



Is your medication management workflow a help... or a *hindrance*?

The pressure is on surgical centers. While the COVID pandemic is inundating some facilities with new patients, it's decreasing patient populations in others. Meanwhile, processes and resources are strained because complex and diverse procedures continue to shift out of the hospital into your facilities—all while you're trying to keep costs under control.






In the face of so many challenges, it's easy to overlook functions that aren't causing you immediate and obvious headaches but are actually fueling problems. *And 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

One survey reported the prevalence of controlled substance abuse in the OR at 9.8%.²



Use this checklist to identify potential threats to your medication management workflow.

Traditional approaches	Potential risks
 Manual steps reliant upon on collective knowledge and muscle memory	<i>Manual-intensive workflows can be inefficient and lead to waste</i>
 Workflows requiring multi-tasking amongst staff	
 Staff frequently staying after hours to complete documentation or resolve discrepancies	
 Using cabinets or “tackle boxes” to store and access new med orders or emergency meds	
 Reliance on keys and passwords to secure meds	
	<i>Despite your staff’s best intentions, there’s the constant risk of dispensing and administering an incorrect medication—particularly when they are over stressed.</i>
	<i>Keys and passwords can be easily compromised</i>
	<i>Easy access to poorly secured controlled medications opens the potential for drug diversion that can result in DEA investigations and fines.</i>

While these methods of medication management may be working today, they are no longer scalable and can potentially impact patient care.

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.

Of the medication safety-related events analyzed in an ECRI Institute PSO report, **67% fell into the category of “wrong” errors.**³

Ready to see what this could look like at your ASC?

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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.
- 3 REF-32126, ECRI Institute PSO Deep Dive™: Safe Ambulatory Care report. 2019.

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