



MARIVELES MENTAL HOSPITAL
P. Monroe Street Poblacion, Mariveles, Bataan

Document No.: MMH-HOP-01-01-01

Effectivity Date: 23-Apr-2014

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QUALITY MANUAL

The MARIVELES MENTAL HOSPITAL Quality Management System

QUALITY MANUAL


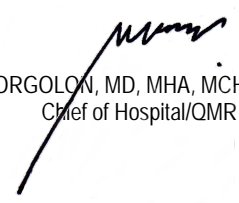


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REVISION HISTORY

DCN	REVISION DATE	REVISION NUMBER	PAGE AFFECTED	REASON FOR REVISION	PREPARED BY	REVIEWED AND APPROVED BY
001	N/A	00	All	Origination	E.V.RAYMUNDO Head, HOPSS/DQMR	L. P.GORGOLON, MD, MHA, MCHM, CEO VI Chief of Hospital/QMR
2014-002	21-May-2014	01	Pg. 2	Use of the word origination on reason for revision	 E.V.RAYMUNDO Head, HOPSS/DQMR	 L. P.GORGOLON, MD, MHA, MCHM, CEO VI Chief of Hospital/QMR
				Combine Reviewed by and Approved by		
			Pg. 4	Include Revision No. on Table of Contents		
			Pg. 17	Include and define 'Correction'		
			Pg. 28	Quality Policy must be dated		
			Pg. 31	Enlarge Organizational Chart to include date & QMS Committees		
			Pg.34 (5.6.1.1)	Reconstruct sentences		
			Pg. 39 (6.3.2)	Inclusion of MIS		

MMH-DCC-04-06-00



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MARIVELES MENTAL HOSPITAL
“Compassionate and Humane institution for mentally challenged”



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C	DOH Logo	3	00
D	Table of Contents	4-7	01
E	INTRODUCTION		
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E. INTRODUCTION

HOSPITAL HISTORY

In July 1955, a branch of the National Mental Hospital (now National Center for Mental health) was established in Mariveles, Bataan to ease congestion in the main hospital. The Bureau of Quarantine donated the 3.8 hectares land and buildings of the Quarantine Station for National Mental Hospital Extension Service. The first batch of patients were transferred from the National Mental Hospital to Mariveles, Bataan, The NMH Extension Service facility was closed in 1960 for reasons that patient were out of reach by their families and the maintenance cost to run the facility was quite expensive.

Three years later, the National Mental Hospital Extension Service was again reopened in December 1963, to help decongest the overcrowded National Mental Hospital. In June 1978 P.D. 1541 was promulgated paving the way for the regionalization of Mental Hospitals thus National Mental Hospital Extension Service was renamed Mariveles Mental Hospital and the technical and administrative supervision of the hospital was turned over to the Regional Health Office No.3 in San Fernando, Pampanga. Later in 1984, it was placed under the supervision of Central Luzon General Hospital (now the Jose B. Lingad Memorial Regional Hospital) also in San Fernando Pampanga; it was considered as psychiatric ward of this hospital thus renamed Mariveles Mental Ward.

In 1988, the mental facility was integrated to the Provincial Health Office of Bataan by virtue of reintegration program of Department of Health to facilitate and ease the supervision of the hospital. It was devolved in 1993 by virtue of R.A. 7160 (local Government Code) to Provincial Government of Bataan. Due to financial difficulties the Provincial Government of Bataan requested that the Mariveles Mental Ward (MMW) be transferred to the Department of Health. Through Resolution No. 95-07 of the Oversight Committee on RA 7160, Mariveles Mental Ward was renationalized in 1996 and again placed under the supervision of Jose B. Lingad Memorial Regional Hospital. In 2001 when Bataan Provincial Hospital (now Bataan General Hospital) was renationalized under RA 8561, technical and administrative supervision was placed under the Chief of Hospital (COH) of Bataan General Hospital.

On July 17, 2008, by virtue of license granted by the Department of Health, Center for Health Development 3, City of San Fernando, Pampanga, Mariveles Mental Ward is now recognized as MARIVELES MENTAL HOSPITAL. The hospital Technical and Administrative supervision is currently under the Regional Director of Regional Health Office No. 3 in San Fernando, Pampanga.



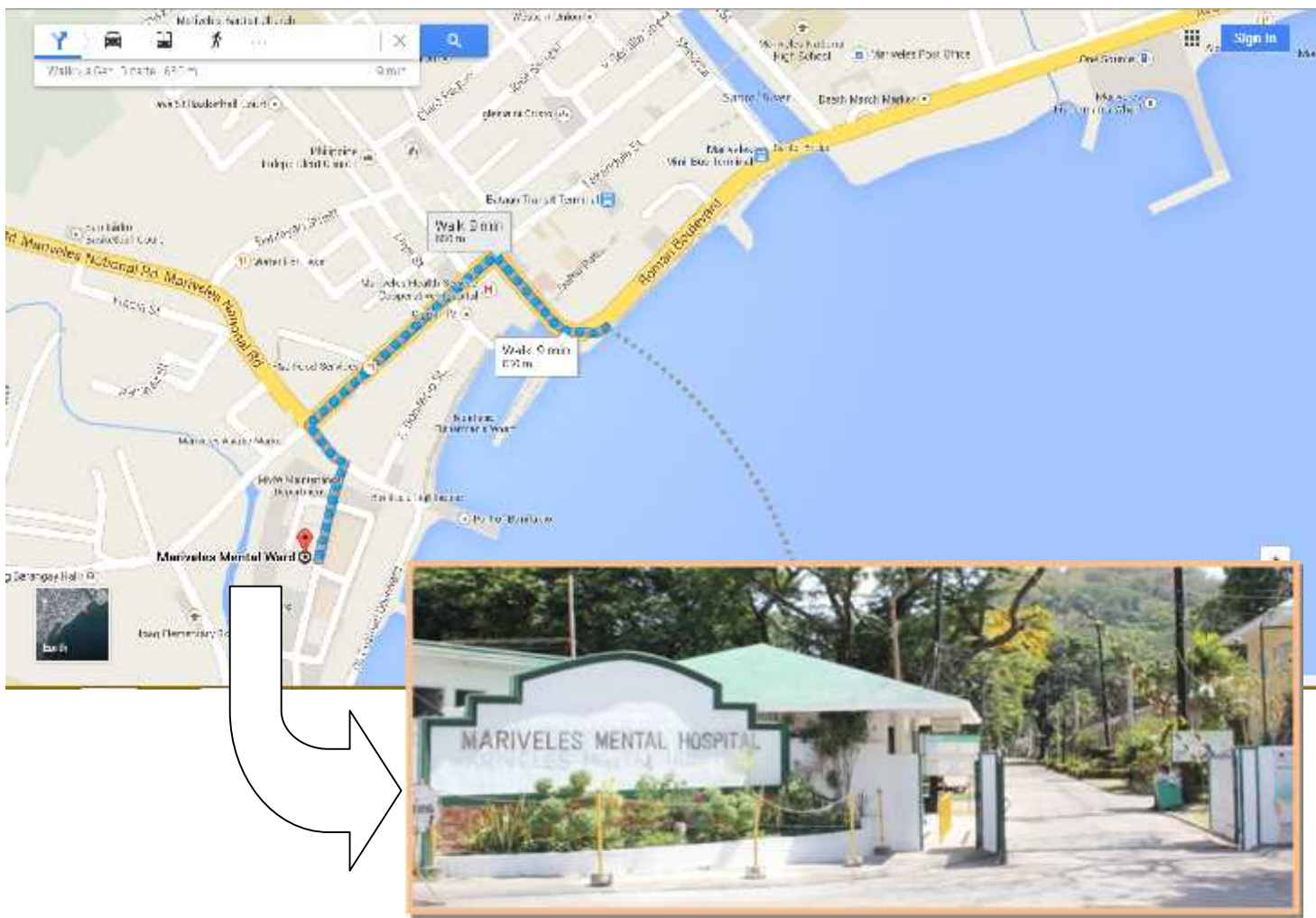
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Mariveles Mental Hospital (MMH) is a Custodial Psychiatric Care Facility located at P. Monroe Street, Poblacion, sea side town of Mariveles, province of Bataan, in Central Luzon, about 170 kilometers from Manila. It can be reached by land transportation through the Olongapo-Gapan road or Subic-Clark Tarlac Expressway and Roman Highway in approximately three (3) hours time.

LOCATION MAP





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1. ORGANIZATIONAL PROFILE

1.1. Mandate – Vision – Mission

The Mariveles Mental Hospital is one of the retained Government Hospital under the Department of Health, classified as Custodial Psychiatric Care Facility, with 500 authorized bed capacity with current license Number 03-139-14-500-CP-1.

Vision - The Mariveles Mental Hospital is a recognized specialty hospital aiming to be the leader on mental health care in Central Luzon.

Mission - We provide and promote quality mental health care through preventive, curative and rehabilitative services.

1.2. The Mariveles Mental Hospital Organization

The four major organizational units are as follows:

1.2.1. Office of the Chief of Hospital

Responsible for the overall management and administration of the hospital; formulates policies, plans, programs and strategies to ensure implementation of health standards for the attainment of quality mental health care and the day to day supervision and administration of functional units.

