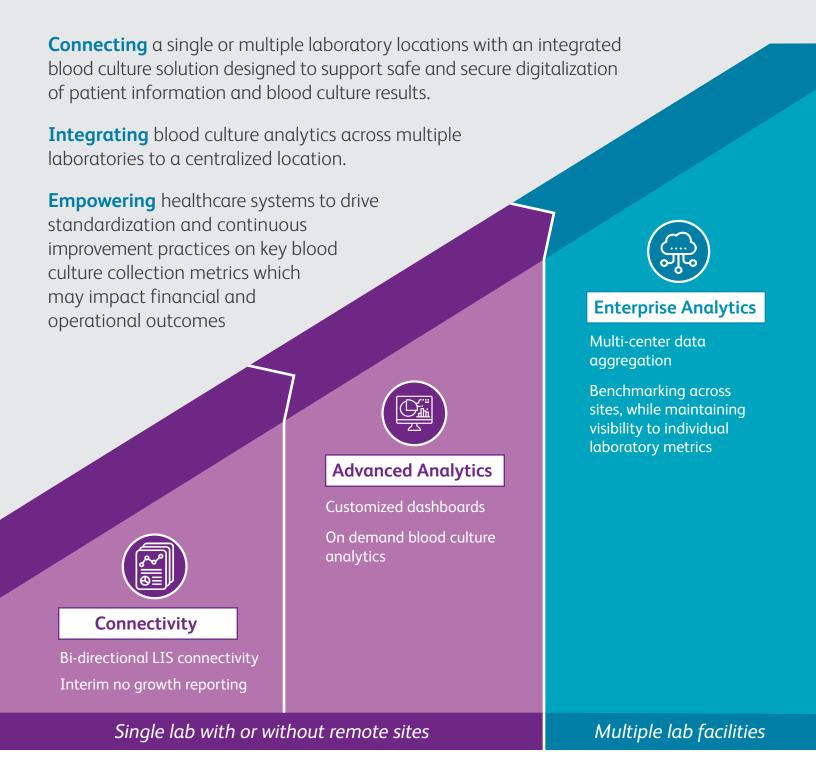


Transforming blood culture workflow and reporting through informatics



The BD BACTEC™ blood culture system, powered by BD Synapsys™ informatics, integrates blood culture result reporting with a scalable, cybersecure solution.



Access blood culture metrics anytime, anywhere to facilitate timely communication with stakeholders.

BD Synapsys™ informatics offers a cybersecure solution to monitor blood culture best practices and daily workflow analytics.

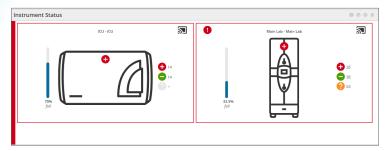
Connectivity and Advanced Analytics

Create customized dashboards, rules and
worklists to organize and
manage blood culture
workflow.

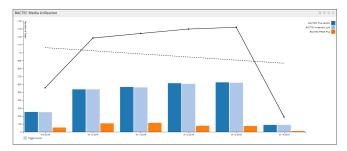


Review laboratory dashboard with customized worklists

Access on-demand analytics to help manage laboratory productivity and performance.



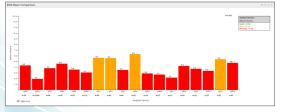
View number of positives, negatives and ongoing blood cultures



Track media utilization by media type across different hospital locations

Access quality metrics to help monitor blood culture best practices and continuous improvement across the three phases of testing.

Pre analytical phase



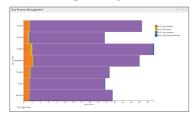
Blood volume monitoring report

Analytical phase



Automated interim no-growth report

Post analytical phase



Test process management reporting



Integrating an end to end blood culture process with demonstrated performance, and an analytics solution for both stand-alone laboratories and multi-laboratory networks.

Collection – BD Vacutainer® UltraTouch™ push button blood collection sets with preattached holder allows clinicians to use a smaller gauge needle for **easier access** to small, difficult veins without compromising fill or sample quality (25 G UT vs 23 G traditional blood collection sets).¹ Additionally, BD BACTEC™ Plus Aerobic and Lytic Anaerobic media pair help to **improve** the **time to detection** and recovery of organisms.²

Detection – BD BACTEC™ FX instruments have few moving parts and are designed with **reliability** in mind. Remote service capabilities may also expedite support activities and software updates.

Reporting – BD Synapsys informatics for blood culture offers secure data aggregation and reporting of blood culture results and patient information with a **UL CAP certified** and **SOC 2 compliant** data management system.



BD BACTEC™ FX40 Instrument e.g., Emergency room



BD BACTEC™ FX40 Instrument e.g., Satellite laboratory







BD BACTEC™ FX Instrument e.g., Central laboratory

Modular and scalable instrument configurations allow for placement of blood culture systems in alternate locations such as emergency rooms, neonatal units and intensive care units. This satellite testing model helps to reduce time to result for organism identification and susceptibility testing, which may enable **earlier decision-making** regarding antimicrobial treatment.³

Performance, reliability, and scalability in a comprehensive blood culture solution for laboratories of all sizes.



BD Synapsys™ informatics connects multiple laboratories across a healthcare system to aggregate and standardize blood culture metrics.

Enterprise Analytics

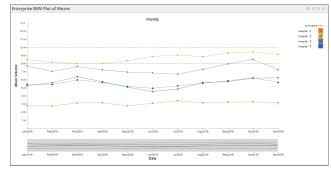
Compare positivity and contamination rates to identify locations needing in-service education and subsequently track the impact over time.



Intuitive view of blood culture positivity and contamination rate

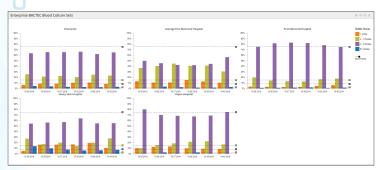
Aggregate blood culture volume data

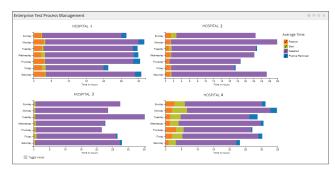
from multiple locations to focus continuous improvement initiatives on select locations. Tracking that all locations collect the appropriate volume of blood can impact the recovery of clinically significant organisms.⁴



Graphical view comparing the average blood volume collected across the

Monitor workflow processes to measure and track time spent on downstream blood culture processing.





Track blood culture specimen collection and processing



References:

- Mouser A, Uetwiller-Geiger D, Plokhoy E, Berube J, Ahuja AJ, Stankovic AK. Evaluation of pain and specimen quality by use of a novel 25-gauge blood collection set with ultra-thinwall cannula and 5-bevel tip design. J Appl Lab Med. 2017;2(2):201-210.
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