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features

31  Making Educated Decisions about Your Professional Dealings
When you’re working with thousands or even millions of dollars, doesn’t it make sense to know who you’re dealing with?

39  Coming Next Year
A look at some of the many stories we’ll be bringing you in 2009.

42  Robotic Surgery
Robotics is being used in more precise work than just assembly line production these days.

21  Ambulance Sales and Services
Getting patients to needed care in time is half the story.

24  By Land, Sea and Air
Shipping medical equipment in today’s environment takes planning.

50  A Defibrillator Continuum
A look at the sales and service side of these life-saving devices.

54  Hospital Beds and Medical Furniture
Rest assured, this segment of the industry is sleeping well at night.

departments

2   Letter from the Editor
4   Feedback
6   Hospital & Health News
10  Healthcare Chronicles
12  What’s New
18  People & Companies
20  In the Next Issue
20  Focus on Performance
37  Old Into Gold
38  Shows & Conferences
46  Law & Order
49  This Month in Medical History
59  Marketplace & Classifieds
64  Blue Book Price Guide
Getting Ready for a New Year

Another year has nearly passed and it has been a trying one. We close out 2008 with an economy in rough shape, we are still engaged in two foreign wars and health care issues, one of the most important concerns at the start of the presidential run-up nearly two years ago, tumbled down the list of top priorities before the elections took place. Even if you exercised your right to vote last month and regardless of whom you voted for, the work isn’t done yet. Now is the time to share your opinions not only with your professional community but with your political leaders on the local and national level as well.

The coming year promises to be interesting with the potential for great steps forward or a steady slide back. Only by keeping the lines of communication open with lawmakers and our representatives can we hope to affect change for the better of the health care profession. DOTmed Business News will continue to keep readers informed on matters of importance that have the ability to impact their livelihoods.

This month’s issue takes a step in that direction with the introduction of Law & Order, a legislative section found on page 46. This section will offer information on legal developments across the country serving as a knowledge source for precedents to help keep health care professionals up-to-date.

Also keeping you up-to-date, this issue offers Industry Sector Reports on Land, Sea and Air Freight, Defibrillators, Hospital Furniture and Beds and Ambulance Sales and Service. Additionally, special features for this month include a look at hi-tech robotic surgery, making the best choice when it comes to picking a professional to do business with and a look at next year’s lineup of features and reports.

As always, readers are welcome to send feedback, questions and comments to me at sruck@dotmed.com. Your requests to cover certain topics, responses to past articles or other commentary are all used to make the magazine better and your interaction with it more enjoyable.

Until next year!
Sean Ruck
Editor-in-Chief
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James How There are those whose talent, commitment, and passion make them giants in their field.

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Dear DOTmed Business News,

In the November issue of your magazine your article on page 64, “This Month in Medical History” has an image that you incorrectly identify as the hand of Mrs. Röntgen. The image that you used is actually the hand of Alfred von Kolliker. The radiograph of Mrs. Röntgen’s hand is pasted below.

Sincerely,
Gerald D. Dodd, III, M.D.
Professor and Chair
Department of Radiology
University of Colorado
Denver
School of Medicine

Thank you for catching our error. We did further research after receiving your letter and found that Röntgen took this X-ray of the hand of his associate, Alfred von Kolliker on January 23, 1896 – two months after he took the X-ray of his wife’s hand. Even in that short time span, Röntgen apparently made improvements to the clarity of the image.

- Editor

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**FEEDBACK QUESTION FOR JANUARY**

Recent innovations and discoveries have been made in the field of stem cell research, further highlighting the topic and creating more tensions for those for and against it. Legislators are also stepping in to impose restrictions and regulations. Do you feel the government should act when it comes to allowing or denying further research?

Submit responses to feedback@dotmed.com (please include “January Feedback” in the subject line)

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**Corrections & Omissions:**
Ed Sloan’s biographical information was omitted from the end of November’s Healthcare Chronicles. Mr. Sloan is currently working as a consultant and is on the DOTmed Board of Directors.
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Procter & Gamble Is Pursuing Treatment for the Common Cold

Procter & Gamble scientists, trying to devise treatments for the company’s profitable Vicks unit, have reported results from the first study to examine the human genome’s response to the common cold.

P&G worked with researchers from the University of Calgary and the University of Virginia. The findings were published in the November 1 issue of the American Journal of Respiratory and Critical Care Medicine.

Researchers then conducted a gene-chip study on students by scraping a sample of cells that line the passages of the nose. These cells, called nasal epithelial cells, are the immune system’s first line of defense. Researchers used the gene chip analysis to examine the immune system’s response to the rhinovirus at a molecular level.

They found that it’s the immune system response to the rhinovirus, and not the rhinovirus itself, that causes cold symptoms. “What we found was a large number of genes were up regulated in people who were infected with the rhinovirus,” says Jay Tiesman, P&G’s Genomics group leader. “We found a lot of immune compounds, called chemotaxis pathways, were mounting a tremendous defense, far out of proportion to the illness,” Tiesman says. “The immune system over-drive is what leads to runny nose and congestion,” he adds.

In the randomized, placebo-controlled study, researchers infected 17 volunteers with the rhinovirus. An additional 18 students who served as the control group were given the sham inoculation nasal saline spray.

Forty-eight hours after inoculation, the expression of 6,530 genes in infected volunteers were either up regulated or down regulated.

“What happened is rhinovirus infection triggered a massive immune response in the nasal mucosa,” Tiesman says. The findings are important because they provide us a blueprint for developing the ideal cold treatment; one that maintains the body’s natural antiviral response while normalizing the inflammatory response,” Tiesman says.

Researchers classified the active genes according to function and found many involved in the process were chemotaxis, which recruits various immune cells to the site of infection. These particular genes have been correlated with symptoms such as inflammation, congestion and runny nose. Other groups of active genes have also been classified; among them are genes that make antiviral compounds that are believed to help thwart infections. Of the many antiviral compounds made by the cells one, called viperin, was especially intriguing. The study volunteers produced on average 6.5 times more of the viperin gene product than the control group. “However, even in the infected group, a small number of people did not come down with a cold. Is that a genetic difference or a difference in the environment?” Tiesman asks.

Previous work found that viperin helps fend off influenza virus. The researchers confirmed viperin’s role in cold defense with two follow-up studies.

Online: dotmed.com/dm7342

Migraines Associated With Lower Risk of Breast Cancer

Women who suffer from migraines may take at least some comfort from a first-of-its-kind study that suggests a history of such headaches is associated with a significantly lower risk of breast cancer.

Christopher I. Li, M.D., Ph.D., and colleagues at Fred Hutchinson Cancer Research Center in Seattle report these findings in the November issue of Cancer Epidemiology, Biomarkers and Prevention.

“We found that, overall, women who had a history of migraines had a 30 percent lower risk of breast cancer compared...
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to women who did not have a history of such headaches,” said Li, a breast-cancer epidemiologist and associate member of the Hutchinson Center’s Public Health Sciences Division.

In particular, migraine history appeared to reduce the risk of the most common subtypes of breast cancer: those that are estrogen-receptor and/or progesterone-receptor positive. Such tumors have estrogen and/or progesterone receptors, or docking sites, on the surface of their cells, which makes them more responsive to hormone-blocking drugs than tumors that lack such receptors.

The biological mechanism behind the association between migraines and breast cancer is not fully known, but Li and colleagues suspect that it has to do with fluctuations in levels of circulating hormones.

While this study represents the first to look at a potential connection between migraines and breast cancer, Li and colleagues have data from two other studies that in preliminary analyses appear to confirm these findings, he said.

For the study, the researchers combined data from two population-based, case-control studies of 3,412 Seattle-area postmenopausal women, 1,938 of whom had been diagnosed with breast cancer and 1,474 of whom had no history of breast cancer, who served as a comparison group.

Information on migraine history was based on self-reporting and was limited to migraines that had been diagnosed by a physician or other health professional.

**Online: dotmed.com/dm7341**

**Hip Resurfacing is Not for Everyone**

Hip resurfacing is often seen as a modern alternative to the more conventional total hip replacement, but new data from a study led by Rush University Medical Center suggest that a patient’s age and gender are key to the operation’s success.

In a review of over 500 surgeries performed in the U.S. using a hip resurfacing device recently approved by the Food and Drug Administration (FDA), the researchers found that the majority of serious complications occurred in women of all ages and men over the age of 55. The most common complication, and the most serious, was a fracture of the femoral neck, the slender area of bone just beneath the head of the femur.

The study has just been published online and will appear in the January 2009 issue of Clinical Orthopaedics and Related Research.

“The ideal patients for hip resurfacing are males under the age of 55. They have the fewest, and the least serious, complications,” said Dr. Craig Della Valle, lead author and a specialist in joint reconstruction at Rush University Medical Center. “Patients may be eager to take advantage of technological innovations, but for older individuals, a conventional hip replacement is generally more appropriate.”

The researchers analyzed data for the first 537 hip resurfacing surgeries performed in the U.S. after the Birmingham Hip Resurfacing implant, manufactured by Smith & Nephew, was approved by the FDA in October 2006. The majority of the patients suffered from severe osteoarthritis. All 89 orthopedic surgeons involved in the procedures had undergone training required by the FDA before conducting their first cases. Their level of experience with hip surgery varied. Some were joint replacement specialists; others were general orthopedic surgeons.

Serious complications occurred in 32 of the 537 cases, including 10 cases in which the femoral neck fractured after surgery, a problem not seen with conventional hip replacements. Such fractures require additional surgery.

Nine of the fractures in the study occurred in patients who were either female or older than 55 at the time of the implant. Eight of the fractures occurred when the surgeon was relatively inexperienced with the procedure (within the surgeon’s first 10 cases).

According to Della Valle, age and sex are probably linked to the incidence of such fractures because of bone quality and quantity.

“Patients who are older or who are female tend to have softer bone,” he said. “Also, men on average have larger bone structures, with a greater surface area for securing the implant.”

The study identified several other serious complications, including nerve injury, joint dislocation, fracture of the proximal femur (just below the femoral neck), loosening of the metal component in the joint socket, and deep infection.
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Hip resurfacing is generally recommended for younger, more active patients out of concern that the traditional artificial hip might wear out during their lifetime and require a second replacement, a far more complicated surgery.

“Hip resurfacing has certain advantages over the conventional total hip replacement,” said Della Valle. “It preserves more bone because the head of the femur is retained. It enables the patient to return to high-impact sports because the metal components of the implant resist wear and tear and can withstand the forces associated with activities like running. Some studies have also shown that hip resurfacing carries a lower risk of dislocation because the size of the ball component is larger.”

“But despite its benefits, risks remain,” Della Valle added. “Our findings suggest that we need to be cautious. This procedure is not ideal for everyone.”

- Online: dotmed.com/dm7335

**Google Tracks the Flu**

Epidemiology and the Internet are a perfect combination. Enter Google Flu Trends, where you can go online to track the spread of influenza, state by state in real time. It turns out that when folks are sick they get online and Google the flu.

“We’ve found that certain search terms are good indicators of flu activity,” Google notes. “Google Flu Trends uses aggregated Google search data to estimate flu activity in your state up to two weeks faster than traditional flu surveillance systems.”

There is a close correlation between searches for information about diseases and the incidence of those maladies including the seasonal flu, allergies, sun-burns, etc. Google, now the tracker of all sorts of trends, compared its activity to no less than the CDC and found the search activity to be an accurate reflection of the progression of the flu season. CDC has validated the Google data. (Note that not every person who searches for information actually has the condition, however sufficient numbers do to arrive at trend data.)

Seeing is believing at: http://www.google.org/flutrends/

And stand by for Google Tracks Heartburn—the Thanksgiving edition!

- Online: dotmed.com/dm7375

**Healthcare Chronicles**

**Riding Out the Recession and Other Tips for Economic Survival**

By Martin E. Zimmerman

Most experts agree that there are significant difficulties ahead before we see the bottom of the current economic crisis and before we can determine how far down that bottom goes. Although there is a new President taking office in 2009 and I’m hopeful for a positive change, it is unlikely to happen quickly. So it’s better to err on the side of caution and plan for a future that includes at least several years of economic stress.

While not currently widespread, some businesses now find themselves forced to liquidate assets worth less today, to pay down debt. If they can’t, many will declare bankruptcy, further worsening problems. This, added to unemployment, tightening credit and declines in corporate earnings - indeed, continued write-downs - has resulted in a business environment where people have become more conservative with money. In short, they are reluctant to purchase equipment and other assets. But the picture might not be as grim for the used and refurbished medical equipment industry. It’s reasonable to assume that more people will look to purchase refurbished equipment if they absolutely need a machine.

It is a buyer’s market for those with money. For those who want to retain their cash or are short on funds, renting isn’t a bad idea, as long as the monthly cost allows you to realize an adequate return. However, for longer term use, leasing is usually less expensive. If you run a newer company or one without a reasonably strong financial track record, you may encounter difficulties in arranging financing in this market environment. Even if you receive a commitment, it is likely to be at a higher rate than you would have been quoted a few months ago.

Prepare to run your business more conservatively than you might have in the past. Pay attention to your balance sheet, and to how and when money is taken out. It’s a good time to retain more cash in your company for the rainy days ahead. If you have much debt, you will find that you can’t accomplish what you experienced before in terms of borrowing. By all means, keep a positive Net Worth and don’t go overboard with cash distributions. As a business person, you need to plan for growth, but that planning will be more complicated than it was in the past.

How does this affect us? Banks are being selective about loans, and many of them are reducing their debt/equity ratios, at the same time as they have experienced losses which have reduced their equity. They need to rebuild their equity through earnings, which means cutting overhead and focusing on more profitable businesses. As a result, we will continue to see more restrictive lending in the future, with fewer exceptions for complicated deals. Be careful and cautious. Stick with sound business practices, keep a low center of gravity and you won’t get washed off the deck.

Martin Zimmerman, President & CEO of LFC Capital, has over 30 years’ experience in healthcare equipment leasing and finance. He founded LINC Capital in 1975, now Wellpoint, Inc. Mr. Zimmerman earned a B.S. in Electrical Engineering from MIT, and received an MBA in Finance from Columbia Business School, where he is a member of the Board of Overseers, and a member of the Advisory Board of the Eugene M. Lang Center for Entrepreneurship. He served as a trustee of Ravenswood Hospital and for five years was Chairman of its Finance Committee.
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Philips Unveils “Intelligent Pill” for Digestive Tract Diseases

Philips has developed an “intelligent pill” with a microprocessor, battery, wireless radio, pump and medication reservoir that releases medicine into the digestive tract. The size of a capsule, the “iPill” is designed to pass through the digestive tract naturally and treat diseases such as Crohn’s disease, colitis, and colon cancer.

The capsule determines where in the digestive tract it should go by measuring the local acidity levels in the stomach. Then it releases medicine from its drug reservoir via a microprocessor controlled pump, allowing accurate, programmable drug delivery. In addition, the capsule is designed to measure local temperature and report this information wirelessly to an external receiver unit.

Delivering drugs directly to the location needed means patients can take lower doses of a drug, reducing its side effects, Philips said.

The company planned to present its Intelligent Pill prototype at the American Association of Pharmaceutical Scientists in Atlanta Tuesday. Philips said the product is ready to hit the market.

“We foresee that technologies like the “iPill”, which combine electronics with diagnostic and therapeutic properties, will open up the possibility of targeting almost any kind of drug to a specific location in the intestinal tract,” said Dr. Karsten Cremer of Pharma Concepts GmbH, Basel, Switzerland.

“In 2001, the first camera pill was approved by the FDA for diagnostic applications. Now, seven years later, for the first time, Philips researchers will present its “iPill” technology—the second generation camera pill,” the company said.

PEAK Surgical Introduces PlasmaBlade™ Product Line Extensions for Use in General Surgery

PEAK Surgical, Inc., a medical service company that has developed a new tissue dissection system based on a proprietary technology, has introduced two extensions to its PEAK PlasmaBlade™ family of disposable surgical cutting and coagulation tools. The PlasmaBlade Needle, which has a fine needlepoint tip, is specifically designed for ultra-precise surgical procedures. The PlasmaBlade EXT is designed for use in surgical procedures requiring an extended-reach tip.

In July, the U.S. Food and Drug Administration granted PEAK Surgical 510(k) clearance to market the PEAK® Surgery System, including the PlasmaBlade 4.0, for use in general surgery. The PlasmaBlade 4.0 is designed to be used to cut through all types of soft tissue, including skin, fat and muscle. All of the PlasmaBlade tissue dissection tools are used in conjunction with...
PEAK’s PULSAR™ Generator, which provides pulsed plasma radiofrequency energy to the PlasmaBlade to create surgical incisions and control bleeding. They offer the exacting control of a scalpel and the coagulation of traditional electrosurgery without extensive collateral damage.

Since FDA clearance, surgeons have used the PlasmaBlade 4.0 in more than 150 surgical procedures, including in general, gynecologic, orthopedic, cardiothoracic, plastic and reconstructive surgeries.

“The PlasmaBlade cuts more precisely than a traditional scalpel and causes less thermal tissue damage than traditional electrosurgery. Also, because it cuts at a much lower temperature and delivers less heat, we have seen minimal tissue charring and reduced surgical smoke, which is a concern given the potential health risks,” said Dr. Bryant A. Toth, plastic and reconstructive surgeon at California Pacific Medical Center. “We expect the PlasmaBlade Needle to allow us to provide even more focused precision, such as for surgical procedures involving very delicate face and eyelid skin.”

Unlike most radiofrequency-based surgical products that use continuous voltage waveforms to cut tissue, the PULSAR Generator supplies pulsed plasma-mediated electrical discharges through the PlasmaBlade. Because the radiofrequency is provided in short on-and-off pulses and the blade contains a highly insulated cutting electrode, the PlasmaBlade cuts tissue at an average temperature that is half that of a conventional electrosurgery device and can be as low as 50 degrees Centigrade. This temperature reduction results in reduced heat transfer and significantly less damage to surrounding tissues compared with traditional electrosurgical devices. The PlasmaBlade also can dissect tissue in a wet or dry surgical field.

The pulsed plasma-mediated discharges and electrode insulation techniques were originally developed at the Hansen Experimental Physics Laboratory and Department of Ophthalmology at Stanford University.

Online: dotmed.com/dm7268

NovaRx Drug May Be First Lung Cancer Vaccine to Meet With Success

Biotechnology company NovaRx is testing what may be an impressive lung cancer drug, if Phase III trials are successful.

Under the auspices of Dr. Lyudmila Bazhenova, M.D., an oncologist at San Diego Medical Center, researchers have treated their first patient with either Nova Rx’s drug called Lucanix, or a placebo. Seven hundred patients are needed to complete the trial, which usually takes about a year.

