



Is your medication management workflow a hindrance? 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 can be the case with medication management.

In the US, drug shortages result in nearly **\$230M** in additional costs annually.<sup>1</sup>





# 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.

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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.**

# More steps, more responsibility, more risk



Despite your staff's best intentions, there's the 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, recent estimates indicate that **10%-15% of healthcare professionals will misuse drugs or alcohol.**<sup>2</sup>

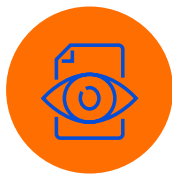
This kind of disjointed workflow is time consuming for your already-strained staff and has financial impacts. It can also introduce unwanted and unnecessary risk to your patients and can result in investigations and fines.

# Shifting from transactional and disconnected to standardized

Healthcare 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:



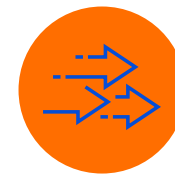
### **Take the guesswork out of inventory management with automation**

and improve the likelihood of controlling how medications are inventoried and dispensed?



### **Control and trace who accesses each medication**

through secure med storage and record keeping?



### **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 help improve efficiency, better control cost and free clinicians to focus on patient care to increase patient safety and satisfaction—all necessary steps that allow you to be better prepared for unexpected future disruptions.

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BD is one of the largest global medical technology companies in the world and is advancing the world of health by improving medical discovery, diagnostics and the delivery of care. BD helps customers enhance outcomes, lower costs, increase efficiencies, improve safety and expand access to health care.

#### References:

- 1 Urahn SK, Coukell A, Jungman E, Snyder E, Bournas JE, Kourti T, et al., Drug Shortages: a report from the Pew Charitable Trusts and the International Society for Pharmaceutical Engineering. *Annals of Internal Medicine*. 2017.
- 2 ASHP Guidelines on Preventing Controlled Substance Diversion 2022, pg.2.

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