Analysis of the Distribution of Medical and Surgical Supplies to Patients

University of Michigan Hospitals
Materials Management and Finance

by: M. Carr
    M. Farella
    S. Pozniak

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EXECUTIVE SUMMARY

Introduction

This project dealt with the physical distribution of medical and surgical supplies to patients at discharge and via a mail out procedure. The processes were studied and the invoices corresponding to the materials distributed were audited to determine if the patients were actually being charged.

Objectives

The objectives of the project were threefold. The first task was to document the current distribution process. A complete flow chart starting from the requisition on the nursing floor through physical handling of materials by Materiel Services on to the issuing of an invoice was developed. The second task was to analyze the flow chart to identify deficiencies and recommend improvements. The third task was to audit the invoices corresponding to the requisitions to verify billing accuracy.

Findings and Conclusions

Regarding the discharge supply procedure, a number of concerns were identified. A significant amount of information processing redundancy was observed. Forms were filled out at a number of points in the process with essentially much of the same information as on the original requisition. Also, data was entered into computers more than once. Another concern noted was the timeliness of order filling. Frequently the requests were ASAP and while performance measuring procedures are not available, the orders were observed to go unnoticed at the pneumatic tube station in Materiel Services. The last issue deals with inconsistent compliance with procedures. Sign offs and time stamping of order delivery and inventory pick documents were not always executed.

An audit of 38 discharge supply forms which represents approximately 1/2 year on unit 4B, totalling $1,580.32 resulted in charges on invoices totalling $1,372.60. Four charges totalling $215.64 were missing and one charge was an overcharge by $7.92.

The mail out business is estimated to be approximately $15,000/year from filling approximately 250 orders. The volume and revenue levels are on the
increase however and considering the manual nature of the current process, the questions of profitability and customer needs must be addressed.

An audit of 41 mail out forms which represents approximately 1/6 year for the whole hospital, totalling roughly $2,680.00 resulted in charges on invoices totalling $2,328.00. Nine charges totalling $352.00 were missing.

Recommendations

The key issues to address for discharge supplies include information processing, timeliness of delivery and adherence to procedures. For information processing, the DSF forms should be changed to a four part form, time stamped by nursing and signed off upon receipt of the supplies. In the long term, the request should be entered into the computer and all subsequent processing should be accomplished without written intervention. For the timeliness issue, the nurses should utilize the unit's floor stock. Also, an auditory and or visual alert should be installed to help Materiel Services realize that a request has been made. Performance monitoring requires that procedures are followed and that measures are recorded. A total quality team should be formed to collectively identify those checkpoints and methods to quantify performance.

The mail out business currently requires a significant amount of manual clerical support. An immediate improvement would be to modify the charge tickets to accommodate multiple items including shipping costs. Long term, if it is determined that the mail out practice is worthwhile, all orders should be fully processed via a computer.

The practice of relying on manual input of large amounts of similar data (batch processing), in this case to support the billing process, is very risky and a tough management problem to assure accuracy. The specific causes for the billing errors identified by the audit were not determined. However, they appear to be typo related in most instances. One additional suggestion related to the overall issue of manual information processing is to investigate the possibility of using a computer program to do the function of the inpatient billers.

INTRODUCTION and BACKGROUND

Within the University Hospital, a large volume of materiel is distributed among patients. There exists some concern that the mechanisms for this
distribution are not as efficient as they could be. Apparently, the current procedure is not documented, and thus is liable to be inconsistent. As with any complex system lacking explicit control procedures, waste is likely. Any such waste may be costing the hospital significantly, through unnecessary labor and inaccurate billing.

We have studied certain areas of material handling in the hospital, in order to understand and document the flow of supplies and associated record keeping that currently exists. Further, we will make recommendations to improve the current system to avoid any unnecessary handling, and to improve the accuracy of record keeping and billing.

