Materials managers are almost evenly divided on how protective apparel prices will change in the coming year. Depending on the contracts they are using, they foresee prices staying level or dropping by as much as 10%. None believes they will rise.

Most respondents to this month’s HMM price survey reported prices were unchanged overall last year, despite some predictions that increases were on the way. Multi-source contracts and volume discounts helped, as did some long-term price protection that remained on the books even after the industry began changing to shorter-term contracts.

Expect a bit of a shake-up next year, as some of those contracts are about to end, paving the way for renegotiation of prices.

Lower prices, higher spending
This month’s survey information comes from groups, integrated delivery networks and hospitals representing approximately 2,000 hospitals with a total of 420,000 beds.

Additional data were provided by ECRI, a not-for-profit health services research agency in Plymouth Meeting, Pa. ECRI’s ongoing surveys of 400 hospitals cover a wide range of

(See Gowns, continued on page 11)
Bon Secours finds ways to cut drug costs

Bon Secours Health System, Marriottsville, Md., saved $3 million on pharmacy supplies in the second half of 2004 by improving utilization and standardization under contracts from Premier, Charlotte, N.C.

Bon Secours expects to save $8 million annually for 17 of its 20 hospitals by the time it completes the standardization program.

Premier consultants provided data and analysis to select drugs on which to standardize, using both cost and quality indicators.

“It was this holistic approach that made the difference,” said David McCombs, vice president of Bon Secours supply chain management.

“Premier approached this project from both a supply chain and a clinical standpoint. That’s what made the difference.”

Turned over every stone

Marv Feldman, managing principal of Premier’s pharmacy consulting group, led the project.

“We looked at Bon Secours’ purchase data and applied our own unique methodology to evaluate their pharmacy and therapeutics teams, their formulary and their structure,” Feldman recalled.

“We had a good idea of what we were looking for, but we still turned over every stone. The Bon Secours team had prepared its leadership for the project well and that made everything work smoothly.”

The Premier team identified about 75 areas of potential savings, many of which applied to more than one of the 17 hospitals in the project.

Where there was consistency in clinical or business practice, Premier developed initiatives that were deployed in each hospital.

“We recognized that the cultural differences in the hospitals would preclude a uniform solution,” Feldman said. “Whenever possible, however, we established a comparative database so everyone could see the differences and similarities.”

Convincing clinicians

The Premier team looked at the differences in drug utilization, criteria for use, and outcomes among the hospitals. They let clinicians make the final choices, but convinced them to use the cost-benefit guidelines.

(See Bon Secours, continued on page 14)
U. of Chicago Hospitals to install PACS from Stentor to serve 26 facilities

University of Chicago Hospitals, 662 beds, began in February to install a picture archiving and communication system (PACS) in its 26 facilities.

The vendor is Stentor, Brisbane, Calif., maker of the iSite PACS.

All facilities in the University of Chicago Hospitals integrated delivery network will have enterprise-wide image access and online long-term storage.

It will also integrate EPIC Systems’ electronic medical record (EMR) software with iSite PACS. The system’s flexibility was a major factor in the choice of Stentor, according to Richard L. Baron, M.D., chairman of radiology. “Our physicians and radiologists appreciated the functionality and flexibility that iSite PACS provides, which will give our network real-time diagnostic-quality images that meet our patient safety and clinical research needs,” he said.

Sisters of Charity of Leavenworth taps Broadlane to outsource purchasing

Sisters of Charity of Leavenworth Health System, Lenexa, Kan., expects to save $10 million annually on supplies under a contract with Broadlane, Dallas, to outsource materials management and value analysis.

The Catholic integrated delivery network has eight hospitals totaling 2,066 beds. The deal will take effect in June and run for five years.

Since the late 1990s, Sisters of Charity had been a member of Health Services Corp. of America (HSCA), now MedAssets HSCA, St. Louis.

Broadlane staff will negotiate national and local supply contracts and run the centralized purchasing, contract management, electronic commerce and item master management operations.

The decision to outsource to Broadlane came after a 15-month review of Sisters of Charity supply chain management. “Once we had completed that analysis, it was clear to us that Broadlane was the organization with both the vision and the current client track record to get us where we want to go,” said Bill Murray, president of Sisters of Charity.

Chief financial officer Michael Rowe told HMM the primary attraction of Broadlane was that it could integrate Sisters of Mercy’s Lawson ERP system with Broadlane’s e-commerce site, making ordering and inventory management simpler.

David Klumpe, Pharm.D., senior vice president for client services and operations at Broadlane, will lead the Broadlane staff that will take over operation of materials management.

“With a central operation of this kind we will be able to provide a higher level of service with improved purchasing controls to SCLHS,” he said.

Sisters of Charity will be able to access Broadlane’s national portfolio of approximately 1,200 contracts. In addition, Broadlane will help negotiate agreements to meet local needs.

One of the Sister of Charity hospitals will not be affected by the GPO switch. It is Saint Joseph Hospital, Denver, 565 beds. Saint Joseph is one of three hospitals managed by Exempla Healthcare; the others are Lutheran Medical Center, Wheat Ridge, Colo., 409 beds, and Good Samaritan Hospital, Lafayette, Colo., 172 beds.

Exempla is a member of VHA, Irving, Texas, and purchases through Novation, also in Irving. That won’t change, according to Saint Joseph materials management director Pete McGuire.

Stent makers maneuver for primacy, promote test results at cardio meeting

As hospitals await FDA approval of a third drug-eluting stent, cardiologists are comparing notes on the clinical properties of new and traditional devices and procedures. Their eventual choices will influence the negotiating power of hospitals and group purchasing organizations trying to convince vendors to bring down prices.

At the annual scientific conference of the American College of Cardiology last month, surgeons heard reports of studies accompanying the approval process.

One such study compared the Cypher sirolimus-eluting stent to coronary artery bypass grafting in patients with multi-vessel coronary artery disease, and found the stent to be more effective..