The vaccine consists of non-small cell lung cancer cell lines derived from lung cancer patients. The cells are genetically engineered to block production of TGF-beta, a substance that tumor cells produce to both stimulate their own growth and conceal themselves from the body’s immune system. Once injected, the deactivated tumor cells, their TGF-beta invisiability uncloaked, stimulate the immune system to attack other tumor cells circulating in the body.

Dr. Bazhenova compares the cancer vaccine to a standard vaccine. “When you are a kid,” she says, “you are injected with dead flu virus. It’s the same thing here: you are training your immune system to ‘see’ the virus or the cancer to stimulate an immune system attack.

Still, Dr. Bazhenova says, many biotech companies have tried to design a vaccine for cancer and have failed. She says if Lucanix wins approval, it could potentially be the next blockbuster drug, but she is careful to add, “We don’t have the data to prove it yet. The trial has just started.”

Data from a study of 75 patients with advanced stages of lung cancer showed that 43 percent of them were still alive two years after receiving NovaRx’s vaccine. That’s two times the survival
rate seen with chemotherapy, the standard treatment, she says.

The trial is designed for patients with stage IIIA, IIIB, IV lung cancer, who have completed their first round of chemotherapy and their tumors are not growing.

Online: dotmed.com/dm7187

NCSU Breakthrough Study on New Material for Device Implants

A team of researchers led by North Carolina State University has released a study that could lead to new dialysis devices and other innovative medical implants. The study is published in a special issue of Biomedical Materials, and is the first in-depth study of the biological and physical properties of the membranes. The researchers have found that the unique properties of a new material can be used to create new devices that can be implanted into the human body -- including blood glucose sensors for diabetics and artificial hemo-dialysis membranes that can scrub impurities from the blood.

A main goal of researchers has been the development of medical devices that could be implanted into patients for a variety of purposes, such as monitoring glucose levels in diabetic patients. However, existing materials present significant problems. As one example, devices need to be made of a material that prevents the body’s proteins from building up on sensors and preventing them from working properly. In addition, any implanted device also needs to avoid provoking an inflammatory response from the body that would result in the body’s walling off the device or rejecting it completely.

Dr. Roger Narayan, an associate professor in the joint biomedical engineering department of NC State and the University of North Carolina at Chapel Hill, led the research that finds nanoporous ceramic membranes may be used to resolve material issues and says the nanoporous membranes could be used to “create an interface between human tissues and medical devices that is free of protein buildup.”

Importantly, the study indicates that the human body will not reject the nanoporous ceramic membrane. According to Narayan, this could be a major advance for the development of kidney dialysis membranes and other medical devices whose development has been stalled by poor compatibility with human tissues. Narayan was also the lead researcher on the team that first developed these new materials.

Adapted from a press release by North Carolina State University.

Online: dotmed.com/dm7366

The Cost of Emerging Health Care Technologies to Radiology Reviewed

Technology has been identified as a primary driver of health care costs in the United States. Paul E. Wallner, D.O., and Andre Konski, M.D., MBA, look into how the rapid emergence of new
technology impacts the already strained health care system in a new article published in the November issue of the JACR. Alongside cost comes physician pressure to justify the rapid pace of development of such technologies, which have prompted discussion on coverage with evidence development. The impact on the radiological community is discussed in A Changing Paradigm in the Study and Adoption of Emerging Health Care Technologies: Coverage With Evidence Development.

In terms of issues facing radiology, the timing of the oral board examinations has received its share of attention. Radiology is the only specialty offering them during residency, and the recent trend toward subspecialization has raised discussion of delaying the exam for one to two years in order to create time for exposure to subspecialty training during residency. In 2007, the College created a task force in response to rising concerns, and examined the potential implications of this change on radiology professionals and institutions. The results of these discussions are outlined in the ACR White Paper: Task Force on Timing of the Oral Boards in Diagnostic Radiology, by Barry D. Pressman, M.D., FACR, and Thomas R. Hoffman, J.D.

IRQN Award Paper: Operational Rounds: A Practical Administrative Process to Improve Safety and Clinical Services in Radiology, by Lane F. Donnelly, M.D., et al., examines the process of initiating a patient safety program optimizing the number of attendees during rounds. The lead author’s operational rounds program has experienced success in improving care - since beginning this program, the mean number of days between serious safety events involving radiology has doubled. This paper offers examples of improvement plans, which have led to the demonstration of radiology’s commitment to patient safety as well as identified areas for continued improvement.

- Online: dotmed.com/dm7286

Odor ID Not Disguised by Diet

Reporting in the October 31 issue of the online journal PLoS ONE, scientists from the Monell Center present behaviorial and chemical findings revealing that an individual’s underlying odor signature remains detectable even in the face of major dietary changes.

“The findings using this animal model support the proposition that body odors provide a consistent ‘odor-print’ analogous to a fingerprint or DNA sample,” said Gary Beauchamp, PhD, a behavioral biologist at Monell and one of the paper’s senior authors. “This distinctive odor can be detected using either an animal’s nose or chemical instruments.”

Mammals such as mice and humans are known to have unique genetically-determined body odors, called ‘odortypes.’ Thought to be identity biomarkers that help distinguish individuals from one another, odortypes are determined in part by genes of the major histocompatibility complex (MHC), which comprises the immune system.

The type of food eaten also can influence an individual’s body odor; garlic, for example can be detected by smell when consumed in large amounts. As such, dietary changes potentially could obstruct detection of genetically-determined odortype and thus mask individual identity. To address this question, the researchers conducted a series of behavioral and chemical experiments.

In behavioral tests, ‘sensor’ mice were trained to use their sense of smell to choose between pairs of test mice that differed in MHC genes, diet or both. Chemical analyses used instrumentation to examine the array of VOCs in urine of mice having different MHC backgrounds and fed different diets.

The results indicate that genetically-determined odortypes persist regardless of diet, even though dietary changes do strongly influence odor profiles of individual mice. Changing diet ingredients did not obscure detection of underlying odortypes using either behavioral or chemical methods.

“These findings indicate that bio-
logically-based odorprints, like fingerprints, could be a reliable way to identify individuals. If this can be shown to be the case for humans, it opens the possibility that devices can be developed to detect individual odorprints in humans,” said lead author Jae Kwak, PhD, a Monell chemist.

According to Beauchamp, similar approaches are being used to investigate body odor differences associated with disease. Such research could lead to the development of electronic sensors for early detection and rapid diagnosis of disorders such as skin and lung cancer and certain viral diseases.

**New Breast Cancer Radar Imaging System Clinical Trials Occurring in UK**

University of Bristol (UB) Professors Alan Preece and Dr. Ian Craddock are developing a device which uses radio waves to detect breast cancer that are unlike conventional mammograms which use radiation.

The pair, who spent the last five years accomplishing the prototype, have received funding from the Engineering and Physical Sciences Research Council (EPSRC), the trustees of the United Bristol Hospitals and the University of Bristol spin-out company, Micrima Ltd.

The new imaging technique works by transmitting very low energy radio waves. Dr. Craddock explains, “The system detects reflected signals, then uses these signals to make a 3D image of the breast. This is basically the same as any radar system, such as the radars used for air traffic control at airports.”

Different angles of the breast are viewed with the system using transmitters and receivers that are arranged around a ceramic cup in which the breast sits. The initial stages of the study used mammogram images to compare similar abnormalities in the new 3D image produced from the radar breast imaging system.

Compared to a conventional MRI breast screening which can take up to 45 minutes, radar screening is reported to take only six minutes for both breasts and provides no physical sensation. The team equates the experience to the same type of radiation exposure as speaking on a cell phone.

“Women love it as they compare it to a mammogram and find the whole experience much more comfortable,” Craddock said.

The team is working with North Bristol NHS Trust during the trial. Next steps include performing a blind test and continuing the trials. Their hope is that two new prototypes will be made and deployed to further hospitals around the country.

**Aurora Imaging Technology Receives FDA Clearance for Spectroscopy Technology**

Aurora Imaging Technology Inc.’s Aurora® 1.5Tesla Dedicated Breast MRI System has received 501(k) clearance from the U.S. Food and Drug Administration (FDA) for AuroraSPECTROSCOPY™, the company’s breast magnetic resonance (MR) spectroscopy package. The availability of AuroraSPECTROSCOPY will provide Aurora Breast MRI the capability to perform in vivo breast MR spectroscopy (MRS) and MR spectroscopic imaging (MRSI). AuroraSPECTROSCOPY was developed to supplement Aurora Breast MRI by further improving the image specificity of this technology. The Aurora Breast MRI remains the only FDA-cleared dedicated breast MRI system specifically designed for the detection, diagnosis and management of breast disease alone.

“The introduction of AuroraSPECTROSCOPY is another example of Aurora’s commitment to offering promising tools and technology to aid medical professionals in combating breast disease through early detection and improved treatment planning,” said Olivia Ho Cheng, president and chief executive officer, Aurora Imaging Technology. “Medical imaging technology for breast disease has come a long way since the introduction of breast MRI in the 1980s. We are so proud of the improvements Aurora has contributed to the medical field thus far and will continue to deploy advanced technology to maintain the Aurora Breast MRI as one of the most sophisticated imaging tools specifically designed to assist in improving breast cancer detection statistics.”
Imagine: Over 100 Directors of Radiology from top hospitals, all in one place, all there because they opted-in, and all are eager to hear what you have to say and sell.

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Broadwest Partnering with InsightMRI to Market Breast Coil Package

DOTmed.com has learned that Broadwest is partnering with InsightMRI to market the InsightMRI Breast Coil package, FDA approved for compatibility with Siemens 1.5T Scanners.

The Breast MR package is comprised of an MRI coil capable of comfortably imaging a subject up to 350 pounds. Patient positioning aides can customize the configuration. A patient headrest that allows the patient to view outside of the magnet bore reduces the feeling of claustrophobia.

The software is optimized for the radiologist’s efficiency and offers real time image registration. The Multi-Planar Reformatting (MPR) and Maximum Intensity Projection (MIP) are interactive and fast. Quick spatial and temporal navigation and intelligent and intuitive image review makes this standalone software a valuable solution.

The U.S. market for MR breast imaging is currently increasing more than 20% per year. As a diagnostic imaging tool, the InsightMRI Breast Coil’s technology is designed for a wide range of clinical indications in breast disease management. Expanding MR centers need to be able to accommodate these cases, while maintaining the budget. The Insight Breast Coil package is priced very competitively and its plug-and-play compatibility on existing equipment make it a solid investment.

FDA Clearance Status: The coil is FDA approved for compatibility with Siemens 1.5T scanners. The software is FDA approved. Interventional components and software are not yet approved.

Online: dotmed.com/dm7307

GE Healthcare Completes Acquisition of Vital Signs

GE Healthcare, a unit of General Electric Company (NYSE:GE) has announced completion of the acquisition of Vital Signs (NASDAQ:VITL).

Vital Signs is a global provider of medical products applicable to a wide range of care areas such as anesthesia, respiratory, sleep therapy and emergency medicine. Vital Signs has a broad product offering of innovative single-patient use products which offer significant cost advantages and improved patient care features, including reducing the likelihood of transmitting infections from one patient to another. Vital Signs will become part of GE Healthcare’s Clinical Systems business, a world-class provider of advanced technologies for patient monitoring, anesthesia delivery and acute respiratory care. The strong strategic fit between the two businesses will offer substantial customer benefits through complementary product and service offerings.

Omar Ishrak, President and CEO of GE Healthcare’s Clinical Systems business commented, “We believe that combining the skills and knowledge of the two companies will create significant added value for our customers, bringing new technologies to healthcare professionals worldwide. Clinical Systems is a key area of growth for GE Healthcare and expanding our skill base and product offering in this area supports our vision of helping clinicians and nurses deliver the best possible care to their patients.”

Online: dotmed.com/dm7320

Capital Healthcare and CDP Form Alliance

Capital Healthcare Solutions and CDP Medical have integrated CardioDx, Capital’s workflow management and reporting solution for cardiology with Cardiomedix Ensemble, CDP’s diagnostic imaging and PACS solution.

Capital and CDP believe this alliance will now offer one of the industry’s most comprehensive yet economical solutions for cardiology diagnostic testing. CardioDx is a Cardiovascular Information System (CVIS) which includes reporting for 25 modalities, bill capture, automated report distribution and a minable data management system. CDP Ensemble is a Picture Archival Communications System (PACS) with over 400 installations globally.

The result of this unique integration between digital imaging and electronic reporting is the most efficient workflow solution currently offered in cardiology today. The combined solution will soon be implemented in leading medical centers in the U.S. including cardiology departments and cardiology imaging centers.

David Giles, President of Capital said, “The advanced workflow efficiencies offered by CardioDx coupled with the integration of web-enabled diagnostic imaging of Cardiomedix provide the complete solution for cardiology diagnostic evaluation.”

Doron David, CDP Medical CEO said, “The integration with CardioDx CVIS completes our product by offering a turn-key solution to our clients that handles the entire workflow of our users. I am sure that this relationship will empower our customers with a cost effective cardiology information system.”

Online: dotmed.com/dm7312
Intel Launches Remote Healthcare System

Intel Corporation recently unveiled its Intel® Health Guide, a care management tool designed for health care professionals who manage patients with chronic conditions. The Health Guide represents Intel’s entry into a new category of personal health systems that go beyond the simple remote patient monitoring systems available today.

Intel is collaborating with health care industry leaders around the world to validate the clinical benefits of the Health Guide for a wide range of chronic disease conditions and health and wellness applications. Pilot studies in the United States are currently planned with health care organizations such as Aetna, Erickson Retirement Communities, Providence Medical Group in Oregon and SCAN Health Plan. The goals and objectives are to assess how the Health Guide integrates with different care management models in the home. These first studies focus on the ability to demonstrate improved health outcomes for conditions such as heart failure, diabetes, hypertension and chronic obstructive pulmonary disease.

The Health Guide promotes greater patient engagement and more efficient care management by enabling communication between patients and health care professionals and providing clinicians with access to the most current, actionable data. This solution offers interactive tools for personalized care management and includes vital sign collection, patient reminders, surveys, multimedia educational content, and feedback and communications tools, such as video conferencing and alerts. Clinicians have ongoing access to data so that they can better manage each patient’s conditions while patients benefit from customized care in the comfort of their own living room.

Intel is working with leading health care organizations that have an understanding of health care delivery to develop unique patient care plans as well as multimedia educational content for chronic conditions. Specifically, Intel is working with the Mayo Clinic to have licensed educational content from MayoClinic.com made available to customers using the Health Guide. In addition, Intel is working with the American Heart Association to create care plans based on the organization’s treatment guidelines for a pilot project for the ongoing management of patients with heart failure. The intent is to help health care professionals monitor patients and remotely manage their care in accordance with science guidelines and also to provide patients with ready access to credible and targeted education material.

Intel has also hired a team of clinical experts to provide a range of professional services to enable health care organizations to successfully integrate the personal health system into their current disease management programs and models of care.

● Online: dotmed.com/dm7362

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THINKING INSIDE THE BOX

As we head into 2009, Barack Obama is our president, our economy continues to slow and we have two-years of the DRA behind us. What will you do in the New Year to improve your lot?

Vendors, consultants and a whole box full of talking heads will advise you to “Think Outside of the Box.” Don’t listen to them!

Think BOCCE. No, not the lawn game - but the planning tools you need for success in any business environment.

Build on everything in your box you do well. Don’t hide in your box with the lid shut until the environment improves, it won’t. Determine what you do well and do more of it without spending more.

Optimize each staff person’s training. Is each person able to effectively operate all of the practice’s imaging equipment? If not, you may be limited in your scheduling and spending more on staffing than required for your patient scanning volume.

Consider each piece of diagnostic equipment and evaluate the cost of ownership. Capital Cost Containment is always important. In good times we don’t always think about reducing costs. In lean times it’s critical. Unfortunately most practices wait too long to evaluate the benefit received from their service vendor. If you’re using an OEM for service you’re probably paying more than you should. An ISO in your area may perform the same maintenance at lower cost. But, your evaluation of the ISO should be completed long before your OEM service contract expires. Smart purchasing of service and parts can save you tens of thousands of dollars each year.

Collect all of the reimbursement to which you’re entitled. When the economy is healthy, imaging centers pay less attention to reimbursement. Before you reach a crisis analyze your collections efforts and determine if coding, billing and payment receipt is complete and prompt. Recovering a greater percentage of revenue for the same volume of patient scanning is time well spent.

Examine your demographic area and redouble your efforts to reach every available scanning opportunity. Redouble your efforts to educate referring physicians so they know what scans to order for their patients.

General George S. Patton had some very good advice for soldiers and business people alike: When under fire, keep your head down, always advance, keep firing and never dig in. These are wise words for tough times and games of BOCCE.

Wayne Webster is a consultant in Medical Imaging Business Development. You can send your comments or questions to W.Webster@Proactics.net.
A look into the ambulance manufacturing industry reveals a small, stable and competitive market that has seen little major change in the past quarter-century.

“The market is stagnant, meaning there is little decline and little growth,” said Kim Elick, General Manager of Braun Industries, an ambulance manufacturer in Van Wert, Ohio. “There is a significant barrier to entry for new manufacturers who want to come in. They can’t capture new customers. It’s just not happening.”

The ambulance manufacturing industry consists of roughly 28 manufacturers, with an estimated yearly production of 5,000 to 6,000 new units. Ambulance manufacturers purchase chassis – vehicle frames that include the engine and running gear – from vehicle manufacturers such as Ford or GM, convert them into ambulances and sell them to dealers and distributors or directly to the customer.

Historically, Ford has been the predominant chassis supplier in the market, but in the past few years, Dodge and GM have introduced several ambulance chassis options and are edging in on the market share.

“All of these new chassis are suitable for ambulance usage and have become hugely popular in the last few years,” said Mark Van Arnam, CEO of American Emergency Vehicles. “What this means for us is that we have to inventory a huge amount of chassis, and we have a lot of affordable options for our customers now.”

There are essentially two large classes of ambulances, each offering different price points and intended for different uses. The larger, box-shaped, modular ambulances known as Type 1 and Type 3 will cost anywhere from $100,000 to $200,000 new, Van Arnam said. The smaller van ambulances known as Type 2 will start in the $55,000 to $75,000 range.

“Most models are custom built for the end customer, but it’s the equipment that makes it expensive, and that varies for each customer,” he said.

Buying New vs. Remounting

Customers have the choice of buying new or remounting existing ambulances, and both options come with their own list of pros and cons. But the bottom line to all customers is reliability and cost savings over the life of the vehicle.

Buying new is a desireable option for some customers because new vehicles offer cutting-edge technologies and manufacturer warranties.

