

A case study of the advancements in medical instrumentation and health technology

DONG YUQING^{1*,} DR. NORAISYAH TAJUDIN^{2a}, DR MOHAMMAD NIZAMUDDIN INAMDAR^{3b}

¹PhD. Research Scholar in Engineering, Lincoln University College Malaysia ^{2,3}Professor in Lincoln University College Malaysia Contact Details: ^anoraisyahtajudin@lincoln.edu.my; ^bnizamuddin@lincoln.edu.my

Abstract

One uses process when expressing an activity "What we mean when we say "model" therefore, is the process of actually sketching it out. In this chapter, the construction of novel medical devices was specifically addressed. The analysis of 32 studies revealed a common theme, and it wasn't health technology assessment or human factors engineering. Therefore, there is a lack of studies examining the most effective methods of data presentation. We may "that no comprehensive model has been produced in the literature so far.

Organizations may get a competitive advantage and a greater financial return on their investment in product development by adopting a new approach "investments. Process modelling has also been found to aid in improving the efficiency and effectiveness of the process. The modelling of the medical device development process is thus anticipated to be a useful tool for businesses and designers. However, there are none "methods that are certain to bring products and services, such as medical devices, to market. In other words, this is hardly a miracle cure.

In the end, the designer and his or her company are responsible for picking the most appropriate development approach and tools "manner of presenting it. However, there are a few pointers that may be provided. However, protocols that are too tight may have a detrimental effect on development, so it's crucial to allow for some leeway for creativity and consider the lessons learnt previous preview projects. In conclusion "up, the procedure need to function as a blueprint, allowing for variations to be implemented in certain cases.

Keyword: Medicinal Devices, Treatment of Diseases.

INTRODUCTION

When the housing bubble "burst in 2006, it triggered the 2008 financial crisis, which many consider the greatest crisis since the Great Depression of the 1930s. Many huge financial institutions have collapsed and significant firms have gone out of business since then, while

Europe has been engulfed in a sovereign-debt crisis, and austerity and cutting have been a common refrain in the media. While it is certain" that these events revealed many tragic circumstances, they also highlighted the importance of effective resource utilization in every area of society.

There was no escape from the "various austerity measures and reforms aimed at reviving the economy of the nations impacted by the financial crisis, even though the Universal Declaration of Human Rights stated that health is a fundamental right. Prior to these events, healthcare was already under financial stress because of the growing middle class, which is price sensitive but demands high-quality healthcare, and the alarming ageing of the population, which necessitates increased demand for higher-quality healthcare services as well as higher fees. When it comes to healthcare, it's safe to say that the crisis just underscored how important it is for healthcare providers" to adapt and improve the quality of their products and services in order to demonstrate the worth of both.

LITERATURE REVIEW

As a system that involves "people, procedures, and things, healthcare may be thought of as a comprehensive set of commodities and services that aim to keep people healthy (Tien and Goldschmidt-Clermont 2009). One may see healthcare's numerous components and some of their connections. It is not enough to study and enhance each component of this system and then reassemble the improved pieces; it is also necessary to comprehend the components' interactions. It is possible to make better judgments and prevent undesirable unintended consequences if one studies" a system as a whole rather than looking at each individual component separately.

Medicinal devices include any "type of medical gear, software, material, or other similar or related object that is intended to be utilized in the diagnosis or treatment" of a disease. As a result, they have the ability to influence "the way healthcare is structured, paid for, and provided. Introducing rapid diagnostic tests has made it possible to diagnose in low-resource settings with minimally trained health personnel and to screen quickly for potentially affected populations, reducing the risk of patients becoming sicker before an accurate diagnosis is made and the necessity of multiple visits to receive the outcomes. Improved diagnostic specificity has a direct" influence on patient outcomes and antibiotic over-prescription, as well.

Medical equipment "have been around since prehistoric times, and there was a period when barbers were surgeons and the local blacksmith created the instruments. Although healthcare and the professions linked with it have progressed, the creation of medical devices remains an experimental and untidy process. Healthcare spending in Europe and the United States is currently approximately 6 percent and 5 percent, respectively (Pammolli et al. 2005), but medical devices are an ever-growing and demanding business that relies on ever more complicated technology to meet ever more stringent" regulations.

