



भारत सरकार
Government of India
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Ministry of Health & Family Welfare
वर्धमान महावीर मेडिकल कॉलेज एवं सफदरजंग अस्पताल, नई दिल्ली 110029-
Vardhman Mahavir Medical College & Safdarjung Hospital, New Delhi - 110029

QUALITY CELL

No.1SJH/QCell/2020/02

7th August, 2020

MINUTES OF MEETING HELD ON 04.08.2020 FOR LABORATORIES

A meeting notice was sent to all the laboratories of this institution on 31.07.2020, to attend the Quality Cell meeting on 4.8.20. The details are given below-

DATE OF MEETING: Tuesday, 4th August 2020 at 11.30 AM

VENUE: Committee Room of MS Office.

MEETING FOR LABORATORIES: Pathology, Clinical Biochemistry, Microbiology, Hematology, CIO Laboratory, Apex Regional STD Centre.

AGENDA OF MEETING: To discuss the preparedness of laboratories for NABL Accreditation and way forward, post QMS & Internal audit workshop organized by Quality Cell-SJH from 20th to 23rd July 2020.

MEETING CHAIRED BY: Medical Superintendent-Dr. Balvinder Singh Arora.

MEETING ATTENDEES:

1. Dr. K.C.Tamaria- Quality Cell-Head
2. Dr. Sumathi Muralidhar-Coordinator
3. Dr. Vibha Uppal- Quality Cell Member
4. Dr. Vikas Talreja- Q Cell member

I. PATHOLOGY

1. Dr. Neha K Madan
2. Dr. Meetu Agarwal
3. Ms. Jasbir Kaur
4. Mr. Jitender Kumar Satpathy

II. CLINICAL BIOCHEMISTRY

1. Dr. Deepa Haldar
2. Ms. Madhavi Malhotra
3. Ms. Sheeba Jacob

III. MICROBIOLOGY

1. Dr. Rajni Gaiind
2. Dr. Gopi Tamilarasan
3. Ms. Anu Sharma
4. Ms. Meenakshi Sehgal
5. Ms. Latika
6. Ms. Lata Kalra Bhatia

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New Delhi - 110029

Dr. Sumathi Muralidhar M.D. (Micro)
Professor & Consultant
Apex Regional STD Centre & SERO-HIV
Vardhman Mahavir Medical College
Safdarjung Hospital New Delhi

IV. CIO LABORATORY

1. Dr. Geetika Khanna
2. Mr. Jitender Singh Verma
3. Ms. Bhagwati Kain

V. APEX REGIONAL STD CENTRE

1. Dr. Aradhana Bhargava
2. Dr. Sachin Kishore
3. Mr. Naveen Chandra Joshi

VI. HAEMATOLOGY- There were no attendees from hematology.

The Medical Superintendent welcomed all attendees and requested them to give a feedback on IA & QMS training held from 20th to 23rd July 2020, in a few words to include their impressions of the QMS workshop and what it meant to them, and what they imbibed from it.

All the trainees present expressed their gratitude to the Quality Cell for organizing the IA & QMS workshop which helped them understand clearly, the meaning of ISO-15189:2012 and its various clauses. They felt better equipped now, they said, to prepare for NABH and NABL accreditation.

Next, the MS highlighted the importance of getting all the laboratories of this hospital to apply for NABL Accreditation as early as possible. He stressed on the adoption of onus and responsibility by one and all in this mission. He requested the faculty members to work in coordination with technical staff to generate quality and reproducible work.

Each of the departments then, made short presentations of their level of preparedness and issues to be sorted-

SL. No.	NAME OF LABORATORY	PREPAREDNESS	ISSUES TO BE SORTED
1	Clinical Biochemistry	-Organogram made -Quality Policy and objectives made -Scope of tests done -TAT and quality indicators made SOPs and QSPs mostly ready. -Internal audit-done. NC closure pending -MRM due.	- Purchase of ISO-15189:2012 standard -LIS -EQAS for some tests. - Need for biomedical engineer to look into calibration and AMC/CMC of equipment. - AntiHBs antibody titre of staff due. -Sensitization of wards and other departments in sample collection and transport.
2	Microbiology	-Organogram made -Quality Policy and objectives made -Scope of tests done -TAT and quality indicators made SOPs and QSPs mostly ready. -Internal audit-done. NC closure pending -MRM due.	-Purchase of ISO- standard -AntiHBs antibody titre of staff due. - Need for biomedical engineer to look into calibration and AMC/CMC of equipment.

