



# BD Medication Preparation and Delivery Assessment



**Over 1,000 sharps injuries** are estimated to occur every day in U.S. hospitals.<sup>1</sup>



It is estimated that **up to \$1.1B in costs** related to needlestick injuries (NSI) burden healthcare every year.<sup>1\*</sup>

## The challenge:

Operational efficiency and healthcare worker (HCW) safety can be **undermined by non-standardized safety injection devices and practices**. HCWs may be exposed to ongoing risk for NSI and exposure to bloodborne pathogens.



## The impact:



NSI can result in HCW safety concerns, testing and treatment costs, decreased productivity and emotional burdens.<sup>2-6</sup>



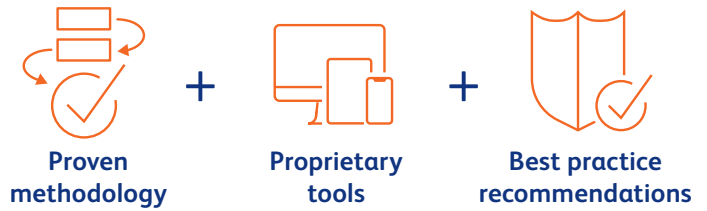
Hospitals face significant operating budget costs associated with medical supplies.<sup>7</sup>

\*3,000 x 385,000



## The BD Medication Preparation and Delivery Assessment

is designed to standardize safety device utilization and help reinforce best practices which includes BD product recommendation and training which may help to reduce potential risk factors affecting NSI rates and costs.



## This BD Assessment is the first step toward improved outcomes



The effectiveness of our recommendations is driven by the quality of the data. Our assessments are conducted by experienced professionals.



Once an assessment is complete, we **analyze your data**, comparing your policy, practice and product utilization across care settings to best-practice standards and guidelines.



The assessment report provides a detailed, actionable road map of BD product recommendations and training, from device selection and placement to preparation, care and maintenance.

### It includes:



NSI data review



Staged assessments



Clinical interviews



Practice observations



## Act today to help reduce the risk of NSI in your facility

Speak with your BD sales representative today to learn more about the BD Medication Preparation and Delivery Assessment

### References

- Centers for Disease Control and Prevention. 2008 Sharps Injury Prevention Workbook. Accessed on May 16, 2023, at <http://www.cdc.gov/sharpsafety/pdf/workbookcomplete.pdf>.
- American Nurses Association (ANA). 2008 Study of Nurses' Views on Workplace Safety and Needlestick Injuries. <http://www.nursingworld.org/MainMenuCategories/WorkplaceSafety/Healthy-Work-Environment/SafeNeedles/2008-Study/2008InviroStudy.pdf>
- Costigliola V, Frid A, Letondeur C, Strauss K. Needlestick injuries in European nurses in diabetes. *Diabetes Metab*. 2012;38 Suppl 1:S9-S14. doi: 10.1016/S1262-3636(12)70976-X
- Green B, Griffiths EC. Psychiatric consequences of needlestick injury. *Occup Med (Lond)*. 2013;63(3):183-188. doi: 10.1093/occmed/kqt006
- Lee JM, Botteman MF, Xanthakos N, Nicklasson L. Needlestick injuries in the United States. Epidemiologic, economic, and quality of life issues. *AAOHN J*. 2005;53(3):117-133.
- Leigh JP, Gillen M, Franks P, et al. Costs of needlestick injuries and subsequent hepatitis and HIV infection. *Curr Med Res Opin*. 2007;23(9):2093-2105. doi: 10.1185/030079907X219517
- Delatore P, Bourque M, Ferko N. The Value of Stock Keeping Unit (SKU) Reduction and Standardization Initiatives Within a Hospital System. ISPOR 21st Annual International Meeting, 2016; Washington, DC USA.

bd.com

BD and the BD Logo are trademarks of Becton, Dickinson and Company.  
© 2023 BD. All rights reserved. BD-4042 (08/23)