“New ambulances will meet federal diesel emissions standards and are theoretically greener and more fuel efficient,” Van Arnam said. “For example, with Dodge’s new Sprinter van, we have people getting double the fuel mileage. We have ambulance providers who spend millions a month on fuel, so getting double the mileage – now that’s significant. Also, there is the cost savings on maintenance. The older a vehicle gets, you can just assume that maintenance costs are going to get higher.”

When the chassis of a modular ambulance wears out, the body can be remounted onto a new chassis for a cost savings of roughly two-thirds to three-quarters of the price of a new vehicle.

“In remounting, you already have your own box, all of your interior cabinetry, your electrical stuff and oxygen equipment,” said Eric Vogl, Vice President of Southeastern Specialty Vehicles, an ambulance remount and refurbishing company in West Jefferson, N.C. “So what we do is put it on a new chassis, hook everything back up, re-paint, re-upholster and basically make it a brand new ambulance. A new ambulance these days is typically over $100,000. A remount is between $65,000 and $85,000, depending on what the customer wants. This cost savings can be very significant. If you need three trucks refurbished, that is going to equate to the cost of a new one.”

Remounts can be performed several times throughout the life of an ambulance, depending on the location and use of the vehicle.

“It all depends on the wear and tear,” Van Arnam said. “It depends if it’s a service that runs 20 calls a day or two calls a week. An ambulance running in New York City is going to be different from an ambulance in rural Montana.”

To stay competitive in the remount market, some remounters offer to extend the manufacturer’s chassis warranty or offer a warranty of their own. However, depending on the brand of ambulance, a significant cost savings is not always achieved by remounting.

“Quite frankly, there is a difference in the products – some can hold up and be remounted and some cannot,” said Kim Elick of Braun Industries. “Look at your ambulance over its five-year or eight-year life cycle. You may pay more up front to buy new, but if your cost of maintenance and cost of fuel is significantly lower over the next few years, then overall, you pay less for that product.”

There is also a market for used ambulances that are not remounted. These ambulances sell for a fraction of the cost of buying new, but because they are not remounted, they may not carry a new chassis warranty. Many distributors will also...
offer a refurbishing option, which includes a new paint job and upholstery with or without the remount.

“A used ambulance that is not remounted could cost anywhere from $15,000 to $45,000,” said Tom Lehrman of Life-Star Rescue Inc. in Van Wert, Ohio. “We buy some used ambulances and remount them, but a lot of times we use them as our inventory for loaner vehicles. It takes about three months for us to do a remount, so we give customers a used ambulance as a back-up, so that they have something to use while their vehicle is being remounted.”

“Used ambulances may also be an attractive option for volunteer services, start-up companies, or companies who want to expand their ambulance fleet,” Lehrman said.

The Year Ahead
Though many EMS services are still operating on last year’s budgets, some say the market could feel the pinch of this year’s economic downturn in 2009.

“This year, there is a stronger market for new ambulances, but going forward with this economy, I believe that the remount business will triple,” said Eric Vogl of Southeastern Specialty Vehicles. “Most counties are already cutting back, and with the cost savings that remounting provides, it’s going to be cheaper for them to remount and use the money for other things.”

Although buyers may be facing economic constraints in 2009, some may still feel pressured to purchase new units next year before a new round of EPA emissions standards for diesel engines goes into effect in 2010.

“Stricter environmental standards will mean a more expensive unit in 2010, so many companies will want to buy up in 2009,” said Bob Parks, Product Manager at McCoy Miller, an ambulance manufacturer in Elkhart, Indiana. “But when the results of the economy start hitting the tax base next year, I don’t know how it’s going to go. It should be pretty tricky.”

Also, changes to federal and state reimbursement policies could affect private EMS transport services that operate on Medicare and Medicaid reimbursements.

Going Global
With such a competitive domestic market, some manufacturers are beginning to make a splash on the worldwide ambulance market.

Parks said McCoy Miller is currently in contract with Aramco, a Saudi Arabian oil company, for 63 units. “Our little industry – it’s going worldwide,” he said. “As the dollar devalued, our products became a better value for people across the world. And if the economies of the world increase, we will have more of a market, I think.”

Mark Van Arnam of American Emergency Vehicles said the export business is limited to countries that accept the American chassis. AEV recently shipped 20 units to Dubai.

“You don’t see American ambulances being exported to France and Germany,” he said. “But the EMS system in the Mid-East is comparable to the American system, so using American vehicles there is a very common thing.”

Aside from a few minor influences, an industry that has remained stagnant for the past 25 to 30 years appears to have few major changes in store for the next half-decade.

Kim Elick of Braun Industries said she thinks the manufacturing industry will see more consolidation throughout the next few years, with weaker suppliers dropping out and larger ones merging in an effort to pool resources.

“In the long term, ambulances are a product that people need,” said Bob Parks of McCoy Miller. “Municipalities have to supply something to go pick people up and treat them. It’s not going to be a booming business, but it will be a steady business with a possible slight increase.”

Online: dotmed.com/dm7450

DOTmed Registered Ambulance Sales & Service Companies
For convenient links to these companies’ DOTmed Services Directory listings, go to www.dotmed.com and enter [DM 7450]

Names in boldface are Premium Listings.

<table>
<thead>
<tr>
<th>Name</th>
<th>Company - Domestic</th>
<th>City</th>
<th>State</th>
<th>Certified</th>
<th>DM100</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eugene N. Brown Jr.</td>
<td>Welcome Ambulance, Inc.</td>
<td>Hellertown</td>
<td>PA</td>
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<td>Nazareth Ambulance Corps</td>
<td>Langhorne</td>
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<tr>
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<td>Ambulance &amp; Safety Supply of Metro Houston</td>
<td>Nazareth</td>
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<td>Medmir</td>
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DOTmedbusiness news | DECEMBER 2008 23
Knowledge is a powerful tool for anyone in the business of transporting hospital equipment. A lot of thought and effort goes into what is purchased – from its cost to return on investment – but the idea of moving it is almost always an afterthought. According to Frost & Sullivan industry analysts/consultants, as reported in HIS Engineering’s industry news service – “the U.S. medical device industry is projected to grow by as much as 9% annually for the next five years; as such, the need will also grow for logistics providers who are experienced in the unique needs of transporting medical devices.”

Shipping is a very important component of the new and refurbished hospital equipment market. It is a multi-faceted procedure involving a buyer, seller and, often times, an infrastructure of companies. Those involved must be able to manage the process with complete transparency to ensure proper coordination, optimal planning and timely execution to meet strict deadlines.

Whether by truck, ship, plane or train, it is essential to have strong relationships with transportation providers all over the world, and a team of savvy people from sales to carriers to make sure the entire operation runs seamlessly, efficiently and as inexpensively as possible.

For example, a typical shipment for Navis, worldwide shippers headquarted in Colorado, would be transporting a piece of medical equipment from the United States to a foreign country. The device is blanket wrapped, secured to a dolly or cart and moved into a box truck or cube van where it is braced and secured inside. “Depending on the fragility and size of the piece of equipment, it may be placed into a cushioned custom box,” says James How, Business Development Manager. The equipment is brought back to the company warehouse where it is surface protected using bubble wrap or thin foam. It is placed into a custom box or crate surrounded by interior cushioning and...
Shipping Medical Equipment in Today’s Environment

By Joan Trombetti

sealed with carton closing staples and water activated tape, and placed and banded onto a pallet. From there, it is delivered to another warehouse by truck where it is loaded into a container and sealed before departing to the port to be loaded onto an ocean vessel.

With today’s challenging economy, rising diesel fuel costs and less consumer spending, knowledge is the key to successfully utilizing several components involved in the shipping process including pick-up, rigging and crating, transportation mode, warehousing and delivery of medical equipment that is most likely worth thousands of dollars.

Steve Sowers, Director of Sales, Specialized Transportation, Inc. (STI), an asset based trucking company says, “I don’t believe shipping is difficult, but I can understand why someone would think it is.” Different carriers have different rules and terminology and a customer has to learn what they are. Sowers recommends that a customer build a relationship with a carrier and use the same carrier as much as possible to make life easier. Sowers has many long-term relationships with medical dealers and refurbishers and knows their expectations and requirements, but when he is dealing with a new client he says, “I do ask a lot of questions and give specific details with my quotes.”

Torin Swartout, Managing Director of Ocean Transport Services, LLC believes that the most important point in shipping is to serve the customer and be proactive with solving problems. “For shippers, I would say it is very important to give your freight providers the tools they need to help you,” says Torin. “People call me all the time asking for rates on cargo, but when asked — they don’t know the size, the commodity, the weight, etc.”

If this information is provided in a timely manner, 90% of the time there will be no shipping problems. Torin says carriers do not view someone else’s procrastination as their emergency.

Manna Freight Systems, Inc. operates seven brands, each focusing on a narrow market segment. One of these brands, Medical Freight Xpress, focuses exclusively on the medical equipment industry and employs primarily ground transportation domestically. It uses 100% air-ride trucks run by team drivers. Their model supports ground times combining speed with a specialized national delivery infrastructure that provides inside placement, set up and removal of debris. Marketing Manager Linda Meehan says Manna’s customers produce a range of medical products that require careful packaging and various forms of transportation. The company contracts with major OEMs including Stryker, Steris, Tekna Solutions and PerkinElmer Optoelectronics, providing warehousing, transportation, supply chain and distribution services. From an economical point of view, Meehan feels “the EPA has expanded its reach, and the outcome of this past election stands to impact the medical industry in unprecedented ways — with more government intervention.”

It’s all in how you pack it

The DOTmed Auction Team knows a great deal about shipping used medical equipment. They do it every day and work with companies all over the world. “The first consideration has to address whether the machine is being shipped by air, sea, or land,” says team member Glenn Cambre. Smaller machines shipped in the United States can very easily be shipped by air, provided they are correctly packaged.

DOTmed handles all the details of shipping after one of their full-service online auctions closes. “We handle all the paperwork, including export documentation, insurance and shipping logistics and export documentation for shipments going overseas.” says Cambre.

The majority of refurbished medical equipment shipped by land or air is crated. “There is a real skill to crating because equipment should never be over or under-packed. The crate needs to be snug around the components, and there needs to be plenty of padding between the components and the wooden boxes or wooden skins to prevent the electronic components from rubbing together, getting scratched or otherwise damaged,” says DOTmed Auction Team Member Mark Colavecchio. The crates should be well-made so they don’t come apart during transportation and so the cargo does not get wet. This includes putting desiccant at the bottom of the crate to prevent water damage.

Cambre and Colavecchio both recommend that when shipping by ocean, customers always use FCL (full container load) over LCL (less than container load) services for safety and security purposes due to the sensitive nature of medical equipment.

Charles Brewer, Executive Vice President, Commercial for DHL Express USA says to prevent damage during transportation, “use shipping boxes that are new or in good shape and wrap materials individually in bubble wrap or use Styrofoam inserts. Each item should have a minimum of two inches of cushioning on all sides.” He goes on to say that using the right sized box is important to avoid over-packing. The box should be filled — the less empty space the less chance that items will shift and break in transit. The box should be sealed with a quality shipping tape and cellophane — masking tape should be avoided. Fragile items fair better if they are double-boxed. “Suitable packing material for fragile medical electronics includes Styrofoam inserts, molded polystyrene, chemical foam or packing peanuts,” says Brewer.

Express delivery

Jason Hacker, International Specialist at Computer Transport System Services (CTS) says it’s a good idea to use express services like FedEx when an item doesn’t have much value and is smaller than 80 pounds. Above 80 pounds, standard freight can be competitive. “Recently, FedEx and UPS created 3% to 6% increases across the board, making
them less attractive, especially as fuel costs go down,” says Hacker. Most shippers of high value electronics avoid the small package companies because their claim services are generally less favorable.

Rich Greb, Director of Logistics, Sunrise Medical Technology, Inc. tells us that express services like FedEx, DHL and UPS are good for domestic shipments that are time sensitive and under 150 pounds. He says using expedited freight service for heavier cargo is frequently done. “Often, air shipments to the same locations are less expensive for fast delivery, but require being a ‘known shipper’ with the airline or a freight forwarder,” say Greb. Air shipments also have various service levels including NFO (next flight out) or NFG (next flight guaranteed), Rush and General Cargo. The levels refer to the priority when deciding which cargo makes a flight. “Size and the timing for delivery should drive the service selected,” says Greb. “When exporting the FedEx, DHL or UPS option can be faster in clearing customs because of the relationship they have.” In fact, these services often have a Custom’s Office in their facility.

DHL is used by many companies in technology, financial services, pharmaceutical, automotive parts and other sectors with a high degree of time-critical shipments. “When filling orders in an operation driven by Just-In-Time manufacturing, these companies, their suppliers, vendors and distributors, most often have time sensitive distribution needs that call for express shipping to meet customer requirements,” says Brewer.

**Transporting by truck**

Machines that are too large to be shipped by air are usually trucked.

Although there are two kinds of trailers – standard and air-ride - when shipping refurbished medical equipment, air-ride trailers should always be used.

There are also trailers that house MRIs or CTs that include onboard generators, water cooling and air-conditioning systems, fully contained lighting, heating, computer workstations and storage. Brandon Transfer and Storage Co. handles these trailers. President Steve Lewis says that transporting these trailers can cost anywhere from $300 or more for transportation only, or up to $40,000 if rigging, blocking, installing or de-installing is involved.

There are companies that will rent an air-ride truck and only pay for the truck and driver services. These companies will use their own men to load and unload the truck. Often times they will use a logistics truck with a rail positioned down the center of the trailer where belts or straps (requested at the time the truck is ordered) can be hooked to secure the equipment.

**Using a logistics company to do the job.**

Shipping on your own is not for everyone. If that’s the case, you have the option of hiring a logistics company to do the job. Once the equipment is loaded, it can be moved across the country, unloaded and put into service using the same or a different service company.

The DOTmed Auction Team recommends that anyone facing transportation issues should pay the closest attention to each and every detail of all medical equipment shipments and use a trusted logistics company.

A well-known 3PL provider, Technical Transportation, Inc., believes that manufacturers continue to look at outsourcing as an important strategy in obtaining a competitive advantage. President Len Batcha says, “By outsourcing key logistics processes, medical equipment manufacturers can focus their efforts to their strengths by concentrating on their production efforts.” Outsourcing also allows manufacturers to increase their flexibility and efficiency, and access the latest logistics technologies and processes. The key to successful outsourcing is to work with a third party logistics (3PL) provider that has the expertise and flexibility to be a strategic partner in the final objective of “satisfying the end customer.”

Mr. Batcha says, “Because medical devices are typically bulky, heavy and fragile, with factory tolerances and calibrations set prior to transportation, they require delicate handling. The 3PL should provide air-ride shipping and appropriate protective crating/packaging to ensure safe transport.” Once the instrument arrives at a site, a multi-person crew with proper material handling equipment, such as stair crawlers, lift gates
or pallet jacks, will typically be needed to place the instrument at the customer’s desired location. They will also need to unpack, perform the initial fire up and run instrument ready diagnostics, and remove packaging debris to complete the delivery. A 3PL that specializes in handling precision machines will provide the appropriate level of care with personnel trained to transport and deliver medical equipment to ensure the instrument “arrives alive” void of damage.

Erik Cruz, Vice President of Logical Solution Services, Inc. recommends going with a Shipping Broker, also known as a Freight Forwarder. “The role of a Freight Forwarder is to provide a full scope of services from pick up until delivery so the seller can concentrate on generating business rather than trying to re-invent the wheels of transportation,” says Cruz. Freight Forwarders, much like 3PLs, have the ability to monitor and control all aspects of the shipping process from scheduling up until delivery. They take away the problems from the seller and/or buyer to ensure everything is handled professionally.

Vice President of Operations, Joel Rusche of Rusche & Associates states that a logistics company should be hired depending on the needs. “Cross country transport of multiple systems, or just a large amount of equipment will require special attention,” says Rusche. He cautions that negotiation with truck lines may be beneficial but – the less you pay, the less specialized attention you are going to receive. United Van Lines will provide an experienced driver with plenty of gear to secure and protect the equipment while a smaller company may send a truck and driver and then have to go to a hardware store to buy straps on the way to the work site. “I’ve seen it happen,” says Rusche.

**Shipping by air and ocean**

According to Joseph Hoban, Director of International Air Services for AIT Worldwide Logistics, all shipments, including medical devices, must comply with the Transportation Security Administration (TSA). These guidelines require air cargo to be tendered to carriers four hours before loading for inspection, due in part to commodity and Embargoed Country restrictions. These industry mandates were put into practice when the U.S. Congress passed the Implementing the Recommendations of the 9/11 Commission Act in August 2007. The comprehensive legislation, intended to enhance homeland security and reduce terrorism threats in the nation’s transportation infrastructure, requires 100% screening of all cargo loaded into the “belly,” or lower-deck of passenger aircraft by August of 2010. Those in the airline industry collectively agreed that while absolutely necessary; these regulations would cause some serious bottlenecks and congestion at airports, thus causing cargo to move via ocean and/or ground modes of transit.

The U.S. Transportation Security Administration responded by establishing the Certified Cargo Screening Program (CCSP) – a voluntary program allowing certified forwarders, exporters and manufacturers to screen air cargo before it is shipped. Intending to ease compliance and supply chain efficiencies, the CCSP permits all those certified in the program and in full compliance with the TSA to perform cargo screening on their own premises.

When scheduling the transport of medical equipment – whether it is customized lasers or pharmacy dispensing equipment – the commodity being shipped must be taken into consideration. “Shipping a medical device such as an MRI, which has a magnet and is considered hazardous material, is reason for great concern because it is subject to heavy restrictions in air transportation,” says Hoban. “These commodities determine the difference between utilizing a passenger aircraft vs. utilizing a freighter aircraft, thus altering the presented with two choices: utilize cargo only aircraft or ocean services.

Kevin Krause, Director of Ocean Services for AIT, says similar rules apply when shipping along the world’s seaways. “Federal maritime shipping law in the United States requires that NVOCC and freight forwarders such as AIT ensure that operators know what needs to be done in accordance with laws mandated by the Federal Maritime Commission,” he explains. As the regulatory agency responsible for developing and administering policies along the U.S. maritime transportation system, the FMC mandates that transportation charges being billed to customers on NVOCC bills of lading must be filed with the FMC prior to receipt of cargo.

Krause estimates that the approximate shipping fees for sending 1,000 kilograms (or one cubic meter) from Chicago to Mumbai begin at about $180 per cubic meter. Transit time via container vessel

The comprehensive legislation, intended to enhance homeland security and reduce terrorism threats in the nation’s transportation infrastructure, requires 100% screening of all cargo loaded into the “belly,” or lower-deck of passenger aircraft by August of 2010.
Contracts and insurance
Should a customer have their responsibilities and those of the shipper’s in writing and what are the requirements for insurance?

