Post market Surveillance
ISO13485 2016
EU Medical Device Regulation

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Agenda

- Post market Regulatory Requirements
  - ISO 13485 2016 – Summary of key changes
  - MEDDEV
  - PMCF
  - Risk Management
  - Trend Requirements
  - EU MDR

- Post market surveillance System alignment & Implementation
  - Surveillance information sources
  - Investigation and Analysis
  - Action System and Outputs
    - Vigilance; Escalation processes – CAPA; Field Action
  - Management Reviews & Dissemination

- Best Practices

- Questions & Discussion
Evolving Regulatory Environment

**Recognition**

- Limited pre-market clinical data; poor detection / characterization possible complications from widespread use/long-term performance issues.
  - e.g. durability, biocompatibility, Device/device or device/drug interactions, Use error, off-label use, learning curve
- Inadequate residual risk evaluation and completeness of risk controls

**In response.....**

*Increased attention & requirements from health authorities and regulators.*

- More pre-marketing data, larger safety databases
  - Increased focus on analyses of outcomes: how is the product used?
  - Risk Management Strategies (REMS/EU-RMP)
  - Increasing role for post-marketing studies
ISO 13485:2003 - Medical devices -- Quality management systems -- Requirements for regulatory purposes

- Procedures to collect information from various sources such as users, service personnel, training personnel, incident reports and customer feedback.

- Section 8.2 “gain experience from the post-production phase, the review of this experience shall form part of the feedback system”.

• ISO 14971:2007

- Establish, document and maintain a PMS system to collect information in production and post-production

- “… appropriate methods are in place to obtain relevant production and post-production information. The results for this review shall be recorded as the risk management report and included in the risk management file.”
ISO Standards for Post market Surveillance

ISO 14971:2012 - Medical devices — Application of risk management to medical devices

- Methods of obtaining relevant post-production information
- Established quality management system procedures (for example ISO 13485:2003)
- ISO 14971:2009, Annex F.7 “The risk management plan should include documentation of decisions, based on risk analysis, about what sort of post-market surveillance is appropriate for the device, for example, whether reactive surveillance is adequate or whether proactive studies are needed.”
  - Post market surveillance data required:
    - Correction on current products
    - Inputs to future designs
- Risk Management Plan should also define what type of post-market surveillance is appropriate for the device
  - Reactive surveillance (passive)
  - Proactive studies (Active)
- Risk Management Plan should also define what type of post-market surveillance is appropriate for the device
ISO 13485:2016 – Key Changes

<table>
<thead>
<tr>
<th>Focus Area</th>
<th>Requirement</th>
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<tbody>
<tr>
<td>Risk based approach</td>
<td>• Requires risk management principles be applied to all aspects of the Quality Management System</td>
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<td>Regulatory Requirements</td>
<td>• Increased harmonization and compliance to regulatory requirements</td>
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<td>• Regulatory reporting timelines now in scope</td>
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<tr>
<td>Documentation Requirements</td>
<td>• “documented requirements” are required to be established, implemented and maintained</td>
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<td>• “as appropriate” indicates required unless justified otherwise</td>
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<tr>
<td>Demonstrate Improvement</td>
<td>• Metrics are essential to show improvement</td>
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<td>• Analyze data and drive improvement</td>
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<tr>
<td>Process Approach</td>
<td>• Emphasis on meeting requirements, adding value, obtaining performance results/effectiveness and improving process based on objective evidence</td>
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ISO 13485 (2016) Summary of Key Changes

1 Definitions

- 3.4: Complaint definition; aligned with FDA definition

- 3.14: Post market surveillance definition; aligned with global definitions

- Several new definitions added and many existing definition refined
ISO 13485 (2016) Summary of Key Changes

Quality Management System (QMS) - General

- 4.1.1 - New requirement to document the roles of the organization
  - Who is the Manufacturer
  - Who is the Importer
  - Who is the Distributor
  - Who is the Authorized Representative

- 4.1.2 - New requirement to:
  - Apply risk based approach to control process
  - Depict process sequence with linkage

- Several new definitions added and many existing definition refined
Management Responsibility – Management Review

- 5.6.1 – New requirement to have a documented procedure for Management Review (MR) with documented planned intervals

- 5.6.2 and 5.6.3 - Management Review inputs and outputs have been expanded

- 5.2 Customer focus: Top management shall ensure that customer requirements and applicable regulatory requirements are determined and met

