



# MINIATURIZATION OF UW MEDICAL CENTER'S ASSET TRACKING DEVICE



STUDENTS: NITHYA SUBRAMANIAN, JONATHAN LEVINTE, XANDER GEURKINK, MIHIR SHARMA, YINUO FAN

## Background and Needs

**Clinical Need:** Hospital staff spend significant time locating mobile medical equipment, leading to workflow inefficiencies and delayed patient care. Existing tracking systems are often expensive, bulky, or difficult to deploy at scale.

### This Year's Goals:

- Improve battery life to near 1 Year
- Reduce tracker size for practical deployment
- Improve reliability during power loss / network outages
- Create two-way communication between device and front-end tool

## Optimization Goals

Battery	Reliability	Size
Reduce Wake Up Cycles	Store location before power loss	Smaller battery
Motion-triggered wake	Retain offline data	Smaller enclosure
Deep sleep optimization	Improve reconnect behavior	Improve PCB Design

## Battery Options

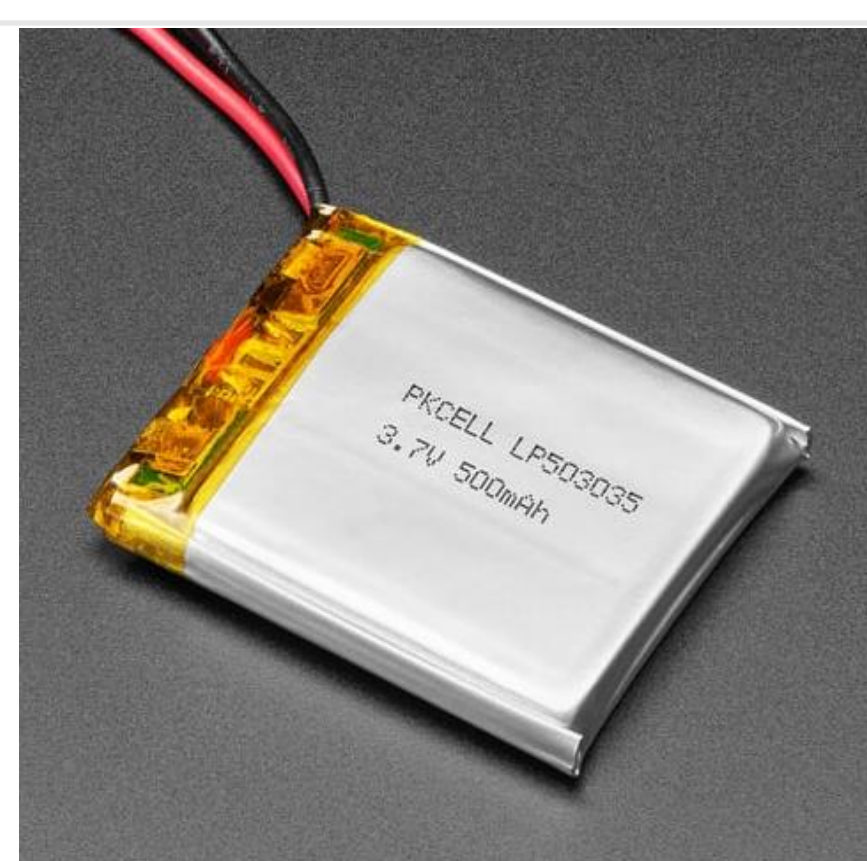
### Old Battery:

- ~4000mAh battery
- Larger than PCB
- Bulky enclosure
- Better capacity but impractical size