1.2.2. Medical Service

Responsible for quality evaluation and management of in-patient and out-patient; assists the Chief of Hospital in the formulation and implementation of policies, plans and programs of the hospital. The Medical Service comprises the following:

1.2.2.1. Clinical Unit

1.2.2.2. Dental Care Unit



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1.2.2.3. Psychology Unit

1.2.2.4. Occupational Therapy Unit

1.2.2.5. Nutrition and Dietetics Unit

1.2.2.6. Pharmacy Unit

1.2.2.7. Medical Social Work Unit

1.2.2.8. Health Information Management Unit

1.2.2.8.1. Admission and Information

1.2.2.9. Laboratory

1.2.2.10. X-ray

1.2.3. Nursing Service

Responsible for ensuring and providing quality nursing care for all patients. Under the Nursing Service we have the following units:

1.2.3.1. Out Patient Unit

1.2.3.2. In Patient Unit

1.2.3.2.1. Admission Crisis Intervention Unit

1.2.3.2.2. Male Ward

1.2.3.2.3. Female Ward

1.2.3.2.4. Custodial Care (Pay Ward)

1.2.3.2.4.1 Male

1.2.3.2.4.2 Female



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1.2.4. Hospital Operations and Patient Support Service

This refers to the Administrative and Finance service which provides logistics and resources for a continuous delivery of services. It is composed of the following sections:

- 1.2.4.1. Human Resource Management – responsible for recruitment, selection promotion, separation, welfare and benefits, training and other personnel activities and transactions.
- 1.2.4.2. Procurement, Property and Supply – procures, receives, stores, and issue supplies materials and equipment for the effective and efficient delivery of Quality Service. Responsible for identification, storage, and inventory of equipment, disposes unserviceable hospital properties.
- 1.2.4.3. Integrated Hospital Operations Management Program – maintains server areas to ensure system security and to provide appropriate access to information.
- 1.2.4.4. Accounting – handles and controls all financial transactions; provides the management accurate, reliable and timely financial reports.
 - 1.2.4.4.1. Billing – responsible for implementing proper charging system by recording all hospital procedures, services, medical supplies, drugs and medicines incurred by patients regardless of patient's classification including fees, and use of facilities and other non-patient services.
- 1.2.4.5. Budget – allocates available funds to hospital programs and project based on approved guidelines, policies and priorities.
- 1.2.4.6. Cash Management – responsible for the proper disbursement and collection transactions of the hospital.
- 1.2.4.7. Maintenance and Transport – responsible for ensuring the repair, and maintenance of hospital's carpentry, electrical and plumbing system. Maintain all hospital vehicles and provide transport service for patient, hospital staff and guests.



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- 1.2.4.7.1. Housekeeping – responsible for maintaining the hospital clean and hygienic for the patients, employees and visitors.
- 1.2.4.8. Linen and Laundry – responsible for collection of soiled linen, washing of linens and distribution of linens to Wards or Offices.
- 1.2.4.9. Security – provides round-the-clock security system in the hospital to ensure safety of its properties, patients and personnel.

QMS COMMITTEES

- a. Document and Records Control Committee – responsible for managing and maintaining QMS documents and records.
- b. Internal Quality Audit Committee – responsible the planning, conducting and reporting results of the IQA
- c. Training and Education Committee – responsible for coordinating the identification of training needs and conduct of cascading training related to QMS implementation.
- d. Workplace Organization Committee – responsible for ensuring the implementation and monitoring of the 5s principles.

OTHER COMMITTEES

- a. Infection Control Committee – a standing committee whose main concern is to prevent and break the chain of infection in the hospital.
- b. Therapeutics and Pharmacy Committee – responsible for the formulation, inclusion, revision, and deletion of medicine in the hospital formulary.
- c. Quality Assurance Committee – reviews policies and procedures pertaining to quality management procedures. Responsible for implementation and monitoring of Quality Management System following the ISO 9001:2008 standards.
- d. Health Care Waste Management Committee – responsible for the over-all management of waste generated and final disposal of wastes by the hospital.



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- e. Bids and Awards Committee – undertakes the procurement procedures in compliance with the provisions of RA 9184.

OUTSOURCED SERVICES

- a. Security Service
- b. Biomedical Engineering

1. SCOPE

1.1. General

- a. This manual specifies the Quality Management System, (ISO 9001:2008 QMS) and related systems of MMH. The requirements of this system seek to achieve client satisfaction by providing services that consistently meet or exceed client requirements through continuous application, improvement, and prevention of non-conformity.
- b. This document ensures that MMH identifies client requirements through Quality Management System Processes, to achieve client satisfaction with a closed-loop methodology. This document applies to all services categories and satisfies the requirements and intent of ISO 9001:2008.
- c. The scope of the Quality Management System covers aspects of the operations from defining the client requirements down to servicing of their needs to the fullest possible means. The system is categorized into five (5) major sections namely, 1) Quality Management System, 2) Management Responsibility, 3) Resource Management, 4) Product and/or Service Realization, and 5) Measurement, Analysis and Improvement. Each section starts with a general policy statement expressing the commitment to implement the basic principles of the quality system element that is the subject of the section. The general policy statement is followed by more specific procedural policies outlining how the general policy shall be carried out, and referencing the corresponding operational procedures. The established, documented and implemented Quality Management System specifies requirements that will demonstrate its ability to achieve the following: Consistently provide services that meet client satisfaction in compliance with applicable regulatory requirements, thereby enhancing client satisfaction.



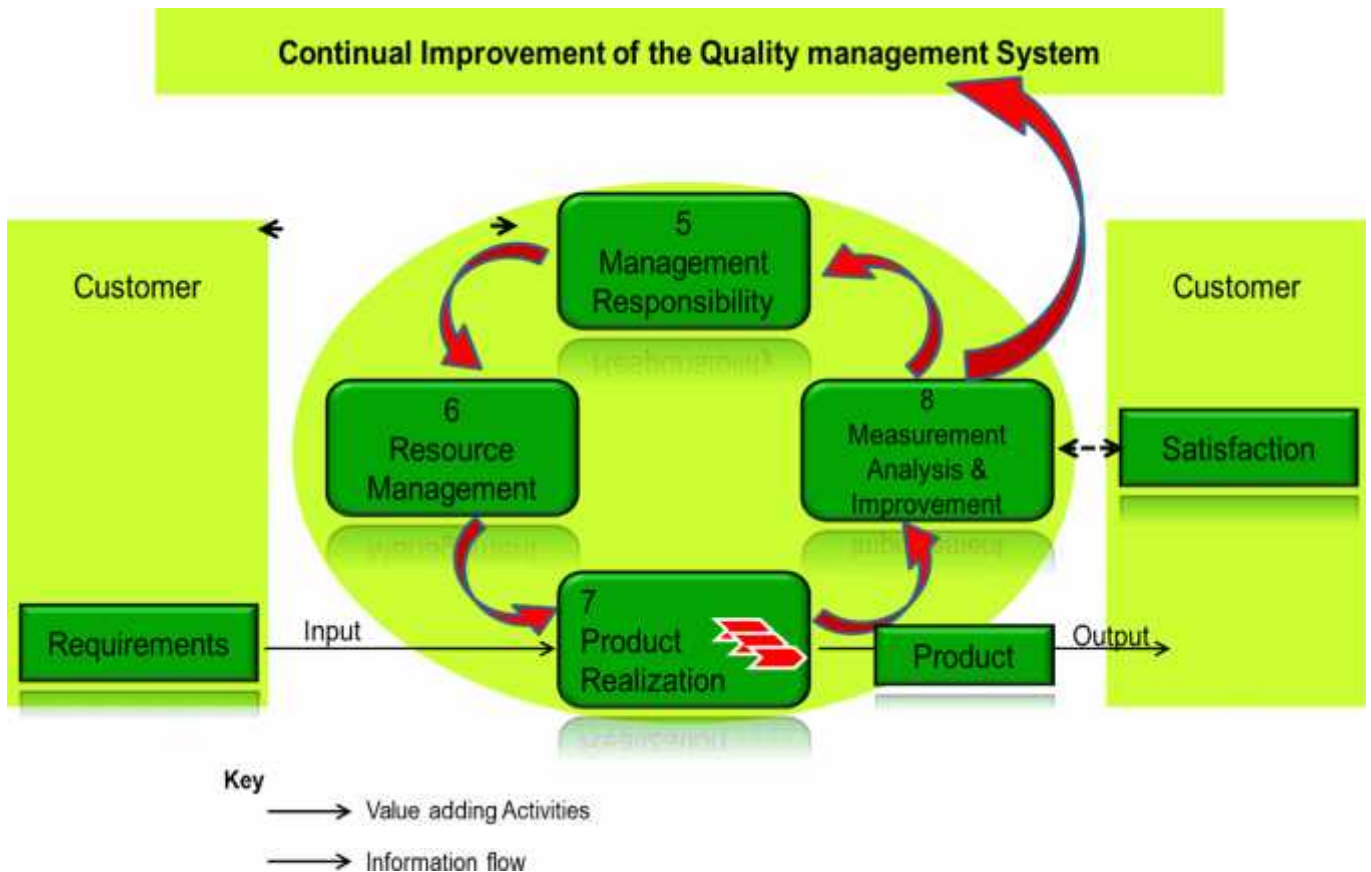
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1.2. Exclusion

1.2.1. Mariveles Mental Hospital excluded 7.3 elements of ISO 9001-2008 (Design and Development).

1.3. Quality Management System Model

Mariveles Mental Hospital adopted the "Process Model" approach in developing, implementing and improving the effectiveness of MMH quality management system, to enhance clients satisfaction.





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1.4. Application

1.4.1. The MMH Quality Management System complete with all requirements contained in ISO 9001:2008 covers the provisions of all services and encompasses all operations of the Mariveles Mental Hospital.

