

Risk Management & Medical Device Recalls: A Survey of Medical Device Manufacturers

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Agenda

- What is the Real Problem?
- Are We Using Risk Management Appropriately?
- However, We Currently Know Little About . . .
- What Did the Study Reveal?
- Conclusions
- Summary of Research to Date

What is the Real Problem?

What is the Real Problem?

How can this continue to happen?

- Approximately 2,200 recalls occur annually (2010-2015)
- Costs due to non-routine quality events (2013 data):
 - \$400m Consent Decree
 - \$2m Recall
 - \$1m Warning Letter(s)
 - \$0.1m 483(s)

Medical Device Recall Report

FY2003 to FY2012



FDA Regulation of Medical Devices

Judith A. Johnson
Specialist in Biomedical Policy

June 25, 2012

McKinsey & Company

McKinsey Center for Government

The Business Case for Medical Device Quality



Congressional Research Service
7-5700
www.crs.gov
R42130

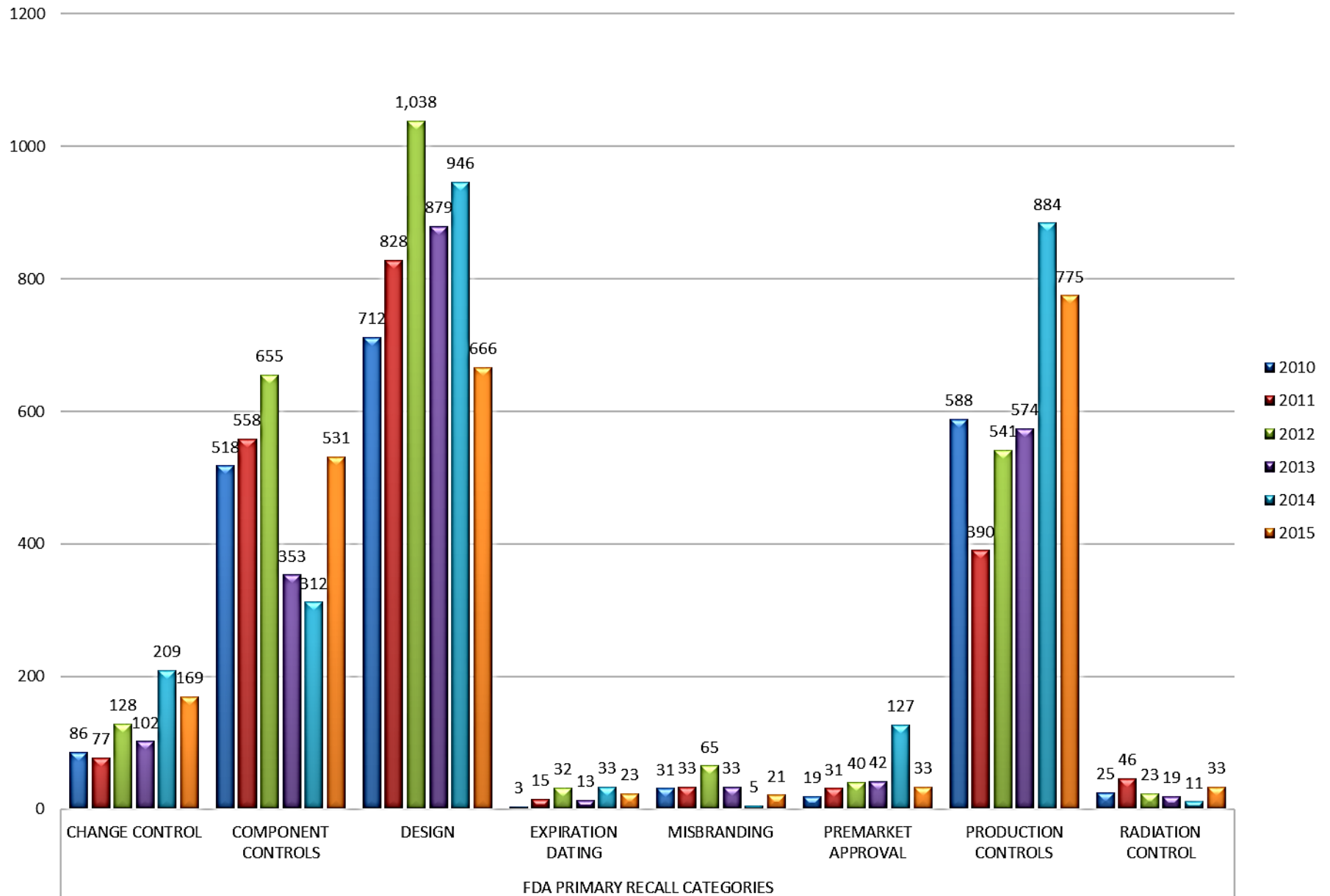
What is the Real Problem?