### After:

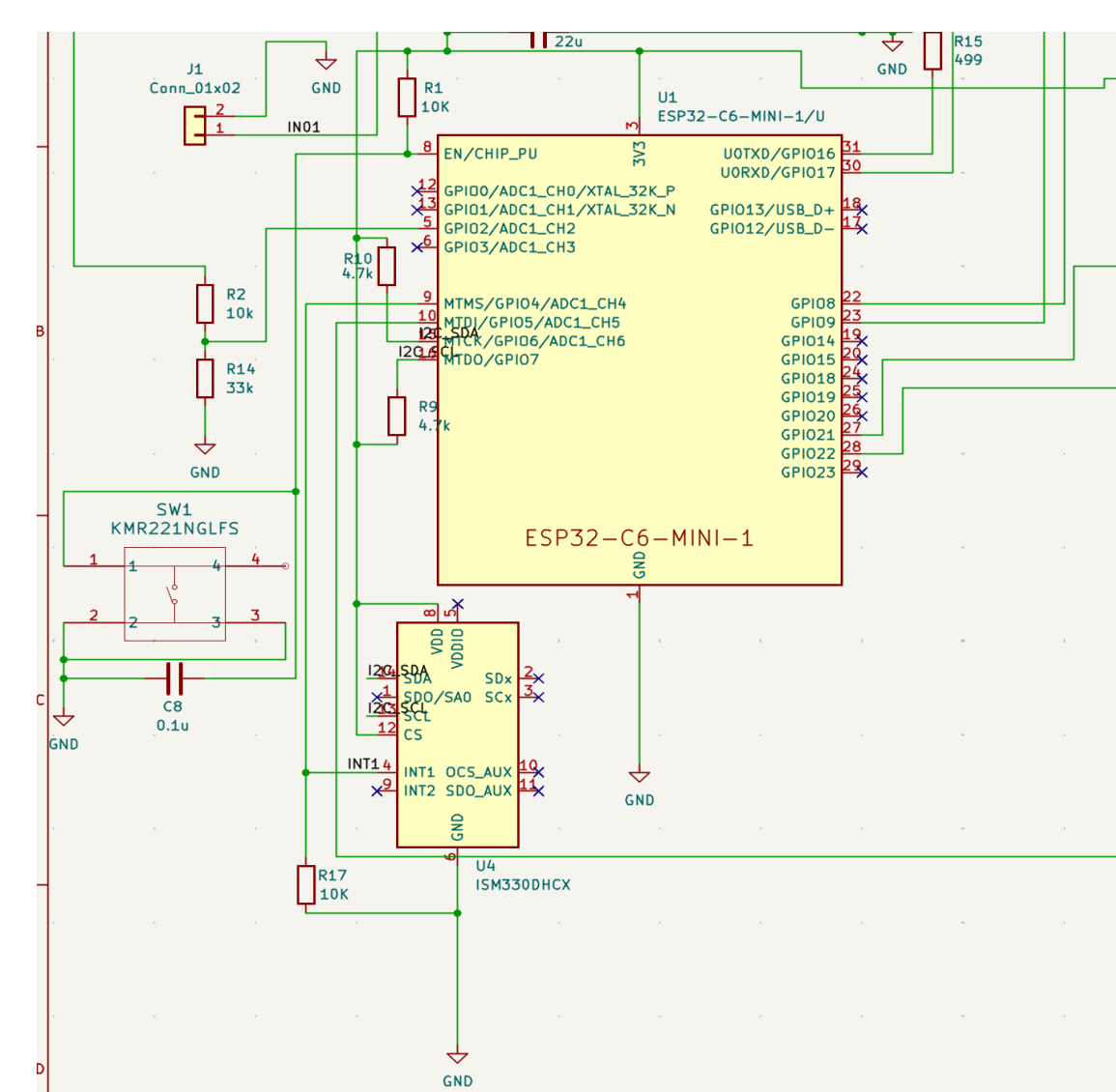
- 500mAh Adafruit LiPo
- ~1/8 the capacity size
- 1/2 the actual size
- Improved portability
- Supports reduced form factor goals