The Arterial Revascularization Therapy Study II (ARTS II) study was sponsored by Cordis Corp., a division of Johnson & Johnson, New Brunswick, N.J., and manufacturer of the Cypher.

Such a study may seem redundant, but Cordis said it was an extension of a previous study comparing results of bare metal stents to those obtained with bypass surgery.

Also at the cardiology conference, Boston Scientific Corp., Natick, Mass., announced nine-month results from a clinical trial confirming the efficacy of the Taxus Express2 paclitaxel-eluting stent.

The study reported a 15% adverse event rate at nine months in the Taxus group compared with 21.2% in the control bare-metal stent group.

Still another study found the Cypher to produce 78% fewer blood clots at the stent site than the Taxus.

A new vendor may soon be on the scene, as Conor Medsystems, Menlo Park, Calif., reported on a European study of its CoStar cobalt chromium paclitaxel-eluting stent.
HOSPITAL PURCHASING

Meanwhile, Boston Scientific in March acquired Advanced Stent Technologies, Pleasanton, Calif., for $120 million. Advanced specializes in stents designed to be placed in bifurcated vessels.

Up to 30% of coronary artery disease occurs when a single vessel branches into two. 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.

Attempts to modify existing stents for use in branched vessels have not generally been successful. U.S. hospitals are expected to spend $1.9 million on Taxus stents in 2005, according to Boston Scientific, and that will represent 65% of the drug-eluting stent market.

Hospitals find going digital is costly, with heavy initial outlays for equipment

Going digital is expensive, as hospitals are finding out when they try to upgrade technology. According to First Consulting Group, Long Beach, Calif., a 500-bed hospital installing a computerized physician order entry system can expect to pay $4.8 million in capital costs for hardware and software, plus another $3 million for training and project administration.

Following these one-time payments, the hospital would spend $1.3 million annually to operate the system.

Letting someone else handle it can be expensive also.

Aspen Valley Hospital, Aspen, Colo., 49 beds, hired First Consulting to outsource its information technology department. The deal took effect Jan. 1 with an unspecified term, and is valued at $13.7 million.

No gap in plasma supplies predicted following shift of production to Baxter

Hospitals will not see a drop in plasma supplies despite a March 1 announcement by the American National Red Cross that it will stop providing plasma products.

That promise came from Baxter Healthcare Corp., Deerfield, Ill., which signed a long-term contract with the Red Cross to take over the production of therapeutic plasma.

Under this new agreement, Baxter will purchase plasma from the Red Cross, beginning July 1.

Earlier this year, the Red Cross informed Baxter it intends to leave the plasma therapeutics business.

As a result, the parties agreed to terminate their long-standing, contract manufacturing arrangement for the processing of plasma products.

“This new agreement permits Baxter to continue to utilize its existing capacity for plasma processing and enhances our manufacturing flexibility and efficiency,” said Joy Amundson, president of Baxter’s BioScience business.

“Our goal is also to ensure there is no interruption of supply in the marketplace and we intend to offer our products and leading patient support and service programs to the patients and customers who today rely on Red Cross branded plasma therapies.”

Based on the prior arrangement with the Red Cross, Baxter had dedicated capacity at its fractionation facility in Los Angeles, Calif. for the processing of Red Cross plasma products.

Baxter said it does not expect any material change to its level of plasma production as a result of the new plasma procurement agreement.

Additional cardiology supplies to be made available after St. Jude-Velocimed merger

Hospitals using cardiology supplies from St. Jude Medical, St. Paul, Minn., will have a wider choice if a planned merger takes place.

In February, St. Jude announced it intends to acquire Velocimed, Maple Grove, Minn., a specialty maker of interventional cardiology devices, during the second quarter.

St. Jude has long been a fixture in the heart valve and pacemaker markets; among its major group contracting partners are Amerinet, St. Louis, and HealthTrust Purchasing Group, Brentwood, Tenn.

By adding Velocimed, a startup founded in 2001, St. Jude will make inroads in the vascular closure market, now estimated at $500 million annually, and expected to grow to $1 billion by 2009.

Velocimed has three main product lines:

• Premere foramen ovale closure system, which treats small holes in the upper chambers of the heart. The company is awaiting FDA approval for U.S. sale.
• Proxis proximal embolic protection device, which minimizes the risk of heart attack and stroke by trapping plaque dislodged into the bloodstream during interventional procedures. Proxis also is awaiting FDA clearance.
• Venture guide-wire control catheter for accessing blocked blood vessels. The Venture is ready for introduction in the U.S.

All 82 Velocimed employees will be invited to join St. Jude.

Broadlane chief to hospitals: ‘Make sure clinicians know cost of supplies they use’

Growing use of advanced—and expensive—technology means materials managers need to work even more closely than in the past with clinicians to keep costs down, according to one clinician who is also respon-

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Automated IV therapy system aimed at preventing incorrect doses at Ohio Valley

Ohio Valley General Hospital, McKees Rocks, Pa., 103 beds, in March became the first U.S. hospital to install an automated system that uses barcodes and computer technology to dispense intravenous (IV) medication at the correct dose and rate. The system also gives clinicians real-time access to patient information from anywhere in the hospital where the system is operational.

Ohio Valley’s IV safety system, which replaces traditional paper records, was developed jointly by McKesson Automation, Pittsburgh, and ALARIS Medical Systems, San Diego. ALARIS is a wholly-owned subsidiary of Cardinal Health, Dublin, Ohio, which develops IV solutions and equipment.

“It is well known that the administration of IV medications poses the greatest risk for harm to patients,” says Peg Spisak, a registered nurse who serves as Ohio Valley’s director of quality and risk management.

The FDA has ruled that barcodes must appear on most prescription drugs and on certain over-the-counter medications, without ordering health care providers to implement barcoding systems. That makes the hospital “ahead of the curve,” according to Spisak.

The IV Safety System operates in a three-step process:

• Using a hand-held scanner, the nurse records his or her identification badge, the patient’s wristband and the IV bag.
• The nurse uses the same device to scan barcodes on the IV system, transferring patient information electronically from the pharmacy to the IV pump.
• The nurse starts the pump manually.

