

	<b>SRI NATHELLA SAMPATHU CHETTY CLINICAL LABORATORY</b>	<b>Minutes of the MRM Review Meeting - 5</b>
	(UNIT OF MEDICAL RESEARCH FOUNDATION)	

## Management Review Meeting -5

### Sri Nathella Sampathu Chetty Clinical laboratory

**Review of January to December 2008**

**Dated 27.02.09**

**Attended by: Attendance sheet enclosed.**

The agenda points were discussed as presented, by the quality manager..

The Agenda points presented are enclosed. They are

1. Follow up of previous management review
2. Status of CAPA
3. Report from Managerial and supervisory personnel
4. Out come of recent internal audits, NC's. and the delay in the IInd internal audit
5. Assessments of external bodies.
6. Outcome of Quality Control, EQAS, ILQC.
7. Volume and type of work undertaken.
8. Feedback including complaints and other relevant factors for Internal and external
9. Quality Indicators for monitoring the laboratories contribution to patient care
10. Non-conformities
11. Monitoring Turn around time.
12. Continual improvements.
13. Evaluation of suppliers.
14. Points for Discussion for action

#### **Action Points**

1. The proportion of workload vs manpower.: Additional manpower.
2. Upgrading posts/seniority.
3. How to increase the number of collection especially for the clinical chemistry analyzer.
4. Expansion of Main lab/collection area-proposed in 2009
5. New machineries/new tests in the scope- Minor experiments only.
6. Quality Plan 2009
7. House -Keeping in the new building and main lab.
8. New referral lab for cyto genetics
9. Certificate from the Tamil Nadu Pollution control board
10. Shift to the new building in the same location will be inform to NABL

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

	<b>SRI NATHIELLA SAMPATHU CHETTY CLINICAL LABORATORY</b>	<b>Minutes of the MRM Review Meeting - 5</b>
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11. Signing authority – Dr. Mahalakshmi in Microbiology will be represented again in the NABL.


12. The next application for the period from 24.07.09 to 23.07.11 will be sent.

**Dr.SB.Vasanthi**  
Director-SNSC Lab  
Management Representative

**Dr.N.Angayarkanni**  
Quality manager  
SNSC clinical laboratory

Date: 28.02.09

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	<b>SRI NATHELLA SAMPATHU CHETTY CLINICAL LABORATORY</b>	<b>Minutes of the MRM Review Meeting - 6</b>
	(UNIT OF MEDICAL RESEARCH FOUNDATION)	

**Management Review Meeting -6**  
**Sri Nathella Sampathu Chetty Clinical laboratory**  
**Review of January to June audit cycle-1 2009**

**Dated 14.10.09**

**Attendance: By list (Sheet enclosed). The representations were from the SN main lab for hematology and clinical pathology, routine biochemistry, sp. biochemistry, Microbiology and serology, Histopathology, cytogenetics and the support services. HR and central sterilization facility.**

The stipulated agenda points presented by the Quality manager, Dr.N.Angayarkanni.

Discussions were held on the following agenda points

1. Follow up of previous management review
2. Status of Corrective and Preventive Actions taken (CAPA)
3. Report from Managerial and supervisory personnel of each of the lab on QC/Measures
4. Out come of recent internal audits, NC's.
5. Assessments of external bodies.
6. Outcome of Quality Control: External/Internal/Daily of each lab: EQAS, ILQC.
7. Volume and type of work undertaken.
8. Feedback including complaints and other relevant factors for Internal and external
9. Quality Indicators for monitoring the laboratories contribution to patient care
10. Non-conformities.
11. Monitoring Turn around time.
12. Continual improvements.
13. Evaluation of suppliers.
14. Points for Discussion for action

The details on each of the points are self explanatory on the slides enclosed.

**Key Points**

**1.** The first internal audit- 09 has been conducted by the trained and approved internal auditors. Previously it was out sourced. This expense is now curtailed. (25,000/annum). All the NC raised in the internal audits are closed .

