



Connecting the disconnected:

How can you bring greater efficiency into your Ambulatory Surgery Center?

Success in the ASC market hinges in no small part on efficiency.

This challenge is only amplified by the COVID pandemic. Some facilities are bombarded with new patients. Others, meanwhile, are hoping for a resurgence of lost patients.

Of course, you must also keep costs under control—while addressing patients' heightened safety concerns.

But the attention on the pandemic is masking a more significant long-term trend: ASC centers like yours are taking on greater responsibility and risk as more complex and diverse procedures shift out of the hospital, putting a strain on efficiency.

And medication management is one of the increasingly complex problems where efficiency is critical to your success.

But if you look at your current workflow, it's disjointed and relies on several manual steps—documenting and tracking

inventory, storing and securing meds and controlled substances, administering the right med to the right patient, etc.

Without a standardized workflow, staff often depend on collective experience or “muscle memory” to do these tasks. Others may use cabinets or “tackle boxes,” which are dependent on keys and passwords that can be compromised.

What risks does this approach pose to your organization?

- Easy access to poorly secured medications creates the potential for drug diversion that can result in DEA investigations and fines
- Documentation requirements can be challenging for a lean staff, often requiring them to stay after their shifts to resolve discrepancies
- Despite your staff's best intentions, they could dispense and administer an incorrect medication—particularly when they're overstressed

One survey reported the **prevalence of controlled substance abuse** in the OR at **9.8%¹**





Bring medication management up to industry standards

Successful facilities are recognizing that they must look at the medication management process as a complete system, rather than disconnected transactional segments.

And when you work with BD, you'll use automation to help your facility achieve a more standardized medication management workflow.

With BD, you can:



Help take the guesswork out of inventory management: With BD, you'll electronically log every med added or removed from the BD Pyxis™ MedBank—and automatically track expiration dates, item costs, lot numbers, and par levels entered into the system—relieving the burden of manual tracking. You'll use automated inventory reporting to adjust par levels and your formulary to a more precise range, helping you eliminate unused meds while clearly understanding which items are costing you the most. And with our CUBIE™ pockets inside your BD Pyxis™ MedBank, you can reconfigure your medication real estate without throwing off your medication management best practices.



Help control and trace who accesses each medication: When you subdivide your inventory into CUBIE™ pockets, you can restrict access to single line items—especially the controlled substances and high-cost meds that are most likely to be diverted. You'll assign medication access privileges by person, item, or workflow, so it's easier to see what's been accessed on an individual level. And with automated diversion-related reports—pulled from the cloud-based myQLink data reporting warehouse—you can quickly provide the details auditors request, down to the exact date or person.



Advance med management despite your constraints: With BD's expertise in medication management, you'll be able to bring best practices into your ASC based on your specific goals. Using the BD Pyxis™ MedBank platform—which includes the myQLink reporting engine, EMR integration capabilities, and highly configurable inventory devices—you can design a system that can be easily reconfigured as you grow. And with multiple deployment options, you could potentially implement a whole new platform in less than 90 days, freeing you to focus on both progress and revenue.

Ready to get started?

[Learn more now](#)

References

1 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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