Jason Hacker, CTS, says that with any business practice, good contracts are the key to avoiding surprises. In the absence of an overriding vendor contract, the bill of lading acts as a contractual document, which allows the carrier to place terms and conditions in small print on the bill of lading. When it is signed, it establishes the contractual obligations of all parties. “Rights you might give away,” says Hacker, “are how the shipment is valued for insurance purposes – how long you have to file a claim for damages – and who has liabilities for general issues.” He says that most often differences in cost are based in ambiguously worded requests. For example, specify packing requirements, dates, truck requirements (air-ride often costs 30% more) and any site anomalies to avoid confusion. “Highly disparate quotes are usually a misunderstanding of terms, and occasionally might be a mistake, or even a really good deal,” says Hacker. “Get it in writing!” On the other hand, Charles Brewer, DHL Express says, “If using one of the well known integrators, having everything spelled out on paper is not a required practice.”

There are numerous questions that need to be answered regarding insurance and what type of coverage is necessary for the customer and shipper. Typically, insurance for transporting medical devices (new or refurbished) falls on the shoulders of the transportation company. Navigating through the number of insurance policies available can be overwhelming because the more services provided to the customer – the greater the amount of insurance protection necessary.

To cover a freight forwarding operation, an Errors & Omissions (E&O) policy is usually opted for. This protects professional liabilities while providing services to customers. Truckers may also have a motor truck cargo policy to cover losses to goods contained on a vehicle during transit. This policy is not part of the standard auto liability policy and needs to be purchased separately.

Commercial General Liability (CGL) covers office exposures, but does not cover operations in a warehouse. This leads to the need for a “Warehousemen’s Legal Liability” policy. This “legal liability” policy does not indemnify any cargo losses unless the carrier is actually responsible for the loss. To cover cargo losses – no matter who is at fault (with a few minor exceptions) – insurance can be purchased under a property policy for direct damage to the goods in the carriers’ care, called “CCC” coverage, it can be obtained through an endorsement to an “open cargo” policy, which pays cargo owners directly for losses to their goods during transit. Still, with all this coverage, there is the danger that any policy may have gaps or overlaps. The good news is some insurers who specialize in transportation have combined several related covers into one policy. In other words, some insurers might combine errors and omissions with cargo liability, motor truck cargo and all-risk cargo insurance into a single form. Some combine insurance for consolidation, warehousing and related exposures into their general liability forms and some will cover all under a single policy.

According to Rich Greb, insurance is always something to make a shipper feel protected. He warns, however, “Be careful what you buy. If you are shipping a monitor with FedEx and it gets damaged, the odds of collecting are zero, unless it is in a packaging that was approved at their Memphis testing facility for that product,” says Greb. The same...
thing is true for insuring larger equipment. When you have to file a claim there must be proof of value. If you paid $20,000 for the equipment, there is no gain to insure it for $100,000, because you will only collect $20,000. “There are lots of ins and outs with insurance,” says Greb. “The best that I am aware of is to have a company policy to cover all your transportation. The higher the deductible, the lower the cost.”

Todd Partridge, Director of Operations for CTS says that declared value, or shipping insurance, is a good idea if you are unable to secure a comprehensive policy from the company that holds your business owners commercial umbrella policy. “Freight companies will notoriously deny claims for any reason they can find, and coverage varies from company to company,” says Partridge. He feels that it is always best to ask the freight company for a certificate of insurance in writing. CTS has a comprehensive policy that is specially written for new and used electronics. According to Partridge, “many freight companies have a bias against used equipment.”

**Railroad transportation**

The volatility of fuel and transportation costs has had a staggering effect on the supply chains. Combining that with a sluggish global economy, it is clear that companies’ transportation strategies must change. Brooks Bentz, Partner in Accenture’s Supply Chain Management practice says, “From a strategic standpoint, carriers and shippers have already figured on fuel prices driving up transportation rates over the long term – even though oil has dropped significantly over the last few months – companies are starting to convert from truck to intermodal and carload rail for some products.” Bentz also sees more companies building distribution centers closer to customers to reduce transportation and delivery time. For example, in the last 18 months, Purolator USA has more than doubled its number of facilities and has the flexibility to take advantage of various distribution routes and linehauls that ensure the most direct route at a competitive price.

Ward Peterson, Regional Director for the Michigan and Central Northeast Ohio region of Transgroup Worldwide Logistics says rail is used most of the time as one facet of an ocean shipment. He says, “Rail can be very efficient, but there are timing issues and also handling issues to consider.” Rail shipments can be less consistent from a handling standpoint, so sometimes trucking the entire way is the best option.

Erik Cruz says Logical Solutions has contracts with all major rail companies and utilizes their services to subsidize cost for any shipments from interior points within the United States.

Moving new and refurbished medical equipment is demanding and complex. Each project requires planning, asset accountability and flexibility. Detailed planning must go into handling and transportation, which will guarantee that a device will get from point A to point B on time and damage free. With improved transport speed, expedited rail service and better protection of medical equipment, use of the railroad as a part of intermodal shipments should continue to grow.

**Volatile economy**

The volatility of the economy makes customer demand for shipment visibility, flawless service and competitive pricing a must. Getting the equipment to the right place and at the right time is critical in an age where budgets are limited and the margin for error nonexistent. The roles of shipping companies are changing to meet a tougher economy. Just recently, DHL halted its U.S. express mail market, leaving over 9,000 people jobless. DHL will only offer international services for parcels originating in the U.S. According to DHL, the cuts will improve profitability and prepare the company for the economic challenges ahead. This announcement opens premium opportunities for UPS and FedEx – ready and able to take over a market that is 1.1 million shipments a day strong.

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<thead>
<tr>
<th>Name</th>
<th>Company - Domestic</th>
<th>City</th>
<th>State</th>
<th>Certified</th>
<th>DM100</th>
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<tr>
<td>David Crandall</td>
<td>Custom Pac &amp; Shipping, Inc.</td>
<td>Birmingham</td>
<td>AL</td>
<td></td>
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<td>Marc Gutmann</td>
<td>NAVIS Pack &amp; Ship</td>
<td>Denver</td>
<td>CO</td>
<td></td>
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<tr>
<td>Gene Miller</td>
<td>MobileMed Support Services</td>
<td>Stafford Springs</td>
<td>CT</td>
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<tr>
<td>David Hubbell</td>
<td>Team Worldwide</td>
<td>Tampa</td>
<td>FL</td>
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<td>Steve Lewis</td>
<td>Brandon Transfer &amp; Storage</td>
<td>West Palm Beach</td>
<td>FL</td>
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<td>Inland Oceanic Logistics, Inc.</td>
<td>Alpharetta</td>
<td>GA</td>
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<td>Calhoun</td>
<td>GA</td>
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<td>Computer Transportation Services</td>
<td>Newnan</td>
<td>GA</td>
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<td>Steve Vest</td>
<td>Nationwide Equipment Transportation, Inc.</td>
<td>Mission</td>
<td>KS</td>
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<td>Specialized Transportation, Inc./ Dalton Logistics</td>
<td>Earth City</td>
<td>MO</td>
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<td>Kirkwood</td>
<td>MO</td>
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<td></td>
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<td>Victor Cruz</td>
<td>Logical Solution Services, Inc.</td>
<td>Lakehurst</td>
<td>NJ</td>
<td></td>
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<td>Transgroup Worldwide Logistics</td>
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<td>OH</td>
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<td>Greenwood</td>
<td>SC</td>
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<td>Technical Transportation, Inc.</td>
<td>Memphis</td>
<td>TN</td>
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<td>TX</td>
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<td>TX</td>
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<td>Mobile MedTech</td>
<td>Cottage Grove</td>
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With so many companies buying, selling, servicing and refurbishing medical equipment, a hospital or imaging center can be overwhelmed by the prospect of making the right choice of whom to do business with.

Philip Jacobus, President of DOTmed.com, Inc., Publisher of DOTmed Business News, realized there was a need for transparency in an industry catering to professionals pursuing interests in used and refurbished medical equipment. “Helping people to safely buy and sell medical equipment is DOTmed’s reason for being and the reason our website and magazine have grown,” said Jacobus. “Today, people have lots of choices to make and many of them can greatly affect their business success. I believe the more informed a person is the better their experience will be and the better their ability to benefit from their choices when it comes to navigating the used medical equipment market.”

Read on for advice offered by industry professionals on how you can increase your knowledge and get what you’ve paid for (or paid for what you’re selling).

According to Jacobus, thirty years ago, there were no more than 50 companies buying and selling used hospital equipment. Since it was a smaller pool, it was easy to know who to do business with and who to avoid just by word-of-mouth. Either a company delivered on its promises or it was shunned by the rest of the industry. Fast-forward to today and it is easy to encounter thousands of people buying and selling equipment. Obviously, word-of-mouth cannot be as effective as it had been when it comes to policing the industry.

It is clear that online interaction has greatly increased the ability to interact with people and companies. Yet this ease of purchase has also made it more likely for buyers and sellers to experience remorse due to a transaction that didn’t go according to plan. Considering that some of these transactions can cost hundreds of thousands of dollars, it’s important that all parties avoid any rash decisions and that time is spent researching decisions. Even if the equipment or part is offered at a good price, there are other factors to consider.
“Medical imaging will continue to see companies come and go. Of prime importance to survival is customer service,” says Bruce Smith, VP Multi-Vendor Service for Sonora Medical Systems in Longmont, CO. “Listen to the customer so you provide what the customer needs. This includes making sure you are supplying a top quality part that works when it arrives at the customer’s site, and providing the technical expertise to troubleshoot to get the customer to the right part or help the customer through any issues with installations.”

The increase in refurbished equipment has been aided not only by the sluggish economy, but by the ever-improving advances in medical imaging, in which technology that was considered state-of-the-art just a few years ago is now considered obsolete to those who want the latest and greatest at all times and of course, as previously mentioned, the Internet.

Jacobus explained, “Prior to the Internet medical equipment brokers would work the phones to locate equipment to sell to dealers, refurbishers and service companies. The companies buying from brokers would in turn repair and refurbish the machines, increasing the value and creating a profit margin. With online usage it became possible for brokers to sell directly to end users.”

That new role sometimes led to problems. While many brokers continued to concentrate on their area of expertise, some extended themselves too far, moving into areas they weren’t as familiar with. In those cases, with the removal of service companies and refurbishers from the process a valuable knowledge source was also removed.

Instead of buying and then selling to a company who would inspect and repair, some brokers were tempted by what they perceived as an opportunity for larger profits. Often, the customer would ultimately pay the price when the machine wouldn’t be up to task. With continual advances in the industry, providers of medical equipment and parts need to make the effort to keep their knowledge up-to-date as well. That is of increasing importance as new buyers come into the used market.

The efficiency of the Internet also helped to educate end users. Once familiar with the tools, buyers used the web to not only find providers of parts and equipment, but to research the providers as well. For DOTmed, Jacobus believes that the most successful brokers are those that have a relationship with sellers. “Those who don’t have an established relationship are going to have problems because the Internet is more efficient than the telephone as a research tool,” said Jacobus.

According to Diana Upton, President of the International Association of Medical Equipment Remarketers and Servicers (I AM E R S), more health care providers are turning towards the refurbished market for their equipment.

“The larger hospitals are buying new equipment but the smaller ones may not be able to afford the same things and this is a wonderful way to get the technology where it wouldn’t exist,” Upton says. “This is equipment that they normally wouldn’t have and it’s particularly true with small or rural hospitals.”

Upton also says that the pre-owned market can be a great deal for those who don’t have to be on the cutting edge, with the equipment often costing 30% to 50% less than brand-new systems.

So how can buyers be sure that the equipment and parts they are buying are really going to be what they want and not a lemon?

“They should get references on the person who is selling it to them. They should compare it with other things in the market. They should inspect and make sure the person selling it really has the right to sell it,” Upton offers. “They should know what’s included, what the options are and so on. They should ask to see service records and can they talk to the servicer. Sometimes they can get a history depending on what they ask for and what’s available.”

“Don’t assume anything. If you have a question, don’t be afraid to ask. It is also worth your time to ask a seller to walk you through the de-install procedure,” Jacobus adds. “If they seem reluctant to do so or don’t seem to be knowledgeable in that regard that should raise a red flag. Even if all your concerns are addressed, make sure to get final agreements in writing.”

DOTmed.com® also assists end users with the search to find high-quality used and refurbished equipment professionals. Through the web site, users are able to access the Honest & Dishonest Dealings ForumSM and the DOTmed RatingsSM. They can search the forums by company or an individual’s name.

“It’s common for our users to contact everyone on the Honest and Dishonest Dealings Forum to get recommendations about companies,” said Jacobus.

Those services, along with DOTmed CertifiedSM status (held by more than 400 companies) are all valid road signs helping to point buyers in the right direction by offering an extra level of transparency in the buying process. Users are also able to check the feedback ratings of companies they are looking to do business with.

**Inspection is Key**

Upton also places great emphasis on inspecting the equipment but warns that the correct person needs to be doing the checking.

“A lot of time a doctor wants to go on the site visit but the doctor doesn’t really know how to inspect properly,” she says. “You need to have someone who understands the equipment do the inspection.”

That’s what Tom Cacciatore makes sure to do before buying any equipment for Prodigy Health Systems in Spring Hill, Florida, which has purchased all of their imaging equipment pre-owned from vendors.

“I buy my CTs the same way I buy my cars,” he says. “I inspect them and
make sure they have the features I want. Year-end sales work better for me because I don’t want to pay for that newness.”

When Cacciatore bought his last CT he checked to see what proprietary software was installed that he wouldn’t have to pay for and he knew he was getting a bargain.

He checked references, inspected the system, and was happy with what he learned about his seller.

“Sometimes companies come along and they offer you something that you know is too good to be true,” Cacciatore says. “There are promises of possible service when you know they are a smaller company and they don’t have the resources. You need to be wary of who you do business with.”

The company that Cacciatore ultimately went with was C&G Technologies, Inc., which specializes in CT refurbished units and parts.

“You are looking to buy a piece of equipment that you plan to have for five years, you are looking to buy a piece of equipment that people are going to count lives on. You are looking to buy a piece of equipment that will affect your reputation, you should at least spend one day and go to the facility that you are going to buy it from and look at it and check out the facility,” says C&G President Greg Kramer. “Make sure you know who you are buying from. If someone is offering you a great deal, go look at it and make sure it’s not sitting in some dusty warehouse with nothing to support it. Be careful of the lipstick on a pig thing.”

**Important Questions**

No one wants to be suckered into buying something that a few months down the line will break with the seller nowhere to be found. While this may seem extreme, just about everyone we spoke to for this story knew of someone who had been taken in by a non-reputable buyer. That’s why it’s so important to ask the proper questions.

Things you must know are, Will this guy be there when the machine breaks? Has he been around for two years or 20? Are one or two names enough for references? How old is the equipment and what’s the service history?

David Denholtz, President and CEO of Integrity Medical Systems, Inc., offers these further suggestions to ponder, “Who are you buying from? Does he send it out to someone else to do the refurbishing? What’s the consistency? How do you know what the product will be and what will quality control be? How do you know the machine will be any good? Has he ever sold one of these before? Does he know how to install it? Who is doing the work? Who is installing? What is the level of competency of the person doing the installation and service? I tell the customer to ask those questions.”

A cardiologist in Maine who has purchased several types of nuclear imaging equipment over the years from a variety of companies thinks that it’s not only important to ask for references but to actually call them and talk with the people who are on the list.

“It might be impressive to see a long list of names, but if you start calling and realize that these sales never happened or they weren’t truly happy with the product, it’s going to drive you in a better direction,” he says. “I think some people think you just won’t bother to make the calls, but you must when you’re dealing with such expensive equipment.”

**Red Flags**

There are many other red flags that should be going up when a deal seems too good to be true.

“The first one is going to be the price. Many of these pieces are very expensive to rebuild. If a price looks too good to be true, it has probably not been rebuilt and if it has not been rebuilt, you have a used piece and no idea of how long it’s going to last,” says Chris Leduc, Director of Operations for JDI Solutions, Inc., which specializes in Siemens parts and services. “Another flag is the warranty. Because we do everything off of OEM standards, we use the same warranty as they do, which is six months. The third thing we always
try to tell people is to check references. We have a long list of people who have done business with us through the years. If another company you are looking at doesn’t have that list, you don’t know what you are getting.”

Denholtz once had a customer complain that someone had offered them the same piece of imaging equipment for the same price, but offered a two-year warranty instead of the one-year that Integrity Medical Systems had offered.

“You have to ask yourself in that situation what the value of that warranty is,” he says. “Does he have resources and will he be able to service when you need it and not give you the runaround? He wound up not even being around two years later and that’s why you need to really understand the true value of a warranty.”

**Doing All They Can Do**

Warranties are one way for the sellers to ensure what is being sold is at its peak performance.

“When we install equipment, we give the equivalent or better warranty than what the OEMs would provide on a new system,” says Don Bogutski, President of Diagnostix Plus Inc., which specializes strictly in nuclear medicine defined as SPEC and SPEC/CT, PET and PET/CT. “We take full responsibility to do the following things: First, we make sure the site is properly prepared to accept the equipment. Unlike some of the other imaging modalities, specifically ultrasound, where the devices are small physically, and reasonably lightweight, nuclear medicine and more so PET/CT are physically large, weigh a lot and have to be properly sited. The floor has to have a loading capacity to take that amount of weight in a concentrated footprint. The power required almost always requires 3-phase. You are producing a fair amount of heat and need to be able to cool that room. We make sure all this is ready.”

When it comes to nuclear imaging, Bogutski warns that customers should know what the competition is capable of offering them.

“You can buy a used car from a lot of sources, but you don’t want to buy one from someone who when you ask about the engine and transmission, can’t tell you anything about it. If you want to buy a used car from someone and they won’t let you take it for a test drive or sit in the driving seat, that’s a warning sign,” he says. “Often a broker will only be able to sell technology as a commodity because they don’t have a facility or training for testing and staging, so the person who is buying best beware. The idea of the technology is to make it work at its originally prescribed level and make that system work reliably and when you’re selling it as a commodity neither of those criteria can be addressed. They don’t have the wherewithal. They may get it, spray paint it and roll it out the door.”

For Len Spooner, President and CEO of MagnaServ Inc., an ISO focusing on MRI and CT servicing, sales and refurbishments, ensuring the integrity of his products really starts with the whole selection process before he buys the equipment.

