

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

**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 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.

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

**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