If an error occurs in matching any of the information, the IV system will not activate, and instead will signal the caregiver to review the data.

These applications are available to hospitals using the McKesson Admin-Rx barcode medication administration software with the ALARIS medication safety system and its Guardrails safety software.

Pharmaceutical supply shortages blamed on factory closings, approval delays

Influenza vaccine was not the only drug to become scarce this past year due to a factory shutdown. Injectable methotrexate, a chemotherapy drug used to treat leukemia and other childhood cancers, is also in short supply because a manufacturing plant in Switzerland was closed last year after quality control problems were discovered there.

The FDA has placed the drug on a list of medications in short supply, and The Wall Street Journal reported on March 15 that hospitals are running low on methotrexate and some are out of stock.

Supplies of other chemotherapy drugs have run low in recent years, according to the article, and even common medications such as morphine sulphate and penicillin are becoming scarce.

Among reasons for drug shortages are aging manufacturing equipment and complex regulations for plant qualification. Also, The Journal article noted, hospitals using just-in-time distribution will not have enough on hand if supplies are suddenly cut off.

The FDA is working with manufacturers to streamline the inspection and approval process, and is also considering importing scarce drugs from other countries.

Correction

A story in the March issue, “Florida hospitals file suit in protest of MedQuist’s transcription billing methods” (page 3) incorrectly described the firm Debevoise & Plimpton. It is a New York-based law firm, not an accounting firm.
Financial consultant aims to help Premier members use data to boost revenues

Now and then materials managers and group purchasing organizations find a way to do more than save on purchases; they use efficiencies and innovation to actually increase revenue.

But that does not happen as often as it could, and sometimes outside help is needed to spot income possibilities.

With that in mind, Premier, Charlotte, N.C., in March contracted with a consultant specializing in helping hospitals find ways to increase income.

The firm is RevFinders, Cornelius, N.C. It will focus on helping Premier members identify patients who are eligible for Medicaid reimbursement but for whom claims were not submitted.

Identifying sufficient additional eligible patients can increase a hospital’s payments under the Medicare Disproportionate Share program. The company said it has won hospitals up to $30 million in additional reimbursement.

Many, if not most, U.S. hospitals are entitled to additional DSH reimbursement, according to RevFinders. That is because most fiscal intermediaries use Medicaid paid claims to identify the number of patients that were eligible for Medicaid when they were hospitalized.

This process fails to capture a large number of patient days that were eligible for reimbursement even if they weren’t paid.

By accurately identifying and properly documenting these additional eligible days, a hospital may significantly increase the monies owed through state and federal DSH programs.

RevFinders uses hospital price databases to identify market prices for services, and recommends adjustments based on that information. It analyzes a client hospitals claim procedures and actual usage, reimbursement rates, contract terms, and historical payment experiences.

The two packages available under the new contract are Market Focused Pricing and Medicare Disproportionate Share. The deal is administered by Premier’s Advisory Services consulting group.

Several undisclosed candidates were investigated before the choice of RevFinders was made, according to Stephanie Alexander, senior vice president and general manager of Premier’s Healthcare Informatics division.

“RevFinders net revenue expertise is a natural extension to our operational and clinical improvement capabilities. This partnership has the potential to return hundreds of millions of dollars in value to our [members],” she said.

Majority of hospitals try to beat GPO prices by renegotiating with vendors

Hospitals often brag about beating GPO prices in negotiations with contracted vendors. A recent survey indicates this practice is more common than many GPOs realize.

Patrick Plummer of StratCenter.com, an online supplier newsletter, found 89% of hospitals that were polled said they used group contract prices as the starting point when talking to vendors.

Meanwhile, GPO executives agreed that their prices were often used as starting points by hospitals.

Plummer noted, “Distributors and manufacturers are pretty close to understanding how frequently providers use GPO contracts as a starting point for negotiations, while GPOs were a bit more optimistic about their contracts’ ability to stand firm.”

In a related survey, hospitals and suppliers agreed that the trend toward more multi-source contracts (thanks to the GPO code of conduct that frowns on sole-source deals) helps clinicians by offering product choice.

But there is concern among hospitals (as materials managers have told HMM in the past) that more choices lead to smaller discounts, because no supplier wants to offer its absolute lowest price without assurance of higher committed volume.

“Everybody likes vendor choice,” Plummer said, “but vendors are not inclined to offer their best pricing to GPOs that are going to award a contract with several of the supplier’s competitors.”

Losses down, spending up at Neoforma, but e-commerce company still for sale

At Neoforma, San Jose, Calif., good financial news means losses are smaller than usual.

The electronic commerce provider said it lost $15.1 million, or 78 cents per share, on revenue of $3.4 million in the quarter that ended Dec. 31, 2004.

That was 10.1% below the fourth-quarter-2003 loss of $16.8 million.

Neoforma’s primary clients are also its major investors: group purchasing organizations VHA, Irving, Texas, and University Healthcare Consortium (UHC), Oak Brook, Ill. Their purchasing arm, Novation, also in Irving, contracted with Neoforma to host Marketplace@Novation.com, Novation’s online contract catalog and ordering platform.

Subsequent deals provided additional investments by VHA, and adjustments in quarterly payments by the groups for the internet services. Neoforma said during 2004 it signed an additional 149 hospitals to use the site, and renewed contracts with 275 hospitals, or 99% of the contracts up for renewal.
Currently, 1,198 hospitals and 467 suppliers have signed up to participate in the Novation site. They conducted $4.1 billion in transactions in 2004.

Neoforma is one of only two e-commerce companies to survive the dot.com bust of the early 2000s; the other is Global Healthcare Exchange (GHX), Westminster, Colo. In January, Neoforma hired Merrill Lynch & Co. as a financial advisor, and confirmed that an acquisition by an outside buyer is a possibility.

Such a move would require approval by members of VHA, which owns 43% of Neoforma, and UHC, which owns 11%.

