Quality Process Instruction Manual

Management Review Procedure

1.0 Purpose:

To describe the management review procedure for assessing the effectiveness of the quality system.

2.0 Scope

This procedure applies to:

- Ontario Health – TGLN Program - Tissue

3.0 Responsibilities:

Quality Authority is responsible for:

- chairing the management review meetings
- gathering the appropriate information and data regarding the quality system effectiveness
- developing the management review meeting agenda
- recording the meeting minutes and action list that result
- preparing the quality system internal audit report for the management review meeting
- summarizing the quality system data regarding non-conformances encountered and corrective actions taken

Clinical Vice-Presidents Chiefs, and President are responsible for:

- attending the management review meetings
- discussing the quality system effectiveness
- taking corrective actions in their departments, where necessary
- ensuring that quality system non-conformances are resolved as soon as possible

Management Representative is responsible for:

- ensuring that quality system non-conformances are resolved as soon as possible
- attending the management review meetings

- discussing the quality system effectiveness

4.0 Procedure:

4.1 Management reviews of the quality system are conducted for the following reasons:
- identify and document any improvements which have occurred
- report any trends in service or systems quality
- review the quality policy and supporting goals to ensure that the documented intentions are being met
- acknowledge the thoroughness of conducting internal audits, corrective actions and customer complaint follow-ups
- review the responses and follow-up actions to internal audit findings, corrective actions and customer complaints
- identify trends for which preventive actions should be taken, based on the statistical data gathered
- review overall quality system effectiveness

4.2 The benefits of the management review process are as outlined:
- problem areas get highlighted for immediate resolution
- meeting participants gain exposure to more business processes
- acknowledgement of increased process and system efficiencies
- corrective actions stimulate ongoing continuous improvement.
- acknowledgement of potential, tangible cost savings

4.3 The management review meetings are conducted once annually, as a minimum.

4.4 The attendees of management review meetings typically consist of the Quality Authority, the President, Clinical Vice-Presidents and invited guests.

4.5 The agenda for the management review meetings follows the format as outlined in Exhibit 1.

4.6 Based on the findings of the management review meetings, an action list is generated to improve the quality system.

4.7 At the conclusion of each review meeting, the *Management Review Meeting Summary* document is prepared. The Quality Authority is responsible for documenting and communicating the results of the management review meeting. See Exhibit 1. As required, the Quality Authority obtains from Senior Management any needed resources to make the improvements.

5.0 Records:

Record Name	Form No. (if applicable)	Record Holder	Record Location	Record Retention Time (as a minimum)
Management Review Meeting Summary	QSF-1-1	Quality Department	Quality Department	16 years

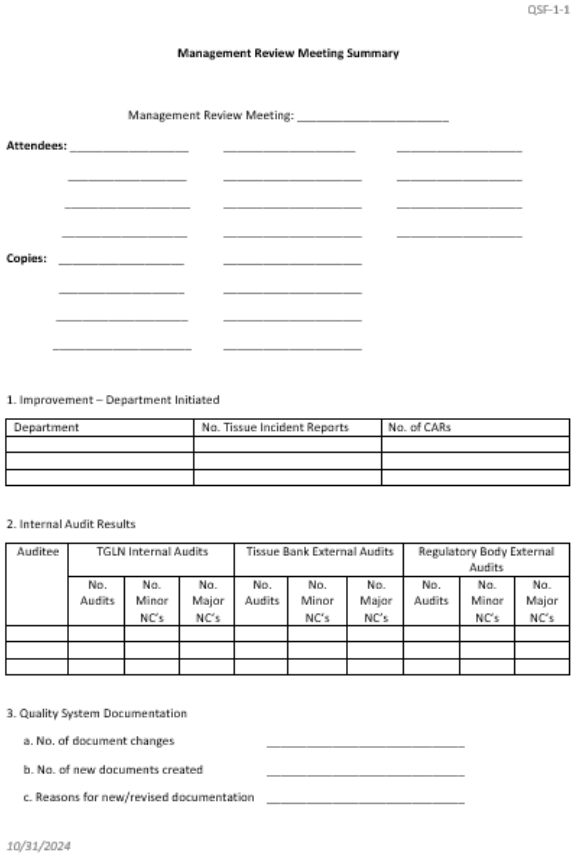
6.0 References:

- *Management Responsibility Procedure, QSP-1-1*
- *Non-conformance Procedure, QSP-13-1*
- *Corrective and Preventive Action Procedure, QSP-14-1*
- *Internal Auditing Procedure, QSP-17-1*

Quality Process Instruction Manual

Management Review Procedure

Exhibit 1: Management Review Meeting Summary, QSF-1-1, page 1



QSF-1-1

Management Review Meeting Summary

Management Review Meeting: _____

Attendees: _____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

Copies: _____ _____

_____ _____

_____ _____

_____ _____

1. Improvement – Department Initiated

Department	No. Tissue Incident Reports	No. of CARs

2. Internal Audit Results

Auditee	TGLN Internal Audits			Tissue Bank External Audits			Regulatory Body External Audits		
	No. Audits	No. Minor NC's	No. Major NC's	No. Audits	No. Minor NC's	No. Major NC's	No. Audits	No. Minor NC's	No. Major NC's

3. Quality System Documentation

a. No. of document changes _____

b. No. of new documents created _____

c. Reasons for new/revised documentation _____

10/31/2024

Quality Process Instruction Manual

Management Review Procedure

Exhibit 1: Management Review Meeting Summary, QSF-1-1, page 2

QSF-1-1

Management Review Meeting Summary

4. Quality Policy and Goals Review

Criteria	Target	Current Status

5. Overall Quality System Effectiveness

Departments	Tangible Outcomes	Intangible Outcomes
	•	•
	•	•
	•	•

6. Status of Outstanding Actions

Year	Task	Current Status

7. Improvement Action List

Task	Responsibility	Date Required	Verified By