

UDI 101: What You Need to Know About Unique Device Identifiers



Lena Cordie
Qualitas Professional Services

Presentation Objectives:

- ▶ Understanding the Problem
- ▶ Finding a Solution
- ▶ Implementing the Solution
- ▶ Impact to Quality
- ▶ Challenges Faced

Understanding the Problem

PROBLEM #1:

- ▶ similar/like products made by different manufacturers
 - ▶ made it difficult to quickly & definitively identify a device and its key attributes
 - ▶ caused confusion in the supply chain
 - ▶ and caused medical errors resulting from misidentification of a device or confusion about its intended use

Understanding the Problem

PROBLEM #2:

- ▶ data contained in adverse event reports was not centrally contained and wasn't easily or quickly extracted
 - ▶ difficult to pinpoint the particular device at issue
 - ▶ unable to identify the underlying problems or recurring problems
 - ▶ resulted in ineffective and/or inappropriate corrective actions

Did You Know?
From 2005-2009, the FDA
received an average of
492,000 adverse event reports
for devices each year.

Understanding the Problem

PROBLEM #3:

- ▶ adverse event reports can come from multiple sources and often lack accurate and/or essential information
 - ▶ reviewing of reports to find missing information and resolving inconsistencies was time consuming
 - ▶ resulted in slow & inefficient resolution of device recalls

Did You Know?
Between 2005-2009, more than 17,700 adverse event reports involved a death.

Understanding the Problem

PROBLEM #4:

- ▶ Devices were not always easily identifiable after being removed from their packaging
 - ▶ led to loss of identification & traceability of reusable devices
 - ▶ caused cross-contamination concerns & uncertainty
 - ▶ unhappy & unhealthy patients

Did You Know?
Between 2005-2009, more than 283,000 adverse event reports involved an injury.

Finding a Solution

2005

- CDRH meets to discuss UDI
- Issues White Paper

2006

- Public Notice of UDI Issued
- Comments requested
- Formal request sent to FDA by healthcare industry

2007

- FDAAA
- Requires FDA to issue regulations establishing a unique device identification system for medical devices

Finding a Solution

2009

- Comments submitted by healthcare industry are published

2012

- FDASIA
- Directed the FDA to establish implementation timeframes for UDI
- UDI Proposed Rule published
- 77 FR 4073

2013

- Sep 24, 2013: Final Rule published
- 78 FR 58786
- FDA issues draft guidance for GUIDID

Implementing the Solution

A unique numeric or alphanumeric code consisting of 2 parts:

Device Identifier (DI)
+ Production Identifier (PI)
Unique Device Identifier (UDI)



(01) 10072534123451 (10) 12340223ABC



+E234MEDIX12Y0/9901510X31

Implementing the Solution

DI = the fixed portion of the UDI

Contains:

- ▶ Labeler Information (company prefix)
- ▶ Version/Model of Device
- ▶ Static data

*Critical for IDENTIFICATION of DEVICE
and the DEVICE LABELER*

Implementing the Solution

PI = the variable portion of the UDI

Contains:

- ▶ Lot/Batch/Serial Information
- ▶ Expiration Date
- ▶ Manufactured Date
- ▶ Conditional data

*Critical for TRACEABILITY of DEVICE
to the PATIENT LEVEL*

Implementing the Solution

GUDID = the FDA-administered database

- ▶ Global Unique Device Identification Database
- ▶ Contains a standard set of basic identifying elements for each device (DI portion on barcode)
- ▶ GUDID information does not contain patient information
- ▶ HL7 SPL Submissions OR manual submissions via the GUDID Web Interface

<http://accessgudid.nlm.nih.gov/>

<u>IDENTIFICATION</u>	<u>LABELER</u>	<u>REGULATORY</u>	<u>PACKAGING</u>	<u>PRODUCTION CONTROL</u>	<u>CHARACTERISTICS</u>
Pri DI Issuing Agency	Labeler DUNS #	Publish Date	Device Count	Lot/Batch # (Y/N)	Single Use (Y/N)
Primary DI #	Labeler Name*	Distribution End Date	Unit of Use DI #	Serial # (Y/N)	Combo Product (Y/N)
Brand Name	Labeler Address*	Distribution Status*	Kit (Y/N)	Mfg Date (Y/N)	HTC/P (Y/N)
Version / Model #	Contact Phone	Premrkt Exempt (Y/N)	Pkg DI #	Expiration Date (Y/N)	Labeled "Contains Rubber" (Y/N)
Catalog #	Contact E-mail	Premrkt Submission #	Pkg Quantity	Donation ID # (Y/N)	Labeled "Not Made with Rubber" (Y/N)
Device Description		Supplement #	Pkg Contains DI #		MRI Safety (Y/N)
Sec DI Issuing Agency		FDA Listing #	Pkg Type		Size Type
Secondary DI #		Product Code	Pkg Discontinue Date		Size Value
DM Exempt (Y/N)		Product Code Name*	Pkg Status*		Size Unit
DM DI Different (Y/N)		GMDN Code			Size Text
DM DI #		GMDN Code Name*			Storage & Handling Type
		GMDN Code Definition*			S & H Low Value
		RX (Y/N)			S & H High Value
		OTC (Y/N)			S & H Unit
					Storage Conditions
					Sterile Pkg (Y/N)
					Sterile Req'd (Y/N)
					Sterile Method