2. NORMATIVE REFERENCES

2.1. Systems Manual Foundation

The following referenced documents are indispensable for the application of this document. For dated references, only the edition cited applies. For undated references, the latest edition of the referenced document (including any amendments) applies.

ISO 9001:2008, Quality Management Systems – Requirements

ISO 19011:2011, Internal Quality Auditing

3. TERMS AND DEFINITIONS

3.1. Quality Management Systems – management system to direct and control an organization with regards to quality.

3.2. Top management – person or group of people who directs and controls the organization. Refers to Secretary of Health, Under Secretary of Health, Assistant Secretary of Health and Regional Health Office No.3 Regional Director.

3.3. MMH Management – refers to the Chief of Hospital, Head of Medical, Nursing, and Hospital Operations and Patient Support Service and Union Representative.

3.4. Continual Improvement – recurring activity to increase the ability to fulfill the requirements.

3.5. Audit criteria – set of policies, procedures or requirements used as a reference.



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- 3.6. Audit evidence – records, statements of fact or other information which are relevant to the audit criteria and verifiable.
- 3.7. Non-conformity (NC) – non fulfillment of a requirement.
- 3.8. Correction – immediate action implemented to eliminate non conformity
- 3.9. Corrective action – action to eliminate the cause of a detected non conformity or other undesirable situation.
- 3.10. Preventive action – action to eliminate the cause of a potential non conformity or other undesirable potential situation.
- 3.10. QMS – Quality Management System
- 3.11. CPAR – Corrective Preventive Action Report
- 3.12. IQA – Internal Quality Audit
- 3.13. Hard Copy Document – refers to document printed in a clean sheet of paper.
- 3.14. Soft Copy Document – refers to unprinted document stored in computers.
- 3.15. Master Copy – is the original issue of the document or so called the first generation copy.
- 3.16. Controlled Copy – copy of a document coming from the master document or the so called second generation. It should be updated for any revision.
- 3.17. Uncontrolled Copy – a document duly approved for publication/public usage and does not require any update.
- 3.18. Obsolete Copy – these are documents that are outdated and are for disposal from archive files.
- 3.19. Revised Documents – documents with partial or complete revision or changes.
- 3.20. Internal Documents – documents internally generated/originated in the organization.



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- 3.21. External Documents – documents, specifications, requirements and other written information from suppliers, clients, government and system standards which are not created in the organization.
- 3.22. Distribution – issuance of approved documents for the implementation of system.
- 3.23. Distribution List – is a summary of service holding a copy of registered document.
- 3.24. Confidential Document – refers to document with limited accessibility and usage to public.
- 3.25. Deployment - refers to orientation/training of staff on the standard operating procedures of organization.
- 3.26. Originator – author of documents.
- 3.27. Customer – refers to client and could be used interchangeably.
- 3.28. HOPSS – refers to Hospital Operations and Patient Support Service.

4. QUALITY MANAGEMENT SYSTEM ISO 9001:2008

4.1. General Requirements

4.1.1. MMH defines and manages processes necessary to ensure that its services conform to its client's requirements. As a means of implementing and demonstrating the defined processes, MMH has established, documented and maintained a management system covering the applicable requirements of ISO 9001:2008. MMH shall:

- 4.1.1.1. Determines the processes needed for the Quality Management System and their application throughout the Organization;
- 4.1.1.2. Determines the sequences and interaction of its processes;
- 4.1.1.3. Defines criteria and methods needed to ensure that both the operation and monitoring of its processes;



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- 4.1.1.4. Ensures the availability of resources and information necessary to support the operation and monitoring of its processes;
 - 4.1.1.5. Monitors, measures where applicable, and analyzes its process; and
 - 4.1.1.6. Implements actions necessary to achieve planned results and continual improvements of its processes.
- 4.1.2. MMH recognizes the significant role that outsourcing contributes to achieving desired results and recognizes and ensures the proper control over outsourced QMS processes. MMH outsources the following services:
- 4.1.2.1. Security
 - 4.1.2.2. Biomedical Engineering
- 4.1.3. MMH also recognizes all compliance to and implementation of all legal and statutory requirements related to the Quality Management System. MMH is compliant to the following legal and statutory requirements:
- 4.1.3.1. DOH License to Operate (03-139-14-500-CP-1)
 - 4.1.3.2. Health Policies and Guidelines set by the Department of Health Central Office
 - 4.1.3.3. Department of Health Administrative Orders
 - 4.1.3.4. DOH-DBM Joint Circulars
 - 4.1.3.5. Fire Bureau permit
 - 4.1.3.6. Sanitary Permit
 - 4.1.3.7. Health Certificate of Dietary personnel
 - 4.1.3.8. Philippine Drug Enforcement Authority S3 License



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4.1.4. It is recognized in this manual that the appointment of a Quality Management Representative (QMR) and Deputy Management Representative (DMR) serves as a link to all departments and coordinates effective compliance within each area.

4.1.4.1. Department of Health Quality Management System (DOH-QMS) Structure provides that Office Head/Director serves as the Quality Management Representative (QMR).

4.1.5. This Quality Management System is monitored, audited, reviewed and revised on an on-going basis including but not limited to:

4.1.5.1. Quality Objective and Plan

4.1.5.2. Audit Results

4.1.5.3. Hospital Census

4.1.5.4. Annual System Documentation Review

4.1.6. Lastly our Quality Management System answered the commitment of the Secretary of Health in establishing the DOH Quality Management for an enhanced Health Service Delivery.

4.2. Documentation Requirements (QMS)

4.2.1. GENERAL

4.2.1.1 The MMH Quality Management System documentation includes the following:

- a. Documented statements of MMH Quality Policy and Services/Units quality objectives;
- b. The creation of a MMH Quality Manual to serve as blueprint of the Hospital' services and application of the Quality Management System as per ISO 9001:2008 standards;
Reference: MMH Quality Manual- (MMH-HOP-01-01)



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- c. Documented procedures and records required by ISO 9001:2008 standards;
- d. Documents- including records, determined by MMH to be necessary to ensure the effective planning, operation and control of its processes.

4.2.1.2 The range and extent of MMH system procedures are based upon factors such as the Hospital's size, nature of its services, the complexity and interaction of the processes, methods used, and including skills and training of personnel involved in performing work.

4.2.1.3 OMR appoints a Document Controller to secure and control the documents of the Organization.

Reference: Appointment letter for Document Controller

4.2.1.4 The documents of MMH are stored in devices (hard drive or disc). Each Service or Unit documents are stored in individual disc.

4.2.1.5 MMH prepares documents in hard and soft copies.

4.2.1.6 MMH documents are in the following format:

- a. Procedure
- b. Work Instruction

4.2.1.7 Appropriate training programs shall be established and maintained to meet competence requirements.

4.2.1.8 The MMH shall maintain medical records/procedures that are documented accurately and in a timely manner, that are readily accessible, and that permit prompt retrieval of information; including statistical data.

Reference: Medical Records General Procedure (MMH-HIM-02-01)

4.2.1.9 System control for identification, storage, protection, retrieval, allocation of retention time and disposal of records.

4.2.1.10. MMH Document Structure



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4.2.1.10.1 The Quality Management System is designed to meet or surpass the requirements of ISO 9001: 2008. This System is structured as follows:

- a. Level 1 – Quality Manual
The manual contains MMH Policies, Service Processes, Organization and Management Practices on applicable clauses of ISO 9001:2008 which are implemented within operational procedures.
- b. Level 2 – Procedures/Clinical Pathways Guidelines
The procedures describe how a particular activity is implemented or performed.
- c. Level 3 – Work Instructions
Describes the detailed steps on how to do a certain important procedure. Work instructions are to be followed, for if not this will affect conformity to the services' requirements.
- d. Level 4 – Forms, Records, Memos and Other References
This is a compilation of all the forms to be used in carrying out the different activities and work instructions together with the records subsequently generated by the activities. Memoranda and other references are included in this level.

4.2.1.10.2 MMH documents are reviewed and approved prior to use by:

Level of Documents	Prepared By	Reviewed By	Approved By
Level 1	Head, HOPSS/DQMR	Chief of Hospital	Chief of Hospital
Level 2	Unit Head	Head, Medical/Nursing/HOPSS	Chief of Hospital
Level 3	Unit Head	Head, Medical/Nursing/HOPSS	Chief of Hospital
Level 4	Unit Head	Head, Medical/Nursing/HOPSS	Chief of Hospital

Reference: Control of Documents Procedure– (MMH-DCC-02-01)
Control of Records Procedure – (MMH-DCC-02-02)



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4.2.1.11 The Hospital System Procedure Format

4.2.1.11.1 The header includes the hospital name, address and DOH logo, document number, origination date, effectivity date, page number, and document title.

4.2.1.11.2 The Revision History includes the following:

- a. Document Change Number (DCN) – Number given by DCC to tract the total number of document per department or section.
- b. Revision Date - date when the document was registered to DCC (origination, revision and deletion).
- c. Revision Number - indicates how many times that the procedure was revised.
- d. Page Affected - particular page where change/s was made.
- e. Reason for Revision –corrections and updates
- f. Prepared By - name of person or staff who wrote the document (author’s name).
- g. Reviewed By - name of the head of services assigned by the organization to review the document.
- h. Approved By - name of the chief of hospital to approve the document.