“The first thing you do is look for good quality used equipment that’s out on the market. We never buy anything that’s out of someone else’s warehouse or has been de-installed. We want to see it fully functional at the customer’s site before we take it out,” he says. “We come in, certify that it’s working, prior to the de-installation and the system is taken back to our facility in Stuart, Florida where it’s reassembled in one of our staging bays and goes through the whole reconditioning process to make sure it’s fully up to snuff with OEM standards and the latest software and field modifications. Then once it’s sold, it’s customized in the staging bay.”

Spooner has seen his share of buyers getting a lemon from other sellers and offers some tips for those in the market for pre-owned equipment.
“We tell our customers, if you are going to buy a piece of equipment, whoever it is from, make sure that they actually own it and that they have that piece of equipment in hand,” he says. “Make sure that it’s tested at their facility and you are invited to go down and take a look at it running in their facility. I’m not putting down the broker world, because there are many who do a great job and run aboveboard businesses, but there are also people working out of their kitchens with a phone and a fax machine and if everything goes well, that’s great. But if there’s a problem, you want to have a company that’s going to stand behind the product.”

When Jason Goldberg, owner of Innovative MR Imaging in New York, was ready to buy some refurbished equipment, he did “a lot of investigation because I wanted to make sure that I was buying from someone reputable. This equipment needs to be reliable or you can have big problems.”

Over the years he has purchased two MRIs, one CAT scan and two X-rays from MagnaServ, because they answered all his questions, invited him to inspect the systems and were available by phone 24/7.

“The radiology community is small and I heard some good things about them and I liked that they weren’t a broker and would service the equipment,” Goldberg says. “Plus, they have the equipment in-house. There are many that I have found that don’t even own the equipment themselves. That’s a way for people to get burned.”

C&G’s Kramer says the ways they ensure integrity are by inspecting what they buy and then bringing it to their facility, tearing it down and going through the equipment step by step and refurbishing it.

“We rebuild it and correct problems that we find. Short of doing that, you really can’t ensure integrity,” he says. “We buy it, stage it, and it will be a two to three week process by the time we get it and the time we finish refurbishing it. We go through everything. We even pull the tubes off the X-rays and refurbish them as well. Sometimes, we add some additional hardware and other features, like maybe a workstation. We sometimes take a 4-slice and upgrade to an 8-slice.”

Amber Diagnostics is a refurbisher and re-assembler of imaging equipment and X-ray Diagnostic equipment and accessory items used within the radiology industry. Amber’s refurbishing facility in Orlando, Florida houses an extensive inventory of imaging equipment parts, systems and radiology supplies.

“We have nine staging bays which allow us to do a complete analysis and make adjustments to bring the equipment up to OEM specifications,” says Tim Hynes, Sales Manager for the company. “We have an open door policy here. We invite our customers to come down and check out the systems and we put them in touch with referrals so they can talk to the people who have bought the same type of equipment.”

Illinois-based Genesis Medical Imaging offers three staging bays for refurbishments, designed to check all system functions. During the process, all covers are removed and cosmetically refurbished in a 16’x24’ paint booth and brought up to original OEM requirements, which the company believes is an important step in keeping their customers happy.

Quick Tips for Success:

When looking to do business, keep these tips in mind to help ensure you’re getting the most for your time and money.

1. Research the equipment – make sure you’re not buying more (or less) in a machine than you need.

2. Compare prices in the market – it’s obvious you shouldn’t overpay, but if one offer is priced much lower than any others, investigate it thoroughly.

3. Get references – find people who have dealt with the company before and find out how things went.

4. Confirm what’s included – whether it is upgrades or extra parts, this can be the difference between a good deal or bad.

5. Ask to see service records – a machine properly cared for is less likely to cause you problems.

6. If you have questions, ask them.

7. Inspect the machine or send someone who can inspect it before purchase.

8. Don’t assume anything.

9. Be aware of all the individuals who will be involved with your transaction.

10. Get everything in writing.
“We specialize in selling refurbished equipment and understand the value of offering the best product that we can,” says Craig Palmquist, Marketing Manager for the company. “We have dedicated staging bays, installation crews, parts, in-house engineers, and field engineers assigned to our refurbishment process to ensure OEM or better specs.”

OEMs Get in on the Act
Two years ago the Medical Imaging Center of Fairfax in Virginia had seen its CT business slow down because of competition in the area and they wanted to improve on an outdated single-slice system.

They chose to go the refurbished route and went to the OEMs they trusted for their equipment needs, but they still made sure to inspect and ask plenty of questions.

“The most important question is to ask for their definition of what ‘refurbished’ means,” says Dr. Mark Lopiano, Medical Director of the facility. “When I asked Siemens, they told me that they take the machine out from where it was and bring it back and gut it and replace everything and repaint the housing so it’s just about brand new. You just have to know what you’re buying. You don’t want something that’s used and has been sitting around a warehouse for a year. You want something that has been looked at and brought up to factory specs so you are buying what essentially equates to a brand new piece of equipment that has just been used previously.”

Not only did they upgrade to a 16-slice machine, but the OEM added a number of enhancements during the refurbishment process. That included more powerful X-ray tubes, which allow the scanner to have a faster rotation time and achieves more body coverage without generating more heat units.

“I have dealt with GE and Siemens over my career and I trust them and they both offer refurbished equipment and I knew I would be getting a good machine from a reputable company by going with one of them,” Lopiano says. “I know there are plenty of reputable companies that could supply this equipment, but for us, we just felt more comfortable sticking with who we knew.”

Parts Assurance
Thanks to government cutbacks and a sour economy, many hospitals are holding on to their systems longer and that has helped the used parts industry grow into a multi-million dollar business as thousands of brokers, dealers and specialized companies fight to get their business.

Through Parts Hunter™, a service offered free to DOTmed users, parts sellers are able to essentially manage their inventory offerings quickly and easily while buyers are able to reach hundreds of providers to get the best price on the parts they need.

Although price is important, Spooner believes that you should always deal with a company that you already have a relationship with when it comes to buying parts.

“They need understand the process and know that parts are certified and ready to go,” he says. “If a company refuses to give you their quality standards and their DOA rate, I would advise the customer to go find another parts supplier.”

Currently with over 2,300 parts for Siemens MRI equipment, JDI puts each one through a strict quality control program, which gives them confidence to offer a six-month warranty on all parts, which are always delivered in customized shipping cases.

“When we get a part that’s come in on exchange, the first thing we do is talk with the site we got it from about what type of problems they were having so we know where to start. From there sometimes we will test the piece on our own. Sometimes we can use what they told us and it tells us what the problem is,” Leduc says. “The next step is to fix the problem. Some stuff we are able to do in-house and some of the more advanced repairs are done by electronic companies that specialize in that…Once they return, they are put through a series of tests and brought up to OEM standards.”

There’s no denying the importance of a solid relationships in this industry. Doing work now to lay the foundation will pay dividends in the end.

Online: dotmed.com/dm7453
**Reaching More than 100,000 People**  
Glenn Cambre called Dr. James Cook regarding his DOTmed Listing of a MORIA LSK Evolution 2 Microkeratome. After the discussion with Cambre, Dr. Cook decided to utilize DOTmed’s visibility to over 100,000+ registered users.

Nessim Attie of Atamed of Rio De Janeiro, Brazil saw the auction and needed the equipment for an ophthalmology clinic that was opening soon. Mr. Attie purchased the Microkeratome for $9,000.00 and the equipment was on its way to Brazil.

**Not Settling for Less**  
Jack Reinemeyer of Vet Mobile Imaging located near Tampa, Florida decided enough was enough. Jack had purchased and refurbished a GE CT/i mobile CT scanner last year but the business never took off and the unit was parked outside under cover for a few months.

Reinemeyer contacted DOTmed.com to sell the unit. DOTmed Auction Manager, David Blumenthal worked with Regional Manager Joseph Gennaro to gather the proper information to auction the system.

Gennaro visited the site and took over 40 photographs of the system, pricing the unit at $25,000 for auction. Halfway through the auction Reinemeyer contacted Blumenthal concerned because no one had placed a bid. Reinemeyer suggested lowering the price.

Blumenthal convinced Reinemeyer to wait because he was sure one of the DOTmed Users he had spoken to would step forward and place a bid.

The night before the Auction closed DOTmed User Gene Nelson placed a bid of $25,000. Nelson was happy with the machine and Reinemeyer was happy to have taken Blumenthal’s advice.

**Selling Up — Not Trading Down**  
DOTmed Auction Manager, Evan Burns, called new user Rosita Rogotzke from Sanford Lake Area ENT which was looking to buy a new laryngoscope. Rogotzke was planning on trading in her old laryngoscope for a credit on a new one. Burns explained that she was likely to receive more money by auctioning the equipment rather than trading it in.

New user Dr. Michael Forester found the laryngoscope on DOTmed and purchased it for $2,100. Both seller and buyer were very pleased with the service. Rogotzke received more money through auctioning her equipment. In the end, Dr. Forester found what he was looking for.

**Second Time’s the Charm**  
Dale McGraw and Ronny Rose of Baylor Health Care System in Texas had a Lunar Mobile Bone Densitometer unit to sell but were unsure exactly how to do so.

After being contacted by a DOTmed.com Regional Manager, McGraw and Rose decided to let DOTmed run a Full-Service Managed Auction.

In the first week, the auction generated lots of traffic, but all bids fell below the reserve price.

Online Auction Specialist, Mark Colavecchio and Project Manager, Evan Burns spoke with both McGraw and Rose and convinced them that the best option was to re-launch the auction.

After the second auction cycle, the unit had a successful bid that was above the reserve price.

**Double the Initial Offer**  
Regional Manager Mike Galella had helped Interfaith Hospital in Brooklyn, New York to sell more than 40 pieces of medical equipment for a profit of over $30,000 in 2007.

Recently, Robert Samse, Director of Materials Management, again contacted Galella to help sell their 1995 GE Prospeed CT Scanner.

Samse told Galella there was an offer of $7,500 from a dealer in Long Island. Galella contacted Ms. Mckensie, Director of Radiology at Interfaith, to view the room. He took photos, inventoried the system and set up the auction. In ten days it sold for $15,000.

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Learn how easy it is to turn your idle assets and used equipment into cash.

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Ask about DOTmed’s Full-Service Auctions—
“We Do The Work, You Get The Money.”

dotmed.com
MEDICAL DEVICE Puerto Rico 2009 will be held January 29-30 at the Puerto Rico Convention in San Juan. Medical Device Puerto Rico is an event for all professionals involved in the design, manufacturing and packaging of medical devices and instruments. It features innovative products, leading technical experts and fabulous networking opportunities for all medical device and instrument OEMs. Attendees will be able to share insights and ideas with business professionals from Puerto Rico’s life sciences community and learn about source equipment, technology and services for improving manufacturing efficiencies from over 100 leading industry suppliers. Manufacturers will find solutions for improving their business from increasing process efficiencies and regulatory compliance to improving product quality and bottom line performance.

Help your company address its biggest challenges and stay competitive in the high-tech precision marketplace by finding real-world solutions for the manufacturing and packaging of medical devices and instruments for used for diagnosis, prevention, intervention, and the treatment of medical conditions. If you are a corporate manager, packaging engineer, plant manager, operations manager, process engineer, product engineer, design engineer, production engineer, manufacturing engineer, project engineer, purchasing manager, quality assurance/quality control manager of a research & development director – you will benefit from attending MEDICAL DEVICE Puerto Rico. For more information go to www.medicaldevicepuertorico.com.

The Arab Health Congress will take place January 26 – 29, 2009 at the Dubai International Convention and Exhibition Center. It is the premier international healthcare event in the Middle East bringing together the world’s leading health care manufacturers, tradesmen, organizations and professionals.

This Congress has a reputation for delivering the highest quality program of Continuous Medical Education (CME) to medical professionals and is the world’s largest multi-track series of conferences.

The Arab Health Congress 2009 will include 16 conferences across the entire spectrum of health care provision, management and legislation. The conference programs will bring a global appeal attracting speakers from around the world, presenting delegates with case studies, reviews, experiences and solutions relevant to their field. There will also be a focus on regional issues throughout each conference.

Attendees will have the opportunity to source new suppliers, products, information and services, while at the same time keep abreast of all the latest changes occurring across the healthcare sector. They will also have the opportunity to meet the key decision-makers from local government authorities as well as leading private sector healthcare organizations and institutions and compare thousands of products and services under one roof.

Last year, over 2,200 exhibitors participated representing over 65 countries and attracting nearly 50,000 participating professionals. To register for the Congress go to: http://arab-healthonline.com/NEW_PRE-REGISTER.html.

The “Ratings Push” Is On for The DOTmed 100 for 2009.

When Biomedical Technicians, Materials Managers, Dealers or Brokers go out of their way to say another businessperson is really good to do business with, that’s a solid endorsement. That’s what the DOTmed 100 designation says about a person – they’re the cream of the crop among our more than 100,000 users.

How the DOTmed 100 for 2009 are chosen: Throughout 2008, every 5-Star Rating a user receives counts towards being designated DOTmed 100. Those who have the most number of high, positive ratings at the end of 2008 become the DOTmed 100 for 2009.

To help make sure all users get the ratings they deserve, we have a “Ratings Push” period at the end of the year. If you’ve done business with any DOTmed user this year and haven’t rated them yet, we encourage you to rate them now. Keep in mind, you can only rate a user once.

The DOTmed 5-Star Rating System

The DOTmed rating system utilizes a number of key features, each based on a five point scale – from very unsatisfied to very satisfied. They include such criteria as: quality of equipment, shipping time, price, packaging and more. All told, ten criteria lend themselves to the rating system.

To see all of the DOTmed 100 nominees for 2009, visit www.dotmed.com and scroll down our homepage until you see the DOTmed 100 logo, then click it.

Look for DOTmed Certified Users as well

Promoting safe dealings online is what DOTmed’s multi-pronged Ethics Program is all about. In addition to the DOTmed 100, we have over 400 DOTmed Certified users. These users have submitted three Letters of Reference from reputable businesspeople, and have signed the DOTmed Code of Ethics.
2008 has nearly drawn to a close. There have been major developments in the financial and political sectors. Although the forecast looks grim for some, there is hope that the health care industry will not be affected too greatly. Unlike many other industries, health care represents a necessity. Elective procedures may see a decrease as consumers tighten their belts but the aging baby-boomer demographic could contribute to an uptick in business for the near future. While we at DOTmed Business News can’t foresee all to come in 2009, we can offer a look at what we have coming up for the year.

**January**

**Industry Sector Reports**
- Monitors (EKG, Holter)
- Liquid Helium (Keep Cool & Cool Down)
- MRI Shielding
- X-ray Tube and Image Intensifiers

**Features**
- RSNA Post Show Wrap-up: DOTmed will report on the latest and greatest seen at December’s show.
- Consumer Electronics Influencing Medical Innovations: which came first, the flat screen in the living room or the operating room?
- Survey of Critical Access Hospitals: get the facts and figures about a key player in America’s health care.

**February**

**Industry Sector Reports**
- Special Procedures – Cath Labs, Angio Lab
- Laboratory Equipment
- Surgical and Cosmetic Lasers
- Dental Equipment

**Features**
- ECR Preview: a look at the upcoming European Congress of Radiology meeting.
- Quality Control & Lean Manufacturing: efficiency leads to a better profit margin, all the more important in a difficult economic environment.
- Treating Children – Specialized Efforts to limit dosing in medical imaging: different patients have different needs. This feature reports on what’s being done for the smallest ones.
- DOTmed 100℠ for 2009: a look at the companies that will hold the title for the year.
**March – Digital Technology Issue**

**Industry Sector Reports**
- DR, CR
- Electronic Coding/Payments
- PACS/RIS/HIS

**Features**
- Password Story: DOTmed investigates the password controversy and sheds some light on the true meaning of “owning” a piece of medical equipment.
- Teleradiology: when you can’t be everywhere at once, it helps to have technology that can make it seem that way.

**April – “Green” Issue**

**Industry Sector Reports**
- CT
- C-Arm
- Arthroscopy
- Disposables

**Features**
- Recycling Equipment that can’t be resold: even if you had a recycling bin that could hold a few tons of machine, it wouldn’t be that simple. Find out what it takes to take the trash out.
- DOTmed Storage Clearance Push: DOTmed presents some advice and reveals some offers that will help put money in your pocket and extra storage space in your hospital.

**May – Women’s Health Issue**

**Industry Sector Reports**
- Ultrasound
- Mammography
- Bone Densitometer
- Digital Mammography

**Features**
- FDA Regulating Used Equipment: there has been talk about more regulations. Find out if it will affect you.
- Proton Therapy: updates and upgrades, if it deals with Proton Therapy, you’ll read about it here.
- Modality Showdown: new studies are revealing different uses for traditional machines. Discover the pros and cons.
- AAMI Preview: get a peak at what this year’s Association for Advanced Medical Instrumentation Conference and Expo holds.

**June – Medical Medicine Issue**

**Industry Sector Reports**
- Nuclear Medicine PET, PET/CT
- Homecare/Rehab
- Physical Therapy Equipment
- Stress Test

**Features**
- User Error: What Service Calls Troubleshoot: when a machine goes down, it pays to know what a technician will do to get it going again.
- Education Opportunities: what are the right courses and events to attend for health care professionals?
- Orthopedic: this feature covers advances and challenges in the realm of orthopedic interests.

**July**

**Industry Sector Reports**
- Endoscopy
- Laser Camera
- Portable X-ray
- Insurance Providers

**Features**
- Rural Healthcare: even though they’re not in the big city, these hospitals still deal with life and death situations on a regular basis.
- Hospital Construction: a look at hospitals starts and openings throughout the United States.
- Medical Equipment in Non-Medical Settings: medical equipment is popping up everywhere, from gyms to schools.

**August – O/R Issue**

**Industry Sector Reports**
- Sterilization
- O/R Microscopes
- O/R Tables
- O/R Lights

**Features**
- O/R Fires: dozens of fires occur in the O/R every year, putting the safety of staff and patients at risk. Learn about some of the causes and precautions for this dangerous occurrence.
- Infection Control/Concerns for Hospitals: “Super-bugs” are a growing concern and many experts feel that hospitals need to do more to prevent infections from spreading.
- Emerging/Receding Technology: will digital finally replace film? Get the answer to this and more.
SEPTEMBER
Industry Sector Reports
• MRI
• Respiratory
• Infusion Pumps
• MRI Keep Cold Service
• Chillers in Medicine

Features
• Veterinary Uses: X-Rays and CTs find new life helping man’s best friend and others big and small.
• Workforce Overview — Graduation: we study the graduation rates in a variety of medical disciplines, helping to forecast what segments may be under-staffed in the future.
• Prosthetics: advancements in prosthetics are enabling patients to regain mobility and independence one operation at a time.

