



MINUTES OF THE MANAGEMENT REVIEW OF THE TOP MANAGEMENT AND PROCESS OWNERS OF THE MINDORO STATE UNIVERSITY (MinSU) HELD ON 17 OCTOBER 2024, 10:00AM @ UNIVERSITY BOARD ROOM, MinSU MAIN CAMPUS

Present: 26 out of 34 Top Management and Process Owners

I. PRELIMINARIES

- Announcements and Reminders.

II. MEETING PROPER

The President was recognized. Ms. Portia Angelica Abog, Director for Quality Assurance called her for the presentation of the VMGO, Future Plans, and Accomplishments.

A. Presentation of the President’s VMGO, Future Plans, and Accomplishments

Dr. Enya Marie Apostol, the University President presented her proposed VMGO, future plans, and accomplishments being achieved within the ‘First 100 Days’ of her election as the MinSU President.

She pointed the SDGs and the LIFTMINSU as the bases of crafting the VMGO.

Very comprehensively, she presented the proposed vision, mission, core values, and goals of her leadership, which she considered the SDGs as the bases in crafting towards leadership excellence in MinSU.

She emphasized LIFTMINSU as inspiration of working for excellence in achieving MinSU as ‘The University of Choice’ in 2030.

Her 4-Year Term Roadmap was also presented. Upon reaching the First 100 Days as President of MinSU, evident accomplishments were acknowledged, manifesting proactive leadership that will lift MinSU up to a greater height.

B. Management Review Inputs (MRI)

Ms. Abog presented the MRI as follows

- Status of actions from previous management reviews;
- Changes in external and internal issues that are relevant to the quality management system;
- Information on the performance and effectiveness of the quality management system including:
 - customer satisfaction and feedback from relevant interested parties;
 - the extent to which quality objectives have been met;
 - process performance and conformity of services;
 - nonconformities and corrective actions;
 - monitoring and measurement results;
 - audit results;
 - performance of external providers
- The adequacy of resources;
- The effectiveness of actions taken to address risks and opportunities
- Opportunities for improvement



1 **1. Status of Actions Based from the Previous Reviews**

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3 Ms. Abog reported on the status of conformity based on the previous
4 reviews conducted in different units as follows:

5 CCS;
6 CAAF;
7 Student Affairs and Services (SAS);
8 Research and Development, Extension, Knowledge and Technology
9 Transfer;
10 Registrar; and
11 HRMO.

12 Fortunately, report showed majority of targets were accomplished.

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14 **2. Changes in external and internal issues that are relevant to the**
15 **quality management system**

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17 Ms. Abog remarked that evident change of leadership somehow
18 impacted to the system and process flow, as well as change/movements
19 of other personnel. Other review inputs were described accordingly as
20 to the extent of compliance.

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22 **C. Units Presentation of Quality Objectives, Process and Product**
23 **Conformity, Risks and Opportunities with effectiveness of actions /**
24 **treatment plan**

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26 **1. Ms. Zea Fiel Sigue, the HRMO on the Customers' Feedback**

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28 Miss Sigue explained how the feed backing was facilitated. Frontline
29 offices being identified were rated by the clients in a quarterly basis, using
30 metric scale of 1-5 – where 1 described as very dissatisfied; while 5 as very
31 satisfied.

32 Results showed a majority of 'very satisfactory' ratings of clients; while
33 other frontline servers where rated 'satisfactory' in performing and catering
34 the services expected of the them.

35 Suggestion to alignment of metrics used with the statement of quality
36 objective. It was observed that the quality objective states metric in
37 percentage, but the actual metric was translated in 1-5 scale described in
38 terms of satisfaction.

39 However, it was emphasized that use of percentage is advised in items
40 where percentage is more appropriate and relevant.

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42 **2. Mr. Jonbert Caoli on the Student Feedback**

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44 Mr. Caoli being the Director for Student Affairs and Services (DSAS)
45 presented the students' feedback. The feedback presented concerned
46 those who graduated in 2024.