**New Inputs:**

- a) Feedback (Customer, Supplier, Internal employee, may be positive of negative, may be collected or requested)
- b) Complaints
- c) Reporting to regulatory authorities
  - Applicable new or revised regulatory requirements are inputs to management review

**New Output:**

- a) Changes needed to respond to new or revised regulatory requirements
ISO 13485 (2016) Summary of Key Changes

Customer Related Processes / Communication

- 7.2.1 – Increased requirement for the organization to include customer training needs to ensure specified performance and safe use of the medical device

- 7.2.2 – Prior to organizations commitment to supply product to the customer, the requirement has been expanded to include:
  - applicable regulatory requirements are met
  - user training is identified

- 7.2.3 – New requirement for the organization to communicate with regulatory authorities in accordance with applicable regulatory requirements.
Monitoring and Measurement - Feedback

- 7.2.3 Customer communication – enquiries, feedback, complaints, advisory notices
- 7.5.4 Analysis of service activities to identify complaints and inputs to the improvement process

- 8.2.1. – New requirement to have a documented procedures to gather feedback data from production and post-production activities.
  - 8.2.1 Feedback processes (production & post-production) should be documented and serve as inputs to risk management as well as improvement processes
  - 8.2.2 Complaint handling – justification for not investigating should be documented;
  - 8.2.3 Reporting to regulatory authorities – documented procedures
  - 8.4 Analysis of data – including feedback; service reports must be documented

- The feedback data will serve as a potential input into risk management, product realization or improvement processes.
Complaint Handling/ Reporting to Regulatory Authorities

- 8.2.2. – Brand new sub clause. The organization must have a documented complaint handling procedure(s) that aligns with regulatory requirements and promotes timely processing. The procedure covers the below:
  - receiving and recording information (Includes exchange with 3rd Parties)
  - evaluating information to determine if the feedback meets the definition of a complaint
  - investigating complaints (Justify if no investigation is required/possible)
  - determining need for regulatory reporting
  - handling of complaint-related product (sample returns)
  - determining need for corrections or corrective actions (Justify if no CA/PA is required)

- 8.2.3. – Brand new sub clause. The organization must have documented procedures for complaint reporting (MDRs, MDVs etc) and advisory notice reporting (Field Action (FA)) that aligns with regulatory requirements.

- On-time regulatory reporting of complaints (i.e. MDRs, MDVs) and field actions are now in scope.
Corrective Action/Preventive Action

- 8.5.2 - Expanded requirement for corrective action to ensure:
  - corrective action do not adversely affect the ability to meet applicable regulatory requirements or the safety/performance of the medical device
  - corrective actions are taken without undue delay

- 8.5.3 - Expanded requirement for preventive action to ensure:
  - preventive action do not adversely affect the ability to meet applicable regulatory requirements or the safety/performance of the medical device

- Ensure CA/PA actions do not introduce any new Non Conformance (i.e.: Product performance/safety issue or regulatory non-compliance) and document confirmation/justification under Verification and/or Validation (V&V).

- On-time completion of NCR investigations and corrective actions are in scope of inspection.
Manufacturer must institute and keep up to date a systematic procedure
to review experience gained in post-production phase; Implement
appropriate means to apply any necessary corrective action.

- Identification and investigation of residual risks associated with the use of medical
devices placed on the market.
- These residual risks should be investigated and assessed in the post-market phase
through systematic **Post-Market Clinical Follow-up (PMCF) studies**.
- PMCF studies are performed on a device within its intended use/purpose(s)
according to the instructions for use.”
- Where PMCF, as part of the post-market surveillance plan for the device, is not
deemed necessary, this must be fully justified and documented

Manufacturer must have procedures to gather clinical data post-market on
all devices, analyze the data, and take action as needed.

- Clinical evaluation and documentation must be actively updated with data obtained
from post-market surveillance.

**Trend Reporting:** when a significant increase in events not normally considered to be
INCIDENTs according to section 5.1.3. occurred and for which pre-defined trigger levels
are used to determine the threshold for reporting. (Per MEDDEV 2.12-1 rev 6)
MEDDEV 2.12-1 revision 8 (released Jan 2013)

- Includes In vitro fertilization and assisted reproduction technologies (IVF/ART) devices within the scope of the vigilance system and provides clarity in relation to devices that are not intended to act directly on the individual.
- Provides list of vigilance terms and definitions e.g. abnormal use; use error, harm etc., These were previously found in various documents.
- Clarified but did not expand reporting requirements for manufacturers - e.g. criteria for reporting to the NCA, reporting use error and abnormal use; reporting of signals from trending; periodic summary reporting; field safety corrective actions
- Provided good overview of the role of the NCA, Notified Bodies, and the European Commission

