### KO52446

SECTION 5 – 510(k) Summary	FEB <b>2</b> 2006
Submitted By:	Hoana Medical Inc. 1001 Bishop Street ASB Tower Suite 2828 Honolulu, HI 96813 Phone: (808) 523-5483 Fax: (808) 523-5480
Contact:	Matt Glei Vice President of Research and Development and Regulatory Affairs
Date Summary Prepared:	September 2, 2005
Trade Name:	LG <sup>1</sup> Intelligent Medical Vigilance System
Common/Classification Name:	Monitor, Cardiac 74DRT, 870.2300
Substantially Equivalent Devices:	Escort 100/300 Series B Patient Monitor (K992413) Hill-Rom Advanta-Bed, Class I Exempt

## Description of the LG<sup>1</sup> Intelligent Medical Vigilance System:

The  ${}_{L}G^{1}M$  technology analyzes basic heart and respiratory rates without direct patient contact, eliminating the use of electrodes, wires and leads. The technology integrates proprietary signal processing algorithms with patented data collection devices that produce an electrical signal in response to physiological stimuli. The Bedside Unit passively extracts patient information as the patient lies upon this "sensor array." providing accurate measurements even through clothing, gowns or sheets.

The  ${}_{L}G^{1}$  system consists of two main components: the Bedside Unit, and the Passive Sensor Array<sup>TM</sup> (PSA<sup>TM</sup>). The Bedside Unit houses the digital signal processing algorithms ( ${}_{L}G^{1}$  algorithms, version 1.0.0.36) that calculate heart and respiratory rates and bed exit status (in-bed sensor) in real time, and displays the data as part of the integrated graphical user interface. The Bedside Unit also houses the alarm logic, and interfaces to the existing nurse call system found in the hospital. The PSA is comprised of a mattress ticking ("coverlet" that zips over the entire mattress) that houses an array of sensors, which connect to the Bedside Unit via a cable with an integrated "quick disconnect" safety feature.

#### Intended Use

The  ${}_{L}G^{1}M$  Intelligent Medical Vigilance System is intended to measure heart rate and respiratory rate in adult patients, in bed, in a general care hospital environment. The system will also monitor bed exit.

#### **Principles of Operation**

The  ${}_{L}G^{1}$  Intelligent Medical Vigilance System operates in the following manner. The bed on a general care floor is fitted with the sensor array built into a sleep surface coverlet. Each bed is then fitted with a normal sheet and bedding above the coverlet.

The device measures heart rate and respiration rate and monitors those against preset limits. If the bedside unit senses the heart rate or respiration rate is outside the desired limits for a period of time, it will signal the nurse with an alarm indicator using the existing nurse call system. If the patient has been evaluated as at risk to fall, the bed exit alarm can also be enabled. When the unit senses the patient is attempting to get out of bed, it will use the nurse call system to signal the nurse.

The system will trend and display graphics or a table of heart rate and respiration rate in 10 minute, 2, 4, 8, and 12 hour views of the data.

#### Electrical, Mechanical and EMC Testing

Electrical, Mechanical and EMC Testing per IEC 60601 was performed and the  $_{L}G^{1}$  Intelligent Medical Vigilance System passed all tests.

#### **Biocompatibility Testing**

Biocompatibility testing was conducted according to the requirements of ISO 10993, *Biological Evaluation of Medical Devices, Table 1 – Initial Evaluation Tests for Consideration* for a surface device in contact with skin for less than 24 hrs. All test article materials passed.

#### **Clinical Testing**

The results of the clinical testing demonstrate that the  $LG^1$  Intelligent Medical Vigilance System meets the performance requirements.

#### Conclusion

All test results demonstrate that the  ${}_{L}G^{1}$  Intelligent Medical Vigilance System is safe, effective and performs as well as the predicate devices, the Escort 100/300 Series B Patient Monitor and the Hill-Rom Advanta-Bed Patient Position Monitor.



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Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

FEB - 2 2000

Hoana Medical, Inc. c/o Mr. Matthew S. Glei Vice President, Research and Development and Regulatory Affairs 1001 Bishop Street American Savings Bank Tower, Suite 228 Honolulu, HI 96813

Re: K052446

Trade Name: LG<sup>1</sup>™ Intelligent Vigilanc e System Regulation Number: 21 CFR 870.2300 Regulation Name: Cardiac Monitor (including cardiotachometer and rate alarm) Regulatory Class: Class II (two) Product Code: DRT Dated: January 3, 2006 Received: January 5, 2006

Dear Mr. Glei:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

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Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050. This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0210. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address <u>http://www.fda.gov/cdrh/industry/support/index.html</u>.

Sincerely yours,

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Bram D. Zuckerman, M.D. Director Division of Cardiovascular Devices Office of Device Evaluation Center for Devices and Radiological Health

Enclosure

HOANA MEDICAL

# Indications for Use

510(k) Number (if known): \_\_K052446

Device Name: LG<sup>1</sup>TM INTELLIGENT MEDICAL VIGILANCE SYSTEM

Indications for Use:

The LG<sup>1</sup>™ Intelligent Medical Vigilance System is intended to measure heart rate and respiratory rate in adult patients, in bed, in a general care hospital environment. The system will also monitor bed exit.

Prescription Use <u>X</u> (Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use \_\_\_\_\_ (21 CFR 801 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE OF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

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Division Sign-Off) Division of Cardiovascular Devices 510(k) Number Kassi 446

(Posted November 13, 2003)