>
<td>—</td>
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<tr>
<td>125166</td>
<td>Syringe, needle protection 1 in 25 ga</td>
<td>400</td>
<td>0.22</td>
<td>—</td>
<td>—</td>
<td>0.20</td>
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<td>125176</td>
<td>Syringe, needle protection 1.5 in 20 ga</td>
<td>400</td>
<td>0.23</td>
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<td>—</td>
<td>0.17</td>
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<td>125182</td>
<td>Syringe, TB plastic 8 in 25 ga</td>
<td>400</td>
<td>0.24</td>
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<td>399500</td>
<td>Needle protection device tubex flip-lock</td>
<td>1,000</td>
<td>0.13</td>
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<td>486986</td>
<td>Needle, 1.5 in 18 ga protection device</td>
<td>800</td>
<td>0.15</td>
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<td>0.16</td>
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<tr>
<td>486999</td>
<td>Protector needle for prefilled syringe</td>
<td>1,000</td>
<td>0.12</td>
<td>—</td>
<td>—</td>
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<tr>
<td>4699P-1</td>
<td>Syringe ABG kit 3 cc with needle</td>
<td>1</td>
<td>—</td>
<td>—</td>
<td>1.01</td>
<td>—</td>
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<td>Terumo</td>
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<td>383880</td>
<td>Surguard 1 cc with 8 in safety needle</td>
<td>400</td>
<td>$0.20</td>
<td>—</td>
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<tr>
<td>422310</td>
<td>Surguard 3 cc with 1.5 in 21 ga needle</td>
<td>400</td>
<td>0.17</td>
<td>—</td>
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<tr>
<td>431711</td>
<td>Surguard 10 cc with 20 ga 1.5 in needle</td>
<td>400</td>
<td>0.22</td>
<td>—</td>
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<tr>
<td>432196</td>
<td>Surguard 18 ga 1 in</td>
<td>800</td>
<td>0.14</td>
<td>—</td>
<td>—</td>
<td>—</td>
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<tr>
<td>0SS30L</td>
<td>Syringe luer-lock 30 cc</td>
<td>1</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>$1.88</td>
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Med-surg indices continue downward trend

The overall medical-surgical price index for the third quarter of 2004 was 98.93, down 0.29% from the first quarter, and down 1.07% from the previous year.

Of the 21 categories surveyed, 11 were down for the quarter, and 10 were up, but half of those were up by less than a percentage point. The average quarterly change was +0.12%, and the average annual change was –0.83%. The highest quarterly increase was 2.87% for surgical instruments. The steepest decline was –2.88% for sponges.

Annual changes ranged from –6.87% for diagnostic and therapeutic catheters to +4.12% for autotransfusion.

HMM obtains its indices from IMS Health, Plymouth Meeting, Pa. IMS surveys 350 hospitals each quarter and projects the results for the 5,300 acute-care hospitals in the continental U.S. A price index is a measure of relative change in a group of prices from the base period to another specific period. In the HMM survey, the base period is always the date four quarters back, which is set at 100.

The overall medical-surgical index decreased 0.29% between the two quarters, and was 1.07% lower than the composite index a year ago.

Autotransfusion

The autotransfusion products index increased 1.58% compared with the previous quarter. The index is up 4.12% from a year ago.

Catheters, tubes and allied products

Catheters, tubes and allied products increased 2.22% between the quarters. The index is down 0.13% from the previous year.

Electrosurgical supplies

Electrosurgical supply prices increased 0.73% between the quarters. The index is up 1.32% from a year ago.

Bandages and dressings

The bandages and dressings index increased 0.88% from the previous quarter. The index is up 1.35% from a year ago.

Diagnostic and therapeutic catheters

The diagnostic and therapeutic catheters index decreased 2.76% between the quarters. The index is down 6.87% from a year ago.

Endoscopy

Endoscopy instruments decreased 0.20% between quarters. The index is up 2.15% from a year ago.