MEDDEV 2.7-1 revision 4 (released Jan 2016) (Clinical Evaluation Reports (CER))

- Rev 4 reinforces the links between Post Market Surveillance (PMS) and Post Market Clinical Follow-up (PMCF).
- Appendix 12 highlights the requirement for Notified Bodies to ensure that PMCF is planned and appropriately justified in light of the data retrieved and conclusions documented in the CER.
EU Regulatory Requirements vs. Guidance

<table>
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<tr>
<th>Legally Binding</th>
<th>Guidance / Standards</th>
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<tr>
<td>Regulations</td>
<td>ISO 13485; ISO 14971 2012; ISO14971 2007</td>
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<td>EU MDR - 2016</td>
<td>MEDDEV (Vigilance - MEDDEV 2.12-1 rev 7; 2.12-1 rev 8 PMS – MEDDEV 2.12-2 EC Reps – MEDDEV 2.5/10)</td>
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<td>Directives 1990: (in place)</td>
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<tr>
<td>• Active implantable medical devices [AIMD] (90/385/EEC)*</td>
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<td>• In-vitro diagnostic medical device [IVDD] (98/79/EC)*</td>
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<tr>
<td>• Medical device [MDD] (93/43/EEC)*</td>
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<td>* (As transposed into EU MDR 2016)</td>
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- The Directives and harmonized standards, form a framework for the manufacturer to develop a comprehensive feedback system to ensure continued safe-use of a device for the manufacturer’s intended purpose.

- National Competent Authorities have instructed Notified Bodies to focus on adequacy of the vigilance process. Expect full implementation of MEDDEV 2.12 rev 8 requirements for post market clinical follow-up, post market plan, and review, trending. Assurance that the legally binding regulations are met.
EU Directives

- Manufacturers must conduct post market surveillance (PMS).
- PMS requires:
  1. Manufacturer institute and maintain an up-to-date systematic procedure to review experience gained from devices in the post-production phase, which include provisions referred to in Annex X (93/42/EEC), or Annex VII (90/385/EEC)
  2. Implementation of appropriate means to apply any necessary corrective action.
  3. Complemented by harmonized standards:
     - EN ISO 13485, Outline of a quality management system (QMS) structure which compels the need for a feedback system specifically to provide early warning of quality problems and for input into corrective and preventive action processes.
     - EN ISO 14971:2012, Medical devices: Application of risk management to medical devices. Specifies requirements for production and post-production information to be considered as part of the overall risk assessment process throughout the life of the device.
Post market MDD 93/42 versus EU MDR

MDD 93/42 Annex X

• Clinical evaluation
• Clinical investigation
  – MEDDEV 2.7.1 Rev.3 2009 Clinical Evaluation
  – MEDDEV 2.7.4 2010 Clinical Investigations
  – MEDDEV 2.12/2 rev2 2012 PMCF

  – Literature route broadly accepted for conformity assessment
  – Essential requirements based on clinical evaluation

MDR chapter VI

• Clinical Evaluation (Art. 49)
• Clinical investigations (Art. 50-60) Annex XIII:
  – Clinical evaluation and post-market clinical follow-up
  – Annex XIV: conducting clinical investigations

  – Class III and implantable devices (high risk class): Literature route not acceptable
  – For other risk classes: equivalence may be difficult to demonstrate
  – Enforcement of PMCF all over the life cycle (periodic reports on risk/benefit ratio)
EU Medical Device Regulation - Scope

• Regulatory framework will change from Directives to Regulation
  – Merger of AIMDD and MDD
  – Integration of contents of the GHTF and the MEDDEV guidelines as well as the EN ISO 14155; Reinforcement of ISO, MEDDEV, Risk-based approach
  – CE mark – potential changes to product registrations; Legacy products must be remediated.
  – Implementation of EU reference laboratories
  – Better coordinated information exchange between national competent authorities
  – 3-year transition period: Published late 2016; effective 2019 -2020

• Clinical data and Post market Clinical Follow-up (PMCF):
  – Stricter assessments: periodic reports to the member states
  – Stricter requirements for clinical evidence

• Implementation of the UDI

• Expansion of EUDAMED
  – Electronic Database on Vigilance; Centralized system for safety reporting and vigilance; Clinical Investigations.
  – Centralized submission process with multi-centric clinical investigations

