



# Uncovering the medication management challenges of ASCs

Success in the ASC market hinges on efficiency. And urgency around being efficient is amplified by the COVID pandemic, where some facilities are bombarded with new patients and others are hoping for a resurgence of lost patients. Of course, you must also balance the need to keep costs under control while addressing patients' heightened safety concerns.

But attention on the pandemic is masking a more significant long-term strain on your efficiency: As more complex and diverse procedures shift out of the hospital and facilities like yours take on greater responsibility and risk, medication management becomes an increasingly complex area where efficiency is more critical to your success than ever.

This means now, more than ever, you must confront the challenges lurking within your current medication management workflow.



# What med management challenges are surfacing at ASCs like yours?

## #1. Your medication inventory is in constant flux

Your operating room staff rely on medication availability, but stocking too much—or too little—inventory can lead to costly waste and disposal or leave you short for scheduled procedures. On top of this, it's hard to strike the right balance because there's a lot of mental math and muscle memory in a typical med room, and sticky notes and

reorder cards and checklists are certainly not foolproof. And there are safety implications on top of the operational ones. Someone might reach for a box on a familiar shelf without realizing the packaging and storage location have changed.

Of the medication-safety-related events analyzed in an ECRI Institute PSO report, 67% fell into the category of “wrong” errors.<sup>1</sup>

## #2. Manual processes make drug diversion easier to do and harder to see

No medical facility is immune to the risk of diversion—yet unlike hospitals, surgical centers tend to store inventory in med rooms with a shared key. Giving multiple people access to open shelves and tackle boxes increases the opportunities for diversion. And so does keeping manual logs. For instance, nurses who see a discrepancy after a long shift may think they've just made a counting error when in fact meds

were diverted. There's also an interpersonal dynamic to consider. Staff may feel reluctant to accuse their coworkers of wrongdoing, while also being afraid they could be falsely accused themselves. Bottom line: At the very least, drug diversion costs you in lost product. And at most, it can lead to safety issues and liability risk.

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

## #3. Limited resources constrain your ability to modernize

Your surgeons are performing complex procedures without the resources of an acute care facility. For one, not only are you getting much lower reimbursement for the same procedures, but you also may not have as much facility space as hospitals or pharmacies. And you likely don't have on-staff IT resources like a big IDN. Automated medication management has long been standard

practice in acute care facilities—it could only be a matter of time before payers and regulators start holding you to the same standard. But it's difficult to make such dramatic changes while keeping your balance sheet healthy. After all, adding more staff to manage inventory or technology could drag down the profitability of your caseload.

Traditionally, reimbursement for a hospital-based ambulatory procedure has been 92% higher than reimbursement for the same procedure performed in an ASC.<sup>3</sup>

## In the face of these challenges, what if you could...



Help take the guesswork out of inventory management?



Help control and trace who accesses each medication?



Advance med management despite your constraints?

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

[Learn more now](#)

### References

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

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

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