

	SRI NATHELLA SAMPATHU CHETTY CLINICAL LABORATORY	Minutes of the MRM Review Meeting - 4
	(UNIT OF MEDICAL RESEARCH FOUNDATION)	

Minutes of the 4th Management Review meeting held on 20th August 2008 to review the surveillance audit of the SNSC Clinical laboratory in SN main lab.

Attended by: DR.SBV, DR.HNM, DR.GKM, DR.JB, DR.KK, Dr.AK, Dr.DG, Dr. JM, Dr. Sripriya, Ms Punitham, Ms. G.G. Malathi, Mr. Manavalan, Mr. Suresh, Ms. Padmavathy, Mr. Sundar, Mr. Sastry, Ms. Tamil Selvi, Ms. Revathy Yadav, Ms. Praveena, Ms. Salomi, Ms. Vanitha

The following points were presented and discussed.

1. **Outcome of Surveillance audit** – The audit was conducted on 21st and 22nd July '08.. Dr.Virupaksha was the Lead assessor apart from assessing Clinical biochemistry. Hematology was assessed by Dr. Sitalakshmi, Ocular Pathology by Dr. A. Sudha; Microbiology and Serology by Dr. Sujata Chandrasekharan and Cytogenetics by Dr. Bani Ganguly.
2. A total of 54 Non-Conformance (NCs) were received of which 38 are major, 16 minor. 8 major and 10 minor were closed on the same day the remaining have been addressed for closing . All the NCs have been verified and addressed for closing.
3. The lead assessor mentioned in his closing address the following key points:
 - a. that the team would recommend the EQAS run by the microbiology in collaboration with Amala Institute of medical Science, Trichur, originally run by CMC, Vellore. This has been reviewed and approved as a nodal lab by NABL for the benefit of participating laboratories. In addition, in support of the same, a copy of the minutes of the General body meeting of the Indian Association of Medical Microbiologists (IAMM) held on 28th Oct 06 at Nagpur as given by Dr. HN..Madhavan, Prof. and Head Microbiology has been submitted to NABL
 - b. that it is recommended that the authorized signatories in the field of (i) cytogenetics (2) histopathology and (3) cytopathology may be reviewed and ratified by the Technical committee of the NABL.
4. **Quality Policy and Objective** : Measurable Quality objective has been included along with the policy. The revised version will now be put up at all the key places.
5. **To enable the closure of the NCs the following additional key positions have been created and persons identified.**
 - a. **Deputy Director** - Dr. H,N, Madhavan.
 - b. **Deputy Quality Manager** – Dr. Doreen Gracias.
 - c. **Technical Manager** – Ms. R. Punitham.
 - d. Each laboratory will have a **Deputy Technical Manager**.
Microbiology and serology: Ms Revathy yadhav; Hematology: Ms. R. Tamil selvi;
Clinical Biochemistry : R. Praveena; Cytogenetics: Ms. Salomi; Ocular pathology: Ms. Vanitha

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Prepared & Issued by: Quality Manager : Dr.N.Angayarkanni		Approved by: Management Representative : Dr.S.B.Vasanthi



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6. **The QSM has been revised to version 4.0 and QSP (Quality system procedure) has been newly prepared.** All the cross references of the procedures have been suitably made in QSM. The SOP of all the policies (implementation) is addressed in the QSP. To suitably address the NC, Annexure B, and C have been included in the QSM. Annexure B is on the Recommendations for protection of laboratory information system and Annexure C is Ethics in laboratory medicine.
7. Henceforth an **undertaking** named as “*Acknowledgment of responsibility for patient confidentiality*” will be signed by all the new recruits of the SNSC clinical laboratory during the induction into the their service by the HRD. An IOM has been sent to the HRD regarding the same. Retrospectively this has been done for all the members including the faculty and the signed copies have been put up in their personnel file by the HRD.
8. **New signing authorities:** Dr. K.N. Sulochana will be a new signing authority added for the Clinical Biochemistry laboratory and Dr.B.Mahalakshmi, for the Microbiology and Serology. Annexure – II regarding the same is being sent to NABL.
9. **Environment facilities:** For patient satisfaction and to suitably addresses the NC in the Quality System, the patient’s privacy in the collection area at SN Main has been suitably addressed by a partition between two collections.
Further expansion of laboratory space in the collection area and for the Main lab has been approved by the Management to be implemented in the coming year.
10. **New Machineries: The following equipments have been purchased by the laboratory**
 - a. **Cytospin** - Ocular pathology
 - b. **Fume hood**. for a separate grossing area –Ocular pathology –
 - c. **Type –2 Hood** for Cytogenetics.
 - d. A New **Hematology analyzer(Beckman)** – order had been placed for the replacement. Once installed the linearity checks after calibration will be done and documented and the details will be submitted to the NABL.
11. **Revised scope with respect to:**
 - I. Microbiology and Serology: Deletions:**
 1. procedure 10: *Chlamydia trachomatis* IgG, IgA Antibody by IF
 2. CSF has been deleted under the title “Respiratory and other Clinical specimen”
 - Additions:**

Serology procedure 12 : ELISA test for screening for the presence of antinuclear antibodies

Serology procedure 17 : ELISA test for detection of HBsAg

Serology procedure 18 : ELISA test for specific detection of antinuclear antibodies

Serology procedure 19 : ELISA test for quantitative detection of antibodies to HBsAg

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II. Clinical Biochemistry:

- Deletion:** 1. Procedure 23: CSF : protein /Glucose/Chloride
 2. Procedure 29: Inborn Errors of Metabolism -Ferric chloride test for phenyl pyruvic acid.

III. Ocular pathology: Instead of mentioning “others” in the scope, FNAC, body fluids is now specifically included under cytopathology and Frozen Section under Histopathology. This has been included in the revised scope.

a. **New Inter lab comparisons/EQAS included to address the NC in the surveillance audit:**

Hematology: ESR, Urine examination .- with the Lister Metropolis, Chennai.
 Blood grouping and Rh typing with the EQAS- CMC, Vellore.

Microbiology: RA, THPA, Brucella agglutination test, ASO, HIV with the Lister metropolis.

Ocular pathology: Cytopathology is being done with SRL Ranbaxy, Mumbai.

- b. Regarding the Hospital waste generation certificate from the Tamil Nadu Pollution control Board, we are awaiting the certificate as the fee towards the same has been paid. The certificate is expected or before 31st August 08. Once received it will be submitted to the NABL office.

All the documents in support of the closing of all the NC received during the surveillance audit has been verified and will be submitted to NABL office as dispatched on 20th Aug '08

Dr. S.B.VASANTHI
 Management Representative

DR. N. ANGAYARKANNI
 Quality Manager

20.8.2008

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