- The following data is analysis of approximately **16,300** recalls which grows daily
- The data is from January 1, 2010 to Present day
- The database was developed as part of a doctoral dissertation in regulatory sciences
- The database is composed of 8 primary categories & 21 sub-categories



How can this information not be readily available to industry?

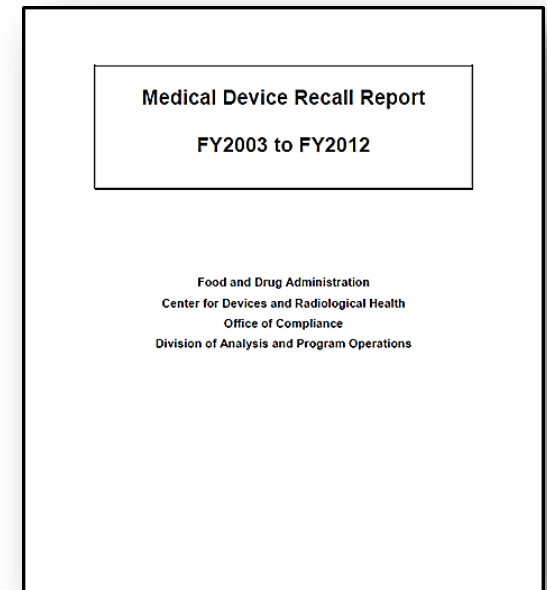
2010- 2015 Recalls for FDA Primary Categories



What is the Real Problem?

What are the critical factors contributing to recalls?

- Awareness?
- Quality challenges?
- Overall Risk Management system?
- Culture?

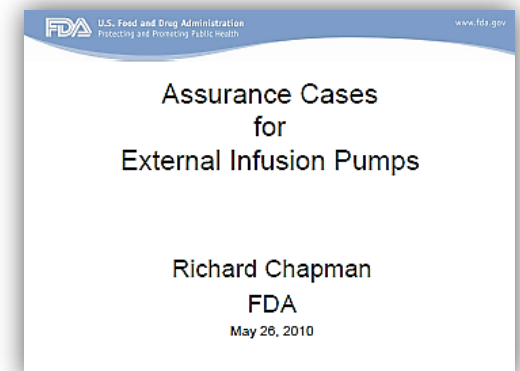


- The annual number of medical device recalls increased by 97 percent from FY 2003 to FY 2012. We attribute this increase to: enhanced awareness by device firms, including those that were cited for reporting violations; and specific CDRH efforts to improve medical device safety.

What is the Real Problem?

Rick Chapman, former Chief of General Hospital Devices Branch at FDA-CDRH, has been quoted as saying the following:

“Recognize that QMS do not usually expose a bad decision, or a bad design but, when overly burdensome, can often hide these mistakes!”



Are We Using Risk Management Appropriately?

Are We Using Risk Management Appropriately?