4.2.2.QUALITY MANAGEMENT SYSTEM MANUAL (QMSM)

4.2.2.1 MMH Management is responsible for preparing, maintaining, and safe keeping the Quality Management System Manual. The QMSM covers the description of elements of the Quality Management System in particular:



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- 4.2.2.2 The QMSM is established and written in partial fulfillment of ISO 9001:2008 standards. Likewise, it is established to highlight and attain the objectives of the Quality Management System which is formulated to demonstrate the Hospital's capability to provide consistent quality service as described in this manual.
- 4.2.2.3 This manual serves as a blueprint of the Hospital's policies designed to lay down the responsibilities, rules and regulations that govern each Service or Unit and sub unit. Furthermore, the manual defines, enumerates and specifies the accountabilities of each Service/ Unit Head and the members under them.
- 4.2.2.4 This manual seeks to engage employees and other stakeholders to work harmoniously towards achieving the quality goals of the Hospital. All employees and stakeholders are enjoined to adhere to the objective of the Hospital which is to maintain quality service at every level.
- 4.2.2.5 The characteristics of this Quality Management System Manual are as follows:
- a. It is written in a manner understandable and known by those who will be affected by them;
 - b. It is comprehensive in scope, stable, and flexible so that it can be applied to different conditions;
 - c. It is realistic and has prescribed limits;
 - d. It allows discretion and interpretation by those responsible for it;
 - e. This manual is periodically reviewed for continuing suitability and is communicated and be made understood within the Hospital. It is the responsibility of the Chief of Hospital/QMR to review this at least once every year;
 - f. This manual does not contain any confidential information. However, unauthorized reproduction and or distribution of documents either within the organization or to the external third parties without prior advice and written permission from the Chief of Hospital/QMR is highly prohibited. A copy of this



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manual can be given to customers who are interested in doing business with MMH;

- g. Authorized copies are categorized into controlled and uncontrolled copies. Controlled copies are distributed to the following recipients:
 - I. Chief of Hospital/ Quality Management Representative
 - II. Head, HOPSS/ Deputy Quality Management Representative
 - III. Head, Medical Service
 - IV. Head, Nursing Service
- h. The Quality Manual can be read by employees at the Document Control Office, and Offices of Head HOPSS, Medical and Nursing .

4.2.3. CONTROL OF DOCUMENTS (QMS)

4.2.3.1 MMH has established management system level procedures for controlling new and revised documents required for the operation of the quality system manual.

4.2.3.2 MMH defines control of its documents as follows:

- a. to review, update and re-approve documents as necessary;
- b. to approve documents for adequacy prior to use;
- c. to review and update as necessary and re-approve documents;
- d. to ensure that changes and the current revision status of documents are identified;
- e. to ensure that relevant versions of applicable documents are available at point of use;
- f. to ensure that documents remain legible and readily identifiable;



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g. to ensure that documents of external origin determined by MMH to be necessary for the planning and operation of the Quality Management System are identified and their distribution controlled;

h. to prevent the unintended use of obsolete documents, and to apply suitable identification to them if they are retained for any purpose.

Reference: Control of Document Procedure (MMH-DCC-02-01)

4.2.4. CONTROL OF RECORDS

4.2.4.1 MMH controls all records required for the Quality Management System standard. Such records are maintained to provide evidence of conformity to requirements and effective operation of the QMS.

4.2.4.2 MMH has established a documented procedure for the identification, storage, retrieval, protection, retention time and disposal of records.

4.2.4.3 Records of the organization are disposed in accordance with the guidelines set by Department of Health Hospital Medical Records Management Manual and National Archive of the Philippines General Records Disposition Schedule Series 2009. Retention period and disposal methods are clearly stipulated in the mentioned references:

Reference: Control of Records Procedure (MMH-DCC-02-02)
Medical Records General Procedure (MMH-HIM-02-01)
Department of Health Medical Records Management Manual
2nd Edition
National Archives of the Philippines General Records
Disposition Schedule Series 2009

5. MANAGEMENT RESPONSIBILITY

5.1. Management Commitment. The MMH Management demonstrates their commitment to the development and improvement of the Quality Management System through internal systems that:



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5.1.1. Communicate to the Organization the importance of satisfying both clients' legal and regulatory requirements involved in its operation as a service.

5.1.2. Establish MMH / QMS policies and quality objectives and review them as deemed necessary.

5.1.3. Performing regular management reviews.

5.1.4. Ensure the availability of resources that would be necessary for the effective implementation of the Quality Management System.

5.2. Client Focus

5.2.1. Client focus when managing processes is essential to the MMH and forms an integral part of its management responsibility.

5.2.2. MMH Management identifies the client's needs and requirements through the inputs of various stakeholders, most notably its frontline staff and department heads of Medical, Nursing and HOPSS; and translates these in the form of defined requirements which have the goal of achieving customer confidence and satisfaction with services.

5.3. Quality Policy

5.3.1. MMH is committed to continuously improve the quality of our processes, human resource, and services to consistently meet the requirements for both local and International Standards.

5.3.2. MANAGEMENT ENSURES THAT THE POLICY:

5.3.2.1. is appropriate to the purpose of the Organization;

5.3.2.2. includes a commitment to comply with requirements and continually improve the effectiveness of the Quality Management System;

5.3.2.3. provides a frame work for establishing and reviewing quality;

5.3.2.4. is reviewed annually for continuing suitability; and



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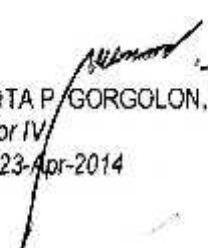
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- 5.3.2.5. ensures that the Quality Policy is communicated, understood, implemented and maintained at all levels of the Organization.
- 5.3.2.6. MMH quality policy states that:

The Mariveles Mental Hospital is committed to provide affordable and quality mental health care with Integrity, Compassion and Excellence.

We shall ensure compliance with statutory and regulatory requirements.

We pledge to continually improve our Quality Management System to exceed our clients' satisfaction.


LEONITA P. GORGOLON, MD, MHA, MCHM, CEO VI
Director IV
Date: 23-Apr-2014



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5.4. Planning

5.4.1. QUALITY OBJECTIVE AND PLAN

- 5.4.1.1. MMH establishes that quality objective and plan are to be reviewed for effectiveness as part of continual improvement. Quality objective and plan may include those needed to meet the requirements of MMH processes, as well as customer, legal and regulatory requirements.
- 5.4.1.2. The Management ensures that quality objectives are established at relevant functions and levels within the Organization.
- 5.4.1.3. The Quality Objective and Plan are measurable and consistent with the Quality Policy.
- 5.4.1.4. Each Service creates their own quality objective and plan. The quality objective and plan covers one full year and is supported with a corresponding Activity Plan. Measurement of quality objective and plan are tabulated into a statistical data presentation.
- 5.4.1.5. The quality objectives and plan are reviewed yearly or as needed by the ISO Committee for continuing suitability. Quality objectives and plan met within the set time period are changed. Service Heads together with unit heads set out to determine another quality objective plan.

Reference: Quality Objective ,Plan and Monitoring – (MMH- HOP-04-07)

5.5. Responsibility, Authority, and Communication

5.5.1. RESPONSIBILITY AND AUTHORITY

- 5.5.1.1. MMH Management ensures that the scope of their responsibilities and authority is defined and communicated within the Organization. The organizational structure serves as the guide to note the level of communication.

Reference: Position Description Form – (MMH-HRM-04-16)

Appointment – (MMH-HRM-04-14)



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- 5.5.1.2. The MMH Chief of Hospital/QMR sets the direction of the organization and creates measures to ensure the success of the services through the clear definition and communication of responsibilities and authority. The interrelationship of MMH Management and other key personnel is depicted in the Table of Organization.
- 5.5.1.3. MMH Organizational Chart which is one of the most important management tools outlines not only the accountability of the various Services/Unit Heads but most importantly it depicts the interaction of the Hospital personnel. It shows not only the hierarchy in the Organization but it also clearly illustrates the flow of information and communication within the Organization. The organizational structure may require adjustments and revisions for continual improvement and suitability. The Chief of Hospital/QMR is tasked to approve & design this and signs the Organizational Chart for approval prior to use. The MMH Organizational Chart is posted at the Administrative Building.

