

Stop the Bleed

May is the first-ever [National Stop the Bleed Month](#), and May 23 is the second annual National Stop the Bleed Day. Launched in October 2015 by the White House, Stop the Bleed® is a national awareness campaign intended to encourage bystanders to become trained, equipped, and empowered to help in a bleeding emergency. To date, the American College of Surgeons estimates it has helped train more than 600,000 people in bleeding control training.

Mobile stroke units

About two million brain cells die each minute during a stroke. Research from Cleveland Clinic shows when a high-tech stroke ambulance, known as a mobile stroke unit, arrives on the scene, stroke victims are diagnosed and treated faster. Cleveland Clinic's Dr. Andrew Russman led the study, and says results also show people treated on the special ambulance do better 90 days later. A mobile stroke unit is equipped with a specially trained medical team, a CT scan for instant brain images, and a videoconference system to allow hospital-based doctors to evaluate a patient in real time. The units also provide the opportunity to give "clot-busting medicine" to stop a stroke caused by a blockage; or diagnose and transport a patient to the most appropriate medical facility if they're having a stroke caused by bleeding.

Software as a medical device

Just before he left his post as FDA commissioner, Scott Gottlieb unveiled in April a proposed framework to allow ongoing artificial intelligence algorithm changes based on real-world learning, reports [MedTech Dive](#). Modifications to traditional software as a medical device (SaMD) that could have a significant impact on the safety or effectiveness of a device would still require a submission to FDA. Approved AI products to date generally have locked algorithms and do not automatically change over time as new data is collected. But Gottlieb suggested that relying on periodic modifications by manufacturers may delay the promise of AI to actively learn and potentially improve intervention timeliness and outcomes. The idea, laid out in a discussion paper is to determine what type of AI/machine learning-based SaMD modifications, if any, could potentially be exempted from premarket submission requirements.

Patient-preference and medical devices

Patients are the experts in living with their disease or condition, the outcomes that are most important to them, and how they weigh benefits and risks, said Jeff Shuren, M.D., J.D., director of the FDA's Center for Devices and Radiological Health, in a statement in May. Through FDA's Patient Preference Initiative, the agency has committed to seek patient input to help inform regulatory decision-making for various types of medical technologies. Shuren announced that FDA is seeking public feedback on a list of patient preference areas that may impact the design and conduct of premarket medical device clinical studies, benefit-risk assessments and postmarket evaluation. Click [here](#) to view the FDA's Priority List of Patient Preference-Sensitive Areas.”

Hire – and retain – young talent

With today's unemployment at historic lows, it is more difficult than ever for firms to hire young top talent. At the upcoming IMDA/HIRA Annual Conference in July, Thomas DeCarlo, professor of marketing and industrial distribution at the University of Alabama at Birmingham, will discuss effective recruiting strategies for attracting younger workers (e.g., millennials, Gen Z). Expect specific examples of how to effectively frame a job opening that resonates with today's younger generation along with best practices on how to keep your new hire from leaving for another opportunity. For more information on the conference, to be held in suburban Chicago July 21-23, go to www.imda.org or www.hira.org