Kim Trautman, former Associate Director for International Affairs at FDA-CDRH, has been quoted as saying the following:

“Are FMEA or FMECA... good tools? Yes. They are very good tools that can be utilized. Are they in and of themselves a risk management system? Absolutely not. I can’t tell you how many manufacturers I have seen that have tried to present their risk management system by simply presenting a FMEA—that is not a risk management system. Do not make the mistake of presenting FMEAs as your whole risk management system.”

Are We Using Risk Management Appropriately?

- When tragedy does occur organizations change the behavior as a result of a knee-jerk reaction to prevent this from happening again
- The initial attention to risk management in the wake of a disaster can fade gradually over time
- Consistent behaviors were found in the pharmaceutical, aerospace, & petroleum industries

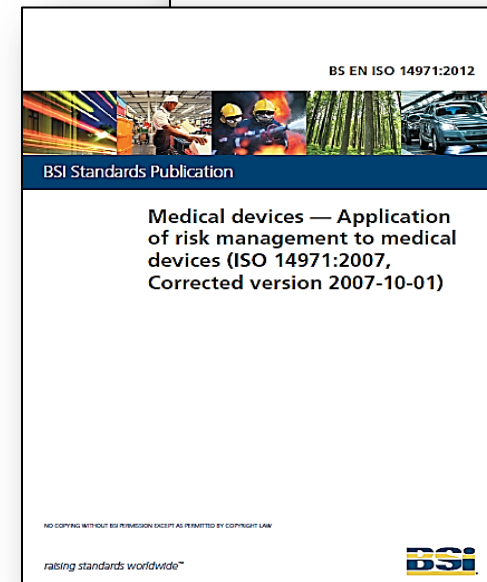


This seems to be counterintuitive to the overall goal of risk management

Are We Using Risk Management Appropriately?

Risk Management is more than a standard it needs to be embedded in the organizational culture....

- ISO 13485: 2016 Increased Areas of Emphasis
 - Risk Management
 - Regulatory Requirements
 - Outsourced Processes
 - Supplier Control
 - Design Control
 - Validation
 - Training



Are We Using Risk Management Appropriately?

“The recommendations in this guidance are intended to improve the quality of infusion pumps in order to reduce the number of recalls and adverse events associated with their use. The FDA believes that these recommendations will help mitigate current risk and reduce future risk associated with infusion pumps.”



Infusion Pumps Total Product Life Cycle

Guidance for Industry and FDA Staff

This guidance represents the Food and Drug Administration's (FDA's) current thinking on this topic. It does not create or confer any rights for or on any person and does not operate to bind FDA or the public. You can use an alternative approach if the approach satisfies the requirements of the applicable statute and regulations. If you want to discuss an alternative approach, contact the FDA staff responsible for implementing this guidance. If you cannot identify the appropriate FDA staff, call the appropriate number listed on the first page of this guidance.

1. Introduction

The Food and Drug Administration (FDA) has developed this guidance document to assist industry in preparing premarket submissions for infusion pumps and to identify device features that manufacturers should address throughout the total product life cycle. Infusion pumps, as described in 21 CFR 800.5725, are intended for use in a health care facility to pump fluids into a patient in a controlled manner.¹

The recommendations in this guidance are intended to improve the quality of infusion pumps in order to reduce the number of recalls and adverse events associated with their use. The FDA believes that these recommendations will help mitigate current risk and reduce future risk associated with infusion pumps.

FDA's guidance documents, including this guidance, do not establish legally enforceable responsibilities. Instead, guidances describe the Agency's current thinking on a topic and should be viewed only as recommendations, unless specific regulatory or statutory requirements are cited. The use of the word "should" in Agency guidances means that something is suggested or recommended, but not required.

¹ For purposes of this guidance, the term "fluid" refers to FDA approved drugs and licensed biological products. This guidance also includes recommendations for prescription infusion pumps intended for use by lay users in the home or elsewhere. For purposes of this guidance, "lay users" or "home users" are users who receive infusion pumps from or on the order of a health care provider and who use the pump under the supervision of a licensed practitioner in any setting outside a health care facility, including the home.

Are We Using Risk Management Appropriately?