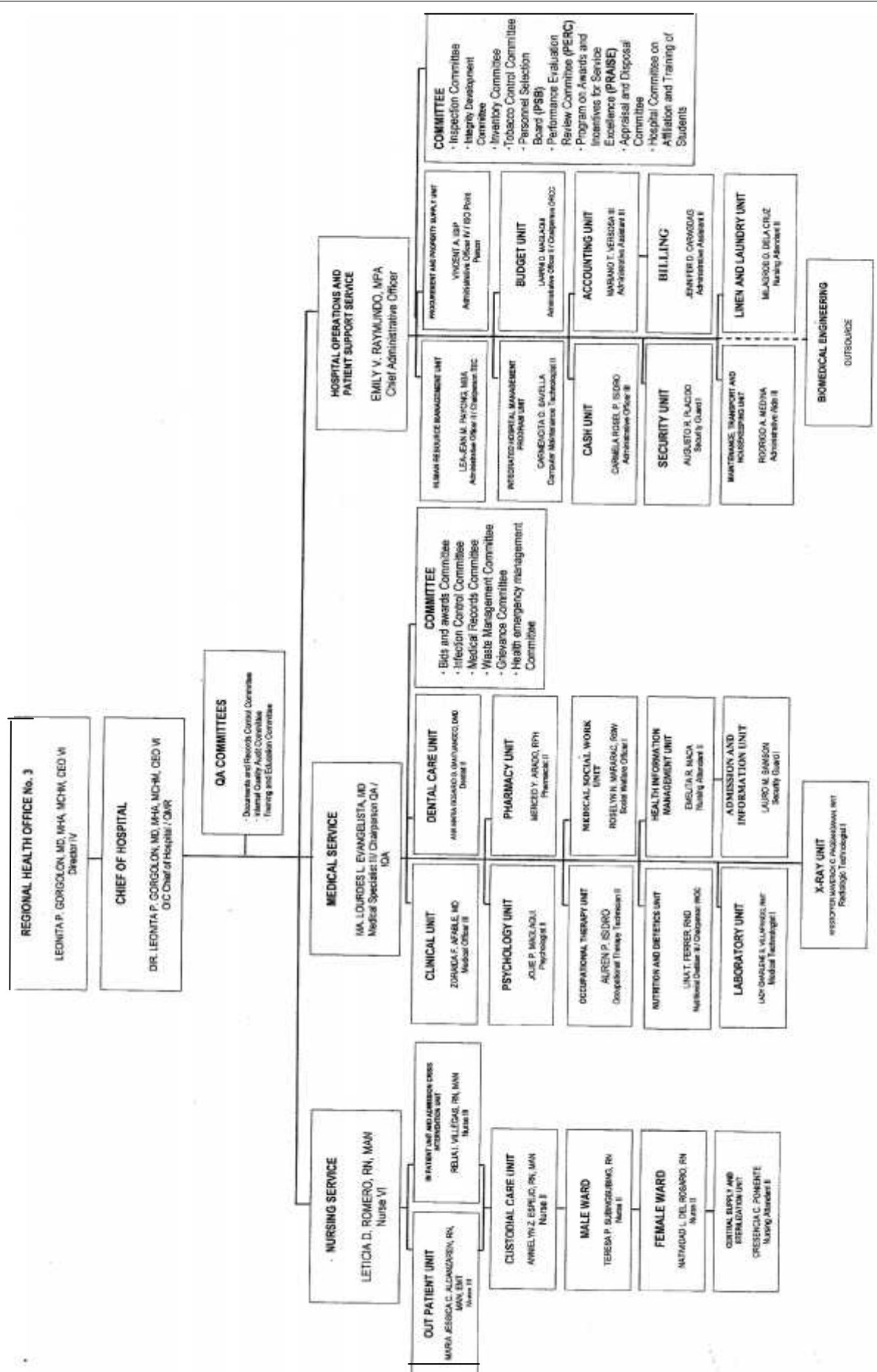
**MARIVELES MENTAL HOSPITAL
ORGANIZATIONAL CHART**
As of May 21, 2014



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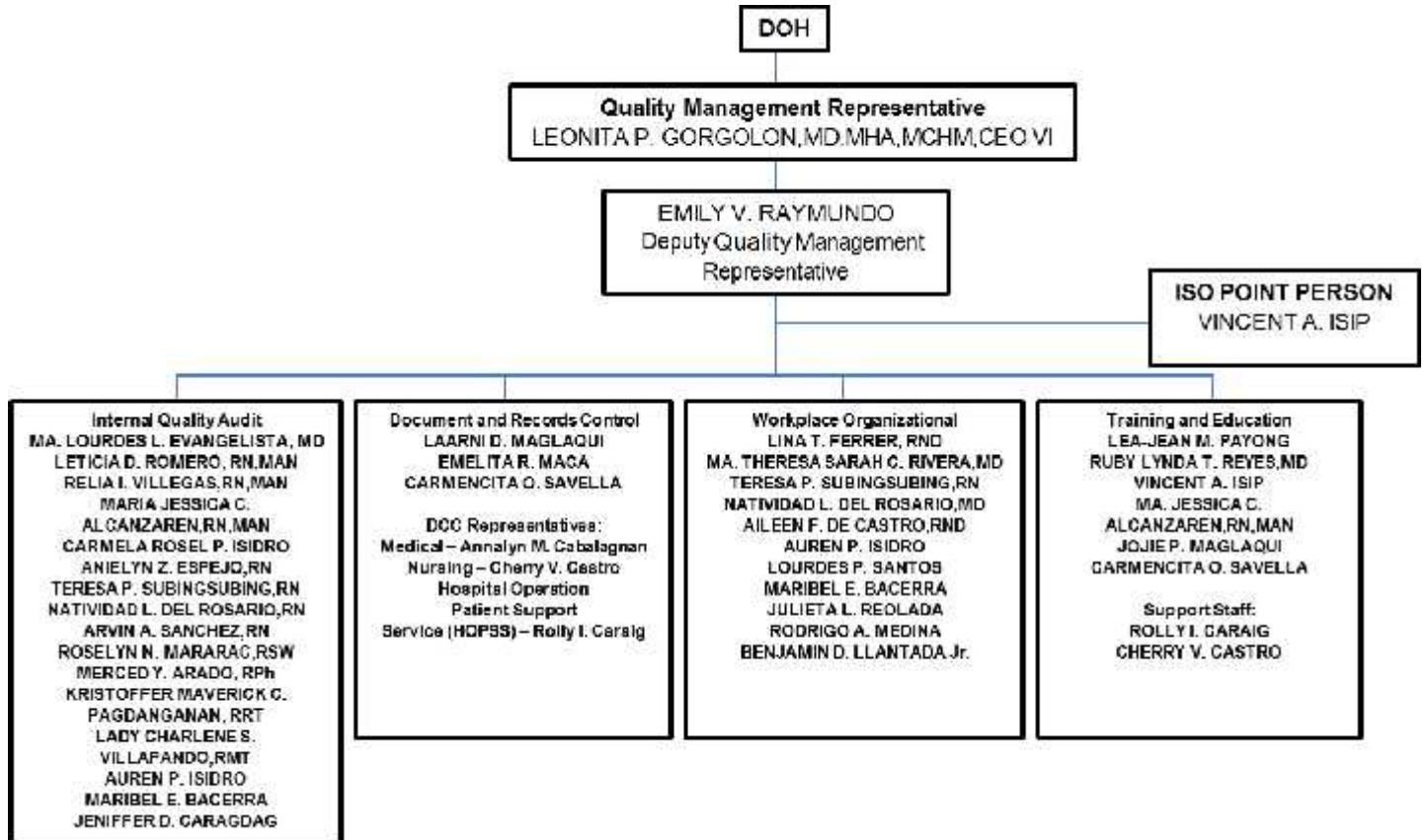


Leonita P. Gorgolon
LEONITA P. GORGOLON, MD, MHA, MCHM, CEO VI
Director VI



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5.5.1.4. MMH-QMS Structure



LEONITA P. GORGOLON, MD, MHA, MCHM, CEO VI
Chief of Hospital/QMR
Date: 23-Apr-2014



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5.5.1.5. QUALITY MANAGEMENT REPRESENTATIVE. The Chief of Hospital is the Quality Management Representative (QMR) has the following responsibilities:

5.5.1.5.1. Ensures that processes needed for the Quality Management System are established, implemented and maintained;

5.5.1.5.2. Reports to Top Management on the performance of the Quality Management System and any need thereof for improvements; and

5.5.1.5.3. Ensures the promotion of awareness of clients requirements throughout the Organization.

5.5.1.6. Deputy Quality Management Representative. The Head, HOPSS is appointed as the DQMR. In the absence of the Quality Management Representative, the Deputy Quality Management Representative shall function as QMR.

Reference: Job Description of QMR – (MMH-HRM-04-33-00)

5.5.2. INTERNAL COMMUNICATION

5.5.2.1. MMH establishes, and maintains procedures for internal communication between various levels and functions concerning the Quality Management System and its effectiveness when required by ISO 9001:2008.

5.5.2.2. MMH uses the following media for dissemination of communication:

5.5.2.2.1. Regular meetings

5.5.2.2.2. Issuance of memorandum

5.5.2.2.3. Posting updates, notices, memos using the bulletin boards

5.5.2.2.4. Use of social media

5.5.2.2.5. Use of hospital websites

5.5.2.2.6. Memorandum of Agreement



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Reference: Communication System Procedure (MMH-HOP-02-01-00)

5.6. Management Review

5.6.1. GENERAL

- 5.6.1.1. The MMH Management establishes Quality Management System that is planned and reviewed to ensure its continuing suitability, adequacy and effectiveness.
- 5.6.1.2. The review aims to evaluate the need for changes or improvement to the Organization's management system, including policies and objectives, targets and programs.
- 5.6.1.3. MMH conducts Management Review once a year or as needed.
- 5.6.1.4. The Quality Management Representative (QMR) acts as the overall in-charge person responsible for conducting the Management Review at all levels.
- 5.6.1.5. MMH ensures that Heads of Medical, Nursing, and HOPSS, chairman and members of different committees, and suppliers should attend the management review, if there are issues and concerns from the suppliers.
- 5.6.1.6. The Document Control Center secures the minutes of the Management Review.