## PCB Redesign: Accelerometer Interrupt

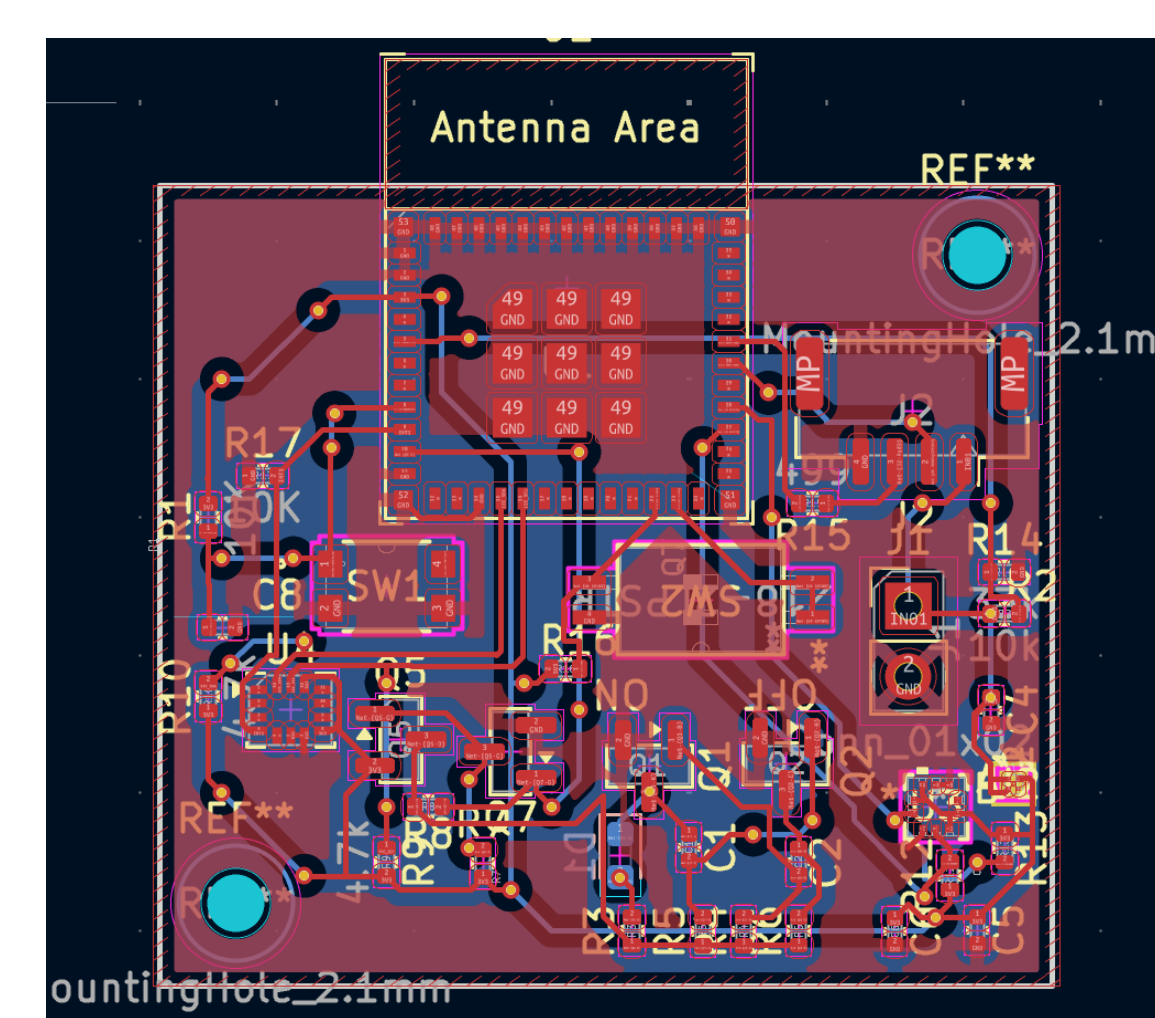
### Schematic Design

- Designed and validated system schematic and PCB layout using KiCad
- Accelerometer communicates with ESP32 using low-power I2C interface
- GPIO interrupt enables motion-triggered wake from deep sleep



### Design Considerations

- Interrupt-driven architecture minimizes unnecessary processor activity
- Redesigned PCB simplifies routing and reduces system power consumption
- Modular sensor interface supports future hardware expansion



