Special Management Review meeting

Minutes of the Management Review Meeting held on 9th November 2006 at Board Room between 3.00 – 4.00 pm

Members present:
The Chairman, Dr. LG, Dr. SBV, Dr. HNM, Dr. SR, Dr. JB, Dr. GKM, Dr. KK, Dr. AK, Dr. KLT, Dr. J. Malathy, Dr. Sripriya, Mrs. Shyamala Selvaraj, Mr.T.Rathinam, Mrs. R. Padmavathy, Ms. Revathy Krishnan, Mr. Sankaranarayanan, Ms. R. Punitham

Dr.S.B. Vasanthi, the Management representative and the Director, Sri Nathella Sampathu Chetty (SNSC) Clinical laboratory briefly mentioned the relevance of the meeting. Dr. N. Angayarkanni, Quality Manager made a presentation of various points.

Points reviewed:

1. The chronology of events associated with the preparatory work, sending Application, Audits completed were presented along with the cost incurred.

Preparation started : Feb 05
Date of Application : 30.12.05
Likely date for Accreditation : Jan' 07
Consultancy : Value Added Corporate Services.

2. The expenses incurred for consultancy , Application + Audit :

Consultation for VACS : Rs 1,65,300/-
Application & Audit : Rs 77,733/-

3. The new quality policy for the SNSC clinical laboratory in relevance to NABL accredited tests was highlighted.

4. The Non conformance raised during the technical audit of the quality system and the tests done at 5 laboratories under SNSC were presented.

Pre-Assessment : 14.5.06 – 6 NC raised & Closed
Technical Audit : 30.09.06 – 55 NC raised to be closed in 3 months.

5. Additional cost incurred with reference to extensive Quality Control programme required in each of the laborites was disused

6. The number of tests accredited in each of the laboratory were presented. Due to lack of cost effectiveness (owing to less test requests) all the tests done in the respective laboratory have not been included but the possibilities would be reviewed periodically.

7. Decision requiring points (NC raised) for discussion

Sl. No.	Non-conformance	Proposed action	Responsibility
1.	Inadequate supervision of the tests carried out in clinical biochemistry and clinical pathology observed at two of the separate location on at **Navasuja** and other at **JKCN.**	A full time supervision will be ensured in the JKCN and NSN for the clinical biochemistry and Clinical pathology.	Dr.AK/ Dr.SBV
2.	Access to the special biochemistry laboratory is not controlled as research faculty can freely enter this area and the patient samples, as such, may not be safeguarded.	The adequate separation of special biochemistry laboratory from research biochemistry	Dr. SR/ Dr.SBV

1. A discussion was held on the NC raised as mentioned above (NC1). It was decided as proposed by the Chairman, that the JKCN and NSN will not be including in the Accreditation process and the status quo will continue. Dr. SR expressed that the Quality control programme are stringent enough at JKCN and NSN.

2.With reference to NC 2 mentioned above in the table, a proposal was made from the Biochemistry dept that a separator can be made within the lab that will ensure the restricted entry and safeguarding of patient specimen.

Other points.

1. Dr. GKM explained that the Senior Scientist would be verify the lab test reports for the Cytogenetics and Dr.LG (Chairman-Elect) requested to ensure that the technician doing the test will be adequately trained and evaluated. Dr.GKM explained that Quality Control for the Cytogenetics would be implemented by doing interlab comparisons once in 3 months.

2. Dr.AK, Quality Manager mentioned that the NABL office had called to inform that the auditors had mentioned it as one of their best audits and complimented with special reference to the Microbiology and the Ocular pathology labs for the best output with no non conformances carried over.

Dr. Lingam Gopal congralatuted the laboratory team, for all the efforts taken towards NABL Accreditation.

Dr. S.B.VASANTHI
Management Representative

DR. N. ANGAYARKANNI
Quality Manager

09.11.06

Minutes of the Management Review meeting held on 20th December 2006 to review the two internal – NABL audit of the SNSC clinical laboratory in SN main.

Attended by: DR.SBV, DR.HNM, DR.GKM, DR.KLT, DR.JB, DR.KK, Dr.AK, Dr. Malathy, Mr. Sundar, Ms. Revathy, Ms. Padmavathy, Mr. Rathinam, Ms. Punitham, Ms.Selvi, Ms.Mahalakshmi, Mr. Sureshkumar, Ms. Srilekha, Ms. Vanitha

The following points were presented and discussed.

1. **Quality Policy**

2. **Report form each laboratory** (Clinical Pathology and Hematology ; Clinical Biochemistry; Microbiology and serology, Ocular Histopathology and Cytogenetics) on :

   a. New procedures/machines,
   b. Number of tests / retests, statistics
   c. Staff adequacy & performance,
   d. Machine breakdown, calibration,
   e. Quality Control, Internal and external quality Assessment
   f. Markers of continual improvement (measures).

3. **Outcome of internal Audits-** Details of NCs, corrective& preventive action in Audit I and II
4. **Assessment of external bodies.**
5. **Customer Feedback analysis, Complaints.**
6. **Action Points for discussion**.
   (a) The advantage and disadvantages of going for a fully automated analyzer for clinical Biochemistry was discussed. Dr. HNM suggested to go for automation after budgeting for the coming year.
   (b) To revise the Turn around time: All the factors needs to be considered including discussion with the department of patient service and the physicians in increasing the turn around time to keep up to the objective.
   (c) The cleaning agent/disinfectant used for mopping the floor in all the labs, needs to be addressed as a common issue amongst laboratories.
   (d) Similarly the composition of the first aid kit needs to more appropriately finalized in common for all the labs apart from additional ones that are pertinent to specific labs
   (e) More auditors need to be identified and trained to complete the internal audits on time and therefore one more person from each of the lab will be identified for training for the next audit.

(f) Mr. T. Rathinam, DGM, some of the means of improving the patient feedback with reference to interaction, including greeting the patients and their attenders cheerfully. He also suggested a small committee to be framed to work on the feedback given by the patients and come out with viable action points.

(g) It was also suggested that one more secretary can be appointed to interact with patients regarding various lab enquiry between morning hours to make them comfortable.

(h) The waiting area, toilets etc. are right now appropriately maintained and to further improve upon, it will be communicated to the management (CGM) to address it, if and when more space is available while getting the NIRVO building.

(i) Regarding Technicians recruitment, a request was raised to start a DMLT course in our institute, but DR.HNM told it is not possible now.

7. **Copy of the details presented in the slides is enclosed.**

Dr. S.B.VASANTHI
Management Representative

DR. N. ANGAYARKANNI
Quality Manager

28.12.06