**Team members :**

1. Dr. DG – HRD, 2. Dr. AK, - Commercial, 3. Dr. KLT – Biochemistry, 4. Dr. B .Mahalakshmi. – Main lab, 5. Ms. R. Punitham – Histopathology and cytogenetics
6. Ms. K. Vanitha – Quality system, 7. Ms. Mohanambal - Microbiology
- 8 Ms. E. Anuradha – Observer: has left the organization as on date –Sep 09

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**SRI NATHELLA SAMPATHU CHETTY CLINICAL  
LABORATORY**

(UNIT OF MEDICAL RESEARCH FOUNDATION)

**Minutes of the  
MRM Review  
Meeting - 6**

2. We have received communication dated 11th Aug 09 informing the **accreditation status is renewed for the SNSC clinical laboratory for the year 2009- 2011.** On 14.10.09 NABL certificates have been received and the details are updated in the website. **Number of tests accredited as in the Scope :** Clinical Pathology: 23; Clinical Hematology : 20; Clinical Biochemistry : 27; Clinical Microbiology : 28; Clinical Histopathology: 15; Cytopathology : 8.
2. A new signing authority for Biochemistry Dr. K. Coral Miriam Magdalene needs to be included. Documents shall be sent along with this meeting detail to the NABL. The technical staff number is adequate and 2 replacements were made for 2 technicians.
3. The MOU with Lister Lab was renewed for the outsourced tests as in the requisition form and for the inter lab comparison of PT, PTT, ESR, Sickle cell, urine analysis, Sickle Cell and ACE, . This is effective from 10th July 09 for next two years.
4. It has been insisted that as per the SOP, the SNSC lab dong interlab comparison should verify details and document each of the referral lab evaluation with whom ILQC is done, and watch /monitor for the expiry of the NABL tests accreditation status and follow –up/document when the QC reports are not delivered within the Turn around time. The various labs include, SRL-RANBAXY,/CMC / LISTER/ BIORAD/Hi-TECH / MICRO LAB /AIMES / SMF.
5. Payment had been done to the Tamil Nadu Pollution control Board, for the year 09-2010 certificate has been received for disposal of waste. Waste disposal is done by the GJ multiclave.
6. Regarding progress in HMS:  
Microbiology – 4.9.09 Started Serology reporting.  
Histopathology – HMS is yet to be implemented **expected to be complete by Audit cycle II- 09.**
7. On line version of the Documents prepared : Read only format  
QSM and QSP  
Clinical biochemistry, Rest of the labs are in process. **To be completed by Audit cycle II of 09.**
8. Expansion of main lab/collection area work has been initiated.  
Expected to be completed by Dec 2009. Will inform NABL subsequently on the change in the location of collection centre within the premises.
9. Version numbers of documents revised in 2009 (Jan –Jun)
- Vendor evaluation
  - Approved vendor list
  - Needle prick injury: Incident report and consent form (English/Tamil)

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**SRI NATHELLA SAMPATHU CHETTY CLINICAL LABORATORY**

**(UNIT OF MEDICAL RESEARCH FOUNDATION)**

**Minutes of the MRM Review Meeting - 6**

- Internal audit form
  - Document change request
  - Referral Lab Evaluation form
  - Collection /tests details of the projects and clinical trials.
10. The QC reports of all the lab are satisfactory
  11. The measures – overall is satisfactory and CAPA is filed wherever there is a fall. This will be under monitoring Microbiology has been advised to raise their pre and post analytical objectives of their measures to 80% from 70% .
  12. The coulter counter in Hematology had major breakdowns. Replacement was Planned and is currently installed. There has been no other major breakdown of machineries. The minor setbacks have been corrected within the stipulated time as reviewed.
  13. No new machineries were installed in the Jan –Jun 09 period. 3 new tests were introduced in Microbiology which is accredited.
  14. The non-technical and the technical training given are satisfactory
  15. Analysis of internal customer feedback : reveled that the total number of evaluations done (consultants feed back on the Main lab performance) have to be increased and the statistical method adopted for evaluation has to be discussed with the statistician. This will be further discussed the forthcoming lab meeting
  16. Regarding patients feedback, it was accepted that the copy report can be made available at the main lab for the patients who request .Regarding the request for acceptance of debit/credit card system/ ATM cards /Senior citizens requiring concession, changes of all denominator (INR), it will be put forth to the Dept of patient service with a copy to the CGM
  17. The approved vendor list prepared by the commercial after evaluation (Jun 09) will be circulated to all the laboratories.

Dr.N.Angayarkanni  
Quality Manager  
SNSC clinical laboratory

Forwarded by:

Director-Dr.S.B.Vasanthi  
SNSC CI Lab  
Management Representative

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