

# Drip Chamber Alarm

Team # 1326

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## CONTENTS

1.	EXE	CUTIVE SUMMARY	2
2.	IDE	NTIFY THE PROBLEM	3
2	2.1.	Clinical Need	3
2	2.2.	Market Opportunity	3
2	2.3.	Competitive Landscape	4
2	2.4.	Prior Art	5
2	2.5.	Needs to Functional Requirements	6
3.		UTION	
	3.1.	Value Proposition	
	9.1. 9.2.	Solution Description	
		•	
3	8.3.	Freedom to Operate	23
3	8.4.	Solution Completeness	23
	3.4.1	Current Prototype	23
	3.4.2	2. Technology Readiness Level (TRL) Designation	25
		8. Human Factors and Usability Engineering	
		. External interfacing devices	
	3.4.5	. Ergonomics	
4.	Go-	to-Market Strategy	28
4	.1.	Intellectual Property Plan	28
	4.1.1	Proposed Patent Filing Timeline	
	4.1.2	. Trademark and Branding	28
4	.2.	Regulatory Pathway	
	4.2.1		
	4.2.2	Reimbursement Strategy	28
	4.2.3	8. Industry Standards	28
4	.3.	Manufacturability	29
	4.3.1		
	4.3.2	-	
4	<b>.4</b> .	Pricing and Distribution	29
	4.4.1	Pricing Strategy	29
	4.4.2	Distribution Strategy	29
4	.5.	Next Steps	30
	4.5.1	Milestone Funding Utilization	
	4.5.2	0 0/	
	4.5.3	8. Exit Strategy	
5.	REF	ERENCES	

## 1. EXECUTIVE SUMMARY

An estimated 60,000 surgical procedures occur every day nationwide [1]. During these surgical procedures, it is the responsibility of the anesthesiologist or related hospital staff to monitor the total intravenous (IV) anesthesia administered through gravity-assisted drip. However, due to the chaotic nature of the operating room setting, consistent monitoring is not always maintained and leads to a dangerous problem: disruptions during IV anesthesia administration could result in blood occlusions, air embolism, or even sudden anesthesia awareness for the patient if they dip bag runs empty [2]. Our team proposes a new medical device to be implemented into the operating room which utilizes predictive measuring to relieve the burden of the anesthesiologist as well as ensure patient safety with IV. Our team has assembled critical components to such a device, such as a non-contact liquid level sensor and visual/auditory alarm hardware and combined them with innovative techniques to develop codes and printed casings to create a predictive measuring device which notifies approximately 10 minutes prior to the drip bag running empty.

## 2. IDENTIFY THE PROBLEM

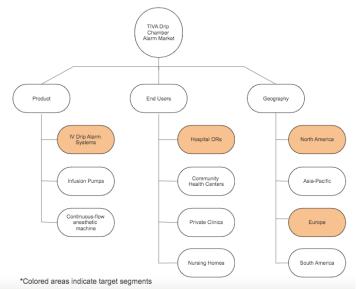
#### 2.1. Clinical Need

The Current drip chamber alarms on the market will only sound at a ±13% flow rate change or once no flow is present. There is no current device design which includes features to be a predictive measuring device and provide alarm notification prior to the drip bag running empty. Our team is confident our device will appeal to anesthesiologists and anesthesiologist techs who often make rotations between different operating rooms. This device will aid in their work to ensure patient safety when it comes to drip bag monitoring. The AVIT device will be intended to raise value for a variety of individuals throughout a hospital, including anesthesiologists, hospital insurers and patients. If anesthesiologists are targeted as the intended market, the likelihood of hospital acceptance is greater. Our team has identified a list of customer/user needs during early development of our device. The user needs are as follows:

- Device needs to estimate a time of IV bag empty and alarm when bag is 10 minutes away from empty
- Device needs to consist of an auditory and visual notification element
- Device must estimate dosage of intravenous (IV) liquid in terms of mL/min
- Device must have a simple interface with less than 5 buttons

These features are documented within our design requirements for the drip chamber alarm device. These user needs are determined with consideration of the anesthesiologist and their work environment. Our team made certain determinations which we are confident will be well accepted by the users of our device. 10 minutes is ample time for a full drip bag to be retrieved and for preparations to be made to replace the drip bag in use. Both auditory and visual elements are implemented and will be easily interpreted as flashing red LED lights and beeping alarm sound for the hospital staff. As to not overburden interpretation of the device, the interface will be simple and read easily understandable measurements.

## 2.2. Market Opportunity

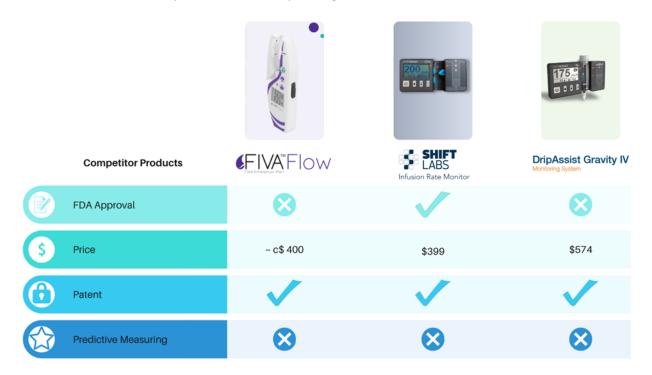


We have broken our market segments into three distinct sections: products, end users, and geography. Under "products", we have listed product-type markets that could potentially be targeted by our device. We have color-coded IV drip alarm systems, as our device is specific to this market and will not compete against infusion pumps or continuous-flow anesthetic machines. Our end users will consist of solely hospital OR environments as this will help achieve our user needs more effectively. For the geographic locations of our device, we will target only north American and European markets, as those will be easiest to initially gain approval for market release.

Based on medical sensors (pressure sensors, temperature sensors, blood oxygen sensors, Image sensors, flow sensors), the market size is expected to expand at a rate of 10.3% at a compound annual growth rate from the 2021 value of 1.8 billion US dollars. With this in mind, we expect the market size to grow to 1.98 billion in a single year, 2.42 billion in 3 years and approximately 3 billion US dollars in 5 years. It has been determined that drip chamber alarm devices make up 0.6% of the overall medical sensors market.

