

# Determining an Optimal Schedule for Pre-Mixing Chemotherapy Drugs

#### Donald Richardson



## Research Team



Hassan Abbas Jérémy Castaing, PhD Candidate Ajaay Chandrasekaran Chhavi Chaudhry, Student Amy Cohn, Ph.D. **Diane Drago** Marian Grace Boxer, MD Corinne Hardecki, RN Madalina Jiga Pamela Martinez, Student Carol McMahon, RN Matthew Rouhana, Student

Nursing Student Industrial and Operations Engineering Computer Science Student Industrial and Operations Engineering Associate Director, CHEPS Patient & Family Advisory Board Patient & Family Advisory Board Clinical Care Coordinator, Infusion Nursing Student Industrial and Operations Engineering Nurse Supervisor, Infusion Industrial and Operations Engineering



### Outline



- Background
  - General Patient Flow
  - Define Pre-mix
  - Goal
  - Motivation
  - Literature
- Problem Description
  - Probabilities of wasting drugs
  - Static Model
- Future Steps





### Outline



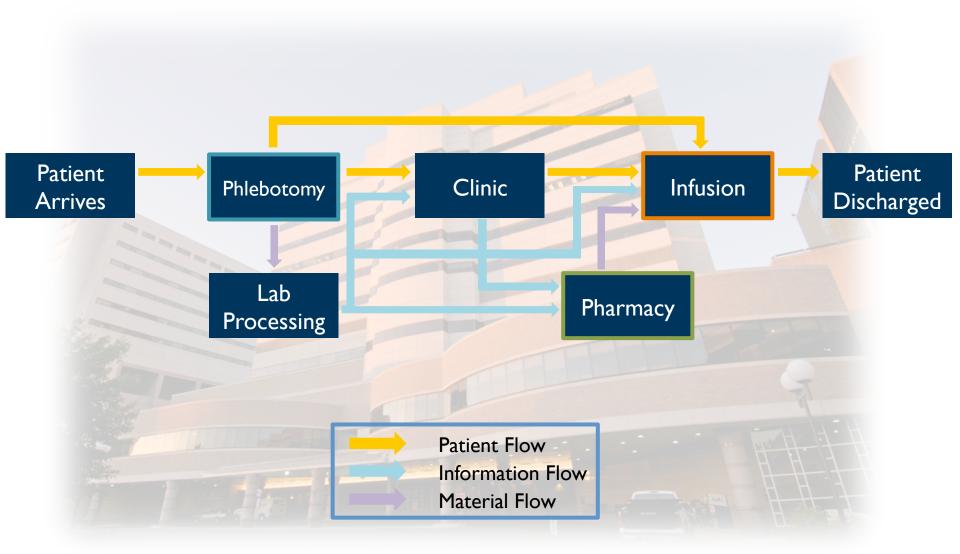
- Background
  - General Patient Flow
  - Define Pre-mix
  - Goal
  - Motivation
  - Literature
- Problem Description
  - Probabilities of wasting drugs
  - Static Model
- Future Steps





#### Infusion Overview









- Anytime you mix a drug before a patient is deemed ready to receive it
  - Generally you don't pre-mix drugs due to risk in wastage cost
  - Consider the trade off between waste cost and reduced patient waiting time







- Will only mix drugs during a fixed window of time before patients arrive
  - **–** 6am-8am
- Have a fixed list of drugs they are willing to mix
  - Based on cost and common use









- Reduce patient waiting times
- Best case without pre-mix
  - Patient will wait duration of mixing drug  $(\sim 30-60 \text{ min})$



"This is the pre-pre-pre-waiting room, sir. You have 3 other waiting rooms to wait in before you see the doctor...if it isn't too late in the day."



