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<b>Policy Title:</b> <b>POLICY ON MANAGEMENT REVIEW</b>		Section / Department <b>LABORATORY SECTION</b>
<b>Prepared By:</b>  Julito Santos RMT Chief Medical Technologist  Eric Mirandilla MD. Pathologist	<b>Reviewed By:</b>  <b>Redentor P. Alquiros, M.D.</b> Chief of Clinics  <b>Darius J. Sebastian, MD, MPH, PHSAE</b> Hospital Administrator	<b>Approved by:</b>  <b>Jefferson R. Pagsisihan, MD, MHM</b> Hospital Director

## I. INTRODUCTION

The success of any organization lies in its capacity to move all of its members towards one common goal. Consistent review and evaluation of its current standing in contrast to set goals enables the institution to take the necessary step in order to achieve its set objectives. Proper channels of communication make it possible for all members to be aware of their responsibilities and appreciate the importance of the tasks they performing achieving the purpose of the Laboratory.

## II. OBJECTIVES



This policy intends to provide guidelines for reviewing current processes and systems already established in the Laboratory. It aims to enhance the current method in evaluating the performance of the laboratory as well as improving its current procedures and methodologies.

## III. PRINCIPLE



Management Review is a routine evaluation of the effectiveness of the management systems in performing and producing the intended desired results as efficiently as possible.<sup>1</sup> the regular evaluation ensures constant improvement and compliance to the current standards. It enables the laboratory to recognize its inadequacies in the systems, processes and procedures. It provides an avenue to correct any deficiencies for the improvement of its services.

## IV. GENERALPOLICIES

- A. The Laboratory shall conduct a general staff meeting quarterly except in urgent cases where the Pathologist, Chief Medical Technologist can call an emergency meeting as deemed necessary. Attendance at the meeting is mandatory for all staffs.

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- B. Staffs that are on Official Business or Official Leave are excused from the meeting.
- C. The date and time of the meeting shall be posted in the bulletin board of the Laboratory, or staff shall be informed via the different social media platforms (messenger, viber, text messages).
- D. The Pathologist/s shall preside over the meeting. In their absence, the Chief Medical Technologist shall preside over the body.
- E. The following points should be part of the meeting's regular agenda:
  1. Prayer
  2. Minutes of the Previous Meetings
  3. Action taken on concerns brought up in the previous meeting
  4. Reports of Each Section:
    - a) Supplies
    - b) Machines
    - c) Quality Control/Quality Assurance
    - d) Technical or Administrative problems encountered
    - e) Report of corrective actions performed or proposed corrective and/or preventive measures.
5. Clients Feedback
6. Corrective Actions and Proposed Preventive Measures in response to Clients Feedback Sentinel Events
7. Announcements/ Reminders:
  1. Correspondences/Memoranda from Chief of Clinics, Hospital Administration and DOH
  2. Trainings or Seminars
  3. Other Events and Activities
- F. An assigned junior medical technologist will assume as the official secretary of the staff meeting. She shall prepare the minutes which should be approved by the Pathologist at the next meeting.

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- G. For Office Orders or Sentinel Events that may require the revision or amendment of existing Laboratory policies and procedures, The Pathologist or the Chief Medical Technologist can call for a separate meeting to discuss the revisions needed to be established. The Chief Medical Technologist shall assign a Med. Tech. staff to be the secretary during the said meeting and to prepare the minutes thereof.
- H. The Minutes of the Special meeting shall be kept in file together with the quarterly Staff Meeting and shall form part of the Official Record of the Laboratory Section.

#### IV: GLOSSARY OF TERMS



**Administrative Problems** – issues or problems that is managerial or supervisory in nature. More concerned with the business and marketing side of the organization. Related to issues like customer relations, material supplies and working relationship with other departments

**Corrective Action** – a step that “deals with a non-conformity that has occurred”. It “eliminates the cause of non-conformity to *prevent recurrence*”

**Management Review**- the routine evaluation of whether management systems are performing as intended and producing desired results as efficiently as possible.

**Management Systems**- the way which an organization manages the inter-related parts of its business in order to achieve its objectives.

**Preventive Measures** – steps taken to hinder or *prevent the occurrence* of a grave or serious incident, error or non-conformance to standards. It is to prevent an incident that one foresees may happen but has actually not yet occurred.

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**Quality Assurance**— overall program that ensures the final results reported by the Laboratory are as correct and accurate as possible

**Quality Control**— measures that must be included in each assay to verify that the test is properly working.

**Sentinel Events**<sup>7</sup>— an adverse event in healthcare delivery or other services, which either lead to or has potential to lead to catastrophic outcomes (for example near miss) thereby often mandating initiation of emergency intervention or of preventive measures.

**Supplies** – consumable items or materials

**Technical Problems** – problems involving machines, its operation and trouble shooting. It also refers to techniques in the manual performance of laboratory examinations

**Responsible Authority:**

The Pathologist and Head Medical Technologist are the personnel responsible for this document including any change, correction or update.

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