Such documentation of existing procedure should allow the project team and others to improve the system. And this improved procedure should allow those responsible in the hospital to provide the correct types and amounts of supplies to the patients, and also to support correct billing for those supplies. Further, an improved procedure should facilitate the training of new staff.

APPROACH and METHODOLOGY

We began our study by interviewing the directors of the departments that would be affected. These directors are Ralph Sommers from Materiel Services, John Hall from INS, and Sue Verbickas from Billing. From these initial interviews, we were able to get a broad perspective of the operations that take place in these departments. The interviews also informed the directors of the goals of our study so that they could recommend people in their departments who could address our future questions and concerns.

Next, we interviewed supervisors and staff members from Materiel Services to acquire information about the current discharge supply and mail out systems. During this time, we were able to observe the current systems in operation. With this information, we produced detailed flowcharts which documented these systems and their associated accounting methods.

Once the systems were documented, we audited the performance of both the current discharge supply and mail out systems and their accounting accuracy with sample studies. Analysis of the system flowcharts followed, which generated discussion of recommendations for improvement.
Lastly, we conducted additional interviews to answer remaining specific questions from our proposal.

FINDINGS AND CONCLUSIONS

Discharge Supply Process: Analysis of the discharge supply process demonstrates that the system works fairly well. The process, as it is currently performed, is detailed in the flowchart on the following pages.

It begins on the nursing floors of the hospital, when a patient is scheduled to be discharged to return home or to other care. A nurse completes a Discharge Supply Form, or DSF, (see Appendix A) which includes some pertinent information about the patient, and an explicit listing of the supplies which that patient needs to take with him upon his release. (The DSF, is a three copy form, each copy having its purpose within the system. The flowchart follows the movements of such documents as well as the supplies themselves and the staff handling them.) The nurse places the completed DSF, along with a charge ticket (a small white slip used to record charges for billing, in the pneumatic tube loader, and sends them down to the basement where the Materiel Service Department is located.

The two rooms of most interest in Materiel Services are both in the Central Sterile Supply (C.S.S.) area. The larger room houses the bulk of the Hospital's inventory of medical/surgical supplies, as well as the Materiel Service Center, the heart of the discharge supply system. The smaller room houses the associated Materiel Services Clerical Staff, and also is the location of the pneumatic tube station. A sketch of the layout is shown Figure 1.

Three kinds of Materiel Services staff are involved in the system. The Stock persons retrieve DSF's from the tube station, and pick and deliver the orders to the nursing floors. The Dispatchers type the information on the DSF's into a small, closed computer system and generate pick sheets (Appendix C) for the stock persons. The Clerical Staff file copies of the orders in the C.S.S. file, and hands some documentation off to the Information Network Systems (INS) Department for entry into the Hospital mainframe computer.

The remainder of the process is performed in the INS and Billing departments. INS keypunchers type the charge information from the charge tickets into the mainframe, where it is later reviewed by the Billing Department and
DISCHARGE SUPPLY PROCESS

Nurse sends Discharge Supply Form and charge ticket down the pneumatic tube to Materiel Services.

DSF and charge ticket arrive at bottom of tube.

Does Nurse call M/S to inform them of the rush order?

Yes

Is the request a rush order?

Yes

DSF and charge ticket sit until a Stockperson makes a trip to check if anything has arrived (this can be quite a while).

No

Clerical Staff Member retrieves the DSF and the charge ticket.

Stockperson carries them into Central Sterile Supply room.

M/S staff sends charge ticket or reg. number down the tube.
Is there a charge ticket and a patient reg. number with the form?

Yes

Is the request a rush order?

Yes

Dispatcher calls nursing floor and asks them for the charge ticket and reg. number. Begins typing the given info. into the computer right away.

No

Dispatcher calls nursing floor and asks them for the charge ticket and reg. number. Sets DSF aside until needed information arrives, or tube DSF back up to Nursing Floor.

No

Is the request a rush order?