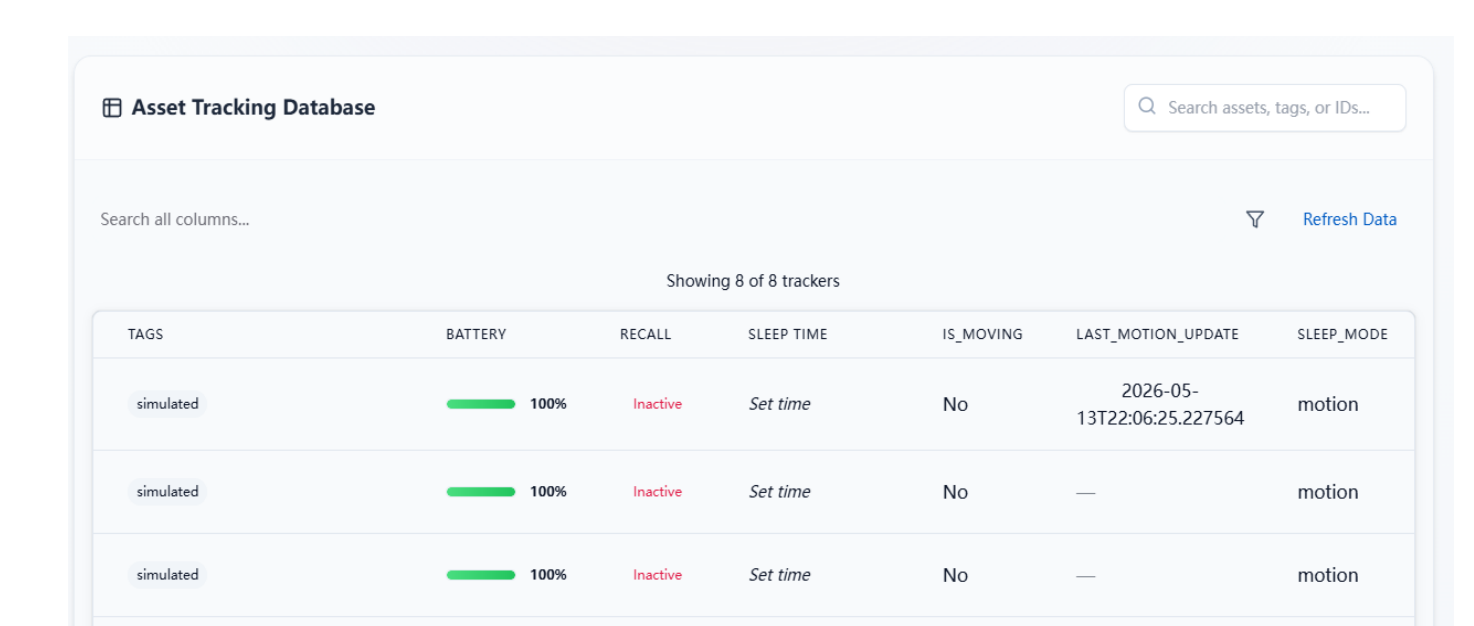