Statement of the Problem

In the past several years, it has "become increasingly difficult and expensive for companies to produce and commercialise products that meet both quality and regulatory criteria at a profit. China and India's newcomers, known for their low-cost designs, have taken advantage of the

economic crisis to tilt the market in their favour. This sector, like many others, is always on the lookout for innovative ways to remain ahead of the competition. In order to do this, they are searching for new medical device design tools" and a new mindset.

To promote the creation "of technologies that aid in the design of cheaper and more efficient medical equipment, a thorough understanding of the many components of the medical devices' industry and their interrelations is needed. However, at the present time, such information is few and difficult to come by. By examining the particular aspects of medical devices and their development process, we want to fill this void and define the medical device system'. The purpose of this project is to compile the dispersed material found in books, scientific articles, web sites, and" other grey literature, and to serve as a springboard for more investigation.

In addition to the "unique characteristics of medical devices, a product development approach specifically tailored to these devices is proposed. Using the approach mentioned, a concept may be transformed into an efficient medical device that can fulfil both regulatory and quality criteria, as well as the expectations of the consumers. An emphasis has been placed on the explanation of the approach in order to facilitate" the development of novel medical devices by scientists, engineers, and students.

Objective of the Study

• To explore "the differences between existing and new" medical device

Research Questions

This study provided answers to the following research questions:

• Are "conventional product development methods capable of adapting to the unique characteristics of medical" devices?

RESEARCH METHODOLOGY

medical device development was broken down into five stages: ideation, concept development; design; "regulatory clearance and clearance; post-market activities. It is common for newproduct presentations to exclude market entry and post-market operations from their scope. Although these stages are crucial and should be included in the pre-market operations of medical devices, they are not necessary in other industries. A new need may be discovered or a new concept" may be developed as a result of post-market activities and information obtained during this time.

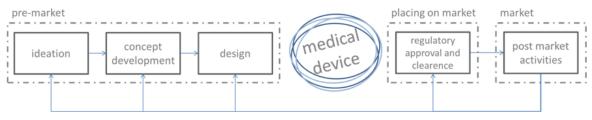


Figure: Methods used in creating new medical equipment.

The cost vs. "development time curve is plotted throughout the development of new goods in order to act as a mental" model and assist in making decisions (Smaling and Weck 2007). S-

shaped curve with an inflexion "point close to idea selection is typical, even if no quantitative data is supplied. In terms of medical devices, the cost-development time curve is expected to include two inflection points: one adjacent to concept selection, and the other before the product enters the market. For example, fees, clinical studies, and other expenditures connected with bringing a product to market will influence the second point. A device's risk class will be reflected in the curve's slope, which will be" steeper with a higher risk class. In order to verify this idea, further data from the industry is required.

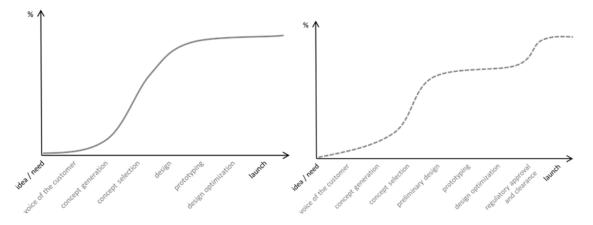


Figure: A proposed cost-development time curve for medical device creation is shown on the right, with "the typical curve" shown on the left.

Research Design

Figure depicts "the typical design-stage activities. Creating a product and devising a marketing and sales strategy take place at this stage. A product's brand identity is also protected by intellectual property, which continues to play a significant role in protecting the manufacturing process (copyright, trademark, and design). Instructions for usage and packing are produced when the product and its manufacturing are finalised. With the use of a quality assurance programme, we can make certain that our product is in compliance with all applicable laws. The device's cost may now be determined, and a fresh business analysis can be conducted using the updated data. If" the profit targets are met, manufacturing can commence immediately.

The four Ps of marketing, "namely product, pricing, placement, and promotion, may be defined more effectively when the adoption factors for medical devices are considered. Marketers should think about what" additional goods or services go well with the gadget and how to make them available as part of the overall plan. As an example, the lancet and the testing strips, as well as "their packaging and selling factors, need to be designed while constructing a glucometer. The presence of a firm employee during surgery on a stent-graft is usual practise when the procedure calls for technological support. The price of the device is defined by the reimbursement plan and the distribution channels selected, and the coverage achieved and the distribution channels picked dictate the device's placement or distribution. Finally, marketing comprises not just advertising, but also the essential training to guarantee that the item is used" correctly.