• More accountability for Notified Bodies (NB)
  – Certifying devices, and in post market follow-up
  – Unannounced inspections by the CA
ISO 13485 2016 Implementation Strategy

- **Quality System Alignment**
  - Top Level Quality procedures should explicitly map to global regulatory requirements
  - Top Level Quality policy should explicitly include intent to meet all applicable regulatory requirements

- **Global Gap Analysis**
  - Complete a gap analysis between top level corporate procedures and the standard.
  - Review and confirm sites and lower level documents comply with and align to corporate procedures.
  - Ensure “locally defined” requirements are included in your local procedures

- **Global Action Plan to close gaps**
  - Understand what global actions are in progress to address gap(s)
  - Determine if local procedures address gap(s)
  - Evaluate timing of resolution compared to your scheduled inspection

- **Inspection / Audit readiness**
  - Locally review and prepare your site; understand NB schedule for audits under the new standard.
Quality System Alignment

• Proactive Compliance
• Establish Process and procedures for:
  – External monitoring of Global regulations
  – Gap Analysis with existing QS Procedures
  – Adjust as needed; Maintain GQR linkages
MEDDEV - How to Implement?

• **Establish Post market Surveillance Policy**
  – Establish formal requirement for a post market surveillance plans and review.

• Ensure the Product development process includes establishing **Post market Surveillance Plan** and a **Post market Surveillance Review**

  • **Post market Surveillance Plan**
    - Clearly outline linkages between risk management, design assurance, R&D, clinical, business units, sales and marketing. Clearly define roles and responsibilities
    - Evaluate type of post market surveillance needed – Passive (complaints) and/or Active.
      - Passive PMS (Complaints, Literature, Vigilance always required)
      - Active PMS – (Customer feedback surveys; Focus groups etc.) Required, but type of activity dependent upon product risk
    - Describe the product specific methods by which information is collected, processed, and evaluated for possible relevance to safety and efficacy.
    - May be implemented as part of the Risk Management Plan; Responsibilities typically fall with the Risk Management Documentation owners, depts. that submit for licensure to NB.

  • **Post market Surveillance Review**
    - Periodic product reviews and Risk-benefit reanalysis. Include Literature reviews, Post market surveillance outputs, Clinical Evaluations.
## Post market Surveillance and Risk Management

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<th>Phase</th>
<th>Actions</th>
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| **Risk Management Planning** | • Define risk ratings, risk grids, risk acceptance criteria  
• Define risk management deliverables including human factors studies  
• Define plan for post-launch risk management  
**Output:** Post market surveillance plan                                                                                                                                                                                                                                     |
| **Risk Assessment (Risk Analysis & Risk Evaluation)** | • Identification of known and foreseeable hazards in both normal and fault conditions; Estimation of risks for each hazardous situation; literature /standards, human factors  
**Inputs:** Monitor production / post production data (Complaint investigations, MDRs, recalls, safety alerts) to re-estimate risk and ensure residual risk remains acceptable.  
**Outputs:** Action System, CAPA, Field Action; Management Reviews                                                                                                                                                                                                                   |
| **Risk Control**           | • Risk control option analysis & Implementation of risk control measures;  
• Residual Risk assessment; New risks arising from risk control measures  
• On-going assessment of Production / Post Production Information; Monitor need for additional control measures.  
• Post-Market Clinical Follow-up (PMCF) studies; Clinical Evaluations / Periodic Risk Benefit Analyses  
**Outputs:** Updates to risk files; triggers for safety alerts;                                                                                                                                                                                                                   |
Post market Clinical Follow-up

• Notified Bodies will assess manufacturers’ PMCF plans, their proposed execution, as well as the assessment of a manufacturer’s justifications that a PMCF is not necessary.

• Considerations for conducting or foregoing PMCF:
  - Does pre-market clinical data reveal any unanswered questions about safety or performance?
  - Did any adverse events occur that warrant further investigation?
  - Was pre-market clinical data improperly generalized?
  - Does the lifespan of your device extend beyond the time frame that pre-market clinical data was collected?
  - Has new information emerged that affects pre-market data?
  - Has the use of the device been extended to populations that were not included in clinical trials?
  - Has the product been altered in any way from the product that was used to gather pre-market clinical data?