## 2.3. Competitive Landscape

There are 3 competitor products which target the same intended market as our teams' drip chamber alarm. As seen in the chart below, there is the FIVAFlow device from FIVAMed, Infusion rate monitor from Shift Labs, and the DripAssist Gravity IV, which has devices intended for both human and veterinary use. The FIVAFlow and Shift Labs device feature a pinching mechanism to prevent further administration of fluid or air embolism if the drip bag is empty. This is certainly a strength these competitor devices have over our team's device. However, none of these devices offer predictive measuring accuracy, to alert users prior to the drip bag running empty. In addition, our drip chamber alarm is intended to be used in the operating room where a sterile environment must be maintained. After review of the technical specifications of the three devices below, none of the competitor devices are designed to be sanitized and disinfected to meet the requirements of the operating room.



As see in the comparison chart above, the prices of other competing devices average at about \$458. Considering the niche and competitive market for this product, taking control via pricing is critical and market studies of other competitor products. After preliminary price analysis, the drip chamber is projected to be sold at approximately \$200, which places our device strategically in the market as a cheaper product to be sold.

Patent	Title	Patent NO	Description	Image
Filed By				
Deka Products LP	Flow Meter	US9724465B2	Flow meter comprised of a coupler, a support member, an image sensor, and one or more processors.	UNFORM UNFORM BACK LIGHT UNFORM CHAMBER FLTER FLTER BI I BI I BI
Goldberg Barry A, Shu Chung Lai	Drip rate monitor for intravenous infusion set	US7190275B2	An apparatus that is attachable to a drip chamber for monitoring drip rate of an intravenous fluid comprised of a housing, drop sensor, alarm, and processor.	12 drip chamber 30 flexible member 40 clear section 34 raised area 12 drip chamber 10 drip rate monitor 18 intravenous tubing 32 flexible member 28 housing
Shift Labs, INC	Monitoring device including an emitter emitting electromagnetic radiation and a detector positioned to receive the radiation to determine one or more rolling average flow rates	11464905	A monitoring device provided for monitoring delivery of fluids through a drip chamber. The device includes and electromagnetic radiation (EMR) source and an EMR detector. The device includes a tubing set mount for receiving a flange or other portion of a tubing set, such that fluid falling through the drip chamber of the tubing set is detected by the	530 530 530 530 530 530 530 530

#### 2.4. Prior Art

	detector. The device is	
	operable to determine	
	one or more rolling	
	averages based on the	
	intervals of drops or	
	time.	

## 2.5. Needs to Functional Requirements

The design solution will feature several components built-into the drip chamber alarm device to address the user needs as outlined in the design requirements. These components include an ultrasonic sensor, LED alarm lights, tactile push buttons, power source from a replaceable battery, and external stabilizers to the drip chamber and IV pole stand. All of these components will allow for an improved drip chamber alarm system to indicate change in IV drop flow rate and IV drip bag nearing, and reaching empty.

Table: Specifications to Requirements Tracea	ability Matrix
--	----------------

		Specifications	Description of Design Solution	Human Factors and Usability Engineering	Risk/Hazard Analysis Summary	Mechanical Design Details	Material Selection Details	Electrical Design Details	Software Design Details	Cleaning, Disinfection, and/or Sterilization	Shipping/Storage Conditions	Packaging and Labelling
Deminente			5.1	5.2	5.3	5.4	5.5	5.6	5.7	5.8	5.9	5.10
Requirements												
Device needs to estimate a time of IV bag empty and alarm when bag is 10 minutes away from empty	5.2 / 5.13.1		x									
Device needs to consist of an auditory and visual notification element	5.2 / 5.13.0		x	x								

		1		1	1					I
Device must estimate										
dosage of	5.2 /									
intravenous (IV)	5.13.1						Х	Х		
liquid in terms of	511011									
mL/min										
Device must have a	го <i>(</i>									
simple interface with	5.2 /		х		х					
less than 5 buttons	5.13.2									
This device will										 
require a 510(k)										
submission and										
proven substantially	5.12.1	Х								
equivalent to other										
legally approved										
devices through the										
FDA.										
Device must be										
lightweight with										
precise design in	<b>F</b> 40.0									
order to achieve	5.13.2				Х					
secure placement										
around drip chamber										
Device must be long										
lasting with battery										
life of 30+ hours of	5.13.2		х				Х			
intermittent use										
Device surface will	5.13.2					х			х	
allow for sanitization										
Device will feature										
buttons to control										
power, volume, drip										
rate, and other	5.14.1		Х		Х		Х			
necessary										
parameters										
Sensor will interface										
with internal										
	5.14.1							Х		
algorithm for variable										
flow rate		ļ	ļ							
Device will have										
stabilizing feature	5.14.1		x		х					
extended to IV pole	5.17.1									
system										

Device should include only internal electrical components				x					
Device will not emit radiation/interfere with alternate machine radio frequencies within the same room				x					
Device must be easy to remove from packaging	5.15.1								x
Device needs to have the ability to be fastened and removed with normal forces applicable by any trained professional without the need of any additional tools.	5.15.1		х		x	x			
The entire device ensemble must be sterilizable either as a whole or in parts to allow use in a sterilized surgical setting.	5.15.1							x	
The product will the provided with an intuitive yet detailed brochure and guides	5.15.2	x	x						x
Labels on the device and the packaging will confirm to the appropriate parts of Title 21 CFR.	5.15.4								х

## 3. SOLUTION

#### 3.1. Value Proposition

We believe our product will offer consistent satisfaction to patients, anesthesiologists, and hospitals by allowing them to engage in a simple, attachable, and completely customizable TIVA drip chamber alarm device. We are confident our device will prevent fatal outcomes and complications post procedure, and even increase patient safety by mitigating human error.

We selected this value proposition because we strongly believe our product's features meet our user needs in a way that utilizes its engineering and design to provide the best outcomes for any situation that may arise in the OR.