Implementing the Solution

A UDI must...

be issued by an FDA-accredited issuing agency

- ▶ GS1
- ▶ HIBCC (Health Industry Business Communications Council)
- ▶ ICCBBA (International Council for Commonality in Blood Banking Automation)

Implementing the Solution

GS1

- ▶ (AI) codes = Application Identifiers
- ▶ Used to identify different pieces of data
 - ▶ (01) = GTIN (Global Trade Identification Number)
 - ▶ (10) = Lot/Batch Number
 - ▶ (17) = Expiration Date



<http://www.idautomation.com/barcode-properties/definitions/gs1-application-identifiers.html>

<http://www.gs1.org/healthcare/udi>

Implementing the Solution

HIBCC:

- ▶ “+” indicates HIBC barcode structure
- ▶ Primary Data Structure includes:
 - ▶ LIC = Labeler Identification Code (4 characters)
 - ▶ PCN = Product/Catalog Number (1-13 characters)
 - ▶ U/M = Unit of Measure Identifier (1 digit)
- ▶ Secondary Data Structure may include:
 - ▶ Quantity/Date Fields
 - ▶ Lot/Batch/Serial Number fields
 - ▶ Link Character



<http://www.neodynamic.com/Products/Help/BarcodeWPF4.0/barcodes/HibcLic128.htm>

<http://www.hibcc.org/udi-resources/>

Implementing the Solution

ICCBBA

- ▶ ISBT 128
 - ▶ Global standard for the identification, labelling, and information transfer of medical products of human origin



<https://www.iccbba.org/isbt-128-basics/basic-educational-materials/basic-factsheets2>

Implementing the Solution

A UDI must...

be presented on the label in two formats

- ▶ Human-readable (plain text)
- ▶ Automatic identification and data capture (AIDC)

Implementing the Solution

Direct Parts Marking (DPM)

UDI must be marked directly on a device that is:

- ▶ Intended for more than one use
- ▶ Intended to be (re)processed before each use

Date Formatting

Dates on device labels must be in a standard format consistent with international standards and practice

- ▶ YYYY-MM-DD
(ISO 8601)

Implementing the Solution

2014

- **June 27, 2014**
FDA publishes finished guidance for GUDID
- **Sept 24, 2014**
Class III device deadline for labels, packaging & GUDID Data

2015

- **Sep 24, 2015**
Implantable, life-supporting & life-sustaining devices deadline for labels, packaging & GUDID Data

2016 - 2020

- **Sep 24, 2016**
DPM for Class III
- **Sep 24, 20xx**
Phased in deadlines for remainder of devices by risk classification

Impact to Quality of Healthcare

- ▶ More accurate reporting of Adverse Events
- ▶ Reduce medical errors by allowing more rapid & precise device identification
- ▶ Clear method of documenting device use in electronic health records, clinical studies, claim data sources, and registries
- ▶ More effective recall management
- ▶ Improved supply chain security & efficiency

Impact to Quality of Data

- ▶ Manufacturers have to identify all data sources and develop processes for Master Data Management
- ▶ Medical device data attributes required for the GUDID are leading to improved data standards across the industry
- ▶ Global harmonization of UDI regulations will lead to standardization

Impact to Quality

Barcode Standards

- ▶ ISO/IEC 15416 (linear) & ISO/IEC 15415 (2D)
define the quality requirements for linear barcodes and 2D matrix barcodes
- ▶ ISO/IEC 15426-1 (linear) & ISO/IEC 15426-2 (2D)
define the measuring accuracy of a barcode verifier
- ▶ ISO/IEC TR 29158
Direct Parts Marking standard still under development
(TR = Technical Report)

Challenges Faced

Long Implementation

- ▶ 8 years: IDEA to REQUIREMENT
- ▶ 7 years: REQUIREMENT to IMPLEMENTATION
- ▶ ?? years: IMPLEMENTATION to USE
- ▶ ?? years: USE to RESULTS

Transition of Inventory

- ▶ 36 hospitals = 3 million devices
- ▶ 10% addition/replacement of devices per year
- ▶ 50 years to complete the inventory transition

Challenges Faced

- ▶ No requirement for healthcare facilities to use UDI
- ▶ 3 issuing agencies with 3 different barcode scanners
- ▶ Cost of implementation to manufacturers
- ▶ Label Space vs Content Requirements
- ▶ Data quality
- ▶ Differences in interpretation of requirements
- ▶ Healthcare Networks requiring compliance prior to FDA deadlines
- ▶ Technical issues with GUDID and HL7 SPL configurations

What's Next?

We have:

- ▶ Regulation for manufacturers requiring the UDI on devices
- ▶ Standards for industry to create uniform & reliable barcodes
- ▶ Timelines for implementation

We don't have:

- ▶ Regulation for healthcare facilities to use the UDI*
- ▶ Standards or guidelines to help facilities implement UDI
- ▶ Timelines for implementation

Have Questions? Need Help? Want to Say Hi?

Lena Cordie

Owner, Consultant

Qualitas Professional Service

Email: lena.cordie@qualitasproserv.com

Cell: 612.850.0050



“Quality in Everything”

Resources

- ▶ <http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/UniqueDeviceIdentification>
- ▶ <http://www.gs1.org/healthcare/udi>
- ▶ <http://www.fda.gov/downloads/Training/CDRHLearn/UCM379672.pdf>