



Is your medication management workflow a hinderance? Or help?





The pressure is on surgical centers

Many surgical centers are battling a perfect storm of unprecedented pressures. The COVID pandemic is inundating some facilities with new patients, while decreasing the patient populations in others.

Centers like yours are also taking on greater responsibility and risk. More complex and diverse procedures are shifting out of the hospital into your facilities, putting a strain on processes and resources.

At the same time you're trying to keep costs under control, especially since reimbursement in a non-acute setting is typically a fraction of the same procedure in a hospital.

In the face of so many challenges, it's easy to overlook functions that aren't causing immediate and obvious headaches. But all too often they are actually fueling the problems instead of doing what they're supposed to—helping to solve them. This is frequently the case with medication management.

Traditionally, reimbursement for a hospital-based ambulatory procedure has been

92% higher than reimbursement for the same procedure performed in an ASC.¹





Traditional workflows might work... today

In a traditional workflow, steps like tracking medication inventory, storing and securing meds and controlled substances, and providing the right medication to the right patient are frequently completed by staff who depend on collective experience and muscle memory.

Because staff members are usually in a time crunch, documentation requirements and discrepancies are often handled after hours when their shifts end. And when it comes to storing and accessing new medication orders, many organizations use cabinets or “tackle boxes” secured by keys and passwords.

While these methods of manually documenting, tracking, and storing medication may be working today, **they are no longer scalable and can potentially impact patient care.**



Three white chevron symbols pointing downwards are positioned to the left of the main title.

More steps, more responsibility, more risk

Despite your staff's best intentions, there's the constant risk of dispensing and administering an incorrect medication, particularly when they're stressed. They're regularly performing multiple tasks—often simultaneously—and medication packaging and names can look and sound very similar, which can result in errors.

In terms of med storage, the keys and passwords that are keeping your medications secure can be shared, opening up the potential for drug diversion. In fact, one survey reported the **prevalence of controlled substance abuse in the OR at 9.8%.²**

This kind of disjointed workflow is time consuming for your already-strained staff and financially inefficient. It can also introduce unwanted and unnecessary risk to your patients and can result in DEA investigations and fines.



Shifting from transactional and disconnected to standardized

Successful facilities are now recognizing that they must look at the medication management process as a complete system, rather than disconnected transactional segments. When you do this, using automation, it can help you achieve a more standardized medication management workflow.

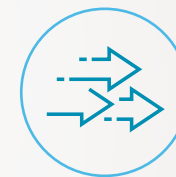
What if you could:



Take the guesswork out of inventory management with automation and improve the likelihood of controlling how medications are inventoried and dispensed?



Help reduce the potential risks of diversion and medication errors through secure med storage and recordkeeping?



Tailor these approaches to your caseload and IT capabilities to position yourself to advance medication management despite your resource constraints?

Help bring medication management up to industry standards

By taking these new steps with BD, you may improve efficiency, better control cost, and free clinicians to focus on patient care to increase patient safety and satisfaction—all necessary steps that lead to future success, and allow you to be better prepared for unexpected future disruptions.

[Learn more now](#)

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References

1 REF-20418, Blasco T, Can your hospital survive the growing dominance of ASCs? OR Manager. 2020.

2 REF-13385, O'Neal B, Bass K, Siegel J. Prevention of Controlled Substance Diversion -Scope, Strategy, and Tactics, Diversion in the Operating Room. Hospital Pharmacy, Vol. 42. 2007.

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