INTRODUCTION

Osler Health System (OHS) is one of Canada’s largest teaching hospitals and is a major urban teaching hospital serving a 1.2 million resident population in Brampton, Etobicoke and surrounding communities in the Greater Toronto area in Ontario, Canada.

In 2010, a Failure Modes Effects Analysis (FMEA) was performed in Histology at Osler. The FMEA included causes for these barriers and redesign of the existing process. The team reviewed factors which contributed to these barriers and established targets and original performance data to determine if improvement has been achieved.

The Laboratory produces an annual quality summary of inputs, outputs, and results. Action plans from Management Review are followed up on in subsequent Management Review (MRA).

THE MANAGEMENT REVIEW PROCESS – DEMING CYCLE – PDCA

**P- PLAN** Establish objectives and strategies

**D- DO** Implement the plan

**C- CHECK** Measure, analyse and interpret the data

**A- ACT** Take action to continuously improve

THE MANAGEMENT REVIEW TOOLKIT

- **Management Review Toolkit**
  - Management Review Checklist: The Inputs
  - Management Review Checklist: The Outputs
  - Audit of Critical Results Reporting
  - Implementation Plan: Action Plan: Environment
  - WSP for Bar Coding Technology in Histology

**Inputs**

- New Quality Information
  - Quality Assurance
  - Quality Policy and Objectives
  - Corrective Actions on Preventative Actions
  - Corrective Actions: Preventative Action
  - Corrective Actions: Preventative Action

**Outputs**

- Laboratory Balanced Scorecards
  - Laboratory Non Conformance Reports
  - Laboratory Balanced Scorecards
  - Laboratory Results With Corrective Actions
  - Laboratory Results With Corrective Actions
  - Laboratory Results With Corrective Actions

**The Benefits**

- Action Plan from Management Review – The Doable
  - Establish Objectives and Strategies
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**Mismeasuring**

- Measurement, Analysis and Improvement
  - Measure performance and patient safety by identifying, correcting and improving areas of measure.

**PDCA**

- Plan: Define the project
- Do: Implement the project
- Check: Measure, analyse and interpret the data
- Act: Take action to continuously improve

**Measurement**

- % of specific laboratory tests which meet established benchmarks

**Critical Values Reporting**

- Critical results are those results which reporting delays may result in serious adverse threats to health.

**Conclusions**

- Following the process of systematic monitoring, evaluation and improvement consistently has led to an improved laboratory service, ensuring patient safety and satisfaction. The laboratory team is working towards the same goals and to assess the laboratory’s direction in response to an ever changing environment.

**DISCLAIMER**

- The laboratory and its personnel give no warranty or representationregarding the accuracy or completeness of these results.

**Confidentiality Policy**

- The information is confidential and shall not be used except for the purpose of the laboratory service and in accordance with applicable laws and regulations.

**Quality Management System**

- The laboratory has established its Quality Management System (QMS)

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**FMEA**

- Failure Modes Effects Analysis

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**The Benefits**

- Improvement in many processes including turnaround time, blood culture contamination, point of care testing, and increased antibiotic use leading to potential resistance.

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