

NO MORE GUESSING YOUR STOCK.



THE OLD WAY
BEFORE



EVERY ITEM.
EVERY CASE. READY.
AFTER

The average hospital writes off ~3% of total stock per annum through expiry, shrinkage, and mismanagement while still running short on the exact item a surgeon needs mid-procedure. Stock is managed by people, not systems: we bring clarity to the complexity.

WHERE IT BREAKS TODAY

- 01 KEY MAN RISK**
Stock knowledge lives with one person. When they're unavailable, the whole system stalls.
OPERATIONAL FRAGILITY
- 02 EXPIRY LOSSES**
Without reliable expiry tracking, manual FIFO fails. Stock expires on the shelf until write-off.
WRITE-OFF RISK
- 03 SURGEON STOCK-OUTS**
28 days stock on hand but the specific item the surgeon needs is missing. Volume without specificity is useless.
PATIENT IMPACT
- 04 BILLING LOOP BROKEN**
Missed or incorrect billing goes undetected. The same errors repeat every case, every month.
REVENUE LEAKAGE

THE SHIFT WE CREATE

- 01 DATA-LED, NOT PERSON-LED**
Historical billing data reverse-engineers future stock needs. System surfaces the answer. Controller approves it.
THE FUNDAMENTAL SHIFT
- 02 PREFERENCE CARDS THAT UPDATE THEMSELVES**
After each procedure, billing data automatically refreshes the preference card. No manual update needed.
AUTOMATED ACCURACY
- 03 PICKING SLIPS THAT EMPOWER THE FLOOR**
Theatre and ward teams collect pre-packed stock independently. The controller leads strategy, not logistics.
TEAM ENABLEMENT
- 04 BILLING AND STOCK CLOSE THE LOOP**
Discrepancies between packed and billed items surface immediately targeted coaching, not guesswork.
CLOSED LOOP INTELLIGENCE

THREE MOMENTS WHERE EVERYTHING CHANGES

MOMENT 01
THE STOCK CONTROLLER BECOMES A DECISION-MAKER
Less time building data. More time acting on it. One skilled controller can now cover multiple facilities.

MOMENT 02
THE FACILITY SEES ITS TRUE COST OF SALE
Stock is ~30% of cost of sale. Fewer write-offs and tighter days on hand protect GP margin directly.

MOMENT 03
THE DOCTOR HAS WHAT THEY NEED
Better patient outcomes start with the right stock in the right place. Accuracy flows from patient to doctor to facility.

ULTRASOUND™

10 THINGS TO KNOW

DITCH THE PAPER TRAIL. HERE'S WHAT YOU NEED TO KNOW.

DOES THIS REPLACE OUR STOCK CONTROLLER?

No it empowers them. The system surfaces the right answer; the stock controller approves and acts. Their judgment becomes more valuable, not less. One skilled controller can now operate across multiple facilities.

WHAT HAPPENS TO OUR EXISTING PREFERENCE CARDS?

They migrate into the system and link to bookings. Going forward, preference cards update automatically after each procedure based on billing data. No manual update required.

DOES IT INTEGRATE WITH OUR BILLING SYSTEM?

Full integration is on the roadmap. In the current version, billing data already informs stock intelligence. Complete two-way integration will surface missed billing and incorrect items at team level in real time.

HOW WILL THIS AFFECT OUR GP MARGIN?

Stock is ~30% of cost of sale. Reducing days on hand, eliminating write-offs, and improving ordering accuracy protects gross profit directly. Tighter procurement negotiations follow as a second-order benefit.

WHAT DOES THIS UNLOCK ACROSS 10 FACILITIES?

Cross-facility benchmarking. Shared procurement intelligence. Optimised supplier negotiations. The network effect of clean, standardised stock data across a portfolio of day hospitals is a structural competitive advantage.

DO WE NEED TO CAPTURE ALL EXPIRY DATES UPFRONT?

The system makes expiry date capture intuitive even when a delivery arrives with two separate dates on the same product. This was a specific pain point addressed in the build.

HOW DOES IT HANDLE STOCK THAT ISN'T BEING USED?

When a surgeon changes preference, the system flags affected items as slow-moving and prompts action reallocate to another surgeon or escalate to procurement before it becomes a write-off.

WHAT IS A PICKING SLIP AND HOW DOES IT WORK?

A pre-generated list of stock required for a specific case, linked to the preference card and booking. Theatre and ward teams use it to collect their own pre-packed stock removing the bottleneck at the stock controller.

WHAT'S THE ROLLOUT AND FEEDBACK PROCESS?

The module goes live with real data from day one. Feedback is collected via a dedicated channel. Weekly sessions with the implementation team address refinements in real time no big bang, no long wait.

WHERE DO I START?

Reach out to the Ultrasound Africa team to schedule an onboarding session. We map your current stock flow, migrate your preference cards, and have you live within days not months.

ULTRASOUND™

STOCK MODULE · LAUNCH EDITION