OCTOBER
Industry Sector Reports
• Medical Equipment Parts Providers
• Linear Accelerator, Simulator
• Anesthesia
• Injector

Features
• Regulatory Updates: October is the time when laws and revisions are made. Be in-the-know when it comes to the regulations that can affect you and your livelihood.
• Nano Technology in Medicine: sometimes big things really do come in small packages.
• ASTRO feature: American Society for Therapeutic Radiology and Oncology preview.

NOVEMBER
Industry Sector Reports
• Mobile Service Providers – MR, CT, PET, Cath/Angio Lab, Mammo, Ultrasound
• Radiographic, Rad/Fluoro
• MRI Coil
• Dialysis

Features
• RSNA Preview: the Radiological Society of North America annual meeting.
• Ergonomic Design in Equipment: we check-out the designs that add comfort for patient and care giver.
• Donating Used Equipment: towards the end of the year, it’s not a bad idea to get a few big tax write-offs, especially if it can help the less fortunate.

DECEMBER – TRANSPORT ISSUE
Industry Sector Reports
• Hospital Furniture/Exam Room Vendors
• Ocean, Air and Truck Freight
• Medical Trailers
• Defibrillator
• De-Installation, Crating and Rigging Companies

Features
• Military Medical Equipment/Weapons that led to Medical Applications: sometimes an invention can benefit in ways unintended.
• Banned in the U.S. – Equipment Available Overseas but Not Here: when will we see some of the exciting advances from overseas in America?
• Moonlighting – What Companies Manufacture Outside of the Medical Field: partly a companion piece to the military feature, this article will further explore what companies do outside of the medical industry – illuminating and surprising.
• Next Year’s Features: similar to the feature you’re reading now, with new stories and a year later.
It is no longer relegated to the pages of science fiction and doesn’t have a name like R2-D2, but it is innovative and brings important and enabling technology to operating rooms around the world. Robotic surgery employs four to six arms and a 3D high-definition vision system allowing a surgeon to sit at a console and guide instruments smoothly and precisely in sensitive operations. Surgeons aren’t using the apparatus just because they’re fans of hi-tech gadgets. There’s a practical side as well, robotic procedures readily lend themselves to minimally invasive surgery resulting in less trauma, reduced pain and morbidity, reduced hospital stay and quicker return to normal activity.

**How robotic surgery evolved**

Today’s technique has transitioned as technology has improved. Starting with traditional open surgery, moving to laproscopic surgery, which in turn gave rise to the relatively new robotic surgery option. Since the 1990s, surgeons have favored the advantages of minimally invasive surgery, but did not enjoy some of its limitations including the unsteadiness of a video camera held by an assistant and its two-dimensional field of vision, as well as the awkward positions a surgeon had to maintain in order to maneuver the laproscopic instruments.

Therefore, there has been a growing appreciation for robotic surgery and the potential advantages it holds for surgeons. At this time, the field is relatively wide-open with only a handful of companies producing equipment used for the technique. One of the most widely used robotic devices is the da Vinci System—a self-powered, computer-controlled device programmed to aid in the positioning and manipulation of surgical instruments. It allows the surgeon to carry out more complex tasks but does not act independently. Instead it acts as a remote extension completely controlled by the surgeon. When the surgeon moves the control to the right, the robot’s instruments move to the right, giving the surgeon natural hand-eye coordination. The patented Insite Vision System of da Vinci gives the surgeon a three-dimensional, 10x magnified view of the operating field, providing an excellent view of delicate tissue and organs.

**Applications**

Originally, applications for robotic surgery were applied to endoscopic coronary artery bypass and mitral valve repairs and replacements. Since the first robotic cardiac procedure performed in the United States in 1999, a growing number of surgical procedures using the robotic system have been performed including general surgical, gastrointestinal, gynecological, neurosurgical orthopedic, pediatric, radiosurgical and urologic.

C. William Schwab, II, M.D., As-

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**The Future is Now**

By Joan Trombetti
Assistant Professor of Surgery at Hospital of the University of Pennsylvania and Penn Presbyterian Medical Center performs robotic surgery for the treatment of kidney cancer. He explains that robotic partial nephrectomy surgery greatly reduces blood loss, postoperative pain and patient recovery time when compared to standard open surgery. “Partial nephrectomy is an especially difficult procedure as it requires a period of time in which the kidney is without blood flow,” says Schwab. The surgeon must excise the tumor with a margin of healthy tissue and reconstruct the remaining healthy tissue before the kidney is damaged from lack of circulation. Dr. Schwab says that this has to be accomplished in approximately 30 minutes or damage will occur. He says that it’s more beneficial to use robotic surgery for a partial nephrectomy, because for a full nephrectomy where the whole kidney is removed, time is not as much a concern. Because of the precise way the tools of the da Vinci System work, “it is the perfect tool for a partial nephrectomy and a safer way to treat smaller and more complex renal tumors, providing minimally invasive options that were never before available.”

Robotic surgery is also used to remove the prostate and surrounding tissue. A radical prostatectomy is recognized as the most effective form of prostate cancer treatment. At one time, removing the prostate involved an open incision that stretched across the abdomen. Laproscopic prostatectomy took over because it offered a less-invasive alternative. Today, Vattikutti Urology Institute has introduced another generation of prostate surgery called robotic-assisted laparoscopic prostatectomy. Mani Nenon, M.D., Director of the Vattikutti Urology Institute developed the robotic technique called VIP. He and his team were among the first in the world to perform prostatectomy using the da Vinci Surgical System, and they continue to drive all major innovations of the procedure. Dr. Menon says, “In my experience, robotics allows for greater surgical precision which leads to improvements in cancer control, potency and urinary function.”

The University of Alabama at Birmingham was the first medical center in Alabama and among the first in the U.S. to use the system for head and neck cancers over a year ago. They have since performed more than 40 of these procedures. William Carroll, M.D., UAB head and neck surgeon and Cancer Center scientist, explained that although not all head and neck cancer patients are ideal candidates for robotic surgery and it is still early in the research process he says, “Initial results have been extremely promising.” Dr. Carol and his colleagues feel that patients who undergo robotic surgery require shorter hospital stays, no feeding tubes and no swallowing rehabilitation. They also experience less pain and disfigurement.

Important to women
Intuitive Surgical received FDA clearance to market da Vinci Surgery for gynecologic applications in April 2005, nearly four years after its clearance for prostatectomy. In just a few years, da Vinci Gynecologic Surgery has seen significant adoption among surgeons, providing an indicator

Intuitive da Vinci S Surgical System performing a procedure
of what could be the next surgical standard of care in gynecologic surgery.

Hysterectomies are the most common female surgery: According to the U.S. Department of Health and Human Services, one in three women in the United States will have a hysterectomy before she turns 60. While most hysterectomies are still performed using an open incision, robotic surgery is being introduced to treat many complex gynecological conditions. It address excessive bleeding, fibroids, endometriosis, uterine prolapse, cancer and pre-cancer. Robotic surgery only requires a few tiny incisions and patients can return to a normal lifestyle within days rather than weeks.

**da Vinci’s Creator**

Intuitive Surgical (ISRG), Sunnyvale, CA currently has a lock on the robotic surgery market. Highlights of Intuitive Surgical’s third quarter 2008 financials included total revenue growth of 50% to $236 million. During that time, 91 da Vinci Surgical Systems were sold, an increase of 44% compared to the third quarter of 2007. President and CEO Lonnie Smith says, “These results reflect the continued adoption of robotic surgery as a growing number of patients benefit from the improved clinical outcomes and reduced surgical trauma that our da Vinci products enable.”

The da Vinci Surgical System is the only device of its kind approved for clinical use by the FDA available on the market. As of September 2008, there have been 1,032 unit shipments worldwide – 776 in the United States, 171 in Europe and 85 to the rest of the world. The average cost of the da Vinci Surgical System is $1.3 million.

Due to the success of this company, a great deal of interest is brewing in the industry and market entry from other larger medical device and robotic companies may be on the horizon. The competition should bring the cost of surgical robotic systems down and lead to wider usage in less developed areas.
Robotic Technology

InTouch Health of Santa Barbara, CA and ISGR have developed a partnership to integrate InTouch Health’s Remote Presence platform into the da Vinci Surgical System. The technology will enable surgeons located in different geographies to perform remote surgical proctoring, training and collaboration. The incorporation of the two systems should allow for more efficient means of training surgeons. The Remote Presence System, produced by InTouch enables a remotely based surgeon to project his presence into an operating room where a surgeon is performing a da Vinci surgical procedure. Using a high speed Internet connection, the system provides high-quality, real-time audio and video allowing the remote surgeon to effectively view the surgery from multiple cameras while interacting with the surgeon and operating staff. “The RP-7 robot instantly brings specialists to hospitals across the globe in need of training and expertise on surgical procedures that they might not otherwise have access to,” commented Dr. Yulun Want, Chairman and CEO of InTouch Health.

Accuracy (ARAY) manufactures Cyberknife, a targeted radiation machine useful for all kinds of radiation treatments that can track moving tumors and spare nearby tissue, making it a popular tool for prostate and lung cancers. The Cyberknife is mounted on a robotic arm and controlled by computer. It allows physicians to closely target tumors while the robotic arm tracks the slight movements of tumors during treatment, thus reducing the additional radiation that hits nearby parts of the body.

FreeHand is Prosurgics’ next generation robotic camera holder. It was selected by the Society of Laparoendoscopic Surgeons (SLS) as their Innovation of the year, 2008. The FreeHand laparoscopic camera holder is the first of Prosurgics’ new generation of robotics, designed to bring the benefits of clear visualization and direct camera control within the reach of surgeons in every laparoscopic surgical unit. Bill Perry, President of Prosurgics’ newly formed US organization believes that, “FreeHand is an important innovation because it has been designed to solve problems experienced by every laparoscopic surgeon, such as poor visualization and variable levels of surgical procedure assistance. FreeHand’s numerous benefits and its affordability explain why we expect FreeHand to become an everyday necessity in operating rooms across the world in the coming years.” Currently, FreeHand has not received FDA clearance and is limited to ‘investigational’ use.

“We are designing robotic tools to enhance surgical capabilities, allowing the surgeon to transcend the limitations of conventional technology and work in a less invasive environment,”

Quanser Inc. based in Canada uses sophisticated Haptic Technology to advance minimally invasive surgery techniques. A year ago, they started a research and development partnership to advance robotically-assisted surgery between Canadian Surgical Technology and Advanced Robotics (C-STAR) and Ontario Centres of Excellence (OCE), supported by Quanser and its cutting-edge Haptic Technology. Led by CSTAR, the $750,000 research project builds on Quanser’s work in the area of haptics and advanced robotic technology, with the ability to add a realistic ‘sense of touch’ to surgical robotic tools. Quanser has previously integrated its expertise and equipment into medical training simulators and surgical robotic prototypes and will provide integral components for the new project – aimed at improving techniques for minimally invasive surgery.

“We are designing robotic tools to enhance surgical capabilities, allowing the surgeon to transcend the limitations of conventional technology and work in a less invasive environment,” says Quanser CEO Paul Gilbert. “As we continue to make advancements, we will see a widening in the range of surgical procedures for which robotically-assisted surgery is suited – from brain-microsurgery to surgery over long distances.”

Adding a realistic ‘sense’ of touch allows the surgeon to check for calcification, to feel the ‘pop’ when a needle pokes through tissue, to feel resistance when suturing, or against a scalpel. The technology eliminates natural tremors and prevents accidental movements from being transmitted to the robotic tools. The new initiative, entitled “Haptics-Enabled Robotics-Assisted Minimally Invasive Surgery,” is supported by more than half-a-million dollars in investments, including $247,000 in funding from OCE. Gilbert says, “Without OCE’s support for this groundbreaking research and development, we would not be able to invest the time and resources necessary to explore these new and important applications for haptic technology.” The Natural Science and Engineering Research Council Canada (NSERC) also provided funding.

The Future

With the baby boomer population aging and an economy that demands smart technological solutions, the future of robotics looks extremely bright with a never-ending channel of expanding possibilities. The new ‘i-Snake’ is being designed to provide a platform to extend the use of minimally invasive surgery. This technology will incorporate state-of-the-art imaging and intuitive manipulation technologies, allowing surgeons to carry out more complex and demanding procedures within the body, which were only possible previously by using invasive surgical approaches. A team from Imperial College London was awarded over $4.2 million to develop the i-Snake over the next four years.

Something to think about

According to Marshall Brain, founder of HowStuffWorks.com, over the next 40 years robots will eliminate most human jobs. This could include many positions in the medical profession like secretarial, transport, laboratory technicians - perhaps even surgeons. Brain estimates that unless there are ways to compensate for lost jobs – more than 50% of Americans could be unemployed and replaced by robots by 2055.

Online: dotmed.com/dm7463
National/Federal: Changes in ADA Law Broaden Definition of Disability

On September 25, 2008, President Bush signed the Americans with Disabilities Act Amendments Act of 2008 (“ADA Amendments Act”). This Act has implemented important changes to the definition of the term “disability,” and supersedes the holdings in several Supreme Court decisions. The Act takes effect January 1, 2009.

A disability in legal terms is still defined as an impairment that substantially limits one or more major life activities, a record of such an impairment, or being regarded as having such an impairment. However, the new law changes the way these statutory terms should be interpreted. The law is significant for application in employment discrimination, as it emphasizes that the definition of disability should be interpreted broadly.

Prior to the 2008 Act, the Supreme Court held that the determination of whether or not a person has a “disability” must take into consideration if the person is substantially limited in a major life activity when using a mitigating measure, such as medication, a prosthesis, or a hearing aid. The standard case on mitigation measures is *Sutton v. United Airlines*, 527 U.S. 471 (1999), which is specifically mentioned in the new Act. The legislation makes clear that such cases, including *Sutton* and *Toyota Motor Manufacturing, Kentucky, Inc. v. Williams*, 534 U.S. 184 (2002), have wrongly narrowed the intended broad scope of protection for persons with disabilities, including the range of substantially limiting impairments and requiring a greater degree of limitation than was intended by Congress in the original ADA. The Act now states that mitigating measures other than “ordinary eyeglasses or contact lenses” shall not be considered in assessing whether an individual has a disability; that impairments that substantially limit one major life activity need not limit other major life activities in order to be a disability; and that an impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active.

Disability law in general often features a myriad of confusing interpretations by state and federal courts and agencies, and has led to exhaustive and cautionary opinions. The new Act intends that question of a person’s disability under the ADA should not demand extensive analysis as previously seen. Discrimination attorney and Former Equal Employment Opportunity Administrative Judge Felix R. Orraca commented on the impact of the changes to DOTmed: “The change in the “regarded as” prong—no longer requiring a complainant to demonstrate a substantial limitation in a major life activity—brings it back in line with its original purpose. As a matter of public policy, the “regarded as” prong was enacted to protect the work environment from employers who harbored discriminatory beliefs against employees considered to be disabled, whether or not the employee actually was disabled. The requirement to demonstrate a substantial limitation was inconsistent with its purpose. Congress has now eliminated that inconsistency.”

Because the law is much broader, employers will need to be careful in taking a request for reasonable accommodation. Under federal law, a qualified person with a disability should be given a reasonable accommodation for his or her disability on the job, so long as it does not present an undue burden to the employer. Discriminatory acts can include refusal of an accommodation, making discriminatory remarks about disability or a person’s disability, and negatively impacting the terms and conditions of an employee’s job on the basis of the employee’s disability. Retaliation against an employee for complaining of discrimination is also is discriminatory act. Mr. Orraca notes the practical effect of the law: “Attorneys often turn to an Act’s legislative history to buttress their legal arguments. Not only has Congress made changes in the ADA but the record established in the legislative history is unequivocal. Comments made by the legislators in the Congressional Record regarding why the changes in the ADA were enacted will give attorneys presently litigating ADA violations significant support in persuading judges around the country that the ADA is to be interpreted broadly.”

Online: dotmed.com/dm7464
National: Mental health coverage gets a boost from parity law

Andrew Sperling, Director of Legislature Affairs for the National Alliance for the Mentally Ill, spoke with DOTmed concerning the passage of the Paul Wellstone-Pete Domenici Mental Health Parity and Addiction Equity Act of 2008. Mr. Sperling discussed the new law, part of the recent Emergency Economic Stabilization Act of 2008. NAMI worked closely with the sponsoring legislators.

“The law is fairly simple,” Sperling explained. “It dictates that group health plans sponsored for 50 workers or over must cover for mental illness and substance abuse, with terms and conditions similar to regular health coverage. The plan can’t impose extra costs, deductibles, and limitations to coverage.” While some states already have mandates for health insurance to cover mental illness, the Parity Bill is a large step forward, Sperling says. 82 million people will be affected by the coverage, which establishes a parity standard within ERISA self-insured plans. States always have the option to regulate at an even a higher standard than federal law if they choose.

Is mental illness still overlooked as an important topic in health care? Quite often. Sperling sees, however, that progress is being made with this law. Mental health is being addressed more through state legislatures. The current administration, the Surgeon General’s report, and a growing public recognition that mental illness is real, all contribute to the progress, Sperling says. “We are very proud of our sponsors who made this possible, and this caps a legacy for Pete Domenici.” Senator Domenici (R-NM) is retiring after finishing out his term.

● Online: dotmed.com/dm7465

National: Many states see cafeteria plans as solution to affordable health care

Cafeteria insurance plans were created by a 1978 federal law which amended the Internal Revenue Code, 26 U.S. Code §125. Now, many states are looking at these plans as a means of obtaining affordable employer-related health insurance coverage. Cafeteria plans allow employees to pay for certain health care expenses without federal tax on the expenses. If contributing, “The employer will come out a few dollars ahead,” says Richard Cauchi, Program Director of National Conference of State Legislatures (NCSL) Health Program, discussing the plans with DOTmed. To create and administer a health-only cafeteria plan, it will cost an employer about $100 a year, but the employer saves $160 a year on FICA withholding tax for each participating employee. The NCSL recently held a webinar (Nov. 14) concerning how states are implementing the plans, archived on its website.

The new approaches make the employer a more active participant, Cauchi says. The new state plans allow employees to put their own money in the plan and for the employer to contribute. Most states are developing or have developed a voluntary cafeteria plan. Only one state, Massachusetts, requires an employer (11 employees or more) to offer at least a “premium only” cafeteria plan and to contribute money, as part of the state’s overall health care reform. A number of other states have voluntary cafeteria plans, where employer contributions are optional.

There is growing interest as a number of states saw it as a measure of self-reform. In the last two years, several more states proposed cafeteria plans that did not pass, but are likely to be reintroduced in the next legislative session. The NCSL’s upcoming seminar reflects the increasing interest in the potential of cafeteria plans, especially as new legislation sessions begin in January.