Guidance for Industry and Food and Drug Administration Staff

Factors to Consider When Making Benefit-Risk Determinations in Medical Device Premarket Approval and De Novo Classifications

Document issued on March 28, 2012.

The draft of this document was issued on October 1, 2012; this document was edited to correct errors.

For questions about this document concerning devices regulated by the Center for Devices and Radiological Health, contact the Center for Devices and Radiological Health at 301-796-5735 or by electronic mail at CDRH@FDA.gov. For questions about this document concerning devices regulated by the Center for Food and Drug Administration, contact the Center for Food and Drug Administration at 301-796-5735 or by electronic mail at CDER@FDA.gov.

CDRH **CIB/ER**
Center for Devices and Radiological Health
Department of Health and Human Services
Center for Food and Drug Administration

Design Considerations and Pre-market Submission Recommendations for Interoperable Medical Devices

Draft Guidance for Industry and Food and Drug Administration Staff

DRAFT GUIDANCE

This guidance document is being distributed for comment purposes only. Document issued on January 26, 2016.

Submit comments and suggestions regarding this draft document within 60 days of the date of the notice announcing the availability of this guidance document at <http://www.fda.gov/oc/ohrt>.

U.S. Department of Health and Human Services
Food and Drug Administration
Center for Devices and Radiological Health
Office of Device Evaluation

Public Notification of Emerging Postmarket Medical Device Signals ("Emerging Signals")

Draft Guidance for Industry and Food and Drug Administration Staff

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This draft guidance document is being distributed for comment purposes only. Document issued on December 31, 2015.

You should submit comments and suggestions regarding this draft document within 90 days of the date of the notice announcing the availability of the draft guidance document at <http://www.fda.gov/oc/ohrt>. Submit written comments to CDRH@FDA.gov, Food and Drug Administration, 5600 Fishers Lane, Room 1061, Rockville, MD 20857. Identify all comments with the docket number that publishes in the *Federal Register*.

U.S. Department of Health and Human Services
Food and Drug Administration
Center for Devices and Radiological Health
Office of Communication and Education
Office of Surveillance and Biometrics

Applying Human Factors and Usability Engineering to Medical Devices

Guidance for Industry and Food and Drug Administration Staff

Document issued on February 3, 2016.

As of April 3, 2016, this document supersedes "Medical Device Use-Safety: Incorporating Human Factors Engineering into Risk Management" issued July 18, 2009.

The draft of this document was issued on June 21, 2011.

For questions regarding this document, contact the Human Factors Premarket Evaluation Team at (301) 796-5735.

U.S. Department of Health and Human Services
Food and Drug Administration
Center for Devices and Radiological Health
Office of Device Evaluation

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How effective are we as risk practitioners of industry if we are seeing more guidance released on how to evaluate risk?

However, we currently know little about...

However, we currently know little about...

...How manufacturers are utilizing risk tools throughout product development

...How industry views Risk Management throughout the organizations culture

...How industry responds to activities such as recalls and what this does to the risk management culture

Are manufacturers viewing Risk Management activities as a task rather than utilizing the benefits?

What Did the Study Reveal?

What Did the Study Reveal?

- Risk Management adds value
- Risk Management can reduce product recalls and unanticipated product complaints
- Risk Management activities are embedded in goals and objectives
- Current Risk Management systems are effective at organizations
- Organizations are knowledgeable about 21 CFR 820 and ISO 13485

These results are perfect... industry understands the overall value of risk management ... right?

What Did the Study Reveal?

- The Quality function is responsible for risk management and other functions provide a support role
- Risk Management updates occur throughout the lifecycle
- Policies and procedures exist for various risk activities
- Organization provide Risk Management training

These results are perfect... industry understands the overall value of risk management ... potentially?

What Did the Study Reveal?