#### 3.2. Solution Description

#### 3.2.1. Concept Selection

The design solution will feature several components built into the drip chamber alarm device to address the user's needs as outlined in the user's needs. These components include a capacitance-based liquid level sensor, LED alarm lights, tactile push buttons, a power source from replaceable batteries, and external stabilizers to the drip chamber and IV pole stand. These components will allow an improved drip chamber alarm system to detect and indicate changes in the IV drip flow rate and IV drip bag nearing and reaching empty.

#### 3.2.2. Function and Performance Specifications

The most important feature of the drip chamber alarm is reliably notifying all healthcare professionals in the environment that the drip bag is closely approaching empty. This is done by applying the sensor to the drip chamber and monitoring the flow rate. To then specify the design specifications, the focus will be placed on the sensor, the interface of the device, and the alarm. The liquid level sensor will be housed in a 3D-printed casing such that it interfaces in close contact with the drip chamber wall. The casing will hold the following components, the liquid level sensor, the controller board (Arduino Nano Every), LED lights, threaded screws for stabilization to the drip chamber, and the power source. The alarm, coded in with small LED lights, so as not to disturb the patient, will sound from a speaker at around 80 dB for sufficient awareness. The functionality of the device as a whole will be intuitive to use by any healthcare professional, featuring tactile buttons to turn on/off the device, and silence the alarm.

#### 3.2.3. Considerations for Design Solution

#### 3.2.3.1. Public Health, Safety, And Welfare Factors

With regards to an operating room within a hospital, one of the main concerns of the patient's health and safety is to ensure pain management and full sedation of the patient undergoing any form of surgical operation. This allows a controlled environment for the operating surgeon, nurses, technicians, and other personnel. As controlled by gravity, drip bag, chamber, and IV catheter systems are seemingly reliable. Hazardous scenarios arise due to human error and lack of monitoring of the IV fluid volume levels. If not monitored continuously, an empty IV bag is replaced in time, and the patient undergoing the operation could experience not only a lapse in IV fluid administration, but also clotting, and potentially fatal air embolism. The rechargeable battery feature is important to implement, and ensures a reusable factor in the device. Many IV drip bags

are utilized in operating rooms. A single operating procedure could utilize several different IV bags replaced at least twice. Since many IV drip bags and drip chamber systems are utilized per procedure, the TIVA drip chamber alarm will need to be reusable and the power must last long enough to be easily attached and keep up with each system.

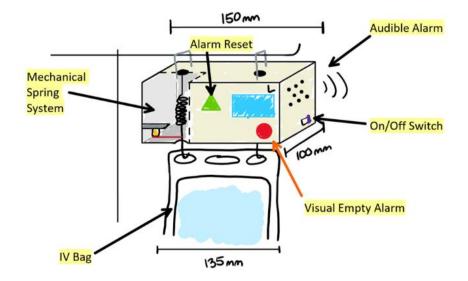
#### 3.2.3.2 Global, Cultural, Social, And Environmental Factors

The TIVA drip chamber alarm is designed to eliminate the risk of human error in a chaotic operating room environment. Currently, IV systems operate either with a faulty drip chamber alarm, or a nurse is tasked with constant monitoring of the IV drop system levels for the patient. Our device will monitor the drip rate of the IV bag and sound an alarm prior to the bag emptying to provide enough time for qualified hospital employees to retrieve a new bag. It is possible for this device to develop into similar concepts for applicability to different scenarios; such as at home IV, ICU IV, remote location IV, etc. addressing global needs. The device also addresses cultural and social factors as it is intuitive to interpret the flashing red LED lights as a warning. LED flashing lights in addition to sound alarm systems does well to be inclusive of disabilities which may be encountered in the personnel to interact with the device. Focusing on healthcare professionals, most will have the ability to see and hear and have full motor control to control the device. Even with difficult seeing or hearing, one or the other need is met.

## *3.2.3.3. Economic Factors*

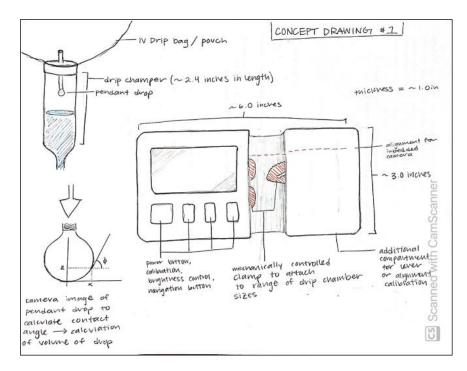
The TIVA drip chamber alarm will reduce costs for the manufacturing company, hospital and can be widely distributed around the globe. This device will be reusable and therefore will not need changed by the hospital staff as frequently. AAA batteries are globally accepted, so this device theoretically can be bought and reused in any country or setting where battery purchases can be made. This TIVA Drip Chamber alarm device will likely be contributing to this increase as the need for automated monitors increase, and hospital staff decreases or plateaus. The cost of the battery, microcontroller and liquid level sensor, which are the most critical components, are reasonable to manufacture and cheap to source or outsource as needed.

#### 3.2.4. Conceptual Representation of Solution

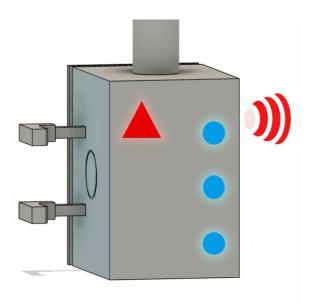


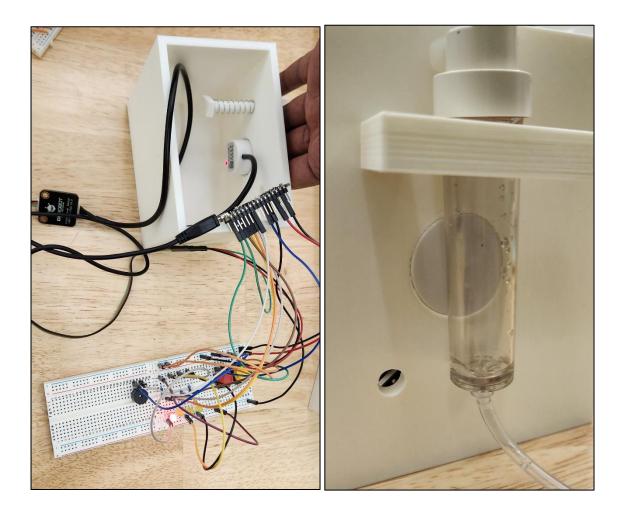
#### 3.2.4.1. Initial Ideation: Concept Drawing 1