47 The quality objectives were met, except for those targets covering
48 beyond September 2024.

49 Results showed that majority of the respondents had positive feedback
50 by describing their entire stay in MinSU to be 'good and happy', though
51 there were noted slightly negative remarks, that in a way have left baseline
52 data for the Administration to attend and address those deficiencies.

53 When asked about the struggles experienced, communication gaps with
54 the faculty and administration and mental and health problems were named.



Along these difficulties were the suggestions for improvement of the services delivered by the SAS unit.

Several opportunities were identified as follows:

- a. Student leadership program available to the students
- b. Varied scholarship grants thru linking with potential industries and employers
- c. Interest of the parents to form part of the school programs.

3. Dr. Nora Cabaral-Lasaca of the College of Allied Fields (CAAF)

Dr. Lasaca presented the quality objectives as follows:

- a. Increase of employment rate
- b. 5% higher in the national rating percentage (CAAF
- c. 100 % trained graduates
- d. Since training along the field is integrated in the curriculum, there was confidence on meeting the compliance at a high extent.
- e. Produce high quality innovations through research (research publications of the faculty
- f. Extension programs (There are ongoing and completed extension programs)
- f. Customer satisfaction

Risks and opportunities were also identified. Having a young President was considered opportunity because of her open mindedness and proactive attitude to the possibilities.

Dr. Lasaca highlighted the urgent need of sending to outside calibration laboratory measuring devices since MinSU has no capability and competency to perform calibration and/or verification. Accuracy of the measuring devices is needed in the science laboratory to capture the expected outcome during the laboratory activities and research.

4. Dr. John Edgar Anthony of the College of Computer Studies (CCS)

Dr. Anthony is the Dean of the CCS who reported positively on the status of meeting the targets as follows.

- a. Increase the percentage of attrition rate
- b. Regulatory (to be asked from dean)
- c. Increase percentage of researches
- d. Increase high quality innovations (proposals submitted for publication)
- e. Increase the community based services (conduct of extension and community based activities)
- f. Implement the approved Faculty Development Program

Ms. Abog requested to present the targets. She requested the top management to address the unmet targets.

The President inquired for how long will addressing the unmet be evaluated. This is to facilitate the compliance in the shortest time possible. For targets in January 2024, compliance will be until the right time in a year.



5. Ms. Portia Angelica Abog on the Quality Policy Statement

Ms. Abog requested for the body's suggestion on the improvement of the existing quality policy statement.

President Apostol commented on the scope of the word community, whether it refers to academic or the community where MinSU is situated. This can be considered for possible improvement of the statement to make it more specific.

Acting QMR, Ms. Portia, suggested for the realignment of the statement of policy with the planned VMGO of the present administration.

It was agreed that the existing policy statement may be used. Review of the Policy statement will be included in the strategic planning to be scheduled in the future.

After such, continuation on the presentation of quality objectives, risks, and opportunities was done.

6. Dr. Wilma Lontoc on College of Teacher Education

Dr. Lontoc provided update on designation of faculty as Laboratory technician. There will be a centralized science laboratory for all colleges. Thus included in the Program of Receipts and Expenditures 2025 the hiring of 1 dedicated laboratory technician, including the responsibility of ensuring calibration and/or verification of measuring devices at the science laboratory.

Dr. Wilma presented the 2023 performance

a) To have at least 30% employment rate of CTE graduates 2 years after graduation was met

b) Over achieved the target of 5% increase in the licensure examination passing rate within the next academic year

c) The target to establish at least 1 international collaboration was not met with root cause analysis and action plan to achieve the target come AY 2024-2025

d) Train all (100%) graduating students in conducting quality research and exposing them to real-world of teaching in the public educational institution

e) To collaborate and strengthen ties with 2 local schools in the community through extension, outreach, and service programs was met

f) To have at least 2 presentations and publications in high-indexed journals was unmet, corresponding root cause analysis and action plan was presented.