• PMCF studies may include extended follow up of patients involved in pre-market studies, new clinical investigations, or a review of relevant retrospective data from patients previously exposed to the device.
PMCF – How to implement

• Establish Process and procedures for periodic product reviews and periodic Risk-benefit reanalysis
  – Literature reviews
  – Post market surveillance
  – Clinical Evaluations
  – Other sources of information
  – Cross-functional review
  – Clear decision-making and documentation

• If determination they are not needed – document rationale
Trend Reporting

- Section 4.18 of (MEDDEV 2.12-1 rev 6) - Requirement to file vigilance reports on otherwise not reportable complaints, when trends exceed a pre-set level.

- Current situation described in MEDDEV guidance (MEDDEV 2.12-1 rev. 7 (Guidelines on a medical devices vigilance system, published in March 2012) includes three situations where trend reporting should be considered:
  - Already reportable INCIDENTs
  - INCIDENTs that are usually exempt from reporting
  - Events that are usually not reportable

- How to Implement:
  - Requirements not clearly defined; highly variable expectations of the Competent Authorities, with respect to the approach taken by manufacturers
  - Establish thresholds; review process; clearly document rationales for reporting / not reporting MDVs.
Example – Major NB Non conformance

“Post Market surveillance does not meet the requirements of the amended MDD… the current procedure does not define relative inputs of the post market procedure including inputs to design process, risk management and clinical reviews.”

“Documented evidence that post market surveillance plans are based on the outputs of risk management… could not be provided.”

Requirements

– Information on Clinical Evaluations and Post Market Surveillance Planning as part of Risk Management;
– Clearly defined linkages between business units, sales and marketing, design assurance, R&D, clinical, risk management, with clearly defined roles and responsibilities (Post market surveillance Policy)
– System/process for conducting Post Market Surveillance Reviews (PMSR) (Procedures, templates; examples showing use..)
Post market Clinical Follow-up

Comprehensive set of Activities:

Passive (Reactive) PMS;
• Always required

Proactive (Active) PMS;
• Required, but level and type of activity dependent upon product risk

Passive Complaints Literature Reviews

Vigilance MDR MDV FAR

Active Clinical studies / Registries
Customer surveys / Focus Groups
Feedback during training

QMS

Post market Surveillance
Post market Surveillance and Action System

Surveillance (Information Input)
- Complaints
- Servicing
- Literature Reviews
- Customer Feedback
  - Surveys
  - Focus Groups
- Post market clinical studies;
- OUS events if same / similar product is marketed or manufactured in US
- Integrated data systems

Investigation & Analysis
- Failure Investigations
  - Returned products
  - Internal testing
- Medical review
- Risk Management

Action
- MDR filing decisions
- Vigilance (MDV) analysis
- Field Alert Reports (FAR)
- BPDR
- CAPA
  - Process
  - Design
  - Labeling
  - Training
- Correction / removal

Communication
- All stakeholders
  - Management
  - Internal businesses & plants
  - R&D; Risk Mgt.
- US / OUS Regulatory Agencies
- Hospitals, Physicians, Patients
- Suppliers Distributors

Goal of PMS system is to take appropriate action to protect public safety and improve product performance
Surveillance Information Sources

• Consider how is the company structured – Organizational Alignment
  
  Multiple manufacturing sites, businesses, divisions
  
  Complaint processing site vs. investigation site
    - Complaint Record Accessibility
    - Complaints Not maintained at Manufacturing Site
    - Call centers

• Who are the designated complaint handling units

• Reporting – Central team; Regulatory Affairs; Local Units

• Electronic systems and flow of information. Consider:
  
  - Service Systems;
  - Complaint Handling Systems; Electronic vs. paper
  - Translations and Time zones
  - Record availability
Surveillance Information Training

- Customers, Sales Force, Field Service, Affiliates, Distributors; 3rd parties
  - Are roles, responsibilities, accountabilities for reporting complaints and adverse events in a timely fashion, undertaking the necessary follow-up; when req’d; parts returns etc. clearly understood and documented by all parties?

- Training
  - Do all employees know where and how to report Complaints and Adverse events?
  - Complaint and Adverse event (pharmacovigilance) staff trained on the products, use, safety signals, and the regulation.
  - Document complaints and adverse events so that they are easy to follow and understand – internal and external stakeholders
  - Training records for company employees, service; sales force; documenting they have been appropriately trained in complaint handling and adverse events.

- Quality agreements between Manufacturing sites. Pharmacovigilance Unit, Complaint handling unit.

- Quality agreements with Affiliates and Distributors.
Must be both Patient- and Product-Centric

Patient–Related Questions
- What was the patient’s condition prior, during, and after the use of the device or drug?
- Did or would the patient require medical or surgical intervention related to an issue associated with the use of the device?
- What medication did the patient require prior to and subsequent to the adverse event?
- Did the patient require return visits to a physician or health care provider to monitor healing after the adverse event?