**Shared Services taps Alliance Imaging for mobile diagnostic imaging services**

Shared Services Healthcare (SSH), Atlanta, awarded a contract to Alliance Imaging, Anaheim, Calif., for diagnostic imaging services.

The company maintains mobile and fixed MRI, CT, PET and PET/CT units, and will make them available to SSH members at undisclosed discounts. The deal took effect in January and runs for two years.

Alliance provides imaging services primarily to hospitals on a shared and full-time service basis, in addition to operating a growing number of fixed-site imaging centers.

Michelle Creens, SSH vice president of professional services, said the company’s industry expertise, commitment to patient safety and Joint Commission on Accreditation of Healthcare Organizations (JCAHO) accreditation were responsible for the choice of Alliance.

**Premier brings in pair of former affiliates as full members in January agreements**

An integrated delivery network and a stand-alone hospital in January converted to shareholder status from affiliate at Premier, Charlotte, N.C.

MetroHealth System includes MetroHealth Medical Center, Cleveland, 731 beds, plus 13 inpatient and outpatient facilities in the Cleveland area. Woman’s Hospital Foundation, Baton Rouge, La., 225 beds, provides health care services for women.

**Premier inks deal with Smiths Medical for IV catheters for non-acute facilities**

Premier, Charlotte, N.C., has a new contract for catheters. The vendor is Smiths Medical MD, St. Paul, Minn. The three-year deal took effect in November 2004 and covers the company’s CliniCath® PICC and Midline catheters for use in non-acute facilities.

The CliniCath catheters are used in short-term and long-term intravenous infusion therapies.

**Consorta agreement with FedEx covers digital print services, includes employees**

Consorta’s latest group purchasing deal benefits employees as well as hospitals. The Schaumburg, Ill.-based GPO awarded a contract for digital print services to FedEx Kinko’s, Memphis, Tenn.

The deal took effect Feb. 1 and covers digital printing and document finishing services.

“This is especially helpful to our smaller member facilities, which may not have extensive on-site copying capabilities,” said Mary Starr, director of alternate care for Consorta. “The agreement also delivers value to any Consorta member that has needs for quick turnaround on copies of presentations, reports or other documents.”

Under the contract terms, employees of Consorta’s member hospitals may also receive discounts on FedEx products. “Our members’ employees can use these discounts for their own personal copying needs or to benefit other organizations they are involved in, such as youth groups or parent-teacher associations,” Starr said.

**Amerinet renews pact with OfficeMax for variety of office, technology supplies**

Amerinet, St. Louis, renewed its contract with OfficeMax, Boise, Idaho, for office supplies.

The deal took effect in March.

Covered products include copy paper, technology supplies and custom artwork. Terms also include a direct factory pricing program with savings on furniture from a variety of manufacturers.

Distribution will be from OfficeMax’s 40 distribution centers.

**Consorta gives Sysmex vote of approval with one new contract, another extension**

Consorta, Schaumburg, Ill., in March extended its contract with Sysmex America Inc., Mundelein, Ill.

The deal covers hematology products, including reagents, automated fluorescent flow analyzers, instruments and service. It now expires in 2007.

Training and technical support for the analyzers will be provided through Sysmex’s Mundelein office.

Under the contract, Consorta members have access to the poch-100i and KX-21N for small laboratories, and the fully automated XE-Alpha N and HST-N integrated hematology systems with automated slide preparation capabilities. The CellaVision digital cell morphology system was added at the time of the contract extension.

Sysmex recently announced it will begin distributing most of its reagent and control materials directly to hospitals.
Also in March, Consorta awarded Sysmex a separate three-year contract to provide automated microscopic analyzers for urinalysis.

Lois Brisben, director of laboratory services at Consorta, said accuracy and value were factors in the choice of Sysmex for the automated urine microscopy equipment.

Premier gives nod to Derma Sciences to provide line of silver-coated dressings
Premier, Charlotte, N.C., selected Derma Sciences, Princeton, N.J., to provide advanced wound care products that combine fabric and silver coatings.

The deal took effect Jan. 1, and implementation began in March, with descriptive literature sent to members about the company’s advanced wound treatments, including its line of silver-plated fabric burn and wound dressings.

For pregnancy test kits used in hospitals, Broadlane inks contract with Cen-Med
Broadlane, Dallas, awarded a contract to Cen-Med, East Brunswick, N.J., to provide pregnancy test kits to member hospitals.

The deal took effect Jan. 1 and runs for three years. It covers the company’s Elite Plus urine and serum pregnancy test supplies, at undisclosed discounts.

King’s Daughters Medical Center selects Premier as new group purchasing choice
King’s Daughters Medical Center, Ashland, Ky., 379 beds, in January joined Premier, Charlotte, N.C.

King’s Daughters previously purchased through Amerinet, St. Louis; Diversified Network Services, Wallingford, Conn.; and as a member of OSF Healthcare System, Peoria, Ill.

King’s Daughters also owns 10 family care centers and a 157-bed long-term care facility named Kingsbrook. The medical center is currently building new facilities including a 120,000-square-foot, $43.5-million heart and vascular center.

Waste-management contract covers growing heap of used computer parts
A new waste-disposal contract takes into account the fact that hospitals, like other organizations, have a growing number of electronic devices to manage.

Premier, Charlotte, N.C., working with Health Care Without Harm and the Computer Take Back Campaign, in February launched a web site devoted to the environmentally friendly selection, recycling and disposal of computers and other electronic devices that contain toxic components.

Premier’s new Computers and Electronics in HealthCare web site presents purchasing strategies, including contractual guidelines for minimal toxicity of materials, and vendor programs for take-back, leasing and upgrades.

“Premier recognizes the potential negative impact that computers and electronics have on the environment and public health,” said James Fosmoe, director of Premier Information Technology Services. Fosmoe said from now on the guidelines will be included in requests for proposals for computer hardware.

