

## Report

### **On-site Training Management Review**

The meeting was being held at Phkar Chhuk Meeting Room, Tonle Bassac II, Phnom Penh, from 24-27 December 2018 with **49 participants**. The welcome and opening remark by Chief of BMLS Ph. SAM Sopheap, Dr. ONG Siew Kim Project Coordinator of ITECH and Dr. Natacha Milhano, Laboratory Specialist Consultant of WHO. After pre-test and group photo, Ph.UCH Monipeap outlined the concept of the workshop and announced the opening of the workshop.

- Each of laboratory picked one Lucky draw of Group Presentation
- Dr. KIM presented the Summary of 2018 activities (start from Feb 2018): CamLQMS distribution, Training of Dr. Noble, Leadership list sheets of Nahya, Zoom, ....ect
  - \* Mar (kgC): CamLQMS, IQC, EQA, equipment & evaluation, lab statistics
  - \* April (KgC, PKH, Takeo): Calibration, water testing
  - \* May (NPH, PAH): write SOP, document control
  - \* Sept (Kg.C): Internal audits
  - \* Nov (Takeo): IQC and equipment evaluation
  - \* Dec (PP): Management review
- Outline, overview, MR, QAO role, Agenda of MR, Quality Improvement activities, Management review output, Summary were discussed between Dr. KIM and participants
- Dr. KIM presented **Tips presentation slide**: pictures less words, 1 or 2 font type (24-28), chart (bar chart, Line chart, Pie chart), work flow charts, work process shapes or SmartArt
- Effective implementation/operation according to ISO15189:
  - 1-Internal audits
  - 2-Occurrence management
  - 3-Document control
  - 4-Risk Management
- Name what are the good quality activities? And how does the lab achieve these?  
(participants wrote and explained by Dr. KIM)

<b>To do (by participants)</b>	<b>by Dr. KIm</b>	<b>To do (by Participants)</b>
1-Management review	1/year	1-Collect data, analysis data, meeting with hosp. director
2-EQA	3/year	2- Review result/corrective action
3-Temperature	everyday, weekly, monthly	3- Log sheet
4-Staff competency	1/year, new staff 2/year	4- Continual education/train
5-Internal audit	yearly	5- 12 sections

6-SOP	1/year	6- Training
7-IQC	everyday	7- do before test with 2 or 3 levels
8-equipment maintenance	Daily, weekly, monthly, 6 month, 1 year	8- training, maintenance
9-Stock, stock efficiency	Log sheet, bi-monthly	9- stock card, monthly report, trimester report
10-Risk assessment		10- monthly follow up
11-Reject sample		11- in CamLIS
12-Customer satisfy	1/year (Doctor, Nurse, Client)	12- we should do it every 3 month (user, survey, clients)

- Dr. KIM presented **Guide presentation of MR**
- Group work of 12 labs: Do MR presentation facilitate by BMLS team
- Testing slide presentation of 12 laboratories sites with comment from Dr. Kim with scoring from committee: Ph. SAM Sopheap, BOY Chansopheap and Mr.SONG Sophanna.

### **Result:**

- Real presentation of 12 lab to the audience with the presence of Hospital Director/Vice Hospital Director.
- The remarkable interested speech from Hospital Director/Vice Hospital Director to commit to improve laboratory quality.
- Summary interesting points from Dr. KIM about the presentation
- Q and A and messages from Dr.Sokunna with the management audiences from the 12 Hospitals.
- Collected scoring from the committee: Ph. SAM Sopheap, BOY Chansopheap and Dr. KIM  
The feedback to 12 labs next zoom call.

### **Key word during workshop:**

- ISO-15189
- Quality Management review (follow CamLQMS)
- Internal Audit
- QA officer duties
- Yearly planning
- Document maintenance/record/result of MR
- Risk Assessment
- Assessment of users feedback and complaints
- Agreement with equipment supplier

- Non confirmative Form
- Root cause analysis RCA
- External audits
- Baseline
- Indicator (planned each year for Quality improvement)
- Second line
- PDSA/plan do study act/PDCA/Plan Do Check Act
- Ishikawa diagram/fishbone
- FMEA/failure mode effective analysis
- Spider graph of 12 labs sites (about record and Doc of MR)
- Water testing at IPC /culture water to count colonies/ every 6 month