Data Analysis

Whether it's being descriptive or "When trying to understand how something works, it helps to have an explanatory model. The normative or prescriptive model is in contrast to this, since it specifies how actions must be taken in accordance with norms and standards that can be either rigorous or flexible "performance.

In this context, users can use a number of "factors to consider while weighing the pros and cons of each model. Smith et al. (Smith and Morrow 1999) assess the model's predictive value based on whether or not it addresses crucial managerial problems like scheduling, allocating resources, setting goals, and so on. They also have issues with the accuracy and timeliness of the data that is used to make judgments. It is considered with the model's rigour, assumptions, and simplifications the model's computational tractability (i.e. the availability of commercial software that is basic yet user-friendly). In their study of PDP models, Sharafi et al. (Sharafi" et al., 2010) looked at how much detail was included in descriptions of activities and how tasks were represented. Models can be evaluated in terms of their relevance and practicality, as well as their coherence, simplicity (i.e. the difficulty of developing models), and capacity to be understood by non-experts, in addition to the criteria established by the authors. The usefulness of the model should be measured "and efficiency and comprehensiveness (whether all ideas are represented).

After it arrives "There is a lot that can be said about the presentation of a process model and how clear its notation is. As a result, the majority of people favour the use of established modelling languages, whether they be textual or graphical "or writers There are several different modelling languages available in the research literature.

CONCLUSION

This doctoral dissertation will make significant contributions by establishing a unique procedure for developing medical devices and identifying and describing their unique characteristics.

These details "The contributions made here are made possible by the collection, organisation, and assembly of data that is normally spread on medical equipment. Products for medical use were also discovered, together with the processes used in their production "as well as analysed the results.

The "The studies focused particularly on the reality of medical devices in Europe. The European market and its regulatory structure were analysed and compared to the United States' reality, the global leader in this field "biggest.

A new visual technique was created "in response to the inadequacies of standard product development procedures," which helps to streamline the process and make it easier to pinpoint the variables that contribute to its rapid expansion.

In doing so, they defined concepts like "business failure" and "commercial success."

Those who are astute "A stent-graft was created utilising the techniques mentioned. Despite the absence of a prototype, an analysis of desirable characteristics was "out.

Limitations of the Study

It is possible to expand the conclusions of this Thesis in several ways. The most serious issue is the debate of the suggested "methodology's adaptability and limits. Multiple devices of

varying complexity should be produced and their time to market, development costs, the complication rate as well as the number of" devices sold should be examined in this situation. The presentation of the methodology "should also be considered. An interactive programme that allowed users to zoom in and out would be more appealing, rather than a poster that was first thought to be most practical manner of keeping the procedures in view at all times.

When a software programme is made accessible, further study is needed into the software's inputs and outputs to identify what documents" are generated and what information they should contain.

REFERENCES

- 1. Aguwa CC, Monplaisir L, Sylajakumari PA, Muni RK (2010) Integrated fuzzy-based modular architecture for medical device design and development. Journal of Medical Devices 4:031007. doi: 10.1115/1.4002323
- Aitchison GA, Hukins DWL, Parry JJ, et al. (2009) A review of the design process for implantable orthopedic medical devices. The open biomedical engineering journal 3:21–7. doi: 10.2174/1874120700903010021
- 3. Alexander K, Clarkson PJ (2002) A validation model for the medical devices industry. Journal of Engineering Design 13:197–204. doi: 10.1080/09544820110108890
- 4. Altenstetter C (1996) Regulating healthcare technologies and medical supplies in the European Economic Area. Health policy (Amsterdam, Netherlands) 35:33–52.
- 5. Best M (2004) Ignaz Semmelweis and the birth of infection control. Quality and Safety in Health Care 13:233–234. doi: 10.1136/qshc.2004.010918
- 6. Beyer H, Holtzblatt K (1997) Contextual design: defining customer-centered systems. 496.
- Boehm BW (1988) A spiral model of software development and enhancement. Computer 21:61–72. doi: 10.1109/2.59
- 8. Chuter T a M (2002) Stent-graft design: the good, the bad and the ugly. Cardiovascular surgery (London, England) 10:7–13.
- 9. Cookson R, Hutton J (2003) Regulating the economic evaluation of pharmaceuticals and medical devices: a European perspective. Health Policy 63:167–178.
- 10. Cooper RG (2008) Perspective: The stage-gate ® idea-to-launch process—Update, what's new, and nexgen systems. Journal of Product Innovation Management 25:213–232. doi: 10.1111/j.1540- 5885.2008.00296.x
- 11. Dyadem Press (2003) Guidelines for Failure Modes and Effects Analysis for Medical Devices. CRC Press, Ontario, Canada
- Eatock J, Dixon D, Young T (2009) An exploratory survey of current practice in the medical device industry. Journal of Manufacturing Technology Management 20:218–234. doi: 10.1108/17410380910929637
- 13. Fuchs S, Sandmann C, Gerdemann G, et al. (2004) Quality of life and clinical outcome in salvage revision total knee replacement: hinged vs total condylar design. Knee surgery, sports
- 14. traumatology, arthroscopy: official journal of the ESSKA 12:140–3. doi: 10.1007/s00167-003-0401-8