Amerinet inks agreements for wound care supplies with various vendors
Amerinet, St. Louis, selected Hollister Inc., Libertyville, Ill., to provide wound care supplies.

The deal took effect in February and covers specialty products for acute and non-acute care. These include ostomy, incontinence and specialty wound care products.

For dressings, Amerinet chose Molnlycke Health Care, Göteborg, Sweden (U.S. headquarters is New York). Covered products include Tendra brand hydrogels, alginites, foams, composite dressings, impregnated dressings and island dressings.


It covers Jackson-Pratt drains, t-tubes, reservoirs and wound evacuation kits.

Support garments used post-surgery covered in Amerinet deal with BSN-Jobst
Amerinet, St. Louis, awarded a new contract to BSN-Jobst USA, a division of BSN Medical, for surgical support garments.

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

Among covered items are surgical vests, abdominai binders, facioplasty elastics supports and plastic surgery girdles. Discounts were not disclosed but an Amerinet statement termed them “outstanding.”

BSN medical was formed in 2001 as a joint venture of Beiersdorf AG, Hamburg, and Smith & Nephew PLC, London, to focus on selected product categories.

The company manufactures orthopedic, phlebology and wound care products.

Shared Services moves corporate office
Shared Services Healthcare (SSH), moved its corporate offices effective Jan. 24.

The new address is 2300 Windy Ridge Parkway, Suite 560, South Atlanta, GA 30339. The telephone number remains 770-952-6916.
which identifies products, the GLN identifies customers, with each delivery location having a separate designation.

Novation said it will soon ask awarded suppliers to begin accepting Global Locator Numbers (GLNs) from hospitals purchasing under Novation contracts.

The Uniform Code Council, Inc. (UCC), in April 2004 established a GLN registry for health care organizations. The GLN is a globally-recognized identification number used in the EAN.UCC System to identify legal entities, trading partners, and customer locations in electronic commerce activities.

The GLN is a 13-digit reference number used to identify organizations, such as registered hospitals, specific hospital departments, and physical locations, such as a warehouse or a particular room or bed in a building. The HIN is a nine-digit number which holds much of the same information.

Common in other industries, the GLN takes the place of customer numbers assigned by vendors, or provides a cross-reference number.

Under the current system, a hospital may have hundreds of customer numbers to keep track of, one for each supplier, a situation inviting confusion and incorrect deliveries.

**Two-year commitment**

To jump-start usage of GLNs in health care, Novation will purchase numbers for members of VHA, Irving, Texas, and University HealthSystem Consortium (UHC), Oak Brook, Ill., its founding GPOs. Novation is making a two-year commitment, after which members will need to renew their own numbers.

“We hope Novation’s endorsement will encourage health care providers and manufacturers and distributors to participate quickly,” said Larry Dooley, vice president of contract and program services. “This will result in improved efficiencies in the supply chain.”

Novation estimates the use of GLNs in health care would save the industry between $1.76 billion and $2.94 billion annually. VHA and UHC members could save between $441 million and $735 million annually if GLNs are fully utilized across the industry.

On March 1, Amerinet said it will maintain a block of GLNs for the next two years, encourage suppliers to use them on transaction documents.

“Health care supply chain efficiency has been constrained compared to other industries due to a lack of standards for transaction data,” said Lane Adams, director of supply chain solutions at Amerinet.

“Customer identification, item identification and basic categorization are all areas where health care has lagged behind.”

As at Novation, after two years, hospitals will have to maintain their own GLN technology and data, but Amerinet will continue to provide assistance.

“Amerinet has a commitment to not only enumerating our members, but to providing leadership in educating our providers and our suppliers on the tremendous value that the GLN will bring to the entire end-to-end supply chain,” Adams said.

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, so health care will be joining a well-known system. More than 200,000 companies already use the GLN in the U.S., CHEs estimates.

CHEs plans to hold training seminars around the country to acquaint materials managers and other hospital officials with GLNs.

**HINs specific to health care**

There is also a health care-specific locator number, the Health Industry Number (HIN).

It was developed in the 1980s by the Health Industry Business Communication Council (HIBCC), which was formed to develop bar codes for use in health care. The HIN is used with electronic commerce sites to let suppliers pinpoint which facilities are ordering which products, and to help track contract compliance.

Premier, Charlotte, N.C., was one of the first groups to endorse HINs, supplying one to each member.

But around 2000, the GPOs that led in the formation of CHEs, including Premier, began asking for changes in the way HINs were maintained in return for endorsing the HIN as the industry-wide standard,

(See GLN, continued on page 10)
One reason groups were not happy with the HIN is that it bypassed their control, as hospitals had access to it for free. The GLN must be purchased, and GPOs do not mind doing this as it gives them a degree of control and access to purchasing data, sources said.

**GHX supports both**

Now, Global Healthcare Exchange (GHX), Westminster, Colo., supports both HIN and GLN identifiers for hospitals purchasing through its site.

A year ago, when the UCC began offering GLN registrations, the Health Industry Group Purchasing Assn. (HIGPA) endorsed it immediately, though only recently have individual groups taken steps to help members get started.

"The GLN is clearly viable as a commonly accepted standard for a location identifier in our industry as well," HIGPA CEO Robert Betz said.

Subscribers to the GLN registry may include hospitals, manufacturers, and distributors.

A GLN may be assigned to any location, to different departments at the same location, and even to vending machines and supply cabinets.

Dennis Byer, Chairman of the CHes Board of Directors and Director of Information Technology at Consorta, said the GLN can replace some 200 identifying code numbers in use in business today.

"It’s time to unify around a single, easy-to-use and logical identification standard that will reduce duplica-

(See GLN, continued on page 11)
Shifting loyalties
Since the advent of synthetic, non-woven materials, clinician and materials manager loyalties have shifted between the two.

For example, during the 1990s, there was widespread enthusiasm for disposable gowns made of impermeable materials and designed for comfort and economy. Materials managers agreed, for the most part, that savings on laundry costs more than offset the need to constantly replace the disposable gowns.