Reference: Management Review Procedure – (MMH-HOP-02-02)

5.6.2. REVIEW INPUT

- 5.6.2.1. The inputs to the MMH Management Review includes information on:
 - 5.6.2.1.1. Results of internal and external audits;
 - 5.6.2.1.2. Clients' feedback;
 - 5.6.2.1.3. Process performance and service conformity;



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- 5.6.2.1.4. Status of preventive and corrective actions;
- 5.6.2.1.5. Follow-up actions from previous management reviews;
- 5.6.2.1.6. Changes that could affect the Quality Management System;
- 5.6.2.1.7. Recommendations for improvement;
- 5.6.2.1.8. Communication from external parties including complaints;
- 5.6.2.1.9. The extent to which Quality Objective and Plan (QOP) has been met;
- 5.6.2.1.10. Changing circumstances, including developments in legal and other requirements related to Quality Management System

Reference: Audit Findings Report – (MMH-IQA-04-03)
Summary of Clients Satisfaction Surveys–(MMH-HRM-04-29)
Quality Objective and Plan – (MMH-HOP-04-06)
Supplier Evaluation Form – (MMH-PPS-04-27)

5.6.3.REVIEW OUTPUT

- 5.6.3.1. The output of the MMH management review includes any decisions and actions related to:
 - 5.6.3.1.1. improvement of the effectiveness of the Quality Management System and its processes,
 - 5.6.3.1.2. improvement of service related to client requirement, and
 - 5.6.3.1.3. resources needed.
- 5.6.3.2. Records of the MMH Management Review outline inputs from applicable measurements and performance data including any relevant decisions arising from them. Suggestions, proposals and any other improvement opportunities will form part of the review process and will be recorded.

Reference: Management Review Notice – (MMH-HOP-04-03)



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Minutes of Management Review – (MMH-HOP-04-04)
Minutes of Meetings (Units and Committees)

6. RESOURCE MANAGEMENT

6.1. Provision of Resources

- 6.1.1. The MMH ensures adequate resources are available to implement and maintain the Quality Management System and will continually improve on its effectiveness. A system is in place to constantly monitor and provide the required resources that ensure client requirements are always met.
- 6.1.2. The Chief of hospital, with the active participation of respective Services or Unit Heads all have the equal responsibility to determine resource needs from information gathered through effective implementation of the system and through any other resources, including clients.

6.2. Human Resources

6.2.1. GENERAL

- 6.2.1.1. The Personnel Selection Board and Human Resource Management Unit ensure that anyone who gets hired are competent on the basis of applicable education, training, skills and experience.

Reference: Recruitment, Selection and Promotion – (MMH-HRM-02-01)
Position Description Form – (MMH-HRM-04-16)
Appointment Form– (MMH-HRM-04-14)
DOH Employee Evaluation Form

6.2.2. COMPETENCE, TRAINING AND AWARENESS

- 6.2.2.1. In the area of competence, training and awareness MMH shall:



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- 6.2.2.1.1. Determine the necessary competence level for personnel performing work effectively and in conformity to service requirements;
- 6.2.2.1.2. Where applicable, provide training or take other actions to achieve the necessary competence;
- 6.2.2.1.3. Ensure that its personnel are aware of the relevance and importance of their activities and how they contribute to the achievement of the quality objective;
- 6.2.2.1.4. Maintain appropriate records of education, training, skills and experience;
- 6.2.2.1.5. Conducts Measurement of Training Effectiveness to ensure level of employee's competence after training.
- 6.2.2.2. Emergency competency needs are converted into job descriptions for the type and number of positions that need to be filled through external recruitment, internal reassignment/ promotion, and/or outsourcing actions.
- 6.2.2.3. The Personnel Selection Board, with input from responsible Heads, evaluates and qualifies applicants for specific job openings on the basis of documented or demonstrated competencies. Where possible, the Institution helps existing employees qualify for new or updated jobs through the provision of appropriate education and training.
- 6.2.2.4. The Human Resource Management Unit responsible and maintains job descriptions for each position held at MMH and documents the specific competencies needed to ensure the quality of the Hospital's services.

6.2.3 PROVISION OF TRAINING

- 6.2.3.1 The Human Resource Management Unit (HRMU) identifies training needs of the employees and to achieve the competence required of all personnel performing activities that affect service quality. Personnel performing specifically assigned tasks needs to be qualified, in order to satisfy client requirements.



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- 6.2.3.2 The HRMU conducts the Training Needs Analysis (TNA) on a yearly basis in order to identify the Organization's most needed training requirements. The outcome of the TNA is included in the Annual Training Plan.
- 6.2.3.3 HRMU assures that each conducted training shall have the following records:
- Training Designs
 - Training Modules
 - Training Evaluation Form
 - Exit and Entry Attendance Sheet
 - Photographs that document the training
- 6.2.3.4 Participants of training or seminars obtained outside the Organization, shall cascade their learning to members of the Organization to whom content is deemed relevant.
- 6.2.3.5 Trainings or seminars required by DOH, ISO, result of TNA or other regulatory agencies are among the training programs prioritized of the HRMU to include in the Annual Training Plan.
- 6.2.3.6 HRMU maintains records of training and certificates attended by employees as well as by physicians.
- Reference: Training Needs Analysis – (MMH-HRM-04-32)
Annual Training Plan – (MMH-HRM-04-35)
Attendance Sheet – (MMH-HRM-04-04-00)
Training Evaluation Tool – Level 1 Form – (MMH-HRM-04-22)
Employee Training Record – (MMH-HRM-04-23-00)

6.2.4 EVALUATION

- 6.2.4.1 The Human Resource Unit shall evaluate the effectiveness of all actions taken to meet competency needs. The effectiveness of training provided is evaluated by gathering immediate feedback from



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the participant Employee, Officer, or Supervisor who had made the training request. Training results are gathered and documented by the unit responsible for the training. These are submitted for evaluation to the Human Resource Management Unit who then relays his/her recommendations to the Head of HOPSS for review and appropriate action.

6.2.4.2 The HRMU conducts employees evaluation annually that assesses their performance level of the employee. Department Head evaluate staff using the DOH Performance Evaluation System.

6.2.4.3 In general the incentive program for MMH employee is based on the Productivity Incentive Benefit.

Reference: DOH Performance Evaluation System

6.3. Infrastructure

6.3.1. The Management determines and provides for infrastructure and facilities (engineering and maintenance included) needed to deliver various services including:

6.3.1.1. Workspace and associated utilities (patient area and diagnostic facilities);

6.3.1.2. Process equipment namely hardware and software, medical equipment /machines;

6.3.1.3. Supporting services namely transportation, communication and information system.

6.3.2. All maintenance and improvement opportunities with regard to equipment facilities and Management Information System are monitored by the Head, HOPSS who forwards the information to the Chief of Hospital for any decision required.

6.3.3. The Chief of Hospital ensures that equipment and facilities are adequate to achieve an effective and efficient quality management system.

Reference: Maintenance and Transport Procedure (MMH-MTH-02-01)



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Procurement Property and Supply Procedure - (MMH- PPS-02-01)
Report on the Physical Count of Property Plant and Equipment – (MMH-PPS-17-00)
Annual Procurement Plan – (DOH Form)
Preventive and Corrective Maintenance Checklist of Vehicle – (MMH-MTH-04-06)

6.4. Work Environment

- 6.4.1. The MMH continually creates a work environment that can have a positive influence on motivation, satisfaction and overall performance of the Organization.
- 6.4.2. In compliance to legal and regulatory requirement, MMH management ensures that all dietary staff complies with health certificate requirements sanitary permit and every staff complies with MMH waste management.
- 6.4.3. The MMH management continue to monitor and study human and physical factors in the work environment to ensure that these do not pose a compromise to the Organization's performance and commitment in order to achieve conformity to service requirements.
- 6.4.4. Safety equipment in consideration of the Institution's resource, are made available, wherever and whenever required. Workplace conditions are monitored to maintain a safe and conducive working environment. Factors including noise, temperature, humidity, lighting and weather are taken into consideration.
- 6.4.5. The MMH Management shall consider Work Environment Measurement (WEM) to promote improvements in the work environment.

Reference: Refrigerator Temperature Monitoring Form (MMH-LAB-04-09-00)
Health Care Waste Management Procedures – (MMH-HWM-02-01)
Housekeeping Procedure – (MMH-MTH-02-02)
Security General Procedure – (MMH-SEC-02-01)



7. SERVICE REALIZATION

7.1. Planning of Service Realization

7.1.1. The MMH Management ensures that the planning of the service realization processes are consistent with the requirements of the Quality Management System and documents the corresponding method of operation in a suitable form.

7.1.2. In its planning, the MMH Management determines as appropriate the:

7.1.2.1. Quality objectives and requirements of a particular service;

7.1.2.2. The need to establish the processes, resources, facilities and documentation specific to its required services;

7.1.2.3. Required verification, validation, monitoring, inspection and test (evaluation) activities specific to the service, and

7.1.2.4. Records those are necessary to provide evidence and confidence that the processes and resulting services meet the requirements.