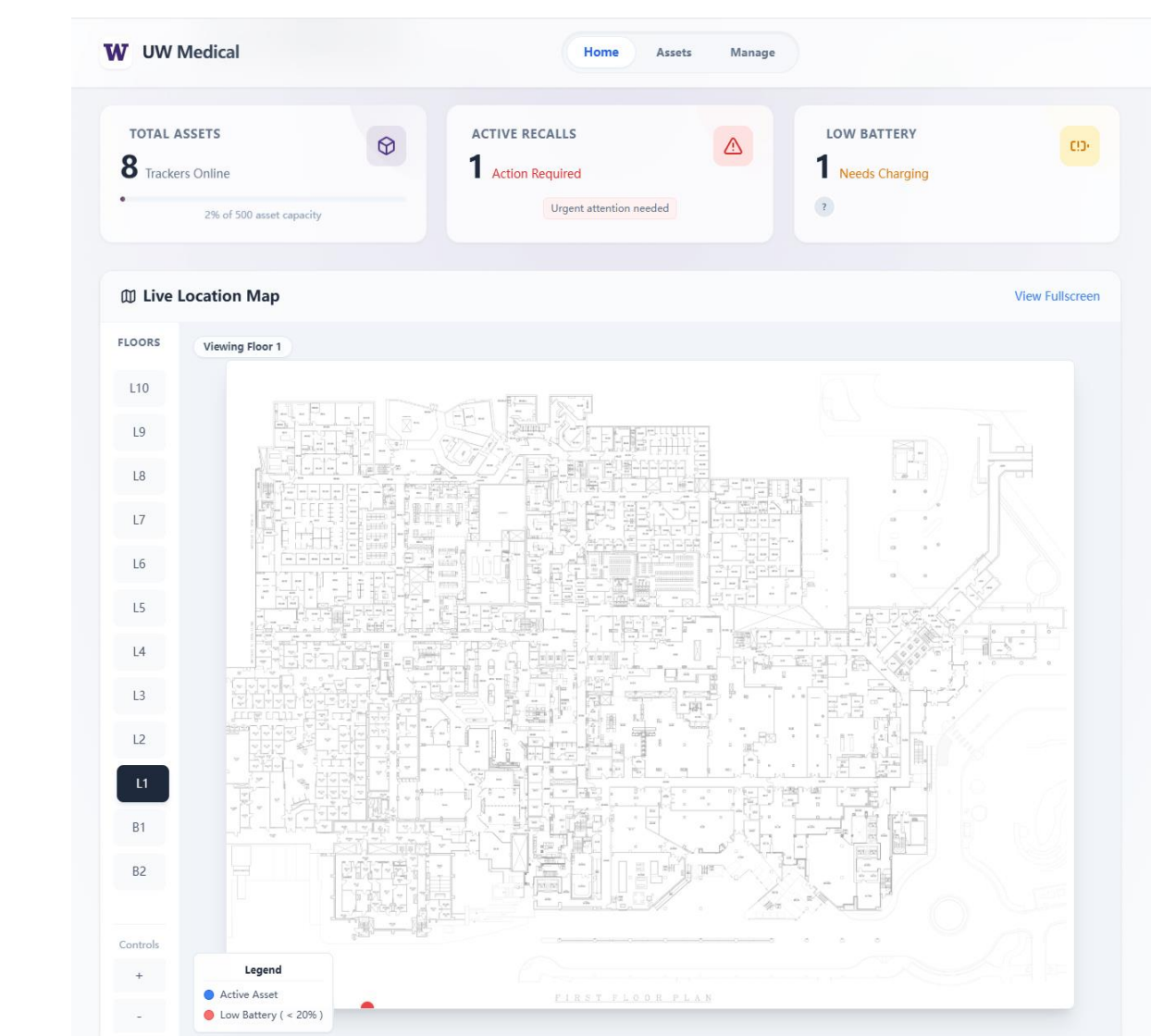
## Frontend Redesign