Overall

Quarterly Indexes

3Q03: 100.00
4Q03: 102.88
1Q04: 100.91
2Q04: 99.22
3Q04: 98.93

The overall medical-surgical index decreased 0.29% between the two quarters, and was 1.07% lower than the composite index a year ago.

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For more permission information, see page 2.
The orthopedic supplies index was up 0.28% between the quarters. The index is up 3.14% from a year ago.

The paper products index increased 1.09% between the quarters. The index is up 1.63% from a year ago.

The solutions index decreased 0.07% between the quarters. It is down 4.21% from a year ago.

The paper products index increased 1.09% between the quarters. The index is up 1.63% from a year ago.

The respiratory therapy index decreased 0.18% between the quarters. The index is down 1.45% from a year ago.

The solutions index decreased 0.07% between the quarters. It is down 4.21% from a year ago.

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The paper products index increased 1.09% between the quarters. The index is up 1.63% from a year ago.
Prices will rise about 5% over the course of 2005 for manufacturing industries, and more progress will be made in automating the supply chain.

That is the prediction of purchasing managers according to the latest survey by the Institute for Supply Management (ISM), Tempe, Ariz.

The survey concluded that expectations for 2005 are higher in both the manufacturing and non-manufacturing sectors, and both sectors are more optimistic about the coming year than they were one year ago for 2004. The overall prediction is for economic growth to continue at a relatively strong level in 2005.

### Slower growth in revenues

Expectations for 2005 are high as 75% of survey respondents expect revenues to be greater in 2005 than in 2004. The panel of purchasing and supply executives expects a 7.8% net increase in overall revenues for 2005, compared to an increase of 8.3% increase reported for 2004.

Manufacturing industries expecting the greatest improvement over 2004 include glass, stone and aggregate; fabricated metals; primary metals; photographic equipment; transportation; apparel; and electronic components.

Manufacturing respondents report operating at 83% of their normal capacity, down from 85.6% reported in April 2004.

Purchasing and supply executives predict that capital expenditures will increase only 1.6% in 2005, compared to the 15.1% increase reported for 2004.

Survey respondents also forecast that they will increase their purchased inventory to sales ratio in 2005. Manufacturers have an expectation that employment in the sector will grow by 1.6%, while labor and benefits costs are expected to increase an average of 3.4%. Purchasing executives are predicting growth in exports and imports. They also expect the U.S. dollar to strengthen somewhat against currencies of major trading partners.

They predict the prices they pay will increase 4.3% during the first four months of 2005, and will increase an additional 0.1% for the balance of 2005. Respondents’ major concerns are: prices and inflation; energy price increases; weak economy; effects of war and geopolitical concerns; and labor, benefits and healthcare costs, including labor shortages.

### Still a long way to go in technology

A special question was asked to determine the respondents’ progress in achieving efficiency from the application of technology to supply management.

While a few companies rate themselves as being almost finished, 82% are less than three-fourths complete in achieving efficiency from the application of technology, while 47% indicate they are less than 50% complete.

Members expect to realize supply chain improvements through supplier relationship enhancements; process, tools, systems, and software improvements; and the application of electronic commerce.

### Non-manufacturing sector also growing

A majority of non-manufacturing purchasing and supply executives expect their 2005 revenues to be greater than in 2004. They currently expect a 5.9% net increase in overall revenues compared to a 6.4% increase reported for 2004.

Non-manufacturing industries expecting the greatest improvement over 2004 transportation; business services; entertainment; and mining.

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**Hospitals, cardiologists permitted to share supply savings**

With the spotlight in Washington on group purchasing tactics, hospitals found encouragement for their supply cost-reduction efforts in a series of rulings in February by the Dept. of Health and Human Services.

The HHS inspector general ruled that three hospital clients of the consulting firm Goodroe Healthcare Solutions, Norcross, Ga., had the right to share in purchasing agreements with their affiliated cardiology physician practices.