Yes

Worker hands the rush order to the Dispatcher, gives top priority.

No

Worker hands DSF and charge ticket to Discharge Dispatcher.

Using the DSF, the Dispatcher enters 1. unit name 2. item #s 3. amounts into computer.

Nurse sends needed information down the tube.

Using the DSF, the Dispatcher enters 1. patient name 2. item #s 3. amounts into computer.

Computer prints a time stamped pick sheet. (3 copies)

Dispatcher retrieves charge ticket or reg. number from tube.
Dispatcher clips pick sheet to DSF and charge ticket, sets all in file stand where they await filling. If rush order, labels with orange sticker and sets on counter.

Stockperson takes first rush order, if any, off the counter. Else takes first standard supply request from file stand, for filling.

Stock Worker places 1 copy of pick sheet, 2 copies of DSF, and charge ticket in the Discharge and Ostomy Box.

Stockperson takes pick sheet (2 copies) and DSF (patient copy) with him to pick the order.

Returns to W/S with 1 copy of pick sheet. Stamps it with the time.

Clerical Staff separates Discharge and Ostomies. Prices from each order are tallied to one sum, which is recorded on the charge ticket.

Clerical Staff file DSF (1 copy), pick sheet (1 copy) in Central Sterile Supply file.

Stockperson picks and delivers order to the Nursing Floor, leaving one copy of the pick sheet (as a receipt), and the patient copy of the DSF.
Hard copies are recycled.

I.N.S. sends hard copy of charge ticket to Finance Dept. for microfilming and filing.

I.N.S. tracks information back through Finance Dept. microfilm file.

Charge ticket is sent to I.N.S.

I.N.S. types the charge ticket info. into the mainframe.

Is the information sufficient for use?

Yes

Information resides in Hospital Accounts Active File.

Inpatient Biller reviews pre-audit document to determine proration of charges to insurance or patient.

No

Mainframe generates daily error report if info is overtly incorrect.
I.N.S. types the results of the Hill's audit into the Hospital Accounts Active File, which generates a printed invoice. The invoice is then mailed out. Receivables advisors receive payment on the Hospital Accounts Active File.
eventually makes its way onto paper invoices which are mailed to the patient. Detail is enumerated in the flowchart.

![Diagram of Central Sterile Supply area in Materiel Services]

Figure 1. Layout of Central Sterile Supply area in Materiel Services, located on Hospital floor B2.

**Discharge Supply Process - Concerns:** Although the system works fairly well, there are a few areas which could probably be improved. The solutions to these range in scope from simply refining the current system to major, long-term changes.

The first area of concern is the current lack of accurate performance measures within Materiel Services to measure service times. Currently, service time is measured as the difference between the time the pick sheet is generated and the time stamped on the pick sheet after the supplies are delivered. As can be seen on the flow chart, this time difference fails to include a potentially lengthy portion of the process. It skips entirely the time period from the nurse's requisition to the generation of the pick sheet. This includes the amount of time that the requisition sits at the tube station unnoticed. Though not necessarily lengthy, this omission can be a significant amount of time. Under the current system, the tube station is checked for orders every fifteen or so minutes. Even if precisely followed, this rule would cause the current measure to be at least seven minutes too low on average.
Also, the system lacks an adequate check of delivery. Though the current policy is to have the deliveries signed for when delivered, this is the exception, not the rule. Further, the nurses on the floors have no way of knowing what orders their unit has sent down to Materiel Services, causing an occasional double-order.

Another area of concern is the method for receiving orders. The tube station at which orders arrive is located in the room next door to the Materiel Services Center, out of sight of everyone. This presents an obvious hassle for the workers who receive the DSF's. Under the current system, the tube station is only checked roughly once every fifteen minutes, and has been observed as long as thirty. This adds unnecessarily to the order processing time, and makes it nearly impossible to make the desired 10 minute delivery for rush orders.