Reference: Annual Procurement Plan
Contingency Plan – (MMH-HOP-02-05)
Quality Objective and Plan – (MMH-HOP-04-06)

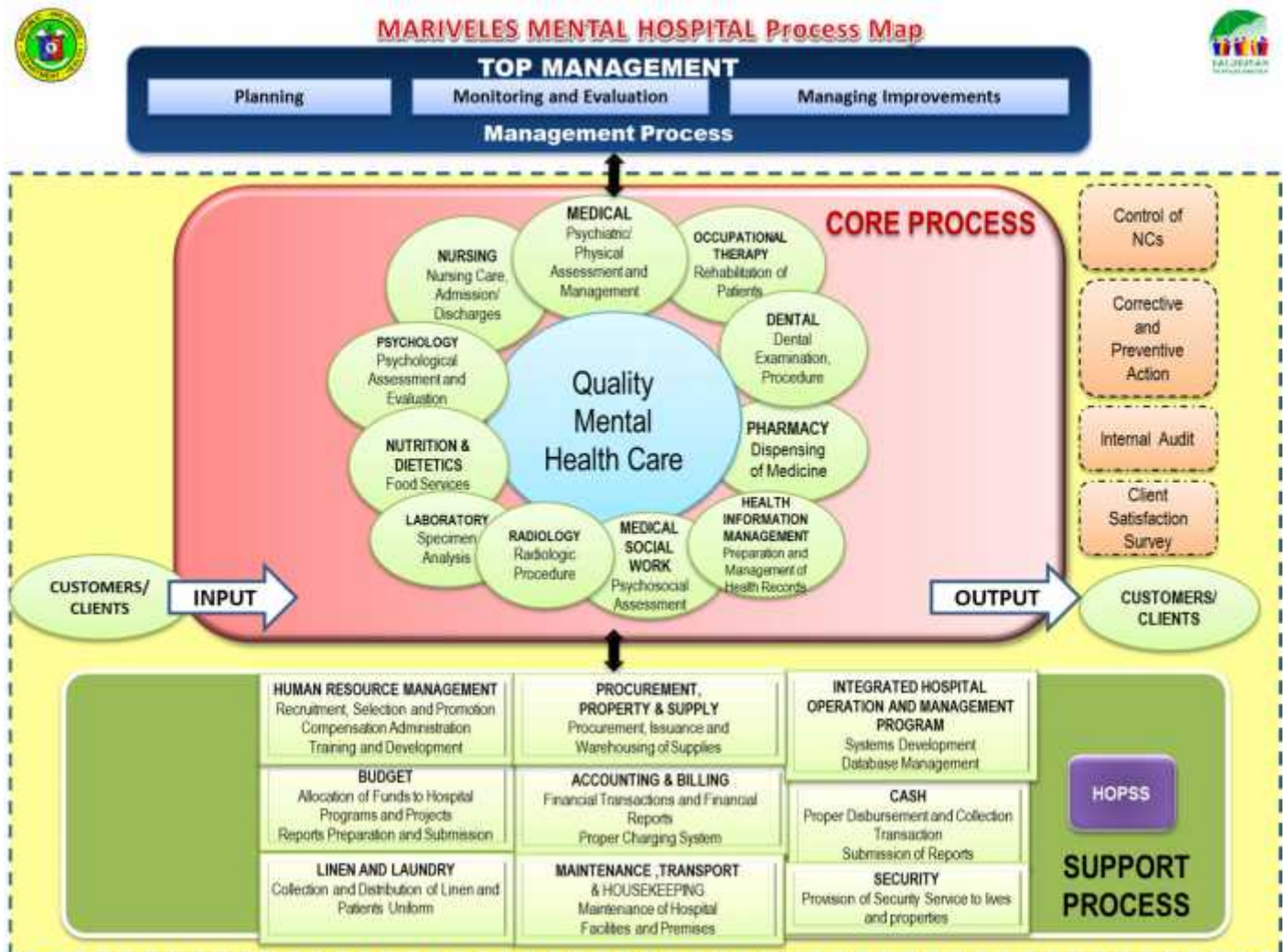
7.1.2.5. All processes related to patient care are fully documented by MMH.

Reference: Service/ Sections Policies, Forms and Procedures



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7.1.3.PROCESS MAPPING





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7.2. Customer - Related Process

7.2.1. DETERMINATION OF REQUIREMENTS RELATED TO THE SERVICE

7.2.1.1. The MMH Management establishes and maintains a process for identifying client requirements. Considerations involved in the process include:

- 7.2.1.1.1. Client-specified requirements, including requirements for delivery and post-delivery activities;
- 7.2.1.1.2. Requirements not stated by the customer but necessary for specified or intended use;
- 7.2.1.1.3. Statutory and regulatory requirements applicable to the product, and
- 7.2.1.1.4. Any additional requirements deemed necessary by the Organization.

Reference: Admission and Discharge Record – (MMH-HIM-04-01)
Discharge Process – (MMH-MED-02-04)
Customer Property Procedure – (MMH-HOP-02-04)
Billing General Procedure – (MMH-BIL-02-01)
Medical Records General Procedure – (MMH-HIM-02-01)

7.2.2. REVIEW OF REQUIREMENT RELATED TO THE SERVICE

7.2.2.1. All customer requirements, including any requested change, are reviewed before any commitment to provide service to the client is made to ensure that:

- 7.2.2.1.1. Identified client requirement is clearly defined for service
- 7.2.2.1.2. Where the client provides no written statement of requirement, the ordered requirement and any ensuing condition is confirmed before acceptance. Contracted or ordered requirements differing from those previously expressed are resolved.



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- 7.2.2.2. It is the organization's responsibility, from MMH Management down to the front line level to respond, inform and conform to client requirements for services. The results of reviews and subsequent follow-up actions are recorded.
Reference: Consent for Confinement and Therapeutic Procedures
– (MMH-HIM-04-02)
Hospital Rules and Regulations – (MMH-HIM-04-06)

7.2.3. CLIENT COMMUNICATION

- 7.2.3.1. MMH determines and implements an effective arrangement for communicating with client in relation to:
- 7.2.3.1.1. Service information;
 - 7.2.3.1.2. Inquiries, contracts or orders, including amendments;
 - 7.2.3.1.3. Client feedback, including customer complaints
- 7.2.3.2. The MMH Management has an established means of conferring with its clients, with the objective of hearing out, understanding and addressing their needs/concerns.
- 7.2.3.3. The MMH has a website that can be viewed at the internet www.marivelesmentalhospital.net.78.net and the MMH email address is: mmhdoh_63@yahoo.com.
- Reference: Client Satisfaction Form – (MMH-HRM-04-27)
Procurement, Property and Supply – (MMH-PUR-02-01)
Hospital Website (www.marivelesmentalhospital.net78.net)

7.4. Purchasing

7.4.1. PURCHASING PROCESS

- 7.4.1.1. The Procurement, Property and Supply Unit together with the Bids and Awards Committee has established and maintained a documented procedure



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that shall ensure all purchases of equipment supplies and materials needed for the daily operations of the hospital conforms to specified requirements.

Reference: Property Procurement and Supply –(MMH-PPS-02-01)
Inspection and Acceptance Report – (MMH-PPS-04-06)

7.4.1.2. The MMH Bids and Awards Committee evaluates and selects suppliers based on the provision of RA 9184.

Reference: IRR of R.A. 9184

7.4.2. PURCHASING INFORMATION

7.4.2.1. The MMH Procurement Unit, with the recommendation of the requesting unit, prepares a description of the product to be purchased specifying the purchase requirement, prior to their communication to the supplier.

7.4.3. VERIFICATION OF PURCHASED PRODUCT

7.4.3.1. The MMH Procurement Unit together with the Internal Inspectors and End-user ensures that the purchased product meets the specified requirements.

Reference: Property Procurement and Supply –(MMH-PPS-02-01)
Inspection and Acceptance Report – (MMH-PPS-04-06)

7.5. Service Provision

7.5.1. CONTROL OF SERVICE PROVISION

7.5.1.1. The MMH Management plans, provides and controls its services through:

7.5.1.1.1. The availability of specifications that define characteristics of the service level to be achieved;

7.5.1.1.2. The availability of work instructions, as necessary, in conforming the required service;



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- 7.5.1.1.3. The use and maintenance of suitable equipment, monitoring of building maintenance and provision of transportation
- 7.5.1.1.4. The provision of suitable working environments;
- 7.5.1.1.5. The implementation of appropriate monitoring and verification of activities.

Reference: Various forms and Work instructions and Procedures (all level 2 and level 3 documents of MMH)
Maintenance General Procedure–(MMH-MTH-02-01)

7.5.2. VALIDATION OF PROCESSES FOR SERVICE PROVISION

- 7.5.2.1. The MMH Management determines any service process where the resulting output cannot be readily verified through subsequent monitoring, identification, intervention, and evaluation of medical procedures/ service. This includes any type of service where deficiencies may become apparent only after service is delivered.
- 7.5.2.2. These processes are validated to demonstrate their effectiveness and acceptability. The arrangements for validation are defined and addressed, as a minimum of the following:
 - 7.5.2.2.1. Processes to be qualified prior to use/ implementation;
 - 7.5.2.2.2. Approval of equipment and/or qualification of personnel;
 - 7.5.2.2.3. Use of specific methods or procedures;
 - 7.5.2.2.4. Requirements for records, and
 - 7.5.2.2.5. Re-validation
- 7.5.2.3. MMH provision of services is within the confines of the institution, any untoward incident that occur outside the institution is the responsibility of the clients' or customer's family or relatives. MMH ensures that home instructions is given to



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the client together with his/her relative to prevent relapse that may occur after the client's release from confinement. The customer or client is advised to return for follow-up check-up. In circumstances that the customer or client becomes unmanageable the relatives are advised to bring the client to MMH for evaluation and treatment management.

- 7.5.2.4. In an event that patient behavior is uncontrollable the physician orders restrains like manual, chemical, mechanical to control the behavior of the client.

Reference: Mental Status Examination – (MMH-MED-04-02)
Nurses' Notes and Treatment Record – (MMH-NUR-04-05)
Progress Notes – (MMH-MED-04-03)
Radiographic Result Forms – (MMH-XRY-04-03)

7.5.3. IDENTIFICATION AND TRACEABILITY

- 7.5.3.1. The MMH Management makes provision for identifying the status of its services with respect to required monitoring and evaluation activities and, where applicable, identifies service provision by suitable means in all units throughout all processes.

