Agile and Medical Devices

A story from a team at ResMed



An Agile Journey

- Why use Agile for Medical Devices?
- Forming a team and those initial challenges and adjustments.
- Making Agile processes work in Medical Device Regulations.
- Why Conflict Resolution became important years later.

Why Agile?

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•^OPROGRAM

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DAY 1: Thursday 15th October, 2009			
9.00am	Panel: The journey towards the Agile enterprise » Beverley Head (Moderator) » Nigel Dalton - Lonely Planet » Katrina Rowett - Suncorp » John Sullivan - Sensis		
9.45am	12 Agile adoption failure modes » Jean Tabaka		
10.45am	Morning Tea		
11.15am	What's it take to make an Agile transition? » Shane Hastie - Software Education	7 habits of highly effective Agile developers » Steve Hayes - Cogent Consulting	
12.00pm	Panel: Waterfall is from Mars, Agile is from Venus » Peter Whitfield - University of Sydney (Moderator) » Justin Freitag - Australia Post » Todd Porter - Smart Service Oueensland	People driven Agile transformation » John Sullivan - Sensis	





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A DiUS and ResMed partnership has delivered a nextgeneration compliance management solution, EasyCare Online (ECO), to support ResMed's continued leadership and growth in the rapidly growing global sleep-disordered breathing market.



Central to the success of the custom software development project was an Agile and Lean approach that helped the DiUS-ResMed team to continually prioritise features and



Why Agile?

- Got inspired by Agile Australia.
- FAIL: Tried Feature Driven Development in a half hearted way.
- FAIL: Outsourced online system development.
- SUCCESS: Outsourced online system development to an Agile services company.
- Let's try and emulate that!

A New Team







Stories not Features

As a User I want a way to do behaviour So that I can get outcome

Cross functional team



- Paul Missed RETRO - Paul not at Retro - (ards without estimates / unplanned work - Spikes with commits - Estimatastorestinating - IT blocking internet

Integrate all the time!







A New Team

- Brought in an experienced coach to kick start the team.
- Focused on Stories not Features.
- Honest and open Retrospectives.
- Short term actions followed through.
- Trunk based development.
- Practicing Test Driven Development.
- Lots of collaboration!

Regulations

Risk level	Classification(s)	Examples
Low	Class I	 Surgical retractors Tongue depressors
Low to Medium	Class I - supplied sterile Class I - with a measuring function Class IIa	 Sterile surgical gloves Medicine cup with specific units of measurement Dental drills; ultrasound machines; digital or infrared thermometers
Medium to High	Class IIb	 Surgical lasers Diagnostic X-ray
High	Class III	 Prosthetic heart valves Absorbable surgical sutures Hip prostheses (for example, replacement of hip joint)
High	Active implantable medical devices (AIMD)	 Pacemakers Artificial heart

https://www.tga.gov.au/medical-devices-overview







Feature: Test pricing # features/pricing.feature:1
Customer provides details and the system returns a pricing.
To test that we have verified the following scenarios:
Scenario Outline: Test pricing for source, destination, pax -- @1
Given Customer specified from "Bergen" to "Oslo" with "10"
When She queries for price
Then She expects the pricing to be "200"

Scenario Outline: Test pricing for source, destination, pax -- @1 Given Customer specified from "Oslo" to "Bergen" with "5" When She queries for price Then She expects the pricing to be "100"

1 feature passed, 0 failed, 0 skipped 2 scenarios passed, 0 failed, 0 skipped 6 steps passed, 0 failed, 0 skipped, 0 undefined Took 0m0.002s



Regulations

- Medical Device regulations describe a waterfall development process.
- Three Amigos as a formal approval for requirements.
- Collaborative design discussions. Photograph the whiteboard as a record.
- Behaviour Driven Development nicely documents our behaviour in detail and can be run all the time.
- Releases needed a lot of investment. Still could improve a lot.

A Shock to the System















Put the ideas onto a whiteboard



What risks is each person worried about?



Which option is easier to test?

Is this the new standard going forward? Let's document it!





Conflict!

- Losing a key role exposed where we lacked safety.
- The team's default thinking was to find the "best" solution and didn't leave room for disagreement.
- Needed to intervene with training and support to avoid conflict becoming personal.
- Enabled teams to overcome conflict with empathy instead of technical skill.



