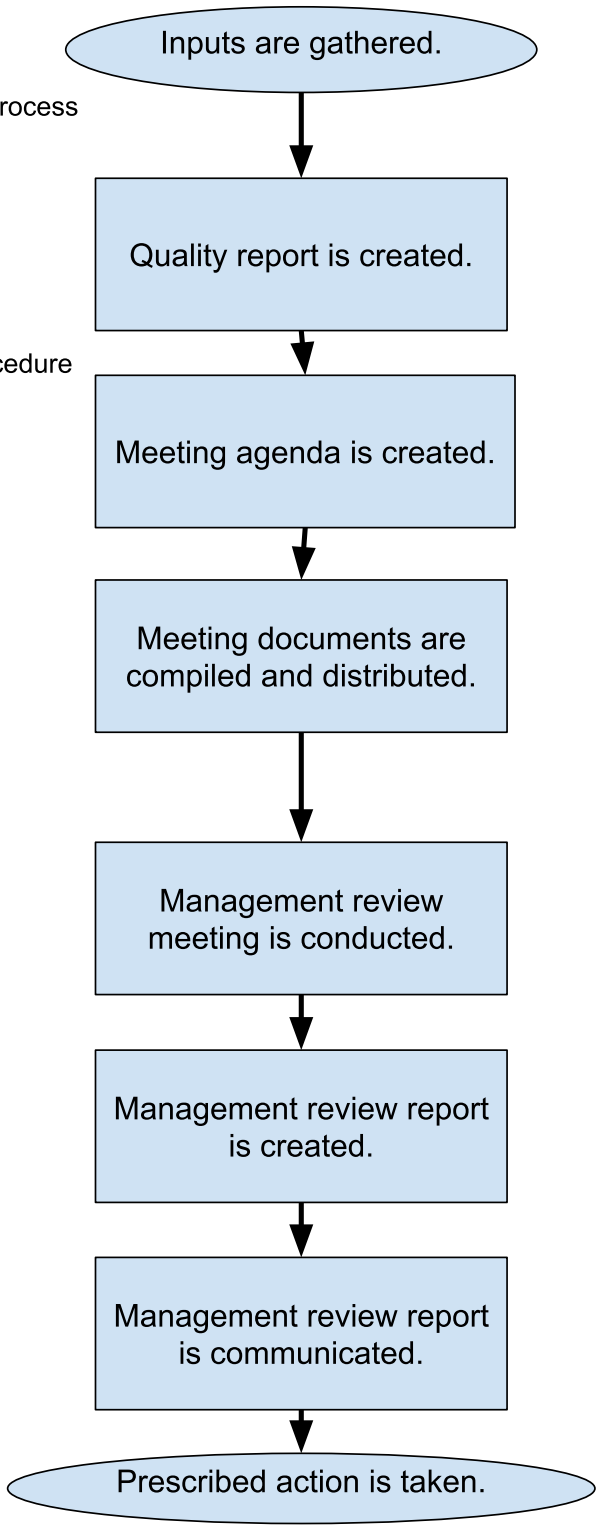
Cape Clinic Hospital Laboratory 18 Cape Artemis Road Providence X, Country X Phone: +254 066-5555 Ext 204/205	Document No: **QGen-MR-Pr001**	Revision No: 1 Page 1 of 1
MANAGEMENT REVIEW PROCESS	Effective Date 13/05/2016	Control Copy No: Uncontrolled

Purpose: This document outlines the activities for the periodic review of the laboratory's QMS, the quality policy, and the quality objectives to ensure their continuing suitability, adequacy and effectiveness.

Supporting Documents:
Customer Satisfaction Survey Process
Quality Indicator Process
External Assessment Process
Proficiency Testing Process
Internal Audit Process
NCE Log Maintenance Process
Corrective Action Process
Preventive Action Process
Budgeting and Forecasting Procedure

Responsibility By Job Title:
Hospital Superintendent
Head of Department
Quality Manager
Technical Supervisor
Heads of Section
Safety Officer



Analysis and Action
Management Review is the process that completes the laboratory's PDCA cycle for its QMS and launches into the next iteration of the cycle.

The inputs are actual quality records (e.g. SLIPTA 2.1) which accumulated since the last management review meeting.

The quality report serves as the information input to the review process. It enables attendees to begin thinking about trends. ISO 15189 does not specify how this information must be organized and formatted.

An agenda communicates the topics to be included and can be used to guide the review itself, keeping the discussion on track, and ensuring all required topics are addressed (i.e. using the agenda as an error-proofing tool).

To facilitate an efficient meeting, the agenda and quality report should be provided to attendees for review before the meeting is held.

During the review, top management analyzes information, makes decisions, and takes the appropriate actions. If the review does not produce any actions, decisions, or the identification of resource needs for continual improvement, then either the laboratory has achieved perfection or the management review process is ineffective in driving continual improvement.

Not only does the report provide evidence that the review was conducted, but it records the decisions and the data used to justify them. It also provides the designated process owners the authorization to take action and utilize the committed resources..

The report serves as a communication tool between management and the staff.

ISO 15189:2012 4.1.2.6 Laboratory management shall have an effective means for communicating with staff.

If the laboratory is not going to take action on actionable items, then why review in the first place?