#### **Motivation**



- Cancer
  - Second leading cause of death in the U.S.
  - $-\sim\!\!1.6$  million estimated cases in 2015
  - More than half require chemotherapy treatment
- Infusion centers
  - Increased outpatient demand leads to undesirable outcomes such as:
    - Increased patient waiting times
    - Overworked staff





- Pre-mixing does prove to have positive outcomes
  - Masselink, I., Mijden, T., Litvak, N., & Vanberkel, P. (2011). Preparation of chemotherapy drugs: Planning policy for reduced waiting times.
- Cost associated with patient wait in cancer care
  - Yabroff, K. Robin, et al. "Patient time costs associated with cancer care." Journal of the National Cancer Institute 99.1 (2007): 14-23.
- Deciding when to mix Chemo drugs
  - Mazier, Alexandre, Jean-Charles Billaut, and Jean-François Tournamille.
     "Scheduling preparation of doses for a chemotherapy service." Annals of Operations Research 178.1 (2010): 145-154.



### Outline



- Background
  - General Patient Flow
  - Define Pre-mix
  - Goal
  - Motivation
  - Literature
- Problem Description
  - Probabilities of wasting drugs
  - Static Model
- Future Steps









- <u>Hang-by time</u>: the time duration that a drug has until it must be administered to patient.
- <u>Deferral</u>: Patient is too ill to receive treatment
- <u>No show</u>: Patient missed appointment without calling in







- We will also consider having a fixed window for pre-mix
- Assumptions
  - All drugs will last for all patients scheduled that day (most last 12 hours)
  - Only make L drugs at a time
  - All drugs take 30 minutes to make





• We first say all patients have a probability of p to defer/no show on any given day. Assume we have  $m_d$  patients scheduled to receive the same drug d on a given day. We want the probability of wasting each dose we decide to premix.





- We first say all patients have a probability of p to defer/no show on any given day. Assume we have  $m_d$  patients scheduled to receive the same drug d on a given day. We want the probability of wasting each dose we decide to premix.
- Let  $m_d = 4$

 $Prob(Wasting 1^{st} dose) = p^4$ 





- We first say all patients have a probability of p to defer/no show on any given day. Assume we have  $m_d$  patients scheduled to receive the same drug d on a given day. We want the probability of wasting each dose we decide to premix.
- Let  $m_d = 4$

$$Prob(\text{Wasting } 1^{st} \text{ dose}) = p^4$$
$$Prob(\text{Wasting } 2^{nd} \text{ dose}) = \binom{4}{3}p^3(1-p) + p^4$$





• We first say all patients have a probability of p to defer/no show on any given day. Assume we have  $m_d$  patients scheduled to receive the same drug d on a given day. We want the probability of wasting each dose we decide to premix.

• Let 
$$m_d = 4$$

$$Prob(\text{Wasting } 1^{st} \text{ dose}) = p^4$$
$$Prob(\text{Wasting } 2^{nd} \text{ dose}) = \binom{4}{3}p^3(1-p) + p^4$$

$$\frac{\text{General}}{Prob(\text{Wasting nth dose})} = \sum_{i=1}^{n} \binom{m_d}{m_d - i + 1} p^{m_d - i + 1} (1-p)^{i-1}$$





- The previous formulation considers all patients to have equal probability of deferral. However this could depend on
  - age
  - sex
  - treatment
  - type of cancer
  - etc.





- MICHIGAN ENGINEERING
- Let's now consider the probability of wasting a particular dose given patient i has a probability of deferral/no show  $p_i$
- Let's define a new set  $S_d$  which is the total number of patients scheduled to receive drug d for the day.  $S_d{=}\{1{,}2{,}{.}{.}{.}{.}{,}m_d\}$



- Let's now consider the probability of wasting a particular dose given patient i has a probability of deferral/no show  $p_{i\cdot}$
- Let's define a new set  $S_d$  which is the total number of patients scheduled to receive drug d for the day.  $S_d = \{1, 2, ..., m_d\}$ .

