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Content

- CamLQMS Section 3 and Section 6
- DURING WEEKLY MEETING
- STAFF YEARLY COMPETENCY TESTING
- SENT STAFF JOIN CONTINUE TRAINING INVITED BY MOH

Section 3: Organization and Personnel

3.5	Are records of personnel maintained and do they include the following?	3	Partial
ey	a) Educational and professional qualifications		Yes
	b) Copy of certification or license to practice, when applicable		Yes
	c) Previous work experience e.g. CV		Yes
	d) Job descriptions		Yes
	e) Introduction of new staff to the laboratory environment		Yes
	f) Training in current job tasks including vendor training received on-site		Yes
	g) Competency assessments		No
	h) Records of continuing education		Yes
	i) Reviews of staff performance		No
	j) Reports of accidents and exposure to occupational hazards		No

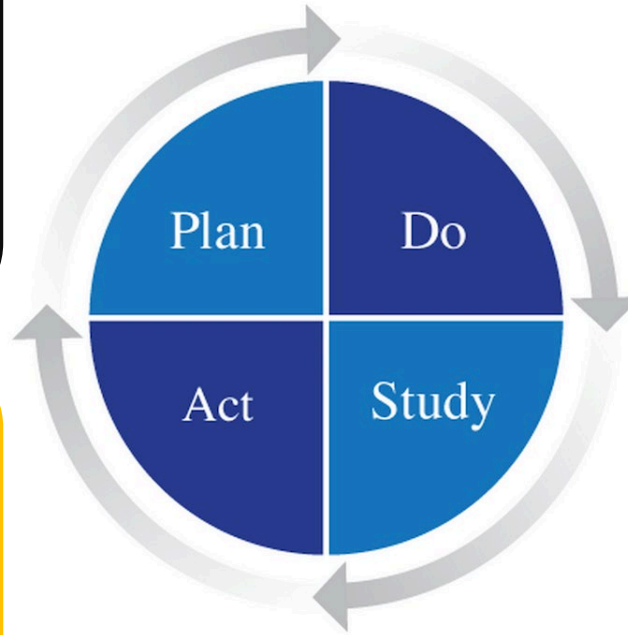
Section 6 : Evaluation and Audits

6.1	Are internal audits conducted at intervals as defined in the quality manual and do these audits address areas important to patient care?	5
	a) Is there an audit plan/schedule that ensures all activities of the QMS are audited?	
	b) Are audits being carried with minimal conflict of interest e.g. where possible, carried out by persons who are not involved in lab activities in the section being audited?	
	c) Are the personnel conducting the internal audits trained and competent in auditing?	
	d) Is cause analysis performed for nonconformities/noted deficiencies?	
	e) Are internal audit findings documented and presented to the laboratory management and relevant staff for review?	

DURING WEEKLY MEETING

- ✓ LM set policy daily internal audits and announce in weekly meeting.
- ✓ Daily Internal audits (Biosafety, QA, Equipment officer).
- ✓ Developed daily internal audits check list.

- Do corrective action: training following schedules determined
- Keep record and documented
- Recycle PDSA



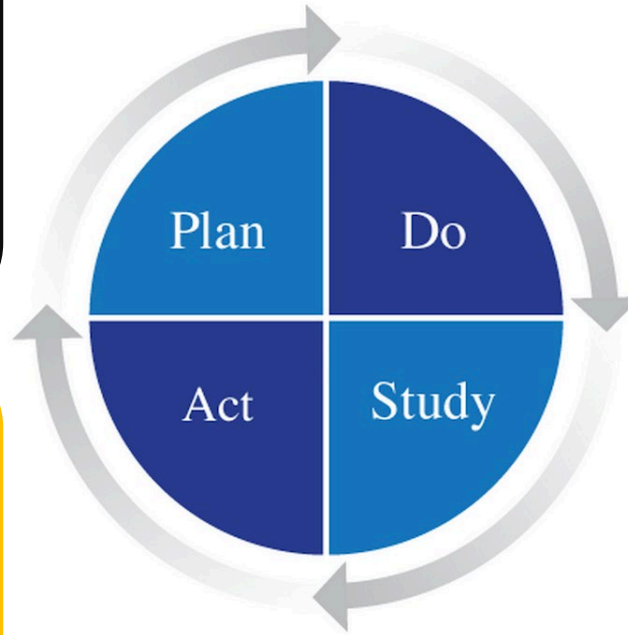
- Implement daily internal audits
- Each officer record any errors and resolve current situation
- During weekly meeting LM comment to staff.
- In case need training, 3 officers responsible make schedules

- ✓ Base on report from daily internal audits of 3 officers, management team analyze root cause

STAFF YEARLY COMPETENCY TESTING

- ✓ LM set policy for staff yearly competency testing announce in weekly meeting.
- ✓ Biosafety, QA, Equipment officer and LM will develop and complete Test for 1 month

- ❑ Do corrective action: staff working satisfaction.
- ❑ Keep record and documented for yearly staff performance review
- ❑ Recycle PDSA



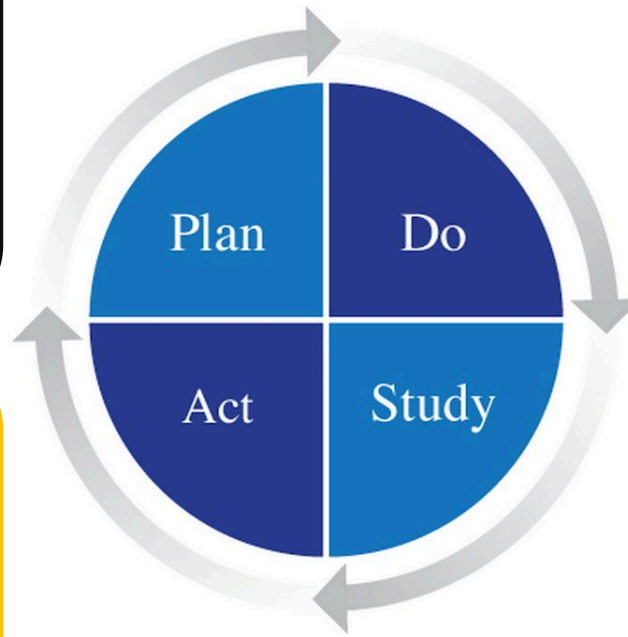
- Implement Test on new staff and every year for all staff
- Evaluate staff competency score
- Make schedule training again after one week

- ❖ Retest
- ❖ Find root cause in case failure by Management team

SENT STAFF JOIN CONTINUE TRAINING

- ✓ Abnormal Morphology of blood cell related to severe blood diseases upon demand of physician.
- ✓ Enlarge service by make New blood bank: Choose staff for training

- ✓ Resolve root cause: request for refresh training, refresh training internal staffs
- ✓ Record and documented
- ✓ PDSA cycle



- MoH: Send staff in hematology unit/ask staff who interested in these fields to attend the training
- Private: LM Propose to hospital director to support the plan during meeting
- LM follow up the feedback from Hospital director, administration and support organization

- ❖ Sharing experience and knowledge after training
- ❖ Testing competent survey (base on staff competency testing)
- ❖ Increased in quality of lab service survey
- ❖ Find root causes

Thank you

Continuous education and self improvement