

Point of Care Testing (POCT) Management

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Policy

Clinical staff in partnership with Canterbury Health Laboratories staff (via the Point of Care Co-ordinator) manage POCT throughout the CDHB.

All POCT must comply with the quality system requirements of Canterbury Health Laboratories.

Laboratory tests should be performed in the Laboratory whenever possible, unless there is a clear advantage in patient management from POCT and the appropriate equipment and trained staff are available. POCT should not be used to replace routine non-urgent tests.

POCT is introduced with agreement from the relevant clinical services and laboratory staff via the POCT Co-ordinator.

Only those staff members authorised to perform laboratory tests, i.e. those holding a current competency, can initiate POCT.

Purpose

To ensure that when POCT is introduced:

- Equipment is managed and maintained in a safe condition to minimise the risk to patients, staff and CDHB
- POCT is performed in accordance with the quality standard requirements of the International Standards Organisation Standard, 15015189:2012 Medical Laboratories, ISO 22870:2006(E) POTC
- POCT equipment is standardised throughout the CDHB
- Test results are accurate and reliable.

Scope/Audience

All CDHB staff who are involved in the use of POCT equipment.

Definitions

Point of Care Testing (POCT) - "Diagnostic testing that is performed near to or at the site of the patient care with the result leading to possible change in the care of the patient". (Source- ISO 22870).

POCT Equipment

Evaluation and Selection of POCT Equipment

POCT Co-ordinator must be involved in the initial assessment, installation and set-up of new POCT equipment.

POCT Co-ordinator must be included in discussions with suppliers regarding POCT equipment.

There must be a clear definition of the problem that the POCT would solve so that a full investigation of all possible solutions can be made.

Specialist clinical staff, e.g. diabetes physicians and nurses would be consulted on proposed changes or the introduction of new POCT equipment.

The evaluation and selection of POCT equipment is co-ordinated by the POCT Co-ordinator and follows:

- needs assessment

- accuracy, precision and correlation studies
- space and service requirements
- methodology assessment
- environmental assessment
- computer requirements
- efficiency assessment.

A POCT proposal template is provided to those who request new POCT equipment or changes to existing equipment. Once completed and returned to the POCT Co-ordinator, this is presented to the CDHB POCT Committee for consideration.

Purchase of POCT Equipment

Equipment is purchased by the requesting unit/ward.

Installation of New POCT Equipment

The POCT Co-ordinator organises in conjunction with relevant clinical staff the installation of POCT equipment.

POCT Documentation

All POCT procedures must be documented.

A permanent record of all POCT testing must be maintained within the appropriate clinical record of the patient.

Training/Competency

Training Programme

All staff using POCT equipment receive training in the use of the equipment. The POCT Co-ordinator will ensure a training program is in place and there is a system for documenting when training has been given. The training program should include:

- collection, transportation and disposal of specimens
- quality control requirements
- step by step procedures
- recording results
- interpretation of results
- troubleshooting
- maintenance of equipment
- competency requirements.

Staff may not train each other unless approved by the POCT Co-ordinator or designated representative.

Competency Records

All staff using POCT equipment must have up to date competency.

All competency records will be entered into the CDHB Training and Competency Database.

Quality Assurance Programme

POCT must have the same level of quality assurance as is provided for testing performed within Canterbury Health Laboratories.

An appropriate quality control programme is agreed and documented for all POCT and must be adhered to.

A system must be in place to ensure that POCT results are comparable with the results produced by Canterbury Health Laboratories.

Internal QC is performed daily or at a suitable interval determined by the POCT Co-ordinator.

The POCT Co-ordinator and/or clinical staff using POCT are responsible for performing, recording, reviewing and actioning QC results.

External QC programmes are performed by the POCT Co-ordinator and/or selected clinical staff at appropriate intervals.

Performing POCT

Only clinical staff who have been trained in POCT can perform POCT.

All patient and quality control results must be recorded. This can be electronically or on paper. The record must include:

- at least two unique patient identifiers, eg. hospital number and name, name and date of birth
- date and time of test
- the result
- relevant QC results
- the identity of the operator.

The transfer of results into the patient's clinical record must be traceable.

Unexpected and extreme results must be checked by sending a sample to the laboratory.

Troubleshooting/Maintenance/Cleaning of POCT Equipment

POCT equipment must have a documented preventative maintenance schedule. Appropriate back up must be available in case of breakdown.

When a fault is found with POCT equipment it is labelled 'OUT OF ORDER' and must not be used. The POCT Co-ordinator and other relevant staff must be notified immediately.

Trouble shooting procedures must be documented and include contact details for assistance.

Only approved and appropriately qualified and competent CDHB or external service staff must service POCT equipment.

A service history must be maintained which includes maintenance, faults, corrective actions and repairs by named individuals.

Procedures for cleaning and decontamination of POCT equipment must be documented and carried out before any servicing is performed.

Roles and responsibilities

Role of the POCT Co-ordinator

Canterbury Health Laboratories provides management services for POCT equipment via the POCT Co-ordinator whose role it is to liaise with clinical staff and support the use of POCT equipment.

The POCT Co-ordinator can provide assistance with:

- identifying suitable POCT equipment for evaluation
- performing an evaluation
- installing POCT equipment
- writing procedures
- training staff
- preparing worksheets, log books, etc.
- maintenance schedules
- QC programs
- trouble shooting
- monitoring and review of procedures
- competency reviews

The POCT Co-ordinator can be contacted via Canterbury Health Laboratories on extension 81850 during normal working hours. Outside normal hours phone extension 80376.

Responsibilities of the POCT Co-ordinator

- Ensuring that all POCT is performed to the same standard as would be expected from regular laboratory testing.
- Identifying the types and locations of all POCT equipment within the CDHB. An electronic record of all equipment is maintained.
- Ensuring that all of the CDHB staff performing POCT have current competency training and documentation, including an awareness of health and safety issues pertaining to samples and equipment.
- Ensuring regular Quality Assurance is maintained and Quality Control (QC) samples are analysed on POCT devices, with up-to-date documentation and history.
- Troubleshooting of POCT devices, with up-to-date documentation and history.

Responsibilities of POCT users

- All staff must use the equipment in a safe and responsible manner.
- All staff must have a unique operator ID.
- No operator ID must be shared with another staff member.
- An accurate and up-to-date maintenance log for the POCT equipment must be maintained, signed and dated as required.
- All staff members must satisfy the quality control (QC) requirements pertaining to the specific instrument.
- All patient and QC results must be documented. Included with the results should be the operator's initials and the date and time of the test.
- All staff members operating POCT equipment will have up to date competency records.

Measurement/Evaluation

How this policy will be measured on how it is used, e.g. an audit.

References

ISO 22870:2006(E). Point-of-care testing (POCT)

NZS/ISO 15189:2012 Medical laboratories

RCPA. Position statement. Point of care testing.

<http://www.rcpa.edu.au//static/File/Asset%20library/public%20documents/Policy%20Manual/Position%20Statements/Point%20of%20Care%20Testing.PDF>

Royal College of Pathologists (RCPATH). Guidelines for point of care testing. <http://www.rcpath.org/resources/pdf/Point-of-CareTesting-updatedOct04.pdf>

Royal College of Pathologists of Australasia (RCPA) Quality Assurance Programmes

Policy Owner	POCT Co-ordinator, CH Labs
Policy Authoriser	Clinical Board
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