 $Prob(\text{Wasting } 1^{st} \text{ dose}) = \prod_{i \in S_d} p_i$ 



- Let's now consider the probability of wasting a particular dose given patient i has a probability of deferral/no show  $p_{i\cdot}$
- Let's define a new set  $S_d$  which is the total number of patients scheduled to receive drug d for the day.  $S_d = \{1, 2, ..., m_d\}$ .

$$Prob(\text{Wasting } 1^{st} \text{ dose}) = \prod_{i \in S_d} p_i$$

$$Prob(\text{Wasting } 2^{nd} \text{ dose}) = \sum_{i \in S_d} \left[ (1 - p_i) \prod_{j \in S_d \setminus i} (p_j) \right] + \prod_{i \in S_d} p_i$$



- Let's now consider the probability of wasting a particular dose given patient i has a probability of deferral/no show  $p_{i\cdot}$
- Let's define a new set  $S_d$  which is the total number of patients scheduled to receive drug d for the day.  $S_d = \{1, 2, ..., m_d\}$ .

$$Prob(\text{Wasting } 1^{st} \text{ dose}) = \prod_{i \in S_d} p_i$$

$$Prob(\text{Wasting } 2^{nd} \text{ dose}) = \sum_{i \in S_d} \left[ (1 - p_i) \prod_{j \in S_d \setminus i} (p_j) \right] + \prod_{i \in S_d} p_i$$

$$Prob(\text{Wasting } 3^{rd} \text{ dose}) = \sum_{i \in S_d} \sum_{j \in S_d \setminus i} \left[ (1 - p_i)(1 - p_j) \prod_{k \in S_d \setminus \{i, j\}} p_k \right] + \sum_{i \in S_d} \left[ (1 - p_i) \prod_{j \in S_d \setminus i} (p_j) \right] + \prod_{i \in S_d} p_i$$



- Currently receiving/analyzing data to determine how to best categorize patients
- Current model will only vary the probability of deferral by drug, not by patient type







 $\underline{\mathbf{Sets}}$ 

- D: set of drugs d (e.g. 50 mg of Taxotere)
- T: set of time units (each being 30 min)

#### Variables

 $\begin{aligned} x_{nt}^d &= \begin{cases} 1 & \text{if we mix the nth dose of drug } d \text{ at time } t \\ 0 & \text{o.w.} \end{cases} \\ y_n^d &= \begin{cases} 1 & \text{if we don't mix the nth dose of drug } d \\ 0 & \text{o.w.} \end{cases} \end{aligned}$ 



#### Objective



• We first define our Expected Waste cost of a drug with the following: n

$$E_n^d[waste\ cost] = \sum_{w=1}^{d} c_d P_d(w)$$

• Then we maximize the difference between Projected Savings and Expected Waste

maximize 
$$\sum_{d} \sum_{n} \sum_{t} (\Delta_d - E_n^d [waste \ cost]) * x_{nt}^d$$

- $\Delta_d$ : the reward/savings for mixing drug d
- T: the total time units for the premix period
- $c_d$ : the cost of drug d
- n[d]: the number of doses needed for each drug based on the scheduled patients
- M: very large number



(1)

$$\sum_{t} x_{nt}^{d} + y_{n}^{d} = 1$$
Relate our auxiliary variable to the decision variable

- $\Delta_d$ : the reward/savings for mixing drug d
- T: the total time units for the premix period
- $c_d$ : the cost of drug d
- n[d]: the number of doses needed for each drug based on the scheduled patients
- M: very large number CENTER FOR HEALTHCARE ENGINEERING & PATIENT SAFETY UNIVERSITY OF MICHIGAN



$$\sum_{t} x_{nt}^{d} + y_{n}^{d} = 1 \qquad \qquad \forall d, n \qquad (1)$$
$$y_{n}^{d} \leq y_{n+1}^{d} \qquad \qquad \forall d, n = 1..n[d] - 1 \qquad (2)$$

Must make the first dose before making  $2^{nd}$ ,  $3^{rd}$ ,...