- Gad SC, McCord MG (2008) Materials in medical device design. Safety evaluation in the development of medical devices and combination products, 3rd ed. Informa Healthcare, pp 49–61
- 16. Gamerman GE (1992) FDA regulation of biomedical software. Proceedings / the. Annual Symposium on Computer Application [sic] in Medical Care Symposium on Computer Applications in Medical Care 745–9.
- 17. Hanna KE, Manning FJ, Bouxsein P, Pope A (2001) Innovation and invention in medical devices.National Academy Press, Washington DC
- 18. Holmes DR, Firth BG, James A, et al. (2004) Conflict of interest. American heart journal 147:228–37. doi: 10.1016/j.ahj.2003.12.001
- Katzen BT, MacLean AA (2006) Complications of endovascular repair of abdominal aortic aneurysms: A review. CardioVascular and Interventional Radiology 29:935–946. doi: 10.1007/s00270-005-0191-0
- 20. Kaufman J a., Geller SC, Brewster DC, et al. (1999) The vanguard stent-graft: practical approach.
- 21. Techniques in Vascular and Interventional Radiology 2:145–164. doi: 10.1016/S1089-2516(99)80029-8
- 22. Maisel WH (2004) Medical device regulation: An introduction for the practicing physician. Annals of Internal Medicine 140:296–302.
- 23. Mankins JC (2009) Technology readiness assessments: A retrospective. Acta Astronautica 65:1216–1223. doi: 10.1016/j.actaastro.2009.03.058
- 24. Miller BC (2012) Quick brainstorming activities for busy managers: 50 exercises to spark your team's creativity and get results fast. 208.
- 25. Milner R, Kasirajan K, Chaikof EL (2006) Future of endograft surveillance. Seminars in Vascular Surgery 19:75–82. doi: 10.1053/j.semvascsurg.2006.03.002
- 26. Owens J, Cooper R (2001) The importance of a structured new product development (NPD) process: a methodology. Engineering Education: Innovations in Teaching, Learning and Assessment (Ref. No. 2001/046), IEE International Symposium on. pp 10/1–10/6
- 27. Puccio GJ, Cabra JF, Fox JM, Cahen H (2010) Creativity on demand: Historical approaches and future trends. Artificial Intelligence for Engineering Design, Analysis and Manufacturing 24:153. doi: 10.1017/S0890060410000028
- 28. Raab GG, Parr DH (2006a) From medical invention to clinical practice: the reimbursement challenge facing new device procedures and technology--part 1: issues in medical device assessment.
- 29. Journal of the American College of Radiology : JACR 3:694–702. doi: 10.1016/j.jacr.2006.02.005
- 30. Shah SGS, Robinson I (2007) Benefits of and barriers to involving users in medical device technology development and evaluation. International journal of technology assessment in health care 23:131–7. doi: 10.1017/S0266462307051677
- 31. Shah SGS, Robinson I (2008) Medical device technologies: who is the user? International Journal of Healthcare Technology and Management 9:181. doi: 10.1504/IJHTM.2008.017372

- 32. Sorenson C, Tarricone R, Siebert M, Drummond M (2011) Applying health economics for policy decision making: do devices differ from drugs? Europace 13:ii54–ii58. doi: 10.1093/europace/eur089
- 33. Sprague S, Quigley L, Adili A (2007) Understanding cost effectiveness: money matters? Journal of long-term 17:145–152.
- 34. Young KC, Awad NA, Johansson M, et al. (2010) Cost-effectiveness of abdominal aortic aneurysm repair based on aneurysm size. Journal of Vascular Surgery 51:27–32. doi: 10.1016/j.jvs.2009.08.004
- 35. Zenios S, Makower J, Yock P, et al. (2010) Biodesign : the process of innovating medical technologies.