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QUALITY CELL
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New Delhi - 110029

Sumathi
Dr. Sumathi Muralidhar M.D. (Micro)
Professor & Consultant
Apex Regional STD Centre & SDE-HIV
Vardhman Mahavir Medical College
Safdarjung Hospital, New Delhi-29

3	Pathology	<ul style="list-style-type: none"> -Organogram made -Quality Policy and objectives made -Scope of tests done -TAT and quality indicators made SOPs and QSPs mostly ready. -Internal audit-done. NC closure pending -MRM due. 	<ul style="list-style-type: none"> - Purchase of ISO-standard - Need for biomedical engineer to look into calibration and AMC/CMC of equipment - AntiHBs antibody titre of staff due. - EQAS not in place. - Requested a second internal audit of their labs.
4	CIO Laboratory	<ul style="list-style-type: none"> -Organogram made -Quality Policy and objectives made -Scope of tests done -TAT and quality indicators made SOPs and QSPs mostly ready. -Internal audit-done. NC closure pending -MRM due. 	<ul style="list-style-type: none"> -Purchase of ISO-standard -Need for biomedical engineer to look into calibration and - AMC/CMC of equipment -AntiHBs antibody titre of staff due. -EQAS to be initiated. - Require complaint box.
5	Apex Regional STD Centre	<p>This lab is NABL accredited since 2014. Accreditation validity extended till 30 June 2021.</p>	<ul style="list-style-type: none"> -Need for biomedical engineer to look into calibration and AMC/CMC of equipment -Anti HBs antibody titre of staff due.
6	Haematology	No member was present	<ul style="list-style-type: none"> -Purchase of ISO-standard -Need for biomedical engineer to look into calibration and AMC/CMC of equipment -AntiHBs antibody titre of staff due.
7	TIME LINES for Various laboratories to complete formalities- Presentation by Dr. Sumathi Muralidhar	<ul style="list-style-type: none"> -Appointment of Lab Director, QMgr, DQMgr, Tech Manager, Deputy TM, Safety Officer, Deputy SO. - Quality Policy, Quality Objectives, Mission, Vision, Organogram, Scope, 	31.08.2020
		<ul style="list-style-type: none"> -Staff competency assessment, - Induction program/Immunization - All documents in place- BMW manual, Biosafety Manual, Primary Sample collection manual, Directory of Services (DOS) 	15.09.2020
		<ul style="list-style-type: none"> -Quality manual in place. -Master list of documents- Manuals, QSPs, SOPs, WDIs, Files, Registers. - Put away all obsolete documents out of circulation as per 4.3. -Identify Referral labs and sign MoUs with them. - Documents in place for External 	30.9.2020


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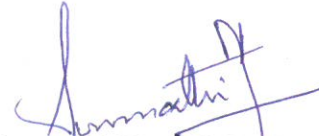
Dr. Sumathi Muralidhar
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Professor & Consultant
Apex Regional STD Centre & SRL-HIV
Vardhman Mahaveer Medical College
Safdarjung Hospital, New Delhi-29

	services and supplies. -Customer feedback forms, Quality indicators, CA/PA forms, NC forms, Action Plans, Contingency Plans. - Records and their retrieval, Personnel files, Equipment kits and consumables files. - PT/EQAS/ILC programs in place -EquipmentAMC/CMC/Calibration -Internal audit NC closure	
	MRM	By 15.10.2020
	Apply for NABL Accreditation	December 2020
NOTE: All laboratories are required to initiate the process of participation in EQAS/ILC programmes by themselves (Eg. Identify EQAS providers, sign MoUs, draft procedures). Only administrative issues, if any, will be taken up by Quality Cell.		

Some common issues to be addressed by Quality Cell -

1. Purchase of ISO-15189:2012 standard for all the departments (5 copies)
2. Performance of Anti-HBs Antibody titers for all staff members immunized with HBsAg vaccine.
3. Provide a letter from MS to all laboratories regarding their legal identities (draft letter placed for MS perusal).
4. To train HCWs in all wards and departments in sample collection and transport.
5. To initiate a color coded TRF for all the laboratories.
6. To arrange for Complaint/Suggestion boxes to be fixed in all laboratories.
7. Fire and Electrical safety-Common issue in all laboratories.
8. To provide copies of BMW documents (CPCB/DPCB authorization letter etc) to all laboratories.


डॉ. बलविंदर सिंह / DR. BALVINDER SINGH
 चिकित्सा अधीक्षक / Medical Superintendent
 वीएमएमसी एवं सफदरजंग अस्पताल
 VMMC & Safdarjung Hospital
 दिल्ली-110029 / New Delhi-110029


(Dr. Sumathi Muralidhar)
 Quality Cell Member &
 Coordinator

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Copy to:

1. HODs of Biochemistry/Microbiology/Pathology/Hematology/CIO Lab/Apex Regional STD Lab with request to initiate steps to address the gaps with appropriate level/Authority.
2. Officer I/C, Quality Cell (To coordinate and facilitate)
3. P S to MS