Another fundamental problem with trying to reduce delivery time is the sheer distance from the floors to Materiel Services. Though the floors may have many of the ordered supplies in their stocks, they have no specified provision for using those stocks to fill discharge orders. This stems from the difference in chargeability of discharge and inpatient supplies. (Many supplies can only be charged for if sent home with the patient, and the only established system for sending these supplies home is by requisitioning them from Materiel Service.)

Also a concern is the lack of communication between Nursing, Materiel Services, INS and Billing. These departments must try to make ends meet but they have little established communication, especially among the lower levels of their organizations.

The area with the most potential for improvement, though likely long-term, is the redundancy of data handling. The nurses write information onto the DSF, which is later typed by the Dispatcher and also the INS keypunchers. Multiple papers are shuffled with basically the same information on them, needlessly increasing labor costs, material costs, and increasing the likelihood of errors.

**Discharge Supply Process Audit:** The discharge supply process was studied to determine if charges for supplies delivered are being recorded correctly on patients' bills. Specifically, six months of discharge supply forms from Nursing Unit 4B were compared to the cut invoices sent to patients.

Thirty-eight DSF's were sent from Unit 4B, with a total value of $1580.32 in supplies. Four of the corresponding bills were found to have omitted these charges, for a total loss of $215.64. Three of these four look to have been the direct results of typographical errors, as the charges they lacked for discharge supplies (fee code
56001) were listed as inpatient supplies (fee code 56000). The other DSF not charged for was totally missing from the bill, and remains a mystery.

The predicted loss in the system from supplies ordered by this unit alone for one year is twice the loss for the period of study, or $430. The loss is based upon roughly 10 percent lost DSF charges on the bills. Though the dollar amounts associated with this number are dependent upon the Nursing Unit, the percentage of unbilled DSF's in not, and may provide an estimated for the entire system.

**Mail Out Process:** The mail out system allows various types of patients whether outside the Hospital or leaving it, to have needed supplies sent to their residences. Orders are received by phone by the Clerical Staff in Materiel Services. Mail outs are an extremely small part of Materiel Services' duties, handled principally by one staff member. The process is explicitly listed in the flowchart. The locations of interest are also shown in Figure 1.

**Mail Out Process Concerns:** One small annoyance in the mail out process is the inability of the charge slips (Appendix B) used to handle more than three types of supplies. For each order, one charge slip must be completed for each three types of supplies, plus another for postage. This seems a needless complication.

More importantly, however, is the larger picture. It seems unlikely that the mail out system could generate much revenue as it currently exists. The operation is also small enough that greater automation would not likely pay for itself. The system might merit some quick study to determine its profitability, yet it is so small that such a study may not even be cost-effective. It is a trade-off between service and profitability with a result beyond the scope of this study, due to the extreme subjectivity of its merits.

**Mail Out Process Audit:** The mail out system was similarly audited to determine if supplies being delivered were actually being billed for. A sample of 41 bills were audited. Of those 41 bills, 9 (22%) were missing charges that should have been on them. This represented a loss of $352.00 out of $2628.00 total charges. If the system were followed correctly, this loss should not have occurred.

**RECOMMENDATIONS**

The recommendations of the study fall into two sections of two categories: short term and long term recommendations for discharge supplies, and short term and long term recommendations for mail out supplies. The short term
MAIL-OUT SYS.

Patient outside the U. of M. Hospital needs med/surg supplies.

Patient at outpatient pharmacy does not want to wait for order.

Patient is discharged, does not want to wait for supplies.

Calls Material Services Clerical Staff to place an order.

Clerical Staff member fills out a shipment authorization (4 copy form) and an address label for the package which will later be sent.

Brings forms to Dispatcher in Material Service Center.

Dispatcher generates pick list (3 copy form), sets in stand.

Either a Clerical Staff member or a Stockperson picks the order and returns it to the Central Sterile Supply Room.
Records of shipping authorizations are kept in the C.S.S. file.