A Multifaceted Problem:

**Culture, Competency, Memory, Processes, and
Resources**

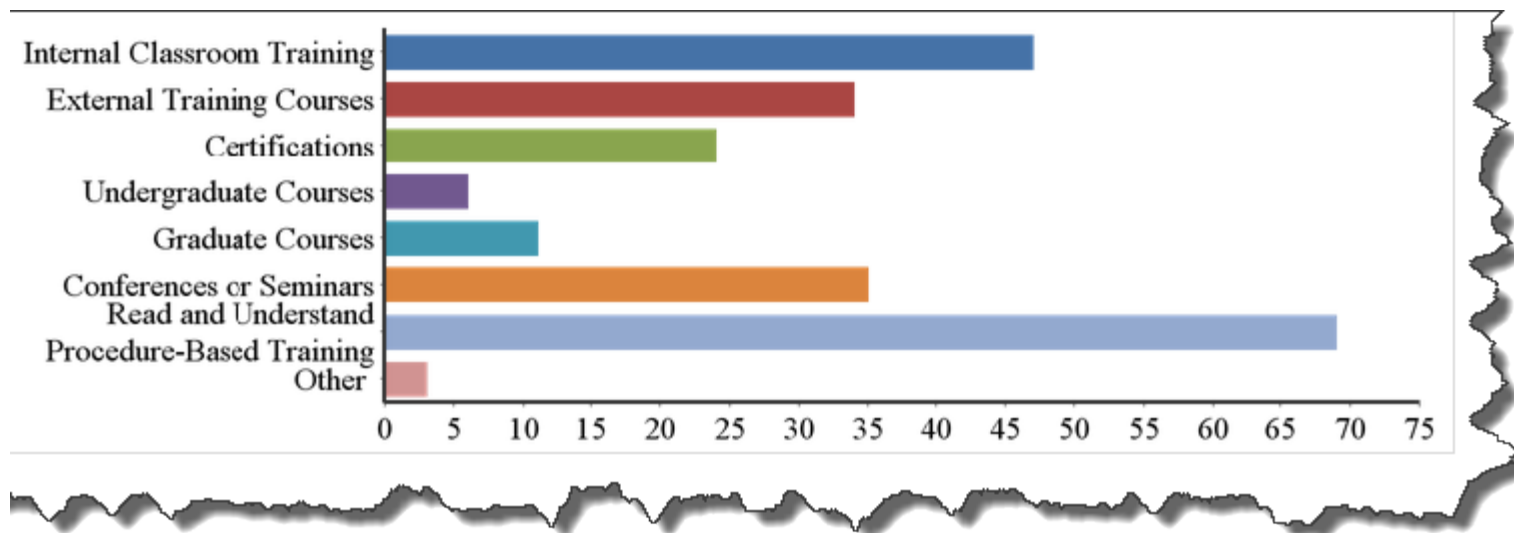
Culture

- Short project timelines impact the ability to identify and mitigate hazardous situations
- Risk Management is burdensome and perceived to be tolerated
- Risk Management activities reduce unanticipated product complaints and recalls

Question	Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree	Cannot Comment	Response
My organization's project time lines impact its ability to identify or mitigate hazardous situations	31%	30%	10%	17%	11%	2%	84

