



## **PHILIPPINE HEART CENTER**

East Avenue, Quezon City

### **MINUTES OF THE MANAGEMENT REVIEW**

December 20, 2017 (Wednesday)

11:00am

Staff Lounge and Executive Conference Room

#### **I. Attendance**

Please see attached Attendance Sheet

#### **II. Introduction**

Management Review is one of the stages before the final PHC ISO 9001:2015 Certification journey.

Management Review is innate in our organization. We do it every time we conduct unit, division, department and Executive Committee (ExeCom) meeting, wherein we discuss performance appraisals, adequacy of resources, internal and external customer satisfaction, etc.

The PHC ISO 9001:2015 Certification Journey Overview: Where are we now? The following have been conducted:

1. Initial Gap Analysis
2. Strategic Understanding and Appreciating ISO 9001:2015 Quality Management System (QMS) Requirements
3. Strategic Planning and Quality Objectives Enhancement
4. Risk-Based Thinking Training Workshop
5. Documentation Training Workshop
6. Comprehensive Internal Quality Audit Training Workshop
7. Root-Cause Analysis and Effective Corrective Action Training and Writeshop

#### **III. Agenda**

1. Changes in the internal and external issues relevant to the Quality Management System
2. Information on performance and effectiveness of the Quality Management System
  - 2.1 Patient Satisfaction Survey (PSS)
  - 2.2 Quality Objectives Monitoring (QOM)
  - 2.3 Internal Quality Audit Results (IQA)
3. Adequacy of resources
4. Effectiveness of actions taken to address risks and opportunities
5. Opportunities for Improvement (OFI)

#### **IV. Management Review**

1. Changes in the internal and external issues relevant to the Quality Management System
  - 1.1 The Strategic Map of PHC is up-to-date and according to the accomplishment reports of different departments, divisions, sections or units targets are met and that, at the moment, there are no notable changes in the internal and external issues. PHC boasts of the institutionalized Strategic Planning Activities which are done periodically. It is where the Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis were revisited and reviewed by each department and from there, build their Strategic Plan and Initiatives and Targets for the following Fiscal Year (FY). In line with this, PHC is yet to schedule its next Strategic Planning Activity for the FY 2019.

- 1.2 The following are the recent activities endeavored by PHC relevant to the processes of Quality Management System:
  - 1.2.1 PHC, last September 8 to 11, 2017, underwent the third-party onsite audit and survey conducted by Accreditation Canada International.
  - 1.2.2 In line with the long-term goal of the Administration of setting even higher standards for public government in the country, PHC was subjected to another audit by the Institute for Solidarity in Asia (ISA). The institutionalization of its Performance Governance System was appraised and validated during the second half of September.
  - 1.2.3 Currently, PHC is on the final leg of its ISO 9001:2015 Certification preparations. Internal Quality Audit has been conducted last December 11 to 15, 2017.
2. Information on Performance and Effectiveness of Quality Management System
  - 2.1 Patient Satisfaction Survey (PSS)
 

The performance of the core processes of the PHC is measured through patient satisfaction survey feedback. The cumulative result of the Patient Satisfaction Survey of the first half of 2017 was reported by Ms. Ma. Theresa C. Barrameda, the Quality Assurance Coordinator.

    - 2.1.1 High rating was given on the quality services provided at the CT-MRI Section.
    - 2.1.2 Lowest rating and was stressed as a concern was about the quality of facilities at public restrooms, availability of power outlets and space in waiting areas.
    - 2.1.3 Points on patient's feedback regarding timeliness of care received and expertise and attitude of hospital personnel were also discussed.
  - 2.2 Quality Objectives Monitoring (QOM)
 

PHC's organizational goals and objectives, in line with its mission and vision, customers' and stakeholders' and statutory requirements are translated into Breakthroughs (BT). Since its implementation, PHC has utilized it as a management tool to evaluate its performance vis-à-vis its strategic direction and other requirements.
  - 2.3 The PHC Breakthrough Accomplishment or Balance Scorecard Report from January to September 2017 was presented in comparison to the accomplishment last January to September 2016.
    - 2.3.1 Social Impact, Internal Process, Organization and Fund Resource Perspective Targets were all met.
    - 2.3.2 People Empowerment Perspective was short of 15.9% from the target.
    - 2.3.3 The overall average percentage of accomplishment was 210.6% which is way above the target of the organization.
    - 2.3.4 Measures are being done to address the People Empowerment Perspective to meet the target before the year ends.
  - 2.4 Internal Quality Audit Results
    - 2.4.1 There were 35 findings during the conduct of Internal Quality Audit last December 11 to 15, 2017. Breakdown of which are as follows:
      - 2.4.1.1 Major Non-conformity finding, which entails direct violation of standards and policies: 1. Finding against clause 6.1 Actions to address risks and opportunities.
      - 2.4.1.2 Minor Non-conformity findings are isolated cases that do not necessarily affect customers and can be rectified by providing immediate action/s: 27 findings against clauses 5.1.2: Customer Focus, 7.1.2 and 7.1.3: Support: People and Infrastructure Resources, 7.3: Awareness and 9.1: Monitoring, Measurement, Analysis and Evaluation.
      - 2.4.1.3 Opportunities for Improvement (OFI) are findings that will not necessarily lead to non-conformance, but will certainly will if improvements will not be done: 7 findings.