Retain the same targets pending the strategic planning on November 2024.

Significant risk is some faculty members do not have approved instructional materials. Though generally, all actions to address risks and opportunities are effective.

7. Mr. Macario Masagca, Jr. on Research Unit

Mr. Masagca, the Director for Research presented the status of meeting the targets along with the following quality objectives.



- a. Increase the 10% year on year no. of research outputs
- b. Monitor and evaluate 100% developed research (identify AP for identification of root cause for the Unmet target)
- c. Organize and conduct research venues
- d. Increase 10% of research publication
- e. Presentation and examination of presented researches
- f. Increase 5% of linkages and partnerships with LGUs
- g. Increase on poverty projects

Based on the data presented, majority of the targets were met, except those ones that are ongoing until October 2024 and beyond.

8. Dr. Lourdes Icalla on Extension

Dr. Lourdes Icalla, the Director for Extension, Knowledge and Technology Transfer reported that the unit surpassed the targets along the following quality objectives, except from the data beginning September 2024 and beyond.

- a. Increase 10% year on year the no. of extension outputs
- b. Monitor and evaluate 100% of ongoing extension projects
- c. Presentation and dissemination of extension activities
- d. Retain and sustain network, and partnerships in LGUs
- e. Poverty reduction
- f. Reduction and empowerment of the Poor and Vulnerable sectors

Risks being reported included security (insurgency incidents), environment of the areas, service delivery-delayed, and slow process on project approval

9. Ms. Esperanza Maminta on Registrar

Ms. Maminta, the Registrar III presented the quality objectives set for the period.

During the presentation, suggestions on restatement of the quality objectives shall be done. This is to have accurate measurement of the services being provided by the office.

On the statement prepare 90% of requested documents based on existing academic records and issue within the set of processing time, the VPAF queried on the status of services rendered to the remaining 10%, which the Registrar answered that they were served as well. This gave rise to restating from 90% to 100 %, because it is the mandate of the office to cater services to all the clients.

10. Lead Auditor’s Report of Nonconformity & Corrective Action Status, and Summary Report of Management System Audit

Dr. Pinky Carig did the presentation which highlighted the following areas needing improvement.

- a. approved processes in the RDE are not contextualized
- b. Interaction between and among the different offices to ensure smooth and uninterrupted transactions is not identifying and established as processes.



- c. Roles and responsibilities of the RDE key officials and personnel are not well-defined
- d. Late accomplishment of the non-conformity report hampers the closure of the internal audit corrective actions.

Additionally, her observations included that apparent procedures and processes in the key offices in the academic, finance, and research and extension caused confusion and inconsistencies in implementation.

In conclusion, there is to subscribe to suitability, adequacy, and effectiveness of the QMS considering the inputs to Management Review, and related to alignment to strategic direction of the organization.

11. Performance of external providers from Purchasing Officer

Ms. May Beron presented the Performance Evaluation of external providers of goods (supplies) and infrastructure (technical and scientific equipment, ICT equipment).

The Acting QMR, Ms. Abog emphasized the need to ensure the performance evaluation of outsourced providers like food services prior to renewal of contract.


12. Adequacy of Resources


Mr. Caoli, the SAS Director discussed the request made for 'Special Assignment' of Guidance Facilitator to compensate for the counselor - student ratio of CMO.

Ms. Abog, the Acting QMR announced the upcoming Internal Audit training on Oct. 22-23 for additional internal auditors. This is in preparation for institutional certification covering all programs in the 3 campuses (Victoria, Calapan and Bongabong).

13. Words Commitment from the Top Management

VP Joelene Leynes of the Administration and Finance units pledged to efficiently facilitate the needs and support for the attainment of quality services of the University.

Certified correct:

GENELITA E. HERNANDEZ, Ed.D.
Board Secretary V/University Secretary

Attested by:

PORTIA ANGELICA B. ABOG
AO V/Director for Quality Assurance/ Acting QMR