Then, as the 1990s ended, HMM survey respondents and industry observers reported a renewed interest in reusable items.

In 1998, Health Services Corp. of America, now part of MedAssets HSCA, St. Louis, signed a five-year contract with Sterile Recoveries (now SRI/Surgical Express), Clearwater, Fla. SRI provides daily delivery and reprocessing of reusable surgical supplies, including gowns, drapes and towels. MedAssets did not participate in this month’s survey.

That was one of the first in a wave of group deals with suppliers of reusable textiles. Another popular supplier is Standard Textile, Cincinnati.

Switching to reusables can eliminate the costs of distribution and waste disposal, estimated at 6% to 10% of the total cost of using disposable gowns.

Disposables said to be more reliable
And, in this month’s survey, one insisted, “Disposables are more effective and reliable.”

That comment was echoed by Jeff Schneider, marketing director of Kimberly-Clark, Norcross, Ga. “Reusables tend to degrade over time,” he explained.

K-C claims 40% of the U.S. market for disposable gowns, followed by Cardinal Health, Dublin, Ohio, and Medline Industries, Mundelein, Ill. Among contracted groups is Broadlane, Dallas, which did not participate in this survey. Broadlane’s four-year deal with K-C is up for renewal in July.

Other companies make various types of specialty gowns. For example, DePuy, the orthopedic implant giant in Warsaw, Ind., makes gowns used in orthopedic surgery.

At first, paper disposable gowns were lined with plastic to create a barrier, but the result was very uncomfortable for the wearer. Manufacturers began experimenting with new materials, such as polyester microfibers and a tri-laminate developed by W.L. Gore.

Manufacturers continue to come up with new materials designed to provide more protection as well

(See Gowns, continued on page 12)
One of the newer players in the medical textile market is Tronex Healthcare Industries, Denville, N.J. Tronex Healthcare is part of a holding company that makes textile products for several industries, including food service.

In 2002, the company developed 27 new items of disposable personal protective equipment, including surgical scrubs. Since then, Tronex has managed to snag a few group contracts and hospital users, as the table indicates. Its prices are competitive with other disposable scrubs.

The cost of surgical gowns is related both to the level of protection their material affords, and to its useful life. In recent years, impermeability has become a more pressing issue. Better protection tends to mean

### Surgical gowns and scrubs

Surgical gown prices are listed per unit according to hospital and group purchasing contracts, and are rounded to the nearest cent. The first three columns give HMM survey averages and percentage changes; the second three columns give ECRI averages. © 2005, Hospital Materials Management.

<table>
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<td>95421 Impervious specialty</td>
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<td>700PTJL-CM Linen scrub pant unisex drawstring</td>
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<td>720PRYXXL-CM Top cap royal med carton of 12</td>
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<td>720PTJL-CM Linen scrub top large reusable jade</td>
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<td>750PTHM Staff jacket med cardigan</td>
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</tr>
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# Surgical gowns and scrubs

Surgical gown prices are listed per unit according to hospital and group purchasing contracts, and are rounded to the nearest cent. The first three columns give HMM survey averages and percentage changes; the second three columns give ECRI averages. © 2005, *Hospital Materials Management*.

<table>
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<td>MDT011088L</td>
<td>Pant cotton/polyester lg drawstring</td>
<td>3.11</td>
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<td>MDT0110GRPS2</td>
<td>Scrub shirt unisex med v-neck</td>
<td>8.25</td>
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<td>MDT011119</td>
<td>Patient gown cotton/polyester adult</td>
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<td>MDT011147XXXZ</td>
<td>Patient gown oversize adult tie side</td>
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<td>MDT011262L</td>
<td>Flame-Fighter brushed flannel ped gown</td>
<td>7.01</td>
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<td>MDT011269</td>
<td>Teen patient gown</td>
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<td>MDT012062XL</td>
<td>Surgeon's gown, extra– large</td>
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<td>MDT2112551</td>
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<td>MDT2112552</td>
<td>Patient shirt, 0-6 month slipover</td>
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<td>MDT2112571</td>
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<td>MDT211396Z</td>
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<td>MDT2114608</td>
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<td>MDT217296R</td>
<td>Wash cloth cotton</td>
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<td>MDT21735Z</td>
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<td>MDT217350</td>
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<td>MDT218147WHI</td>
<td>Bath blanket flannel 100 in.</td>
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<td>MDT218160</td>
<td>Bedspread 90 in.</td>
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<td>MDT824064</td>
<td>Restraint vest Koolnit large</td>
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<td>NON24244</td>
<td>Patient exam gown disposable</td>
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<td>Patient gown polyester tissue disposable</td>
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<td>Patient gown latex-free disposable</td>
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<td>Patient gown premium latex-free</td>
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<td>NON27114</td>
<td>Staff gown impervious</td>
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<td>NON27114</td>
<td>Isolation gown impervious latex-free sterile</td>
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<td>NON27116</td>
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**Tronex Healthcare**

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<td>Scrub top, v-neck, disposable blue med</td>
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<td>SMS220-40</td>
<td>Scrub top, v-neck, disposable blue xlg</td>
<td>0.58</td>
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<td>SMS330-10</td>
<td>Scrub bottom draw string disposable sm</td>
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<td>SMS330-20</td>
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Risk sharing was too risky
In the late 1990s, some hospital linen suppliers offered risk-sharing plans, where a hospital agreed to buy exclusively from a vendor and in exchange would split any savings with the vendor. If a guaranteed minimum saving was not achieved with the conversion, the vendor would make up the difference.

None of this month’s respondents had even tried risk-sharing textile contracts.

K-C’s Jeff Schneider explained, “For both the hospital and the supplier, it’s hard to budget [around risk-sharing]. They want to know what the actual cost is going to be.”

On average, the hospitals in this survey reported deriving 23% of their surgical scrubs and gowns from custom packs, down by nearly one-fifth from the 28% who reported buying gowns in custom packs last year.