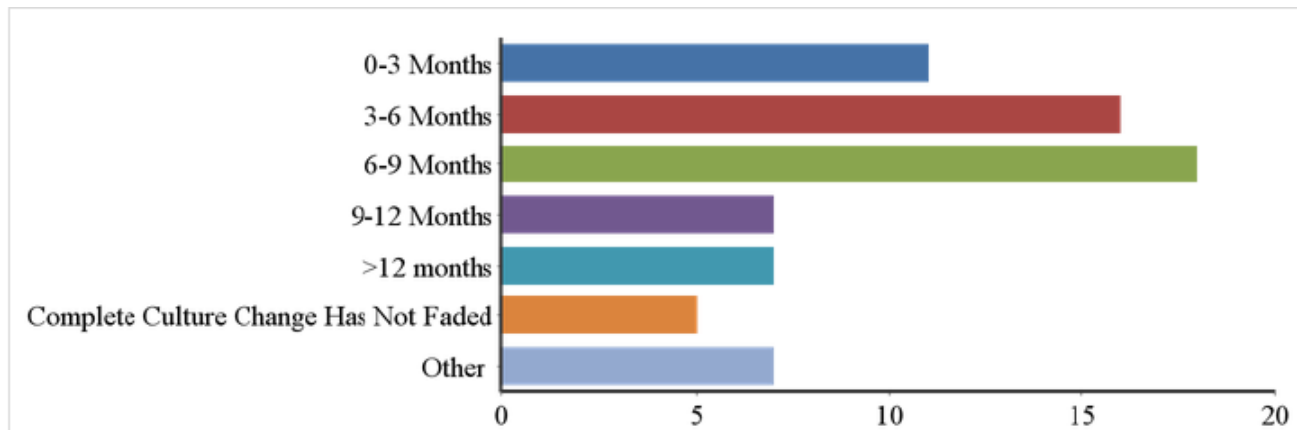
Competency

- Organizations are relying on limited basic tools (1º FMEA, 2º 5-Why, or 3º Preliminary Hazard Analysis)
- Organizations are not knowledgeable in standards for risk tools
- Training is primarily based on read and understand procedures



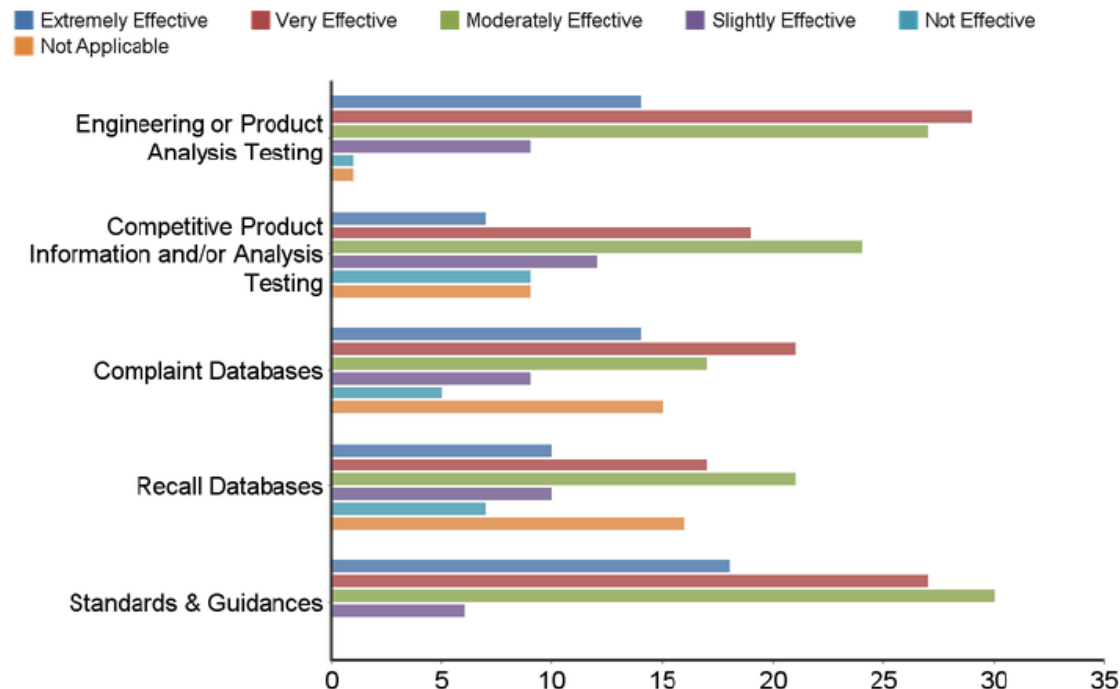
Memory

- As memory fades, it might be expected that risk assessment activities lose intensity
- Risks could have been mitigated prior to release
- The use of additional risk management tools may have helped to identify new risks