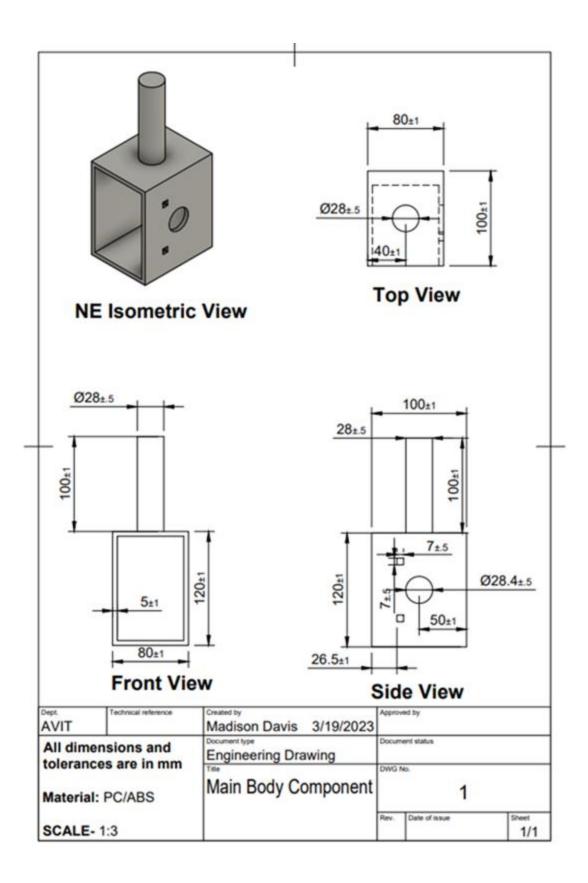
## 3.2.4.2. Initial Ideation: Concept Drawing 2