Also, many employees purchase their own scrubs, especially those who work outside of the operating room. Hospitals in this month’s survey reported various policies for furnishing protective apparel to clinicians. “Our employees are responsible for purchasing their own scrubs and laundering them at home,” reported one materials manager at a large hospital.

While the survey concentrated on surgical protective apparel, contracts tend to cover these items along with a variety of other textiles, such as patient gowns, exam gowns and bed sheets. Prices for some of these additional items are included in the table on pages 12 and 13.

Plenty of competition, still
This is one market where there is plenty of competition, but the field is narrowing. While respondents continue to report multi-source contracts, the number of vendors named as primary sources has dwindled to five from more than a dozen.

In addition to the big three, K-C, Cardinal and Medline, major manufacturers of surgical gowns include: Fashion Seal Uniforms (Now Superior Uniform Group), Seminole, Fla.; Standard Textile and SRI/Surgical Express. And, as mentioned previously, now Tronex has joined the field.

One of the most notable mergers in recent years was the 2003 acquisition of Maxxim Medical, Clearwater, Fla. Maxxim was known more for procedure packs and gloves, but was also a supplier of surgical drapes and gowns. Medline has said it took the opportunity to acquire the ailing Maxxim to improve its own market position, and it has apparently succeeded: In terms of numbers of products supplied and used, it dominated this survey.

Group contracts are plentiful, and they are usually multi-source. However, tier pricing and rebates can motivate hospitals to standardize on one supplier. For groups, an added incentive was administrative fees paid by contracted suppliers to promote the deals.

While several major deals expire this year, others were reported with terms going out to 2009. However, these long-term contracts, some dating back to the 1990s, are becoming the dinosaurs of the industry.

Deals inked in the past year run for three years at the longest, in accordance with the trend sparked by the GPO code of conduct of 2002.

Bon Secours, Schaumburg, Ill., has a new contract for thrombectomy devices and catheters. The vendor is Possis Medical, Minneapolis.

The agreement took effect Feb. 1 and runs for two years. It covers the company’s AngioJet Rheolytic thrombectomy system.

Amerinet, St. Louis, revised its agreement with Possis to include the following products:
- AVX catheters
- Xpeedior catheters
- Pump sets
- Drive units
**Contrast media focus of Novation-GE agreement**

Novation Irving, Texas, selected GE Healthcare, Princeton, N.J., to provide contrast media for diagnostic imaging.

The sole-source deal took effect April 1 and runs for three years.

It covers injectable X-ray, MRI and ultrasound contrast media. Many of the covered products are sold under Novation’s private label brand, NOVAPLUS.

While the contract is new, Novation’s parent groups, VHA, Irving, Texas, and University Health-System Consortium (UHC), Oak Brook, Ill., have purchased from GE for the past decade.

Among covered products are:

- Omnipaque™ (iohexol) injection
- Omniscan™ (gadodiamide) injection
- Visipaque™ (iodixanol) non-ionic isosmolar contrast agent
- Optison™ (Perflutren protein-Type A microspheres for cardiovascular ultrasound imaging
- Hypaque™ (diatrizoate).

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**Novation awards pact to Huntleigh for pneumatic devices**

Novation, Irving, Texas, selected Huntleigh Healthcare, Eatontown, N.J., to provide compression devices.

The contract took effect April 1 and runs for three years. It covers Huntleigh’s Flowtron Line of intermittent pneumatic compression devices for the prevention of deep vein thrombosis.

HealthCare Links, an outsourced national accounts group that specializes in assisting medical companies win national contracts, represented Huntleigh in negotiating the deal.

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E-mail communications@ecri.org or call +1 (610) 825-6000, ext. 5273.
**Drug indices finish 2004 by posting increases**

Every category of pharmacy index finished 2004 up sharply, continuing a year-long series of quarterly increases.

The composite index for 4Q04 was 108.20, up 1.95% from the third quarter, and up 8.20% from a year previously. This represents an increase in the rate of growth of the indices.

Increasing most rapidly were non-cephalosporins, which posted a 10.75% jump for the year. The largest quarterly change was in cephalosporins and related, which rose 2.51%. Even cardiovasculars, the most stable category for the final quarter, rose 1.34% with an annual hike of 9.44%. *HMM* obtains its indices from IMS Health, Plymouth Meeting, Pa. The base period for this report is the fourth quarter of 2002.

The base period is changed each quarter so that the index for one year earlier is set at 100.

### Overall

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Index</th>
</tr>
</thead>
<tbody>
<tr>
<td>4Q03</td>
<td>100.00</td>
</tr>
<tr>
<td>1Q04</td>
<td>102.24</td>
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<tr>
<td>2Q04</td>
<td>105.13</td>
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<tr>
<td>3Q04</td>
<td>106.13</td>
</tr>
<tr>
<td>4Q04</td>
<td>108.20</td>
</tr>
</tbody>
</table>

*HMM*’s overall pharmaceutical index showed the following percent changes: from the previous quarter, + 1.95%; from the previous year, + 8.20%.

### Cardiovasculars

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Index</th>
</tr>
</thead>
<tbody>
<tr>
<td>4Q03</td>
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</tr>
<tr>
<td>1Q04</td>
<td>106.52</td>
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<tr>
<td>2Q04</td>
<td>106.87</td>
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<tr>
<td>3Q04</td>
<td>107.99</td>
</tr>
<tr>
<td>4Q04</td>
<td>109.44</td>
</tr>
</tbody>
</table>

Change between quarters: + 1.34%; from the previous year: + 9.44%.

### Psychotherapeutics

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Index</th>
</tr>
</thead>
<tbody>
<tr>
<td>4Q03</td>
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</tr>
<tr>
<td>1Q04</td>
<td>102.34</td>
</tr>
<tr>
<td>2Q04</td>
<td>103.58</td>
</tr>
<tr>
<td>3Q04</td>
<td>104.34</td>
</tr>
<tr>
<td>4Q04</td>
<td>106.20</td>
</tr>
</tbody>
</table>

Change from the previous quarter: + 1.78%; from the previous year: + 6.20%.