- 7.5.3.2. MMH Management, for traceability purposes, creates a unique process of identification of the client, product & services and shall be responsible for monitoring and maintaining records for every unit.

Reference: Color coded terminal digit method for Health Records
(MMH-HIM-02-01)
Medical Records General Procedure – (MMH-HIM-02-01)

7.5.4. CUSTOMER PROPERTY

- 7.5.4.1. The MMH exercises responsible custody and care over customer or client property while confined in the hospital. The MMH management has established documented procedure for safekeeping and identification of customer or client property. Nursing Service, Social Worker and Security coordinates for the control of client or customer property

Reference: Customer Property Procedure – (MMH-HOP-02-04)



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7.5.5. PRESERVATION OF SERVICES

7.5.5.1. MMH management has established and maintained documented procedures to meet the requirements of services rendered to patients and other clients. As applicable, preservation includes identification, handling, packaging, storage and protection.

Reference:

Infection and Control Procedure-(MMH-NUR-02-03)
Housekeeping Procedure –(MMH-MTH-02-02)
Central Supply and Sterilization Procedure – (MMH-NUR-02-02)
Post Mortem Care Procedure – (MMH-NUR-03-10)
Laboratory General Procedure – (MMH-LAB-02-01)
Maintenance and Transport Procedure – (MMH-MTH-02-01)
MOA with Canteen Concessionaires

7.6. Control of Monitoring and Measuring Equipment

7.6.1. MMH's calibration procedures are performed by qualified outsourced representatives. The outsourced Biomed Engineer shall calibrate and maintain all biomedical equipment. Equipment under warranty shall be calibrated and maintained by the corresponding supplier. The Procurement, Property and Supply staff shall keep record of masterlist of equipment that requires calibration. The PPS staff and respective unit head involved shall keep record of calibration and preventive maintenance performed. Calibrations of medical equipment is planned and done as per schedule.

8. MEASUREMENT ANALYSIS AND IMPROVEMENT

8.4. General

8.4.1. This section describe how we define, plan, and implement the monitoring, measurement, analyses and improvement activities needed to assure service and QMS conformity and achieve continual QMS improvement at MMH. Activities include assessment of clients satisfaction, conduct of internal quality audits, process monitoring and measurement, detail procedures governing the selection and use of appropriate statistical techniques used in monitoring, measurement, analyses and improvement activities.



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8.4.2. The effectiveness of measures implemented is periodically evaluated. MMH Management identifies and uses appropriate statistical tools. The result of data analysis and improvement activities is incorporated in the Management Review Process.

8.4.3. MMH prepares a Hospital census monthly, quarterly and annually and submits it to the Top Management for review and perusal.

Reference: MMH Hospital Statistical Report

8.5. Monitoring and Measurements

The Management determines the processes for measuring the Quality Management System performance. Client satisfaction is used as one measure of system output and internal audit is used as a tool for evaluating on-going system compliance and monitoring of performance.

8.5.1. CLIENT SATISFACTION

8.5.1.1. The MMH Management monitors information and data on client satisfaction and dissatisfaction. Methods and measures for obtaining client satisfaction information and data and the frequency of reviews are defined.

8.5.1.2. Client's complaints (whether received in writing or verbally) are immediately forwarded to the Department Head concerned for prompt and appropriate action. If these personnel cannot resolve the issue, then the complaint is forwarded to the Quality Assurance Office. The Customer Satisfaction Survey Form (CSSF) are tabulated monthly and submitted to MMH Top Management for further review/ verification/investigation and resolution. Customer complaints are documented and monitored to effect continual improvement in the system.

8.5.1.3. MMH distributes client satisfaction forms are available in the following areas:

8.5.1.3.1. Wards

8.5.1.3.2. ACIU

8.5.1.3.3. Out Patient



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8.5.1.3.4. All Units

Reference: Client Satisfaction Survey Form – (MMH-HRM-04-27)
Monthly Report of Clients Feedback – (MMH-HRM-04-29)
Control of Non-Conforming Services Procedure – (MMH-IQA-02-02)

8.5.2. INTERNAL AUDIT

- 8.5.2.1. The MMH Management establishes a process for performing audits in order to determine if the Quality Management System has been effectively implemented, and conforming to ISO 19011:2011. The first party audit is performed by MMH qualified internal auditors and the third party audit is performed by a private certifying body selected by MMH Management.
- 8.5.2.2. The system level procedure for internal audit covers the audit scope, frequency and methodologies, as well as the responsibilities, requirements for conducting audits, recording and reporting results to MMH Management.
- 8.5.2.3. MMH maintains a number of qualified competent auditors to audit the system semi-annually. All auditors are subject to annual performance evaluations.
- 8.5.2.4. Competence of all auditors are enhanced through Continuing Professional Development like Audit Cross Training, Lead Assessor Training Course, Supplier Audit and given a chance to be a team leader during audit.

Reference: Internal Quality Auditing Procedure – (MMH-IQA-02-01)
Auditor's Evaluation Form – (MMH-IQA-04-05)

8.5.3. MONITORING AND MEASUREMENT OF PROCESSES

- 8.5.3.1. The MMH Management applies suitable methods for measurement and monitoring of processes necessary to meet customer requirements and to demonstrate the processes' continuing ability to satisfy its intended purpose. Measurement results are used to maintain and improve these processes.



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8.5.4. MONITORING AND MEASUREMENT OF SERVICES

- 8.5.4.1. MMH shall monitor and measure the characteristics of the services to verify that service requirements have been met. MMH ensures the release and delivery of services to the client does not proceed until the planned (or agreed upon) arrangement has been satisfactorily completed, or unless otherwise approved by a relevant authority and, where applicable, by the client.

Reference: Consent for Confinement and Therapeutic Procedures
– (MMH-HIM-04-02)

8.6. Control of Non-conforming Services

- 8.6.1. The MMH Management ensures that services about to be rendered and which do not conform to requirements are controlled (or held) to prevent unintended release. MMH Management identifies, records and reviews the nature and extent of the non-conformity encountered.
- 8.6.2. The MMH Management system makes arrangements for ensuring that a non-conforming service is controlled through the following:
- 8.6.2.1. by taking action to eliminate the detected anomaly;
 - 8.6.2.2. by authorizing its use, release or acceptance under concession by a relevant authority and, where applicable, by the client(s);
 - 8.6.2.3. by taking action to preclude its original intended use or application;
 - 8.6.2.4. by taking action appropriate to the effects of the non-conformity and when non-conforming services are detected after Management has used Corrective Action already.



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- 8.6.3. When non-conforming services are corrected, they are subject to re-verification to demonstrate conformity to the requirements.
- 8.6.4. Records of the nature of non-conformities and any subsequent actions taken, including concessions obtained, shall be maintained.

Reference: Control of Non-Conforming Services Procedure - MMH-IOA-02-02-00

8.7. Analysis of Data

- 8.7.1. The MMH Management determines, collects and analyzes appropriate data to demonstrate the suitability and effectiveness of the Quality Management System. Then it is evaluated where continual improvement of the effectiveness of the internal management system can be made. This includes data generated from monitoring, measurement and from other relevant sources.
- 8.7.2. The analysis of data provides information relating to:
 - 8.7.2.1. Client satisfaction
 - 8.7.2.2. Conformity to service requirements
 - 8.7.2.3. Characteristics of and trends in processes and services, including
 - 8.7.2.4. Opportunities for preventive action
 - 8.7.2.5. Suppliers

Reference: Monthly Report of Customer Feedback- (MMH-HRM-04-29)
Supplier's Evaluation Procedure – Procurement Property and Supply (MMH-PPS-02-01)
Hospital Statistical Report
Internal Quality Audit Summary Reports – (MMH-IOA-04-03)



8.8. Improvement

8.8.1. CONTINUAL IMPROVEMENT

8.8.1.1. The MMH Continual Improvement Process begins with the review of Quality Policy and Objectives. To further monitor the improvement of Quality Management System, the MMH monitors, analyze data of Customer Satisfaction Survey and Internal Quality Audit. Findings are reviewed and Correction, Corrective and Preventive Actions are implemented and presented during Management Review. MMH Management oversees and ensures continual improvement of ISO 9001:2008.

8.8.2. CORRECTION/CORRECTIVE ACTION

8.8.2.1. Evidence of non-conforming service, client dissatisfaction, or ineffective processes is used to drive the Corrective Action System. When a problem exists, the goal of effecting immediate correction and possible additional action is to eliminate or reduce the likelihood of recurrence.

8.8.2.2. Management is notified promptly of service or process non-conformities for immediate correction or corrective action. Investigating and eliminating the root cause of these failures are a critical part of our Continual Improvement Process.

8.8.3. PREVENTIVE ACTION

8.8.3.1. Data from internal audits, client's feedback, employee suggestions, and other appropriate data are collected and analyzed to identify the actions needed to eliminate the causes of potential problems and thereby prevent their occurrence. Investigating and eliminating the root cause of potential failures is a critical part of the Continual Improvement Process. MMH Management reviews and initiates preventive actions through the Preventive Action Process.

8.8.4. MMH applies controls and follows-up to ensure that effective preventive action is taken. In addition, the Management Representative summarizes and analyzes preventive action data to identify trends needed to assess overall effectiveness of the Preventive Action System and to develop related recommendations for improvement.



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The Preventive Action System is considered effective if potential losses are avoided. Results of this analysis and related recommendations are presented to MMH Management for review and action during management reviews.

Reference: Corrective and Preventive Action Procedure –(MMH-IQA-02-03)