Clerical Staff member completes individual charge tickets for each type of item in the order, plus the postage from the postage printout.

Clerical Staff member accumulates Shipping Authorizations for roughly one month.

Shipping Dept. keeps copies of shipping authorizations on file, the postage is recorded on a computer printout which is later used to form charge slips.

Shipping Department packages the order, labels, stamps for postage, encloses one copy of the shipping authorization. Mails order out to the patient.

Clerical Staff member takes the supplies, address label, and 3 copies of the shipping authorization to the shipping area.
I.M.S. sends hard copy of charge ticket to Finance Dept. for microfilming and filing.

I.M.S. types the charge ticket info. into the mainframe.

Is the information sufficient for use?

Information resides in Hospital Accounts Active File.

Charge tickets are sent to I.M.S. for entry into billing system.

I.M.S. tracks information back through Finance Dept. microfilm file.

Mainframe generates daily error report if info is overtly incorrect.

Hard copies are recycled.
Inpatient Biller reviews pre-audit document to determine proration of charges to insurance or patient.

I.N.S. types the results of the biller's audit into the mainframe, where they reside on the Hospital Accounts Active File.

Hospital Accounts Active File generates a printed invoice.

Invoice is mailed out.

Receiveables division monitors payment.
recommendations, if accepted, can likely be implemented within a one month time period. They will be tailored to improve the current systems to an sufficient extent while a long term solution is considered and studied. The long term recommendations will suggest improvements which, if accepted, will require greater changes and more time to implement.

**DISCHARGE SUPPLIES**

Short term recommendations:

1. Discharge supply requisition forms should consist of four copies instead of the existing three. This form should be time stamped on the nursing floor before it is tubed down to Materiel Services. The pick sheet generated in the Materiel Service Center need now only consist of two copies. A stock person should pick and deliver an order with one copy of the pick sheet and two copies of the DSF, (a patient copy and the additional fourth copy). The fourth copy of the DSF should require a nurse's signature and time stamp upon delivery. It should be left on the nursing floor as a receipt and as a service time monitor. The delivery copy of the pick sheet should also require a nurse's signature. When the stock person returns from a delivery, the signed copy of the pick sheet should be time stamped at the Materiel Service Center as before.

   This change in the current procedure will provide nursing floors an accurate time measure for the discharge supply requisition and delivery service. The required signature on the DSF and pick sheet will confirm the ordering and delivery of the supplies. Additionally time stamping the pick sheet upon returning from the delivery will continue to allow Materiel Service to monitor the performance of their own stock people.

2. An audio and visual alert should be installed at the dispatcher's station in the Materiel Service Center which will sound upon the arrival of any documents which come through
the pneumatic tube. The dispatcher his/herself, not the stock person, should retrieve the contents of the pneumatic tube container and enter the information into the data system.

This addition will decrease the delivery service times for discharge supplies, in addition to ostomy orders, and supplemental requests to the par-level stocking system.

3. The medical/surgical supplies from the nursing floor clean rooms should be better utilized for filling of discharge supply requests.

When a patient being discharged requires medical/surgical supplies, effort first should be made to fill his/her order with stock from the nursing floor clean room. To facilitate proper billing, the DSF and charge forms marked "FILLED" should still be sent down the pneumatic tube to be processed through the system. If it is possible to fill discharge supply requisitions right on the floor, the fastest service will be obtained.

4. A total quality team should be formed to monitor the implementation of these changes.

A total quality team comprised of representatives from Nursing, Materiel Services and possibly Information Services can collectively work together to efficiently implement and further refine many of these recommended changes. The benefits of "ownership" of ideas and changes as it relates to successful execution and implementation are well known and widely accepted.