### Cephalosporins and related

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Index</th>
</tr>
</thead>
<tbody>
<tr>
<td>4Q03</td>
<td>100.00</td>
</tr>
<tr>
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<td>100.24</td>
</tr>
<tr>
<td>2Q04</td>
<td>99.93</td>
</tr>
<tr>
<td>3Q04</td>
<td>101.4</td>
</tr>
<tr>
<td>4Q04</td>
<td>103.95</td>
</tr>
</tbody>
</table>

Change from the previous quarter: + 2.51%; from the previous year: + 3.95%.

### Non-cephalosporins

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Index</th>
</tr>
</thead>
<tbody>
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<td>2Q04</td>
<td>107.75</td>
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<tr>
<td>3Q04</td>
<td>108.65</td>
</tr>
<tr>
<td>4Q04</td>
<td>110.75</td>
</tr>
</tbody>
</table>

Change between quarters: + 1.93%; from the previous year: + 10.75%.

**Source:** IMS Health

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**ELECTRONIC COMMERCE**

Consorta, Schaumburg, Ill., redesigned its internal contract management system, Wings, while Premier promised a new, more easily navigated web site by October.

Now called the Wings Agreement Management System, the new version provides improved data tracking capability and easier navigation of contracts and product information. It also tracks financial information related to manufacturer rebates and contract administration fees.

“This system takes Consorta’s management of rebates and the value it provides to our members to the next level,” said Anna Fox, vice president of contract operations and data management for Consorta.

“The Agreement Management System generates a high level of detail regarding members’ eligibility for rebates, requirements for various rebate levels, and when and how rebates will be delivered—information that helps us assure that our members receive all of their rebate dollars.”

The new system also enhances Consorta’s Virtual GPO capability, which enables hospitals to electronically store their own purchasing agreements alongside Consorta’s. The system maintains the confidentiality of those local agreements.

“Our shareholders say that the option to store all of their contract information under one system gives them a consistent and comprehensive way to manage their agreements and, most importantly, saves them time and effort,” said Fox.

Premier, meanwhile, said it is working on enhancements to its corporate web site, premierinc.com. The new site will feature the same information, but will offer more streamlined navigation and more direct access to tools such as eSourcing and Healthcare Informatics products. In addition, the look of the site will change to reflect Premier’s new corporate identity. The updated site is scheduled to go live in early October.
**Price Watch**

**Lab index up; instruments down in Feb.**

### Detailed Producer Price Index

The Finished Goods segment of the Producer Price Index (PPI) for February was 152.2, up 0.5% from January, when it was 151.4.

For the selected medical-surgical products, the average index change between January and February was – 0.2%.

The average annual change was + 0.9%. The highest monthly increase was 1.2% for clinical laboratory, and the steepest decline was – 1.8% for surgical and medical instruments.

<table>
<thead>
<tr>
<th>Product category</th>
<th>Feb 2005</th>
<th>Jan 2005</th>
<th>Feb 2004</th>
<th>% change in month</th>
<th>% change in year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catheters</td>
<td>129.5</td>
<td>129.4</td>
<td>127.2</td>
<td>+ 0.1</td>
<td>+ 1.8</td>
</tr>
<tr>
<td>Clinical laboratory</td>
<td>125.0</td>
<td>124.4</td>
<td>122.7</td>
<td>+ 0.5</td>
<td>+ 1.9</td>
</tr>
<tr>
<td>Diagnostic apparatus</td>
<td>139.7</td>
<td>140.8</td>
<td>141.4</td>
<td>– 0.8</td>
<td>– 1.2</td>
</tr>
<tr>
<td>Electromedical equipment</td>
<td>91.9</td>
<td>91.8</td>
<td>94.0</td>
<td>+ 0.1</td>
<td>– 2.2</td>
</tr>
<tr>
<td>Irradiation apparatus</td>
<td>111.1</td>
<td>111.1</td>
<td>110.7</td>
<td>+ 0.0</td>
<td>+ 0.4</td>
</tr>
<tr>
<td>Surgical and medical instrs.</td>
<td>135.4</td>
<td>137.8</td>
<td>134.5</td>
<td>– 1.8</td>
<td>+ 0.7</td>
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<tr>
<td>Electromedical equipment</td>
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</tr>
</tbody>
</table>

### Detailed Consumer Price Index: Medical Care Commodities

The unadjusted medical care commodities component of the Consumer Price Index for January was 271.6, up 0.3% from December and 2.3% higher than it was one year before. Source: Bureau of Labor Statistics.

The index for 1982-84=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.

#### Recent price surveys

- **Syringes and needles** (March)—Prices rose modestly in 2004, but are expected to decline this year, now that hospitals have converted to safety products.
- **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.

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


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**People on the move**

Denise Remus, Ph.D., R.N., joined Premier, Charlotte, N.C., as vice president of clinical informatics. She will assist member hospitals with performance measures and quality improvements. Remus previously worked for the Agency for Healthcare Research and Quality (AHRQ), where she was a senior research scientist for quality indicators.

Rob Quin was appointed vice president of finance at Methodist Medical Center, Peoria, Ill., 342 beds. He is responsible for materials management as well as financial operations, managed care and reimbursement.

Patricia Becker joined Shared Services Healthcare (SSH), Atlanta, as regional vice president for the Orlando area. SSH added this position to serve its expanding membership there. Current regional vice president Deborah Wahl will remain in her position there as well. Before joining SSH, Becker was director of the supply chain solutions outsourcing division at Premier, Charlotte, N.C. Prior to that, she was director of purchasing at Wuestoff Memorial Hospital, Rockledge, Fla., 295 beds, and Orlando Regional Healthcare System, 1,870 beds.

Douglas D Hawthorne was elected chairman of the board of Premier, Charlotte, N.C. He is president and CEO of Texas Health Resources Arlington, Texas.

**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.


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.

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.

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.

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 Inc., Oak Brook, Ill., 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.

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