The surgeons had obtained discounts on specific supplies used in cardiac surgery and catheterization. HHS said the doctors could share the savings with the hospitals without violating regulations against kickbacks. Goodroe estimated the purchasing deals would save each hospital up to $4 million annually on the high-priced cardiac devices and supplies.

Physicians would share up to half the savings.

Ordinarily, the agreements would constitute improper payments to physicians under federal anti-kickback laws, but HHS said it would make an exception in these and other cases where the agreements were transparent and offered medical benefits.
Year begins with modest PPI increases

**Detailed Producer Price Index**

The Finished Goods segment of the Producer Price Index (PPI) for January was 151.4, up 0.7% from December, when it was 150.4.

For the selected medical-surgical products, the average index change between December and January was +0.1%. The average annual change was +0.6%.

The highest monthly increase was 1.2% for surgical and medical instruments. Three categories saw declines.

**Recent price surveys**

- Stents (February)—Stent prices will stay level in 2005, rather than continue to decline.
- Gloves (January)—Glove prices are expected to increase, but the extent will vary by material and use.
- Paper (December)—Paper prices overall will stay level or rise only slightly in 2005.
- Foley catheters (November)—Materials managers expect to pay more next year for certain models.
- IV solutions (October)—Prices of intravenous fluids are expected to begin rising in 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 in 2003, but will level out for the rest of 2004.

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

**Detailed Consumer Price Index: Medical Care Commodities**

The unadjusted medical care commodities component of the Consumer Price Index for December was 270.8, down 0.1% from November and 2.2% higher than it was one year before.


The index for 1982=100, except for non-prescription drugs and medical supplies, where the base period is December 1986. The CPI indices shown are unadjusted, which generally are more useful in calculating prices actually paid at the time of purchase.

To order permission information, see page 2.
People on the move
Robert Gentry will retire May 1 after 11 years as corporate director of materials management at Baptist Hospital, Pensacola, Fla., 546 beds.

Thomas Smith was named director of materials management at Stormont-Vail HealthCare, Topeka, Kan., 506 beds. He succeeds Allan McTaggart, who retired. Smith previously was purchasing manager at Memorial Hospital, Colorado Springs, Colo., 386 beds.

Walter Gramley was appointed vice president of operations at Managed Health Care Associates (MHA), Florham Park, N.J. He previously was principal at health care consulting firm WCG Partners, where MHA was among his clients. Also at MHA, Michael J. Sicilian was appointed executive vice president of home health and alternate site operations. Prior to joining MHA, Sicilian was executive vice president of sales for Scrip Solutions, a subsidiary of MIM Corp., Elmsford, N.Y.

Army master sergeant Cedric D. Gaskin has retired as senior non-commissioned officer of the Defense Supply Center Philadelphia, after 26 years of service. officiating at his retirement ceremony was recently promoted army Brigadier General Raymond V. Mason, who is commander of the Defense Supply Center.

Positions available
Childrens Hospital Los Angeles, 330 beds, is seeking a supervisor of supply processing and distribution. Contact Childrens Hospital Los Angeles, 4650 Sunset Blvd., Mail Stop #87, Los Angeles, CA, 90027. Phone 323-669-2159. Fax 323-663-1645.

Triumph HealthCare, Houston, is seeking a manager of materials management for one of its long-term acute-care hospitals. Contact Triumph Hospital Clear Lake, 350 Blossom St., Webster, TX, 77598. Phone 713-807-8686.


Temple University Hospital, Philadelphia, 514 beds, is seeking a support services coordinator, to be responsible for purchasing equipment and supplies for nursing units. Contact Temple University Hospital, 3401 N Broad St., Philadelphia, PA 19140. Phone 215-707-2000. Fax 215-221-2775.

Broadlane, Dallas, is seeking an expeditor for an outsourced materials management department in Cincinnati. Fax resume to 972-813-8439.

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 Rabida 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.

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.

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, Ill., office, Premier is seeking a manager of contracting for colleges and universities. In the Charlotte 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.

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

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.