● Online: dotmed.com/dm7466

State: California AG settles with Eli Lilly over improper drug marketing

California Attorney General Edmund G. Brown Jr. has announced in a press release a record $62 million multi-state settlement with Eli Lilly and Company. According to AG Brown’s original complaint, Eli Lilly had been allegedly engaging in unfair and deceptive practices by improperly marketing the antipsychotic drug Zyprexa, for off-label use not approved by the Food and Drug Administration (FDA). Zyprexa is part of a class of drugs known as “atypical antipsychotics,” which are traditionally used to treat schizophrenia. Eli Lilly was also alleged to have failed to adequately disclose the drug’s potential side effects to healthcare providers.

The Eli Lilly settlement is the largest multi-state consumer protection-based pharmaceutical settlement. California will receive the largest share of the award, approximately $5.6 million.

For the settlement, Eli Lilly will change its marketing strategies and cease promotion of its “off-label” uses. While physicians may prescribe drugs for off-label uses, federal law prohibits pharmaceutical manufacturers from marketing products for off-label uses.

● Online: dotmed.com/dm7467

State: Medical marijuana and physician-assisted suicide on Election Day ballot initiatives

In addition to the historic election of the U.S.’ 44th president, Barack Obama, the 2008 elections also passed significant state ballot initiatives with controversial health issues. In Washington state, the ballot measure allows competent terminally ill (six months or less to live) adult residents of the state to request and self-administer lethal medication prescribed by a physician. Washington state follows Oregon’s assisted-suicide law, which in 2006 prevailed in a Supreme Court decision and overcame the Justice Department’s attempt prevent doctors from prescribing lethal drugs.
Medical marijuana was on the agenda for Michigan and areas of Massachusetts, permitting terminally and seriously ill patients to use medical marijuana with their doctors’ approval. In Massachusetts, the law passed making minor marijuana possession only a fine rather than a felony.

The successful Michigan ballot measure allows the medical use of marijuana for registered patients with debilitating medical conditions (cancer, glaucoma, HIV, hepatitis C, epilepsy and multiple sclerosis). Unregistered patients and primary caregivers may assert medical reasons for using marijuana as a defense to any prosecution involving marijuana.

State: Connecticut AG urges Governor not to force families into inferior healthcare program

Connecticut Attorney General Richard Blumenthal and Child Advocate Jeanne Milstein have called on Gov. M. Jodi Rell to delay her plan to move thousands of families from the state HUSKY healthcare program into what the AG characterizes as an inferior plan. In a public letter to the Governor, AG Blumenthal and Ms. Milstein expressed concerns that the new Plan would violate federal Medicaid law, as federal law requires services to be available to Medicaid enrollees at least to the extent as such services are available to the general public. Following the AG’s letter, the Governor has agreed to delay the plan. AG Blumenthal commented that he was pleased with the Governor’s delay, because if the plan violated federal Medicaid law, it might have resulted in fines and loss of funds to the state.

Federal/National: FTC cracks down on peddlers of bogus cancer, diabetes cures

The Federal Trade Commission (FTC) has been heavily targeting companies selling products claiming to effectively treat or cure cancer. The Agency has sent warning letters to at least 23 companies, and engaged in enforcement actions against eleven others. Six of those eleven have chosen to settle with the FTC, the others will be tried before an administrative law judge at the Commission. The cases developed from an Internet sweep conducted by the FTC, the U.S. Food and Drug Administration (FDA), and Competition Bureau Canada. The various products are combinations of herbs, extracts and even the long-discredited laetrille, and all claimed to treat or cure cancer. The FTC has a website, www.ftc.gov/curious, that informs consumers how to spot and report bogus claims they see online.

The FTC has also settled with marketers of dietary supplements advertised to prevent and treat diabetes. According to the FTC’s complaint, Glucorell, Inc. and Anafit, Inc., both based in Orlando, Florida, engaged in deceptive advertising for the products Insulow and Glucorell R. The order, approved by the U.S. District Court for the Middle District of Florida, prohibits the companies from making representations about the benefits, performance, or efficacy of any dietary supplement, food, or drug without competent and reliable scientific evidence, and a monetary judgment of $493,545.

State: Alabama sues CMS over attempt to gain share of Medicaid Fraud Awards

The State of Alabama is suing the Centers for Medicare & Medicaid Services following the CMS’ October 28 letter to state health officials requiring payment of the federal share of any amounts won by the State of Alabama in past Medicaid fraud litigation within 60 days of the entry of a finding of liability. The Attorney General of Alabama, Troy King, explained on the AG’s website that CMS is seeking the litigation instituted against various companies for Medicaid fraud, money which the state has yet to realize itself. AG King commented in an open letter that the litigation was a “grab for money that, if successful, would leave those for whom CMS was created to serve, Alabama’s Medicaid patients, without health care and would bankrupt the State of Alabama’s budget. Their attempt to do so flies in the face of the United States Constitution and well settled federal law.”

State: Kansas sues drug companies for overcharging Kansas Medicaid

Kansas Attorney General Steve Six is suing thirteen pharmaceutical companies, alleging that the companies inflated drug prices, resulting in millions of dollars in increased Medicaid reimbursement costs paid by taxpayers. The complaint alleges that the companies deliberately misreported drug price information in order to increase reimbursements from the Kansas Medicaid program.

“We believe Kansas has lost millions of dollars as a result of these drug companies’ fraudulent pricing schemes,” Six said on the AG’s website. The companies involved include Abbott Labs, Wyeth, GlaxoSmithKline, Johnson & Johnson, and Ortho Biotech Products.

Online: dotmed.com/dm7470

Online: dotmed.com/dm7469

Online: dotmed.com/dm7471

Online: dotmed.com/dm7472
On December 10, 1844, Wells and his wife, Elizabeth went out for a night of fun, visiting a traveling “laughing gas” show. At these shows, thrill-seekers would step up and put down their money to partake in the experience that is nitrous oxide.

Wells and an associate named Sam Cooley both gamely joined the festivities and inhaled some of the gas. After bumbling around for a bit to the amusement of onlookers, the effects soon wore off. It was then that Wells observed blood on the trousers of Cooley. His friend had apparently injured himself while staggering about “high” from the gas, but he hadn’t felt any pain from his injury and in fact hadn’t noticed it until it was pointed out to him by Wells.

Wells realized there could be a practical use for nitrous oxide and approached Gardner Colton, the show’s manager. He asked Colton if the gas could be used to alleviate the pain of dental procedures, or more specifically tooth removal. Colton was unsure but invited Wells to perform a test the following morning. Wells was accompanied by John Riggs, an ex-student and dentist. Wells had a painful wisdom tooth that would provide the test for his theory. He inhaled nitrous oxide from a leather bag until he nodded off. Once he was under, Riggs pried the tooth from his former teacher’s mouth. Wells woke just a few minutes after the procedure and proclaimed, “I didn’t feel it so much as the prick of a pin.”

From there, he quickly made use of this newly discovered source for anesthesia, offering it to patients when pulling teeth. As news circulated, he became so busy with work that he instructed colleagues on the production and use of the gas. In a matter of months, people from points far and wide were travelling to Wells’ practice to have their teeth extracted.

Wells attempted to take his discovery further by teaming up with William Morton based on a friend’s suggestion. Unbeknownst to Wells, Morton was a proficient con man and a poor choice for a partner. Nevertheless, the two contacted John Collins Warren, head of surgery for Massachusetts General Hospital in Boston. Warren agreed to arrange a public demonstration to take place towards the end of January 1845. After administering the nitrous oxide to a student volunteer with a bad tooth, Wells performed the extraction. Whether he didn’t administer enough gas or it was impure, the student made some type of sound of protest when the tooth was removed. Upon waking, even though the patient claimed he had felt no pain during the procedure, Wells was laughed out of the demonstration.

Afterwards, Morton attempted to claim the discovery of anesthesia as his own and began experimenting with ether. Wells, for his part, experimented with chloroform. In the end, it led to an addiction that landed him in jail one night. In prison, a despondent Wells bled to death when he used a razor he had smuggled in to cut an artery in his leg. It’s unlikely he felt any physical pain – he had also smuggled in a bottle of chloroform and administered it before using the razor.
The World Health Organization (WHO) predicts that before 2020, nearly 40% of all deaths will be related to cardiac disease. The American Heart Association (AHA) statistics support the WHO estimation stating that more than 900 incidences of cardiac death occur per day—one in 1000 adults age 35 or older—and the rate rises for females and African Americans.

Disturbing though this statistical snapshot may be it portends well for defibrillator manufacturers, refurbishers and resellers worldwide. One forecast recently calculated revenues from cardiac devices market, particularly implantable cardioverter defibrillators (ICDs) and automated external defibrillators (AEDs), to grow at an annual rate approaching 7%.
Responding to Upsurge

Welch Allyn and Zoll Medical are two OEMs in the defibrillation market that have just formed a strategic alliance to capitalize on each company’s strength and prepare for the market upswing. Was this strategy planned prior to the addition of Zoll’s new president Jonathan Rennert, who was recently added to manage the firm’s core defibrillator resuscitation business? Also a newcomer, Welch Allyn’s President and CEO, Julie A. Shimer, Ph. D. has only been at the helm since March, 2007.

Will the strategic alliance position the companies to dominate the AED marketplace? The next year will be telling as both focus on the EMS, air medical and military markets. (See DOTmed Online News article “Welch Allyn and Zoll Medical Corporation Declare Strategic Alliance,” DM7347).

As a consequence of the alliance, Welch Allyn discontinued its PIC 30™, PIC 40™ and PIC 50™ escalating biphasic energy model monitor/defibrillators at the end of November; however, it promises to honor existing orders prior to year end.

Zoll Medical currently offers two AEDs and their E Series Defibrillator which gives real-time feedback, including audio-visual prompts, on chest compressions. The company also makes LifeVest®, a wearable defibrillator that monitors the critical patient against risk of sudden cardiac arrest.

Contrary to a sagging economy, Zoll’s third quarter revenue was up a healthy 27% over same time last year, exceeding $100 million. Excluding equipment purchased by the U.S. military and government, sales to the North American hospital market rose 11%. Figures nearly tripled for sales to the U.S. Military and government from the same period prior year, therein explaining the alliance to serve these customers.

Richard A. Packer, Chief Executive Officer stated that Zoll experienced growth in all major business. He said, “In the North American hospital market, U.S military sales were particularly strong this quarter. The North American pre-hospital business also did very well with LifeVest®, professional defibrillators, data management software, and AEDs. Once again, our international business delivered solid growth, with particular strength coming from our distributor business.”

Welch Allyn, a privately-held, family-owned manufacturer of medical devices published no financial data for comparison.

Defibrillators at Home

Philips advertises on its website that it has deployed more than 500,000 AEDs for which it offers supplies, accessories and program support. Professionals can choose from four models of HeartStart for advanced life support solutions. On the introductory end is a feature-packed model, upgradeable and suitable for pre-hospital use. Then, the cornerstone model Q-CPR integrates real-time CPR feedback and measurement in a user-friendly monitor/defibrillator. The range of models allows Philips to serve clinicians with early defibrillation and CPR events.

The company also sells a home-based model of its HeartStart line that is available from major online retailers for approximately $1,275.

Philips reported its healthcare sector revenue up 5%, driven by customer services and patient monitoring. Sector sales were reported at 1,806 Euros, but sales to the North American market showed only a 1% increase, mainly due to home healthcare solutions.

Cardiac Rhythm Management Still Portends Problems

Boston Scientific appears to have taken in stride the recall issues surrounding Guidant’s implantable cardioverter defibrillator. Since the merger, and in the U.S. prior to the third quarter of 2008, the company launched the COGNISTM CRT-D and TELIGENTM ICD devices, proclaiming them as the world’s smallest and thinnest high-energy ICD devices and garnering a positive reception from physicians.

For third quarter, Boston Scientific reported net sales of just under $2 billion, down slightly from the same quarter prior year; yet, the company’s implantable medical devices (IMDs) accounted for $423 million in revenue, up $50 million from previous year.

So what’s wrong with the ICD picture? One known and one new issue plague the device.

The known issue is longevity. The power-life of an ICD lasts 7-10 years after which a surgical procedure, implying risk, is required to replace it.

To answer this dilemma, Stanford University researchers have been working on a device that is powered by the patient’s own body. The research team designed a device that attaches to the outside of the heart and uses a patient’s heartbeat to move a magnet through a coil—a piezoelectric element—to generate power. These ICDs would be self-
powering or, at least, lengthen the period between replacements, but they are not yet ready for market.

However, another issue has risen carrying some malevolence: signal security. New digital technology that transmits information from the defibrillator to the physician also leaves the device exposed to hackers, giving new meaning to the term “heart attack.”

The possibility of an interruption or reprogramming of a device by a hacker heightens as wireless capabilities increase for ICDs, drug pumps and neurostimulators. An experiment performed by researchers at Harvard University on a freestanding ICD used a commercially available radio transmitter to hijack its software. Granted, the possibility of hijacked transmission is low, but hackers are inventive.

In the past two years, more than 100,000 patients in the U.S. have been implanted with newer devices that send patient information to a bedside monitor that transmits data to a doctor, usually once a day. Transmissions from defibrillator to monitor are not encrypted; therefore, someone intercepting the transmissions could retrieve such data as the patient’s birth date, medical ID number and, in some cases, Social Security number.

“There will be more implanted devices and more wireless capabilities and transmissions over greater distances,” said Dr. William Maisel, one of the study’s authors and a Harvard-affiliated director of the Medical Device Safety Institute at Beth Israel Deaconess Medical Center in Boston. He points out that though medical specifications are tight and controlled, there is a huge difference between hacking and intercepting a transmission.

Some researchers think the solution lies in encrypting the transmission signal. But encrypting ICD signals with a cloaking device may preclude doctors’ successfully handling an emergency due to lack of critical access to an encryption key.

Maisel, for one, thinks cloaking unrealistic. In reality, no patient has been subject to such attack, but now there is a “safety” issue that was never a clinical one.

Where Do Refurbishers Fit?

Philip Mothena, President, Simple Solutions, Inc., Virginia, sells all brands of defibrillators. He describes business “at the slow end of steady” due to a declining economy, but is optimistic of sales growth going forward. “Customers are holding on to equipment longer. The silver lining is that repairs and service is up due to a larger population of older equipment still in service,” he says.

John Gladstein, Sales Manager, Medical Device Depot, Maryland, reports business has been good lately but thinks that sales will level off in the future.

Richard Fosco, President, HealthWare, Inc, Illinois sells all brands, but mostly HP and Zoll. He said, “Our used market is well positioned for this economy and is also attractive to our international customers.”

“AHA standards have forced some upgrades to defibrillators recently,” says Robert Gaw, Jr., VP Sales/Marketing, Physicians Resource Network, MA. “Many have upgraded older monophasic models to biphasic units.” His firm sells Zoll, HP, Physio-Control and Cardiac Science.

Jayra Andrade is a Marketing Analyst with Soma Technology, CT a leader in refurbished medical equipment. She states business is robust and attributes the good news to careful quality of inventory, pricing and customer service. She says, “Defibrillators are used as a first response tool. No one will cut cost on equipment that reduces mortality rate. Patients do not choose when to have a heart attack and with the aging population, more heart attacks are prone to happen.”

AEDs around the world

Only since September, 2003 has the Japanese Ministry of Health, Labor and Welfare approved the use of AEDs by non-medical persons. Cardiac Science is the market leader in AED sales in Japan. Cardiac Science President and CEO Raymond W. Cohen noted that it takes Japanese emergency responders approximately 12.7 minutes to reach a patient who has collapsed from sudden cardiac arrest. If the rescuer is able to shock the victim within three minutes of collapse, survival rates increase up to 74%.

Cardiac Science develops, manufactures and markets Powerheart®-brand automated portable public access defibrillators (AEDs), Diascope®-brand patient monitors and Powerheart® CRM™, the only FDA-cleared therapeutic patient monitor that instantly and automatically treats hospitalized cardiac patients who suffer life-threatening heart rhythms. Cardiac Science products are marketed in the United States and in more than 50 countries.
The company reported its third quarter revenue up 20 percent to $54 million. Its international product sales nearly doubled, with attributed revenue growth resulting from increases in defibrillator sales of 34%

Hernandez Hugo, Manager, Biomed, a service and repair firm, Mexico, states that sales are steady despite a problematic Mexican economy. He sells Physio, Control, Philips and Zoll.

Zaid Haim, sells pre-hospital AEDs for Zev First Aid Center, Yakir, Israel. His firm is licensed to distribute new and refurbished Welch Allyn equipment. He says, “The medical equipment market and the first aid market experience constant growth, and we are found in a center seat.” He cites a law just passed at his parliament that will push AED sales. “New AEDs are sold in Israel from $1,200. The price for the new Welch Allyn machine is 150 Euros, set by the manufacturer,” he says.

Sanjay Shirwale sells AEDs for Inditech, a company that sells and services medical equipment in Pune, India. He reports that business is increasing as awareness in the health sector increases. He believes that sales will double next year especially since the health industry in India has mandated each hospital be set up with a defibrillator by a specified deadline.

DOTmed Registered Defibrillator Sales & Service Companies

For convenient links to these companies’ DOTmed Services Directory listings, go to www.dotmed.com and enter [DM 7454] Names in boldface are Premium Listings.

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Hospital Beds and Medical Furniture –

Regulatory changes are putting the latest technologies on every hospital’s must-have list.

By Barbara Kram

If you get what you pay for, is the converse also true? Medicare thinks so.

The Centers for Medicare and Medicaid Services (CMS) has defined several medical problems that it will no longer pay for in hopes that their incidence will decline. These are the so-called “never events” for which CMS won’t pay the costs of resulting extended care, leaving hospitals with the tab for new rules that took effect regarding patients discharged after October 1, 2008.

Examples of in-hospital never events include bed sores, falls, and ventilator-acquired pneumonia (VAP). These are certainly controversial since the preventability of such common problems is debatable. Regardless, the bottom line is that these events must be prevented if hospitals and clinics expect to receive reimbursement.

This brings us to the critical and evolving role of hospital beds, once taken for granted but now at the forefront of protocols and technologies to improve patient comfort, safety, and well-being. New bed features include percussion rotation, low air loss, and air fluidization to reduce pressure and friction and address pressure ulcers. Head elevation helps with VAP as does pulsation and vibration. And many design features are aimed at preventing falls including stable locking designs, high-low positioning, bed exit systems, and side rails. The latest beds can even monitor the patient’s body position and alert the nurses’ station to risky shifts.

For anyone who used to take hospital beds for granted, Medicare’s decision is changing that mindset, as are the innovations of the two leading manufacturers, Hill-Rom and Stryker, who serve a market estimated at $2 billion.