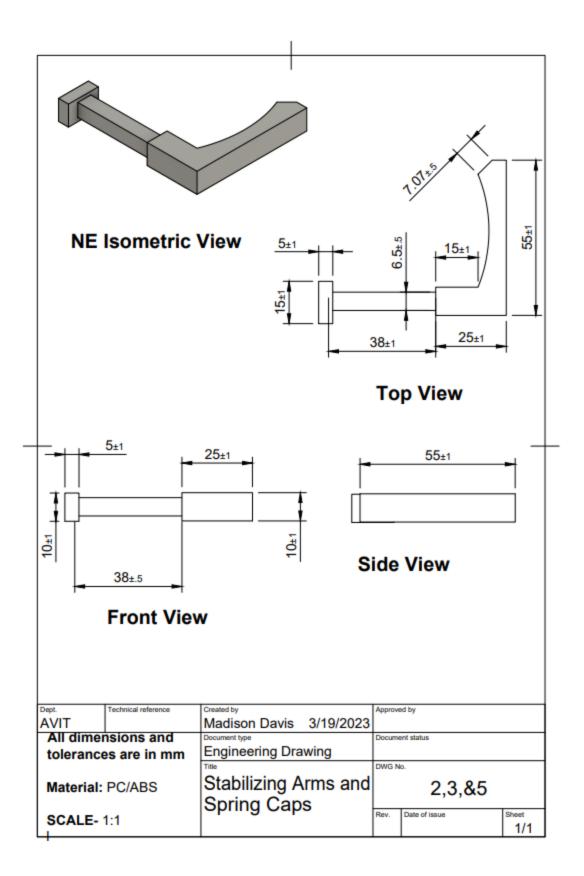


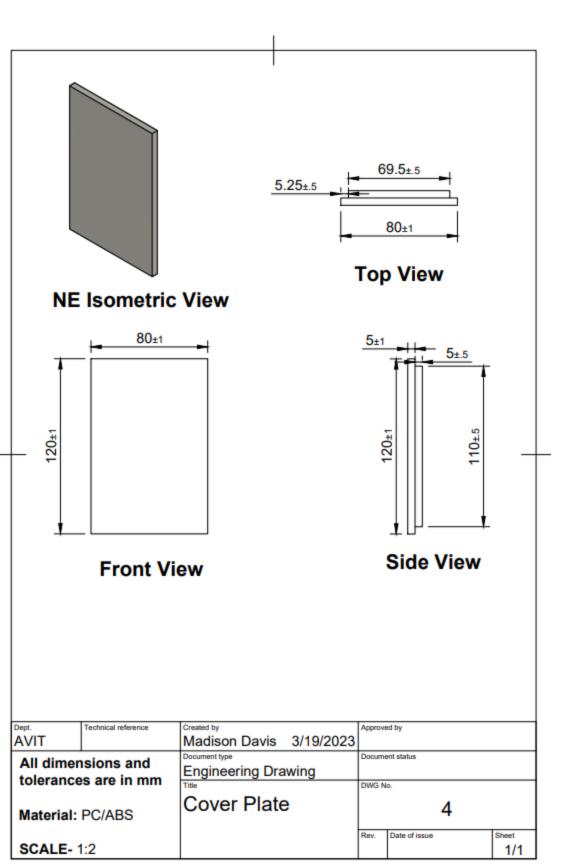
## 3.2.5 Final Ideation

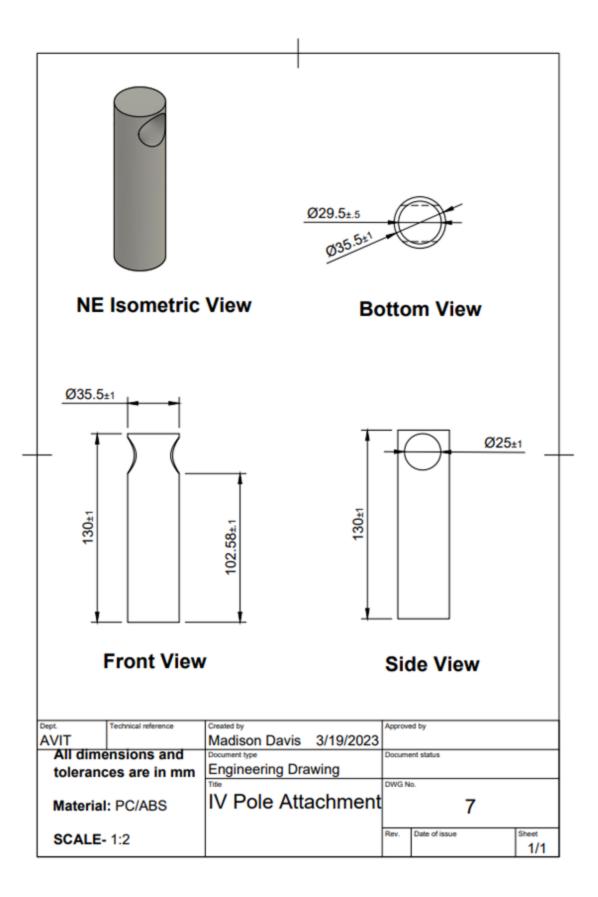


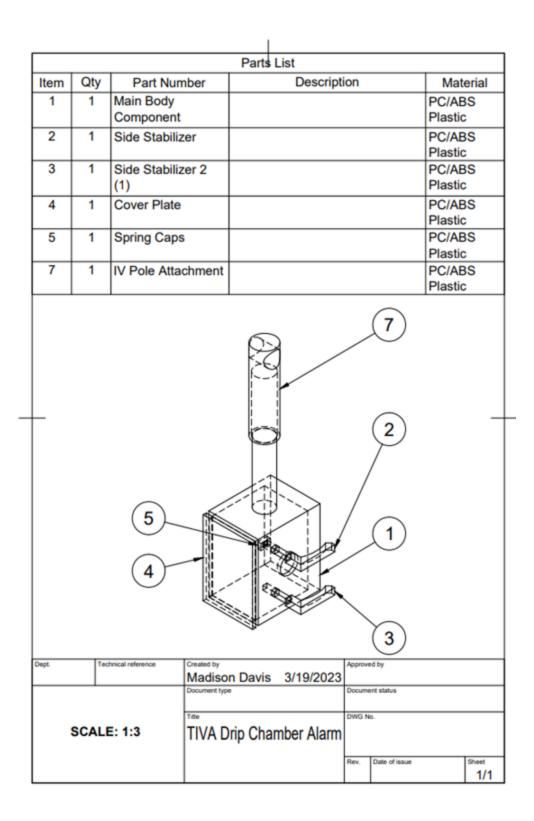




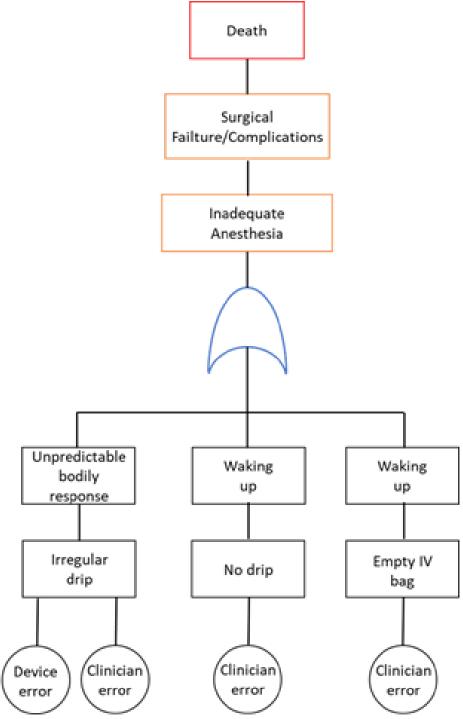












## 3.2.6.2. Failure Mode and Effects Analysis (FMEA)

LIKELIHOOD OF OCCURR	ENCE CRITERIA	
Rating	Likelihood of failure	Rate
10	Very High	>1 in 2
9		>1 in 4
8	High	>1 in 8
7		>1 in 20
6	Moderate	>1 in 80
5		>1 in 400
4		>1 in 2000
3	Low	>1 in 20,000
2	Very Low	>1 in 100,000
1	Remote	<1 in 500,000

Severity Criteria		
Rating	Effect	Criteria
10	Catastrophic	Potential of multiple deaths
9	Hazardous	Potential of death
8	Serious	Potential of serious injury – Permanent Impairment
7	Extreme	Potential of injury – no permanent impairment
6	Major	Potential of total loss of function/treatment/diagnosis
5	Significant	Partial loss of function/treatment/diagnosis
4	Moderate	Unscheduled downtime or repair
3	Minor	Minor dissatisfaction with device performance
2	Slight	Slight dissatisfaction or inconvenience
1	Negligible	No noticeable effect by the customer

Risk	Accepta	ance Cri	iteria													
L	10	10	20	30	40	50	60	70	80	90	100					
I	9	9	18	27	36	45	54	63	72	81	90					
κ	8	8	16	24	32	40	48	56	64	72	80					
Е	7	7	14	21	28	35	42	49	56	63	70					
L	6	6	12	18	24	30	36	42	48	54	60					
I	5	5	10	15	20	25	30	35	40	45	50					
Н	4	4	8	12	16	20	24	28	32	36	40					
0	3	3	6	9	12	15	18	21	24	27	30					
0	2	2	4	6	8	10	12	14	16	18	20					
D	1	1	2	3	4	5	6	7	8	9	10					
		1	2	3	4	5	6	7	8	9	10					
	SEVE	ERITY			SEVERITY											