3. Adequacy of Resources
 

Process owners were asked if PHC has been providing them with adequate resources that they need in order to function efficiently.

  - 3.1 Human Resource Division (Manpower)
 

Process owners from the Medical and Nursing Services stressed their need for additional healthcare personnel.
  - 3.2 Property and Supply Division (Medical and Office Supplies)
 

Ms. Felicisima T. Romero, Chief of Medical Surgical Care 1 Division of the Nursing Service brought up the issues on out-of-stock items and medicines.
  - 3.3 Limited space for storage of supplies and equipment.
  - 3.4 Ms. Nerissa A. Remojo, Chief of Purchasing Division, stressed their issues on the late requisition of understocked items and reiterated the time spent for the whole process of procurement, from Purchase Request preparation, to PhilGEPS posting, to abstract-making, to Bids and Awards (BAC) Resolution, etc.
  - 3.5 Dr. Maria Teresa B. Abola, Chief of Vascular Medicine Division, brought up her issues on the delay of release of utilization of Venous Thromboembolism Risk Assessment Forms. The form was said to be submitted to the Nursing Forms Committee where communication was at a loss. According to Ms. Rosalinda M. Madrid, Chief of Emergency Room/Outpatient/Diagnostics/Service Wards Division, she found out that 5,000 copies were already available, so she felt that she have no choice but to utilize them. The Nursing Forms Committee was also confused as to what their role is with regards to reviewing an interdisciplinary form such as this one. Dr. Gerardo S. Manzo, the Assistant Director for Medical Services, suggested to create a Forms Committee for the whole hospital to address this problem. Communication was also a problem from both parties. A separate meeting will be conducted by the two divisions and the committee to resolve the said issue.
  - 3.6 Internal Quality Auditors
 

Currently, there are 27 Internal Quality Auditors, but a number of them are retirees, no succession, planning has been made yet. Ms. Carol C. Magcalas, the IQA Lead Auditor, stressed the need for additional auditors, those who could commit to the tasks performed by the IQA.
  - 3.7 QMS Team Needs
 

It was noted that still ISO awareness and cascading is a need to help engage all PHC employees. A dedicated QMS Team and Technical Working Group (TWG) also is necessary to help with the more efficient implementation of the QMS. Lastly, a dedicated area and a printer or copier to support QMS activities.
4. Effectiveness of Actions Taken to Address Risks and Opportunities
  - 4.1 In view of the very recent installation of the QMS in the Philippines, it is yet difficult to evaluate whether action plans on risks and opportunities and non-conformities are effective. On December 21, 2017, Thursday, at the Dr. Avenilo P. Aventura Hall, all process owners will present their risk registers and their action plans to the top management for approval.
5. Opportunities and Improvements
  - 5.1 During the Internal Quality Audit, the following were noted to be PHC's opportunities for improvement:
    - 5.1.1 Invest on Information Technology
    - 5.1.2 Address space limitations especially in patient care areas
    - 5.1.3 The need for competency-based training needs assessment for all employees
    - 5.1.4 Consistency in documenting hospital information (Manuals, SOPs, Guidelines, Work Instructions)
    - 5.1.5 Control of Documented Information
    - 5.1.6 Commitment of employees to training related to quality improvement.

5.2 Review of the applicability of the Quality Policy of PHC:

The Philippine Heart Center commits to provide the highest standard of comprehensive Cardiovascular Care, Education and Research

We commit to satisfying all relevant statutory and regulatory requirements.

We commit to continually improve our processes.

6. Adjournment 1:00pm

Prepared by:

**CORAZON LYNN O. IRINCO**  
Secretary, ISO 9001:2015 QMS Team

Noted by:

**DONNABELLE C. ALLAUIGAN, RN**  
Chairperson, ISO 9001:2015 QMS Team