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|  | SRI NATHELLA SAMPATHU CHETTY CLINICAL LABORATORY | Minutes of the MRM Review Meeting - 7 |
| | (UNIT OF MEDICAL RESEARCH FOUNDATION) | |

Management Review Meeting -7
Sri Nathella Sampathu Chetty Clinical laboratory
Review of July to December audit cycle-2 2009
Dated 20.3.2010

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. HRD, Commercial, Housekeeping, Biomedical, and Internal auditors.

The stipulated agenda points presented by the Deputy Quality manager, Dr. Doreen Gracias. 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.

1. Key Points

The Second internal audit July to December - 09 has been conducted by the trained and approved internal auditors. The entire NC raised in the internal audits is closed.

Team members :

1. Dr. DG - Quality system,
2. Dr. AK - Haematology and Clinical pathology,
3. Dr. KLT - Histopathology
4. Dr. B. - Mahalakshmi – Front office and pre analytical area.
5. Ms. R. Punitham – Microbiology and serology
6. Ms. K. Vanitha- Biochemistry,
7. Ms. B. Mohanambal – HRD, Commercial

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

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- 2 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.
- 3 A new signing authority for Biochemistry Dr. K. Coral Miriam Magdalene needs to be included. Documents sent to NABL. We have not received any communication. The technical staff number is adequate and two technicians have been promoted to Junior Executive. One technician post been changed to Junior Eecutive.
On line version of the Documents prepared : Read only format
4. QSM, QSP and 5 department manuals have been put online through IT department.
5. Tamil Nadu Pollution control Board certificate for disposal of waste has been received validity is till 2011. Waste disposal is done by G.J multiclave.
6. Progress in HMS:
 - Microbiology and Serology – HMS implemented on 4.9.09.
 - Histopathology – HMS has been implemented.
7. Expansion of main lab/collection area work has been completed.
 - Blood collection cubicles increased form 2 to 4
 - Separate pediatric collection facility
 - Separate Microbiology specimen collection area
 - Three toilets are provided for patient care (increased from 2 numbers) one of which is for the handicapped.
 - Staff/Faculty rooms created: Consultant room / Technical Manager/ 2 secretary bench
 - A training and discussions room.
 - Improvements in safety : eye wash facility created
 - The total area of the lab is now increased to 1709 sqf waiting area 495sqf.
 - Extra house keeping staff to take care of patient flow to toilets and cleanliness thereafter.
8. Version numbers of documents revised in 2009 (July to Dec 2009)
 - Approved vendor list
 - Needle prick injury: Incident report and consent form (English/Tamil)
 - Feed back based interactions.
9. The QC reports of all the lab are satisfactory

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**SRI NATHELLA SAMPATHU CHETTY CLINICAL
LABORATORY**

(UNIT OF MEDICAL RESEARCH FOUNDATION)

**Minutes of the
MRM Review
Meeting - 7**

10. The measures – overall is satisfactory and CAPA is filed wherever there is a fall. Microbiology has been advised to raise their pre and post analytical objectives of their measures from 70% to 80%.
11. New machineries were installed in the July to Dec 09 periods.
 1. 5 part Beckman coulter cell counter - installed (5th Aug 09)-Hematology
 2. Paraffin wax dispenser - Histopathology
 3. Separate Bench top fume hood for embedding processed tissues - Histopathology
 4. Two Centrifuge for replacement of the old and cooling centrifuge.
 5. Needle cutters
12. The non-technical and the technical training schedule were satisfactory.
13. Analysis of internal customer feedback: revealed that the statistics with regards to the no of forms issued/collected was not being maintained. Hence the form have been modified and circulated in person by the secretary and statistic documented. So each form will be received on time. This enables us to aim for higher rating.
14. 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, it will be put forth to the Dept of patient service with a copy to the CGM.
15. The approved vendor list prepared by the commercial after evaluation (July to December 09) circulated to all the laboratories.
16. The Uric acid test not under NABL scope the number of test for the year is only 29 so this was out sourced with Lister Laboratory from 24.12.09.

Dr. Doreen Gracias
Deputy Quality Manager
SNSC clinical laboratory

Forwarded by:
Director-**Dr.S.B.Vasanthi**
SNSC Clinical Lab
Management Representative

Date: 23.3.2010.