≥50 - Unacceptable range

	HER	Fallye	hode Failue	cause Failure	thet faine pe	section S	evering levering levering to the second seco	el proba	ality Res <sup>Prior</sup> Rest Miteston
		Insufficien	Wrong power input	Partial power response	Device does not turn on	8	2	16	User needs to be aware of the right input
		t power supply	Battery voltage issues	Partial power response	Device does not turn on	8	4	32	User needs to be aware of the right input
	Electrical system		Wires wrongly connected	rewiring of device componen ts	No	7	2	14	Increasing quality assurance
		or alerts	Display screen failure	Screen replaceme nt needed	No reading	6	3	18	Pre-testing screens before assembly
Internal Systems		Electrical wires tangled	Manufact uring defect	Short circuit	Incorrigibl e feedback	6	2	12	Increasing quality control
Systems	Non-	Does not measure	Placement not tight against chamber	Reposition ing required	Detected through lack of data	8	7	56	Fixing working distance in the casing unit
	contact level sensor	Constant value	Reading adherent residual drop	False positive measurem ent	Constant unchange d data value	8	9	72	Optimize against constant small level changes
	Software	Alarm criteria unfulfilled	Errors in code	Incorrect output data	Wrong indications	8	1	8	Strict code Debugging
		Improper graphs	Errors in data output	Incorrect data represent ation	Incorrect graphs and logs	8	1	8	Strict code Debugging

	HER	raime'	Mole	ause raime	thet raine De	rection	ittile	uel probe	ality Right Action
		Failur	Failur	Fallin	Failuer		seven fai	uret	Rist Rist Preid
			Improper manufactu ring	Improper drip reading	Slips off IV drip chamber	6	4	24	Increasing quality
		Stuck,	Improper handling	Inability to fasten properly	Slips off IV drip chamber	7	6	42	Improving packaging
		Loose, Knobs do not turn	Damage during transport	Improper drip reading	Slips off IV drip chamber	7	5	35	Improving packaging and labeling
	Fastening mechanism		Fatigue from repeated use	Inability to fasten properly	Slips off IV drip chamber	7	8	56	Better cyclic use testing
		Size does not fit	Improper manufactu ring	Cannot fit IV drip chamber	Does not fit IV drip chamber	6	1	6	Increasing quality control
			Damage during transport	Improper drip reading	Does not fit IV drip chamber	8	3	24	Improving packaging and labeling
Extermal			Fatigue from repeated use	Cannot fit IV drip chamber	Does not fit IV drip chamber	7	5	35	Better cyclic use testing
Systems		No indications	Fused out	Terminals switched	No visible LED indications	7	2	14	Quality control of electrical components
	LED		Wiring disconnect ed	Breakage & improper handling	No visible LED indications	7	4	28	Inspection of electrical components
	LED	Faulty	Wiring connected to wrong LED	Assembley mishap	Opposite lights upon use	7	2	14	Inspection of electrical components
		indications	Output pins mixed in code	Coding mishap	Opposite lights upon use	7	1	7	Strict code Debugging
	Alarm	No sound	Wiring disconnect ed	Breakage & improper handling	No indication of level	7	4	28	Inspection of electrical components
		Dysfunctio nal sound		improper part selection	Improper indication of level	7	2	14	Inspection of supply potential

#### 3.2.7. Risk Mitigation

Based on the risk analysis and selection criterion for Risk Priority Criteria of higher than 50 being unacceptable, we determine that fatigue from repeated use and failure of the sensor in calculating the drip level beyond the chamber wall are the main causes of device failure. Mitigation strategies are listed in the table below, which are incorporated into the verification and validation testing plans.

Risk	Mitigation	
	Device will be tested for its repeated and cyclic use	
Fastener mechanism fatigue from repeated use	Each mechanical component will be independently tested for	
	wear and tear	
	Quality control and assurance will be done to certify for a specific	
	use cycle	
Sensor does not measure drip level	Range will be determined to the utmost accuracy	
	Sensor affixed in the casing unit will be checked for any influence	
	on the range	
	Sensor will be moved such that the level lies in the sensor sweet-	
	spot or accurate detection	
Sensor measures a	Sensor will be optimized against the chamber wall	
constant level regardless of actual level	Type of sensor will be updated to detect levels past the chamber	
	wall	
	Sensor will be moved to ensure that the sensing range begins	
16461	beyond the chamber wall.	

## 3.2.8. Verification Plan

Each element of the device in terms of their hardware, electrical and software components will be tested initially by the team members, followed by external testers using standard testing procedures. The individual elements are listed in the table below.

Component	Test Element		
	Total Weight		
Electronic Hardware Components	Dimensions		
	LED Brightness		
	Alarm Audio Loudness		
	Usability		
Device Stabilizers and Attachments	Force Exertion		
	Attachment Load		
	Detachment Force		
	Water Resistance		
Device enclosure for Electronics and Sensor Mounting	Chemical Resistance		
	Disinfectant Compatibilty		
	Texture and Grip		
	Program Coding		
Sensor Programming and Control Software	Drop Endurance		
	Alarm Sensitivity		
	Button Haptic Force		

#### 3.2.9. Prototype Cost Structure

The final prototype costs are itemized and listed in the table below to arrive at an estimated minimum cost of manufacturing an factoring margins for sales.

TIVA Drip Chamber Alarm				
Cost per Device (in USD)	1 Unit			
Component	Price	Quantity	Amount	
Non-Contact liquid level sensor	11.99	1	11.99	
BreadBoard	6.69	1	6.69	
Jumper Wires	6.99	1	6.99	
Arduino Nano Every	15	1	15	
Red Buttons - Push	1.5	1	1.5	
Blue Buttons - Push	1.95	3	5.85	
Red Buttons - Latching	3.95	1	3.95	
Resistors Set	11.99	1	11.99	
LED set	4.99	1	4.99	
PC Filament	29.99	1	29.99	
ABS Filament	49.99	1	49.99	
Passive Buzzers Set	4.99	1	4.99	
	153.92			
Estimate	imated Sales Tax @ 7.19% 11.06684			
Grand TOTAL 164.98684				