Long term recommendations:

1. Nursing should requisition discharge supplies via computer.

If the Materiel Service computer/information network expanded by placing terminals on each of the nursing floors, a nurse could enter the information
necessary to generate a pick list directly from the unit. This pick list could be output to the Materiel Service Center, its current output location, to be handled as it is now. Since the expansion will be from the Materiel Service computer/information system, depletion of stock will be accounted for as it is now. In addition the Materiel Service network will have to be linked to the INS network for the billing of the items. An audio and visual alert will need to be installed near the output station to inform stock persons of the arrival of a requisition. The same alert recommended for the pneumatic tube in the short term recommendations could be utilized for this purpose.

This new system will eliminate the DSF and charge form and the clerical processing that go with them altogether. By electronically processing these requisitions and clerical work, much extra handling will be eliminated.

2. Create a computer program for the inpatient billing.

It should be possible to create a computer program that would perform the function of the inpatient billers. It appears feasible to automate the basic decision requirement to assign payment responsibility between an insurance carrier or the patient in the majority of cases.

**MAIL OUTS**

Short term recommendations:

1. Modify the mail out charge tickets so that they can handle multiple items and include shipping.

This change would reduce the amount of manual clerical support required to process the orders. Currently a separate charge ticket is written for each three items ordered and another one is written for shipping.

2. Analyze the profitability and customer satisfaction of the mail out system itself.
The mail out system is a low volume business of the hospital. It is a nice service to the patients who use it, but we feel that its cost effectiveness should be more carefully examined to determine if the service is worth providing. In addition, the audit results of the mail out system's billing accuracy showed that a high percentage (22%) of patient bills that should have included mail out charges didn't. The actual dollar amount lost almost seems too insignificant to recommend any changes to the system, due to the small volume of the business. This is why the effectiveness of the whole system should be reconsidered.

**ACTION PLAN**

If accepted, implementation of the improvements presented in the short term recommendations for both the discharge supply and mail out processes can be possible within a three month time period. The assemblage of a total quality team, as recommended above, would be a necessary part of this implementation. These short term solutions to the existing system will provide an adequate improvement to the process and service of material distribution while the longer term solutions are more carefully researched and developed. It should be possible for the solutions presented in the long term recommendations to be implemented within a three year period.
APPENDICES

Appendix A: Discharge Supply Form (DSF)

Appendix B: Mail Out Forms

Appendix C: Pick Sheet
**DISCHARGE AND OUTPATIENT MEDICAL/SURGICAL SUPPLY FORM**

**SEND A STAMPED MISCELLANEOUS CHARGE TICKET WITH THIS FORM**

**NAME:**

**REG.#:**

**DATE:**

**HOME ADDRESS:**

**Unit:**

**Patient's Nurse:**

**DISCHARGE SUPPLIES ISSUED TO THE PATIENT ARE NOT TO EXCEED A 7 DAY SUPPLY. OUTPATIENT SUPPLIES ISSUED TO THE PATIENT ARE NOT TO EXCEED A 30 DAY SUPPLY.**

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**FILLED BY:**

**Date:**

**Time:**

---

**TOTAL A**

**TOTAL B**

**TOTAL PATIENT CHARGE**

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**DISCHARGE AND OUTPATIENT MEDICAL/SURGICAL SUPPLY FORM**

**University of Michigan Medical Center**

**DISCHARGE AND OUTPATIENT MEDICAL/SURGICAL SUPPLY FORM**

**H-2094113 Rev. 11/87**

**MEDICAL RECORDS**

---

**ATTENTION PLEASE BE ADVISED THAT DISCHARGE AND OUTPATIENT SUPPLIES MAY NOT BE COVERED BY YOUR INSURANCE CARRIER PLEASE CHECK WITH YOUR INSURANCE COMPANY**

---

**FILLED BY**

**University of Michigan Medical Center**

**DISCHARGE AND OUTPATIENT MEDICAL/SURGICAL SUPPLY FORM**

**H-2094113 Rev. 11/87**

**MEDICAL RECORDS**
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PICKED BY: [Name]
DELIVERED BY: [Name]
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