

# **Optimization of Medication Management in Ambulatory Surgery Settings** Lourdes Garcia, Shreya Gargya, Ian Tabor Haseeb Syed, Manasa Vasudevan

#### Bioengineering Department, The Grainger College of Engineering, University of Illinois Urbana-Champaign

## **Problem/Identified Need**

- Ambulatory Surgery Centers (ASCs) are a growing market as they provide reliable and inexpensive outpatient services
  - 300% increase in ASC visits from 1996 to 2006 [1]
  - 50% decrease in out-of-pocket cost for patients when comparing ASCs and hospitals [2]
- ASCs lack the resources and space hospitals have [3]

#### Hospital VS ASC Current Medication Management Methods

B







**Figure 1.** Electronic VS Paper-based Method of Medication Management **a**) Current Electronic Pyxis System used in hospital OR [4] b) Example of Slips used for Paper-Based Medication Management in ASCs [5]

**Needs Statement** Ambulatory Surgery Centers (ASCs) are in need of a secure medication management system to provide safe monitoring of controlled substances, zero errors/zero waste efforts, and patient centricity.

Design Criteria					
Need	Design Requirement				
Efficacy	Reduce time during and between medication management workflows while maintainin of controlled substances.				
Cost	ASC Medication Management system sh effective to fit the financial constraints of				
Safety	Maintain close monitoring of controlle through a quantitative and electronic sy to reduce diversion and allow for reconci				
Usability	The system should be easily config Orthopedic ASCs based on the different and supplies used for different procedure				

#### Prototype

- 11	$\odot$	646	- M
Tranadol caps	161	SUNY	8
. 50 Mg	ii.	SONY	14
	ia.	so my	22
iphon So my	ы.	-	
abelai	- 108,		
Test,	1		
1233306		Acres .	414

START:28-07-04/10:2 TOP :28-07-04/15:15

ation ng the security

hould be cost of ASCs.

Pyxis Medication Manageme

ed substances system in order iliation.

gurable to all ent medications es.



Figure 2. Cabinet drawer layout and features. a) Procedure specific drawer at 3 inches deep with matrix organization and space for interim controlled medication storage. b) Controlled substance drawer at 3 inches deep will hold a scaled down version of the Pyxis Cubie locking storage boxes, these will be able to hold controlled medication in a single dose format. c) Anaesthetic supplies drawer is a total of 6 inches deep and is meant to hold single-use supplies like breathing tubes, IV bags, tools, and other supplies an anaesthesiologist might need during a procedure. d) Drawers are laid out in the cabinet with the single controlled substance drawer on top, followed by 4 procedure specific drawers, and then on the bottom is the supplies drawer.



Figure 3. Scale drawing of system cart with workstation. The cabinet shown in figure 2 will rest atop this cart which contains a folding workstation, barcode scanner, keyboard, thumb print scanner, and room for storing waste baskets and glove boxes.

username/ ID			logo	out	Search		
Date: December 7th, 2021	2:53:42 PM OR #1			Reconciliation		Temporary	
Procedure 1 - Type & Time Procedure 2 - Type & Time	Please have one eye witness	sign-in to ensure m Name	edication has been properly	v dispose	ed of Fingerprint So	can	Init
Procedure 3 - Type & Time Procedure 4 - Type & Time		Dr. X					X
	Controlled Medication Drug	Vial Size	Amount used		mount to be wasted	Healthcare Pro	fessional
	It is your responsibility	DISCLAIMER			Reconciliation complete		ilete
	controlled medications are p prev	ontrolled medications are properly accounted for and disposed of, in order to prevent instances of diversion.			Logout		



Figure 4. Medication management software UI/UX. This figure shows the UI/UX wireframe in the reconciliation tab. There are 4 tabs in the prototype: patient/procedure, reconciliation, stocking and pharmacy. The system can only be accessed by a secure login or thumbprint.

## Standards

Standard	Releva	
ASTM	Quanti	
E2180-18	agent o	
ASTM	Labelli	
STP800	medica	
ASTM JFS10512J	List o uncont approp	
ANSI/HFES	Standa	
100-2007	comfor	

### **Testing Plan**

- system and comparison of functionality
- potential bottlenecks and pain points

#### **Future Direction**

# Acknowledgements

We would like to thank Palak Lee and the team from BD as well as our Meng partners and the BioE 435 teaching staff for helping to guide us along our project. We would also like to thank everyone who provided us with their perspective and experience during our interviews.

### References

[1] "Ambulatory surgery in the United States, 2006." https://stacks.cdc.gov/view/cdc/5395 (accessed Oct. 05, 2021) [2] N. Badlani, "Ambulatory surgery center ownership models," J. Spine Surg., vol. 5, no. S2, pp. S195–S203, Sep. 2019, doi: 10.21037/jss.2019.04.20. [3] "Ambulatory surgery in the United States, 2006." https://stacks.cdc.gov/view/cdc/5395 (accessed Oct. 05, 2021). [4] "BD Pyxis MedStation ES."

https://www.bd.com/en-us/offerings/capabilities/medication-and-supply-management/medication-and-supply-management-technologies/pyxis-medication-tec hnologies/pyxis-medstation-es-system (accessed Oct. 05, 2021). [5] Z. Niazkhani, H. van der Sijs, H. Pirnejad, W. K. Redekop, and J. Aarts, "Same system, different outcomes: Comparing the transitions from two paper-based systems to the same computerized physician order entry system," International Journal of Medical Informatics, vol. 78, no. 3, pp. 170–181, Mar. 2009, doi: 10.1016/j.ijmedinf.2008.06.012.





#### ance

itative test of microbial activity on antimicrobial coatings to prevent infection in OR

ing standards for drug packaging to prevent ation errors

medications considered controlled vs trolled at state & federal levels so drugs can be priately stored in the cart

heights for workspace drawer and rtable use of cabinet system

• Determine system cost using breakdown cost of current Pyxis • Propose system to primary stakeholders to receive feedback on

• Visit an orthopedic ASC to compare our workflow with currently utilized workflows (paper-based and electronic) • Build a to-scale lofi prototype using foam materials Investigate alternative solutions for single-dose allotment of controlled substances by studying competitor products