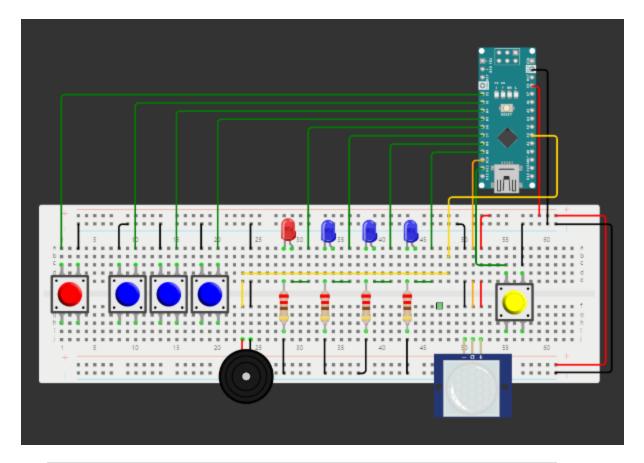
## 3.3. Freedom to Operate

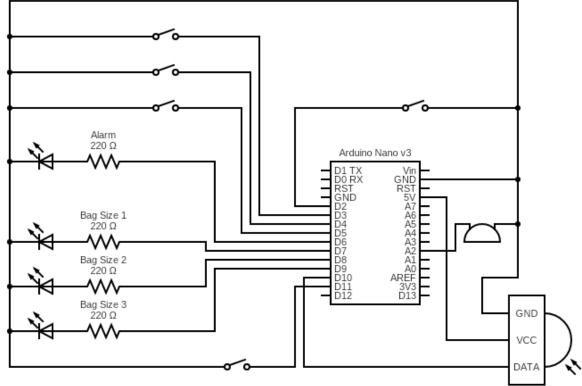
Based upon preliminary prior art research, the device in question does not infringe on existing patents or intellectual property rights. It is likely that the device is free to operate without any legal repercussions. However, it's important to note that prior art research is not a substitute for legal advice. The next steps are to consult with a patent attorney or intellectual property expert and conduct further conversations with the USPTO will be conducted to better understand the market and the freedom to operate within that market. The University of Utah will own a percentage of the intellectual property, the remainder of the intellectual property will be evenly distributed to all four inventors of the device.

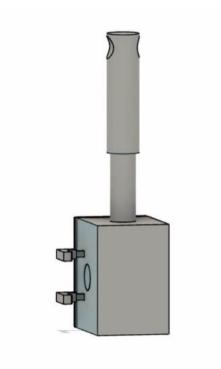
## 3.4. Solution Completeness

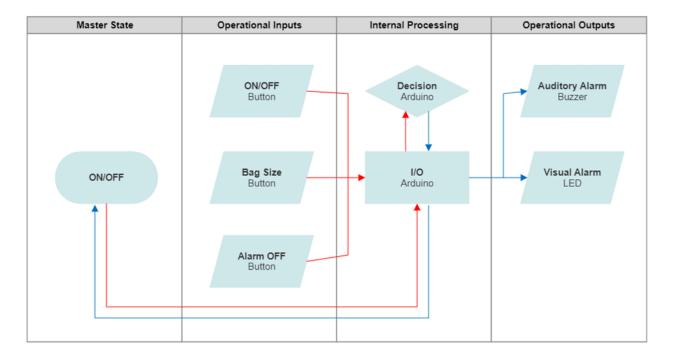
## 3.4.1. Current Prototype

The current prototype is the third iteration of a functional sensor and notification ensemble that demonstrates intended functionality in a simulated drip level change environment. The schematics of final prototype's internal components are shown below.









## 3.4.2. Technology Readiness Level (TRL) Designation

<u>TRL 6: Technology demonstrated in a relevant environment;</u> The device prototype system and code is verified to work in a simulated environment as expected.

#### 3.4.3. Human Factors and Usability Engineering

When physically interacting with the TIVA drip chamber alarm device, healthcare employees and other users will encounter a variety of simple interfaces designed for easy use. These user interfaces include:

- Device power button
- IV bag volume status light
- Outer fastener drip chamber positional securing
- Audible alarm
- Alternating bag size options

The design of this device is such that these interfaces are integrated seamlessly to allow for maximum efficiency and minimum time of usage in fast-paced environments such as hospital clinics and operating rooms. All buttons, lights, and audible alarms mentioned above will be located in proximity to each other and can be found on the frontward facing side of the device. All buttons will be raised from the surface to ensure tactile feel for the user. Both fasteners are designed such that when rotated, users will hear simultaneous clicking to ensure that chamber repositioning and resizing is occurring within the device. Safety considerations include recognizing that the bag status light has a possibility of burning out; therefore, the user will be unable to visually see the bag volume from the device if they are not directly looking. Other safety considerations include mechanical fasteners: users should stray from putting fingers inside the device when bolts are being turned.

#### 3.4.4. External interfacing devices

External interfaces to the device include/may include:

- Drip chamber and IV line
- AAA dry cell batteries
- Stabilizer from device to IV pole stand

The device includes a variety of design solutions to integrate external interfaces for efficient use. The top of the device includes a cut-out circular hole designed such that the drip chamber and accompanying IV line can be fed through and adjusted for sensor positioning. Located on the lefthand, back facing side of the device, a square panel can be removed to reveal housing for the batteries. Located in the center, back facing side of the device is hole attachment for the IV pole stabilizer. Safety considerations related to external interfaces include electrical hazards if batteries are not inserted properly and risk of device falling/shattering if back stabilizer is not properly secured to IV pole.

## 3.4.5. Ergonomics

This device is ideally operated when the user first properly aligns the drip chamber through the top hole and uses both fasteners to secure its position. The device is then to be secured to the IV pole and turned on using the power button. The power button is clicked twice after bag is emptied, once to turn off the device and again to reset the timer. Ways the device can be misused by the user include: exposing it to increased moisture and humidity levels, improper attachment of drip chamber, use of another type of chamber (ie. Infusion pump chamber), device misalignment on

the IV line, and forgetting to turn off the device after bag is emptied so timer is not reset. A user may become confused with the device if they are unaware of the meaning of each color flash or if they are unaware that the power button must be pressed in order to reset.

Ergonomic solutions to the device include a somewhat symmetrical design in which the right side of the device can be gripped to allow the left hand to press the power button. Conversely, the left side of the device can be gripped to allow the right hand to twist the fasteners with adequate stabilization. Safety considerations arise when the device is not used with both hands: if used with just one, a possibility for the drip chamber to come lose from the device and stretch/tear the IV line is presented due to instability.