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|  | SRI NATHELLA SAMPATHU CHETTY CLINICAL LABORATORY | Minutes of the MRM Review Meeting - 8 |
| | (UNIT OF MEDICAL RESEARCH FOUNDATION) | |

**Management Review Meeting -8
Sri Nathella Sampathu Chetty Clinical laboratory**

Review of Jan to June audit cycle-1-2010, Dated 2.9.2010

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, CSFU, HRD, Commercial, Housekeeping, Biomedical, and all Internal auditors.

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 Jan to June – 10 has been conducted by the trained and approved internal auditors. The entire NC raised in the internal audits is closed.

Audit Team Members and Audited labs:

1. Dr. DG - Biochemistry
2. Dr. AK - Front office and pre analytical area,
3. Ms. Vaijyanthi - Hematology and Clinical pathology
4. Dr. B. - Mahalakshmi – Histopathology & Ms. Soumya-observer.
5. Ms. R. Punitham – Commercial
6. Ms. K. Vanitha- HRD.
7. Ms. B. Mohanambal – QM office.
8. Ms. R. Selvi - Microbiology and serology.

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9. Ms. Vaijayanthi and Ms. Soumya – Central Sterilization Facility Unit.

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.

With respect to the parameter of alkaline phosphate the scope CV% will be revised and submitted as anenclose.

New signing Authority

2. Dr. Doreen Gracias name included in the Clinical Biochemistry. The communication will be sent along with this MR Meeting minutes.

New post created

3. The technical staff number is adequate.
 - a. A new senior Executive appointed in Microbiology department.
 - b. 3 Junior Executive posts created.

Promotions

- c. 3 technicians have been promoted to Junior Executive.
 - d. Laboratory Manager has been promoted to Senior Manager.
4. Tamil Nadu Pollution control Board certificate for disposal of waste has been received the validity is till month of September 2010. Waste disposal is done by G.J multiclave it will continue for next year.

Reporting system

5. Progress in HMS:

Microbiology and Serology – HMS implemented for bacteriology.

Histopathology – HMS has been implemented.

It will be made 100% in micro in cooperation with IT shortly.

6. Interfacing with HMS reporting system initiated and monitoring under the IT at main lab.

7. Version numbers of documents revised in 2010 (Jan to June)

1. Amendment list.
2. Histopathology form
3. Histopathology grossing form.

8. The QC reports of all the labs are satisfactory overall and CAPA filed as applicable.

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9. **The measures** – overall is satisfactory and CAPA is filed wherever there is a fall. Microbiology lab accepted to raise their pre and post analytical objectives of their measures from 70% to 75%.
10. **New machineries** were installed in January to June periods. No major breakdown and Turn around time is maintained for investigations, except one IT server down time (CAPA filed) that delayed the report generation.
1. Cryostat (Leica 1510S) at Pathology
 2. Electronic Balance (Sartorius) at pathology
 3. Microtome (Leica RM2245) at Pathology

Continual Improvement

11. The continual improvement presented in MR-Meeting.
- a. Completion of major implementation of HMS
 - b. Introduced of bar-coding system at main lab.
 - c. Increased statistics number of investigations.
 - d. New posts have been created.
 - e. New instruments were installed.
 - f. MIS made more comprehensive to inform the laboratory activities to the management
 - g. Change in kit-ACE saving time and cost.
 - h. New measures created for histopathology
 - i. Revised SOP for Needle prick injury, SOP for Vaccinations include in QSM/QSP has new procedure.

Feedback analysis

12. Analysis of internal customer feedback: revealed that the statistics with regards to the no of forms issued/collected was maintained. Hence the form have been modified and circulated in person by the secretary and statistic documented. So each form will be received on time The measure were increased this time (Jan to June) from 86.6% to 88% at main lab for the internal customer (consultant, physician, nursing and surgery fixing centers).

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Vendor Evaluations

13. The approved vendor list prepared by the commercial after evaluation (January to June 2010-2011) was presented the same will be circulated to all labs. circulated to all the laboratories.

Points for other information

14. The Tariff charges are increased to 5% for all lab investigations from 5.2.2010.
15. The non-technical and the technical training schedule in all the labs were satisfactory.
16. A format for quarterly reporting of the deputy Technical managers of all labs to Quality Manager is created and will be effects from September 10.

**Dr. N. Angyarkanni,
Quality Manager,
SNSC laboratories,
Medical Research Foundation.**

Forwarded by:

Director-**Dr.S.B.Vasanthi**
SNSC Clinical Lab
Management Representative

Date: 10.9 .2010.

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