Product-Related Questions
- How and why was Company made aware of this event?
- What other experience has Company learned about the use of this device in the same or similar circumstances?
- What have past Company investigations revealed about the use of this device?
- What is the severity and frequency of reported complaints associated with this device?
- Has there been any change to the manufacturing of, or materials used in the manufacturing of, the device, even ones meant to improve quality?
Regulatory Reporting
- Manufacturing Device Reports (5 - 30 day time frame)
- Vigilance Reports (10 - 30 day time frame)
- Field Alert Reports (3-day time frame)

Escalation: Corrective & Preventive Action (CAPA)
- Process
- Design
- Labeling
- Training
- Non-conformances
- Risk Management

Correction / removal
- Field actions / Field Safety Corrective Actions (FSCA)
- Recalls
- Safety notices
Vigilance Reporting Challenges

Challenges:

• Differing global regulatory requirements
• Timeframes for reporting differ by country and / or region
• Implementing MDD / EU / MEDDEV Requirements
• Field actions - Reliance on Affiliates, Distributors, 3’rd parties
• Maintaining accurate install base and product listing

Solutions:

• Be aware of current and emerging regulations
• Use country-specific Decision trees and standard forms documenting reporting decision
• Establish process for updating decision matrices and electronic systems
• Clarify authority to make reportability decisions at local / country level and ensure local / country personnel are adequately trained
• Local language and provisions for translation
• Ensure consistent record content
Dissemination & Management Reviews

Timely & Accurate information Exchange Internal & External stakeholders:

- US & Outside US Regulatory Agencies
- Hospitals, Physicians, Patients
- Site, Business Unit, Regional and Exec Management Reviews
- Businesses; Manufacturing plants; R&D; Risk Mgt.
- Local, Regional & Corporate quality boards
- Suppliers, Distributors, other 3rd parties

Typical information disseminated / discussed:

- Serious AE; Reportable events;
- Product Trends
- System performance efficiency and effectiveness metrics
- Relevant CAPAs; Projects/initiatives
- Investigations Status & Aging
- Industry trends and new/changing regulations
- User feedback
- Procedural changes/improvements
1. **Establish and Maintain Strong Linkage with Quality Systems Risk Management**

   - Ensure strong signaling and feedback systems. *Quality Culture*

   - Clearly outline linkages between business units, sales and marketing, design assurance, R&D, clinical, risk management, manufacturing, with clearly defined roles and responsibilities.

   - Leverage Risk Management information to aid in assessment and making reporting decisions.

   - Establish formal requirement for a post market surveillance plans and review (Post market surveillance policy).
     - Clearly outline passive (reactive) and active post market surveillance; sources; mechanisms for flow-down into the post market surveillance system.
2. Develop Tools to facilitate collection and documentation of customer feedback & complaint information.

- Customer feedback – Literature; focus groups, training sessions, social media; Post market clinical studies; registries (condition of approval and “marketing” studies).
- Establish procedures and train all company employees and agents to recognize and report complaints and adverse events within a defined timeframe:
  - Customers to call centers; Customers to Sales Reps; Distributors; 3rd parties; Service
  - Product specific complaint questionnaires; electronic links on company homepage.

- Take proactive steps to maximize likelihood of sample and device return. Communicate to customers importance of device return. Provide clear instructions and processes to facilitate return.

- Balance Patient-centric vs. Product-centric information collection:
  - Use Product / therapy-specific Complaint Notification Forms
  - What happened? When did it happen? Was the patient / user injured? Severity of Injury? Follow-up to determine patient outcome
  - Device / Lot / Batch #? Is the device available for return? Is the device past shelf-life? Reprocessed?
3. **Ensure reporting procedures and processes fully comply with regulatory requirements in all regions where products are marketed**

- Evaluate all complaints and adverse events.
  - Regulatory – AE, FAR, MDR, MDV, BPDR reportability
  - Need for further investigation and root cause determination

- Balance information needed with timely decision-making; If in doubt report on-time and supplement when additional information becomes available.
  - Use decision trees and examples to facilitate consistent decision-making; What objective evidence supports the “non-reporting” decision?
  - Medical review and escalation process for safety issues and serious events & Assessment of various clinical scenarios: e.g.
    - Treatment/Therapy not achieved
    - Significance of delay in treatment
    - Medical Intervention
Questions & Discussion