- $\Delta_d$ : the reward/savings for mixing drug d
- T: the total time units for the premix period
- $c_d$ : the cost of drug d
- n[d]: the number of doses needed for each drug based on the scheduled patients
- M: very large number



$$\sum_{t} x_{nt}^{d} + y_{n}^{d} = 1 \qquad \forall d, n \qquad (1)$$
$$y_{n}^{d} \leq y_{n+1}^{d} \qquad \forall d, n = 1..n[d] - 1 \qquad (2)$$
$$\sum_{t} tx_{nt}^{d} \leq \sum_{t} tx_{n+1t}^{d} + M * y_{n+1} \qquad \forall n, d \qquad (3)$$
$$Dose \text{ ordering}^{t}$$

- $\Delta_d$ : the reward/savings for mixing drug d
- T: the total time units for the premix period
- $c_d$ : the cost of drug d
- n[d]: the number of doses needed for each drug based on the scheduled patients
- M: very large number CENTER FOR HEALTHCARE ENGINEERING & PATIENT SAFETY UNIVERSITY OF MICHIGAN



$$\sum_{t} x_{nt}^{d} + y_{n}^{d} = 1 \qquad \forall d, n \qquad (1)$$

$$y_{n}^{d} \leq y_{n+1}^{d} \qquad \forall d, n = 1..n[d] - 1 \qquad (2)$$

$$\sum_{t} tx_{nt}^{d} \leq \sum_{t} tx_{n+1t}^{d} + M * y_{n+1} \qquad \forall n, d \qquad (3)$$

$$\sum_{d} \sum_{n} x_{nt}^{d} \leq L \qquad \forall t \qquad (4)$$
Only make L at a time

- $\Delta_d$ : the reward/savings for mixing drug d
- T: the total time units for the premix period
- $c_d$ : the cost of drug d
- n[d]: the number of doses needed for each drug based on the scheduled patients
- M: very large number



 $\sum_{t} x_{nt}^{d} + y_{n}^{d} = 1 \qquad \forall d, n \qquad (1)$   $y_{n}^{d} \leq y_{n+1}^{d} \qquad \forall d, n = 1..n[d] - 1 \qquad (2)$   $\sum_{t} tx_{nt}^{d} \leq \sum_{t} tx_{n+1t}^{d} + M * y_{n+1} \qquad \forall n, d \qquad (3)$   $\sum_{d} \sum_{n} x_{nt}^{d} \leq L \qquad \forall t \qquad (4)$   $\sum_{t} x_{nt}^{d} \leq 1 \qquad \forall n, d \qquad (5)$ 

Can only make the nth dose of a drug once  $\underline{Parameters}$ 

- $\Delta_d$ : the reward/savings for mixing drug d
- T: the total time units for the premix period
- $c_d$ : the cost of drug d
- n[d]: the number of doses needed for each drug based on the scheduled patients
- M: very large number CENTER FOR HEALTHCARE ENGINEERING & PATIENT SAFETY UNIVERSITY OF MICHIGAN





- Suppose we have patients scheduled to receive 15 different drugs.
- Each takes 30 min to make

Drug	Hang by	Price	Currently pre-mixed	Treatment for
Carboplatin	12 hrs	2.52	Yes	Cancer of the ovaries, head, and neck
Paclitaxel	<b>12</b> hrs	4.10	Yes	Cancer in the lungs, ovary, or breast
Cyclophosphamide	<b>12</b> hrs	879.00	Yes	Leukemia and lymphomas, and nephrotic syndrome
Folotyn	$12 \ hrs$	4637.21	No	T-cell lymphoma
Adcetris	12 hrs	6516.00	No	Treats Hodgkin's lymphoma and systemic anaplastic large cell lymphoma





Scenario 1		
Reward	1 for all drugs	
# of Doses	2 for each drug	
P <sub>d</sub> (n)	p=.25 for all drugs	





	Scenario 1	Scenario 2
Reward	1 for all drugs	11.67 for all drugs
# of Doses	2 for each drug	2 for each drug
P <sub>d</sub> (n)	p=.25 for all drugs	p=.25 for all drugs



OS	MICHIGAN ENGINEERING UNIVERSITY OF MICHIGAN
Scenario 3	
11.67 for all drugs	

Reward	1 for all	11.67 for	11.67 for all
	drugs	all drugs	drugs
# of	2 for each	2 for each	2 for each drug
Doses	drug	drug	
$P_d(n)$	p=.25 for all drugs	p=.25 for all drugs	inverse to cost of drug ranging from .02 to .30