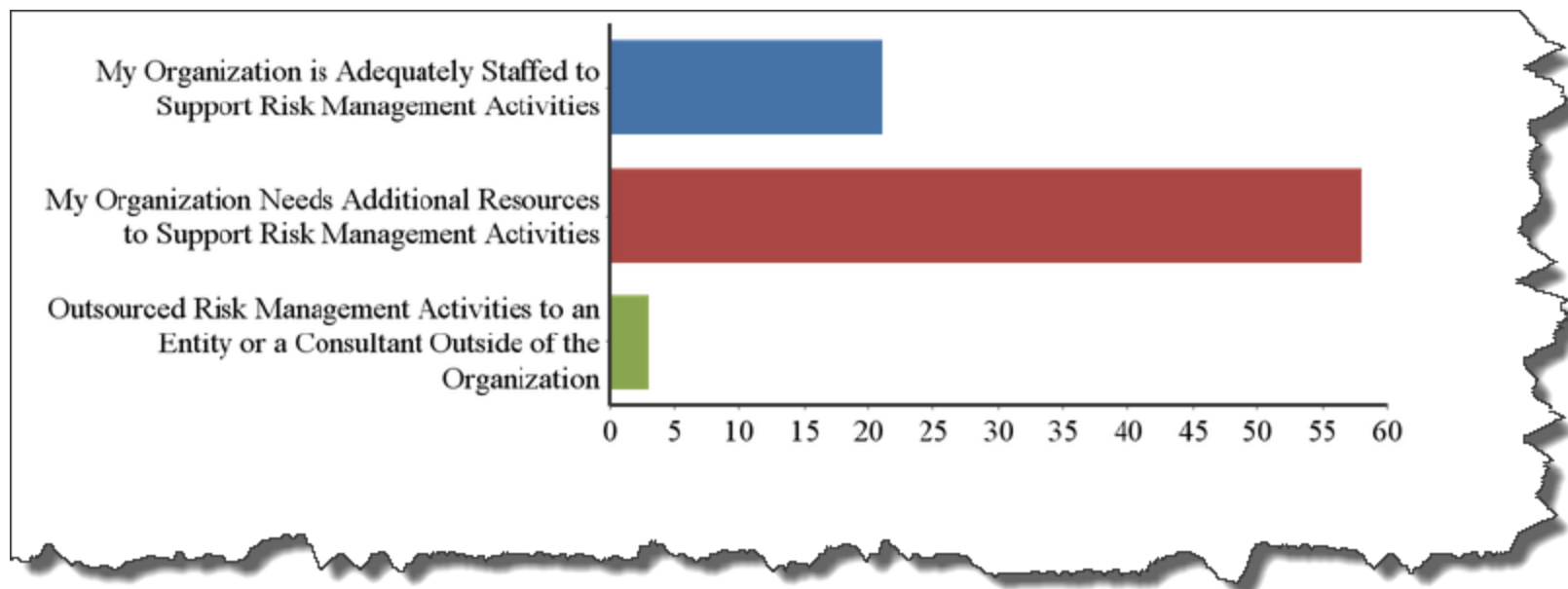
Processes

- Organizations are not utilizing FDA complaint and recall databases to identify new hazards or hazardous situations pre or post launch
- Risk Management begins in the development phase when respondents feel it should start in feasibility



Resources

- Most time and resources were spent on risk management at early stages of product development
- Respondents believed that their organization needed to devote additional resources to support risk management activities



Conclusions

- Organizations may meet the spirit of the requirements for a “quality Culture” that embraces Risk Management based on the responses
- These results further support the idea that while organizations are familiar with the needs for risk management as part of a quality system, understanding deeper knowledge regarding the tools and techniques is a significant weakness
- These results suggest that many organizations do not have adequate resources for the optimal support of risk management activities, and are focused on the early stages of product management
- The results suggest that the risk management teams could profit from better education concerning the different types of tools available to inform risk management and a wider appreciation of enterprise risk management approaches

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Questions