### Previous Problems:

- No centralized dashboard
- Limited visualization of tracker locations
- No motion/activity visibility
- Less intuitive navigation

### Improvements:

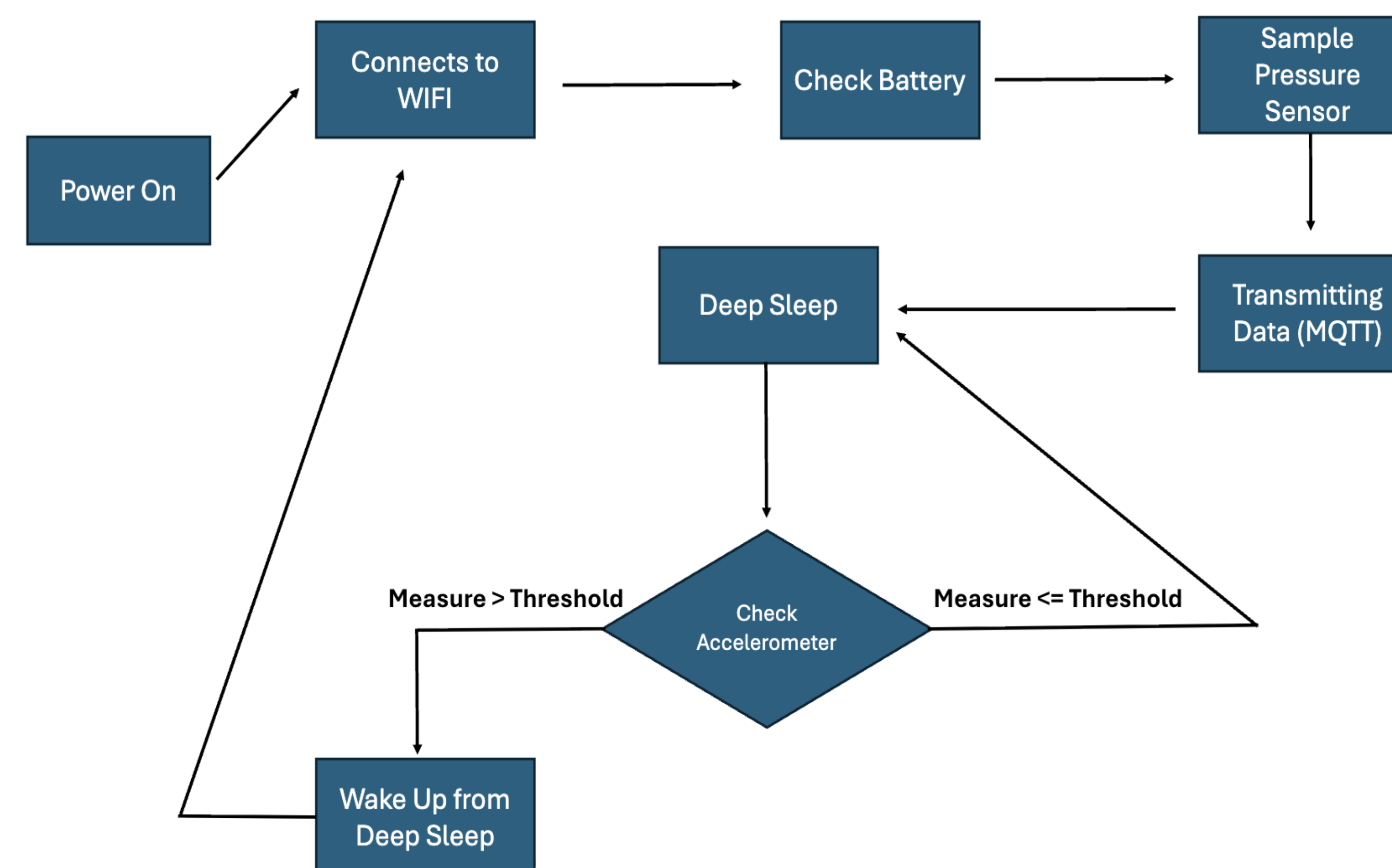
- Added centralized home dashboard
- Added interactive hospital floor maps
- Added motion detection indicators
- Added real-time backend polling
- Added two-way frontend/backend communication
- Updated UI with UW branding and cleaner layouts



### Human Centered Design Improvements:

- Designed UI around fast equipment lookup for hospital staff
- Simplified navigation to reduce interaction time
- Added visual status indicators for quick interpretation

## Firmware Flowchart



## Conclusion

- Achieved approximately 40% reduction in overall form factor compared to the previous generation
- Reduced battery size from 4000mAh to 500mAh Improved frontend usability and hospital floor navigation
- Added motion-triggered wake functionality to reduce power consumption
- Improved backend compatibility and testing infrastructure
- Created scalable architecture for future hospital deployment

## Future Work

- Redesign MCU architecture for lower power consumption and improved cycle efficiency
- Add BLE functionality for close-range asset localization
- Implement wireless mesh networking for improved reliability and tracking accuracy
- Add lightweight encryption for secure end-to-end communication
- Pursue FDA approval pathways for clinical deployment
- Partner with manufacturing vendors for large-scale production and deployment

## Acknowledgments

Faculty: Prof. Andrew Lewis, Prof. Joshua Smith