	Scenario 1	Scenario 2	Scenario 3	Scenario 4
Reward	1 for all	11.67 for	11.67 for all	11.67 for all
	drugs	all drugs	drugs	drugs
# of	2 for each	2 for each	2 for each drug	1-2 lower cost
Doses	drug	drug		3-5 higher cost
$P_d(n)$	p=.25 for all drugs	p=.25 for all drugs	inverse to cost of drug ranging from .02 to .30	p=.25 for all drugs





	Scenario 1	Scenario 2	Scenario 3	Scenario 4	Scenario 5
Rewa	rd 1 for all drugs	11.67 for all drugs	11.67 for all drugs	11.67 for all drugs	11.67 for all drugs
# of Dose		2 for each drug	2 for each drug	1-2 lower cost 3-5 higher cost	1-2 lower cost 3-5 higher cost
P <sub>d</sub> (n)	p=.25 for all drugs		inverse to cost of drug ranging from .02 to .30	p=.25 for all drugs	inverse to cost of drug ranging from .02 to .30





Drugs	Cost
А	\$1.61
В	\$2.52
С	\$4.10
D	\$6.80
E	\$16.56
F	\$83.40
G	\$91.54
Н	\$155.56
Ι	\$367.02
J	\$698.60
Κ	\$879.00
L	\$1,158.84
М	\$2,389.39
Ν	\$4,637.21
0	\$6,516.00
TOTAL	



Drugs	Cost	Scen. 1	
А	\$1.61	2	
В	\$2.52	1	
С	\$4.10	1	
D	\$6.80	1	
E	\$16.56		
F	\$83.40		
G	\$91.54		
Н	\$155.56		
Ι	\$367.02		
J	\$698.60		
K	\$879.00		
L	\$1,158.84		
М	\$2,389.39		
N	\$4,637.21		
0	\$6,516.00		
TOTAL		5	



Drugs	Cost	Scen. 1	Scen. 2
А	\$1.61	2	2
В	\$2.52	1	2
С	\$4.10	1	2
D	\$6.80	1	1
Ε	\$16.56		1
$\mathbf{F}$	\$83.40		
G	\$91.54		
Η	\$155.56		
Ι	\$367.02		
J	\$698.60		
Κ	\$879.00		
L	\$1,158.84		
М	\$2,389.39		
Ν	\$4,637.21		
Ο	\$6,516.00		
TOTAL		5	8



Drugs	Cost	Scen. 1	Scen. 2	Scen. 3
А	\$1.61	2	2	2
В	\$2.52	1	2	2
С	\$4.10	1	2	2
D	\$6.80	1	1	1
Е	\$16.56		1	1
F	\$83.40			
G	\$91.54			
Н	\$155.56			
Ι	\$367.02			
J	\$698.60			
K	\$879.00			
L	\$1,158.84			
М	\$2,389.39			
N	\$4,637.21			
0	\$6,516.00			
TOTAL		5	8	8



Drugs	Cost	Scen. 1	Scen. 2	Scen. 3	Scen. 4
А	\$1.61	2	2	2	2
В	\$2.52	1	2	2	2
С	\$4.10	1	2	2	1
D	\$6.80	1	1	1	1
Е	\$16.56		1	1	1
F	\$83.40				
G	\$91.54				
Н	\$155.56				
Ι	\$367.02				
J	\$698.60				
K	\$879.00				1
L	\$1,158.84				
М	\$2,389.39				
Ν	\$4,637.21				
Ο	\$6,516.00				
TOTAL		5	8	8	8



Drugs	Cost	Scen. 1	Scen. 2	Scen. 3	Scen. 4	Scen. 5
А	\$1.61	2	2	2	2	
В	\$2.52	1	2	2	2	1
С	\$4.10	1	2	2	1	
D	\$6.80	1	1	1	1	1
E	\$16.56		1	1	1	
F	\$83.40					
G	\$91.54					
Н	\$155.56					
Ι	\$367.02					
J	\$698.60					1
K	\$879.00				1	2
L	\$1,158.84					1
М	\$2,389.39					
N	\$4,637.21					
Ο	\$6,516.00					2
TOTAL		5	8	8	8	8