“You are going to see a focus on new bed technologies moving forward. It used to be nice to have these features but it’s going to be an absolute ‘must-have’ because the Centers for Medicare and Medicaid Services are cracking down,” says Skip Kiil, Director of Marketing, Medical/Surgical, Stryker Medical, Portage, MI. “The October 1 deadline has passed and as you look at pressure ulcers, falls and VAP, those are things they are not going to be reimbursing. Hospitals have to be proactive in their approach to driving costs out of health care but mostly in delivering the best outcome for their patients.”

Of course the importance of the bed has always been known to the patients who spend so much time there. The bed is literally the point of contact between health care providers and care recipients. Since hospitals strive to discharge patients as soon as possible, those who remain are more likely to be weaker and more bed-ridden.

“From our perspective, our beds and sleep surface products provide the most important touch point in the hospital because, if you look at the patient’s ability to interface and have a positive experience in a facility, they are in the bed 75 to 80 percent of the time,” Kiil says. “So it behooves the organization to put a tremendous product underneath the patient both from a clinical outcomes perspective as well as the customer experience.”

Refurbished Equipment Growing in Popularity

Hospital beds are available refurbished at significantly lower cost compared to new. New beds can run in the mid $40,000s while the same bed reconditioned might be available with a warranty for $18,000. As a result, third party companies that specialize in beds and other medical furniture are enjoying healthy sales.

“Our business is steadily growing. Refurbished hospital bed sales have picked up recently,” said John Gladstein, Sales Manager, Medical Device Depot, Ellicott City, MD. The company sells refurbished hospital beds to education institutions like teaching hospitals and community colleges. “Business is escalating because in this niche there’s a lot of government funding to train people in the health care sector. So schools have ample finances.”

“During this economic downturn, I expect to see a surge in U.S. orders for reconditioned hospital beds and stretchers,” notes
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Ray Carter, Vice President, Hospital Equipment 4U, Salisbury, NC. The company reconditions hospital beds and stretchers. “While health care is one of the best industries to be in during a recession, medical facilities are feeling the pinch too. Due to that factor, purchasing departments are going to be considering reconditioned equipment more now than ever before to help cut costs.”

At the same time, government budgets are strained to the max, as those who do business with the state of California know all too well. “For the past two years, the California budget delays have had a negative effect on our receivables. Nursing homes weren’t being paid by government-run Medi-Cal during record long delays. This caused them to be unable to pay vendors on time,” Carter reports.

But, independent services can look on the bright side. “We’re a cheaper alternative to buying brand new. So [the economic downturn] has not affected us as much as other small businesses,” says Damon Dembkoski, VP of Sales, Beta Medical, Hollywood, FL, which also refurbishes beds and stretchers.

“A high quality, fully reconditioned and supported piece of equipment can provide a hospital many years of good use at a significant savings off buying new and can probably save them in the long run by replacing some of their older equipment in operation. It’s a nice way of combating the ever-tightening budgets and addressing economic reality,” says William Montgomery, Vice President, Bed Techs, Inc., Milan, IN. The company specializes in reconditioned Hill-Rom beds and stretchers and also has a parts business. He has some words to wise hospital purchasers: “Not all reconditioned equipment is ‘created equal.’ I strongly recommend that a hospital request demo units, especially if they are placing an order where a quantity of beds is involved. Get a demo, do a side-by-side comparison, and then you can make a more informed purchasing decision.”

An interesting aspect to dealing in this equipment is the sheer size and weight of the units, leading to costly inventory management, warehousing and shipping. Those factors mean that companies don’t often dabble in beds and stretchers.

“It’s a very specialized business if you are going to be in it,” says Wayne. “Smaller hospitals will buy 20 to 30 beds at a time while big facilities are getting rid of hundreds of beds. warehouse space, freight costs, and storage - it costs a lot of money. To be in the bed business you have to be in the bed business.”

**Completing the Medical Décor**

Hospital beds represent just one category of medical furniture. Stretchers for transport, recovery and minor procedures is another important sector enjoying a high-tech renaissance. Today’s stretchers include specialized braking systems, easy glide casters, even motorization. Other types of furniture include exam tables, OR tables, patient room furniture like overbed tables, treatment recliners, as well as specialized birthing beds and chairs, all of which feature design innovations.

“There’s a trend toward power exam tables for elderly and overweight patients. These can be raised and lowered to wheelchair heights,” Gladstein says. “This is a new trend. A lot of doctors need at least one in their office. And it saves the doctor’s back. They can put the patient on the table instead of lifting them up.”

Maternity furniture such as birthing beds has complex adjustment capabilities to fit any size patient and make women as comfortable as possible.

All told, design engineers have turned furniture into sophisticated medical equipment. Beds have become high-tech machines complete with computerization, touch screens and CPR release capability to flatten the bed out instantly. The beds can record the patient’s weight and degree of incline in a lying or seated position.

“Hospital beds have evolved to include a lot of new technologies and the OEMs continue to push the envelope on integrating the bed as part of the hospital room,” Montgomery says.

“We can tell if a patient scratches their nose if they’re sedated,” Stryker’s Kiil reports. “You used to buy a bed, depreciate it, hold it, use it 15 years and then buy a new one. In this day and age you can’t afford to do that with the technology evolutions that are happening in healthcare. That is a unique market dynamic related to the bed products,” he says. “We see those CMS guidelines really driving the market. Hospitals cannot afford not to look at their current bed portfolio.”

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<table>
<thead>
<tr>
<th>Name</th>
<th>Company - Domestic</th>
<th>City</th>
<th>State</th>
<th>Certified</th>
<th>DM100</th>
</tr>
</thead>
<tbody>
<tr>
<td>Damon Dembkoski</td>
<td>Beta Medical</td>
<td>Hollywood</td>
<td>FL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Debbie Benghuzzi</td>
<td>Bay Medical Equipment, LLC</td>
<td>Sarasota</td>
<td>FL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mary Firkin</td>
<td>Colossus Medical</td>
<td>Grayson</td>
<td>GA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>William Montgomery</td>
<td>Bed Techs, Inc.</td>
<td>Milan</td>
<td>IN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>John Gladstein</td>
<td>Medical Device Depot</td>
<td>Ellicott City</td>
<td>MD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chad Williamson</td>
<td>Stryker Medical</td>
<td>Portage</td>
<td>MI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brad Schelling</td>
<td>Piedmont Medical, Inc.</td>
<td>Dobson</td>
<td>NC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ray Carter</td>
<td>Hospital Equipment 4U</td>
<td>Salisbury</td>
<td>NC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kean Warriner</td>
<td>Asset Buyers &amp; Remarking, Inc.</td>
<td>Aumsville</td>
<td>OR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>John Lacey</td>
<td>North America Mattress Corp.</td>
<td>Clackamas</td>
<td>OR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Michael Crane</td>
<td>Kinetic Biomedical Services</td>
<td>Erie</td>
<td>PA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ken Smith</td>
<td>Traco Medical, Inc.</td>
<td>Sioux Falls</td>
<td>SD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nancy M. Mills</td>
<td>Mid-America Medical</td>
<td>Memphis</td>
<td>TN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Herbert Wayne</td>
<td>eMedicalSales.com</td>
<td>North Zulch</td>
<td>TX</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Company - International</td>
<td>City</td>
<td>Country</td>
<td>Certified</td>
<td>DM100</td>
</tr>
<tr>
<td>Reno Itzhaki</td>
<td>Eltec Eng</td>
<td>Kiriat Ata</td>
<td>Israel</td>
<td></td>
<td></td>
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Medical Sales & Services, page 67
Parts for Sale, page 70
Equipment for Sale, page 68
Employment Opportunities, page 70
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<tr>
<th>Advertiser</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amber Diagnostics</td>
<td>34</td>
</tr>
<tr>
<td>ANDA Medical</td>
<td>5</td>
</tr>
<tr>
<td>Bay Shore Medical, LLC.</td>
<td>36</td>
</tr>
<tr>
<td>Beacon Surgical</td>
<td>53</td>
</tr>
<tr>
<td>C &amp; G Technologies</td>
<td>19</td>
</tr>
<tr>
<td>Complete Medical Services</td>
<td>13</td>
</tr>
<tr>
<td>eMedicalSales.com</td>
<td>55</td>
</tr>
<tr>
<td>Genesis Medical Imaging, Inc.</td>
<td>7</td>
</tr>
<tr>
<td>Health Connect Partners</td>
<td>17</td>
</tr>
<tr>
<td>Infinium Medical, Inc.</td>
<td>52</td>
</tr>
<tr>
<td>Integrity Medical Systems, Inc.</td>
<td>12</td>
</tr>
<tr>
<td>MagnaServ, Inc.</td>
<td>Inside Ft. Cvr.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Advertiser</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Med1Online</td>
<td>Inside Bk. Cvr.</td>
</tr>
<tr>
<td>Metropolitan International</td>
<td>33</td>
</tr>
<tr>
<td>Nationwide Imaging Services, Inc.</td>
<td>3</td>
</tr>
<tr>
<td>Owen Kane Holdings, Inc.</td>
<td>58</td>
</tr>
<tr>
<td>Oxford Instruments</td>
<td>14</td>
</tr>
<tr>
<td>Piedmont Medical, Inc.</td>
<td>57</td>
</tr>
<tr>
<td>ReMedPar</td>
<td>11</td>
</tr>
<tr>
<td>Technical Prospects</td>
<td>15</td>
</tr>
<tr>
<td>Unfors Instrument, Inc.</td>
<td>4</td>
</tr>
<tr>
<td>Varian Medical Systems</td>
<td>Back Cvr.</td>
</tr>
<tr>
<td>Viable Medical Services</td>
<td>16</td>
</tr>
</tbody>
</table>
Recent equipment and parts auctions on DOTmed with actual for-sale prices.

HYPERBARIC CHAMBER

OXYHEALTH Hyperbaric Chamber Fortius 420 This chamber has less than 1600 hours of use. It includes 2 compressors, hoses and oxygen generator. Auction 4881 – sold for manufacturer in Washington, $25,000.

IMAGING

1993 LORAD Mammo Unit MI II This unit is accredited. The following items included with this auction: -Cases -Set of 8 Mammography Ratios -100 Mammography Markers -Agfa Momoram Compact E.O.S. auto load film processor. Auction 5350 – sold for hospital in Texas, $1,500.

LUNAR Bone Densitometer Achilles Insight TWO (2) NEVER USED/IN ORIGINAL BOX The Achilles Express ultrasonometer is a compact, cost-effective solution for evaluating risk of osteoporotic fracture. Its low precision error makes it suitable to monitor bone changes, such as those associated with disease progression or response to therapy. The Achilles Express measures the ultrasound properties of the heel, unlike the forearm or hand, is load-bearing and highly trabecular. Achilles Express indicates risk of osteoporosis fracture comparable to femur and spine dual-energy x-ray absorptiometry (DEXA). The Achilles Express is proven to indicate fracture risk in the key group of women 45-75 years as well as older women. The one-minute ultrasound test is simple to perform: a touch of the built-in LCD screen is all it takes. Achilles Express automatically calculates the patient’s STIFFNESS Index which is compared to young adult and age-matched references to provide both a T-score and Z-score. These, together with other risk factors, assist physicians in the diagnosis of osteoporosis. Auction 5470 – sold for imaging center in New York, $8,000.

LORAD Mammo Unit Lot of 8: M-IV These units are not confirmed in working condition so sold as parts units. Full assortment of buckies and paddies included in this auction. 1- LORAD M-IV Stand: Model# 4-000-0004 Manufacturer Date: May 2001 X-ray control generator: Model# 4-000-0002 Manufacturer Date: May 2001 2- LORAD M-IV Stand: Model# 4-000-0004 Manufacturer Date: June 2000 X-ray control generator: model# 4-000-0002 Manufacturer Date: June 2000 3- LORAD M-IV Stand: Model# 4-000-0004 Manufacturer Date: Jan 2000 X-ray control generator: Model# 4-000-0002 Manufacturer Date: Dec 1997 4- LORAD M-IV Stand: Model# 4-000-0004 Manufacturer Date: Dec 1997 5- LORAD M-IV Stand: Model# 4-000-0004 Manufacturer Date: Feb 1998 X-ray control generator: Model# 4-000-0002 Manufacturer Date: Feb 1998 6- LORAD M-IV Stand: Model# 4-000-0004 Manufacturer Date: May 1997 X-ray control generator: Model# 4-000-0002 Manufacturer Date: May 1997 7- LORAD M-IV Stand: Model# 4-000-0004 Manufacturer Date: June 1997 X-ray control generator: Model# 4-000-0002 Manufacturer Date: June 1997 8- LORAD M-IV Stand: Model# 4-000-0004 Manufacturer Date: May 1997 X-ray control generator: Model# 4-000-0002 Manufacturer Date: May 1997.

P20A, IRS V447_KM, 17-Feb-2003; Synogy: VX26B SLO2P19; Windows: 4.0 (Build 1381: Service Pack 6)

The inspector found the following: 1) The system is in good cosmetic condition 2) Review of Service Log shows very little down time in four years 3) Most Test Tools Present with System 4) All Phantoms Are Present with System 5) Fan Calibration scans 6) Tested Gantry and Table Feeds (review by viewing the video) 7) There is some cosmetic damage where the floor polishers bumped the Gantry and Table base pads, Holders, Tools and Miscellaneous included in this auction: 2 – Head 1 – Specialty Head 1 – Abdomen Head Holder 1 – Sinus Head Holder 2 – Leg Support 1 – CT Slicker – Table Cover 1 – Extender Board 1 – Table Pad 1 – QA Phantom 1 – Body Calibration Phantom 1 – Head Calibration Phantom 1 – Phantom 1 – Table Alignment Tool 1 – Tube Evacuation Tool 7 – Boxes of Miscellaneous Fuses & Diodes. Auction 5795 – sold for broker in New York, $55,000.

GE MRI Scanner Profile 3 This is a GE Profile 3, 2T Open MRI with Phased Array. This system has a 1996 PROFILE 1 Open Magnet and was upgraded by GE Gold Seal to PROFILE 3 in 2002 to the higher level of gradients and Phased Array. Specifications: -High Performance Gradient System – SRS Gradients -Operating Amplitude: 15 mT/m -Software Version: 7.71 -Phased Array Hardware Coils Included: -Head coil -CTL Phased Array Coil -Shoulder Phased Array Coil -High SNR Head Coil -Quad Receive Body Medium Flex II Coil -Quad Receive Body Large Flex II Coil -Quad Receive Body XL Flex II Coil -Extremity Coil -9 Inch GP Coil Other Features: -Color LCD Monitor -Two Way Intercom system -EPI -Diffusion -2D Multi Slice Images -3D Volume Imaging -Fast Spin Echo -2D/3D Fast Gradient Echo -2D/3D Fast Grass & Fast SPGR sequences -Interactive Vascular Imaging -Magnetization Transfer Prepared Spin Echo (MTSE) -Fast Fluid Attenuated Inversion Recovery (FLAIR) -Flow Compensated Spin Echo (FCMTE) -2-16 ETL Capability for FSE/Spin Train FSE Shared Echoes -Single Shot Fast Spin Echo (SSFSE) -2D/3D Multi Planar Slicer -2D Inversion Recovery -2D Spin Echo -2D SE -Sequential & 3D Gradient Echo -2D Multi-Planar Gradient Echo (GRE) -2D/3D Spoiled Gradient Echo (SPGR) -2D TOF -3D TOF -Flow Comp, Resp, Comp, Resp, Triggering, ECG Triggered Cardiac Gating, P. -Peripheral Pulse Gating -No Phase Wrap -Phase Offset, Multi Planar (POMP) -VB -Image Intensity Correction -Phase Offset -Asymmetric FOV -Odd Nex -Auto Shim -Image Filtering -Standard DICOM -Film Formats Available are 1:1 to 20:1 and 35 mm Slides. -Re-Writable Magnetic Optical Disk (MOD) -Send/Receive DICOM 3.0 Images -Standard DICOM Query/Receive Service Class -Query and Retrieve Image from DICOM 3.0 Compatible Stations. Auction 5879 – sold for imaging center in Idaho, $75,000.

VASCULAR

UNETIXS VASCULAR Modular Vascular Lab MultiLab Series II The System includes advanced automatic sequence software, touch screen controls and features a 17” slim LCD touchscreen. This system includes all cuffs, cables, the printer and the cart. This equipment was purchased new in February of 2007. It was used for approximately 3 months. It was sold because the clinic that purchased it lost its hospital contract and closed shortly thereafter. This System was originally purchased for $32,000. Auction 5540 – sold for medical office in Georgia, $12,000.

CAMERAS

2001 GE O/R Camera InstaTrak 3500 This is a 2001 GE InstaTrak 3500 System Neurosurgical Navigation ENT machine: This unit was upgraded in October 2006 with Advance ENT software. Can be used in conjunction with a CT Scanner. The GE System ID: IT35102. Has a cd-rom upgrade 4.11(2006) p/n: 1007401-NAV, a floppy disk p/n: 1003021 Rev O for IT 3000 & Surgical Instrument Attachment upgrade, a floppy disk p/n: 1001993 Rev 2 for the Receiver/Transmitter Upgrade, and a floppy disk p/n: 1001993 Rev R03 for the newer Receiver/Transmitter Upgrade. There are also four manuals in the same picture. The IT 3500 System Manual is a 2006. There is also a conneCTstat Workstation manual, an OR training manual, and IT ENT application manual. There are several booklets and laminates for ‘hints’ of use, advanced ENT, instructions and trouble shooting guides, and sterilization guides. There is also an original manual for the 20” flat panel color display monitor, NEC LCD 1810. All cables for video, receivers, and transmitters are present. There are two operating hand pieces, several other hand pieces, parts and accessories that connect to the receivers. Auction 5681 – sold for broker in Texas, $9,000.


LABORATORY

2003 BECKMAN Immunology Access 2 Immunoassay System This unit was installed in January of 2003 and taken out of service in May of 2008 when the Hospital purchased new equipment from its reagent provider. This equipment originally cost over $62,000. This auction includes: -Touch Screen Monitor -Power conditioner -UPS -Printer -Server (in need of repair) -All operating manuals and software diskettes The hospital has all service records. This Auction does not include the table the system is sitting on in the photos. Only the listed equipment is included. This equipment is located next to loading dock. System Features: -New touch-panel user interface improves data & sample management -View rack and run completion time on screen, in real time -Check status of required supplies -Runs on Windows NT software for optimal operator effectiveness -Take advantage of enhanced on-board quality control -Perform user-defined reflex testing to eliminate repetitive, manual processes -Quickly view information on requested test, pending work and test results. Auction 5722 – sold for hospital in Ohio, $4,500.

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