## 4. Go-to-Market Strategy

#### 4.1. Intellectual Property Plan

#### 4.1.1. Proposed Patent Filing Timeline

We are currently in conversation with the University of Utah's Partners For Innovation, Ventures, Outreach & Technology Center (hereby 'PIVOT Center') to file a provisional patent for the forthcoming year and in lieu of upcoming public disclosure events. Upon obtaining an initial provision patent, we will move forward along the device optimization and validation pathways with the intent of gearing up to apply for a full utility patent within a year.

#### 4.1.2. Trademark and Branding

We have currently incorporated an image of a drip chamber into the AVIT medical logo to represent the targeted market in both a simple and unique manner. Our company name A-V-I-T is also an easy brand identifier among OR personnel as a very relatable term pertaining to T-I-V-A written backwards.

#### 4.2. Regulatory Pathway

#### 4.2.1. Regulatory Path

Product Classification	CFR 880.2420 - Electric monitor for gravity flow infusion systems			
Device Class	Class II Device (Performance Standards)			
Product Code	FLN			
Pathway	FDA clearance through a traditional 510(K) with substantial			
	equivalence to an existing predicate device			
Primary predicate device	DripAssist			
	510(k) Number: K150687			

#### 4.2.2. Reimbursement Strategy

The device is intended to be a safety device adopted by hospitals as best practice. Reimbursement through insurance will not be necessary as the payment for this device will be by the hospital. To ensure that we can be adopted, there will be research documentation and clinical studies to provide sufficient data that the device is a necessary safety measure in operations.

#### 4.2.3. Industry Standards

- ISO 16142: Medical Devices
- ISO 13485: Medical Devices Quality Management Systems
- ISO 16142: Medical Devices Safety and Performance Standards
- IEC 60601: Electrical Safety of Medical Equipment

## 4.3.1. Manufacturing

Our product will be manufactured in AVIT Medical's main manufacturing facility located directly in Salt Lake City, UT. Device housing enclosure and attachments will be manufactured in-house through injection molding processes. All other components will be sources from outside partners. Materials include Polycarbonate (PC) and Acrylonitrile Butadiene Styrene (ABS). Listed Partners include:

- Arduino hardware and software
- DFRobot electronics
- University of Utah Biodesign Lab
- Activate Health and The Matchstick Group marketing
- ICU Medical and Baxter International

ABS on average costs \$1.50/lb, while PC costs around \$2.50. Through the process of injection molding at low temperature combined with the low-cost of our materials and components, we are able to lower manufacturing costs.

## 4.3.2. COGS (Cost of Goods Sold) Structure

Cost of Goods Sold			
Units of good produced	500		
Units of good sold	450		
Unit cost for the first three units produ	\$70		
Unit cost for the last unit produced	\$60		

	Methods of COGS Accounting				
	First-in-first-out (FIFO) Last-in-first-out (LIFO) Weighted Avera				
COGS	\$210	\$200	243		
Average unit cost	\$70	\$66.67	81		

## 4.4. Pricing and Distribution

## 4.4.1. Pricing Strategy

We have implemented skimming as our price strategy, as we have purposely set our prices slightly higher in order to attract serious buyers who are in need of our device, such as hospitals. Our initial offering will be set at \$200/unit. This number reflects that our device is complex and will deliver the results needed in order to provide patient safety, yet will still be more affordable than our competitors. Considering one unit is manufactured at \$60-\$70, this will give us sufficient profit margins when in full production.

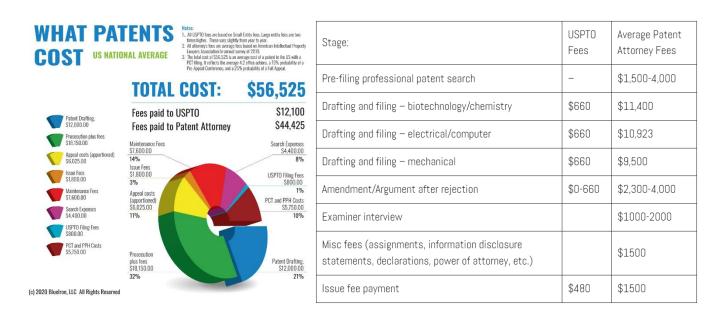
## 4.4.2. Distribution Strategy

We will engage in indirect distribution since our product is targeted for all hospitals in North America and Europe. To achieve this, we will be using a third-party medical logistics company in order to get our product to target hospitals. In order to market this product for distribution, we will be working alongside two of the top medical device marketing firms, *Activate Health* and *The Matchstick Group* in order to promote the product at launch. Monthly meetings with the respective firms will occur in order to affirm market success and the expansion of the product. We believe our set unit price with accompanying profit margins will allow us to use third-party distribution while still maximizing short and long-term profits.

#### 4.5. Next Steps

#### 4.5.1. Milestone Funding Utilization

The immediate use of the milestone funds will go towards enhancing the design and increasing the compactness of the device. The majority of these funds will go towards filing for and maintaining IP rights in the form of Provisional patent and a full Utility patent after the validation stage.



## 4.5.2. Launch Timing Strategy

The device launch will be most impactful if it were to coincide with the timing of annual incidence report filings and OR cost audits.

#### 4.5.3. Exit Strategy

We intend to attempt to license our device to larger companies in the medical support device manufacturing space. We believe such a path would be the best way to take the product into the market at the earliest. If no companies are interested in licensing our device, we will pursue setting up a startup to enable independent product sales. Licensing the technology will enable awareness generation for the product, which could also generate interest in an acquisition. Potential acquirers may include BD, Merit Medical, Edwards Lifesciences, Stryker Corporations, and others in the space.

## 5. REFERENCES

[1] Waking Up to Anesthesia | NIH News in Health; <u>newsinhealth.nih.gov/2011/04/waking-up-anesthesia</u>

[2] IV Monitored Sedation; <u>https://www.asahq.org/madeforthismoment/anesthesia-101/types-of-anesthesia/ivmonitored-sedation/</u>