Drugs	Cost	Scen. 1	Scen. 2	Scen. 3	Scen. 4	Scen. 5
А	\$1.61	2	2	2	2	
В	\$2.52	1	2	2	2	1
С	\$4.10	1	2	2	1	
D	\$6.80	1	1	1	1	1
E	\$16.56		1	1	1	
F	\$83.40					
G	\$91.54					
Н	\$155.56					
Ι	\$367.02					
J	\$698.60					1
K	\$879.00				1	2
L	\$1,158.84					1
М	\$2,389.39					
N	\$4,637.21					
0	\$6,516.00					2
TOTAL		5	8	8	8	8

# Outline



- Background
  - General Patient Flow
  - Define Pre-mix
  - Goal
  - Motivation
  - Literature
- Problem Description
  - Probabilities of wasting drugs
  - Static Model
- Future Steps





# Next Steps



- <u>Static Model</u>
  - Consider
    - Hang-by time for various drugs
    - Preparation time for various drugs
  - Continue working with data collection to run logistical regression
    - How to categorize various types of patients
- Dynamic Model
  - Goal: To find an optimal drug-mixing schedule throughout the day and update as we observe patient deferrals



# Thank You!



<u>Contacts</u> Donald Richardson <u>donalric@umich.edu</u>

CHEPS http://cheps.engin.umich.edu









- States 3-dimensional
  - t: Time of day we are making the decision
  - O: List of orders for patients scheduled that day
  - S: Inventory of premixed drugs
- Actions
  - Mix a certain drug or not mix at  $A = \{o \in O, \emptyset\}$
- Stages
  - -[0,T] in 15 min intervals
- Rewards
  - Expected reward of mixing drug o at time t







#### Replace with updated version

# $v(t, O, S) = \max_{o \in O} \{ R(o, t) + p(o)v(t', O \setminus o, S \cup \{o\}) + (1 - p(o))v(t', O \setminus o, S) \}$

where:

p(o) is the probability of deferral of patient receiving order oR(o,t) is the expected reward of preparing order o at time tv(t', O', S') is the expected reward after we prepared order o.

Work started by Sarah Bach Jeremy Casting



# Appendix

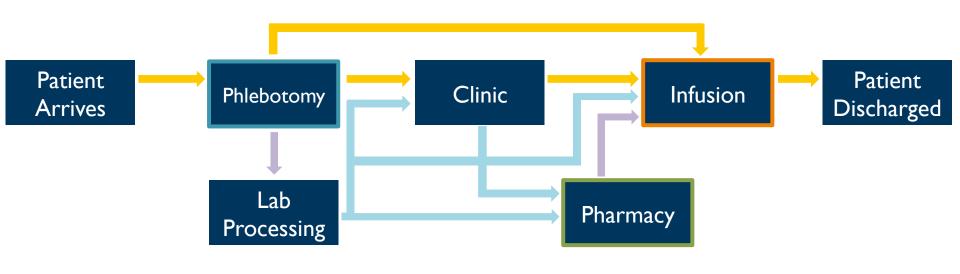


- For |O| moderately low
  - Use backward induction
- For |O| otherwise
  - State space blows up!
  - Approximate Dynamic programming



#### Infusion Overview









# Appendix



 $\frac{\text{Scenario 1}}{\text{Objective Value}} = 3.36$ E[Waste] = 1.64

 $\frac{\text{Scenario } 3}{\text{Objective Value}} = 87.82$ E[Waste] = 5.575

 $\frac{\text{Scenario } 3}{\text{Objective Value}} = 87.7$ E[Waste] = 5.70

 $\frac{\text{Scenario 4}}{\text{Objective Value} = 88.74}$ E[Waste] = 4.66025

 $\frac{\text{Scenario 5}}{\text{Objective Value} = 92.23}$ E[Waste] = 1.17

